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POET™

Personal Outcomes Evaluation Tool

**for adults in receipt
of social care support**

2017 Report



Contents

1 Introduction	2
2 How we collected the data	4
3 Key findings	7
Appendix 1	31

INTRODUCTION

In April 2014 the Care Act came into force in England, changing the way in which adult social care is organised in the country. The act, along with accompanying regulation and guidance, consolidates a number of important innovations that have underpinned the transformation of adult social care in recent years. This report presents the findings from the use of the Personal Outcomes Evaluation Tool (POET) since the introduction of the Care Act.

The POET was developed by In Control and the Centre for Disability Research at Lancaster University, and aims to measure the experiences of people in receipt of personal budgets and personalised care and support. In particular, the tool aims to measure how people experience the planning of their care and support, and whether, and to what extent, they are aware of and can control the personal budget that they have been allocated. The POET has been used over a number of years with adults in receipt of social care, adults with personal health budgets, and more recently, with parents and children with Education Health and Care Plans.

Prior to this report, 134 local reports have been produced by In Control for participating authorities, allowing them to benchmark their performance against the national data set. [Three national reports](#) (2011, 2013 and 2015) have been jointly published with Think Local Act Personal (TLAP), looking at people's experiences in adult social care, and detailing the impact of personal budgets on over 9,000 people. Data from these reports

featured heavily in the recent [National Audit Office parliamentary report on personalised commissioning in adult social care](#), and the subsequent [Public Accounts Committee Personal Budgets in Social Care inquiry](#).

Following the introduction of the Care Act, the POET for adults receiving social care support was amended in a number of ways to more closely examine three key ideas: wellbeing, personal budgets, and outcomes – all central to the intention of the new legislation. The questions that feature in the POET explore people's experience of getting support and developing a support plan, and are designed to measure whether, and to what extent, personal budgets are being implemented as described in the Care Act guidance. The outcomes of care and support measured by the tool now align explicitly with the domains of wellbeing in the Care Act. New measures were also added to the POET to mean that it could be used for people not in receipt of a personal budget – primarily where the local authority has provided short-term support.

Embedding POET

Until recently, the POET has been used as a standalone survey tool in questionnaire format, given to people who need support and their carers, by their local authority. This is the case for some of the findings reported here. More recently, In Control has started to work with a number of local authorities to embed the questions into their assessment, planning and review tools, and to record data locally in their own IT systems. The idea being, that information on the experience of care and support and outcomes achieved by people can be captured routinely, with little additional transactional cost. This would provide the local authorities with a person-centred outcomes monitoring framework that can inform local accountability and support strategic planning, commissioning plans and market shaping locally.

The intention of embedding the POET questions into everyday practice is to provide local authorities with:

- A person-centred outcome monitoring framework based on the views of local people who use services, carers and their families.
- Local intelligence that can be benchmarked against a national standard to inform strategic planning.
- A sector led approach that promotes a culture of transparency and accountability to local communities.
- Intelligence to inform market shaping around the needs of the people, improving health and wellbeing outcomes.
- The possibility of integrating and aligning outcomes across different sectors. Focusing on a person's life experiences (POET is being used across children's, health and adult social care).

[Further information on Embedding POET.](#)

What we asked

The POET asks questions in four main areas:



HOW WE COLLECTED THE DATA

The data presented here has been drawn from two initiatives. Firstly, a series of 14 one-off surveys undertaken in different local authority areas since the introduction of the Care Act. Secondly, ongoing data collection from four local authorities who have embedded the POET survey into their review process and local IT systems, collecting data routinely.

These two initiatives provide between them 4,300 responses from people in receipt of adult social care. Responses come from a wide range of people of different ages, who need support for a variety of reasons, and who received a number of different support options. People responding to the POET questions were also diverse in terms of how their personal budget was managed.

Since the survey sample was self-selected, some groups are over represented compared to the general population of people in receipt of social care. This is the case for: the reason people need support, their age and how their personal budget is managed. Therefore we have tried to present the findings in such a way that any differences across such groups are clear, and where some groups are reporting different experiences and outcomes, these are highlighted in [Appendix 1](#) and reported in the text.

Because the POET surveys were designed for people to evaluate their experiences of existing personal budgets, the surveys and the POET questions used as people had their support reviewed, are considered to be service evaluation rather than research, according to guidance from the National Research Ethics Service. Therefore we did not require approval from the Research Ethics Committee.

The POET surveys explained how the information would be used. Anonymity and individual confidentiality were guaranteed, since we did not ask for people's names in the survey. Before completing the survey, everyone was asked to indicate if they agreed (or not) for their information to be used in reports, such as this one, before they completed the survey.

