

Evaluation of the Right to Control **Trailblazers:** **Synthesis Report**



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Views expressed in this report are not necessarily those of the Department for Work and Pensions or any other government department.

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Summary

The Right to Control is a new rights-based approach to support and services for disabled people. It brings together a wide range of cross-government funding streams, namely Access to Work, Adult Social Care, Disabled Facilities Grants (DFGs), the Independent Living Fund (ILF), Supporting People¹ and Work Choice, with a view to streamlining the customer experience across these funding streams. Disabled people eligible for the Right to Control should also be offered greater choice and control over the support they receive to go about their daily lives, as well as the option to take a direct payment and arrange their own support.

The initiative is being piloted in seven areas, known as Trailblazers. These are Barnet, Essex, Leicester, the Manchester Area Partnership², Newham, Sheffield and Barnsley, and parts of Surrey.³

This is a summary of the evaluation of the Right to Control Trailblazers, which was conducted by Ipsos MORI, Bryson Purdon Social Research and Matrix Knowledge on behalf of the Office for Disability Issues (ODI). This consisted of a process evaluation conducted over two waves, an impact survey of Trailblazer and non-Trailblazer customers, plus an economic analysis⁴ of the Trailblazers.⁵

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- 1 This funding stream is now known as Housing Related Support.
 - 2 This comprised Bury, Manchester, Oldham, Stockport and Trafford until December 2012, after which Oldham ended its participation in the Trailblazer.
 - 3 To help preserve the anonymity of participants, Trailblazers' names have been replaced by a letter in this summary (Trailblazer A, Trailblazer B etc.).
 - 4 This was specifically an economic impact analysis, and not a fiscal impact analysis.
 - 5 Technical Appendices for each strand of the evaluation are available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>.

Key points

- The evaluation did not find any evidence of the Right to Control having a significant positive impact on customers, both overall and by subgroup. The primary potential explanations for this are that many customers were not following the intended Right to Control customer journey and that provider markets were not yet sufficiently developed to offer meaningful choice. Trailblazers were working to overcome these issues but success depended on a considerable culture change among staff, customers and providers, which could not be fully realised within the relatively short timeframe of the pilot.
- Nevertheless, Trailblazers had achieved a great deal within this timeframe, with the Right to Control bringing about an evolution, rather than a revolution, in disabled people's services. Regardless of the decision to roll out the Right to Control, local co-production and the involvement of User-Led Organisations (ULOs) in delivering the customer journey, the culture change observed to date and the increased partnership working between different funding streams will continue to shape the way Trailblazers support disabled people.
- The total economic cost of the Right to Control was £10.1 million or £213 per customer, covering the period from the launch of the Trailblazers to December 2012. If the policy is rolled out across England, the total annual economic cost is expected to be around £60 million, with a possible range of £30 million to £140 million depending on multiple factors, such as delivery model and population covered.
- Enabling customers to successfully exercise their Right to Control requires staff to provide good and timely support planning, and to provide customers with a single point of contact where possible. At a more strategic level, local agencies can engender the right environment among delivery staff by focusing on providing ongoing strong leadership, project management and local co-production even after the initial implementation and delivery stages, facilitating culture change and greater partnership working, and developing provider markets from the outset.

Implementation of the Right to Control

To implement the Right to Control, Trailblazers had typically set up a strategic board, a project management team and a local co-production group of disabled people, usually led by ULOs.

Over the course of the pilot, Trailblazers had maintained and even expanded project management teams. The teams were involved in coordinating the various delivery partners, raising awareness and understanding among delivery staff, developing processes for support planning and reviews, and the development of provider markets. The ongoing need for project management had been a key learning point for Trailblazers, since senior staff had initially expected that they might disband or downsize these teams shortly after going live.

Local co-production groups and ULOs had also been active throughout the pilot. From the start, the groups were often involved in staff training and in designing Right to Control materials. Many ULOs had also become involved in delivering aspects of the customer journey. In these cases, they had sometimes been able to reach customers that delivery staff might otherwise have missed, and had facilitated particularly creative and inclusive support planning. Increasing ULO involvement in delivery could, therefore, help make the Right to Control more effective.

Along the way, Trailblazers had overcome challenges in implementation, which now served as learning points for any future implementation. High staff turnover in project management teams had initially disrupted implementation, but Trailblazers had later minimised the impact of this by hiring full-time replacements who were already familiar with the policy. Joint working between local co-production groups and staff had also been challenging at first, but had become easier after all parties agreed formal terms of reference for local co-production – something which, with hindsight, they would have done from the outset.

Successes and challenges in delivery

Beyond the initial implementation and launch of the Right to Control, Trailblazers had faced various challenges when getting staff to deliver the policy. The key challenges were around commissioning arrangements, staff awareness and working cultures.

At launch, the Adult Social Care, Supporting People and Work Choice funding streams in some Trailblazers had block contracts or framework agreements with certain providers that some staff felt prevented them from offering alternative provision to customers. Commissioning staff in some Trailblazers had been able to renegotiate certain arrangements, and there is potential for them to share their learning with other areas.

Where arrangements had become more flexible, especially in the Work Choice stream, new smaller providers offering more specialist support had begun to enter markets and were engaging enthusiastically with the Right to Control. By contrast, larger providers had approached the Right to Control more cautiously, and had typically not adapted their services to new demands. In any case, there was a need for further market development before delivery staff could offer customers a meaningful choice of support. In retrospect, many Trailblazers would have started contract renegotiation and market development activities much earlier.

Alongside developing provider markets, Trailblazers also had to undertake various measures to ensure staff understood how to deliver the Right to Control. Particularly successful measures included refresher training tailored to each funding stream, case studies to show staff how the policy worked in practice, and regular staff forums where delivery staff could network with the other funding streams.

Nevertheless, many staff at all levels still misunderstood the policy, especially how it differed from previous personalisation initiatives. This highlights a potential need for ODI to brief and re-brief strategic staff centrally on large-scale initiatives such as the Right to Control and to use simple and consistent messages when discussing such initiatives.

Some Work Choice teams and Community Mental Health Teams had made substantial progress with culture change and joint working, underpinned by strong leadership in the Work Choice funding stream.

By contrast, staff in the Access to Work and DFG funding streams were less sure about the relevance of the Right to Control to their customers, particularly the relevance of support planning and reviews (although Access to Work guidelines do require these), since they were either receiving one-off payments, or ongoing support that was considered to be relatively similar across providers. Across all funding streams this large-scale culture change was still a work-in-progress that senior staff thought would take many months, even years, to fully embed.

The customer experience

Awareness of the Right to Control among customers improved as the pilot progressed, reflecting delivery staff members' increasing confidence and ability to explain it to customers. Nonetheless, their understanding of the policy tended to be superficial. Many customers recalled being told about their right, about other funding streams and the amount of funding they were awarded, but did not realise how this might make a practical difference to the support they received.

The intended Right to Control customer journey started with staff checking customers' likely eligibility for any of the six funding streams. If they were considered eligible, customers then had to undergo a full needs assessment and engage in support planning⁶ discussions. Later, customers' support needed to be reviewed to ensure it was still relevant.

In Trailblazer C, customers found to be eligible for multiple funding streams were dealt with by the Trailblazer's multidisciplinary team – a team of frontline staff seconded from each funding stream to jointly deliver the Right to Control.⁷ These customers tended to go through each stage of the customer journey as intended and received a streamlined experience. However, customers in other areas, as well as those only found eligible for a single funding stream in Trailblazer C, did not always experience the intended customer journey.

6 Support plans are often known as “action plans” in the Work Choice funding stream.

7 No other Trailblazers had a multidisciplinary team of this nature.

Over the course of the pilot, Trailblazers had refined their eligibility-checking processes and staff had learned more about the other funding streams, which helped to reduce the number of inappropriate referrals. Nonetheless, outside of the Trailblazer C multidisciplinary team, many staff were still not carrying out eligibility checks as intended. Also outside of Trailblazer C, customers on multiple funding streams still had multiple assessments and support plans (in Trailblazer C, the multidisciplinary team conducted a single joint assessment and wrote a joint support plan), which was contrary to the Right to Control statutory guidance.

Some senior staff also thought joint assessments and support plans were unrealistic unless funding streams pooled their budgets. However, they felt pooling budgets was beyond the scope of the Right to Control, since staff were at times unwilling to share their budgets with other funding streams, or were unclear on what could be pooled. Some Trailblazers were, instead, attempting to create iterative support plans, to be added to each time a customer accessed a new funding stream, but the lack of a defined process for this meant it was done inconsistently.

More generally, the quality of support planning varied considerably. During the pilot, support planning discussions between staff and customers had become more commonplace, but many customers said they were very informal and limited in terms of exploring alternative services or support. This indicates a need for additional guidance and training for staff to make support planning more consistent and empowering for customers.

During support planning, many customers were offered the option to take a direct payment, but few were given different options for alternative providers. In the Access to Work and DFG funding streams, some staff felt that their funding guidelines did not allow for choice of provision, while in the Supporting People stream, staff were still tied to block contracts, so could not offer alternatives. More broadly across all funding streams, staff were not always aware of alternative providers, and indeed there were not always alternative providers in the market.

Monitoring and reviews were also carried out inconsistently. Before this stage, customers typically did not know that their support might be monitored or reviewed, or that they could request a review. This

led to some continuing with support that did not meet their needs. Where support had been reviewed, this was typically done at a set time, rather than in response to a customer's changing circumstances, as recommended by the statutory guidance. Overall, there remains a need to better inform customers of the review process.

Impact analysis

To evaluate the impact of the Right to Control, a survey of Trailblazer customers and a comparison group of customers in non-Trailblazer areas was undertaken. The analysis of survey outcomes did not find any evidence of the Right to Control having a positive impact on customers, either in terms of their experiences of applying for and organising support or services, or in terms of their day-to-day lives, including employment outcomes. In addition, the analysis found no evidence that the Right to Control had a positive impact on particular subgroups of customers.

The lack of evidence of impact potentially reflects the broader finding that many customers, either on single or multiple funding streams, were not following the intended Right to Control customer journey. Although those on multiple funding streams in Trailblazer C had experienced a highly streamlined customer journey, these customers were a minority in Trailblazer C relative to those only on single funding streams. Moreover, although the process evaluation found individual examples of good support planning, especially with Work Choice customers, this was still limited to a small number of customers overall.

Furthermore, the impact analysis should be seen in the context of previous evaluations of similar policies, including the Individual Budgets pilot programme⁸ and the Personal Health Budgets pilot⁹. The former found that Individual Budgets customers were significantly more likely to report feeling in control of their daily lives, the support they accessed and how it was delivered, but did not find a positive impact

8 See the University of York Social Policy Research Unit website (<http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>) for the Evaluation of the Individual Budgets Pilot Programme.

9 See the Personal Health Budgets Evaluation website for the evaluation of this pilot scheme: <https://www.phbe.org.uk/>.

in a range of other outcome domains.¹⁰ The Personal Health Budgets evaluation found significant improvement in care-related quality of life and psychological wellbeing, but not in health status and health-related quality of life.

In common with the Right to Control evaluation, these previous evaluations had a very short period between customers taking up support and measurement of outcomes. Given that it may take Trailblazers many more months, or even years, to embed a policy like the Right to Control, the short space of time in which it was necessary to conduct this evaluation may itself help to explain the lack of evidence for impact.

When is the Right to Control effective?

Although the impact analysis found no evidence of impact, Trailblazers did have examples of customers who, having opted for direct payments or alternative provision, had received support that was strongly aligned to their needs. In these cases, certain specific conditions had enabled these customers to successfully exercise their Right to Control:

- They were aware that they could request changes. Although many delivery staff said they would be willing to look into alternative providers if customers asked, many customers were not aware that they had this option or did not feel confident in requesting changes.
- They received a meaningful choice. Other customers did not feel the choices they got were meaningful, since the available providers did not cater for their needs or, in the case of DFG customers, they only received a choice of contractor and not a choice of adaptation.
- They had the information, advice and guidance to make confident choices. Other customers did not feel they had enough information to assess the risks and benefits of different options, or to know who the reputable providers were.

¹⁰ These were personal dignity, safety, meals and nutrition, social participation and involvement, occupation and accommodation cleanliness and support.

- They were comfortable in managing direct payments. Other customers taking on direct payments had found the experience stressful, since there was a lack of support in place to help them manage these payments. This is potentially an area where ULOs could offer customers third-party support.

These conditions needed to be fostered by delivery staff, which required them to focus their efforts on providing good and timely support planning, and to provide customers with a single point of contact, who they could ask about making changes to their support.

At a more strategic level, local agencies need to engender the right environment among delivery staff, under which good and timely support planning could take place. For this, local agencies should focus their efforts on a few broad areas, which might be considered the underlying success factors of a policy like the Right to Control:

- They need to provide ongoing strong leadership, project management and local co-production even after the initial implementation and delivery stages.
- They need to facilitate culture change and greater partnership working. This requires more joint and tailored training, the use of clear and simple language to explain the Right to Control, using case studies and trying new partnership working initiatives.
- They need to develop provider markets from the outset. This means commissioning staff proactively seeking out new providers and developing lists of reputable providers for staff and customers.

Economic analysis

The total economic cost of the Right to Control was £10.1 million or £213 per customer. These estimates cover the period from the launch of the Trailblazers to December 2012 (the original end date of the pilot)¹¹, during which time over 47,000 people were notified.

11 Five Trailblazers started in December 2010. The Sheffield and Barnsley Trailblazer started in March 2011, while the Manchester Area Partnership started in April 2011.

Set-up costs – i.e. the costs of initial training, development of materials and promotion of the Right to Control – account for a large proportion of the total cost. Of the total costs, 32 per cent correspond to set-up costs and 50 per cent to indirect delivery costs (i.e. costs associated with ongoing training and promotion), with the remaining 18 per cent attributable to the direct costs of dealing with customers. Of course, if the Trailblazers continued with the Right to Control, set-up costs would over time become a smaller proportion of the total cost.

There were significant variations in cost by Trailblazer, depending on the geographical area covered, the delivery model adopted and other specific activities undertaken by staff and ULOs as part of the customer journey. Total costs ranged across Trailblazers from £946,000 to £2.2 million, and cost per person ranged from £125 to £538.

As the impact analysis did not find evidence of the Right to Control having a statistically significant impact, a break-even analysis, which attempts to illustrate the impact that would be required to meet the cost of the Right to Control, was carried out. This looked at two potential impacts – quality of life and employment.

The break-even analysis for quality of life was based on a pre-Right to Control level of 0.71 Social Care Quality-Adjusted Life Years (CALYs)¹² for each year of actual life, and assumed a monetary value of £20,000 per CALY¹³. The results suggest that in order to outweigh the total cost of the Right to Control (£213 per customer), quality of life would have to increase by 1.5 per cent. In absolute terms, this represents an improvement of 0.011 CALYs for the Right to Control to break even. Sensitivity analysis suggests that even for a relatively wide range of total cost and benefit values, the percentage increase in quality of life required to break even remains below five per cent.

The break-even analysis for employment was undertaken among customers aged under 65. It was based on a pre-Right to Control level of employment of 16.2 per cent, and on an average annual salary of £17,634 a year from being employed. The results suggest that in

12 The CALY is a standardised measure of quality of life on a scale of 0 to 1, where 0 means no quality of life and 1 means one year of perfect quality of life.

13 This assumption is based on the National Institute for Health and Care Excellence's Quality-Adjusted Life Year, also valued at £20,000.

order to outweigh the total costs of the Right to Control, the proportion of customers moving into paid work would have to increase by 16.22 per cent. This represents an improvement of 2.63 percentage points in the employment rate, equivalent to 570 Right to Control customers becoming employed (from the current volume of 22,000 customers of working age). Sensitivity analysis suggests that for a relatively wide range of cost and benefit values, the percentage point increase in the employment rate required to break even remains below eight percentage points.

When interpreting the break-even analysis, it should be remembered that this evaluation has not assessed the likelihood or feasibility of achieving these improvements.

The impact analysis found no evidence that the Right to Control has had a positive impact in any Trailblazer. Therefore, this evaluation cannot conclusively identify which delivery model is more cost-effective.

The evaluation, nonetheless, estimated the rollout cost based on the average cost per customer. The results indicate that, on average, the annual economic cost in England, inclusive of set-up and delivery, would be around £60 million, with a possible range of £30 million to £140 million depending on factors such as delivery model and population covered.

Sustainability

Overall, staff felt that the principles underpinning the Right to Control were achievable. However, they felt that certain aspects needed to be reconsidered before it could be called sustainable. As noted previously, some senior staff thought the streamlining of the customer journey for those on multiple funding streams was unachievable in the absence of pooled budgets. Moreover, there were very few customers who were accessing multiple funding streams. In addition, Access to Work and DFG staff also felt that their funding streams were not currently compatible with the policy, suggesting that a review of funding guidelines is necessary in these funding streams, locally and nationally.

Whether one Trailblazer had the optimal delivery model was not clear-cut, and there were benefits and drawbacks to each approach. Trailblazer C had adopted a centralised model, where the small multidisciplinary team of staff from each funding stream jointly delivered the Right to Control. Other Trailblazers had a mainstreamed model where all frontline staff were expected to deliver the Right to Control. While the mainstreamed approach was less resource-intensive and more sustainable in the long term, the centralised approach had been quicker to get off the ground and more effective at delivering a streamlined experience for customers on multiple funding streams. However, the centralised model could not be maintained indefinitely – the Trailblazer C multidisciplinary team’s increasing workload meant that they were now having to mainstream their learning to other delivery staff.

In the Trailblazers that encompassed more than one single-tier or upper-tier local authority, they were able to learn from each other and share good practice. However, having to align different local authority processes and working cultures became an extra challenge. These Trailblazers had to work around these difficulties by adopting a more federalised model, which gave each local authority more flexibility in how the Right to Control was run locally. Local authorities should, therefore, carefully consider how aligned they are with potential partner authorities before deciding to jointly deliver large-scale initiatives such as the Right to Control.

1. Introduction

The Right to Control is a new rights-based approach to support and services for disabled people being piloted in seven areas in England, known as Trailblazers. The Office for Disability Issues (ODI) has commissioned Ipsos MORI and its partners to evaluate the Trailblazers, in order to inform a decision on the future of the Right to Control. The evaluation comprised three strands:

- A process evaluation to understand how the Right to Control was being implemented and delivered in Trailblazers was conducted by Ipsos MORI.
- An impact survey assessed the impact of the Right to Control on customers in Trailblazers, relative to those in non-Trailblazer areas. This strand was conducted jointly by Ipsos MORI and Bryson Purdon Social Research.
- An economic analysis to determine the costs and benefits of the Right to Control for customers, Trailblazers, and the wider economy was conducted by Matrix Knowledge.

This report synthesises findings from all three strands of the evaluation. An easy-read version of this report is available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>. Strand-specific Technical Appendices have been published alongside this report, giving the full technical details for each strand.¹⁴ In addition, interim findings from the first wave of the process evaluation were published in 2012.¹⁵

14 The Technical Appendices are available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>.

15 Findings from wave 1 of the process evaluation are available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>.

1.1. Overview of the Right to Control policy

What is the Right to Control?

The Right to Control tests a rights-based approach for giving disabled adults (aged 18 and over) choice and control over certain public funding they receive to go about their daily lives. The Welfare Reform Act 2009 and the Disabled People's Right to Control (Pilot Scheme) (England) Regulations 2010 provide the legal powers to implement the Right to Control in the seven Trailblazers, for an initial period of two years (from December 2010 to December 2012) – this has since been extended to December 2013.

The Regulations place a temporary duty on participating areas to inform new customers¹⁶ eligible for funding streams included in the Right to Control about their right. According to the Right to Control regulations¹⁷, disabled people in the Trailblazers should be told how much support they are eligible to receive, then decide and agree what outcomes they want to achieve, with the public body administering the funding. They should also be told about the different delivery options, which are to:

- receive the support the public body would have provided before the Right to Control
- ask the public body to arrange alternative support
- receive a direct payment and buy their own support
- have a mix of these arrangements.

The Right to Control brings together a wide range of cross-government support including employment, housing, social care, community equipment and facilities. The six funding streams included in the Right to Control are:

16 Trailblazers also have the option to offer the Right to Control to existing customers.

17 Statutory guidance on the Right to Control regulations is available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/resources.php>.

- Access to Work
- Adult Social Care
- The Disabled Facilities Grant (DFG)
- The Independent Living Fund (ILF)
- Supporting People¹⁸
- Work Choice.

Details of each of the funding streams are available in Annex A.

For customers accessing support from more than one of these funding streams, the Right to Control also aims to streamline their journey and reduce duplication in assessment, support planning and reviews by asking the authorities administering the funding streams to work together and ensure that disabled people only have to provide information once at each stage.

When reading the findings of this report, it is important to bear in mind the preponderance of older customers within the Adult Social Care, DFG and ILF funding streams. At the same time, the employment-related funding streams (Access to Work and Work Choice) were only available to customers of working age, i.e. under 65. Therefore, the overlap between these two populations has been small, and instances of customers receiving both social care-related and employment-related funding have been relatively rare. An age profile of Trailblazer customers is provided in Annex B.

What are the Trailblazers?

ODI selected the seven Trailblazers in a competitive process that was open to all local authorities in England. Bids could be made separately or jointly with other local authorities. The seven areas chosen as Trailblazers are:

- Essex County Council
- Leicester City Council

¹⁸ This funding stream is now known as Housing Related Support.

- London Borough of Barnet
- London Borough of Newham
- The Manchester Area Partnership (MAP, incorporating Bury Council, Manchester City Council, Oldham Council, Stockport Council and Trafford Council)
- Sheffield City Council and Barnsley Metropolitan Borough Council
- two districts within Surrey County Council (Epsom and Ewell Borough Council, and Reigate and Banstead Borough Council).

The Department for Work and Pensions (DWP) provided each Trailblazer with a grant to help set up and deliver the Right to Control until December 2012. Five Trailblazers started in December 2010. The Sheffield and Barnsley Trailblazer started in March 2011, while the Manchester Area Partnership started in April 2011.

Trailblazers were allowed to develop their own delivery approaches for the Right to Control, in an effort to test whether one approach was more or less successful. Broadly, Trailblazers adopted two different delivery models, which are outlined in Chapter 2.

Local co-production

The Right to Control statutory guidance specifies that the implementation of the Right to Control should be co-produced with local disabled people. Co-production means working with disabled people as partners at a strategic level, throughout the life of a policy or project. As a result, Trailblazers have set up local co-production groups involving local disabled people, or involved local User-Led Organisations (ULOs)¹⁹ in decision making, or both. The evaluation also explored the views of members of these local co-production groups and of ULO staff.

