

Making **choice** and **control** a reality for disabled people

Right to Control
Trailblazers evaluation:
a feasibility study



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Summary

The Office for Disability Issues (ODI) commissioned NatCen, in collaboration with Professor Linda Ward, an independent consultant on disability policy research, and Jude Ranasinghe and Lee Geraghty from LG Futures, to carry out a feasibility study to produce a set of recommendations for an evaluation of the Right to Control Trailblazer sites.

The feasibility study approach involved one-to-one consultation with professional stakeholders, local authority representatives, and disabled adults, followed by a stakeholder workshop. This report sets out our recommendations based on the consultation.

The report is split into four main sections beginning with a summary of the funding streams likely to be included under the Right to Control in the Trailblazers, and how the Right to Control might impact on the administration of those streams. The subsequent three sections cover the design of an impact evaluation for the Trailblazers, the collection of data to support a value for money assessment, and the design of a process evaluation.

For an impact evaluation two possible models have been considered:

- a matched area comparison design where outcomes for disabled people in Trailblazer areas are compared to outcomes for a similar profile of disabled people in matched non-Trailblazer areas;
- a randomised controlled trial (RCT) run within Trailblazer areas, similar to the RCT used for the evaluation of the Department of Health (DH) Individual Budget (IB) sites, where 50 per cent (or another fixed percentage) of disabled people within Trailblazer areas are allocated to immediate Right to Control and the remainder are allocated to a waiting list control group.

Of the two designs discussed (the matched area and the RCT), the matched area design was broadly favoured as long as it could provide robust evidence of impact. Based on a number of considerations our recommendation is:

- that the default impact study design should be a matched area comparison
- but that if any Trailblazer areas are intending to roll-out the Right to Control over a fairly lengthy period then the possibility of running an RCT in those areas can be explored.

The Right to Control is likely to impact on a broad range of outcome variables, including quality of life and independence. To capture these, surveys of disabled people in Trailblazer and comparison areas will be needed. The optimal timing of these survey interviews is unclear, but is likely to be around one year after a person is offered the Right to Control (and at a similar point in time for the comparison sample). These surveys need to include questions on other, non-Right to Control, predictors of outcomes so that the Right to Control and comparison samples can be properly matched at the analysis stage.

To measure impact, minimum sample sizes will need to be met. Our recommendation is that around 1,500 disabled adults, in total, in Trailblazer areas are interviewed, and a similar number in comparison areas. This has implications for the numbers of disabled people that need to be offered the Right to Control per Trailblazer.

A rigorous assessment of the costs of the Right to Control will be needed so that value for money can be assessed. This requires set-up costs, costs associated directly with the evaluation, and running costs to be disentangled, and the collection of this data will be a significant component of any evaluation. Given the wide range of impacts that the Right to Control is likely to generate for disabled people, a formal cost-benefit approach to value for money assessment does not appear to be appropriate, but a cost-effectiveness approach would be feasible (along the lines of the one carried out for the Individual Budgets (IB) pilots evaluation).

For the process evaluation, a common theme from the consultation was that the process evaluation needs to be formative (or action based), meaning that part of its remit should be to feed back on the programme (during the evaluation period) with the aim of improving it. This is for two reasons, so that

- the Trailblazers can genuinely 'trail blaze', basing their methods of delivery on evidence as it emerges, and
- non-Trailblazer local authorities can gain an understanding of the whole process of implementation and delivery.

It is difficult to be clear at this stage exactly who or what the process evaluation should cover or how, but it is likely that the main research methods will be:

- initial 'scoping' work to establish how the Right to Control is intended to work per area, eg who the main players are
- qualitative research with professional staff involved in the delivery of the Right to Control from across the funding streams
- research with other professionals whose work might be affected by the Right to Control. This will include service providers, but might also include employers (for those with an employee eligible for funding under one of the employment programmes)
- research with lead officers in adult Social Care and Primary Care Trusts (PCTs) to establish, the success of the alignment with adult Social Care
- research with disabled people in Trailblazer areas
- research with carers
- research with user-led organisations
- local monitoring of take-up and how budgets are used by those exercising the Right to Control.

The need to cover around eight Trailblazer areas in the process evaluation, coupled with the requirement for a formative evaluation, mean that the costs of the process evaluation will be relatively high. A key decision for ODI will be the relative balance (in terms of resources) between the process, impact and cost benefit aspects of the evaluation.

01 Introduction

1.1 Background

The 2008 Welfare Reform White Paper¹ sets out the government's aim of devolving power to individuals, allowing them to design services that fit their needs. The Right to Control for disabled people will allow individuals to make decisions about how to use the money available for their support. From 2010, the initiative will be piloted in around eight local authority Trailblazers.

Disabled people taking part in the Right to Control programme will be told how much support they are eligible for. They can then, in discussion with the relevant public body, decide the outcomes they want to achieve, and how. They may choose for the public body to arrange for the services or equipment that they need, or they may take a direct cash payment and buy the services or equipment themselves. Or they may choose a combination of both.

The Trailblazer sites will target a wide range of disabled adults, including people with learning disabilities and/or mental health problems. The Trailblazers will have freedom to decide how to implement the programme in their locality, so there is likely to be variety in terms of their approach. Funding will last for two years, initially (with the possible option of a third year should resources be available).

Evaluation of the Department of Health (DH) Individual Budget (IB) (referred to throughout this document as IBSEN) pilot sites² provided some evidence that more control promotes better quality of life and higher aspirations among disabled people. However, IBs were piloted only on disabled adults in receipt of social care benefit, whereas the Right to Control will cover other departments and agencies (though Adult Social Care and other services are to be 'aligned' with it).

1 Department for Work and Pensions, 2008, 'Raising expectations and increasing support: reforming welfare for the future', page 61, paragraph 3.63, available at: www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/raising-expectations/ (last accessed 17 November 2009)

2 Glendinning et al, (2008), 'Evaluation of the Individual Budgets pilot programme: final report', available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089505 (last accessed 07 December 2009)

ODI will fund an independent evaluation of the Right to Control Trailblazers, in order to inform the decision whether or not the programme should be rolled out nationally, and if so how.

The evaluation design we have considered divides along traditional lines into three main components: impact, process, and value for money. Each of the three element focuses on different aspects of the efficacy of a policy or intervention, and to a degree they can be carried out separately or together. Impact evaluation tends to be quantitative in nature and focuses on the effect of a programme, in terms of outcomes for the recipients, compared with what would have happened if the programme had not existed (the ‘counterfactual’). Impact evaluation tends to address questions around ‘if’ the programme works, as set out below in the Right to Control guide for local delivery agencies³.

Process evaluation tends to be qualitative in nature, and focuses on how a programme is implemented and operates. It addresses questions around ‘how’ the programme works.

Value for money analysis focuses on the efficacy of the programme from a monetary point of view, by comparing the results (ie potential benefits) of the impact and process evaluation with the programme’s costs; ie the ratio of additional benefits to additional costs.

The text below, taken from the Right to Control guide for local delivery agencies, summarises what the evaluation of the Trailblazers needs to achieve.

“The Trailblazers will be required to provide answers to a series of questions. This will enable effective evaluation of the Trailblazers. The [table] below sets out the 10 “if” and “how” hypotheses that will need to be tested. In case of variance between areas, we would expect there to be enough evidence to allow us to fully understand why the right had operated in certain ways in certain areas.”

3 ODI, 2009, ‘Right to Control: a guide for local delivery agencies’ available at: www.officefordisability.gov.uk/docs/wor/rtc/right-to-control-local-agencies.pdf (last accessed 07 December 2009)

'If' hypotheses

These must be tested in order to get agreement on whether Right to Control should be rolled out nationally.

- The Right to Control can work without creating unmanageable or unaffordable financial risks.
- The Right to Control has positive outcomes for disabled adults, enabling independent living and access to employment.
- The results from the Trailblazers can be extrapolated to show the likely impact of the Right to Control if rolled out nationally.
- The cross-sector benefits of delivering the Right to Control outweigh the costs.

'How' hypotheses

These must be tested in order to gather information on how Right to Control could be rolled out nationally.

- Support, brokerage and advocacy arrangements are sufficient, or can be adapted, to enable national roll-out of the Right to Control.
- A variety of approaches can be taken to implementing the Right to Control to adapt to local circumstances.
- The Right to Control can be implemented in a way that does not damage an agency's capacity to provide support.
- The Right to Control can be implemented in a way that does not conflict with other policies.
- The Right to Control can be implemented in a way that protects the integrity of the funding streams included.
- The Right to Control can be implemented in a way that does not place additional unwanted responsibilities on disabled people and/or carers.

1.2 Overview of the feasibility work

Before funding the evaluation, ODI commissioned this feasibility study to determine the best methodology for the evaluation. The National Centre for Social Research (NatCen) has undertaken this feasibility study, in collaboration with Professor Linda Ward, an independent consultant on disability policy research, and LG Futures, specialists in public sector financial management. Alissa Goodman of the Institute for Fiscal Studies advised the team on the cost-benefit issues.

The feasibility study involved desk research of relevant literature (see Appendix A) and consultation with professional stakeholders, local authority representatives and with disabled adults. One to one consultation was followed by a stakeholder workshop where the proposed evaluation design was discussed.

The consultation with stakeholders involved depth one to one interviews, either face to face or by telephone, with 11 'professional' stakeholders, and 11 disabled adults. The professional stakeholders consisted of three academics, representatives from Access to Work, the Independent Living Fund, the Disability Employment Advice Service, the Disabled Facilities Grant, adult Social Care, Specialist Disability Employment programmes, and user-led organisations.

The interviews broadly followed a topic guide and were recorded (with respondents' permission). The interviews were subsequently summarised into a set of notes highlighting the issues that had arisen, under a number of headings. This was the basis from which the design of the evaluation set out in this report was established.

The approach for the assessment of funding streams and financial data element of the feasibility study (which was led by the team from LG Futures) consisted of a consultation with local and central government representatives to discuss funding streams and the collection of management and financial information. Local authorities contacted included those identified by the ODI who had expressed potential interest in becoming Trailblazers, supplemented by local authority officers known to LG Futures who were considered to have detailed knowledge of the funding streams under consideration. Officials at the Department for Work and Pensions (DWP) with policy and programme responsibility for the Access to Work, Work Choice and Independent Living Fund funding streams, were contacted, supplemented by discussion with DWP finance officials. Student Finance England were also contacted in relation to Disabled Students' Allowances.

1.3 Report structure

This report is split into four main sections beginning with a summary of the funding streams likely to be included under the Right to Control in one or more of the Trailblazers, and how the Right to Control might impact on the administration of those streams. The subsequent three sections cover the design of an impact evaluation for the Trailblazers (section 3), the collection of data to support a cost-benefit or cost-effectiveness analysis (section 4), and the design of a process evaluation (section 5). The final section (section 6) offers conclusions and next steps for the evaluation.

02 Overview and management of funding streams

This section provides an overview of the six funding streams that were investigated as part of the feasibility study:

- Access to Work
- Work Choice
- Independent Living Fund
- Supporting People
- Disabled Facilities Grant, and
- Disabled Students' Allowances.

A description of the current operation of each fund is followed by a discussion of how the funding stream might be affected by the Right to Control. This is provided as context for any organisation tendering for the evaluation.

It should be noted that the decision to limit the scope of the feasibility study to these six schemes was related to the need to clearly define the parameters for this initial work, taking into account the timescales involved. The full scope of funding streams that could potentially be included under the Right to Control was subject to a national consultation at the time of this research. The consultation responses and the government's response has now been published.⁴ If the Right to Control is rolled out nationally, there will be opportunities to review the inclusion of funding streams. As far as possible we have tried to ensure that the evaluation design set out in this report can be readily adapted to a model where Trailblazers incorporate the Right to Control into more or less of the potential funding streams (including ones not listed above).

4 ODI, 2009, 'Government response to the consultation on the Right to Control', available at: www.odi.gov.uk/right-to-control (last accessed 07 December 2009)

2.1 Access to Work

The Access to Work programme is delivered by Jobcentre Plus (JCP) internally (ie not contracted out). The national level of funding is currently around £90 million per annum, which is expected to grow to around £138 million by 2014. The funding falls under DWP's Departmental Expenditure Limits and is therefore cash-limited. The latest available data for 2007/08 identifies that, for England, around 24,000 individuals were in receipt of Access to Work, with just over 9,600 individuals added to Access to Work in 2007/08.

The programme applies to people aged over 16 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 of the programme is to address disability-related barriers to work. Help includes:

- communication support at interview
- support worker
- special aids equipment
- adaptations, and
- travel costs.

The programme is generally perceived by disabled clients and lobbying groups to be successful, but experiences budgetary pressure in terms of demand.

In relation to the level of additional funding going into the programme in the medium term, as well as addressing the increasing level of demand for the programme, there may also be further focus in the future upon those individuals who are 'hardest to help'.

Access to the programme is via initial telephone contact with one of the three national JCP Operational Support Units to determine eligibility, with an application being allocated to a locally based Access to Work advisor for subsequent appraisal of need. A visit is undertaken if necessary. Where required a referral is made to a suitable qualified contracted assessor to identify support requirements and solutions.