Where questions formed part of people’s review, answers were collected and recorded using the local authority’s confidentiality agreements, and no individually identifiable data was shared. The POET questions could be answered directly by people who need support or with some help from another person, such as a family member or advocate.

Because of the way the data was collected not all people responded to all of the POET questions, so percentages shown here are of those who responded to each question. The total numbers will vary, where relevant not applicable responses have been included. The subgroups are not necessarily mutually exclusive and some groups will overlap considerably. For example, the memory and cognition group is primarily comprised of people also included in the

over 65 group. All of the people included in each of the subgroups are also included in the whole group.

Who responded?

A total of 4,300 responses to the POET questions were collected, two fifths (42%) from questions at review, and three fifths from the one-off surveys (58%). Some key characteristics of people were included in the responses we collected, including: the reason the person needed support, the management type of the personal budget, the type of support received and the person’s age. Unlike previous reports, we did not collect and analyse other demographic information such as gender or ethnicity (previous analysis has shown very few differences across these groups).

Age

In terms of age, half of the responses came from people aged over 65 and half were spread evenly across the working age range.

16 to 25	26 to 35	36 to 45	46 to 55	56 to 64	Older than 65
10%	8%	8%	11%	10%	52%

Personal budget type

The majority of responses came from people using one of three main management options for their personal budgets. One quarter of responses came from people with a direct payment (25%), around a third where the council managed the budget (30%), and just under a quarter where a service broker was involved (24%). The remainder were comprised of a small number of provider managed budgets (4%) and just 1% using a prepayment card: 9% said that they did not know how their personal budget was managed and 10% said they did not have a personal budget.

Support type

Looking at the type of support people received, the majority of people said they received support on an individual basis.

The most common support types being Home Care (45%) and Personal Assistant (33%). A significant minority received service based support: Day Care (18%) and Residential/Nursing (14%). In addition, just under one third said they received Social Support (30%), small proportions received short term/re-ablement support (4%) or supported living (3%).

Reason for support

Around half of the responses came from people who needed support because of physical needs (54%) and just over half the group (52%), were aged over 65. A quarter of the group needed support because of learning disability (23%), the rest of the responses coming from people with mental health needs (9%), and people whose needs were associated with their memory and cognition (10%). A small minority said their needs were sensory (2%).

KEY FINDINGS

- The report includes responses to the POET from 4,300 people, more than half of whom were over 65 years of age. Responses came from 18 local authority areas.
- People received a broad range of support, including home care, personal assistance day and residential care.
- Around three quarters of people reported the support they get as good or very good in terms of the amount of support they get (74%) and the choice and control they enjoy (72%).
- Respondents were generally most positive about the impact of support on their quality of life (75%), health (72%) and feeling safe (71%). People were generally less positive about the impact of their support on everyday activity (57%), taking part in community (58%) and relationships (57%).

What's working quite well?

- A large majority (80%) reported that their views were fully or mostly included when their support was planned.
- A large majority (84%) rated their support as good or very good in relation to dignity.
- A large majority (81%) rated their support as good or very good in relation to Quality.

What is not working so well?

- Around half the group said that they were aware of the amount of money in their personal budget when their support was planned (50%).
- Only half the group said they could decide how the money in their personal budget was spent (51%).
- Less than two thirds (63%) of people rated their support as good or very good in terms of information and advice.
- A large proportion of people said key elements of wellbeing were not relevant to them and their support: 'Everyday activity: work, education, training, recreation' (42%) and 'Taking part in your community: Doing things in your local area' (30%).

Why we asked what we did

People's experience of planning their support

Care Act guidance highlights the significance of the support planning process, and stresses that the views, wishes and experiences of people who need support and their families should be at the centre of the support planning process.

It highlights that it is for people themselves, rather than the local authority, to determine how their needs are best met and that there should be no undue constraint on the use of personal budgets. The guidance also emphasises the value of ensuring an upfront allocation of money to create an indicative budget before the planning process starts, so that people can genuinely take a lead role in the design of their own support.

'The person must be genuinely involved and influential throughout the planning process... Indeed, it should be made clear that the plan 'belongs' to the person it is intended for, with the local authority's role being to ensure the production and sign-off of the plan to ensure that it is appropriate to meet the identified needs.'

10.2

Furthermore, the statutory guidance to local authorities places the personal budget at the centre of the support planning process. It says that the budget is the mechanism that enables greater choice and it defines what having a personal budget should mean. The definition includes:

'Knowing, before care and support planning begins, an estimate of how much money will be available to meet a person's assessed needs, being able to choose from a range of options for how the money is managed, having a choice over who is involved in developing the care and support plan and having greater choice and control over the way the personal budget is used to purchase care and support, and from whom.'