The local co-production group members who participated in this evaluation also tended to represent a local ULO. As such, they considered all the work that the local ULOs were doing on the Right to Control as “local co-production”.

19 A ULO is an organisation run by, and for the benefit of, local service users.

The local co-production contacts that had been provided by Trailblazers were asked to recruit as many group members as possible to attend discussion groups as part of the process evaluation. However, due to various group members not being available for the scheduled discussion groups, it was not always feasible to include group members who were not affiliated with a ULO in the evaluation.

Extension of the pilot

In June 2012, before fieldwork began for wave 2 of the process evaluation, DWP launched a consultation on whether to extend the Trailblazers pilot until 12 December 2013. The Government published their response to the consultation in October 2012, noting that all Trailblazers had agreed to the extension, with the exception of Oldham Council, which ended its participation in MAP in December 2012.²⁰ This extension has allowed the Government to consider these evaluation findings and provided more time for further evidence to be gathered, before making a decision on the future of the Right to Control.

1.2. Background to the policy

The Right to Control is taking place in the context of a broader move toward personalisation. There have been a number of personalisation initiatives over the last few years, which this section summarises.

Individual Budgets pilot programme²¹

This was a cross-government initiative conducted between 2005 and 2007 which gave people in receipt of community care control of the funds available to them. Four local authorities that participated in the Right to Control pilot also participated in the Individual Budgets pilot, namely Barnsley Metropolitan Borough Council, Essex County Council, Leicester City Council, Manchester City Council and Oldham Council.

20 The Government response to the DWP consultation is available on the gov.uk website at: <http://www.dwp.gov.uk/consultations/2012/right-control.shtml>.

21 See the University of York Social Policy Research Unit website (<http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>) for the Evaluation of the Individual Budgets Pilot Programme.

The Right to Control pilot differs from, and builds on the Individual Budgets pilot in various ways:

- The Right to Control is available to individuals in receipt of any of the six included funding streams, regardless of their entitlement to the community care grant.
- Unlike Individual Budgets, the Right to Control is a legal right.
- The Right to Control also addresses the legal and accountability barriers to integrating funding streams identified in the evaluation of the Individual Budgets pilot.

Personal Health Budgets pilots²²

Personal Health Budgets were piloted in the NHS in England between 2009 and 2012, with over 2,000 people involved in the evaluation across 64 sites. Personal Health Budgets are being rolled out, and by April 2014 everyone in receipt of NHS Continuing Healthcare will have a right to ask for a personal health budget including a direct payment.

Personal Budgets for Adult Social Care

The Government set a target for local authorities in England to provide personal budgets, preferably as a direct payment, to at least 70% of their service users by April 2013 as part of a wider agenda to reform health and social care.

Jobs First²³

Jobs First was a pilot scheme run by the Department of Health from 2010 to 2011. It aimed to support people with moderate to severe learning disabilities to use their Adult Social Care personal budgets for employment-related support, in combination with existing employment-related funding streams such as Access to Work and Work Choice. The programme combined government policy goals of increasing employment and personalising public services.

22 See the Personal Health Budgets Evaluation website for the evaluation of this pilot scheme: <https://www.phbe.org.uk/>.

23 See the King's College London website for the evaluation of the Jobs First pilot: <http://www.kcl.ac.uk/sspp/kpi/scwru/res/roles/jobs.aspx>. Publication of the final evaluation report is forthcoming.

The Jobs First pilot ran alongside the Right to Control pilot, with four local authorities acting as pilot sites for both schemes. These were Essex County Council, Leicester City Council, the London Borough of Newham and Oldham Council.

Getting a Life²⁴

This was a cross-government project that ran from 2008 to 2011. Twelve demonstration sites in England worked with around 30 young people aged 14–24 with learning disabilities, to explore good practice in getting them into paid employment, and how to bring together assessment and funding streams from different national and local policy areas. The 12 sites included two local authorities also participating in the Right to Control pilot, namely Manchester City Council and Oldham Council. The central programme team has now disbanded, but those involved in the local projects are continuing their work to improve employment opportunities for young people with learning disabilities in each area.

Wider government reforms

Since the Right to Control was conceived and the legislation was put in place, there has been a change of Government. The Coalition Government agreed to continue with the pilot, but it is important to note that some of the wider context has changed. Radical public service reform, a focus on financial restraint and reduction in public spending (especially in Adult Social Care), increasing local autonomy, and the ongoing rollout of Personal Budgets in Adult Social Care have all changed the background against which the Right to Control Trailblazers were set up and launched.

One specific development during the course of the Right to Control pilot was the Government's public consultation on its proposal to close ILF in 2015, so that funding could be devolved to local authorities in England (and to the devolved administrations in Scotland and Wales). This consultation took place from July to October 2012, overlapping with the process evaluation and impact survey fieldwork.

24 More information about the Getting a Life project is available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/jobs-for-people-with-learning-disabilities/getting-a-life.php>.

1.3. Methodology overview

This section summarises the methodology of each strand of the evaluation. A more detailed methodology for each strand can be found in the respective Technical Appendices.

Process evaluation

This strand required a qualitative approach. In-depth interviews were carried out with customers (disabled people and carers), Trailblazer staff and support and service providers. In-depth interviews and discussion groups were carried out with local co-production group members.

Fieldwork was undertaken over two waves. The first wave took place in summer 2011, shortly after the launch of the Trailblazers, and aimed to draw out the early lessons for implementing and delivering the Right to Control. The second wave took place in summer 2012. It explored progress made since wave 1, and enabled the research team to look in more detail at later stages of the customer journey, such as support planning, and monitoring and reviews. Across both waves, 179 interviews were conducted among staff and providers, while 136 were conducted with customers.

In wave 1, research with local co-production group members was carried out by the Norah Fry Research Centre at Bristol University. All other research for the process evaluation was carried out by Ipsos MORI.

Impact survey

The impact of the Right to Control was measured using a matched comparison design. Probability samples of 1,624 customers in Trailblazer areas and 1,658 customers in non-Trailblazer comparison areas were surveyed from 3 September to 16 December 2012. Interviews were carried out face-to-face by Ipsos MORI interviewers.

The survey provided data on outcomes for customers in Trailblazers and a comparison group of similar customers who did not have the Right to Control. After matching the two survey groups, an analysis of the data was undertaken by Bryson Purdon Social Research to

see if outcomes were significantly different between Right to Control customers and the matched comparison group of customers.

Economic analysis

This was specifically an economic impact analysis, and not a fiscal impact analysis. Economic cost data were collected from Trailblazer project managers through self-completion questionnaires, as well as telephone interviews conducted by Matrix Knowledge. Costs considered were set-up costs, direct running costs and indirect running costs (Chapter 7 details what is included in each of these categories).

The economic analysis was intended to compare these costs to any benefits measured in the impact survey. As the impact analysis did not find evidence of the Right to Control having a statistically significant impact, the insight from this cost-benefit analysis was limited. Therefore, a break-even analysis, estimating the impact that would be required to meet the cost of the Right to Control, was carried out by Matrix Knowledge to supplement the initial cost-benefit analysis.

1.4. Ethical approval

A favourable ethical opinion for the research was obtained from the Social Care Research Ethics Committee (SCREC) prior to fieldwork. All fieldwork materials were reviewed by the SCREC.

1.5. Interpretation of the data

Interpreting qualitative findings from the process evaluation

Qualitative research is designed to be illustrative rather than statistically representative, so the research findings cannot be generalised to represent the views of all staff, providers, customers or local co-production group members in a Trailblazer. However, a qualitative methodology provides more in-depth findings than would be possible with a structured questionnaire – findings that reflect the range and complexity of the different processes staff and customers go through when delivering or accessing support and services.

In addition, it is important to bear in mind that we are dealing with participants' **perceptions** of the Right to Control and of the funding

streams. Staff members' perceptions of the Right to Control will not necessarily match the intentions of the policy, as laid out by ODI or by Trailblazers. Similarly, participants' perceptions of the funding streams will not always align with actual funding stream rules and guidelines.

Reporting conventions

Throughout the report, we make use of verbatim comments from participants to illustrate key findings. Where this is the case, it is important to remember that the views expressed do not always represent the views of the Trailblazer as a whole, although in each case the verbatim quote is representative of at least a small number of participants.

To help preserve the anonymity of participants, Trailblazers' names have been replaced by a letter (Trailblazer A, Trailblazer B, etc.).²⁵

We refer to different types of staff in the report:

- “Strategic staff” were those sitting on Trailblazers' strategic boards and involved in making strategic decisions about the Right to Control.
- “Operational staff” were those involved in the day-to-day project management of the Right to Control, as well as those responsible for commissioning arrangements.
- “Delivery staff” were the managers and frontline staff within funding streams who were responsible for delivering the Right to Control to customers.

Finally, when we discuss findings relating to “customers”, these findings refer to whoever was involved in making decisions about the support and services received, which may be the disabled person or their carer, or both. Therefore, these findings are relevant both to disabled people and to carers. Where there are findings that relate particularly to carers, this is specified.

²⁵ Readers should note that this is different from the anonymisation applied to the wave 1 process evaluation findings, i.e. Trailblazer A in the wave 1 report does not necessarily correspond to Trailblazer A in this report.

2. Implementation of the Right to Control

This chapter gives an outline of Trailblazers' management and governance approaches, delivery models and local co-production arrangements, and describes how these have evolved over the course of the pilot. Findings discussed in this chapter come from the process evaluation.

Key points

- Trailblazers found they had to maintain and even expand project management teams throughout the pilot, so they could work on ongoing issues such as the development of provider markets. During this time, Trailblazers also learned to deal more effectively with staff turnover in project management teams, which in turn helped them to implement the Right to Control more effectively.
- Trailblazers had maintained the delivery models they started with at the beginning of the pilot. In some cases, their approaches had been tweaked to better embed the Right to Control in working practices. Trailblazer C was attempting to mainstream the learning from its multidisciplinary team (a team of frontline staff seconded from each funding stream to jointly deliver the Right to Control). Many Trailblazers had also started giving the Right to Control to existing customers at the review stage, which helped to make it the default way of working for delivery staff.
- Local co-production and the involvement of User-Led Organisations (ULOs) had also become more embedded throughout the course of the pilot. This was evident in the new formalised arrangements for local co-production in some Trailblazers, and in the expanded roles that ULOs had in delivery and on strategic boards. Local co-production group members felt their strengthened roles had helped to make the Right to Control more customer-focused.

2.1. Management and governance

Management and governance structures

All Trailblazers had adopted similar management and governance structures. Each had a strategic board responsible for the overall direction of the Trailblazer (for example, deciding what delivery model to adopt), a separate project management team overseeing day-to-day implementation. The separation of strategic and project management functions was effective as it enabled the board to focus solely on strategic decisions and project managers to focus on how best to implement these decisions. There were also structures to facilitate local co-production, either through a separate local co-production group, or through partnership working with local ULOs. Trailblazers had generally maintained these structures throughout the pilot.

Trailblazer F had undergone some restructuring in spring 2012 to give each local authority more autonomy in how they deliver the Right to Control. In addition to the board and project management team meetings, each local authority now held separate monthly meetings for their senior staff to discuss local decisions. This might include, for example, deciding whether staff from one authority needed further training, or different types of training. Staff had not attempted to integrate funding streams across both local authorities, since each area historically had different processes, staff cultures and were at different stages in delivering personalisation.

Trailblazer A – the other Trailblazer with multiple single-tier local authorities – had not had to restructure in this way as they had begun with an approach where the local authorities made most decisions themselves and came together only to share learning, for instance through staff forums, and for decisions that would affect the entire Trailblazer area. This included decisions about assessment, support planning and review processes. This seemed to be a more successful way of running a Trailblazer with multiple and disparate local authorities. This report discusses the impact of having multiple single-tier or upper-tier local authorities on the sustainability and rollout of the Right to Control in Chapter 8.

The ongoing role of dedicated project management teams

Over the course of the pilot, Trailblazers had generally solidified project management teams, due to the large amount of central coordination still needed even after the initial implementation. This was contrary to their initial expectation that they might disband or downsize these teams shortly after going live.

Ongoing project management tasks in the later stages of the pilot included:

- development of the customer journey, including building capacity for support planning, setting up processes for monitoring and reviews, as well as creating processes for joint reviews
- development of provider markets
- extra training and engagement activities for delivery staff
- continuing coordination of all the delivery partners involved, and of local co-production activities.

Some Trailblazers had also created new roles within their project management teams. For example, Trailblazers B and F were looking to recruit a communications officer to raise awareness of the Right to Control.

A number of existing project management staff had also taken on new duties, especially in developing provider markets. Jobcentre Plus leads in the Trailblazer C multidisciplinary team and in Trailblazer D were regularly meeting with local providers. More generally, commissioning staff across Trailblazers reported that their roles now focused less on contracting and more on building and managing relationships with new providers. Strategic and project management staff thought that this work was critical to the success of the Right to Control, so it was important to keep staff in these roles, even at the later stages of the pilot.

“It is increasingly impacting on our work. It has changed the direction of it and it’s a challenge we’re rising to, working with our providers to get their heads around the Right to Control.”

Trailblazer A operational staff

The implication of all this is that, in order for the Right to Control to work, project management is necessary not only in the early stages of implementation and going live, but also much later during delivery – something Trailblazers had not initially anticipated. This important learning point is discussed in more detail in Chapter 6.

Dealing with changes among project management staff

In Trailblazers where there were dedicated project management staff in place from the beginning of the Right to Control, implementation was typically smoother. However, in some Trailblazers there was a high turnover in project management staff before going live, due to the restructuring of social services in a number of local authorities. This slowed down implementation considerably, as new staff had to be trained on the Right to Control and took time to build relationships with all the agencies involved.

After local authorities had finished their restructuring, there was a greater continuity of leadership, which helped project management teams to embed the Right to Control among delivery staff. Various Trailblazers still had to find new project managers, as the ones they had had before going live had in many cases returned to their pre-Right to Control roles. However, Trailblazers had learned from their earlier difficulties and taken steps to minimise the impact of these staff changes on delivery by:

- hiring internal replacement staff who were already knowledgeable about the Right to Control
- ensuring new staff were full-time replacements recruited on similar terms to the previous job occupants, rather than watering down or splitting project management among multiple staff.

“The Disability Employment Adviser on the project team has been replaced by another full-time person. Initially, the suggestion was that two people would cover it but remain based in the jobcentres, but we really thought that would be a backward step.”

Trailblazer G strategic staff

Some staff also said that, in retrospect, having new project managers after going live brought fresh thinking and ideas to the Trailblazer.

Overall, the changes in senior staff were far less disruptive after going live than before it. This indicates that continuity of leadership and project management is most important before going live. Nonetheless, Trailblazers need to have plans in place for handling changes in senior staff when these do occur.

2.2. Delivery models

Broadly, there were two different delivery models for the Right to Control:

- Trailblazer C adopted a centralised delivery model, where a small multidisciplinary team of frontline staff were seconded from each funding stream. This team of staff all worked from the same location to jointly deliver the Right to Control. The Trailblazer chose this approach thinking it would provide a more streamlined customer journey, with customers on multiple funding streams having a single assessment, support plan and review.
- Other Trailblazers adopted a mainstreamed delivery model whereby all frontline staff across the six funding streams were expected to deliver their part of the Right to Control customer journey, with no relocation required. Trailblazers choosing this approach had done so thinking it could be easily sustained in the long run, since it required no new team structures.

The evidence on the relative merits of each model is discussed in detail in Chapter 8.

Evolution of delivery models

Generally, Trailblazers had maintained the delivery models they had adopted from the outset. Senior staff felt that their respective approaches had worked well for their Trailblazers.

Although Trailblazer C still maintained its multidisciplinary team, 18 months into the pilot the Trailblazer was attempting to mainstream the Right to Control across all delivery staff. This was necessary to ensure long-term sustainability, since the increasing volume of customers on multiple funding streams meant it was no longer possible for a single team to deal with all of them. Multidisciplinary team members were, therefore, providing additional training for other funding stream delivery staff, and five self-directed support specialists had been appointed to train and mentor staff in Adult Social Care to deliver the Right to Control.

Trailblazer C had also put in place a “lead practitioner” for customers on multiple funding streams. This person remained the single point of contact for the customer throughout their customer journey. This approach recognised that customers do not necessarily enter all funding streams at the same time, and was highly valued by customers. Indeed, this aspect of the Trailblazer C model could empower more customers to use their Right to Control.

Eligibility and entry points

Initially, only new customers in Trailblazers had the Right to Control, meeting the statutory requirement. Later in the pilot, many Trailblazers went beyond the statutory requirement and also included existing customers, who were given the Right to Control when their existing support package came up for review. Staff felt this new approach eased the burden on delivery staff since there would now only be one process for new and pre-existing customers. Running two sets of processes had previously created additional complexity for delivery staff.

Across Trailblazers, Community Mental Health Teams (CMHTs) became more common entry points into the Right to Control towards the later stages of the pilot, especially for the Work Choice funding stream. This was a reflection of the greater partnership working happening between CMHTs and Work Choice Disability Employment

Advisers (DEAs), which was a success of the various partnership initiatives Trailblazers had implemented (see Chapter 3). This improved partnership working had, therefore, enabled customers with a mental health condition to access employment support they would not have previously received.

2.3. Local co-production and the involvement of User-Led Organisations

Trailblazers have set up local co-production groups involving local disabled people and built partnerships with ULOs to co-produce the Right to Control. This section covers progress made with local co-production over the course of the pilot.

Membership and structure of local co-production groups

Local co-production groups tended to be led by representatives from local ULOs.²⁶ In some Trailblazers, disabled people, independent of ULOs, were also group members. This membership was largely stable during the pilot, except in Trailblazer B where the previous local co-production group disbanded after the local ULO dissolved, and an entirely new group was formed.

Stable membership leading to a strong ULO presence was important in making local co-production sustainable (see Chapter 8). A lack of stability had made co-production particularly challenging in Trailblazer B.

Despite attempts to recruit more diverse members, young people and people with a mental health condition or learning disability remained under-represented in local co-production groups, mainly due to new recruits dropping out after a few meetings. Some members suggested that co-production meetings needed to be more engaging to retain these new members. Overall, this was an ongoing issue, and local co-production groups might need further support to help them recruit and retain new members.

²⁶ As noted in the introduction to this report, the local co-production group members spoken to as part of this evaluation tended to represent the local ULO, and considered all the work that the local ULO was doing on the Right to Control as “local co-production”.

Embedding local co-production in the Right to Control

Trailblazers' relationships with local co-production groups and ULOs had generally become more settled over the course of the pilot. Whereas in the first six months of the pilot, staff and group members often had conflicting ideas about the remit of local co-production, this diminished over time, as Trailblazers put in place more formalised arrangements for local co-production. For example, by summer 2012, Trailblazer A had put in place formal contracts between the Trailblazer and the ULO to co-produce the Right to Control. These formalised arrangements could potentially be brought in at a much earlier stage during implementation, to help kick-start local co-production.

Of course, having shared terms of reference is not enough in itself, and staff need to be willing to work with local co-production group members, which has required a culture shift in Trailblazers. Group members thought their working relationships were generally better with senior staff than with delivery staff. Some felt delivery staff were still reluctant to work with them, because they thought group members were taking responsibilities away from them.

Nonetheless, group members agreed that working relationships between them and both senior and delivery staff had improved during the pilot, with more mutual understanding and trust. This improvement came from increased partnership working, for instance with local co-production groups inviting funding stream managers to their meetings, or actively promoting themselves by going out and talking to delivery staff.

“It has been about developing those relationships. We’ve been able to raise our profile within the local authority, particularly around our expertise in co-production that staff probably weren’t aware of at the start.”

Trailblazer F local co-production group member

An exception was in Trailblazer B, where the relationship between the local co-production group and staff was less well developed, reflecting the late formulation of this group (after the disbanding of the old one).

Activities of local co-production groups and ULOs

Local co-production groups and ULOs were involved in the Right to Control pilot in a number of ways, and the extent of their involvement increased over time, as Trailblazer staff became more used to working with the groups:

- During implementation and shortly after going live, many of the groups were involved in designing the customer journey and other Right to Control materials, in training delivery staff, and in providing information, advice and guidance to customers.
- Later in the pilot, some local co-production groups were also helping to develop provider markets. In Trailblazers C and F, group members were co-developing an online provider search tool for customers. In Trailblazer E, the group was working with a local Work Choice provider to co-design promotional materials.
- Some ULOs had also taken a greater role in Trailblazer management structures over time. In Trailblazer C, the head of the local ULO began co-chairing the strategic board in summer 2012. Trailblazer E co-production group members also took up positions in project management teams around this time. Group members thought this involvement in management structures was important because it enabled them to incorporate service users' views and experiences into key decisions.

ULO involvement in delivery

As the pilot progressed, there were also examples of ULOs getting more involved in delivering the Right to Control. In Trailblazer G, the ULO-run hubs (where customers could go for information, advice and guidance, and to have their potential eligibility for funding checked) were doing an increasing number of eligibility checks with customers. By summer 2012 they were responsible for around a third of Right to Control referrals. In Trailblazer C, local ULO representatives started attending assessments and conducting support planning discussions in some cases at the later stages of the pilot. Eighteen months into the pilot ULOs in most Trailblazers were providing or preparing to provide peer support, such as mediation services between customers and staff, and support planning.

ULO were keen to become more involved in conducting reviews, or at least being involved in review meetings in the cases where they had undertaken support planning, to provide continuity for customers. Indeed, the Trailblazer D ULO had already started carrying out some non-complex Adult Social Care reviews, and other Trailblazers were considering delegating reviews to ULOs for customers in receipt of multiple funding streams where possible.

There were various benefits to having ULOs involved in delivery:

- By acting as an entry point and making referrals, ULOs reached customers that would otherwise have been missed.
- ULO offices were sometimes considered a more neutral place than Jobcentre Plus offices, making it easier for disabled people to start discussions about moving into work.
- ULOs could write more creative and inclusive support plans which better met customers' needs, and sometimes enabled customers to get more for their budget. This is explored further in Chapter 4.

ULO involvement in delivery is therefore something that, alongside strong local co-production more generally, could help the Right to Control to work more effectively.

However, some local co-production groups reported tension with delivery staff across Trailblazers in light of this new involvement. Local co-production group members said that some delivery staff were unwilling to refer customers to ULOs because they felt these ULOs were encroaching on their own job roles, and were not convinced about the benefits of ULO involvement. Efforts to change the staff culture and bridge this perceptions gap between ULOs and staff were ongoing.

The impact of local co-production

Where it worked successfully, the overall impact of local co-production was substantial:

- Co-produced materials made the Right to Control experience more customer-friendly, with staff saying this had helped to increase the esteem in which customers held the funding streams.