An information pack is provided to the client, with the general approach being that the client or employer (depending upon whether self-employed or employed respectively) incurs expenditure on items/services within the scope of the programme and is reimbursed by JCP. (Although JCP also pays on the client's behalf for some services eg agreements with taxi firms.). The client or employer can use a supplier of their own choosing once the level of Access to Work funding has been agreed.

Support can be put in place for three years, with a light touch review taking place in years 1 and 2 and a renewal application taking place in year 3 for ongoing cases of Support Worker assistance and Fares to Work. The need for reviews within the award period is identified by the adviser based on the needs of the individual. If needs increase during this time, reassessment can also take place within the three-year period. In terms of the size of payments made, around 1/3 of all awards are for £1,000 per year or less taking into account three year awards, although very significant payments have been made to individuals in a small number of cases.

The current process which includes award lengths of up to and including three years is currently under review in order to refocus the programme to better support customers in their drive for independence, as well as to better support Public Service Agreement (PSA) 16 priority groups.

In terms of monitoring, there are internal programme management arrangements and there are also Finance Teams monitoring expenditure. The Risk Assurance Division examines the policy of ensuring that public funds are being used correctly.

Spend and management information in relation to Access to Work is held on the Disc 3 system (by region), with financial data feeding into the DWP's Resource Management (RM) financial ledger. Data available on clients includes impairment type, nature of help required, etc. JCP's Labour Market System (LMS) also collects a range of management (but not financial) information in relation to employment (for Access to Work and more widely) eg length of unemployment, qualifications, types of jobs sought (although information about any benefits payments are held on separate DWP systems).

JCP also has an activity based management system and Access to Work developed some high level information in 2008 on key activities undertaken and their associated time implications, for example, client interview time. Work is currently taking place to further develop this activity information eg further detail on time spent in relation to administrative activities, with the expectation that this will be completed around January 2010. This will clearly be important as part of any evaluation to cost potentially different operating models.

Probable changes under Right to Control

As this programme is delivered by JCP internally (ie not contracted out), it has flexibility in terms of potential changes to arrangements that may result from the Right to Control. There is currently quite a wide definition with regards to what Access to Work funding can be used for, with a tailored approach being taken according to individual needs. The customer also has control already over who provides the support. It was therefore considered by those consulted that Access to Work is already some way towards the principles of Right to Control.

As the general principle currently is that Access to Work payments are made as a reimbursement of expenditure incurred by the client or their employer, a move to the Right to Control (if cash payments were taken up), would involve some changes in relation to the operation of the service.

This has been considered through a mini-trial of payments in advance, which is currently running in relation to Access to Work. This is taking place in the North East region and involves new applications between June to December 2009. Up to 100 clients in total may be affected, with take-up of advance payments being around three in ten. It is thought that take-up was initially relatively low because cash payments took up to 15 days to be received, whereas some clients prefer to reclaim expenditure incurred. A recent improvement to the system which has reduced the time for payments to as little as three days may result in more people taking up the offer in advance.

Initial indications from the advance payments trial suggest that greater time input has been required up-front, in terms of client interaction and in relation to external promotion activity.

2.2 Work Choice

Work Choice will replace the current Specialist Disability Employment Programme provision, ie WORKSTEP, Work Preparation and Job Introduction Scheme. The role of these three schemes is as follows:

- The WORKSTEP employment programme provides support to disabled people facing complex issues to finding and/or keeping a paid job and offers practical assistance to them and their employers.
- Work Preparation is an individually tailored, work-focussed programme that enables people, who through illness, injury or disability have problems in finding or keeping a job.
- The Job Introduction Scheme (JIS) offers employers a weekly grant towards the cost of employing disabled people or those with health conditions during their initial period with a new employer. This is usually for six weeks, though extensions to a maximum of 13 weeks are available where a longer period of support is required.

The latest available caseloads for WORKSTEP, Work Preparation and the Job Introduction Scheme are 17,230, 7,580 and 750 respectively. Projections for Work Choice indicate that, in Year 1, there will be a minimum of 8,500 new customers. By Year 2 it is estimated that there will be 17,000 new Work Choice customers (including new customers in Year 2 and those remaining from Year 1).

Through a modular process (consisting of work-entry support and supported employment), the Work Choice programme is intended to help those disabled people with the highest support needs to move into unsupported employment, where appropriate.

The total programme funding is around £470 million over 5 years, of which £100 million relates to existing commitments. The programme has a relatively 'flat' profile, so this equates to approximately £94 million per annum.

Unlike Access to Work, provision is contracted out. In terms of the current position in relation to Work Choice, Pre-Qualification Questionnaires (PQQs) have been received from contractors and Invitations to Tender (ITTs) have been issued to those shortlisted. These ITTs were due back on 26 October 2009, with decisions about providers to be made in April 2010 and provision to start from October 2010 (with five-year contracts being in place). As a contracted programme, DWP's Commercial Directorate has contract managers whose role includes ensuring that contracts are delivered as per specification.

There will be 28 prime contracts in future, with sub-contractors to each prime contract (previously there were hundreds of smaller contracts). Each prime contract area will be smaller than an English region (or the whole of Wales or Scotland) and larger than a single Jobcentre Plus District.

Providers can have one prime contract or many prime contracts, but will be required to cover all three modules of Work Choice as part of each prime contract, rather than just focusing upon an individual module.

In terms of the payment mechanism to contractors, 70 per cent of the value of the contract is provided on the basis of a service fee (to cover the costs of operation), with 30 per cent being outcome based (15 per cent for supported employment and 15 per cent for unsupported employment client numbers).

In terms of data, payments to Work Choice providers will be made through the Provider Referral and Payment (PRAP) System, with expenditure information being held on the DWP's Resource Management (RM) financial ledger. Data is available at Government Office region and district level (there are 48 districts in England, Scotland and Wales). JCP's Labour Market System (LMS) also collects a range of management (but not financial) information in relation to employment (for Work Choice and more widely) eg length of unemployment, qualifications, types of jobs sought (although information about any benefits payments are held on separate DWP systems). In relation to Work Choice, the nature of clients' impairment is identified, although fairly broad categories are used eg sensory, mobility, etc.

WORKSTEP is currently supported by a specific WORKSTEP database, which has a range of dimensions for participants eg provider, employment sector, type of work sought etc. However, the intention is not to replicate such a high level of detail under Work Choice. An evaluation strategy for the Work Choice programme is currently being developed at a detailed level, with work due to complete early in 2010.

Probable changes under Right to Control

As identified previously, in late 2010 (which coincides with the time at which the Trailblazers will go live), Work Choice provision will be implemented in 28 prime contract package areas. Examples of the ways in which clients could request changes to services under the Right to Control could include:

- the potential to use another provider or organisation in some circumstances
- using the prime provider, but requesting different provision from that on offer
- using a sub-contractor (to the prime provider) directly
- using an intermediary to help them exercise their Right to Control.

The Right to Control Trailblazers were included in the Work Choice Invitation to Tender document issued in July 2009. However as a national consultation was ongoing and the Trailblazer areas have not been selected, this was at a very high-level and delivery and commercial questions still need to be fully addressed. The ITT set out a commitment from DWP to work with the impacted Work Choice providers once these are known.

2.3 Independent Living Fund

The Independent Living Fund (ILF) is an executive non-departmental public body with an annual budget in excess of £345 million financed by grant in aid from DWP and the Department for Social Development (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. As at 31 March 2009, there were approximately 21,500 people in receipt of funding from the ILF, with the ILF maintaining a claimant database which can be broken down by local authority area.

02 Overview and Management of Funding Streams

The DWP funds the ILF on a cash-limited basis, with the fund being discretionary in nature. The funding is agreed annually as part of the Departmental Expenditure Limit budget, but is drawn down on a monthly basis. If demand exceeded available funding, the ILF have scope to tighten up eligibility criteria and reduce the number of new awards to ensure that it keeps within budget. In terms of monitoring arrangements, DWP officials attend ILF Trustees' meetings every month, with information being presented and discussed in relation to cases, spend, forecasts etc.

Applicants can apply to the ILF if they:

- are 16 or over and under 65 when the application is received
- live alone or with people who cannot fully meet their care needs
- are at risk of entering residential care (or are currently in residential care and wish to leave and live independently)
- are capable of living in the community for at least six months
- already receive social services support worth at least £320 a week or £16,640 a year – this can include direct payments or services from the local authority
- receive the higher rate care component of Disability Living Allowance
- have less than £23,000 in capital – including a partner's capital, if applicable.

The ILF gives different priority to applicants, depending on which group they belong to. The first priority group includes people who are in work or self-employed for at least 16 hours each week subject to meeting all the other eligibility criteria. The second priority group includes people who either receive:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Guarantee Credit
- or have a similar income and have a total care package which is expected to add up to at least the minimum package cost (currently fixed at £500 per week).

The ILF is governed by a board of trustees who employ 160 administrative staff based in Nottingham and 90 self-employed independent assessors based around the country. These assessors undertake joint assessments with social workers (usually in claimants' homes).

If the eligibility criteria are met, claimants may receive a supplement of up to £475 per week (based upon a means test) from the ILF, for qualifying care and support services. Some customers who established entitlement under the rules of the original scheme, which closed in 1993, can receive up to £815 per week. Payments from the fund do not affect other benefits, as they are used to pay for care and are not therefore counted as income. Payments are made direct to the claimants' bank, rather than services being purchased on their behalf.

Payments can be used to pay for a care agency or to employ a personal assistant to assist with personal and domestic tasks, including:

- toileting
- bathing
- washing and dressing
- eating and drinking
- cooking and shopping
- laundry
- cleaning and other household tasks.

There are three basic arrangements for receiving support from a professional carer:

- a carer provided directly by the social services department, in which case this is arranged for the claimant
- the claimant uses a care agency to find a suitable carer, this means that the claimant has to find and pay the care agency
- the claimant employs a carer directly.

Individuals receiving ILF support must:

- keep records of the people that are employed and how much is paid to them, or retain the agency invoices
- inform the ILF of any changes to their circumstances
- return any funding that is not spent.

Following the initial assessment, there is a further meeting after six months. The purpose of this meeting is to establish whether the claimant's needs are still being met and to examine the records that they have been keeping. After this, claimants will normally be visited every two years to check that they are still receiving the right level of payments.

A range of data is held in relation to ILF. This includes

- numbers of users by priority group
- demographic characteristics
- weekly payment amounts
- other benefits received.

Analysis is also available by local authority area.

Probable changes under Right to Control

As part of the assessment process, claimants are also asked about what help and support they need to remain in their own home and ILF is therefore already somewhat down the route of Right to Control. Cash payments are already made and claimants can choose what support they need, as long as it fulfils the objectives of the ILF, ie that claimants can live independently and do not have to go into residential care.

There were no major considerations therefore specifically identified in relation to the Trailblazers. However, given that joint assessments currently take place between an ILF assessor and a social worker from the local authority, the question was raised as to whether there might be opportunities for streamlining by way of a single assessment process. Clearly, this would require individuals to have knowledge of both local authority and ILF criteria, with the associated training implications.

Of the six funding streams, the ILF is considered to be most likely to see an increase in applications under the Right to Control. The rules regarding an individual's financial contribution were considered as a reason for potential claimants not applying, through concerns over being financially worse off. The greater cohesion of benefit support under the Right to Control may reduce these concerns, with applicants more easily able to understand the advice and the implications of receiving the various income streams when it is provided from a single point.

The Individual Budgets evaluation noted that there were significant increases in applications over the IB pilot period. It also identified several sites that were looking to achieve cost neutrality by maximising the uptake of funding streams, and, in particular, ILF. Following the rise in applications during the IB pilots, concerns regarding the long term sustainability of such an approach led to the ILF amending its prioritisation criteria to control demand from April 2008.

2.4 Supporting People

The Department for Communities and Local Government (CLG) has the policy responsibility for the Supporting People (SP) programme. The SP grant is administered through top tier local authorities. These authorities work with their local partners to commission services which are delivered largely by the third sector.

SP is a non-statutory programme which provides housing-related support to help vulnerable people to achieve or sustain independent living. The SP programme is tenure neutral and helps approximately one million people at any one time to live independently in their homes or safely within supported accommodation eg hostels, sheltered housing or other specialised supported housing. By March 2011, the government will have invested over £13.6 billion since the programme began in 2003. It is the biggest single source of government revenue for the Third sector – at over £1 billion per year. It is an ‘invest to save’ budget – an investment of £1.6 billion in housing related support service delivers estimated net financial benefits of £3.41 billion per annum. The SP budget is approximately £1.6 billion in 2009/10.

Approximately one million individuals were in receipt of Supporting People funding, with just under 50,000 people receiving Supporting People services considering themselves to be disabled taking the definition from the Disability Discrimination Act in 2008/09.

In 2009/10, the Supporting People programme grant was paid as an un-ringfenced named grant and, from 2010/11, will be paid as part of the Area Based Grant (ABG). Local authorities are under no obligation to spend ABG on SP services. However, their performance against National Indicators in relation to numbers of vulnerable people achieving independent living and supported to maintain independent living is monitored.