11.3

The guidance sets out a number of fundamental principles, including the importance of recognising individual views, wishes, feelings and beliefs;

‘Considering the person’s views and wishes is critical to a person-centred system. Local authorities should not ignore or downplay the importance of a person’s own opinions in relation to their life and their care’.

1.14

In order to assess the extent to which these requirements are being met, and to measure the impact of doing so, the POET asks people three simple questions about their experience of support planning:

- When your support was planned, did you know the amount of money allocated to your personal budget?
- Could you decide how the money in your personal budget was spent?
- Were your views included when your support was planned?

Where appropriate, the ‘you’ in each question is plural and includes family, and where relevant, other people including advocates.

In this section of the report, we look at the reported experience of, and outcomes for people from different groups according to their age and why they need support. We also look at how they responded to each of these questions.

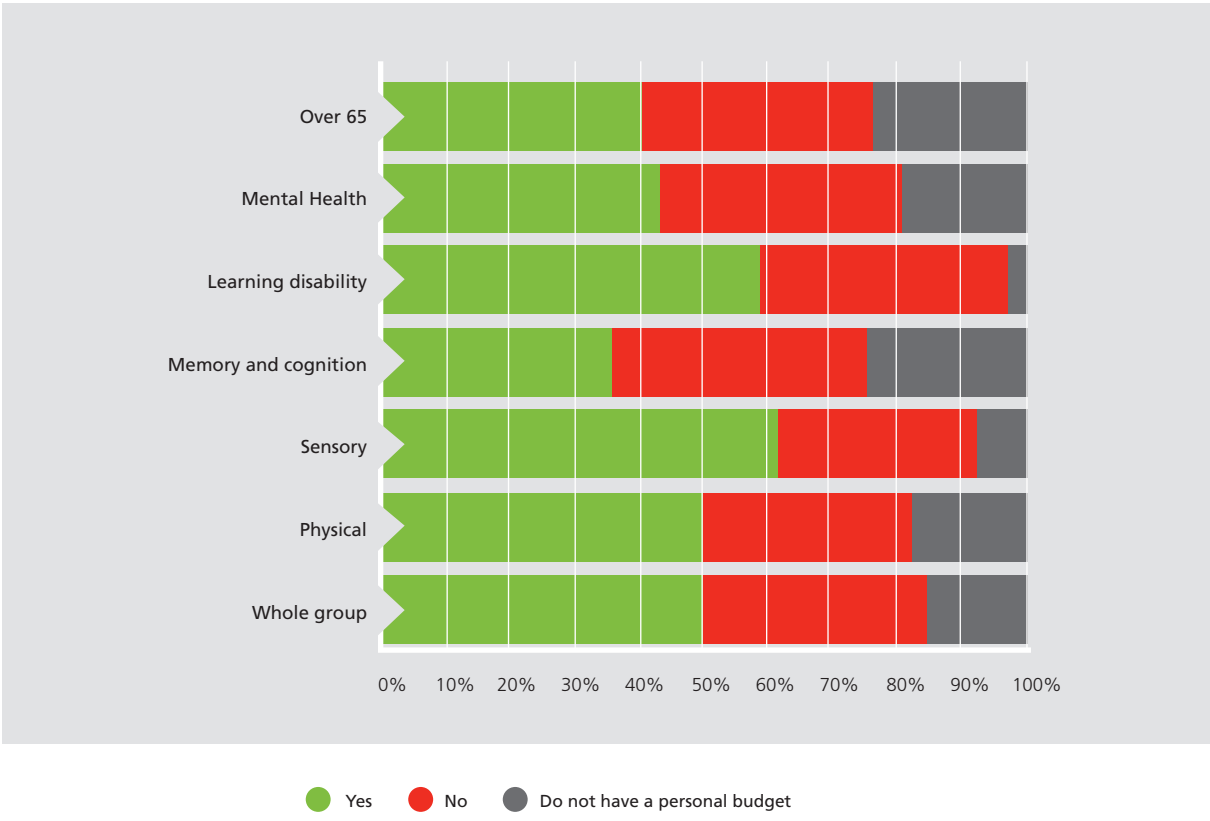
For each of the questions, we also set out the relevant expectations placed on local authorities from the statutory Care Act guidance. Where comparisons are made across different groups we used 95% confidence intervals to check which (if any) of the differences across groups might be significant. The detail of this is set out in [Appendix 1](#).