- Local co-production groups provided Trailblazers with quick access to customer feedback on a large scale. Being part of strategic boards and project management teams helped ULOs ensure their feedback reached the right people and was acted upon.

“If somebody’s gone through the customer journey, we get feedback from that person and then I can feed that back to the board, so it’s always evaluating and improving through that process.”

Trailblazer F local co-production group member

- Local co-production groups held strategic boards and project management teams to account if customer needs were not being met. Group members felt that this important role would be unfilled in their absence.
- Group members also helped to bridge the gap between funding streams that had worked in silos before the Right to Control, by hosting staff from multiple funding streams at local co-production meetings or simply by sharing useful information between streams.

3. Successes and challenges in delivery

This chapter explores the challenges Trailblazers faced when staff were delivering the Right to Control, and the progress they had made in overcoming these. In particular, it covers Trailblazers' attempts to adapt commissioning arrangements and the working culture of staff to the Right to Control, and to improve partnership working. Findings discussed in this chapter come from the process evaluation.

Key points

- Trailblazers had attempted to make commissioning arrangements more compatible with the Right to Control, as pre-existing arrangements often prevented staff from sourcing alternative providers for customers. Where this had worked, it had led to a larger number of locally-based providers entering the market. However, this was still a work-in-progress, and commissioning staff still needed to engage more providers before they could offer customers a meaningful choice of support.
- Staff engagement with the Right to Control and the amount of partnership working, across funding streams and with User-Led Organisations (ULOs) steadily improved over the course of the pilot, particularly among Work Choice Disability Employment Advisers (DEAs) and those from Community Mental Health Teams (CMHTs). These improvements were due to a combination of training, better knowledge sharing and various initiatives to encourage joint working, underpinned by strong leadership. Nevertheless, culture change was a slow process, and many staff were still unclear about the Right to Control policy and what it meant in practice.

3.1. Development of commissioning and provider markets

Changes to commissioning arrangements

At the launch of the Right to Control, staff working in the Adult Social Care, Supporting People and Work Choice funding streams in some Trailblazers thought that block contracts or framework agreements with certain providers prevented them from offering alternative support to customers. These Trailblazers intended to make their commissioning arrangements more compatible with the Right to Control but expected changes to take time – many had entered the pilot with block contracts extending beyond 2012. Nevertheless, by summer 2012 many had made progress, often by renegotiating or terminating existing contracts before they expired. With hindsight, many senior staff thought their Trailblazers should have started this process much earlier.

Where this had happened, it had allowed alternative providers to compete for funding stream customers for the first time, thus fostering the development of provider markets. It also helped to foster culture change among delivery staff – once they were able to offer their customers a wider choice of providers, they began to see the relevance of the Right to Control in their work.

In the case of Work Choice, Trailblazers were not responsible for renegotiating provider contracts. Instead, this responsibility lies with the Department for Work and Pensions (DWP). Jobcentre Plus staff had nonetheless been engaging new, smaller providers that were not on existing DWP framework agreements.

Adult Social Care commissioning had changed significantly in some Trailblazers. For example, in Trailblazer E Adult Social Care was moving from fixed contracts to a more flexible arrangement where contracted providers had to ensure a level of choice and flexibility.

Changes to Supporting People provision were more mixed, which potentially reflects the fact that these contracts are often managed outside of the local authority, so are less within their control. Trailblazer C had been able to end their Supporting People block contract early, while the agreed contract periods in Trailblazers B and D had come to an end in the first half of 2012 and the respective local authorities

were renegotiating terms. Other Trailblazers had not yet seen out their contract periods and were unsure if they could terminate the contracts early. This effectively meant they could not offer choice and control to Supporting People customers.

“We’re still in a position where we can’t unpick the Supporting People block contracts and it’s far beyond my control. In an ideal world, we would be further ahead in rethinking how we can unlock some of that funding.”

Trailblazer A operational staff

Where contracts had been renegotiated or terminated early, this was often due to the proactive efforts and specialist knowledge of staff involved in commissioning. In Trailblazer E, the project management team had taken on a new staff member to look specifically at contract renegotiation. Given that some Trailblazers had succeeded in terminating block contracts and others had not, particularly in the Supporting People funding stream, this is an area where more cross-Trailblazer discussions to share knowledge and ideas between commissioning staff would be useful.

Nevertheless, many senior staff felt that Trailblazers would need to maintain some form of block contract under the Right to Control, as there were still a substantial number of customers who opted for the standard provision. These arrangements would not necessarily prevent customers from choosing other providers – they could still take a direct payment and use it to purchase alternative provision if they wished.

“What we can say is, ‘we’ve got a Work Choice programme provided by Shaw Trust, or we’ve got another provider who specialises in this area’, and they may choose to stay with Shaw Trust, or they might use their Right to Control and purchase the service from this other provider.”

Trailblazer D operational staff

Providers’ responses to the Right to Control

Across Trailblazers, the reactions of providers differed depending on their size and whether they had previously been on block contracts. Small, locally-based providers were generally much more engaged

with the Right to Control, seeing it as an opportunity to enter the market or expand their services. They were often more willing to tailor their existing services or develop new services than larger providers, since they were keen to win new customers (although they were uncertain about the sustainability of this in the long run, after the Right to Control pilot ends).

“A lot of these small providers have got a real passion about helping customers. I phoned someone up and told them about the Right to Control coming out in a couple of weeks’ time. When I went to see them, they’d produced leaflets, support plans and business plans.”

Trailblazer D operational staff

By contrast, operational staff thought that the larger providers that had previously been on block contracts had approached the Right to Control more cautiously and had not adapted their services.²⁷ They felt these providers were waiting to see whether changes to commissioning were permanent (after the Right to Control pilot ends) and, as established providers, they were still receiving a sufficient volume of customers in the mean time. In addition, their business models were geared towards dealing with large volumes of customers, so offering tailored services was something for which many of them were less prepared.

“The large companies, the big housing-related support providers, they think that they’ve got carte blanche control of the market and don’t really think too much about what they do, because they assume that they’ll always get clients.”

Trailblazer E operational staff

Where providers had become more engaged over the course of the pilot, this change was frequently through operational staff proactively going out and meeting with these providers to discuss the Right to Control. Trailblazers B and E had also run successful provider forums which had

²⁷ The provider contacts that Trailblazers supplied did not include any large nationwide providers, so it was not possible to interview these organisations directly. However, interviews with staff involved in commissioning did explore the views of large providers.

gathered local providers and customers together to raise awareness of the Right to Control. Frontline staff who attended the events said it helped them build awareness and knowledge of the range of providers available. These examples highlight the importance of Trailblazers proactively engaging new providers with the Right to Control.

Market development

Trailblazers had taken various steps to develop provider markets, but these were still often in their early stages. As noted, commissioning staff had begun engaging with new providers for funding streams such as Work Choice. The new Work Choice providers usually provided more specialised and tailored support, for example, focusing on specific impairments such as mental health conditions or learning disabilities. Some Trailblazers had also created online provider search tools for various funding streams.

However, as of summer 2012, these online tools only had a small number of providers listed. Moreover, while these tools were useful for younger customers, they were less accessible for older customers and those not confident in using the internet.

Project management staff acknowledged that provider markets still had some way to go in offering sufficient choice of support and services to customers. They still needed to engage a wider range of providers, and the providers that were on board had generally not started to develop new services. This meant that staff were not yet able to offer customers a wide choice of provision. As this report explores in subsequent chapters, this is an important explanation for the lack of evidence of impact from the Right to Control.

Senior staff said it would take time for provider markets to become consumer-led. One Jobcentre Plus commissioning manager noted that it had taken them around six months to build up relationships with providers to a stage where they were signed up to the Right to Control.

“The ability to make that happen may take years because the market has to change. The block contracts that we’re uncoupling from in social care and Supporting People, the way the Department for Work and Pensions commissions with prime providers, would need unpicking.”

Trailblazer A strategic staff

Again, this highlights the need for market development activities to start as early as possible in the implementation stages for initiatives such as the Right to Control.

While Trailblazers were keen to develop the market further, they also identified a number of challenges that will become more commonplace as a larger number of smaller providers come on board:

- Small providers tended to have less robust accounting systems in place meaning they were more prone to invoicing errors. The additional checks that will need to be employed will have resource implications for Trailblazers.
- Small providers had limited cash flows so waiting until local authorities had processed Work Choice direct payments on behalf of Jobcentre Plus (which could sometimes take months) will cause financial hardship for some. The DWP is currently exploring ways to streamline this process.
- Quality assurance and liaison with a large number of providers will have resource implications for the Trailblazers.

3.2. Progress with culture change among staff

Staff awareness and understanding of the Right to Control

A few months after the launch, staff awareness and understanding of the Right to Control was patchy outside of the Trailblazer C multidisciplinary team. Many delivery staff did not fully understand the policy, or how it affected their work in practice. Over the course of the pilot, a variety of formal and informal initiatives, as well as the overall normalisation of the Right to Control over time, led to improved staff awareness and understanding:

- All Trailblazers had run refresher training for delivery staff and had often improved on earlier training sessions, for example, by making training more tailored to each funding stream. Eighteen months in, Trailblazers had also had time to train all their frontline staff which was not the case for larger Trailblazers at the early stages.
- There had been regular flow of information to keep the Right to Control at the forefront of staff members' minds. Many Trailblazers had "champions" in place who promoted Right to Control among their delivery teams.
- There was increasing knowledge sharing between Trailblazers facilitated by events such as the Office for Disability Issues (ODI) Trailblazer conferences in November 2011 and January 2013.
- Some Trailblazers had produced case studies for delivery staff, to illustrate the benefits of the Right to Control for customers. Trailblazer D also gave customers examples of creative support planning which they could follow.

“Once you get case studies and personal stories, that really helps people. When people see those things, then it stops it just being a process and they can see they are really helping people.”

Trailblazer G operational staff

- Eighteen months in, staff had had more time to learn about other funding streams, which helped to reduce the number of inappropriate and incomplete referrals made to other streams.

Senior staff across Trailblazers noted particular improvement among Work Choice DEAs. This was largely due to the strong leadership in this funding stream, which ensured that many of the above activities were implemented. Jobcentre Plus operational leads were credited with raising awareness and engagement with the Right to Control in Trailblazers C, D and E.

“We’ve come to a point now where the DEAs are really starting to understand the value not only to the customer but to themselves of the Right to Control. There’s had to be lots of high-level meetings to try and filter down that message continually.”

Trailblazer E operational staff

There were, however, examples of delivery staff across Trailblazers not fully understanding the Right to Control. This included staff in Trailblazer C, outside the multidisciplinary team, who had not gone through the intensive training members of that team had had.

Some staff thought that the Right to Control was another funding stream working in parallel with their own. This meant that many staff still dealt with customers just as they would have before the pilot, and these customers did not experience the intended Right to Control customer journey (which again helps to explain the lack of evidence of impact). Moreover, there was evidence that staff were making judgements on whether customers would want choice or be capable of making the “right” choices. This highlights a continuing need to inform staff that all customers **have** the Right to Control, and that it is not something staff members can choose to offer to customers.

Linked to this, many staff lacked awareness of the Right to Control statutory guidance, such as the need to inform customers of their funding entitlement or offer different payment options. Many did not understand how Right to Control differed from personalisation as a whole, particularly that it was a legal right (which has not been the case with other personalisation initiatives). The involvement that some Trailblazers had in the Individual Budgets pilot, a similar scheme aimed at streamlining support across funding streams, may have compounded this confusion.²⁸

In some cases, this lack of understanding among delivery staff had trickled down from senior staff including those responsible for overseeing training. Some senior staff saw the Right to Control as synonymous with personalisation in general (i.e. not realising that the

²⁸ Barnsley, Essex, Leicester, Manchester and Oldham had all participated in the Individual Budgets pilot between 2005 and 2007.

Right to Control was a legal right, underpinned by statutory guidance, and a requirement to streamline the customer journey as much as possible).

The confusion between Right to Control and personalisation was more prevalent among local authority staff. Jobcentre Plus staff by contrast had no prior experience of personalisation initiatives with which to conflate this new right.

“I think people struggle sometimes to understand what the difference is between self-directed support and Right to Control. It feels like the same thing. We talk about it as kind of an extension of self-directed support.”

Trailblazer G operational staff (with local authority background)

Therefore, the success of the awareness-raising initiatives described above depended not just on improving awareness among delivery staff, but also on ensuring that senior staff were clear on the policy intent. These issues show that there may be value in ODI re-briefing strategic staff centrally on large-scale initiatives such as the Right to Control and in maintaining a simple and consistent message when discussing such initiatives, to ensure a shared understanding of the policy.

Embedding the Right to Control into work practices

Overall, embedding the Right to Control into working practices was still a work-in-progress across Trailblazers, and there were differences between funding streams. As previously mentioned, many staff did not fully understand the Right to Control. This meant that they did not realise that the processes they followed with customers were not always in line with the Right to Control statutory guidance.

Nonetheless, some staff had responded well to the changes made to align their funding stream rules and guidance with Right to Control objectives. Senior staff thought DEAs in particular had engaged much more with the Right to Control and some had attempted to do more creative support plans after Work Choice funding rules were relaxed and as more providers came forward to offer greater choice. Independent Living Fund (ILF) guidance had also become more flexible allowing ILF customers to buy equipment as well as services.

ILF delivery staff had become aware of this flexibility and were engaging more with customers.

However, staff in the Access to Work and Disabled Facilities Grant (DFG) funding streams, in particular, were sometimes unsure about the relevance of the Right to Control to their customers. As both these streams offered either one-off payments or ongoing support that was considered to be relatively similar across providers, such as taxis to work, many delivery staff in these streams did not understand the benefits of support planning and reviews (although Access to Work guidelines do require their staff to carry out these things). Furthermore, staff in these funding streams believed that their customers generally do not want a choice – a view which was not necessarily shared by customers (see Chapter 4).

“I don’t really feel the outcome is any different as a result of Right to Control, so I think I would say it hasn’t really changed attitudes overall.”

Trailblazer D Access to Work delivery staff

“DFGs have been the most challenging because we’ve had comments made along the lines of ‘well our customers don’t want a choice, they just want us to do it for them’.”

Trailblazer A strategic staff

Many also thought the guidance for these funding streams did not allow customers full control over their funding. For example, Access to Work staff noted that funding for taxis to work could not be used on other forms of transport since customers who could use public transport would normally not be eligible for taxis-to-work funding. In effect, the only choice available was between taxi companies offering the same service. Similarly, DFG staff were not currently able to offer customers a choice of different adaptations.

As with DEAs and ILF staff, those in the Access to Work and DFG funding streams needed clear examples of how their customers could benefit from the Right to Control and guidance on the flexibility that could be offered within their funding stream. This might require a review of local and national funding guidelines – something which

local co-production groups and ULOs could help to review from the customer perspective. This would then set in motion the culture change that had not yet occurred within these funding streams.

3.3. Progress with partnership working

Within a few months of launch, the Right to Control had begun to foster closer partnership working and collaboration between staff in different agencies, and between staff and ULOs. Over the course of the pilot, the frequency of partnership working continued to increase. Allowing staff time to learn and work together was key to this success. Informal day-to-day contact between teams had increased, with many delivery staff now having established relationships with their counterparts in other funding streams and organisations. The increased volume of referrals from different entry points such as CMHTs and ULOs provide further evidence of greater collaboration.

Staff felt the working relationships between DEAs and CMHTs especially had improved. Previously, staff in CMHTs had been sceptical of working with DEAs – they felt DEAs were unwilling to help customers with a mental health condition since they considered them to be more challenging. Now, as a result of the Right to Control, they felt DEAs had developed a better understanding of this customer group, so were referring more customers to Work Choice.

“Employment specialists in the Mental Health Trusts and the DEAs in particular have got quite close. They talk a lot about cases.”

Trailblazer D operational staff

Improvements in partnership working, as well as occurring naturally over time, were sometimes due to specific initiatives that Trailblazers had implemented. These included the regular staff forums, staff surgeries and joint team meetings for frontline delivery staff. In addition, there were efforts to build relationships between staff and providers, for example, with commissioning managers drawing up lists of new providers for delivery staff to use – this was particularly important, as delivery staff generally had a low awareness of alternative provision, and this often contributed to customers simply opting for standard provision.

The impact of improved partnership working

Good partnership working had an important effect on delivery staff. It helped to build their knowledge of other funding streams, which led to greater confidence in making referrals. It engendered mutual understanding and trust, and shared goals between staff. Some staff also felt it also contributed to greater job satisfaction.

“I’ve had direct contact with DWP saying, ‘I’ve got this gentleman who doesn’t actually meet Adult Social Care criteria, will he fit into yours, and can you help us out on this one?’ and that’s how we’re starting to get it together.”

Trailblazer A delivery staff

Good partnership working also went further than referrals and helped customers move towards independence by thinking beyond individual funding streams.

“It’s not just a straight referral; it’s genuine joint working, and a customer sees that as services being joined-up around them, with them at the centre of it.”

Trailblazer C operational staff

3.4. Other remaining delivery challenges

As well as the core delivery challenges around provider markets, staff culture and partnership working, interviews with staff also raised other delivery challenges, especially in relation to direct payments:

- Direct payments for Work Choice were processed by local authorities rather than Jobcentre Plus which created unnecessary work and delays. This issue became more pressing towards the later stages of the pilot, with more Work Choice customers choosing direct payments. The DWP had been working with the Trailblazers to resolve this issue.

- In some local authorities, the Resource Allocation System (RAS) used to calculate Adult Social Care customers' entitlements was not working as intended, because the monetary value for direct payments was greater than the value of the services the local authority could arrange for the customer. This limited staff's ability to offer direct payments to all customers. One local authority was in the process of revising the RAS.

“The RAS doesn't really work. Social workers are understandably reticent about saying to an individual or their family, ‘oh you're eligible for three times as much as you're actually getting’.”

Trailblazer C operational staff

4. The customer experience

This chapter explores disabled people's and carers' experiences in Trailblazers over the course of the pilot, and how closely these matched the intended Right to Control customer journey. Findings discussed in this chapter come from the process evaluation.

Key points

- Customers' understanding of the Right to Control policy tended to be superficial, mirroring lack of understanding among delivery staff. Many recalled being told about their right, about other funding streams and the amount of funding they were awarded. However, many did not realise how this might make a practical difference to the support they received.
- During the pilot, Trailblazers had improved their eligibility-checking processes, increased their capacity for support planning, and in some cases introduced joint reviews. Nonetheless, customers' experiences still did not always match the intended Right to Control customer journey. The quality of support planning and reviews varied considerably and, outside of Trailblazer C, there were typically no joint assessments or support plans between funding streams.
- While many customers were offered the choice of a different payment option, such as a direct payment, fewer were offered choice over the type of provision on which to spend their funding. This was due to a mixture of funding stream guidelines that did not enable choice over provision, staff lacking knowledge of alternative provision, and a lack of available alternative providers.
- Customers who took on direct payments felt that there was a lack of support in place to help them manage these payments, which often made the experience stressful. Some Trailblazers had schemes that offered customers third-party support in employing or paying support providers, which was a possible solution for other areas to adopt.

4.1. Customers' awareness of the Right to Control

Awareness of the Right to Control among customers improved as the pilot progressed, reflecting delivery staff members' increasing confidence and ability to explain it to customers. Many of the customers interviewed in wave 2 of the process evaluation, though not all, recalled being told about their right, about other funding streams and the amount of funding they were awarded, which was more in line with the statutory guidance than observed at wave 1.

Nonetheless, customers' understanding of the Right to Control was usually superficial. For example, many customers thought that the Right to Control was a funding stream for which they had applied, and did not realise it might make a practical difference to the support they received. This again reflected the continued lack of understanding among many staff, who sometimes did not realise that their funding stream was included within the Right to Control (see Chapter 3).

On the other hand, the term "Right to Control" was felt by some staff to cause unnecessary confusion among customers and delivery staff. Indeed, some staff avoided using the term altogether, focusing instead on support planning with customers because they felt this was the key to making a difference to them – this helps to explain why some customers felt they had not been explained their right. Again, this suggests a role for the Office for Disability Issues (ODI) in issuing simple and consistent messages on what the Right to Control is. The importance of support planning to the success of the Right to Control is explored further in Chapter 6.

“It isn't about 'Right to Control', the set of words. It's more about the things that underpin that, and actually staff don't need to mention 'Right to Control' at all. In reality, Right to Control is about offering choice throughout the customer journey.”

Trailblazer F operational staff

4.2. The customer journey

In each Trailblazer, the intended Right to Control customer journey started with staff checking customers' likely eligibility for any of the six funding streams (whereas pre-Right to Control staff would have only checked eligibility for their own funding stream). If they were considered eligible, customers then had to undergo a full assessment of their needs and engage in support planning²⁹ discussions with staff. At some point, customers' support needed to be reviewed to ensure it was still relevant. As this section shows, this intended customer journey was not always realised.

Eligibility checking

Customers typically did not recall delivery staff checking their potential eligibility for the other Right to Control funding streams. This matches findings from staff interviews, which showed that the eligibility checks were not always happening as intended, or at all. In many cases, this reflected delivery staff members' lack of awareness of the other funding streams. It also reflected that, given the different age profiles of the social care-related and employment-related funding streams, staff often did not expect customers to be eligible for both types of funding.

Many Trailblazers had created eligibility checklists or questionnaires for staff to use to check customers' likely eligibility for other funding streams. Customers' reactions to these checklists were initially mixed – some thought that the checklists were overly long and repetitive, which made the process feel like a “box-ticking” exercise. However, these reports became less commonplace over the course of the pilot, as the checklists were improved or shortened.

Later in the pilot, staff also began to use the eligibility checklists more sparingly as a non-mandatory tool to help with their initial conversations with customers. They saw this as a more measured approach. Some staff noted that the checklists had been very useful in supporting them while they were building their knowledge of the different funding streams, but were less essential at the later stages of the pilot. Instead, having a good understanding of other funding

29 Support plans are often known as “action plans” in the Work Choice funding stream.

streams or knowing who to consult on referrals were considered more important.

“The eligibility checklist is a really useful document to have, but what’s made the real difference is training people and getting people to understand, and proactively make those referrals for other funding streams.”

Trailblazer C operational staff

Two delivery approaches stood out in delivering consistently good eligibility checking. These were the multidisciplinary team in Trailblazer C, and the hubs in Trailblazer G. The hubs were run by User-Led Organisations (ULOs) staff and volunteers who had been specially trained to conduct this part of the process. Trailblazer A also had a similar hub, but this had been less successful because it was located too far away for many customers.

Assessment

Across Trailblazers and funding streams, the assessment process was unchanged and followed the pre-Right to Control assessment process. This meant customers on multiple funding streams still had multiple assessments, except in Trailblazer C where the multidisciplinary team conducted a single joint assessment.