The SP budget is allocated to top tier authorities using the Supporting People Distribution Formula. The model takes the total SP pot for England as given. It assesses relative need between authorities mainly on the basis of numbers of vulnerable people in each authority, with allowances for levels of deprivation and cost differences. However, the final allocation is a single budget and it is for the administering authority to decide how to use the funding to commission and deliver services to best meet local needs and priorities.

SP provides four key categories of services:

- long-term (support intended to be provided for life or longer than 2 years) accommodation based
- short-term (less than 2 years intended support) accommodation based
- long-term floating support, ie floating means that support can continue if the client moves between accommodation or wishes to receive support in their own home
- short-term floating support.

Local authorities typically have SP teams, although some have merged these teams with social care commissioning. The role of the SP team is to commission services from providers direct, or delegate funding to other commissioning agencies, for more specialised services. The contractors or local authority service managers then manage these resources at the point of delivery.

There are three main data sources for SP related services; the Supporting People Local System, client record forms and the outcome framework. Further information on each of these data sources is provided below.

Supporting People Local System (SPLS)

Local authorities are required to submit this data to central government via electronic files. These files contain an extract of data at service level, including spend, contracted capacity and National Indicator data relating to successful move-on/sustained independence.

The quarterly data collated by the SPLS is currently made up of four main files, recently reduced from 22. These files provide information relating to the support provided at service level. The data also includes fields that relate to the primary and secondary client group of SP clients. In relation to disability, this includes, for example:

- older people with mental health problems/dementia
- mentally disordered offenders
- people with a physical or sensory impairments
- people with learning disabilities
- mental health service users.

The primary client group reported for a service via SPLS refers to the primary need for which a service has been contracted. The secondary client group allows for an additional layer of classification to be reported, where appropriate. It should be noted that not all services have a corresponding secondary client group.

These two high-level service classifications will not, however, fully represent the range of needs of individual clients who access services. Client specific needs information is captured via client Record and Outcomes Forms. For example, a service reported as being contracted for victims of domestic violence may accept clients due to this primary need, but also those where a disability related issue eg mental health is identified as a secondary need of a particular client, even though the service is not classified as such.

Client record forms

Client record forms should be completed by providers for all clients in receipt of housing-related support services except sheltered accommodation. Data is collected on clients when they access a service and includes information such as ethnic origin, religion, client group, impairment, and services provided to the individual and where the service user resided previous to accessing the service. Client record forms are collated by St Andrews University on behalf of CLG on a quarterly basis.

Following on from external data collection, processing and preliminary statistical analysis, this data is passed on to the relevant local authority and CLG. Each authority receives a complete dataset of client record information about their service providers, enabling them to analyse data from individual services. These datasets are provided on a quarterly basis. The availability of data at this level of detail specifically relating to disabled clients will depend upon the nature of the service provided and their prevalence within that service.

Outcomes framework

A National Framework for Outcomes began in May 2007, with data collection, processing and preliminary statistical analysis again being carried out externally. The Outcomes Framework is not mandatory, but authorities are recommended to use it across their providers. It has the benefit of a consistent, national data set, which evidences the outcomes achieved by clients when they exit housing-related support services funded by SP. In addition, it is considered to be in an authorities' interest to ensure that providers they have commissioned in their area collate this data as it will assist them in their contract monitoring and commissioning. It is also anticipated that the outcomes will be looked at as part of the Comprehensive Area Assessments. All of those interviewed confirmed that they used the outcomes framework and were not aware of any authorities that did not.

The aim of the indicators within the framework is to provide a balance between key outcomes relevant to service users for collection by CLG and all possible outcomes that a user may wish to achieve. There are five high-level outcome domains (economic well-being, enjoy and achieve, be healthy, stay safe and make a positive contribution), all of which have more detailed outcome indicators sitting beneath them.

In order to ensure that the Outcomes Framework is capturing relevant outcomes, each service user must have had a needs assessment which links to a clear support plan and is reviewed regularly. This is considered important because the approach only intends to measure outcomes where it is identified that support is required to achieve these.

In order for CLG, authorities and providers to have confidence in the outcomes that are reported, providers should be able to evidence the basis for the outcomes that they report and local authorities should undertake some form of validation. The method of validation varies across local authorities, including:

- validation visits – checking returns against service user’s support plans
- checking consistency between the aggregation of outcomes for service users from forms against the key performance indicator recorded levels
- user consultation at contract reviews
- checking processes for recording data at contract review and/or contract visits.

The Supporting People Outcomes Framework is applicable to both short-term and long-term services. However, there are differences depending upon the duration of the service. For all short-term services, the approach is to collect outcome information for individual service users at the time that they depart from or cease to use the service, regardless of whether this departure is planned or unplanned (but they will have to have been in receipt of the service for at least 28 days). For long-term services (two years or more), the approach is to use a sampling method which will collect outcomes information once a year on a snapshot basis.

Probable changes under the Right to Control

The full scope of funding streams that could potentially be included under the Right to Control was subject to national consultation at the time of this research. The way in which these funding streams could (or will not) be affected by the Right to Control had not been decided. However, as part of our research, an overview has been provided below in relation to funding related issues that may need to be considered with regards to the Right to Control and the four service categories falling under SP. In the wider context, if SP funding was to be included under the Right to Control, differentiation would need to take place between whether only services that are provided specifically for disabled clients are included, ie where the primary need of the individual is that they are disabled, rather than the client being in need of a broader service, but that they also happen to be disabled. This has been considered further below for each of the four service categories.

Long-term accommodation

Some of these services are aimed at disabled people. However, if funding was 'removed' from specific services, in order to provide a cash payment to the individual, as with Work Choice, this may potentially have viability/destabilisation issues for specific services eg in terms of increasing unit costs or too few places to keep services running. An example of such a service could be, say, the provision of specialist units that provide homes for the deaf. This would, however, clearly depend upon individual decisions as to whether, and the extent to which, such services were repurchased. In this example, the value of the service provided may also potentially need to be split out from the accommodation itself.

Short-term accommodation

An example of such a service could be the provision of hostel accommodation. It may be less likely that services of this type are as relevant for the Right to Control, as only a small proportion of such services are directly aimed at disabled people. These are typically reactive services that are not linked to a longer term set of circumstances, such as a disability eg as a result of homelessness – which is often a short term situation, due to changing circumstances. Issues in relation to viability would, again, only arise if there were significant numbers of disabled clients using specific short-term accommodation and who chose not to use such accommodation, upon receipt of Right to Control funding.

Floating (short term)

An example of such a service could be victims of domestic violence. Again, as with short-term accommodation, these services are not directly aimed at disabled people, but are provided to vulnerable people with immediate needs. Disabled people may receive help, but it would be unlikely that this support could be provided in the form of a cash payment, as the usual reason that the support is given is due to an individual being in need of immediate help.

Floating (long term)

An example of such a service could be help with shopping or paying bills, etc. This area could be more impacted upon in terms of the Right to Control, as the service is not linked to whether the person is living in specialist accommodation, with a specific service being received, based upon their individual circumstances. Those receiving services often have a choice of providers, as, due to the flexible nature of the service provision, it is not linked to an immediate need or specific accommodation.

2.5 Disabled Facilities Grant

Disabled Facilities Grant (DFG) applies to England, Wales and Northern Ireland. CLG is responsible for DFG policy in England, including setting the framework and allocating resources. 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, subject to a means test and a grant ceiling.

DFG is allocated to local housing authorities, ie 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.

For 2009/10, the total amount allocated via DFG by the CLG was £158 million, with approximately 38,000 clients being assisted through DFG. Under the current methodology, the central DFG budget is divided up between the regions using a formula which takes into account data from the English House Condition Survey, the number of disabled people in each region living in unsuitable housing and a regional building cost index.

DFG can be claimed if the applicant, or someone living in their property, is disabled and:

- the applicant, or the person on whose behalf the applicant is applying, is either the owner or tenant (including licensees) of the property
- the applicant can certify that they, or the person on whose behalf they are applying, intend to occupy the property as their main residence throughout the grant period – currently five years.

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 DFG 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 Disability Living Allowance and Income Support, are not taken into account as part of the means test, and DFG does not affect any other benefits that applicants are currently receiving.

Depending upon the outcome of this assessment, the amount of financial assistance offered can vary from 0 per cent to 100 per cent of the cost. The maximum amount of grant that a council is required to pay is £25,000 in Northern Ireland, £30,000 in England and £36,000 in Wales, per application, less any assessed contribution from the applicant. The local authority has, however, the discretionary powers to pay above the grant ceiling if the cost of the eligible works exceeds this amount. The local authority is required to have a written policy setting this out.

DFG is either paid in instalments or upon completion of the work. The local authority may make payment to the contractor directly, or provide the applicant with a cheque to pass on to the contractor (once the authority has confirmed that work has been completed to their satisfaction and on receipt of an appropriate invoice). If the work was carried out by the applicant or a relative, only invoices for materials or services bought are acceptable.

Local authorities monitor the number of DFG applications pending and the number of jobs underway/completed, as part of their normal monitoring arrangements and the requirement to deal with DFG applications within a specified time period.

Local authorities will also have records of payments made to individuals and the amount of DFG awarded per annum. Authorities will generally either monitor such expenditure on a monthly or quarterly basis, depending upon local arrangements that are in place.

Probable changes under Right to Control

One of the key issues highlighted in relation to DFG and Right to Control was the need to consider how, if the Right to Control is exercised and individuals receive a cash payment, the local authority will monitor that the funds have been spent for their intended purpose in an appropriate manner. This is important given that the current method of operation often involves direct payment to the contractor, a cheque being provided to the applicant to pass onto the contractor, or the individual reclaiming allowable costs.

In addition, the nature of this service is such that it may be difficult for some individuals to manage works directly, with many authorities therefore providing management services. However, this is provided at a cost, and there may therefore be savings from individuals managing such works themselves.

A wider issue relates to the possible wider public sector benefits if the assessment process was speeded up (and therefore adaptations were carried out sooner), with the implication that this could potentially reduce some ongoing adult social care support costs or prevent an individual from moving into residential care but at the same time increase the costs to the adaptations team.

2.6 Disabled Students' Allowances

Disabled Students' Allowances (DSA) are grants payable to students (normally living in England and attending a UK university or college), to assist in meeting the additional course costs that they may face as a direct result of a disability or specific learning difficulty. Eligibility is based upon both personal and course and institution eligibility. Approximately 38,000 students are currently in receipt of DSA.

DSA entitlement is not means tested on the basis of household income, with DSA being paid in addition to other forms of student financial support, and not having to be repaid. DSA are not counted as income and therefore do not affect entitlement towards other benefits.

Examples of assistance that DSA can be paid for include:

- specialist equipment for studying eg computer software
- a non-medical helper eg a note-taker or reader
- extra travel costs arising from an impairment
- other studying related costs eg provision of information in different formats.

02 Overview and Management of Funding Streams

For full-time and part-time higher education students, the maximum amounts that could be claimed for 2009/10 are shown in the table below:

Type of allowance	Full-time students	Part-time students
Specialist equipment (for the entire course)	£5,161	£5,161
Non-medical helper (per annum)	£20,520	£15,390
General Disabled Students' Allowances (per annum)	£1,724	£1,293

In addition to the above allowances, students can also claim for 'reasonable spending' on extra travel costs for the academic year. Postgraduate students (including Open University students and other distance learners) can apply for a single allowance to cover all costs. The maximum allowance for 2009/10 is £10,260.

The amount each student is entitled to is calculated through a needs assessment. These are carried out at assessment centres (either independent or within colleges and universities). Our interviews with local authority representatives suggest that these assessments cost approximately £500 and are paid for by Student Finance England (part of the Student Loans Company), as part of the DSA.

Student Finance responsibilities, including DSA, have been transferred from local authorities to Student Finance England for students starting new courses in the academic year 2009/10 onwards, with applications now being made to Student Finance England. For students that started courses in 2008/09, or earlier, applications are dealt with by local authorities. Therefore, from September 2011, local authorities will no longer have responsibilities in relation to DSA. Interview feedback indicates that this is leading to staff reductions at local authority level.

The current role of local authorities is to provide the link between the potential applicant and Student Finance England. Authorities assist individuals in making their applications and send them for assessment. If claims are successful, they arrange for services to be provided directly and payments to service providers, assessment centres and students to be made, via an online system with Student Finance England. DSA is often paid directly to the suppliers of the services that are determined at assessment (subject to the students' agreement). Local authorities also pay cash directly to students on the submission of receipts for expenditure on travel (eg taxi receipts).

Local authorities maintain files on each student. However interview feedback suggested that dedicated systems are not specifically in place for DSA and these can therefore be paper based. These files contain the case details for the students, including assessments, services provided and receipts. It is understood that Student Finance England is using a paperless system for client records.

The Student Loans Company holds all information relating to DSA national datasets. There are statistics on the Student Loans Company website regarding the number of applications for various types of student related support. However, the applicants for DSA are combined with other figures.