People with sensory needs often reported experiences that appeared different from other groups, however the low over all numbers of people in this group meant the differences were not necessarily statistically significant.

When your support was planned, did you know the amount of money allocated to your personal budget?

Figure 1 shows that half of the whole group (50%) said that they knew the amount of money in their personal budget when their support was planned. People who needed support because of memory and cognition (36%) were least likely to report that they knew the amount of money available in their personal budget, followed by older people (40%). People with sensory needs (62%) and people with learning disabilities (59%) were most likely to say that they knew the amount of money in their personal budget when their support was planned. People whose needs resulted from memory & cognition and those aged over 65 were significantly less likely and people with learning disabilities were significantly more likely than the group as a whole, to say that they knew the amount of money allocated to their personal budget.

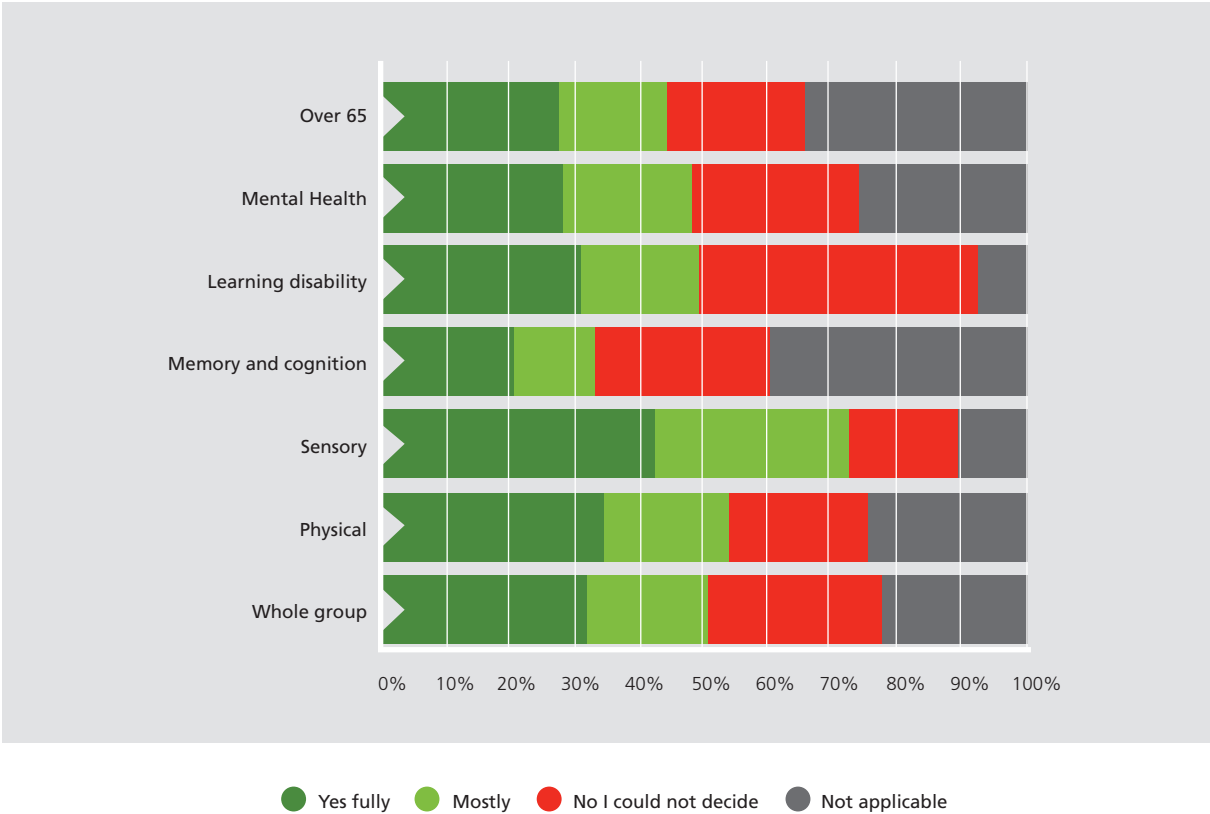
FIGURE 1: WHEN YOUR SUPPORT WAS PLANNED, DID YOU KNOW THE AMOUNT OF MONEY ALLOCATED TO YOUR PERSONAL BUDGET?



Could you decide how the money in your personal budget was spent?