Customers going through the multidisciplinary team found the joint assessment to be very comprehensive and holistic. Furthermore, they did not have to provide the same information to multiple assessors, which contributed to a positive customer experience. By contrast in other Trailblazers, those undergoing assessment for more than one funding stream were sometimes left confused by the process, and wondered if they had been assessed more than once for the same stream.

Nevertheless, outside of Trailblazer C, Trailblazers did not consider joint assessments to be achievable within their current delivery models. Customers generally entered different funding streams at different times, so would not typically be assessed for each stream at the same time.

Some senior staff also thought joint assessments were ineffective unless funding streams pooled their budgets – without this, each funding stream would still need to conduct their own assessment for their portion of the funding. Trailblazer A had hoped to be able to pool funding streams when starting the Right to Control, but staff felt this was beyond the scope of the Right to Control.

Barriers to pooled budgets were both cultural and systemic. There was an overriding culture of accountability within each funding stream and staff wanting to prevent their job roles from being eroded, so were sometimes unwilling to collaborate in this way. There was also a lack of clarity on what could be pooled, making it difficult to achieve. Staff in Trailblazer A believed that resolving this was key to the success of the Right to Control.

“What we need to do is look at pooling budgets at a much higher strategic level. It’s very difficult to align funding streams once the money is allocated, if not impossible, so hence the focus on pooling budgets at a much higher level, to have the one-pot approach.”

Trailblazer A strategic staff

In a few cases, staff had shared assessment information across funding streams, so they would at least not have to ask customers the same questions in multiple assessments. This was not yet happening in all cases, so there is potential to improve the assessment process by ensuring this kind of information sharing is done as a matter of course.

Support planning

Over the course of the pilot, Trailblazers increased their capacity for support planning, for example, by hiring new support planning brokers. However, the quality of support planning still varied considerably. Many customers recalled support planning discussions as being very informal and limited in terms of exploring alternative services or support. There was evidence that staff were not always sharing their write-ups with customers. Some customers recalled being asked to sign off plans but others did not, contrary to the Right to Control statutory guidance.

Plans were typically written by staff or providers. Generally, customers were not confident writing support plans themselves, as they would not know what to include, though one customer had written their own plan after receiving help from their social worker on how to do this. This highlights the need to provide customers with more guidance on the format and content of support plans, in order to facilitate customers being able to write their own plans.

The inconsistency seen in customer interviews matched findings among staff. Delivery staff often had differing expectations of what support planning involved, for example, what should be covered in the discussions, how long discussions needed to be and who to involve. This indicates a need for additional guidance and training to make the process more consistent and empowering for customers, in terms of ensuring that they understand the range of options available to them and the support available to help them choose.

There were also differences by funding stream:

- Customers in receipt of Adult Social Care, the Independent Living Fund (ILF) or Supporting People funding typically had greater recall of having a written support plan, reflecting that the concept of support planning was already present in these funding streams before the Right to Control pilot.
- For certain Work Choice customers, especially those with mental health conditions, support planning during the pilot had been particularly strong and creative, leading to highly-tailored support. This was enabled by changes to Work Choice guidelines early in the pilot, allowing customers to use funding for vocational training if this addressed their impairment-related barriers to work. It also showed how strongly Work Choice Disability Employment Advisers (DEAs) and staff from Community Mental Health Teams (CMHTs) had bought into the Right to Control, and were working closely with each other during the pilot.

- By contrast, support planning was largely absent for Access to Work and Disabled Facilities Grant (DFG) customers. Some DFG customers in particular felt that staff were primarily focused on assessing their home rather than understanding their support needs. This view was consistent with feedback from DFG staff, many of whom thought that customers receiving one-off payments did not require support planning. This highlights the need for further changes in staff culture in these funding streams.

“What makes me cross is that the things that were put in the plan, we’ve never asked for. It’s gone from just wanting a shower to all these things that we’ve never asked for. You must assess people as individuals as everybody’s needs are different.”

Trailblazer C DFG customer

ULO involvement in support planning

Where ULOs were involved in support planning, plans tended to be more imaginative:

- ULOs often devised support plans that better addressed customers’ long-term needs. For example, one ULO created a plan for funding driving lessons for customers rather than paying for a driver or aid.
- They tended to make greater use of mainstream services (e.g. sport and leisure facilities) with support rather than focusing only on disability-specific services. This made customers feel more included in society and sometimes delivered better value for money.
- They were well placed to take an holistic perspective on customers’ needs because they were not aligned to a particular funding stream.

ULO highlighted that support planning was necessarily a very time-consuming step of the journey, sometimes involving multiple discussions with the customer to identify needs and aspirations. Some did not think delivery staff had enough time to conduct support planning in this way. Some also felt that delivery staff avoided more creative support

plans because they would take longer to get signed off. This view is also supported by recent ODI-commissioned research into support planning.³⁰

Some Trailblazers already offered support planning via a ULO broker, while other Trailblazers were also looking to provide this service, but the customers interviewed were not aware they could ask for this. This suggests that customers need to be told more clearly about the ways in which support-planning discussions could take place, with statutory organisations or ULOs, and how they might benefit from ULO input.

Support planning for customers on multiple funding streams

Only Trailblazer C offered joint support plans for customers on multiple funding streams. In other Trailblazers that had adopted a mainstreamed approach, many senior staff thought joint plans were unachievable for the same reasons as joint assessments – people did not enter each funding stream at the same point in time (so would need different support planning at different stages) and even when they did, funding streams were not pooling budgets, so each funding stream needed a distinct support plan.

Some Trailblazers were instead attempting to do iterative support plans which were supplemented each time a customer accessed a new funding stream. In these instances, it was not clear whether staff would review and plan support from both funding streams in an holistic way, or simply attach new sections to the existing plan. The lack of a defined process for doing this meant that it was done inconsistently.

Indeed, for some customers in receipt of both Jobcentre Plus and other funding streams (from Trailblazers adopting a mainstreamed approach³¹), it felt like the agencies involved were not working together. They felt that the staff they dealt with either appeared not to be aware of any other support they were receiving, or treated their home care needs in isolation from their employment needs.

30 Norah Fry Research Centre, 2011, 'Your Life, Your Choice: Qualitative research carried out as part of the 'Support Planning and Brokerage' Initiative', ODI.

31 There were no multiple funding-stream customers from Trailblazer C on the sample for the process evaluation who were able to speak about the joint support planning process, so the evaluation was not able to look at how this worked in practice.

The interviews with delivery staff across funding streams do indicate that they were not always aware of all the overlaps in their customer groups, so would again benefit from greater sharing of individual customer data between streams. Earlier in the pilot, this data sharing was hampered by IT problems. These have since been resolved, but it will take time for data sharing to become commonplace. In Trailblazers that operate shared databases, staff might also need further reminders that they should be uploading and accessing assessments and support plans to and from these databases in all cases.

Monitoring and review

Customers who had not yet reached the review stage typically did not know that their support might be monitored or reviewed at some point, and did not recall staff having mentioned this. This linked back to customers not always having in-depth support planning discussions, during which they should have established a timeframe for a review (according to the Right to Control statutory guidance). Not knowing about upcoming reviews sometimes made customers uncertain as to whether their relationship with the agency in charge had ended or not.

Similarly, many customers did not know they could appeal decisions or request a review, and did not know who to contact outside the provider if they were unhappy with their support or if their circumstances had changed. This sometimes led to customers continuing with inappropriate support which did not fully meet their needs. Customers in receipt of employment-related funding were especially hesitant in asking for changes – Access to Work customers sometimes worried how this might affect their relationship with their employer, while some Work Choice customers thought it might affect their entitlement to benefits.

DFG customers did not seem to have their support reviewed. Staff in this funding stream did not see how the review concept fitted with the one-off nature of the equipment or adaptations they offered. Nevertheless, some of these customers said a follow-up conversation with staff would have been useful, as they were not fully satisfied with the support they had received.

When customers' support had undergone monitoring and review, the process for those in receipt of a single funding stream was generally the same as before the Right to Control pilot, although there were small changes, reflecting that the Right to Control was becoming more embedded in working practices. For example, some existing customers were now being offered the Right to Control at review stage. Some staff were also now checking customers' potential eligibility for other funding streams at review meetings. However, this was not done for every customer, suggesting that not all staff were aware of the changes.

The monitoring and review process varied by funding stream. Some Access to Work customers recalled being told that they should keep receipts and invoices as they would be checked at the review meeting. Other monitoring and reviews tended to be less formal, with staff telephoning customers to ask about progress. However, with telephone reviews, customers were not always given advance notice, meaning that they could not prepare for them.

Most reviews tended to take place after a set time of receiving support, so were not typically responsive to a change in a customer's circumstances. By contrast, for customers who had been referred from CMHTs, as well as customers dealt with by the multidisciplinary team in Trailblazer C, reviews were often highly tailored and conducted whenever a customer's circumstances changed (as recommended by the statutory guidance), rather than just at fixed intervals. This seemed to be because the same staff member(s) had remained close to the customer throughout their customer journey, so they could respond quickly to changes in circumstances. This also made customers more confident in contacting these staff to discuss changes.

Overall, the findings highlight a need for staff to better inform customers of the review process during support planning discussions, to ensure that customers are given sufficient advance notice of the review and to maintain a line of communication with customers post-support planning.

Reviews for customers on multiple funding streams

Unlike joint support plans, senior staff thought that joint reviews were possible for customers on multiple funding streams, and Trailblazers had started to set up joint reviews.

Joint reviews were conducted in two ways:

- The review meeting was attended by staff from each funding stream.
- Funding streams delegated their review functions to one staff member who represented all eligible funding streams.

No evidence was found of joint reviews between Jobcentre Plus and local authority funding streams. Instead delegation of review functions only happened between local authority-administered funding streams and/or ILF. In part, this is likely to have been because very few customers were eligible for both local authority and Jobcentre Plus funding streams, so setting up processes to join up these reviews was less of a priority. In addition, funding stream guidance for Access to Work and Work Choice might need to be reviewed before Jobcentre Plus can delegate reviews to other organisations.

The Trailblazers that were conducting joint reviews had been developing these processes prior to the Right to Control meaning joint reviews would probably have happened naturally. The introduction of the Right to Control did, however, help speed up the process.

Among the customer interviews conducted, one customer on multiple funding streams had received a joint review, so evidence collected on how joint reviews worked in practice was limited.³² This customer felt that the joint review was much better than the separate reviews they had experienced previously, as it was less stressful to have a single meeting and it saved them from repeating the same answers to different people, so their overall experience of the funding streams was more streamlined.

³² In Trailblazers C and D (the only Trailblazers offering joint reviews), the other multiple funding-stream customers interviewed had not reached review stage.

There may of course be other benefits to having joint reviews which were not possible to explore in this evaluation because of the limited incidence of customers receiving joint reviews, such as the greater integration of support between funding streams and being able to adopt an holistic perspective on customers' situations.

4.3. Extent of choice and control offered to customers

Over the course of the pilot, there was increasing evidence of staff across funding streams offering direct payments as an alternative to standard provision. Nonetheless, in many cases, this was the only form of choice and control that customers received. Overall, few customers were offered the intermediate option of alternative provision arranged and managed by the agency in charge. The reasons for this varied by funding stream, but it was generally due to a mixture of funding stream guidelines, staff lacking knowledge of alternative provision, and a lack of alternative provision itself.

Customers in Adult Social Care, ILF and, at a later stage of the pilot, Work Choice were relatively more likely to be offered alternative provision. Some Adult Social Care and ILF customers were also given the option to choose from different care companies, or find their own carer. In wave 2 of the process evaluation, various Work Choice customers also recalled being offered a range of different courses and providers, and were told that staff could look into any other courses they wanted to do. The improvements in Work Choice reflected the progress Trailblazers had made during the pilot in widening the number of alternative providers for this funding stream, and in persuading Work Choice DEAs of the potential advantages of alternative provision.

The choice DFG customers received was more limited. Some were given quotes for various builders and offered a choice between these, or the option to get their own, alternative quote for the same work. However, they were not granted choice over the kind of adaptation they could have, which was decided by staff, as per the DFG guidelines at the time. In some cases this was problematic, as staff and customers disagreed on the type of adaptations or equipment

that best suited the customer, especially for those with progressive or fluctuating conditions. This again highlights the importance of good support planning discussions between staff and customers, which may help to reach a more effective consensus outcome.

In the Access to Work and Supporting People funding streams it was less evident that customers received any choice of alternative provision. For Supporting People, this reflected that many Trailblazers were still tied to block contracts within this funding stream, so could not offer choice of providers (although they could offer direct payments). For Access to Work, it was partly due to the funding stream guidelines – like DFG, staff in Access to Work noted that customers were not currently allowed a choice over the type of service or equipment they received.

Some Access to Work customers were offered upfront payments to purchase services, whereas before the Right to Control pilot, they would have been refunded after paying for the service themselves. However, not all customers recalled being offered this, suggesting that staff were not offering this option consistently.

Overall, the choice of provision customers received was slowly increasing, aided primarily by moves towards more flexible commissioning arrangements in each funding stream and changes to funding stream guidelines (see Chapter 3). However, these changes were taking time to filter down to staff, who were only just starting to make use of the new flexibility and find out about new providers. Moreover, the Access to Work and DFG funding streams still needed a further review of their funding guidelines, or at least a clarification of existing guidelines, before staff could confidently offer choice of provision. It will, therefore, take considerable time before the offer of alternative provision becomes commonplace.

4.4. Customers' experiences of purchasing and managing support themselves

There were relatively few instances of customers opting for direct payments. However, among the customers who had done this, some had found them difficult to manage. Purchasing their own support, such as carers or personal assistants, effectively turned customers into employers. This meant they had to deal with interviewing candidates, issuing payslips and paying National Insurance. Some were not aware of what their obligations were in this situation and wanted more guidance.

“Social Services staff said, ‘oh no, you employ her, it’s nothing to do with us. We’ll deal with it when it’s Social Services.’ So I presume that if anything happened, we’d just have to solve it ourselves, wouldn’t we.”

Trailblazer A Adult Social Care and ILF customer

Some had tried receiving direct payments for a time, but did not feel it was practical to keep receipts for every item, so had changed back to agency-managed support.

A few customers also had problems with late payments from funding streams, which had prevented them from paying their support provider on time. This had been a stressful experience for these customers.

Direct payment regulations already allow customers to specify someone else to receive and manage their direct payments. In some Trailblazers, Work Choice customers opting for direct payments had asked the local authority to manage these, taking the burden of dealing directly with providers out of their hands.

In Trailblazer E, some customers also recalled being given a list of ULOs that could help them to manage their direct payments. Customers who had opted for this third-party management felt in control of their budget, but did not feel overwhelmed with managing their support, suggesting this is a potential solution to many of the challenges customers faced when choosing direct payments.

“It was a nice compromise. I’m not very good at having control over these things so I thought if there’s another party who can deal with that budget side of things, I’m more than happy doing that.”

Trailblazer E Work Choice customer

Trailblazer C was also considering arranging for third-party organisations to manage direct payments on behalf of Work Choice customers, in order to enable more customers to opt for direct payments. The need for intermediaries to help customers manage their support is also a learning point that goes beyond the Right to Control evaluation – the recent review of choice in public services on behalf of the Cabinet Office also found that there needs to be additional support for social care users that prefer not to employ personal assistants or carers directly.³³

Of course, the sustainability of these approaches is dependent on ULOs’ capacity to offer this type of service if more customers start to opt for direct payments. Customers may also object to having to pay a fee for this kind of service, or may be confused about how much money they are set to receive – earlier research among users of social care personal budgets found that some wanted more transparency about the costs involved for these management services.³⁴ Delivery staff may benefit from having some guidelines on how this can be effectively presented to customers, and the experience of Trailblazers C and E might be useful to share here.

33 Boyle, D., 2012, ‘The Barriers to Choice Review: How are people using choice in public services?’, Cabinet Office

34 Ipsos MORI, 2011, ‘Users of Social Care Personal Budgets’, National Audit Office.

5. Impact analysis

This chapter covers the key findings from the impact analysis. A more detailed breakdown of the findings is available in the Impact Analysis Technical Appendix, published alongside this report.³⁵

The impact survey provided data on outcomes for customers in Trailblazers and a comparison group of similar customers in non-Trailblazer areas who did not have the Right to Control. The impact analysis matched these two groups using a wide range of baseline characteristics so that, across all these variables, the two groups were close to identical. As a result, any statistically significant³⁶ differences between the outcomes of both matched groups can reasonably be attributed to the Right to Control.

Key points

- The impact analysis did not find any evidence of the Right to Control having a positive impact on customers, either in terms of their experiences of applying for, and organising, support or services, or in terms of their day-to-day lives, including employment outcomes. This potentially reflects the broader finding from the process evaluation that, in many cases, customers were not experiencing the intended customer journey.
- In addition, the analysis found no evidence that the Right to Control had a positive impact on particular subgroups of customers. Subgroups examined included customers entering funding streams at a later stage of the pilot, customers on specific funding streams, older or younger customers, customers with specific impairments and customers with different levels of economic activity.

35 The Impact Analysis Technical Appendix is available on the Office for Disability Issues (ODI) section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>.

36 The analysis uses a 95 per cent confidence interval as a marker of statistical significance, as is typical in studies of this nature.

5.1. Impact on choice and control

A key aspiration of the Right to Control has been to provide greater choice and control to disabled people who receive funding under the six funding streams. The impact survey included five questions aimed at measuring the impact of the Right to Control on how much choice and control customers feel they have over their lives.³⁷ The first of these questions is a tried and tested measure taken from the Adult Social Care Outcomes Toolkit (ASCOT).³⁸ The other four measures cover areas of life that might be affected by the Right to Control, and are taken from the Life Opportunities Survey (LOS).³⁹

The analysis found no evidence of the Right to Control having an impact on how customers perceived their level of control over their daily lives. Three in ten (29 per cent) Trailblazer customers and a similar proportion (31 per cent) of matched comparison group customers felt they had “as much control as they wanted” over their daily lives. Among both customer groups, nine per cent felt they had no control.

Likewise, the Right to Control did not impact significantly on customers’ feelings of choice and control over employment, healthcare, leisure time or housing.

5.2. Impact on wellbeing, life satisfaction and health

Improved quality of life has been a primary aim of the Right to Control. As overarching measures of quality of life, the survey asked about customer’s wellbeing, their overall satisfaction with life, their view of their own health, and their use of health services (GPs and Accident and Emergency hospital services).

37 The questionnaire is included as an annex to the Impact Survey Technical Report, available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>.

38 ASCOT is a tool for measuring social-care-related quality of life.

39 LOS is a longitudinal survey of disabled people conducted by the Office for National Statistics (ONS) and funded by the Department for Work and Pensions (DWP).

We measured people's level of wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). On this scale, people score between 14 and 70, with a higher score indicating greater levels of wellbeing. The mean score among Trailblazer customers was 43.4, compared to 43.5 among matched comparison group customers. The Right to Control appears to have had no significant impact on customers' wellbeing as measured using WEMWBS.

Similarly, there was no evidence of the Right to Control having a significant effect on customers' life satisfaction. Respondents were asked to score their life satisfaction on a scale of 0 to 10, with a higher score showing greater satisfaction. Trailblazer customers scored a mean of 5.7, compared to 5.6 among matched comparison group customers.

The Right to Control was not expected to have a direct effect on health. However, because of the potential for the Right to Control to impact indirectly on customers' health, the survey included outcome measures of self-reported health, as well as questions on recent visits to GPs and Accident and Emergency hospital departments. The analysis found no evidence of the Right to Control having an impact on customers' self-reported health, their use of GP services or their use of Accident and Emergency departments.

5.3. Impact on quality of daily life

Reflecting the outcomes that the six funding streams are designed to bring about, the survey included a number of questions aimed at measuring an impact from the Right to Control on the quality of customers' day-to-day living. They include:

- ease of access into and throughout your home
- perceptions of safety inside and outside the home
- perceptions of amount of social contact
- perception of how customers are able to spend their time
- perception of how having help makes customers feel

- perception of how the way in which customers are helped and treated makes them feel
- whether customers' homes are designed to meet their needs
- use of paid and unpaid care.

The first four items are taken from the ASCOT. The other items were included on the advice of the evaluation co-production group as relevant measures of independent living and quality of daily life for disabled people eligible for the six funding streams.

The analysis formed a composite scale of quality of daily life by combining the above outcomes (excluding use of paid and unpaid care), plus the ASCOT question on control over daily life (see Section 5.1). There was no significant difference between the mean scores of Trailblazer customers and matched comparison group customers (21.0 and 21.3 respectively).

There was also no significant difference between the proportion of Trailblazer and matched comparison group customers who reported difficulties getting into or around their homes. Three in ten customers in both groups (29 per cent and 27 per cent respectively) reported having difficulties getting into their homes and two in ten (22 per cent and 21 per cent respectively) had difficulties getting around when inside.

The final outcome measures in terms of the quality of customers' day-to-day living were their use of paid and unpaid care. The hypothesis here was not clear cut. On the one hand, exercising the Right to Control may lead to an increase in the proportion of customers organising paid help. On the other hand, greater responsibility over organising support services (among those deciding to exercise their right) may increase reliance on informal support. However, again, there is no evidence that the Right to Control has had an impact on the use of either paid or unpaid care. A third (33 per cent) of both Trailblazer and matched comparison group customers had used paid care and half (48 per cent of Trailblazer and 53 per cent of matched comparison group customers) had used informal care.

5.4. Impact on employment

The evaluation sought to measure whether the Right to Control had an impact on the proportion of disabled people in work, or feeling that work might be a realistic prospect. These types of impacts were mainly expected with Work Choice customers directly receiving employment-related support. However, the impact analysis looked at the impact on employment for customers across all six funding streams who were currently not working, given that the Right to Control could also indirectly impact how customers in other funding streams felt about their lives, and therefore, their employment prospects.

Nonetheless, the analysis found no evidence that the Right to Control has had an impact on customers' economic activity levels, or their perceived likelihood of taking up paid work in the future. This was both across all customers, and for Work Choice customers specifically.

5.5. Impact on satisfaction with choice and service provision

One of the intended impacts of the Right to Control that would have been especially tangible was its impact on how customers perceived the process they went through when applying for funding streams and arranging services and support. Customers were asked how satisfied they were with the process of getting support, and how much choice they felt they had over the services they received.

Again, the analysis found no evidence to suggest that the Right to Control had an impact. There were no significant differences in the proportions reporting being satisfied with the process or feeling that they had choice over the services they received.