Probable changes under Right to Control

The transfer of responsibility for DSA from local authorities to Student Finance England removes the extent to which authorities are involved in one of the potential Right to Control funding schemes. Therefore the extent to which they would potentially have been able to coordinate this funding stream with other streams that they administer, such as DFG and SP.

In terms of the payments mechanism supporting DSA, the removal of the role of local authorities removes an element of administration in the process, given that one of the roles of local authorities previously was to instruct Student Finance England to make payments (to either assessment centres, suppliers of services or students), and this will now be undertaken directly. This is likely to result in some savings in staff costs within local authorities, although clearly this has been driven by a transfer of responsibility, rather than any potential move to Right to Control.

Given the choice available to students as to whether to purchase equipment etc from the open market or a specialist supplier, and charges that providers may make for arranging the provision of services, it will be important to consider which route has the potential to offer best value for money, in terms of the utilisation of the funding stream and therefore the remaining funding available, given that DSA funding is capped.

2.7 Alignment with adult Social Care

The latest available caseload in relation to Adult Social Care is 1,770,000, with 658,000 new cases in 2007/08. The Welfare Reform Act (2009) makes clear that the Right to Control Trailblazers will align with adult Community Care services. This means that the flexibilities of the Right to Control will be available to disabled people living in the Trailblazer areas and in receipt of adult Community Care services. Potential issues that may arise across Trailblazers in relation to linking Adult Social Care with the Right to Control have been considered through discussion with an authority which was part of the Individual Budgets pilot. Key issues raised included:

- The extension of the current support broker role and/or the appointment of additional brokers could be used as a point of first contact under the Right to Control. This approach would not require additional management structure in most cases and may, depending upon client numbers, not require additional recruitment, at least in the short term.
- Whilst existing arrangements offer a 'ready to go' practical approach to the Right to Control, they may also represent a problem in terms of evaluating costs. For example, it is easier to assess the costs of a new function, rather than the expansion of an existing one. This situation is further complicated by the infancy of Personal Budgets and their financial arrangements. There may therefore be a need to identify the relative time spent between Right to Control and non-Right to Control clients and funding streams.

- The issue regarding the infancy of Personal Budgets could potentially lead to further difficulties for the Right to Control. The introduction of Personal Budgets, together with the increasing diverse delivery and funding arrangements at a local level and the cost pressures faced by local authority social care budgets, has led to constantly evolving structures for example, the roles of individuals may change, posts may not be replaced, new posts may be created from new funding sources etc. This ongoing transformation of local authority social care could therefore potentially make it difficult to measure the incremental impact of another change, ie Right to Control.
- The impact of the Right to Control in terms of outcomes for clients may also be adversely affected by the changing local authority social care environment. Whilst Personal Budgets and Right to Control should make it simpler for claimants to manage their own care, it represents another additional initiative, which claimants will need to become familiar with, and identify changes as a result of, if the benefits of the Right to Control are to be captured.
- In terms of monitoring the use of payments made under the Right to Control, local authorities should be able to extend existing arrangements around Personal Budgets to monitor banking records. The Chartered Institute of Public Finance and Accountancy has encouraged a light touch approach to Individual Budgets⁵ and recommends the following principles to local authorities for reviewing individual budgets:
 - People have independence and choice but they also have responsibility. It is reasonable to ask people to account for how they have spent their Individual Budget money in achieving their support plan outcomes.
 - Monitoring arrangements should be light touch and proportionate to the level of risk involved.
 - Monitoring should be aligned as closely as possible with the review process so that information contributes to an understanding which can support people to make best use of the resources available to them.
 - People should have flexibility to spend the resources allocated to meet their needs flexibly, and in ways which reflect their own priorities.

5 Audit Commission, 'Individual budgets and direct payments: Audit Commission guidance to appointed auditors' available at: www.audit-commission.gov.uk/localgov/audit/auditmethodology/pages/individualbudgets.aspx (last accessed 07 December 2009)

- Given the similarities of the Right to Control in terms of process (and therefore potential risk), it may be that similar guidance in relation to monitoring arrangements should be followed. However, it may also be that departures from the light touch approach take place as a result of care solutions evolving over time.
- The departure from single contract payments to a diverse variety of delivery methods could potentially lead to authorities having to maintain records not only on payments made, but also on the amount of a service used. It would also be necessary to maintain records on day to day usage, to ensure that correct payments are made to providers, with the possible use of individual cost codes for clients on local authorities' financial systems. This will ensure that records can be easily accessed and monitored.
- The changing nature of local authority social care is reflected in the recent emergence of solutions such as payment cards for clients to use with providers and online based marketplaces for providers, local authorities and clients.

03 The design of an impact evaluation

In the following three sections we discuss the evaluation design options for the Trailblazers, beginning, in this section, with the design of an impact study.

An impact evaluation would be the main means of addressing the evaluation question of whether the Right to Control generates positive outcomes for disabled adults, enabling independent living, access to employment and increased choice and control. Our starting position in addressing this question was that:

- the question needs to be addressed quantitatively, and
- that a formal comparison group approach is needed. In other words, self-assessment of impact is not sufficient (especially for those newly applying under the funding streams) and what is needed for robust assessment of impact is a comparison of outcomes for disabled adults who are offered the Right to Control with outcomes for a similar group of disabled adults who are not offered the Right to Control.

3.1 Issues raised in consultation

This section summarises some of the key issues around impact that arose during our consultation with stakeholders. Inevitably, much of the discussion was around the Right to Control programme itself, with questions being raised around how it would be implemented. Since the focus of this study is on recommendations for an evaluation, the discussion around the Right to Control itself is kept to a minimum, and summarised in the first subsection below. The subsequent subsections outline the methodological issues that arose under a number of subheadings, broadly following the chronology of evaluation design.

Miscellaneous issues around Right to Control

- A recurring theme around the implementation of the Right to Control itself, which may have implications for the selection of individuals for the evaluation, was that many (probably most) service users will not be eligible under all the funding streams. Given this, many interviewees wondered what would be the role of local authorities, and where would the point of Right to Control access/delivery be?
- Another point, which would need to be considered in any evaluation, was that the Right to Control is likely to attract an unrepresentative group of local authorities (ie those who are more motivated). This has implications for the generalisability of the conclusions.
- Another issue around the programme itself is that funding streams, and different local authorities, have different criteria, and levels, of entitlement. This was thought by a number of respondents to make it difficult for an individual to put a comprehensive package together and the mechanics of coordinating resources difficult.
- Linked to the above point, was a question around how the Right to Control would fit in with existing funding streams, eg Work Choice, which have specific eligibility criteria and stringent monitoring of outcomes.
- A related issue was around the actual assessment of need criteria, in terms of how individuals be assessed for their eligibility for funds and who will do this appraisal.
- Several interviewees pointed out that it will be difficult to predict how people will exercise their Right to Control (choosing to take a direct cash payment, shaping the services or equipment provided by the authority or maintaining more traditional services), but that from a service provider's point of view it will be necessary to make some prediction. This has implications for the evaluation because predicting the likely magnitude of impact will be difficult.
- Some interviewees were concerned about how the Right to Control would fit in with existing mandatory programmes, eg for someone on Jobseekers' Allowance or New Deal. One respondent pointed out that individuals may have the impression that they can take up the Right to Control but, under existing legislation, JSA or New Deal take precedence.

- A number of people highlighted a concern over the impact of the programme on existing services. A priority for many existing funding streams is to fund large-scale, block contracts, in order to benefit from financial economies of scale. If individuals are able to ‘shop around’ and ‘take their money elsewhere’ this could have a detrimental effect on the cost and delivery of existing services.
- Respondents were also concerned about assuring quality in services (which, under existing funding streams are subject to quality control, health and safety regulations, etc). The safeguarding of individuals was a recurrent theme, and interviewees wondered where the recourse would be if things go wrong (eg services are not up to scratch).
- Gaining consent was mentioned by several respondents, in terms of both the programme itself, and the evaluation. Questions were raised as to who would do this, and it was pointed out that it is a skilled task, the execution of which directly impacts on take up (of both cash payments and the evaluation).
- A number of people (and the IBSEN experience) highlighted that some groups (eg younger age, and those with physical impairments) will be more likely to choose to take additional control, for example by taking a direct payment, than older people, mental health service users and those with learning disabilities.
- Many interviewees discussed how important it is to involve disabled people, their organisations, user-led organisations and Centres for Independent Living in the evaluation research, and in setting up the Trailblazers. A related issue was around remuneration, that is, how these organisations will be paid for their time and input.

Generating a comparison group

Interviewees were asked for their views on how to generate a valid comparison group against which the experiences and outcomes for Right to Control disabled people could be assessed. The two main options presented to respondents were:

- a matched area comparison design where outcomes for disabled people in Trailblazer areas are compared to outcomes for a similar profile of disabled people in matched non-Trailblazer areas
- a randomised controlled trial (RCT) run within Trailblazer areas similar to the RCT used for IBSEN, where 50 per cent (or another fixed percentage) of disabled people within Trailblazer areas are allocated to immediate Right to Control and the remainder are allocated to a waiting list control group.

Other possible designs, such as a simple before-after design with those eligible for the funding streams in the Trailblazer sites in 2010 being compared to those eligible after the introduction of the Right to Control, were ruled out prior to the start of the consultation. This was on the grounds that change over time in some outcomes, particularly employment outcomes, would be affected by economic change in the areas, and identifying the impact of the Right to Control separately from the impact of other economic change, would be extremely difficult if not impossible.

Of the two designs discussed:

- Most people felt more comfortable with the comparison area approach, for two main reasons. The first reason was that it was considered to be more ethical, compared with offering the Right to Control to some and not others. The second was more practical, in terms of local authorities running dual systems. It was felt, however, that if it is not possible to offer the Right to Control to all service users at the same time, then an RCT approach would be acceptable.
- Assuming a matched area design, the kinds of criteria mentioned for local authority matching were:
 - star rating
 - urban or rural
 - size
 - demographics, and
 - level of unemployment and inactivity.

Outcomes

Below is a list of the outcome measures mentioned by stakeholders as things that might change for disabled people as a direct result of the Right to Control and that ought in principle to be measured (relative to a comparison group). Note that most of these would necessitate survey data collection.

- Uptake rates
- Perception of control, independence, empowerment
- Quality of life
- Self confidence
- Ability to work and live independently
- Psychological wellbeing (eg General Health Questionnaire)
- Employment outcomes
- Education outcomes
- Getting where they want to be faster than under existing services
- Increased choice and control
- Social inclusion or social networks
- Physical health
- Positive impact on carers

We did not discuss with stakeholders exactly how these outcome measures ought to be measured. For many standardised survey instruments are available (such as quality of life) but others may need new questions to be developed. The design of an appropriate outcome survey would be a very significant task for any evaluation team.

Possible negative impacts

As well as potential positive outcome measures, respondents were asked if they thought there might be any negative outcomes that need to be captured in any evaluation of the Right to Control if they were to occur. These are summarised below.

- Negative implications for residual services, ie disinvestment in existing services may mean that they suffer and/or become more expensive. Some respondents pointed out that currently commissioning of large contracts is encouraged, in order to benefit from economies of scale. Disinvestment in these is likely to mean that large contracts are discontinued, economies of scale will be lost, and providers of current services – and therefore the services themselves – may suffer.
- Those not on Right to Control may suffer in terms of the services they receive (because of the impact on residual services).
- Inequalities – respondents pointed out that some groups (eg male, middle class, white, educated) may fare better than others in exercising their Right to Control.
- Money may be spent by individuals without proper consideration and planning.
- Money may be spent by family/carers in a way which is not beneficial to the disabled person.
- Right to Control might increase the responsibility and workload of carers, who may have to support the management of the Right as well as caring for the individual.
- Right to Control may be too much responsibility for (some) individuals to take on, especially those with fluctuating mental health conditions.
- People might be concerned about the Right to Control affecting their entitlement to benefits and may be reluctant to take a personal budget.
- If the support is all under one service and individuals are not happy with that service, where else can they go, ie where is the recourse?

Subgroups (for sampling and analysis)

Another area of discussion was around whether it was important to analyse the impact of the Right to Control separately for different subgroups. It should be noted that most people felt that the evaluation approach (outcome measures etc) should broadly be the same across all disabled people. Respondents did mention that it would be of value to consider differences by the following groups.

- Type of impairment (particularly learning difficulties and mental health)
- Ethnicity
- English as an additional language
- Gender
- Age
- Social class
- Education
- Household composition
- Urban or rural location (it was felt by some that those living in rural areas might have less choice)
- Homeless people, traveller communities
- Income (one respondent pointed out that an individual's existing means may influence whether or not they take up a personal budget, particularly if money has to be paid out before being reimbursed)
- Existing or new service users (see following subsection)

New versus existing service users

Part of the consultation covered whether the Right to Control, and the evaluation, should cover both existing service users and/or those new to services.

- Many people felt that the Right should only be offered to new customers because existing programme users may, for example, have entered into a contract with their employer, and funding already committed. If this funding is revoked, it could cause negative consequences for the individual.
- Some consultees thought that it would not be possible to offer the Right to Control to existing service users due to practical issues around changing their existing funding arrangements.