Figure 2 shows that half of the whole group (51%) said that they could fully or mostly decide how the money in their personal budget was spent. People who needed support because of memory and cognition (33%) were least likely to report that they chose how the money in their personal budget was spent, followed by older people (44%). People with sensory needs (72%) and people with physical disabilities (54%) were most likely to say they could fully or mostly decide how the money in their personal budget was spent. Just over a quarter of the whole group (27%) and just under half of people with learning disabilities (43%) said they could not decide how the money in their personal budget was spent. People whose needs resulted from memory & cognition and those aged over 65 were significantly less likely and people with sensory needs were significantly more likely than the group as a whole, to say that they could decide how the money in their personal budget was spent.

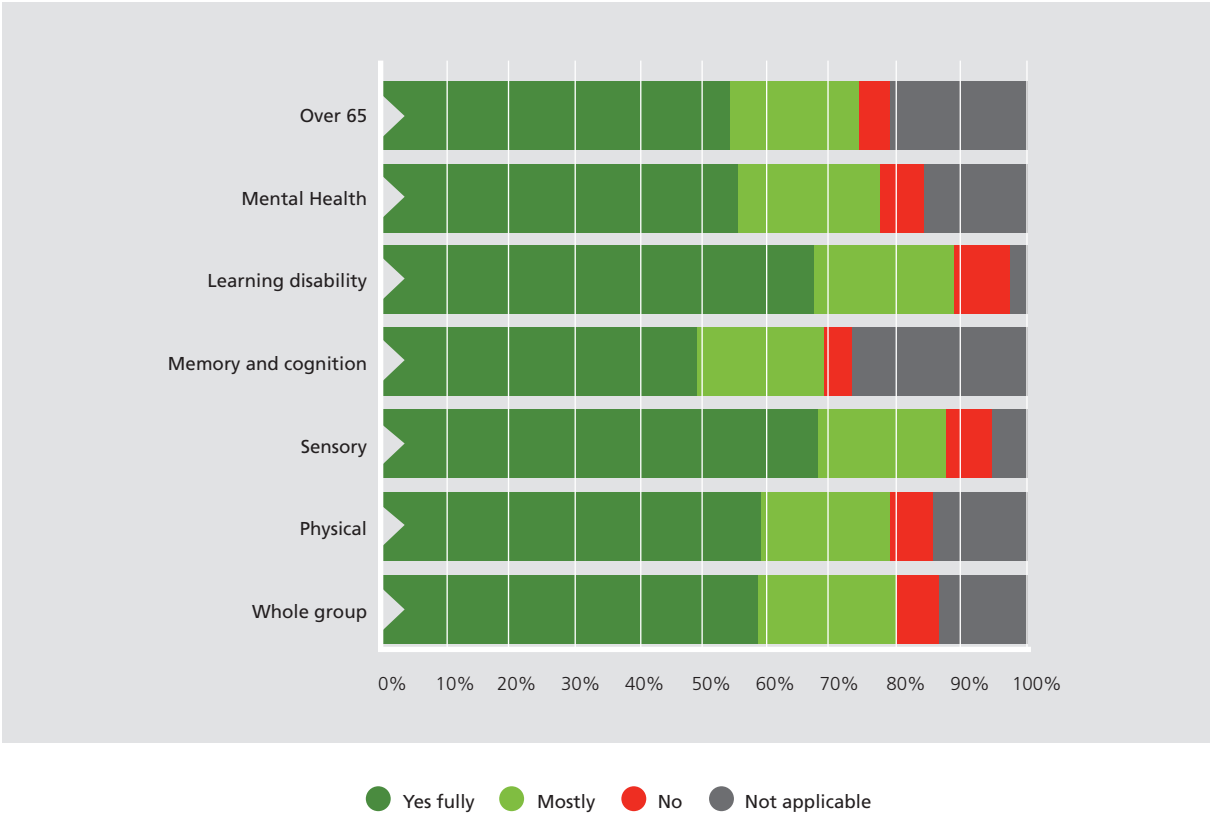
FIGURE 2: COULD YOU DECIDE HOW THE MONEY IN YOUR PERSONAL BUDGET WAS SPENT?



Were your views included when your support was planned?

Looking at the group as a whole, just over three quarters of people (80%) said that their views had been mostly or fully included, and just over half of this group said their views were fully included. People whose needs resulted from memory and cognition (49%) were least likely to report their views as being fully included. People with sensory needs (68%) and people with learning disabilities (67%) were most likely to report their views as being fully included. Including people’s views was seen as not applicable for over a quarter of those whose needs resulted from memory and cognition (27%) and over one fifth of older people (21%). People whose needs resulted from memory and cognition and those aged over 65 were significantly less likely and people with learning disabilities were significantly more likely than the group as a whole, to say their views had been mostly or fully included when their support was planned.