Furthermore, when asked about the range of support or services they had received under their funding streams, there were no significant differences between Trailblazer and matched comparison group customers. Likewise, when asked whether they had had any involvement in the organisation of their services or support, Trailblazer customers were not significantly more or less likely to have been involved than matched comparison group customers (38 per cent compared with 33 per cent – this difference was not statistically significant).

These particular findings are supported by the process evaluation, which showed that many customers did not follow the intended Right to Control customer journey (see Chapter 4). Furthermore, excepting customers in receipt of multiple funding stream in Trailblazer C (a minority of all Trailblazer customers), customers were generally not receiving joined-up assessments, support planning or monitoring and reviews. In this respect their experiences were likely to have been similar to customers in the comparison group. (Of course, this does not mean that there would definitely have been a significant impact had the Right to Control been consistently delivered in line with the statutory guidance.)

The process evaluation also found few instances of customers being offered meaningful choice. This was partly because provider markets were still in their infancy, though there were also other compounding factors, such as a lack of understanding of the policy intent among staff, and a lack of expertise to deliver good quality support planning to help customers. These issues are covered in more detail in Chapter 6.

It is important that the findings from this impact analysis are seen in the context of previous impact evaluations of similar policies, including the Individual Budgets pilot programme⁴⁰ and the Personal Health Budgets pilot⁴¹. The Individual Budgets evaluation measured a wide range of outcomes and detected a positive impact on the level of control Individual Budgets customers felt they had over their daily lives, the support they accessed and how it was delivered. However, the evaluation did not find a positive impact in any of the other outcomes measured.⁴² The evaluation of Personal Health Budgets found significant improvement in care-related quality of life and psychological wellbeing, but not in health status and health-related quality of life. The evaluation of Individual Budgets attributed this to the short duration between receipt of the Budget and measurement of outcomes (six months). The Personal Health Budgets evaluation measured outcomes over a longer, but still restricted, timeframe (12 months).

40 See the University of York Social Policy Research Unit website (<http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>) for the Evaluation of the Individual Budgets Pilot Programme.

41 See the Personal Health Budgets Evaluation website for the evaluation of this pilot scheme: <https://www.phbe.org.uk/>.

42 These were personal dignity, safety, meals and nutrition, social participation and involvement, occupation and accommodation cleanliness and support.

This resonates for the evaluation of the Right to Control. It may take many more months, or even years, to embed a policy like the Right to Control, given the considerable challenges that Trailblazers need to overcome, such as the development of provider markets and the introduction of a brand new way of working across a large number of staff. The short space of time in which it was necessary to conduct this evaluation may, therefore, help to explain the lack of evidence for impact (although this does not necessarily mean that there would have been an impact over a longer timeframe).

5.6. Subgroup analysis

The impact analysis also checked for evidence of whether the Right to Control had an impact on particular subgroups of the population.⁴³ In doing so, the analysis attempted to answer the following questions:

- Did the Right to Control work differently for specific subgroups, including different age groups, impairment types or customers starting with different levels of economic activity?
- Did the Right to Control have an impact on customers in particular funding streams?
- Did those receiving more than one funding stream have a difference experience of the Right to Control than those only on a single stream?
- Given that the process of offering the Right to Control took time to embed in Trailblazers, did the Right to Control have any impact on customers offered it at a later stage of the pilot?

⁴³ The matching of Trailblazer and comparison group customers was repeated for each subgroup, to ensure that they were closely matched within each of the subgroups tested.

Five key outcomes from each of the five categories covered in Sections 5.1 to 5.5 were selected for testing among subgroups, including:

- control over daily life (Section 5.1)
- wellbeing (using WEMWBS from Section 5.2)
- quality of daily life scale (Section 5.3)
- work-readiness (Section 5.4)
- satisfaction with the process (Section 5.5).

The analysis found no evidence of impact on specific types of customers. There was some concern, in light of findings in other evaluations, that older customers might find the idea of the Right to Control confusing and potentially stressful. The impact analysis, therefore, looked at outcomes for customers under and over 65, as well as those over 75. However, this analysis found no evidence of the Right to Control having a different impact on older customers compared to younger ones.

Likewise, there was no evidence of impact on customers self-reporting as having a mental health condition, a cognitive impairment or a physical impairment.

There was also little evidence of significant effects on those who were in employment, unemployed or economically inactive at the start of their customer journey. The only statistically significant finding was among those unemployed at the start, where Trailblazer customers seemed marginally **less** work-ready after receiving support than their matched comparison group.

Similarly, there was little evidence of a significant impact on customers in different funding streams, or those receiving multiple funding streams. The only statistically significant finding was among the Work Choice customers, where Trailblazer customers again seemed marginally less work-ready than those in the matched comparison group. Although this may be a chance finding (which is to be expected given the large amount of subgroups being tested), it may also reflect the difficulty Trailblazers initially had in implementing the Right to Control in the Work Choice funding stream.

It was only at a very late stage that the Work Choice funding stream had made considerable progress in opening up provider markets and in changing the working culture of its Disability Employment Advisers. Moreover, the examples of good practice seen in Work Choice were still limited to a small number of customers overall and often tended to be among hard-to-help customers who were not yet ready for fully entering the labour market, which helps to explain the lack of evidence for an impact among the whole population of Work Choice customers.

There is also no evidence from the impact analysis to suggest that customers offered the Right to Control at a later stage of the pilot experienced something different. The process evaluation does suggest that Trailblazers made considerable progress over the course of the pilot in moving towards the intended Right to Control customer journey. However, as Chapter 4 highlights, even 18 months after launch, there were many customers who were not following the intended customer journey.

6. When is the Right to Control effective?

This evaluation did not find any evidence that the Right to Control had a statistically significant impact on customers in Trailblazers. The fact that many of these customers were not experiencing the intended Right to Control customer journey (as covered in Chapter 4) helps to explain this. Nevertheless, Trailblazers did have examples of customers who, having exercised their right, had received highly tailored support that would not have been possible before the pilot.⁴⁴

This chapter, based on findings from the process evaluation, lays out the conditions that enabled these customers to successfully exercise their right where others had not. It then looks at the aspects of delivery that are most important in producing these conditions. Finally, it covers the broad areas that local agencies should focus on, to ensure that staff are willing and able to deliver these aspects effectively. These are the underlying success factors that should underpin the design and implementation of a policy like the Right to Control.

Key points

- Even when customers were offered the option to take a direct payment or to choose an alternative provider, many still opted for the standard provision. Those who had exercised their Right to Control to do something different were enabled to do so by a combination of factors. These included staff explicitly telling them they could make changes, customers receiving a meaningful choice of provision as well as information to make informed choices, and customers receiving help in arranging and managing their support.

⁴⁴ Instances of customers doing something different as a result of the Right to Control were rare, so Trailblazers were asked to identify specific customers who had opted for a direct payment or for alternative provision, or had experienced a particularly streamlined customer journey, to participate in the process evaluation. This chapter draws heavily on findings from this “targeted” sample of customers. Further details can be found in the Process Evaluation Technical Appendix.

- In order to foster the conditions required for customers to successfully exercise their Right to Control, delivery staff needed to focus on providing good and timely support planning to customers, and on providing customers with a clear single point of contact. Delivering these aspects of the customer journey well required more from staff than a just basic adherence to the Right to Control statutory guidance.
- Before staff were willing and able to deliver good and timely support planning, Trailblazers needed to create the right environment in which a policy like the Right to Control could flourish. For this, local agencies should focus their efforts on a few broad areas. These included providing ongoing strong leadership, project management and local co-production even after the initial implementation and delivery stages, facilitating culture change and greater partnership working, and developing provider markets from the outset.

6.1. Conditions needed for customers to successfully exercise their Right to Control

As discussed in Chapter 4, the extent of choice and control offered to customers varied. However, even in instances where customers were offered the option either to take a direct payment or to choose an alternative support provider, many opted for the standard provision that they would have received before the Right to Control pilot. In a number of cases, this meant customers received support which did not best meet their needs.

By contrast, customers who had opted for direct payments or alternative provision generally received support that was strongly aligned to their needs. Examples of this included:

- Adult Social Care customers taking a direct payment to choose a carer they were happy with from several candidates.
- Adult Social Care customers building up a bank of freelance carers they could use at short notice, meaning they had to do less forward planning compared to when they used agency carers – this flexibility had also helped family members caring for a disabled person.

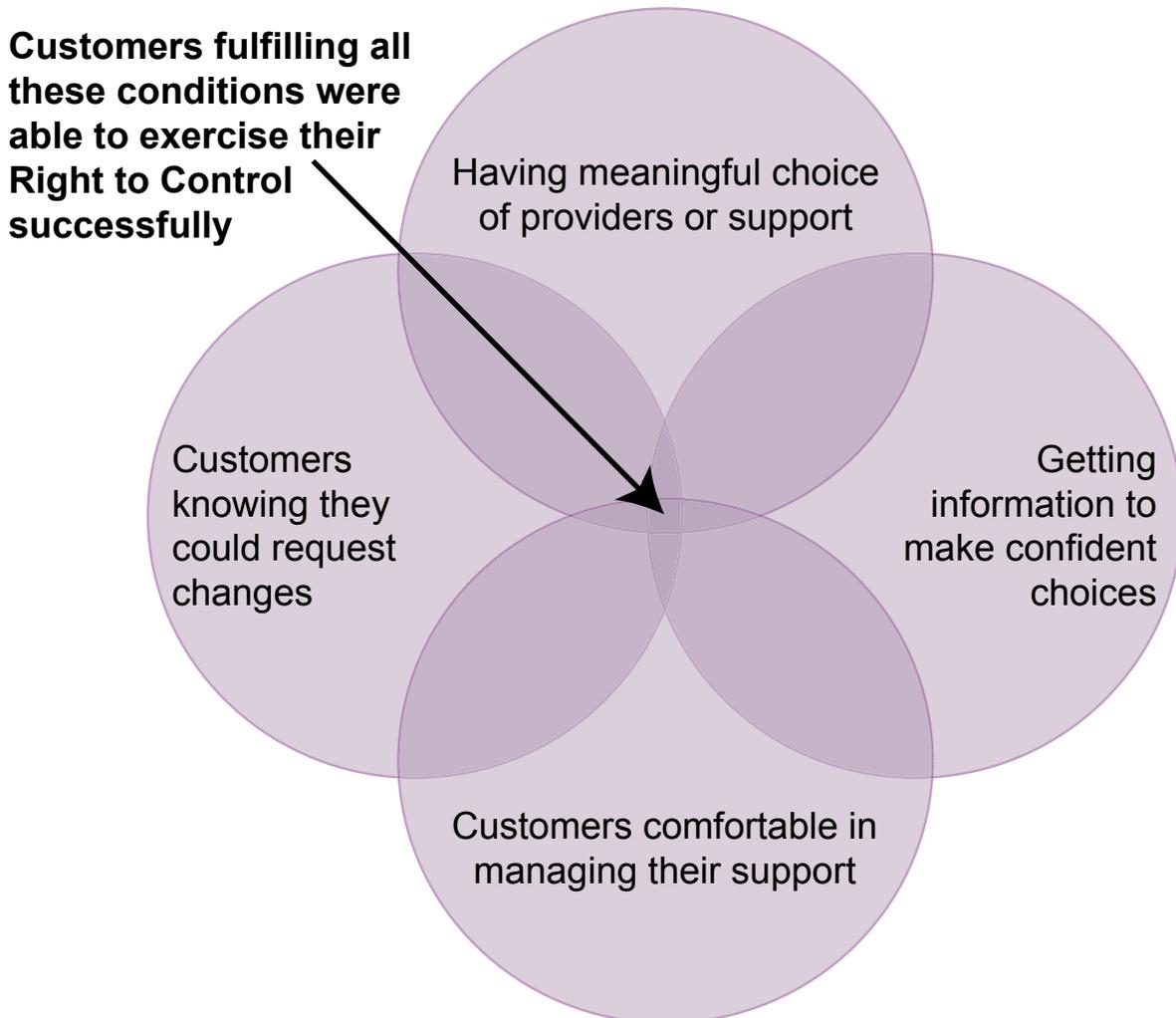
“If my work rings me up to say, ‘can you work tomorrow?’ I am able to ring a carer and say, ‘can you just come for a couple of hours?’ I thought that was great.”

Trailblazer A Adult Social Care and Independent Living Fund (ILF) customer (caring for disabled person)

- Work Choice customers receiving vocational training to enter specific jobs, one, for example, becoming a fitness instructor.

This group of customers shared similar experiences, which had enabled them to successfully exercise their Right to Control. Figure 1 summarises the stand-out factors that linked all these customers, while the rest of this section explores these factors in detail.

Figure 1: Factors enabling customers to successfully exercise their Right to Control



Importantly, in the cases where customers had chosen alternative provision, it was usually a combination of these four factors that led to them making this choice. For instance, staff could make customers aware of their right to request something other than the standard provision, but if provider markets were not sufficiently developed to offer meaningful choice then customers would still have to go with the standard provision.

The customers who had done something different using their right were a diverse group, with no particular demographic characteristics or impairments defining them. Nonetheless, as the rest of this section shows, it is likely that older people and carers would need more support to exercise their Right to Control successfully, since it was generally harder for them to find out about alternative provision by themselves.

Factor 1: Customers knowing they could request changes

The Right to Control often appeared to be demand-led rather than offer-led, with delivery staff saying they would be willing to look into alternative providers if customers asked for this. However, many customers were not aware that they had this option. Furthermore, some customers – mainly older customers – did not feel inclined to ask for changes, since they were grateful to be receiving any support at all and did not want to jeopardise this. This meant that customers generally did not explore alternative support unless staff explicitly discussed this and encouraged them to consider different options.

“I’m dying to change taxi provider because the drivers don’t know London. I’ve always expected it of myself to make things happen. Taxis to work are the biggest luxury that I ever had in my life and I’m so thankful for that.”

Trailblazer C Access to Work customer

As a result, there were some examples of customers who were not happy with the support they had received and could see how it might be improved to better suit their needs, but had not asked for these changes. After the researcher had explained the Right to Control to them during their interview, some of these customers said they would have asked for different support, had they known this was possible.

In the long term, overcoming this issue also requires a shift in customer culture. Customers need to be aware of their right and willing and confident to ask for support that best suited them, or for changes to their existing support, which is not how many had traditionally dealt with public services. This culture change will take time to develop, as it has done with staff.

Nonetheless, in the short to medium term, staff could still do more to make customers aware of their options. The findings suggest they need to explain the Right to Control more clearly to customers, so that customers understand what their legal right meant in practice – this links back to staff themselves needing to understand that the Right to Control is a legal right. Furthermore, staff need to inform customers that they can request that User-Led Organisations (ULOs), rather than staff, do their support planning and they can also appeal decisions or ask for a review of their support.

Factor 2: Having meaningful choice

Some customers with particularly complex impairments or support needs were offered a choice of provider but felt that only one provider, or sometimes none of the available providers, was able to fulfil their specific needs. These customers were more concerned with finding the right organisation that could meet their needs, rather than getting a choice of providers, since they did not consider this a meaningful choice. Therefore, they tended to go with the provider that staff recommended. This was particularly an issue for carers or family members who cared for disabled people with very specific support needs and did not have the time to research available providers.

“We don’t know what else extra there is out there for our daughter. There is only one place and there’s no other facility like that around.”

Trailblazer D Adult Social Care and ILF customer
(caring for disabled person)

Therefore, where customers have particularly complex needs, a choice of relevant providers requires further development of provider markets. Specifically, it requires staff to seek out small providers who can offer niche support, and to work with existing providers to tell them what services customers are looking for, so providers can begin to offer these. As noted in Chapter 3 of this report, Trailblazers had started to take action on this, but expected development of provider markets to take some time.

For many Disabled Facilities Grant (DFG) customers, being offered a choice of contractor but not adaptation was also not meaningful. Customers did not understand why they received a choice of contractor if the end product was identical. Moreover, some customers were unhappy with the adaptation that they felt had been imposed on them, and thought that having a choice of contractor was an example of box ticking, so that staff could claim to have offered choice.

“Social services wanted to put a through-floor lift in and do the bathroom, but we haven’t got the space for a through-floor lift. They said, ‘because you refused the through-floor lift we can’t do the bathroom’, so it’s been a waste of time because they haven’t listened to our needs.”

Trailblazer E DFG customer

As discussed in Chapter 4, resolving this issue potentially requires a review of DFG guidelines, to allow staff to offer customers a choice of adaptation. However, these cases also reflected the lack of support planning discussions taking place in the DFG funding stream. Support planning might have helped staff and customers to come to a mutual agreement over the adaptation that was most appropriate.

Some Access to Work customers also felt that any choice they received was not meaningful as their employer could ultimately veto the equipment they chose (in cases where the employer part-funded the equipment). Resolving this issue was not something Trailblazers could do locally as it would involve fundamentally changing how Access to Work is delivered.

Factor 3: Information, advice and guidance to make confident choices

Even when customers were offered a meaningful choice of providers or the option to receive a direct payment, many felt they did not have enough information to assess the risks and benefits of these options, or how to go about selecting a provider themselves. Again, this meant these customers usually opted for what staff recommended, which was typically the standard pre-Right to Control provision.

In instances where customers had taken an alternative approach, this was often because delivery staff had supported them in making an informed choice in one of two ways. Firstly, when offering direct payments, some staff gave customers practical examples of what they might do differently and how customers might benefit from this. For example, Adult Social Care staff could suggest that customers use direct payments to employ the same carer to support them, rather than having different carers sent each week by a care agency.

“You can go out to people and say, ‘I’m aware of this case and this happening for this person.’ Where they’re aware that’s happened they’re more open to consider, ‘oh, I could have this instead, and do this and this.’ I think it gives people more scope.”

Trailblazer D delivery staff

As highlighted in Chapter 3, delivery staff in some Trailblazers had case studies to help them better understand the Right to Control. No customers we spoke to recalled seeing these case studies, although some said they would have liked to see practical examples of how they could use their right. This suggests that case studies would be equally useful for customers as well as for staff.

The second way in which staff helped customers make informed choices was by providing more detailed information on available providers, the services they offered and their track record. Customers often did not know what support was available, or how they could judge which providers were suitable, so did not want to risk making the wrong choice. Customers who were confident in using the internet or who had family to help them research providers were sometimes happy to do their own research, but those lacking confidence, skills or support to do this were reliant on the information provided by staff.

The need for additional support from staff members to make informed choices was particularly prevalent among older people (typically lacking internet access), and family members who were caring for the disabled person so had less time to do their own research. This also reflects the findings of a recent review of choice in public services, which highlighted that social care users who are unable to do their own research via the internet require much more support to make choices.⁴⁵ It will, therefore, be important for staff to give face-to-face guidance to customers, as well as directing them to the online tools that some Trailblazers are developing (see Chapter 3).

Some customers were worried about making choices in a market of which they had little knowledge. This was particularly true for DFG customers, who were worried about “cowboy” builders or did not know what a ballpark cost for their adaptation might be, so opted for staff choosing the contractor.

“They said that you can go to any builder you like, but because I don’t know the building trade I was a bit reluctant to do that.”

Trailblazer E DFG customer

Across Trailblazers there was generally no list of vetted or approved providers for any funding streams. Again, this was something that operational staff in some Trailblazers were developing, but it was typically at an early stage.

In some cases, customers were given a choice of providers but staff were only able to provide information for the incumbent provider. There is a clear need for staff to be better informed about the full range of providers available.

In the Work Choice funding stream, some new providers had sent brochures and leaflets to staff to share with customers. Customers found these materials useful though they were not always available in accessible formats. Again, this highlights the need for Trailblazer staff to work closely with new providers to let them know what is required.

45 Boyle, D., 2012, ‘The Barriers to Choice Review: How are people using choice in public services?’, Cabinet Office.

Factor 4: Customers being comfortable in managing their own support

When customers were offered direct payments, many did not take up the offer as they were uncomfortable with managing their own support. There were various reasons for this:

- Some simply did not see any benefits from managing the support themselves when the agency in charge was able to do it for them. This was linked to not getting practical examples of what customers might do differently with a direct payment.
- Some customers had addictions or had trouble managing money because of their condition. Other customers had difficulty filling in forms. These customers felt their situation made them unsuitable for direct payments.
- Some Adult Social Care customers were told they would have to write their own support plan if they opted for direct payments, and were not offered help with writing it, or guidance as to what the plan should include or how long it should be. They had opted for the standard provision to avoid preparing their own plan.

It is worth noting that these reasons were not unique to the Right to Control pilot. The evaluation of the Individual Budgets pilot programme found customers choosing not to opt for direct payments for similar reasons.⁴⁶ Similar issues have also been encountered among users of personal budgets in Adult Social Care.⁴⁷

In all of these cases, customers needed further support in order to be comfortable with choosing direct payments. As noted in Chapter 4, offering customers the option to have their direct payment managed by a third party, such as a ULO, could be a solution to this issue.

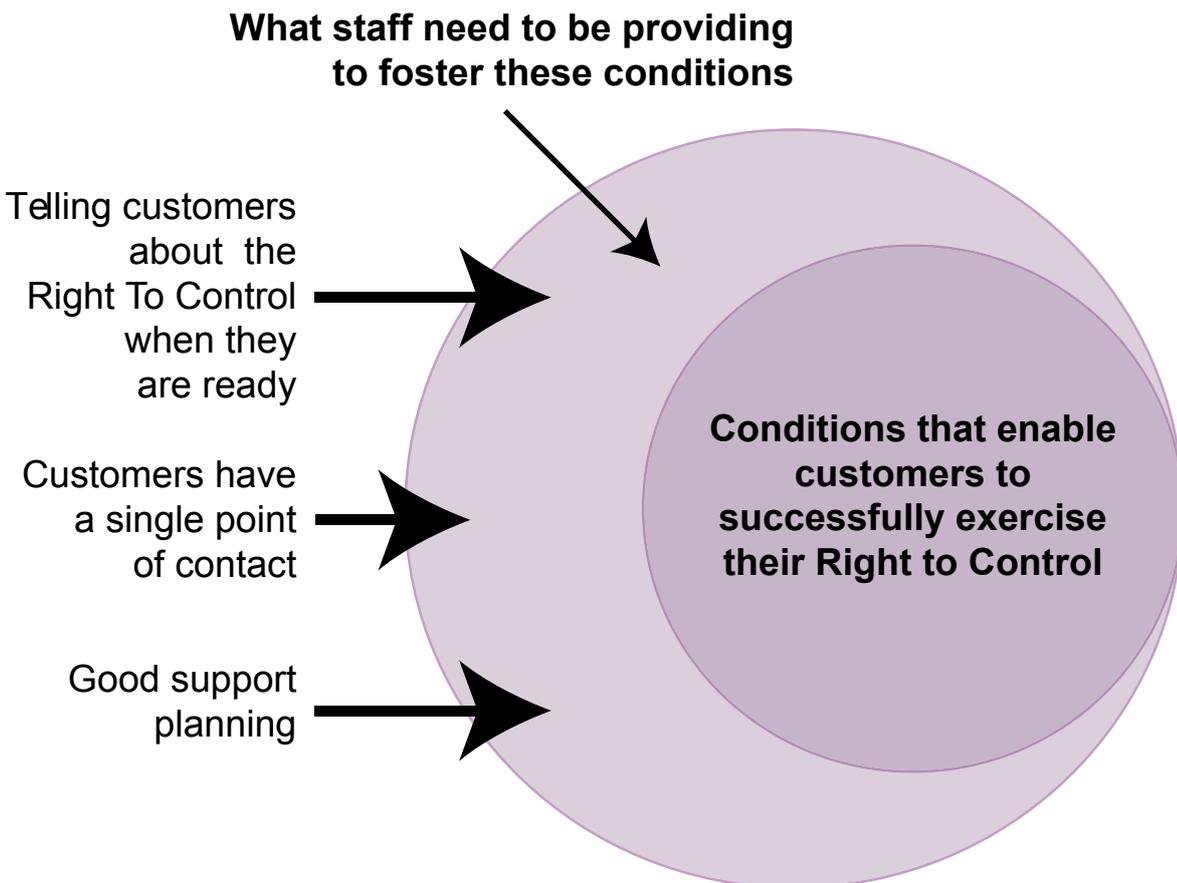
46 See the University of York Social Policy Research Unit website (<http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>) for the evaluation of the Individual Budgets pilot programme.