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- Some felt that existing service users may be more negative on the whole about current services, and therefore more positive about the Right to Control (than new users).
- All those consulted thought that, if both groups are included, they should be analysed separately.

Interval between implementation and evaluation

All interviewees voiced concerns about the potential evaluation timescale being too short (some mentioned the experience of IBSEN). When questioned further on what was an ideal time period, the following thoughts emerged.

- At least one year, some people said two, to allow programme to 'bed down' and effects to be noticed.
- Make sure that the evaluation measurement fits into the monitoring and timescales of existing processes, eg Local Area Agreements.
- The more complex the individual's needs, the longer it takes for a successful outcome and therefore the timescale would ideally be staggered based on the individual.
- The evaluation needs short term as well as long term impacts. Therefore, obtain measures early on (to find out about any teething problems in the implementation process) and then a year later to find out about actual outcomes.
- Different funding streams/programmes have different timescales, and therefore the likely timescale of impacts would be expected to differ.
- The need to think about longer term outcomes – not just getting people into a job, but providing ongoing support for them to encourage job retention.

Data protection

Issues around data protection were mentioned by most respondents, both in terms of the Right to Control itself, and the evaluation.

- Right to Control is likely to necessitate data sharing for different funding streams, and this was felt to be problematic, and something that should be addressed right at the outset.
- People voiced concern around gaining consent for inclusion in the evaluation, for example who would obtain consent, and what would the likely take up be.

Encouraging participation (in the evaluation) by staff

An issue common to all evaluations is how to get the relevant staff on board, and encourage them to provide the evaluation with the necessary information, since the evaluation is 'extra' to their existing workload. This was touched upon during the consultation, and the following thoughts emerged.

- The evaluation should make it clear right from the outset exactly what is required (eg in terms of provision of administrative data).
- A named individual should be given the responsibility of liaising with the evaluation team.
- The evaluation should limit the amount of time/number of tasks needed as far as possible.
- In order to obtain maximum cooperation, staff should have their time remunerated.
- The promise of feedback from the results of the evaluation, by area, will encourage collaboration.
- The need to supply the evaluation with time and data should be written into the contracts for the Trailblazer sites.

3.2 Design implications and recommendations

In this section we set out our recommendations on the design of an impact study. This is partly based on desk research but draws heavily on the discussions we had with interviewees (as summarised above).

As noted above the two impact study designs that we discussed at length with interviewees were:

- a matched comparison area design where outcomes for disabled people in Trailblazer areas are compared to outcomes for a similar profile of disabled people in matched non-Trailblazer areas
- a randomised controlled trial (RCT) run within Trailblazer areas, similar to the RCT used for IBSEN where 50 per cent (or another fixed percentage) of disabled people within Trailblazer areas are allocated to immediate Right to Control and the remainder are allocated to a waiting list control group.

In what follows we set out the relative merits of these two approaches. We go on to include more detail on the matched area design including discussion of sampling issues and sample sizes, followed by a discussion of survey mode and timing.

It is worth noting that none of those interviewed expressed the view that an impact study should not be done at all, but several questioned how the results might subsequently be used. In particular if it was found that the measured benefits of the Right to Control are small or even negative on some outcome measures then what would be the implications for national roll-out? What this suggests is that it is sensible to ensure that any impact survey collects data on a wide range of outcome measures so that the impacts are not judged too narrowly. In addition the process evaluation needs to be strong enough to allow for any genuine, and possibly permanent, negative impacts to be identified separately from negative impacts that can be alleviated with changes to Right to Control administration and processes. But in addition it would be helpful if ODI could pre-specify the nature of impact evidence that would influence if and how national roll-out goes ahead. Similarly, it was suggested that some work with non-Trailblazer areas would be worthwhile (perhaps at the start of any evaluation) to establish what sort of evidence local authorities would look for in making their own decisions on if and how to implement the Right to Control. This would shape the way the evaluation evidence is then presented.

Of the two designs discussed (the matched area and the RCT), the matched area design was broadly favoured as long as it could provide robust evidence of impact, because:

- it does not generate any particular ethical problems since nobody in a Trailblazer area would be (temporarily) denied Right to Control purely for the purposes of the evaluation
- it would not necessitate Trailblazer areas running two systems simultaneously (Right to Control and non-Right to Control).

However, one of the reasons that IBSEN used an RCT design was that individual budgets could not be offered to all those eligible straightaway because local area staff simply didn't have enough resources to do this. So some method of local 'roll-out' was needed. In that scenario, rolling-out IBs to a random sub-sample of the eligible population was ethical (and was arguably more ethical than any other rationing process). And the objection that an RCT forces areas to run dual-systems did not arise because local authorities had to run dual systems anyway. Broadly speaking our consultations suggest that an RCT run under similar conditions (that is where Right to Control Trailblazers simply cannot offer the Right to Control to everybody) would be acceptable. If it would present more robust evidence of impacts, then it might actually be preferable.

At the stakeholder workshop an alternative design was suggested, based on cluster randomisation. Under this design Trailblazers that could not offer the Right to Control to all their disabled adult population would divide their local authority into small geographical clusters (such as output areas or postcodes). These clusters would be randomised: a proportion to Right to Control and the residual to a control. This approach has many of the benefits of the individual randomisation approach, although the clustering would reduce the statistical power of the study to a degree (although not by a large amount if the clusters were kept small). For a local authority in a position to run an RCT because of lack of capacity around the Right to Control, cluster randomisation may look like a simpler method administratively than individual randomisation because the randomisation process would be clear to staff – whether a person was or was not to be given the Right to Control would depend entirely on their postcode. They may also judge it to be a more defensible method of allocating the Right to Control.

One of the problems with the IBSEN waiting-list RCT design was that outcomes had to be measured over a six-month period, with those in the control group being offered an IB after the six months. In that evaluation the six months proved to be rather too short a window, with many people not having their budgets in place by the time of interview. However we understand that the six months was driven by the reporting timetable for the evaluation rather than for ethical or theoretical reasons. It looks to be perfectly feasible (and ethical) to extend the 'waiting time' for the control group to around 12 months, to allow for longer term outcomes to be generated. This would be true under both the individual and cluster randomisation options.

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However, having raised all of this, given that we do not know whether any Trailblazers will be in the position where they can only offer the Right to Control to a proportion of the eligible population, we suggest that the following assumptions be made:

- that the default impact study design will be a matched area comparison
- but that if any Trailblazer areas are intending to roll-out Right to Control over a fairly lengthy period then the possibility of running an RCT (either individual or cluster) in those areas be explored.

In what follows we concentrate on the design issues for the default design, namely the matched area comparison.

Under a matched area model the impact evaluation would look broadly as follows:

- for each Trailblazer one (or possibly a small number of) non-Right to Control local authority(s) would be selected as comparison sites
- within Trailblazer areas all, or a sample, of eligible disabled adults would be selected for the study where, by 'eligible' we mean those offered the Right to Control
- a similar sample would be selected per comparison area with, where possible, matching on personal characteristics'
- all samples would be followed over a period (probably around one year) and outcomes measured
- assuming that outcome data is collected by survey, the survey questionnaire would include a range of questions about each respondent that would allow for detailed matching of the Right to Control and comparison samples at the analysis stage (probably using propensity score matching). This would ensure that the two samples are as alike as possible on all observable predictors of outcomes other than the Right to Control itself.

We should stress that not all those consulted were confident that a matched area comparison could be made to work well, and amongst those with significant experience of impact evaluation design there were mixed views. But given that the concerns about the matched area comparison were not held by all, we take the line that it should be possible to generate unbiased estimates of impact with a matched area approach but only if the design implemented well. This means that the comparison between areas and the comparison of disabled people within areas needs to be made as watertight as possible.

The selection of comparison areas

Selecting comparison areas is as much a matter of judgement as of science. The aim in theory is to select comparison areas that are as similar to intervention areas on as many local area predictors of outcomes as possible. That is, the areas should match on predictors of quality of life and employment outcomes for disabled adults. But in general the full range of predictors isn't known in advance. And, even if the full list were known, judgement would still be needed on which predictors to give most weight to in the matching. Therefore although this is theoretically possible it can be less precise in practice.

For the Trailblazers it is recommended that the matched areas ought to match on variables such as:

- type of local authority
- local employment levels
- local deprivation levels
- population size
- ethnicity profile
- urban/rural
- size of the eligible Right to Control population under the various funding streams
- rate of the total population eligible under the various funding streams
- eligibility criteria applied for the funding streams
- historical administrative outcomes for those funding streams where outcomes are recorded. The employment programmes may well fit this criteria.

One option would be to narrow the selection down to areas that are 'statistical neighbours'⁶ and within those to select the area(s) that are similar in terms of the funding stream eligibility criteria, counts and rates.

6 For example the Office for National Statistics produces a list of 'corresponding areas' per local authority. This list identifies local authorities that are similar to one another in terms of their demographic, housing, employment, socio-economic and industrial structures. By selecting corresponding areas as potential comparison areas, similarity on all these factors is automatically guaranteed.

A decision will also be needed on the number of comparison areas to select per Trailblazer. Again there are no 'rules' around this. Just selecting one comparison area per Trailblazer is attractive because it means that the best possible match can be selected. But if at a later stage it is found that the match is poor (for unanticipated reasons) then there is no fall-back position. If, in contrast, too many comparison areas are selected then this can increase evaluation costs because more local authorities have to be involved in, say, the delivery of samples. Plus, if there are multiple comparison areas there is less likely to be a good match between each Trailblazer and every comparison site. A reasonable compromise might be to select two or three comparison areas per Trailblazer.

A difference-in-differences approach?

The 'classic' way to design a comparison area quasi-experiment is to use a difference-in-differences approach. Under this design pre-programme data on the eligible population is collected in both pilot and comparison areas. The impact of the programme is then calculated as change over time in outcomes for pilot areas minus change over time for comparison areas. This is more robust than a single point in time (post-implementation) difference estimator because baseline (pre-implementation) differences in outcomes are controlled for⁷.

Were a difference-in-difference approach to be adopted, data collection on outcomes for disabled people⁸ under the various funding streams would need to be collected from Trailblazer and comparison areas before the introduction of the Right to Control. This would involve sample selection and survey data collection prior to the start of the Trailblazers. Whilst arguably just about feasible in terms of timing if the evaluation was to be commissioned before the end of this year (2009), the cost of this exercise would be considerable and, in our view, would probably not be the best use of finite resources.

In light of this, our recommendation is that a single-point-in-time approach is adopted where survey data on outcomes is only collected post-implementation. Under this model baseline differences between Trailblazer and comparison areas would be adjusted for using pre-existing administrative or survey data sources only (for example the Labour Force Survey or the Place Survey).

7 The approach assumes that the pre-programme difference between pilot and comparison areas stays constant over time, which, of course may not be strictly true.

8 Or, on numbers of new users of the funding streams if the Right was restricted to new users only.

Another variation on the difference-in-differences approach would be to select disabled adults in the pre-Right to Control phase in Trailblazer and comparison areas and survey them both before and after the introduction of the Right to Control (and at similar times in comparison areas). That is, rather than compare cohorts of eligible disabled people over time, track a single cohort per area longitudinally. We have also ruled this out, on the grounds that this would exclude from the study any disabled adults who newly apply under the funding streams after the introduction of the Right, so may not give a broad enough picture of impact. But as with the other difference-in-differences models cost would also be a considerable barrier here.

Sample selection issues

The comparison area design relies on the assumption that broadly comparable samples of disabled people can be selected in both Trailblazer and comparison areas. To avoid self-selection bias this would involve selecting ‘eligible’ disabled people in Trailblazer areas and similar ‘eligible’ people in comparison areas. That is, a design that concentrates only on those who opt to exercise their Right to Control by taking a direct payment (and compares this group with other disabled people) would **not** be used.

A design that relies on comparing eligible populations raises two key issues:

- who to define as the ‘eligible’ population, and
- how to gain access to the sampling frames. Sampling frame issues are dealt with in the next section.

The definition of the ‘eligible’ population is potentially tricky. The simplest option is to define ‘the eligible’ as those who in Trailblazer areas are offered the Right to Control. Which will be all, or a sub-sample, of those receiving funding under one or more of the Right to Control funding streams. However, it is possible that introducing the Right will change the application rates for the various funding streams (perhaps by making the funding seem more accessible and attractive to some and making the funding seem too onerous to others). So those receiving funding under a non-Right to Control regime are not necessarily a valid counterfactual group for those receiving funding under a Right to Control regime. In practice this means that those in Trailblazer areas who apply under a funding stream as a direct consequence of the Right to Control will not have counterparts in the non-Right to Control comparison samples. There may be a bias in the estimates of impact as a consequence.

One alternative would be to broaden out the definition of the eligible population to 'all disabled adults' per area. But this would spread the net very wide and a comparison based on this much broader group would run the risk of detecting very little impact because only a minority of the population would be influenced by the Right to Control (because only a minority are covered by one or more funding stream). There would also be great difficulty in generating a random sample of disabled people per area, since there are no central registers. So, in our view, this approach is ruled out.