FIGURE 3: WERE YOUR VIEWS INCLUDED WHEN YOUR SUPPORT WAS PLANNED?



People's experience of their support

We asked people to rate a number of aspects of their support:

- Quality of support.
- Amount of support you get.
- Choice and control you have over your support.
- Information you have to make decisions about your support.
- The dignity with which you are supported.

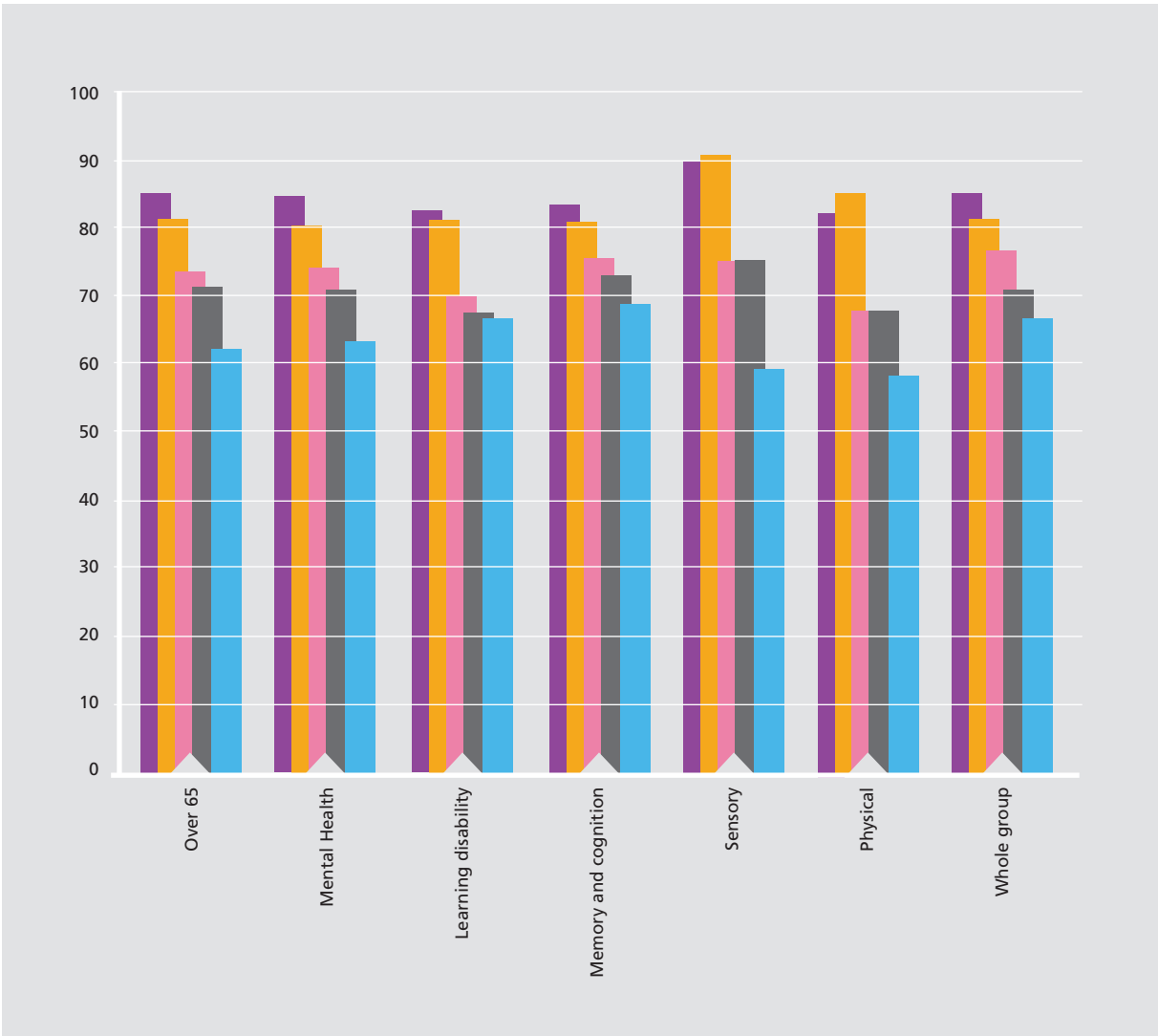
Together, these areas provide a good overview of people's experience of support and the extent to which the ambitions of the Care Act are being delivered in relation to people's day-to-day care and support experiences.