47 Ipsos MORI, 2011, 'Users of Social Care Personal Budgets', National Audit Office.

6.2. Most important aspects of delivery for customers

The above conditions, in which customers were confident and able to exercise meaningful choice and control, needed to be fostered by delivery staff. This was not simply a case of staff adhering more closely to the Right to Control statutory guidance. Instead, in all the cases where customers were able to successfully exercise their right, delivery staff had focused their efforts on particular aspects of the customer journey. These are summarised in Figure 2.

Figure 2: Aspects of the customer journey that delivery staff should focus on



This section covers each of these in more detail.

Timing of the customer journey

For the Right to Control to be relevant, customers needed to have reached a stage where they were ready to start thinking about their long-term support needs. Therefore, it was not always appropriate to inform customers of the Right to Control when they had just emerged from a crisis situation or were being discharged from hospital.

For example, one Adult Social Care customer recalled social workers speaking to them just after they had come out of hospital, at which point they were not able to fully participate in support planning discussions. Consequently, they had little understanding of the Right to Control, and had accepted the standard provision as they did not realise how they could benefit from choosing alternative support or taking a direct payment. With hindsight, they would have appreciated another run-through of their options now that they were more settled at home.

Introducing the Right to Control during support planning or even at review stage, rather than at the eligibility-checking stage, could increase its impact for some customers. New customers did not always realise that the standard provision might not suit their needs, and it was only once they had experienced it that the full benefits of having choice and control over their support become clear. This was another benefit of offering the Right to Control to existing customers when their support package came up for review, which many Trailblazers were now doing. Overall, this might require a review of the Right to Control statutory guidance, which emphasises notifying customers of their right as soon as they are deemed eligible for funding.

The timing of support planning was also important. In one case, a customer eligible for Adult Social Care and Access to Work drew up a support plan before their resource allocation was agreed. The final resource allocation differed from the indicative budget they had been given, which meant they could not afford all the support listed on their plan. In instances like this where support planning happened alongside a lengthy resource allocation process, staff needed to better manage customers' expectations of the amount of funding they might receive. This customer had a disjointed experience and was left feeling disempowered, without enough information to make a meaningful choice.

“I made this whole plan for Monday to Friday, but then they said I can only choose three courses. It changes all the time. They go to their senior and discuss this among themselves and this is what happens.”

Trailblazer C Adult Social Care and Access to Work customer

Having a single point of contact

Customers on both single and multiple funding streams often had a better experience when they had someone they knew they could contact if they had any questions, wanted an update on their case or wanted to make any changes to their support.

Having a single point of contact streamlined the customer journey, so is consistent with the principles underpinning the Right to Control. It also improved support planning, since this contact was able to develop a good understanding of the disabled person’s day-to-day life and include this context in support planning discussions. When customers did not have this, they often felt less in control, so were less likely to request or even discuss the possibility of changes to their support.

“I would like to have a named person. I think it’s very important that you have a person allocated to you and your case, someone that you can phone up and they know your case. At the moment there’s no continuity of care whatsoever.”

Trailblazer E DFG customer

A single point of contact was evident in many cases involving Work Choice customers with a mental health condition, where a staff member from the Community Mental Health Team (CMHT) had attended assessment, support planning and review meetings, often resulting in highly tailored support. Some customers also noted that their Adult Social Care social worker or Supporting People support worker had acted as a single point of contact.

As noted in Chapter 2, Trailblazer C had put in place a “lead practitioner” to be the single point of contact for customers on multiple funding streams. This is potentially a model that other areas could follow. This might also be an area where ULOs could help customers through the customer journey.

Good support planning

Positive outcomes for those exercising their Right to Control could typically be tracked back to good support planning. This was generally more important than other requirements of the Right to Control statutory guidance, such as telling customers about other funding streams or their funding entitlement – customers were most interested in receiving the support that best met their needs, rather than hearing about the details of the different funding streams.

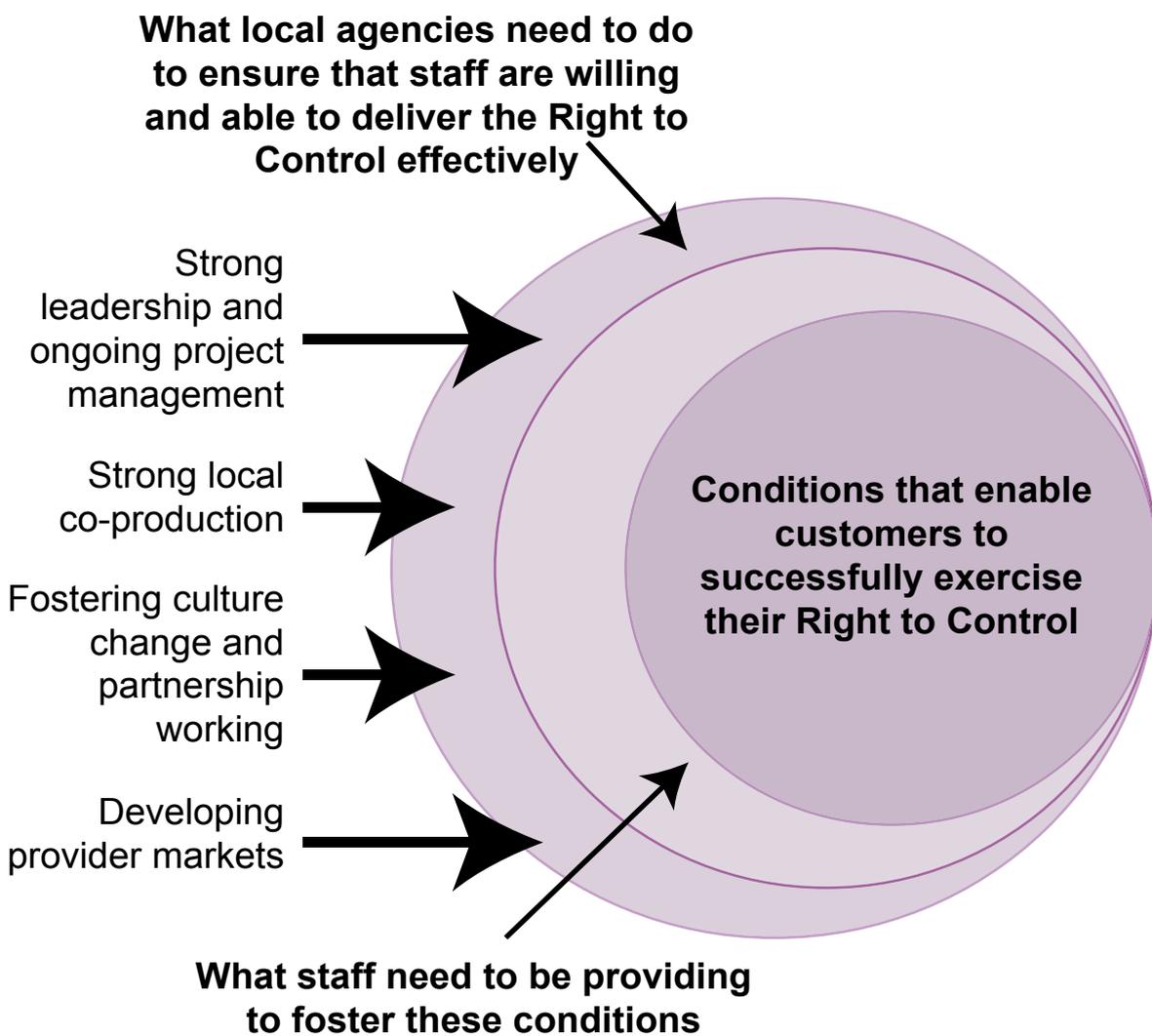
Good support planning typically had the following features:

- Thorough support planning discussions were necessarily long and encompassed family members or carers as well as disabled people, to gain an understanding of the customer's life and needs. This was particularly important for older customers and those who were less confident, who did not always feel they could ask for changes. Some customers were also unsure about what support they needed. Staff had to spend time with these customers to understand their true needs and preferences, rather than simply suggesting that they opt for standard provision.
- It aimed to help customers progress with their lives in the long term, which meant thinking across funding streams and planning a step-by-step path to independence or to maintain their existing way of life, with achievable interim and long-term goals. For instance, some Work Choice customers felt they were not currently ready for work but had planned with their Disability Employment Advisers (DEAs) what they would do to reach this stage, such as getting volunteering experience.
- It required delivery staff to think more creatively and consider more bespoke support, as opposed to the standard menu of provisions. An example of this was Access to Work staff offering to fund driving lessons instead of taxis to work, to enable customers to be more independent in getting around in the long term.
- Creative support plans sometimes also incorporated mainstream services rather than focusing exclusively on services for disabled people, as noted in Chapter 4.

6.3. Underlying success factors of the Right to Control

Figure 3 summarises the four broad areas on which local agencies should focus their efforts if the Right to Control is rolled out nationally, in order to ensure that good and timely support planning takes place.

Figure 3: Broad areas which local agencies should focus on



This section lays out these areas in more detail.

Strong leadership and ongoing project management

Having a dedicated central project management team was important to drive the Right to Control forward, not only during implementation, but also 18 months into the pilot. Trailblazers had augmented rather than dismantled project management teams after the implementation stage (see Chapter 2). Ongoing communication from these teams had helped to keep delivery staff focused on the Right to Control.

This does not necessarily mean that these resources would be required indefinitely. With the increasing integration of the Right to Control into existing working practices, and greater partnership working among delivery staff, there will be a point where minimal project management resources will be required.

Good leadership was key to aligning strategic objectives and operational delivery. For example, in Trailblazer D the Jobcentre Plus operational lead had regular relationship meetings with DEAs. These meetings gave delivery staff the opportunity to provide feedback to the strategic board, so board members had a good understanding of the issues facing staff and customers.

“The Jobcentre Plus lead is passionate about the Right to Control. If there was no one doing that role, coordination, oversight, and representation at a strategic level would be lost. It’s important to have someone who understands what’s going on at the ground level to bridge the gap between delivery and strategic staff.”

Trailblazer D strategic staff

Leaders who were personally committed to the Right to Control were effective in instilling a similar commitment among staff. Senior staff often attributed improvements in staff awareness of the Right to Control to leaders who were particularly passionate about the policy, and the personalisation agenda more broadly.

Strong local co-production

Chapter 2 outlined the substantial impact successful local co-production had on staff and customers. In a number of areas, persuading staff of the benefits of local co-production had been

challenging, but there were certain factors that facilitated successful local co-production, including:

- ULO representation in key leadership positions, for example, on strategic boards or project management teams
- ensuring ULOs have the capacity and resources to carry out their local co-production and co-delivery activities – this was becoming an issue for some local ULOs that wanted to get involved in support planning and reviews, and sometimes required innovative solutions, such as merging or pooling resources with other local organisations
- ensuring local co-production group members are recompensed for their work.

Linked to this last point, in Trailblazers where group members were paid for their work, some felt this was symbolically important as it set the tone for their involvement, making clear that they were valued for their contributions. However, in some Trailblazers, group members' travel, access and personal assistance costs were not refunded, which limited their potential to get involved in the Right to Control.

While there were many aspects of the Right to Control delivery where ULOs made a useful contribution, the following were the areas where they suggested their involvement was most beneficial, so might be prioritised:

- providing information, advice and guidance, and support planning for customers – here, ULO staff members' own experience of disability-related support made them well placed to help customers throughout their customer journey
- training for delivery staff – here, ULO staff members' focus on the customer perspective helped make the case for change and accelerated the pace of change.

Fostering culture change and partnership working

As highlighted throughout this report, culture change was the driving force behind improvements in support planning. Partnership working was also essential for engendering mutual understanding and shared goals between staff, as well as for streamlining the customer journey.

Staff and customers suggested the following actions for accelerating the speed of culture change and partnership working⁴⁸:

- more joint and tailored training – for example, training delivered jointly by ULOs, Jobcentre Plus staff and local authority staff to help break down organisational barriers
- using clear and simple language to explain the Right to Control to staff – the plethora of posters and leaflets about it in some areas had caused confusion among staff about its purpose
- greater use of good case studies, which could be particularly helpful in engaging Access to Work and DFG staff with the Right to Control
- partnership working initiatives such as staff forums, staff surgeries and joint team meetings targeted at staff at all levels, and including key stakeholders such as providers and ULOs – Trailblazers had started to do this, but it is potentially something areas could incorporate from implementation in future.

Developing provider markets

Having diverse provider markets was essential to offering customers a meaningful choice of provision. Trailblazers had found that this required dedicated staff to work on identifying and engaging providers, and keeping them informed of the services that customers were demanding.

Delivery staff also needed lists or databases of providers from the outset, so they could properly inform customers of what was available. Quality assurance was also an issue, with customers wanting to know who the reputable providers were. As noted in Chapter 3, Trailblazers had started to create these databases which they anticipated would take considerable time and resources to build.

Delivery staff also welcome opportunities to meet providers and familiarise themselves with their offer, to be able to inform and advise customers. This suggests areas should consider holding more provider forums.

⁴⁸ These are in addition to the actions Trailblazers had already taken, which are detailed in Chapter 3.

In retrospect, some staff felt that they should have begun promoting the Right to Control to providers and building provider relationships much earlier. If a policy like the Right to Control was adopted in other areas, a key learning point would be to start developing provider markets prior to going live. Indeed, this is a learning point that extends beyond the Right to Control pilot – in its 2012 White Paper, ‘Caring for Our Future’, the Government notes that local authorities will in any case have an important role to play in promoting diversity and quality in provider markets for care and support.⁴⁹

49 HM Government, 2012, ‘Caring for our future: reforming care and support’, HM Government White Paper.

7. Economic analysis

This chapter covers the economic analysis of the Right to Control. This was specifically an economic impact analysis, rather than a fiscal impact analysis. A more detailed breakdown of the findings is available in the Economic Analysis Technical Appendix, published alongside this report.⁵⁰

The economic analysis was intended to compare the economic costs of implementing and delivering the Right to Control to any benefits measured in the impact survey. As the impact analysis did not find evidence of the Right to Control having a statistically significant impact, the insight from this cost-benefit analysis was limited. Therefore, a break-even analysis, estimating the impact that would be required to meet the cost of the Right to Control, was carried out by Matrix Knowledge to supplement the initial cost-benefit analysis. The break-even analysis looked at two impacts – quality of life and employment.

The costs quoted in this chapter refer to the **additional** economic costs Trailblazers faced when setting up and delivering the Right to Control, relative to the costs they had already been incurring pre-Right to Control. In addition, they are the cost incurred within Trailblazers, so do not include any additional costs incurred centrally by the Office for Disability Issues (ODI) from running the pilot. Finally, they do not include the cost of payments to customers.

Key points

- The estimated total economic cost of the Right to Control pilot was £10.1 million, or £213 per Trailblazer customer (i.e. each disabled person eligible for at least one funding stream), covering the period from Trailblazers going live to December 2012. This exceeded the grant provided by the Department for Work and Pensions (DWP) to fund it by 70 per cent. There were substantial variations in cost by Trailblazer, depending on the geographical area covered, number of customers, delivery model and activities undertaken as part of the customer journey.

⁵⁰ The Economic Analysis Technical Appendix is available on the Office for Disability Issues section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers/research-and-statistics.php>.

- Given that the impact analysis did not detect any beneficial impacts arising from the Right to Control, the cost-benefit analysis finds a negative net benefit of £10.1 million, equivalent to the total economic cost of the pilot.
- This evaluation cannot conclusively identify which delivery model would be the most cost-effective for rolling out the Right to Control at national level. The total economic cost of a nationwide rollout (across England) could range from £30 million to £140 million a year (including set-up costs).

7.1. Total economic costs of the Right to Control

The types of costs considered as part of the economic analysis were:

- Trailblazer set-up costs, including for staff training, promoting the Right to Control to customers, development of tools, checklists, protocols and guidance for staff, and the costs of hiring and using operational staff such as project managers
- the direct costs of delivering the Right to Control, i.e. the direct costs for dealing with customers from their initial application for funding onwards
- the indirect costs supporting delivery, including ongoing (post-set-up) training, promotion and staffing costs, but excluding any costs that may have arisen from increased take-up of support.

Each of these categories includes not only the costs as recorded by Trailblazers, but also the opportunity costs, for example, in terms of volunteers' time contributing to the Right to Control. The cost of payments to customers was not considered.

The analysis estimated that the total economic cost of the Right to Control pilot was £10.1 million, covering the period from Trailblazers going live to December 2012 (the original end date for the pilot).⁵¹ This exceeded the £5.7 million grant provided by DWP to fund it by 70 per cent, as Table 1 shows.

⁵¹ Five Trailblazers started in December 2010. The Sheffield and Barnsley Trailblazer started in March 2011, while the Manchester Area Partnership started in April 2011.

Table 1: Economic costs for the duration of the Right to Control pilot (in thousands)

Type of cost	Total across all Trailblazers	Range across Trailblazers
Set-up costs	£3,215	£176–£923
Direct delivery costs	£1,788	£43–£1,060
Indirect delivery costs	£5,057	£380–£1,138
Total cost	£10,059	£946–£2,234
Total cost as a percentage of DWP grant received	170%	111%–238%

Across the Trailblazers there was substantial variation in both the total cost and how this total cost was distributed across set-up costs, and direct and indirect delivery costs. It is important to note that some of this variation may be due to differences in how Trailblazers reported and interpreted certain costs. For example, Trailblazers found it difficult to quantify the additional activities and length of time taken to complete tasks under the Right to Control, compared to the pre-Right to Control system due to substantial variations in this from customer to customer. Other policy changes and restructuring in Trailblazers taking place around the same time as the Right to Control pilot also made it difficult to attribute additional costs and time specifically to the Right to Control.

On average, set-up costs accounted for a large proportion of the total cost, as Table 2 shows. These costs would of course account for a smaller proportion of total cost if the Right to Control was extended.

Table 2: Distribution of economic costs for the duration of Right to Control by Trailblazer and cost type

Type of cost	Average	Range across Trailblazers
Set-up costs	32%	10%–51%
Direct delivery costs	18%	2%–61%
Indirect delivery costs	50%	29%–76%
Total cost	100%	n/a

Trailblazers recorded 47,195 disabled people as being eligible for the Right to Control, ranging from 2,035 customers in the Trailblazer with the lowest volume, to 14,011 in the Trailblazer with the highest volume. On this basis, the average cost per customer of the Right to Control was £213. This ranged considerably across Trailblazers, from £125 to £538, as Table 3 shows.

Table 3: Number of customers and average cost per customer for the duration of Right to Control by Trailblazer

Type of cost	Average across Trailblazers	Range across Trailblazers
Set-up costs	£68	£13–£165
Direct delivery costs	£38	£11–£76
Indirect delivery costs	£107	£37–£411
Total cost	£213	£125–£538

These data show that costs have increased across all Trailblazers compared to pre-Right to Control. Any cost savings made in particular aspects of delivery have not been enough to outweigh the cost increases in other areas. It is possible that as Right to Control processes become more embedded over time, delivery costs may decrease. However, at this stage, it is not possible to judge whether and when this may happen.

7.2. Factors determining the variation in economic costs by Trailblazer

A number of factors influenced the variations in economic costs across Trailblazers, though it is difficult to isolate the impacts of individual factors. The factors which were found to influence set-up and indirect delivery costs were as follows:

- Larger geographical coverage (not necessarily correlated with a higher volume of customers) was associated with higher set-up and indirect delivery costs, such as increased training spend.
- The use of a centralised delivery model was correlated with higher set-up and indirect delivery costs, due to:

- more cost-intensive training, as multidisciplinary team staff were required to learn new processes, such as joint assessments and support plans
 - the need to develop new protocols and guidance for the multidisciplinary team
 - greater project management time, because of the more intensive coordination needed across funding streams.
- Having a physical hub (somewhere that disabled people could visit for information, advice and guidance, and to have their potential eligibility for funding checked) was associated with higher set-up costs. However, some of these costs might be avoided if physical hubs are located within an existing Centre for Independent Living. The physical hub does also lead to some extra delivery costs, such as building leasing costs.
 - There were some additional indirect delivery costs associated with the ongoing involvement of User-Led Organisations (ULOs), since some ULOs had continued to help with training and designing promotional materials for the Right to Control (see Chapter 2).

Direct delivery costs were the **additional** economic costs that were incurred during the customer journey (relative to the pre-Right to Control system). The factors that influenced direct delivery costs (per customer) were as follows:

- Trailblazers that had an advanced level of personalisation already in place prior to the Right to Control pilot required fewer process changes and, therefore, had lower direct delivery costs.
- The centralised delivery model was associated with lower direct delivery costs because there was less duplication in assessments, support planning and reviews.

7.3. Cost-benefit and break-even analyses

Given that the impact analysis did not detect any beneficial impacts arising from the Right to Control, the cost-benefit analysis finds that the Right to Control generates a negative net benefit of £10.1 million.

This negative net benefit comes entirely from the increased economic cost attributed to the implementation of the Right to Control, rather than from any detrimental impacts.