A compromise position is needed. The best 'solution' is probably to treat those under the various funding streams in comparison areas as a 'reasonable' counterfactual group for Trailblazer areas, but acknowledging that the groups may not be strictly comparable because of the problem raised above. If effort is made to ensure that the Trailblazer and comparison samples are as well matched on background characteristics and eligibility criteria as possible then any bias in the impact estimates should be minimal.

It is worth noting here that the prevailing view at the stakeholder workshop was that the Right to Control would be unlikely to affect application rates greatly so the threat to the evaluation is probably fairly slight. The exception might be ILF where the IBSEN experience was that applications increased. Changes to the profile of those taking up the various funding streams should be monitored over time in Trailblazer areas (which we assume can be done using existing administrative data) to test whether the Right to Control does indeed affect application rates.

Sampling frames

Under the recommended design it will be necessary to select samples for the impact study from those receiving funding under one or more of the funding streams (and, in Trailblazer areas, eligible for Right to Control). Dependent on the decision as to whether the Right will be extended to those already funded, the sample may need to include both new and existing service users or just new users.

In Trailblazer areas the sampling may be fairly straightforward in principle because as part of the implementation of the Right to Control we assume that local authorities will be compiling information on individuals into a single database. However, for sampling from this database, data protection and consent issues will need to be addressed. Holders of databases with sensitive information (and eligibility for funding streams will be deemed sensitive) often argue that explicit consent from individuals is needed before contact details can be passed to a third party. However gaining explicit consent is difficult and the 'opt-in' rate for studies is generally very low. This, if insisted on, would undermine the impact study validity.

The alternative is to operate an opt-out procedure where a letter is sent to each person sampled stating that their contact details will be passed to the research team unless they respond within a pre-specified period to say they do not wish to be contacted. The voluntary nature of the subsequent interview is stressed. This has been used on other DWP studies, although we are aware that the system is under review. Arguably sampling from Supporting People records will cause most difficulties because there will be housing 'gate-keepers' to negotiate with.

The difficulties in comparison areas are likely to be even greater. In these areas there will be no centralised database and either one will have to be compiled (far from a trivial exercise) or separate samples will need to be selected from each of the separate databases. Either way access to the databases will need to be very carefully negotiated and the time and resources needed for this need to be factored into the evaluation timetable and budget. If separate sampling from each database is the only way forward then account will need to be taken of the fact that those individuals receiving funding under multiple finding streams will have multiple chances of being selected for the impact study.

In practice we anticipate that a one-size-fits-all approach to sampling frames is unlikely to prove feasible. Separate work with each local authority and the managers of the national sampling frames will be needed. If it proves impossible for an external evaluation team to access samples then this could mean an impact study is simply not feasible, although this is probably too bleak a view. A worst case scenario might be that postal questionnaires have to be administered by the holders of the various databases rather than the data on outcomes being collected by face-to-face interview. This method, although far from ideal, would still give some evidence of the nature and magnitude of impact, albeit over a narrow range of outcome measures and with the risk that some disabled people are excluded because completing a self-completion questionnaire is not feasible for them.

One final point here. If Trailblazers do not offer the Right to all their eligible population immediately after the start date then the eligible population for the matched area evaluation will, ideally, just be those offered Right to Control. But if those initially offered the Right to Control by the local authority are a very skewed group then replicating this in comparison areas may prove impossible. It would be far preferable for the evaluation if local authorities could be persuaded to offer the Right to a truly random sub-sample of their eligible groups rather than for them to use non-replicable selection criteria. If this cannot be agreed with the local authority then the evaluation sample may need to be taken from across all the eligible population with the risk that impacts aren't then detectable because the sample is diluted by those not offered the Right to Control. Note that random selection of the eligible may also pave the way for a local level RCT (as outlined earlier).

Sample sizes (overall and within sub-groups)

The sample sizes for the impact study would ideally be set so as to allow for each Trailblazer to be assessed independently and, also, for the impact on key sub-subgroups (overall) to be assessed separately. In practice the first of these is likely to be infeasible (for reasons set out below). Some sub-group analysis ought to be possible, although some of the smaller sub-groups, such as minority ethnic groups, may prove problematic because of small sample sizes.

Given that several of the key outcome measures (such as quality of life measures) are not recorded on administrative data systems, it is clear that much of the outcome data collection will need to be done by survey. Furthermore the most appropriate survey mode is likely to be face-to-face, although telephone might be possible as long as face-to-face is used as an alternative for those unable to take part by phone. Given the expense of face-to-face interviewing, the cost implications will put a natural limit on the feasible sample size.

The other constraint on sample size is the number of eligible people per Trailblazer area. Nationally there are around 150,000 disabled people per year covered by one or more of the funding streams (excluding Supporting People) – perhaps less given that this figure does not account for double counting for those covered by more than one stream⁹. The delivery of the Right to Control will be aligned with that of Adult Social Care in the Trailblazers. This has around 650,000 new cases a year nationally. So any one Trailblazer area is unlikely to have an eligible population per year of much more than 1,000 in the identified funding streams who could legitimately be offered the Right.

9 The exact numbers, avoiding double counting, are not available.

However the alignment would create a larger eligible population. If local authorities decide only to offer Right to Control to new service users then the numbers could be considerably lower. Under either scenario, even if all those offered the Right were selected the number of interviews that might be achieved per area is likely to be at most 500 because of survey non-response.

If 500 were to be selected and interviewed per Trailblazer (and a similar number in matched comparison areas) then this would probably be just about sufficient to allow for separate analysis of impact by Trailblazer area. (Samples of this size would allow for impacts per Trailblazer area of around nine percentage points to be detected, for outcome measures around the 50 per cent mark¹⁰, which means, in practice that around nine percentage points of eligible disabled people in Trailblazer areas would need to have a better outcome than would have been the case without the Right to Control.) But with eight Trailblazer areas the total Right to Control sample would then be 4,000. Adding in a similar number of comparison interviews would bring the total to 8,000. The cost of this number of interviews would be very large.

A more realistic model might be to assume that the sample size would be around 3,000-4,000 interviews overall. Taking the bottom of this range, the 3,000 would be divided 1,500 Right to Control and 1,500 comparison, with the 1,500 Right to Control divided equally across Trailblazers (that is, just under 200 per Trailblazer). This would not be sufficient to allow for separate precise estimation of impacts for each Trailblazer area, but it should be large enough to allow for outlying Trailblazer areas (either because particularly poor or particularly good) to be identified.

Comparing overall samples of 1,500 per group would allow for 'all Trailblazer' impacts of around 5-6 percentage points to be detected. This, in our view, is a reasonable size of impact to try and detect, although if it happens that take up of personal budgets under Right to Control is low then it might be over-ambitious¹¹. We should also reiterate that if the Right is restricted to new users then achieving a sample of those offered Right to Control of 1,500 is something that needs to be considered carefully as part of the evaluation design.

10 This is based on an 80 per cent power calculation.

11 This is because those offered the Right to Control in Trailblazer areas would be compared to the comparison group and not just those taking up a personal budget. On the assumption that those offered but not taking a personal budget would experience very little impact of Right to Control, the inclusion of the non-takers in the analysis tends to dilute impacts. This is something of a necessary evil because to exclude the non-takers would lead to selection bias in the analysis.

Albeit with similar caveats, an overall sample size of 3,000 would also allow for some sub-group analysis by, say, the major funding streams, age, and nature of impairment. The exact distribution of the sample across sub-groups would, however, need to be given careful consideration. A sensible assumption is that, as far as possible, the sample should be distributed broadly equally across the funding streams (rather than proportionately) so that comparison across funding streams is possible, and that minimum sample sizes per key sub-group be met (say a minimum of 300 Right to Control and 300 comparison per key sub-group).

New and existing service user issues

One of the areas of uncertainty is whether the Trailblazer sites will offer the Right to Control to those currently in receipt of funding under the funding streams or will restrict the Right to new users. The implications for the evaluation design are in principle fairly straightforward:

- If existing users are included then the Right to Control sample for the impact study will be selected from both new and existing cases, and a similar sample will be drawn in comparison areas.
- Whereas if existing users are excluded the samples in both Trailblazer and comparison areas will be restricted to new users.

The main concern is not the implications for design, but whether, under a 'new user only' model, there will be sufficient people offered the Right to Control to make an impact study viable.

If existing users are included there are however a few complicating issues. Firstly the survey questionnaire may need to be slightly different for the existing user sample, because questions will be needed on the transition from old system to new. Secondly, all the existing user sample will be selected at the start of the evaluation and all will become eligible for their outcome interview at roughly the same time. This may be harder for an evaluation team to deal with than a new user model.

Implications for the identification of ‘best practice models’

Given the recommended sample size we do not believe, as was noted earlier, that it will be possible to quantify impact separately per Trailblazer. This raises the question of exactly how the most successful models of delivery are to be identified. The best option here is probably to base this analysis on the evidence generated by the process evaluation. That is, use the impact evaluation to identify Trailblazers that are outliers (that is particularly good or particularly bad models), but, in the main, base the identification of ‘best practice models’ on those areas identified during the process evaluation as being particularly successful in implementation and delivery. The views of disabled people per area would contribute to this assessment and the outcome surveys per area will be able to provide data on user experiences. (Note that moderate sample sizes are usually sufficient to monitor satisfaction, so separate Trailblazer area analysis will be possible within the impact study in this instance).

In general it is likely that the Trailblazers will not themselves offer a unique ‘best practice’ model that can be replicated faithfully by other local authorities. More plausibly the Trailblazers will generate piecemeal evidence on what works well under different circumstances.

Data collection and timing issues (the outcome survey)

As we have commented above, the nature and diversity of the outcome measures to be collected necessitate survey data collection and merit the interviews being done face-to-face. In order to keep costs down it is preferable that there be just one interview per person. In this way the sample sizes of individuals can be maximised. This interview would take place sufficiently long after being given the Right to Control for most, if not all, the benefits to have accrued. In practice, the need to generate evaluation evidence reasonably quickly probably means that an outcome survey around one year after the Right to Control offer is made would be optimal.

There is a question mark over whether the interval between being offered the Right and the outcome interview should be the same under all funding streams. Elements of Work Choice and DFG are short-term programmes and/or one-off payments and impacts will arguably be experienced over a much shorter period than a year. In principle different intervals between the start of the Right to Control and interview could be adopted per stream. This would make the evaluation more complex, especially given that the interval timing would have to take into account the fact that some people will be eligible for multiple funding streams.

One disadvantage of having the outcome survey at a considerable interval after being offered the Right is that early problems with managing a Right to Control budget are likely to be forgotten or understated. Yet this is likely to be important information for areas adopting Right to Control after the Trailblazers. To ensure any early problems experienced by individuals are recorded, some early interviews with disabled people would be merited – as part of the process evaluation. These could either be done quantitatively (that is, by survey) or qualitatively. The survey approach would make sense if there was a need for large sample sizes (because, perhaps, the range of groups to be covered is large) or if there is a need for statistics on the numbers reporting difficulties. Qualitative data would generate a better understanding of the nature of the problems, and perhaps generate case studies of how the problems can best be addressed.

There will also be a need for data collection on how budgets are used by individuals under Right to Control relative to comparison group individuals. This could be collected during the outcome survey, but would ideally be supplemented by monitoring data sources per person (so that problems of recall are avoided).

The outcome surveys needs to be designed so as to ensure that as many of those selected who wish to take part can take part. The nature of impairment needs to be taken into account and best practice in survey design for disabled adults needs to be followed (including considerations on when it is appropriate to use carers as proxy informants). The ODI longitudinal survey of disabled people (Life Opportunities survey) would be a good source of information on what works for whom.

There is a question mark over whether the outcome survey ought to include a module of questions for carers in order to establish the impact of Right to Control on this group. Some of those consulted thought there would be an impact on carers (especially carers of those with a learning disability). Others thought the impact on carers would be relatively modest (certainly smaller than the impact on carers of personal budgets for social care). If the budget allows for including carers we recommend that they are included, but a decision will be needed at some point on whether to invest evaluation money on measuring the impact on carers or whether to use the same money to fund other elements of the evaluation. Irrespective of whether carers are included in the quantitative outcome survey they should almost certainly be included in the process evaluation so that views of carers on implementation issues are captured.

The use of administrative data in measuring impacts

Although a comprehensive assessment of the impact of the Right to Control needs to be based on data collection on outcomes by survey, where it is possible to establish impact based on administrative outcomes this should be done. For most of the funding streams, with the exception of Supporting People, we understand that outcomes are not collected, but for the specialist employment programmes some measures of 'successful outcomes' are very likely to be recorded and be available for secondary analysis. Comparing change over time in the rate of successful employment outcomes in Trailblazer areas relative to the change over time in comparison areas would supplement, and hopefully help validate, the survey based measures of impact. (Note that this is a difference-in-differences approach – see earlier discussion.)

We would recommend that an early stage of any evaluation would comprise a review of exactly what routine data is collected across the funding streams and how this might be used to measure outcomes.

Monitoring data would address (at least) five key evaluation questions:

- How does each person choose to exercise their Right to Control?
- How does this change over time?
- How does it differ by funding stream and combinations of funding streams?
- How do individuals given a personal budget use that money under the Right to Control?
- What is delivered to those not opting for a personal budget?