The expectations of local authorities in relation to each of these aspects of care and support are set out clearly within the statutory guidance of the Care Act. There were only small differences across the groups of people we looked at – with different groups reporting very similar experiences. Where significant differences were identified, these have been reported in the text and highlighted in the tables in [Appendix 1](#).

Figure 4 shows the percentage of people from each group who rated their support as good or very good in each of the areas we asked about. Of the five aspects of support we asked about, people were most likely to rate dignity (84%) and quality (81%) as good or very good. Information and advice (63%) was the area of support that people were least likely to rate as good or very good.

People with learning disabilities were the most likely to report good or very good experiences of support in four of the five aspects of support that we looked at, the exception being information and advice, where people whose needs resulted from memory and cognition (69%) were most likely to report good or very good support. People with sensory needs and people with mental health needs were equally least likely to report good or very good experiences of support in relation to dignity (81%). People with sensory needs were least likely to report good or very good support in relation to choice and control (67%) and in relation to quality (76%). People with mental health needs were least likely to report good or very good support in terms of information and advice (57%).

FIGURE 4: WHAT DO YOU THINK ABOUT THESE AREAS OF YOUR SUPPORT? RATED GOOD OR VERY GOOD.



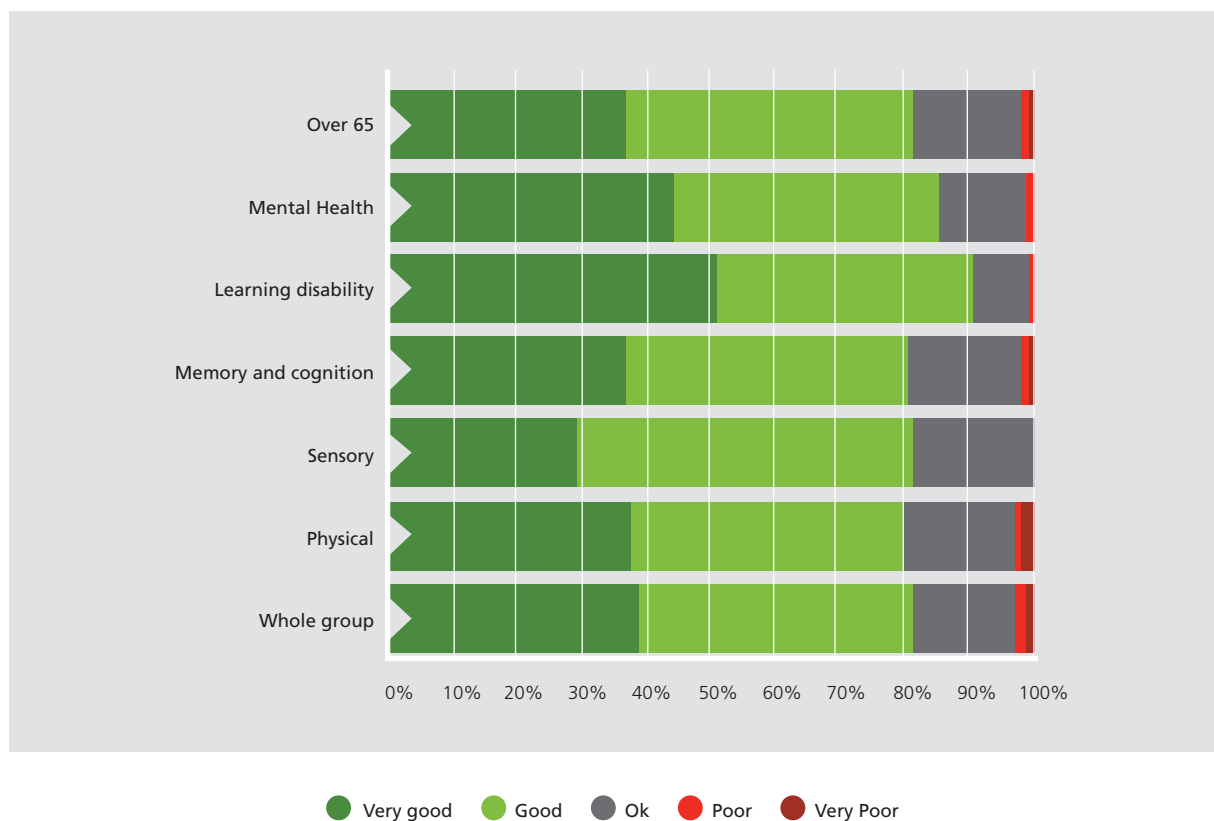
● Dignity ● Quality ● Amount ● Choice ● Information

Quality of support

Local authorities have a broad responsibility to ensure the availability of good quality care and support that stretches beyond those whom they provide support to, or commission support for, and includes people who fund their own care. The Care Act guidance says: *'local authorities must facilitate markets that offer a diverse range of high-quality and appropriate services'* **4.21**

Figure 5 shows a large majority of the whole group (81%) rated the quality of their support as good or very good. All groups showed high levels of satisfaction. The least satisfied group, people with physical disabilities (80%), the most satisfied, people with learning disabilities (91%). People with learning disabilities were significantly more likely to rate the quality of their support as good or very good compared to the group as a whole.