An illustrative break-even analysis was performed for two potential impacts associated with the Right to Control. These were improvements in quality of life and change in employment status from not being in paid work to being in paid work. The analysis looked at one impact at a time. Of course, in practice, it is likely that improvements in quality of life or employment would occur in parallel with other associated positive outcomes, which may all contribute to outweigh the costs of the Right to Control (though it has not been possible to include these in the analysis).

A break-even analysis is based on the net benefit, i.e. the difference between total benefit and total cost. By setting the net benefit to zero, it is then possible to calculate the impact needed for the Right to Control to meet or outweigh its cost. This analysis is for illustrative purposes and does not provide any judgement as to whether the impacts needed to break even are realistic or achievable under the Right to Control.

Quality of life

To measure the impact of the Right to Control on quality of life, the impact analysis used a set of questions drawn from the Adult Social Care Outcomes Toolkit (ASCOT; see Chapter 5).

In order to assign a monetary value to potential improvements in quality of life as a result of the Right to Control, it was necessary to convert the ASCOT measure into an alternative measure of quality of life. For this, the Social Care Quality-Adjusted Life Year (CALY) developed by Netten et al. (2012) was used.⁵² This is a standardised

⁵² Netten et al., 2012, 'Outcomes of social care for adults: developing a preference-weighted measure', Health Technology Assessment programme report.

measure of quality of life done on a scale of 0 to 1, where 0 means no quality of life and 1 means one year of perfect quality of life. A willingness to pay £20,000 per CALY was assigned.⁵³

Based on a pre-Right to Control level of quality of life of 0.71 CALYs⁵⁴ for each year of actual life, and assuming a monetary value associated with improvements in quality of life of £20,000 per CALY, it was estimated that:

- In order to outweigh the total cost of the Right to Control (£213 per customer), quality of life would have to increase by 1.5 per cent. In absolute terms, this represents an improvement of 0.011 CALYs per year for the Right to Control to break even.
- In order to outweigh the direct delivery costs of the Right to Control (£38 per customer), quality of life would have to increase by 0.27 per cent per year. In absolute terms, this represents an improvement of 0.002 CALYs for the Right to Control to break even against direct costs.

Sensitivity analysis was undertaken to test the impact of changes in the CALY estimate on the conclusions of this break-even analysis. Table 4 presents the sensitivity analysis. The results suggest that even for a relatively wide range of total cost and benefit values, the improvement in quality of life required to break even remains at below five per cent. Sensitivity analysis applied to direct delivery costs brings about similar conclusions.

53 The CALY is a new measure that has not yet been assigned a monetary value. Therefore, this evaluation used the National Institute for Health and Care Excellence criterion, i.e. £20,000 per CALY gained as the result of a health-related intervention. Given that actual value assigned to quality of life might be lower in a social care context than in a healthcare context, sensitivity analysis was also undertaken, and is described later in this section.

54 This estimate is comparable to those estimated by Netten et al. (2012). They report a CALY value of 0.73 for social care service users, and of 0.86 for the general population.

Table 4: Sensitivity analysis of the CALY break-even point

CALY value	Total cost per customer				
	£107	£160	£213	£266	£320
Absolute change in CALYs					
£10,000	0.011	0.016	0.021	0.027	0.032
£15,000	0.007	0.011	0.014	0.018	0.021
£20,000	0.005	0.008	0.011	0.013	0.016
£25,000	0.004	0.006	0.009	0.011	0.013
£30,000	0.004	0.005	0.007	0.009	0.011
Percentage change in CALYs					
£10,000	1.50%	2.25%	3.00%	3.75%	4.50%
£15,000	1.00%	1.50%	2.00%	2.50%	3.00%
£20,000	0.75%	1.13%	1.50%	1.88%	2.25%
£25,000	0.60%	0.90%	1.20%	1.50%	1.80%
£30,000	0.50%	0.75%	1.00%	1.25%	1.50%

In practical terms, this means that even by changing the assumptions, so that any impact on quality of life has a lower monetary value than £20,000 per CALY (down to £10,000 per CALY), or so that total cost per customer will be **higher** than £213 (up to £320), there is still only a relatively small improvement in quality of life required to break even.

Employment

In order to assign a monetary value to potential improvements in employment outcomes as a result of the Right to Control, we estimated the average salary a disabled person would receive when changing employment status from not being in paid work to being in paid work. Gross salaries were used as a proxy measure for productivity, and thus the contribution to the economy. Salary data was drawn from the Office for National Statistics (ONS) ‘Annual Survey of Hours and Earnings 2012’, which reports median gross earnings of £506 a week for full-time workers and £155 for part-time workers.

In Trailblazers, the impact survey found that 9.2 per cent of customers aged under 65 were in full-time paid work and eight per cent in part-time paid work. In the comparison areas, the survey found that 8.5 per cent of customers aged under 65 were in full-time paid work and 7.7 per cent in part-time paid work.

Combining the salary values with these distributions between full-time and part-time employment, the economic analysis estimated an average weekly salary of £369 for Trailblazer areas, and of £340 for the comparison areas. Of these, the comparison areas value was taken as the baseline. Assuming that changes in employment status would last for one year, this yielded an estimated average annual salary of £17,634.

This approach is broadly in line with both the DWP Social Cost-Benefit Analysis framework for valuing extra employment⁵⁵ and the HM Treasury Green Book. However, these estimates do not take into account redistributive effects and any potential impact on healthcare costs, as well as other non-wage factors such as lost leisure time, product market corrector values, and travel costs.

Based on the pre-Right to Control rate of employment of 16.2 per cent for customers (under the age of 65) and on the estimated average annual salary of £17,634 a year from being employed, the following was estimated: :

- In order to outweigh the total cost of the Right to Control, the employment rate would have to increase by 2.63 percentage points. Based on the current number of Trailblazer customers under the age of 65 (approximately 22,000 individuals), this is equivalent to more than 570 people becoming employed as a result of the Right to Control.
- In order to outweigh the direct running costs of the Right to Control, the employment rate would have to increase by 0.47 percentage points. Based on the current number of Trailblazer customers under the age of 65 (approximately 22,000 individuals), this is equivalent to more than 101 people becoming employed.

Once more, sensitivity analysis was undertaken to test the impact of changes in the employment value estimate on the conclusions of this break-even analysis. Table 5 presents the sensitivity analysis. Sensitivity analysis applied to direct delivery costs again draws similar conclusions.

⁵⁵ Fujiwara, D., 2010, 'The Department for Work and Pensions Social Cost-Benefit Analysis framework: Methodologies for estimating and incorporating the wider social and economic impacts of work in Cost-Benefit Analysis of employment programmes', DWP Working Paper 86.

Table 5: Sensitivity analysis of the employment break-even point

Employment value	Total cost per customer				
	£107	£160	£213	£266	£320
Absolute change in employment rate (percentage points)					
£8,817	2.63%	3.94%	5.25%	6.57%	7.88%
£13,225	1.75%	2.63%	3.50%	4.38%	5.25%
£17,634	1.31%	1.97%	2.63%	3.28%	3.94%
£22,042	1.05%	1.58%	2.10%	2.63%	3.15%
£26,451	0.88%	1.31%	1.75%	2.19%	2.63%
Percentage change in employment rate					
£8,817	16.22%	24.33%	32.44%	40.55%	48.66%
£13,225	10.81%	16.22%	21.63%	27.03%	32.44%
£17,634	8.11%	12.16%	16.22%	20.27%	24.33%
£22,042	6.49%	9.73%	12.98%	16.22%	19.46%
£26,451	5.41%	8.11%	10.81%	13.52%	16.22%

The results suggest that for a relatively wide range of cost and benefit values, the break-even points range between a 0.88 percentage-point increase and 7.88 percentage-point increase in the employment rate.

These results can be seen in the context of previous Government programmes targeting employment. The provider-led Pathways to Work programme was similar to aspects of the Right to Control, in that it aimed to help disabled people claiming Incapacity Benefit into work. The evaluation of this programme also found no statistically significant impact on employment.⁵⁶ On the other hand, the evaluation of the New Deal for Disabled People (which directly matched individuals to jobs), found that it was linked to a 7–11 percentage point increase in employment.⁵⁷

Nonetheless, it is not clear whether achieving the impact required to break even is likely in the case of the Right to Control. Results from the impact analysis show that 17 per cent of Right to Control customers

56 Knight et al., 2013, 'Provider-led Pathways to Work: Net impacts on employment and benefits', DWP Working Paper 113.

57 Orr, L., Bell, S. and Lam, K., 2007, 'Long-term impacts of the New Deal for Disabled People', DWP Research Report 432.

were in paid work, 59 per cent had no prospect of work in the future, and for the remaining 24 per cent paid work was a realistic goal, either currently or in the future. Similar percentages were observed in the comparison areas. Improvements in employment would probably come only from individuals for whom paid work represents a realistic goal (24 per cent of customers in the Trailblazers).

In addition, a number of factors may lead to the estimated break-even point being an underestimate or an overestimate:

- The analysis assumed that the average Right to Control customer would remain in paid work for one year. However, if customers remain in employment for longer periods, the break-even point would be an overestimate. For example, if customers were to stay in employment for two years, the impact required would be 1.34 percentage points, instead of 2.63 percentage points.
- When running the analysis based on salary data from a different DWP study⁵⁸, the impact required was estimated to be 4.20 percentage points. This is higher than the value estimated using ONS salary data (2.63 percentage points). Therefore, this evaluation may underestimate the break-even point, although it still lies within the range resulting from the sensitivity analysis.

7.4. Rollout scenarios

The impact analysis found no evidence that the Right to Control has had an impact across the range of outcomes measured. Therefore, this evaluation cannot conclusively identify which delivery model is more cost-effective.

Instead, economic analysis was used to estimate eight potential rollout scenarios based on the cost per customer observed in each of the seven Trailblazers and the average cost across all seven of them. This analysis shows the potential **annual** economic costs of the Right to Control at **national** level (i.e. across England) under eight different rollout scenarios.

⁵⁸ Adams et al., 2012, 'Destinations of Jobseeker's Allowance, Income Support and Employment and Support Allowance Leavers', DWP Research Report 791.

Annual costs are used here, rather than the total cost for the duration of the Right to Control pilot. This is because if the Right to Control was rolled out, it would not necessarily last for the same period as the pilot, so an ongoing annual estimate is considered more appropriate.

On average, the annual economic costs are expected to be around £60 million, ranging from £30 million to £140 million depending on multiple factors, such as delivery model adopted and population covered. On average, the annual set-up costs are expected to be around £20 million, ranging from £5 million to £40 million, and annual delivery costs are expected to be £40 million, ranging from £20 million to £110 million. When interpreting these results, the following should be noted:

- For all scenarios, the total population was fixed at an estimated 510,000 Right to Control customers nationwide. This figure makes an assumption that around one in four individuals entitled to Disability Living Allowance would become Right to Control customers based on evidence from the Trailblazers, since there was no other data on eligibility available.
- Caution should be taken when interpreting annual costs, especially in relation to set-up costs. If the programme was set-up to run for a longer period, annual set-up costs would decrease. Delivery costs, on the other hand, are assumed not to be influenced by the duration of the programme. They represent the estimated annual costs of operating the programme at national level and provide an indication of the costs to be borne **after** the programme has been set up. As already mentioned, delivery costs may, in practice, also fall over time as local agencies become more efficient with Right to Control processes, but it is not possible to judge the effect of this.
- Finally, these costs do not include the cost of payments to customers.

8. Sustainability

This chapter explores the sustainability of the different Right to Control delivery models. It also discusses the sustainability of local co-production and involvement of User-Led Organisations (ULOs). Finally, it highlights other potential issues that might arise if a policy like the Right to Control was considered nationally in future.

Key points

- Staff felt that the principles underpinning the Right to Control were achievable and should be aimed for. However, they felt that certain aspects of the policy and associated statutory guidance, such as the branding and the requirement to conduct joint assessments and support plans, needed to be reconsidered.
- A mainstreamed delivery model was less resource-intensive to deliver and more sustainable in the long term. The centralised model adopted by Trailblazer C was more effective at delivering a streamlined experience for customers on multiple funding streams from a much earlier stage of the pilot, but was not considered sustainable in the long run, so necessitated an eventual move to a more mainstreamed approach.
- In the Trailblazers that encompassed more than one single-tier or upper-tier local authority, local authorities were able to learn from each other and share good practice. However, this created an extra challenge in terms of having to align different local authority processes and working cultures. Local authorities should, therefore, carefully consider this aspect in their decision to jointly deliver large-scale initiatives such as the Right to Control.
- The sustainability of local co-production depended on the presence of a strong ULO to maintain momentum and ongoing funding for local co-production. These aspects could potentially be facilitated by ULOs getting more involved in the delivery of the Right to Control, thereby opening up new sources of funding.

8.1. Staff views on maintaining the Right to Control

Looking beyond the pilot, staff were generally in favour of maintaining the Right to Control (although, as Chapter 4 details, the way they were currently delivering it was not necessarily in line with the statutory guidance). These views are also reflected in Trailblazers' responses to the Department for Work and Pension's (DWP's) consultation on extending the Right to Control to December 2013.⁵⁹

Many senior Trailblazer staff regarded the Right to Control as a natural extension of the personalisation agenda and a step towards offering greater choice and control to customers. Some also felt that a "tipping point" had been passed, whereby not continuing with the Right to Control would mean that the resources that had been dedicated to implementing and delivering it would have been wasted, particularly given the considerable work Trailblazers had already done to mainstream the Right to Control among delivery staff and initiate a culture change.

"We're already doing a lot to spread knowledge gained. Part of the role of the multidisciplinary team officers is to support their colleagues, and provide informal training and awareness raising. If they all go back to their main jobs tomorrow, then that expertise would be lost."

Trailblazer C strategic staff

Many delivery staff also saw how customers could benefit from more tailored support that they could deliver under the Right to Control, and felt motivated by this.

"I have used a counsellor to help people I work with who have mental health problems to try to become more positive about going back into work. She is doing amazing work with these people who, without her, would be nowhere near work, so it's fantastic to see that change."

Trailblazer A delivery staff

⁵⁹ Responses to the consultation are available on the gov.uk website at: <http://www.dwp.gov.uk/consultations/2012/right-control.shtml>.

Many of the delivery staff in the Work Choice funding stream, in Community Mental Health Teams (CMHTs) and in the Trailblazer C multidisciplinary team – the teams that have undergone the greatest culture change and improvements in partnership working during the pilot – reported greater job satisfaction as a result of the Right to Control. By contrast, some delivery staff in the Access to Work and Disabled Facilities Grant (DFG) funding streams remained ambivalent on the question of continuing the Right to Control because they were unconvinced of the benefits to their customers.

Delivery staff did not feel their workloads had become unsustainable with the current volume of customers. Some said that certain processes had added to their workload, for example, explaining the Right to Control to customers, administering eligibility checklists and logging referrals, but it was felt that this would become less of an issue with greater experience. However, many thought extra time spent on this was within acceptable limits or were willing to accept a small increase in their workload to improve outcomes for customers.

Aspects of the Right to Control policy and statutory guidance that may need reviewing

Although there was general support from staff for the Right to Control, a number of staff believed that certain aspects of the policy and the statutory guidance needed to be reconsidered.

Firstly, some staff felt that the term “Right to Control” was misleading and confusing to customers. They felt that the core tenets of the policy were personalisation and broadening choice for disabled people, and that it was these aspects that should be championed. This issue highlights that many staff, including senior staff, did not understand how the Right to Control was distinct from personalisation more generally and failed to appreciate that it was a legal right. There is a need for further staff briefing on this aspect.

“It’s about personalisation. It needs to be put in a context of personalisation, and choice and control, rather than being branded as ‘Right to Control’, which is really not helpful.”

Trailblazer E operational staff

Secondly, some staff suggested that aspects of the intended Right to Control customer journey were not currently feasible. As noted in Chapter 4, senior staff felt that having single assessments and a single support plan for customers on multiple funding streams was unachievable in the absence of pooled budgets. Some staff thought pooled budgets were necessary but would require a further change in staff culture, as well as changes to funding stream rules to allow the different agencies involved to combine funding. They thought that the processes required to put this in place would be lengthy.

Finally, some staff thought that the current mix of funding streams needed to be reviewed for the following reasons:

- Some Access to Work and DFG staff thought their funding streams should not be included because they believed that their customers did not benefit from the Right to Control. Although some Access to Work staff thought the new option of advance payment was popular with customers, others felt that this was a relatively minor change, for which the Right to Control regulations were not essential. However, as noted elsewhere in this report, some customers in these funding streams did want greater choice and control.
- The inclusion of the Independent Living Fund (ILF) was considered less appropriate now that it was closed to new customers. Similarly, as funding for Supporting People was no longer ring-fenced, some Trailblazers had combined this funding with Adult Social Care.⁶⁰ In both cases, it meant that no referrals could be made to these funding streams.

8.2. Sustainability of providers' business models

Commissioning staff felt that the loss of block contracts would have a significant financial impact on large providers. However, they noted that this impact would also show providers that they have to diversify their offer and deliver more tailored services that better meet customers' needs. Therefore, the impact of a policy like the Right to Control on existing large providers is likely to be significant, but is also potentially a catalyst for service improvement.

⁶⁰ This ring-fence was removed in 2009, thereby allowing local authorities to spend their Supporting People allocation as they deemed appropriate.

“Providers have been much more engaged. In the past there was a bit of resistance to people having their own budgets because of the block contracts and organisations being reliant on that core funding, but they’ve seen that if they deliver quality services people will choose them.”

Trailblazer E operational staff

By contrast, new (smaller) providers had already been designing their business models with the Right to Control in mind, for example, weaving it into how they recruited and trained their own staff. There were some concerns among smaller providers about the return on investment given uncertainty over the continuation of the Right to Control. There is a need for timely communication about the future of the Right to Control to ensure that the investments made by providers are not lost.

“There’s a risk of ‘what’s next for us’. What is past March 2013 for our employment team, what does it look like? We want to continue and sustain some of this delivery, but who’s going to fund it?”

Trailblazer A small provider

Some providers suggested that there should be funding to help new providers enter the market if a policy like this was rolled out. This view was shared by senior staff in the Trailblazers who felt that local agencies and local authorities had a key role to play in developing the market.

Providers and commissioning staff also identified a number of potential additional issues that would need to be addressed prior to any rollout of the Right to Control or a policy similar to it:

- Non-payment from customers in receipt of direct payments could have a financial impact on small providers. This was not an issue Trailblazers had faced so far, most probably because of the low volume of customers choosing to purchase their own support.

- Many providers do not have the resources to conduct market research themselves, to find out what kinds of new support and services customers are demanding. Instead, they need to get this information from agencies and ULOs, so they can address demand. Developing good links between providers and frontline delivery staff and ULOs is, therefore, important. Some Trailblazers were already facilitating these relationships.
- Delivery staff and ULOs need to raise customer awareness and understanding of the services on offer. Providers and commissioning staff felt that this required a joint solution and clear responsibilities between providers, ULOs, plus commissioning and delivery staff.

8.3. Relative sustainability of the different delivery models

A centralised versus mainstreamed model

As outlined in Chapter 2, Trailblazer C had adopted a centralised delivery model, where a small multidisciplinary team of frontline staff were seconded from each funding stream to jointly deliver the Right to Control. Other Trailblazers adopted a mainstreamed delivery model whereby all frontline staff across the six funding streams were expected to deliver the Right to Control. There is a trade-off between these two delivery models. The relative benefits and drawbacks of each are outlined below:

Centralised model (Trailblazer C)

- Customers on multiple funding streams had a more streamlined experience. In Trailblazer C, the co-location of multidisciplinary team members within the same office enabled them to easily share information about customers, discuss suitable options and progress, and more easily conduct joint assessments, support plans and reviews. Therefore, this model better met the objectives stated in the Right to Control statutory guidance than the mainstreamed model.

- The centralised model created a Centre of Excellence, which helped to spread knowledge across the Trailblazer. In Trailblazer C, staff in the multidisciplinary team had built up in-depth knowledge of, and expertise in, the Right to Control and were disseminating this to colleagues through training and mentoring. This speeded up the pace of culture change among all delivery staff.
- Some staff in the multidisciplinary team reported greater job satisfaction as a result of customers' positive feedback about their experiences and support.
- However, the centralised model was resource-intensive and not considered sustainable in the long term. Multidisciplinary team members said their workload had increased as the number of Right to Control referrals started to rise, and this was reaching a point where it would no longer be sustainable for the team to take charge of all referrals themselves. Trailblazer C was taking steps to mainstream the Right to Control, for example, by the training and mentoring described above.
- Overall, senior staff in Trailblazer C believed it was the right decision to start with a centralised model and use the learning and experience derived from this to help the move towards a more mainstreamed approach. However, it was unclear whether the streamlined customer journey would remain intact in the transition.

Mainstreamed model

- This model was considered less resource-intensive and sustainable without significant additional investment in the long run because staff did not have to change job roles, relocate or undergo intensive retraining. However, it made it challenging to achieve a streamlined journey for customers on multiple funding streams. Some Trailblazers taking this approach had achieved this in specific instances, where there was one staff member acting as a single point of contact for the customer, but this did not happen regularly.
- Senior staff felt this model gave a clearer message that frontline staff did not need to become experts on other funding streams, and could instead focus just on understanding and following the referral process, and offering choice and control within their own streams.

- Although Trailblazers adopting this model did not have co-located teams, partnership working and knowledge sharing still happened in other ways, for example, via the staff forums, staff surgeries and joint team meetings.
- This model generally took longer to set-up and implement due to the large volume of staff training required and culture change to manage. This meant that Trailblazers with a mainstreamed approach took longer than Trailblazer C to see the return from this new way of working.
- Trailblazers covering a large geographical area felt that a centralised model was not appropriate in their case, emphasising, instead, the need for a localised approach to delivery.

The number of single-tier or upper-tier local authorities involved

Senior staff in Trailblazers A and F (the two Trailblazers comprised of more than one single tier or upper tier local authority) thought that there were advantages to multiple local authorities working together to deliver the Right to Control. This approach enabled knowledge, experience and good practice to be shared more easily across local authorities.

Initially, staff also considered this model to help streamline the customer experience, since customers who moved between partner authorities would not need to be reassessed. This evaluation did not come across any examples of this.

In addition, the model was intended to enable local authorities to pool resources, for instance, by funding one ULO hub in Trailblazer A to provide information, advice and guidance, and make referrals. In practice, the size of the Trailblazer meant that the ULO hub was too far away for many customers, and use of the hub was lower than anticipated.

“If I was doing it again, I would divide funding up between the local authorities and use that to fund local services, because we’ve learned that people want services on the doorstep.”

Trailblazer A strategic staff

As mentioned in Chapter 2, staff in Trailblazer F felt that integrating funding streams across two very different local authorities was unrealistic, so had decided to give each local authority more autonomy in their approach to delivery. This was a key learning point for senior staff.