Setting a monitoring system in place is not a small exercise. Ideally the system would be standardised across Trailblazer areas. But this would involve all Trailblazers agreeing on what is to be recorded and then setting up a data collection mechanism for every area. Some support would be needed to ensure that local staff understand what needs to be recorded and take the time to comply, accurately and on time. The collection of monitoring data could be managed by the evaluation team but in many evaluations is treated as a separate exercise administered by central government.

In addition, data will be needed on how individuals under Right to Control use their allocated budgets and how this differs to the comparison group. To a degree the surveys could be used as a means of collecting this data but relying on individual recall will inevitably introduce error. It would be preferable for this data to be collected by local teams, probably as part of the monitoring data (although the data could be collected on sub-samples if it proves onerous). Note, however, that this data would also need to be collected in comparison areas. This may well prove to be an additional burden in comparison areas for which the funding stream teams may need to be paid.

Implications of the impact evaluation design for the selection of Trailblazer areas

Ideally Trailblazer areas should be selected so that valid inference for national roll-out is possible. In practice with around eight Trailblazers, all of which may possibly run the Right to Control in different ways, formal statistical inference will not be possible. However it is important that the Trailblazers do, as far as possible, cover a range of types of area. In particular both metropolitan and non-metropolitan local authorities ought to be included, and probably at least one of the Trailblazers should be in London. It would also be sensible to select areas so as to ensure a spread in terms of labour market conditions.

Over and above this, if an impact study is to be possible, it is essential that Trailblazer areas can deliver the Right to Control to a large enough number of disabled adults within the timescale of the evaluation.

04 Incorporating a value for money element

A value for money element of the evaluation would address two of the key 'if hypotheses' for national roll-out (see the bulleted list of section 1):

- that the Right to Control can work without creating unmanageable or unaffordable financial risks
- that the cross-sector benefits of delivering the Right to Control outweigh the costs.

4.1 Collecting data on the costs of Right to Control

To address these questions it is clear that the evaluation of the Trailblazers should incorporate data collection on the additional costs or savings of Right to Control, in order to determine the marginal costs of the Right in comparison with existing processes. LG Futures' work with local authority and central government was designed specifically to establish the availability of financial and management information, which would have an impact upon the Right to Control Trailblazers. In summary, this included consideration of:

- the management arrangements for funding streams, including their value and method of resource allocation
- the level of demand for funding streams
- the financial reporting and monitoring arrangements for funding streams
- how funding streams ensure that they keep their expenditure within budget
- how funding streams ensure that the money dispensed is spent for its specified purpose
- the level of detail at which financial and management data is held and therefore the implications for any future evaluation of Right to Control, in terms of identifying increased costs and/or the scope for value for money savings.

Key findings from this work are included in the discussion in section 2 on the various funding streams. In this section we address the question of data collection around costs. Some of this cost information will, by its very nature, be intangible or difficult to quantify, therefore requiring assumptions to be made eg what might have been available/purchased previously, compared to services taken up under the Right to Control, and the relative difference in input/cost. The issues are summarised below, by key cost/benefit type (not in any order of priority).

Set-up costs

The Trailblazer sites will receive financial support (including the funding of the evaluation). It would be expected that the use of these resources should be readily identifiable for these sites. For example, in relation to the costs of the project management process, in terms of staffing, IT etc. Clearly, this support is cash limited and Trailblazers may possibly put in additional resources of their own or not require the full level of funding. For the purposes of an evaluation relating to a national rollout, it will therefore be important to capture this initial cost data (requiring it to be monitored separately) and to be able to apply this to other local authority areas eg based upon the size/nature of the authority concerned.

However, judgement would need to be applied in extrapolating such costs, as the relatively smaller numbers involved under the Right to Control Trailblazers may mean that certain expenditure items eg dedicated management information systems, may not be required in the same way as for a full rollout. Equally, there may be efficiencies achievable from a full rollout, where, for example, Trailblazers have already developed protocols, guidance, working arrangements etc, which would not need to be duplicated for a national rollout.

Staffing

In addition to programme costs, staffing costs will be one of the largest elements of spend associated with managing and administering the funding streams. Changes in costs that could result include those associated with changes to the length of client interactions eg as a result of greater complexity. The consideration of staffing costs will also be dependent upon whether dedicated staffing resources are in place eg in relation to ILF, or whether staff administering funding streams perform other roles eg as is likely to be the case in relation to DFG.

Whether or not dedicated staff resources are in place, there may be ‘opportunity cost’ related to Right to Control which would not be as readily quantifiable eg if advisors needed to spend an extra five minutes with each client. Given the numbers likely to be initially involved in Trailblazers, it seems unlikely that significant additional resource requirements will be identified. However, this may not necessarily be the case for a national roll-out, and this small amount of time for smaller numbers of clients could be more significant on a larger scale.

Where dedicated additional staff are employed (or are not required), it should be relatively straightforward to identify the associated costs (or savings). However, where smaller amounts of individuals’ time are involved or where there is a shift in balance between staffing resources eg in terms of gradings, it may be necessary to undertake some form of work study, to quantify the staffing (and cost) implications of a new policy. JCP, for example, has an activity based management system in place, which is able to identify the times/durations associated with specified activities, in terms of individual client interactions.

Clearly, savings could equally apply to this area, particularly if more streamlined assessments were to take place. Measuring the potential for such savings would be dependent upon factors such as the extent of ring-fencing of and direct accountability for individual funding streams, existence of and need to develop skills to undertake different assessment types, the extent to which different agencies have the power to collect information on behalf of other agencies etc.

Programme costs

Changes to costs in this area will be dependent upon policy decisions taken in relation to the total volume of funding to be made available under each funding stream and, if funding is cash-limited, then total programme costs should remain as planned. Clearly, however, consideration will need to be given to whether greater demand for services may potentially arise from increased awareness of the Right to Control (where funding streams are not cash-limited) and whether this has any effect on funding. Even where total programme costs remain the same, however, any evaluation would need to have regard to the link between costs and outcomes in terms of whether unit costs change for funding streams, where this is relevant eg the unit cost for a client exercising their Right to Control moving into employment, compared to the unit cost for ‘traditional’ provision. In data terms, this will require the ability to measure the funding provided to individuals and the number of individuals assisted, by type of intervention.

Training

Initial training, ie an overview of the Right to Control and its potential impact, will need to be provided to relevant staff to ensure that they are fully aware of key issues and the potential impact upon their activities. Even if additional direct staffing resources are not required to provide training, there will be an 'opportunity cost' in relation to lost staff time which it may be appropriate to attempt to quantify, if a full cost-benefit analysis were being undertaken.

Workforce development

The costs of workforce development, ie over and above initial one-day training activity, may be considered as part of the set-up costs, but, if not, will need to be specified separately. It is likely that such development activity will take place 'on the job', and, as with training, even if additional direct staffing resources are not required to provide workforce development activities, there will be an 'opportunity cost' in relation to lost staff time. It may be appropriate to attempt to quantify this, if a full cost-benefit analysis were being undertaken.

Processing

There may potentially be a cost implication arising from greater administration from larger numbers of individual payments being made, as opposed to smaller numbers of block contract payments to suppliers, although such costs are likely to be minimal and should be identifiable if additional staff were required.

Double funding

Double funding has the potential to arise where, for example, providers are already being funded eg through block funding on existing contracts (SP and Work Choice could be examples), and some clients are also funded on an individual basis. For services that are commissioned through blocks of places, it may take public authorities some time to judge future demand, based upon the number of clients that could potentially 'drop out' of the system as a result of Right to Control. This may mean that an evaluation of costs will need to take into account the costs of parallel expenditure in the short term, until demand is more clearly known and requirements from providers can therefore be more accurately specified.

In terms of assessing the extent to which this could potentially be taking place under an evaluation, it would be necessary to examine data from providers as to potential reductions in the expected numbers of clients, combining this with information on individual payments made to clients under such funding streams, which are intended to achieve the same purpose. It may be that, in certain cases, other clients can be 'supplemented' for those choosing to take-up alternative provision, meaning that unit costs do not increase or provision become unviable, but this would need to be examined at the time as part of the evaluation process.

Awareness raising

In addition, to direct training for staff, there will clearly be a need for communication and marketing activity to raise the profile of the Right to Control amongst potential clients and stakeholders eg advocacy providers. Such activities may have been considered as part of set-up costs, but, if not, will need to be specified separately. The direct costs of such activities eg venues, equipment, materials etc should be relatively readily quantifiable, although there is also likely to be an 'opportunity cost' in relation to lost staff time.

Overheads

Overheads can relate to the cost of support services provided to frontline staff eg finance, HR, IT or the costs associated with facilities. Given the difficulty in separately quantifying any changes in overhead costs, it is likely that, for an evaluation, once changes in costs to which overheads would usually be applied have been determined, an appropriate percentage is added to such costs. This could clearly have the capacity to vary according to the specific organisation under consideration.

Monitoring/auditing

The overriding principle of the Right to Control is clearly that disabled people have choice and control over the support they receive and how they receive this support. However, a system involving (potentially significant) cash payments may necessarily require greater monitoring and/or audit arrangements in relation to checks and balances. It seems likely that those responsible for administering the funding streams will need to ensure that such necessary checks are in place and that the associated costs of these arrangements (if any) are identified. Such costs are likely to relate to staff time, which would need to be measured.

Market management/contractual

There may be costs arising in relation to Right to Control from the need for public sector bodies to manage the market eg renegotiating contracts and transitional arrangements. This could be the case, in particular, for funding streams such as SP and Work Choice, where services tend to be commissioned by the relevant public body, but are delivered by external providers eg using block payments or payments with a significant element of fixed cost. Such costs could be measured directly if contractors requested payments over and above the initial contract (if this was deemed appropriate) eg where users requested services to be provided in a different manner to that originally agreed as part of the initial contract. The costs relating to renegotiation would need to be measured largely on the basis of additional time input from relevant staff.

Management information systems

Given the early stage in the Right to Control consultation process, as noted previously, no management information system requirements have yet been specified. This may therefore mean that information will be recorded and collated 'manually' for the purposes of the Trailblazers, given the relatively small numbers of clients involved. However, under a roll-out of Right to Control, add-ons to existing systems may be required eg to 'track' client outcomes more closely or there may be a requirement for information to be collated and reported nationally using a defined system eg as takes place with SP. Where add-ons to local systems are required, these costs would need to be identified at this level, with the costs of any national information system being able to be identified more readily.

Outside organisations

In addition to the costs for public bodies responsible for administering funding streams, there may be additional costs for external organisations. For example, for the voluntary sector or charities, in relation to providing advice and support on the Right to Control. In some cases, costs may be met from the Right to Control budget itself eg where an intermediary is used to help individuals exercise their Right to Control. Where this is not the case, it is likely that such additional costs could only be identified through requesting specific information from such organisations on any additional resources they have had to commit as part of the Right to Control process.

4.2 Assessing whether the benefits outweigh the costs

In order to address the question of whether the ‘cross-sector benefits of delivering the Right to Control outweigh the costs’ some comparison between impacts and changes in costs as a result of the Right to Control is needed. This is usually done in a formal way either using cost-benefit analysis when benefits can be valued in monetary units, or using cost-effectiveness when the assignment of monetary values to benefits is not possible, or these values are disputed.

For the Right to Control a cost-effectiveness approach is likely to be more appropriate. The range of outcome measures that we have suggested ought to be collected includes some employment measures that can be assigned monetary values, but other outcomes, such as the quality of life measures do not have definitive monetary values. And many of the employment outcomes (such as indicators of movement ‘closer to employment’) could not be monetarised.

The approach adopted by IBSEN in the evaluation of the IB pilots was to use cost-effectiveness ratios for just two key outcome measures:

- ASCOT which is a quantitative measure of need aggregated across a range of social care domains, and
- GHQ12 which is a measure of psychological well-being.

For each of these they calculated a cost-effectiveness ratio (the mean difference in outcome score between the IB and control group divided by the mean difference in cost). The conclusions drawn then depend on the sign and magnitude of this ratio.

In instances where the ratio is negative the conclusion is unambiguous, because this either reflects improved outcomes for reduced costs or worse outcomes for increased cost (although in the latter scenario there might still be a question mark over the future of Right to Control if disabled adults were in favour of Right despite the poorer outcomes).

In instances where the ratio is positive (which reflects either better outcomes but increased cost, or worse outcomes but at a cost saving) judgement would be needed on whether the Right to Control merited being rolled out. The larger the ratio the easier the decision, but for the outcome measures collected for the Right to Control evaluation there are unlikely to be any definitive thresholds for the ratio on which to base the decision.

To reiterate, our recommendation is that the Right to Control evaluation follows the IBSEN approach and bases assessments of value for money on a cost-effectiveness analysis rather than a cost-benefit analysis. For the outcome measures that can be assigned monetary values it would make sense to do so, but given that this will give such a narrow view of impacts, we do not believe that any judgement about the future of the Right to Control should depend on them. For outcome measures to be used in the cost-effectiveness analysis, there is no particular reason to restrict it to a very small number (IBSEN used just two) but drawing conclusions becomes very complicated if too many outcome measures are included. So our recommendation would be to select, in advance, a small number to consider.

The cost-effectiveness analysis done by IBSEN involved the calculation of cost-effectiveness both overall (that is IB versus control) and within sub-groups of the population (people with learning disabilities, people with mental health problems, older people and younger physically disabled people). The conclusions were not the same across all these groups, and in light of this we would suggest a similar sub-group analysis for the Right to Control. Ideally it would also be useful to be able to compare Trailblazer areas in terms of cost-effectiveness, but the limited size of the impact study per Trailblazer is likely to prohibit this. If however there are groups of Trailblazers with very different costs then a comparison across groups might be appropriate.

05 The design of a process evaluation

Although an impact study and associated cost-benefit study will address the evaluation questions around whether the Right to Control changes outcomes for disabled adults and the ratio of additional benefits to additional costs, a very substantial process evaluation element is needed to address the other evaluation issues identified. These include all the ‘how’ hypotheses from the Right to Control guide for local delivery agencies, but would also include the success of the implementation and running of the Right from the perspective of disabled adults. It will also need to cover an assessment of how successfully the alignment of Right to Control with adult Social Care has worked.

‘How’ hypotheses

These must be tested in order to gather information on how Right to Control could be rolled out nationally

- Support, brokerage and advocacy arrangements are sufficient, or can be adapted, to enable national roll-out of the Right to Control
- A variety of approaches can be taken to implementing the Right to Control to adapt to local circumstances
- The Right to Control can be implemented in a way that does not damage an agency’s capacity to provide support
- The Right to Control can be implemented in a way that does not conflict with other policies
- The Right to Control can be implemented in a way that protects the integrity of the funding streams included
- The Right to Control can be implemented in a way that does not place additional unwanted responsibilities on disabled people and/or carers

5.1 Issues

This section covers the issues that arose in our consultations around the design of a process evaluation. It should be noted that, given the unknown nature of how the Trailblazers would actually work in practice, detailed discussion of process issues was quite difficult, and the discussion was inevitably somewhat abstract.

In terms of the measures of success around how the programme was implemented, the kinds of issues mentioned are outlined below. Some of these may lend themselves more to qualitative than quantitative data collection, although some of the questions could also be addressed by adding specific items to the outcome survey questionnaire. This would enrich the value of the data by allowing comparison of qualitative and quantitative measures, across the different Trailblazer sites. Indeed some of the questions around process are best addressed using the comparison group approach (such as the questions as to whether the experience of accessing the funding streams differs, from the perspectives of disabled people under the Right to Control, with the experiences of those in the comparison group.)

- Whether the disabled person was able to get more (or less) support through Right to Control than through existing services. This was expressed not just in terms of the financial amount of the support, but also what that money was able to buy, and whether additional services were made available or used.
- Whether they had a more ‘joined up’ experience of services – were they better coordinated than under the current system?
- Whether there was duplication in bureaucratic processes from the point of view of the disabled person, and the local authority staff involved? (This is linked to the above point.) Since the Right to Control covers different funding streams, the way in which these ‘talk to each other’ was seen by consultation respondents as an important, part of the process. If disabled adults need to repeat the same information across the different funding streams for which they are eligible, then the process is not efficient.
- The extent of access to support/advocacy (and how much was necessary). Did people need more support under Right to Control and, if so, was this support available and did it meet their needs?
- The length of time between application for, eg equipment or service, and its delivery. The efficiency of the process can be judged by its timeliness, and monitoring this (compared with existing services) was seen as an important measure.

- The length of time before being reimbursed. If it is necessary to purchase services before being reimbursed, this could be a barrier to some people who do not have spare financial resources.
- The extent to which there was clarity around the process, and the individual's entitlement. Whether it was clear where they should go for support. Given the change of culture and systems, involved in Right to Control, a number of people expressed concern about the clarity of the process from the point of view of the disabled person.
- Whether there is a clear right to appeal if the individual doesn't feel that they have been given the amount they need.
- Whether there is a named 'care manager' to bring together funding streams. This was seen as an important and necessary feature in terms of the success of the process from the point of view of the user.
- The extent to which the availability of services, and different types of services, is made clear. Again, since the Right to Control will be such a new concept, will it be clear to people (both users and local authority staff) what kinds of services it covers, and will the availability of those services also be clear.
- The extent to which services become more tailored to what people want. Given that people will have more choice under the Right, will this mean that the services will improve and become more varied and individualised than existing services.
- Whether there is the need (for the individual and/or the local authority) to demonstrate what money has been spent on, and how onerous this process is. Since the pot of money available for Right to Control will be finite and since there is an obligation for public money to be spent wisely, respondents expressed concern around how expenditure would be monitored, who would do the monitoring, and how time consuming this task might be.
- The extent to which the implementation of the Right to Control is linked in with, and influenced by, user-led organisations. The input of user-led organisations was seen as crucial for the success of the Right, and concern was expressed about how this would be managed, and how these organisations would be reimbursed for their time.

Training/sharing information about the Right to Control

The interviews covered the theme of sharing information on the implementation of the Right, examples of best practice, forums for communication etc. Generally speaking, a common view was that an 'action based' evaluation should be carried out, enabling learning across Trailblazers as the programme evolved. Some thought this should happen right from the start in order to help 'iron out teething problems'. Others thought it was important (given the emphasis of the Right to Control on innovation) to 'let local authorities get on with it themselves for a while, before telling them how it should be done'.

It should be noted that an action-based approach will be considerably more expensive than a standard process evaluation, and consideration needs to be given around how to allocate the resources between this and the impact evaluation itself. Another important issue is who should lead on the feedback aspect of the evaluation. Anecdotal evidence from the IBSEN team suggested that roles need to be clear from the outset, and that having an evaluation team along with a separate team to coordinate the learning across sites would be the best approach.

- Some respondents pointed out that, because it's such a large cultural shift, it will be necessary to ensure training from the outset (for JCP and local authority staff, commissioners and service providers, user-led organisations) using conferences, workshops, training material.
- Feedback to disabled people, particularly those who take part in the research, was also felt to be crucial, using networks such as RADAR, 'Disability Now', etc.
- Forums for communication that were mentioned included reports, newsletters, local media, DVDs, and action learning sites. Some mentioned the need to be innovative/imaginative, eg using the web (Facebook, user networks).

5.2 Recommendations for the process evaluation

As mentioned above, a common theme from the consultation was that the process evaluation needs to be formative (or action based), meaning that part of the remit of the evaluation should be to provide ongoing feedback, in order to improve the programme. This is for two reasons, so that

- the Trailblazers can genuinely ‘trail blaze’, basing their methods of delivery on evidence as it emerges, and
- non-Trailblazer local authorities can gain an understanding of the whole process of implementation and delivery.

This formative approach means that early research with Trailblazers is needed and the lessons from that research generated quickly and relayed back to local staff. Having allowed time for changes to be made, a second phase of process evaluation would then take place. Depending on the degree and nature of changes made during the evaluation period, a third tranche of research might even be merited. In practice this division into tranches is probably not the model that will be adopted. It is likely that there will simply be ongoing research and feedback during the life of the Trailblazers.

It is difficult to be clear at this stage exactly who or what the process evaluation should cover or how, but it is likely that the main research methods will be:

- initial ‘scoping’ work to establish how the Right to Control is intended to work per area; who the main players are etc
- qualitative research with professional staff involved in the delivery of the Right to Control from across the funding streams.
- research with other professionals whose work might be affected by the Right (this will include service providers, but might also include employers – for those with an employee eligible for funding under one of the employment programmes)
- research with lead officers in adult Social Care and PCTs to establish the success of the alignment with adult social care.

- research with disabled people in Trailblazer areas
- research with carers
- research with user-led organisations
- local monitoring of changes in take-up of different funding streams
- local monitoring of take-up of the Right to Control and how budgets are used by those exercising the Right to Control.

The need to cover around eight Trailblazer areas in the process evaluation coupled with the requirement for a formative evaluation, mean that the costs of the process evaluation will be high relative to some other evaluations of pilots. To keep within budget, some means of flexibly using research resources to address questions as they emerge is likely to be needed. One option might be to select a sub-set of Trailblazers as case studies which will contribute to a detailed process evaluation, and then to use ‘lighter touch’ methods in other Trailblazers. But this might introduce some risk of losing part of the learning from the Trailblazers, so might only be feasible if there was considerable overlap in the models of delivery being adopted across the Trailblazers.

One of the dangers of a formative approach is that local areas try to use the evaluation team as an ongoing support facility. Such a role is likely to lead to the evaluation team being overstretched (relative to the available budget) and there is a danger of their losing their ‘independent’ role. ODI should consider the merits of setting up a separate support team to assist local staff in developing the Right to Control locally. This support would draw on the evaluation evidence as it becomes available but would also involve organising activities such as liaison between areas to share and disseminate best practice.

06 Conclusions and next steps

The evaluation design described in this report does not include precise recommendations on how to proceed. The final design adopted depends on the priorities of ODI and on the details of how individual Trailblazers implement the Right to Control. In practice the exact details of the evaluation design may not be known until after the start of the evaluation, because the evaluation team will need to react to what happens after the Trailblazers start.

One aspect of the evaluation that we have purposefully left vague is the relative balance (in terms of evaluation resources) between process and impact evaluation. The weight given to each depends on where the evidence needs are most acute. If, for instance, the view was taken that the Right to Control would be rolled out unless there were very clear, and insurmountable, negative impacts on disabled people then the impact study could be kept fairly small (and possibly with a short survey interview and with smaller sample sizes than the 3,000 discussed in section 3.2). Under this scenario concentrating on capturing process issues and the opinions of disabled adults would be of more value. If, in contrast, very good evidence is needed that disabled people can experience better outcomes under the Right to Control then having a very robust impact study is vital and the balance of evaluation resources should be biased towards that. Organisations tendering for the evaluation would, we are sure, value a steer on this.

In commissioning the evaluation, we recommend that a team is put in place several months before any of the Trailblazers start to offer the Right to Control. If this was to happen then the evaluation team would be able to work with local authorities during the set up phase so as to ensure that at the 'go-live' date:

- a decision has been made per area as to whether or not an RCT approach is feasible and/or sensible
- if an RCT is to happen in any area, that the trial procedures are in place
- monitoring systems have been negotiated and are in place;
- databases are being constructed in a way that allows for sampling
- negotiations for access to sampling frames for the various funding streams have been completed (for both Trailblazer and comparison areas)
- comparison areas have been selected and recruited and that similar evaluation systems are ready for those areas
- the process evaluation team have their research tools ready so as to allow for the early, formative, evaluation to take place.

In principle it would be ideal to have the team in place before the selection of the Trailblazers so that they can advise ODI on the selection of local authorities, but if the evaluation needs set out in this paper are taken into account when making this selection, it is perhaps not essential for the evaluation team to be involved.

07 Appendix: List of studies covered in review of relevant evaluations

National evaluation of the Individual Budget Pilot (IBSEN)

Glendinning C, Challis D, Fernandez J, Jacobs S, Jones K, Knapp M, Manthorpe J, Moran N, Netten A, Stevens M and Wilberforce M, 2008, 'Evaluation of the Individual Budgets Pilot Programme: Final Report', Social Policy Research Unit, University of York, available at: <http://php.york.ac.uk/inst/spru/pubs/1119/> (last accessed 07 December 2009)

IBSEN impact and outcomes for carers

Glendinning C, Arksey H, Jones K, Moran N, Netten A, Rabiee P, 2009, 'Individual Budgets Pilot Projects: Impact and outcomes for carers', Social Policy Research Unit, University of York, available at: <http://php.york.ac.uk/inst/spru/research/summs/DHPcarers.php> (last accessed 07 December 2009)

Individual Budgets for families with disabled children

Prabhakar M, Thom G, Hurstfield J, and Parashar U, 2008, 'Individual Budgets for Families with Disabled Children', SQW Consulting, available at www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR057.pdf (last accessed 07 December 2009)

Personal Health Budgets Plan

To be funded by DH. Information taken from research specification (Invitation to Tender).

Choice and change: extending choice and control over the lifecourse – a qualitative longitudinal panel study

Ongoing project (May 2006 – December 2010) funded by DH.

Reserachers: Glendinning C, Sloper T, Arksey H, Baxter K, Heaton J, Mitchell W, Parvaneh R

Available at www.york.ac.uk/inst/spru/research/summs/DHPpanel.html (last accessed 07 December 2009)

Support, Advocacy and Brokerage Initiative

Risk Solutions, 2008, 'Independent Living, Action and Learning Sites Scoping Study', available at www.odi.gov.uk/docs/wor/ind/scoping-study.pdf (last accessed 07 December 2009)

Independent advocacy

Davies L, Townsley R, Ward L and Marriott A, 2009, 'A framework for research on costs and benefits of independent advocacy.' University of Manchester and Norah Fry Research Centre, University of Bristol, available at: www.odi.gov.uk/docs/res/iar/odi-framework.pdf (last accessed 07 December 2009)

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