“I wouldn’t recommend trying to implement the Right to Control across local authority boundaries. I would recommend that it’s left to individual local authorities and funding streams that are within that local authority.”

Trailblazer F strategic staff

Trailblazer F had delivered the Right to Control with a virtual hub, through which they sought to coordinate the stages of delivery (referral, assessment, etc.). By contrast, Trailblazer A had adopted a more federalised approach to delivery, where each partner local authority was given some flexibility in how they could deliver the Right to Control. Staff in Trailblazer A felt that this approach worked well because it did not force local authorities who had progressed less in terms of personalisation into an approach that was inappropriate for their circumstances.

This indicates that, when choosing potential delivery partners, local authorities should take into account the extent to which their processes are already aligned and how advanced potential partners are with personalisation. The bigger the difference in local structures and processes, the harder it becomes for partners to work jointly, unless they opt for a more federalised, less integrated, approach as Trailblazer A had done.

8.4. Sustainability of local co-production and of User-Led Organisations

Local co-production members and ULOs were keen to continue their work on the Right to Control beyond the pilot – a view which they felt was shared by staff. This section looks at the current sustainability of local co-production and what else needs to be in place to make it sustainable.

A strong ULO presence

The presence of an established ULO made it more likely that local co-production activities would continue after the pilot. For instance, in Trailblazers D and G the ULOs involved had existed prior to the Right to Control and were, therefore, not entirely dependent on funding from the Right to Control (though the extent of future local co-production activities will be dependent on available resources).

Some Trailblazers that did not have a strong ULO presence prior to the Right to Control had managed to create one through investment and innovation. For example, in Trailblazer C the newly-created local ULO had started pooling resources such as office space with other local organisations to become more sustainable.

In Trailblazer B, co-production was not led by a ULO and group members were more uncertain about its sustainability. There was also a sense that co-production in Trailblazer B lacked dedicated leadership without a ULO. The Trailblazer had contracted a co-production specialist for 28 days a year in lieu of a ULO, as they could not find a suitable local ULO to replace the previous one which had disbanded early in the pilot. This specialist felt that the limited time they were able to spend on the Right to Control restricted what local co-production could achieve.

Ensuring funding for local co-production beyond the pilot

There was uncertainty among co-production members on the sustainability of local co-production beyond the pilot. In a number of Trailblazers, co-production groups were entirely reliant on funding from the Trailblazer and it was unclear whether this funding would continue.

“It was lucky that we’ve been able to develop through this project, but what we’re thinking about now is ‘what’s our exit strategy once those resources end?’ One of the things will be that we renegotiate with the local authority about a contract once the pilot ends.”

Local co-production group member

To mitigate against the uncertainty, the Trailblazer C ULO had begun bidding for new contracts to provide alternative sources of funding. The local authority had also invited it to co-produce other local programmes.

Moving towards greater co-delivery

Another potential source of alternative funding mentioned by local co-production members was co-delivery of services. As covered in Chapter 2, many ULOs had become involved in delivering the Right to Control, for example, in making referrals and conducting support planning. There was a desire for greater involvement in other aspects of the customer journey, such as reviews. This involvement might be a way of securing ongoing local co-production.

8.5. Potential future issues

Staff raised some additional issues for consideration if a policy like the Right to Control was considered in the future:

- Areas need to plan for how they intend to fund the policy, particularly in light of local authorities' limited budgets. Trailblazers faced substantial implementation costs, for example, in designing new materials, marketing activities, computer systems for data sharing and staff training. There were also ongoing costs for project management, culture change initiatives, development of provider markets and local co-production. Some staff felt that Trailblazers had initially underestimated the extent of these ongoing costs.
- There is a need to examine the capacity of the different funding streams to ensure they can withstand an increasing volume of customers. For example, in some Trailblazers referrals to Work Choice had outstripped supply (in these areas, disabled people who were eligible for Work Choice were directed towards the Work Programme instead). Of course, in these cases, customers should still be offered the options to source alternative provision or take a direct payment before being put on the Work Programme.

- A clear message from central government and ministers on the relative priority of a policy like the Right to Control is essential. This is because local authorities and Jobcentre Plus are tasked with delivering a number of priorities and there is a natural tendency to prioritise initiatives with clear targets and performance indicators. Some staff thought that this would currently happen at the expense of something like the Right to Control.

9. Conclusions and implications

While Trailblazers have made substantial progress in delivery over the course of the pilot, this evaluation did not find any evidence that the Right to Control had a significant positive impact on customers in Trailblazers. The primary potential explanations for this are that many customers were not following the intended Right to Control customer journey and that provider markets were insufficiently developed to offer meaningful choice. The result is that Trailblazer customers generally had similar experiences to, and received similar levels of choice to, customers in non-Trailblazer areas. This was also the case in Trailblazer C, where the streamlined journey was only available to customers in receipt of multiple funding streams (a small minority of all customers).

As there was no evidence of positive impact, it might be said that the Right to Control generated a negative net benefit equivalent to its overall economic cost of £10.1 million. Nonetheless, the illustrative break-even analysis showed that in terms of quality of life and employment, relatively small improvements could be sufficient to justify the costs of the programme (although this evaluation has not assessed the likelihood or feasibility of achieving these improvements). It is also important to note that a large proportion of the total cost came from set-up costs, which would of course account for a smaller proportion of the total cost over time if the Right to Control was continued.

9.1. Trailblazer achievements

In the small number of cases where customers were able to exercise meaningful choice, they received services and support that better met their needs, demonstrating that the Right to Control has the potential to deliver better outcomes for disabled people. This became more commonplace as the pilot progressed (though still accounting for only a small minority of customers), reflecting an improved understanding of the policy among staff and a greater focus on developing provider markets. However, all these aspects remain a work in progress.

These findings indicate that the timeframe for implementing the Right to Control was highly challenging, given the scale of the tasks involved, which required substantial culture change among staff, customers and providers (although this does not necessarily mean that there would have been an impact over a longer timeframe). The context in which local authorities were operating made for an added challenge, with budget cuts and restructuring in social services departments.

Nevertheless, Trailblazers had achieved a great deal within this timeframe, with the Right to Control bringing about an evolution, rather than a revolution, in disabled people's services. Trailblazers had developed a new customer journey and made progress embedding it into working practices, delivered staff training on a very large scale in many cases, developed new partnership working and local co-production, and resolved early teething problems associated with referrals, data sharing arrangements and IT systems.

Regardless of the decision to roll out the Right to Control, the pilot has made its mark on the Trailblazers. Local co-production and the involvement of User-Led Organisations (ULOs) in delivering the customer journey, the culture change observed to date, particularly among Work Choice Disability Employment Advisers (DEAs), and the increased partnership working between different funding streams will continue to shape the way Trailblazers support disabled people.

9.2. Choosing the right delivery model

Trailblazers have largely not been able to offer all eligible disabled people a legal right to choice and control and provide them with a streamlined customer journey. Only the centralised delivery model adopted by Trailblazer C managed to successfully provide customers with a streamlined journey right from the start of the pilot. Whether a streamlined customer journey can ultimately be achieved under the mainstreamed model adopted by all other Trailblazers is unclear.

Staff working under the mainstreamed model had unresolved concerns about the feasibility of providing customers on multiple funding streams with joint assessments and joint support plans, especially if budgets from the different funding streams could not be pooled. Pooling budgets is notoriously challenging, and Trailblazers found

that this was beyond the scope of the Right to Control pilot. The pilot has, nonetheless, identified the need for this issue to be reviewed at a national level.

This is not to say that a centralised approach is always best – there are benefits and drawbacks to both delivery models. The mainstreamed model was less costly to implement, though it typically took much longer to get off the ground. It is also important to note that a centralised approach cannot be sustained indefinitely and Trailblazer C was necessarily moving towards a mainstreamed approach. Geographical size and local circumstances also play a significant part in determining the most suitable delivery model. Consequently, a model that works in one place would not necessarily be successful elsewhere.

It has also not been possible to identify which delivery model is the preferred model from an economic point of view (i.e. the most efficient model) if the Right to Control was rolled out nationally. The economic analysis did find significant variations in costs by Trailblazer that were dependent on a delivery model, but also on other specific activities undertaken by staff and ULOs, as well as the geographical area covered. Moreover, while the centralised model had lower direct costs, it also had higher set-up and indirect delivery costs, so there is no clear preference.

9.3. Learning from the pilot

The evaluation has identified four necessary conditions for making the Right to Control work for customers:

- Customers understand their right and know that they can have choice and control over their support.
- There is a meaningful choice of providers and support options.
- Customers have access to information, advice and guidance to make choices with confidence.
- There are support mechanisms to help customers manage direct payments or the option to delegate this responsibility to a third party.

Across the Trailblazers, it was rare for all these factors to be present. If the Right to Control is rolled out, more progress will be needed to allow disabled people and carers to take advantage of what it can offer.

Overall, the evaluation found many examples of good practice that are relevant to a range of practitioners involved in delivering support and services to disabled people. The learning on how to achieve effective local co-production, how to facilitate partnership working, training methods for staff and approaches to terminating block contracts can all be shared. Trailblazers have also developed a range of tools that other areas can potentially adapt, such as eligibility checklists, case studies and communications materials. The Office for Disability Issues (ODI) has an important role in ensuring that these lessons and resources are shared so that others can benefit from the work of Trailblazers.

9.4. Policy issues

The evaluation findings have a number of implications for future policy and practices which are discussed below. We also identify key areas that may benefit from further research.

Streamlining the customer journey

The Trailblazers that adopted a mainstreamed delivery model believed that streamlining assessment and support planning was unfeasible for a number of reasons:

- The assessments for each funding stream are too lengthy and specific to be conducted jointly.
- Some funding streams like Access to Work or Disabled Facilities Grants (DFGs) do not tend to use support plans.
- Customers tend to access funding streams sequentially rather than simultaneously.

These findings are consistent with the Individual Budgets pilot programme evaluation, which also found the integration of funding streams into Individual Budgets challenging to implement.

There is, therefore, a need to investigate this aspect, in particular to explore how the funding stream rules and guidelines may be adapted

or simplified. Linked to this, there is a need to explore how different budgets may be pooled. Staff in Trailblazer A saw this as essential to delivering greater choice and control, but concluded that it was not possible to achieve this locally, and that a national response was required. Instances of customers receiving both Jobcentre Plus and local authority-administered funding streams are rare, so in the first instance the focus could be on funding streams within each organisation only, as opposed to pooling budgets across organisations.

Mix of funding streams

The funding streams included in the Right to Control were broadly compatible with the policy intent, though there is a need to review funding guidelines for the Access to Work and DFG streams, with a view to introducing greater flexibility. This will also help to change delivery staff perceptions of the Right to Control, and more broadly the relevance of personalisation to customers in receipt of these two funding streams. In this respect, there is much to learn from the experiences of the Work Choice funding stream which successfully adapted its rules based on feedback during the pilot, paving the way for culture change among staff and the development of Work Choice provider markets.

Decisions on the future of the Right to Control

Uncertainty around the future of the Right to Control post-pilot was impacting on providers' and, to a lesser extent, ULOs' decisions to innovate and invest in developing new services. A number were choosing to wait and see what might happen, which will have impacted on Trailblazers' progress in developing provider markets. The uncertainty may also have had a knock-on effect on other related support services, since the Right to Control is one of many personalisation initiatives. Therefore, it is important that any decision about the future of the Right to Control is communicated promptly to providers and ULOs.

Linked to this, there is scope for having a clearer and more consistent narrative about the different initiatives and how they contribute to the overall policy direction. There is evidence of confusion among staff on the details, which meant that they were not delivering the Right to Control as intended, often not understanding that it was a legal right.

9.5. Practice issues

Timescale for implementation

The relatively short lead-in time for implementing the Right to Control meant that in many cases it was not delivered in line with the statutory guidance. Moreover, key aspects of the policy which were found to be prerequisites for delivering greater choice and control to customers, such as good quality support planning, were largely absent, and some parts of the customer journey were still being developed 18 months into the pilot.

Engendering culture change among staff, customers and providers is also a key ingredient for successful delivery of the Right to Control. Achieving this will take much more than the two years for the pilot. All these factors taken together will have restricted the potential for the Right to Control to have a positive impact on customers. Future policies will need to bear these factors in mind when devising realistic timings for implementation, delivery and realisation of impact (although, as already mentioned, a longer timescale would not guarantee an impact).

Resources for implementation

Many Trailblazers underestimated the resources required to successfully deliver the Right to Control. Specifically, Trailblazers had had to maintain, and in some cases expand, project management teams post-implementation, contrary to their initial expectations. The resources required to develop provider markets were similarly greater than anticipated. Future policies on a similar scale to the Right to Control will need to accommodate this when devising timings and budgets.

Sustainable ongoing involvement of ULOs

ULO's have played a key role in the implementation of the Right to Control, for example, in co-producing the customer journey and Right to Control materials, in providing information advice and guidance to disabled people and in conducting support planning and reviews. However, many were uncertain about their role when the pilot ends.

It is important that ODI is focusing on strengthening ULOs and improving their sustainability. In recognition of the key role played by ULOs, ODI announced a £3 million Facilitation Fund in July 2011, to promote the growth and improve the sustainability of ULOs.⁶¹ As of October 2012, 79 ULOs had been awarded over £1.1 million of funding.

Building capacity for support planning

This evaluation found support planning to be one of the most important parts of the customer journey. Although it has been a key part of personal budgets in Adult Social Care for many years, the evaluation still found evidence that not all social workers had the skills and time to successfully conduct support planning. Moreover, support planning was new to some funding streams (Access to Work, DFG and Work Choice). Therefore, this is an area where frontline delivery staff would benefit from more targeted training, especially drawing on the expertise of ULOs.

Choice of providers and local market development

While local market development is well underway for care and support, the evaluation found that more efforts were needed to develop provider markets for funding streams such as DFG and Work Choice. There may also be a need to widen or replicate existing national initiatives aimed at strengthening local provider markets for care and support (such as the Social Care Institute for Excellence's 'Find Me Good Care'⁶²), in order to include employment support for disabled people.

In addition, the evaluation found individual examples of specialist providers with expertise in certain types of impairment such as mental health or learning disabilities achieving better outcomes for their customers than providers working across all impairment types. This means that future efforts to develop provider markets for employment support need to acknowledge the diversity of disabled people's needs, and possibly focus on specialist rather than pan-disability providers.

61 Details of the Facilitation Fund are available on the ODI section of the gov.uk website at: <http://odi.dwp.gov.uk/odi-projects/user-led-organisations/how-to-apply.php>.

62 See the Find Me Good Care website for details: <http://www.findmegoodcare.co.uk/>.

Related to this, local authorities and Jobcentre Plus may also benefit from specialist input to help them move away from block contracts. Trailblazers that had employed specialist commissioning staff were more successful in breaking long-term contracts and framework agreements.

Expertise in managing change

Finally, the evaluation findings reiterate the importance of managing changes to working practices and culture. The implementation of the Right to Control required a dedicated strategic board and project management team in each Trailblazer. Its delivery required introductory training, refresher training, mentoring, Right to Control champions and case studies to make the concept more meaningful to delivery staff and disabled people. Managing change in a context of staff turnover, redundancies and budget cuts in local authorities added another layer of complexity – many Trailblazers did not have staff continuity in a number of key roles. Expertise in managing change is a key requirements for senior members of staff leading the implementation, in addition to a robust change-management strategy. The Trailblazers have learnt a number of good lessons in this respect which should be shared more widely to ensure that others can benefit.

9.6. Research issues

Provider markets

Trailblazers were committed to developing provider markets, irrespective of the future of the Right to Control. There is a need to understand the impact of this work, as it has wider implications for how services are delivered for disabled people. For example, the research would look at lessons learned, the costs to local agencies and to providers from delivering tailored services, the risks associated with direct commissioning between providers and customers, and how quality control and safeguarding issues are addressed in these instances.

Delivering a joined-up approach for customers

Research is required to understand how to best align the customer journey for those receiving more than one funding stream. The evaluation of the Individual Budgets pilot programme had identified difficulties in integrating sources of support for disabled people, and the Right to Control regulations aimed to overcome the legal and accountability issues identified in that earlier evaluation. Nevertheless, Trailblazers that adopted a mainstreamed delivery model believed streamlining the customer journey to be achievable for reviews only, not for assessments or support planning.

The research would identify why the legal and accountability measures put in place have failed to deliver, and what more needs to be done. There might also be lessons that can be learnt from local initiatives that have aimed to integrate health and social care, for example, in Torbay.⁶³ Findings from this research could be used to design toolkits and best-practice guidance for local agencies aiming to integrate sources of disability-related support.

63 See the Kings Fund website for its report, 'Integrating health and social care in Torbay': <http://www.kingsfund.org.uk/publications/integrating-health-and-social-care-torbay>.

Annexes

Annex A: Details of the funding streams

Access to Work

This stream is delivered by Jobcentre Plus. It applies to people aged 16 or over and resident in England, Scotland and Wales, either in paid employment, self-employment or with a firm job offer in one of these countries. The aim is to address disability-related barriers to work. Help includes communication support at interview, support workers, special aids equipment, adaptations and travel costs.

Adult Social Care

This funding stream is provided by local authorities and provides social care services to adults on a needs-assessed basis. Disabled people eligible for long-term Adult Social Care should be provided with a personal budget to help overcome any disabling barriers to their independence. Once agreed by the local authority, the personal budget can either be managed by the local authority, be given as a direct payment to the disabled person or a combination of these.

Disabled Facilities Grant

This programme applies to England (with similar programmes in Wales and Northern Ireland being administered by the respective devolved administrations). The Department for Communities and Local Government (DCLG) is responsible for Disabled Facilities Grant (DFG) policy in England, including setting the framework and allocating resources. The DFG is a mandatory capital grant, administered by local housing authorities to enable disabled people to continue to live independently in their own homes. A grant is payable following an assessment of needs by an occupational therapist, subject to a means test and a grant ceiling of £30,000 per applicant.

The DFG is allocated to local housing authorities, i.e. district authorities, metropolitan councils, unitary authorities and London boroughs. However, county councils are responsible for occupational therapist input in the assessment of needs and providing district authorities with recommendations.

The grant can be used for adaptations to give the applicant better freedom of movement into and around their home and/or to provide essential facilities within it. Examples of such adaptations include widening doors and installing ramps, installing a stair lift, adapting heating or lighting controls to make them easier to use, etc.

The amount paid is based upon a means test, although there is no means-testing for families of disabled children. Means-testing also takes into account savings above a certain limit. Certain sources of income, such as DLA and Income Support, are not taken into account as part of the means test, and the DFG does not affect any other benefits that applicants are currently receiving.

Funding for the DFG was protected within the 2010 Spending Review.

Independent Living Fund

The Independent Living Fund (ILF) is an executive non-departmental public body. It is financed by aid from the Department for Work and Pensions (DWP) and the Department for Social Development (in Northern Ireland). It provides direct cash payments on a discretionary basis to enable severely disabled people across the United Kingdom to purchase personal care or help with domestic duties. An independent board of trustees has responsibility for overseeing the governance of the organisation.

The fund is permanently closed to new applicants. To continue to get funding for ILF, in the majority of cases customers must:

- get social services support worth at least £340 a week or £17,680 a year, which can include direct payments or services from their local council, like going to a day centre
- be living in the UK for at least 26 weeks a year
- have less than £23,250 in savings or capital (this includes any money their partner has, if they have a partner)
- get or be entitled to the highest rate care component of Disability Living Allowance (DLA).

Payments from the fund can be used to pay for a care agency or to employ a personal assistant to assist with personal and domestic tasks, including cleaning, cooking, laundry and ironing, shopping, personal hygiene and grooming, dressing, eating, drinking, physical movement such as turning or walking, and supervision.

Supporting People

This is a non-statutory programme which provides housing-related support to help vulnerable people to achieve or sustain independent living. DCLG has the policy responsibility for this programme and it is administered through top-tier local authorities. These authorities work with local partners to commission services delivered largely by the third sector. The programme provides four key categories of services:

- long-term accommodation-based
- short-term accommodation-based
- long-term floating support, which can continue if the client moves between accommodation or wishes to receive support in their own home
- short-term floating support.

Work Choice

Work Choice replaced the WORKSTEP and Work Preparation programmes in October 2010. The programme is designed to ensure that disabled people with more complex support needs that cannot be met through other employment support have access to the right support to find work or self-employment, progress in the workplace or, where appropriate, move into open unsupported employment. Work Choice is delivered both by Remploy and by prime providers who work with associated subcontractors from the private, public and voluntary sectors. Subcontractors have specialist knowledge and skills to move provision away from a one-size-fits-all approach.

Annex B: Profile of Trailblazer customers

The following table gives the age profile of Trailblazer customers. It shows the preponderance of older customers among the Right to Control population. The profile is based on the 19,515 customers Trailblazers recorded as eligible for at least one funding stream between April 2011 and March 2012 (from which impact survey respondents were sampled).

Table 6: Age profile of Trailblazer customers

Age band	Percentage of population
Under 25	6%
25-34	7%
35-44	9%
45-54	12%
55-64	12%
65-74	17%
75-84	22%
85 and over	16%

Annex C: List of abbreviations

ASCOT	Adult Social Care Outcomes Toolkit
CALY	Social Care Quality-Adjusted Life Year
CMHT	Community Mental Health Team
DCLG	Department for Communities and Local Government
DEA	Disability Employment Adviser
DFG	Disabled Facilities Grant
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ILF	Independent Living Fund
LOS	Life Opportunities Survey
MAP	Manchester Area Partnership
ODI	Office for Disability Issues
ONS	Office for National Statistics
RAS	Resource Allocation System
SCREC	Social Care Research Ethics Committee
ULO	User-Led Organisation
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale

Annex D: Glossary of terms

Co-production

Co-production means working with disabled people as partners at a strategic level to help implement and deliver a policy or project. It is also a commitment to involve disabled people throughout the life of the policy or project. In practice, co-production can mean working closely with a particular organisation, or inviting a range of disabled people to offer advice on the policy or project.

Direct payments

Direct payments are cash payments given to customers in lieu of the services they have been assessed as needing, and are intended to give customers greater choice over their support. The payment must be sufficient to enable customers to purchase services to meet their needs, and must be spent on services that meet eligible needs.

Personal budget

Personal budgets are an allocation of funding given to Adult Social Care customers after an assessment. The allocation should be sufficient to meet their assessed needs. Customers can either take their personal budget as a direct payment, or leave councils with the responsibility to commission the services, or some combination of the two. Personal budgets have been rolled out in England since 2008, with a target of providing every service user with one by April 2013.

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