FIGURE 5: WHAT DO YOU THINK ABOUT THESE AREAS OF YOUR SUPPORT? QUALITY.

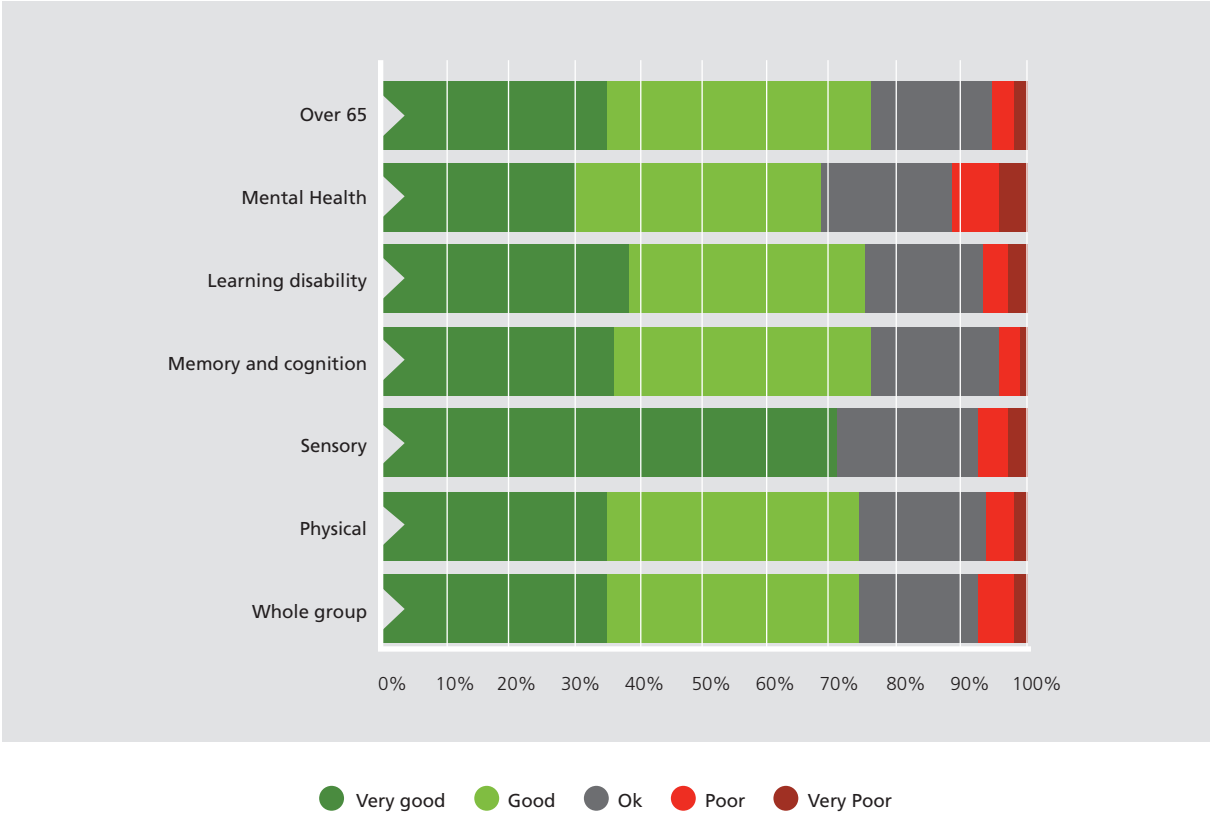


Amount of support you get

Care Act guidance is clear that local authorities must make sufficient resources available to individuals who are eligible for support: *'The personal budget must always be an amount sufficient to meet the person's care and support needs and must include the cost to the local authority of meeting the person's needs...'* **11.10**

Figure 6 shows overall, just under three quarters of the whole group (74%) said that the amount of support they received was good or very good. No group was significantly different from the group as a whole in how they rated the amount of support they get. Differences across the groups we looked at were relatively modest, with exactly three quarters of people with learning disabilities (75%), and slightly more than three quarters of people whose needs resulting from memory and cognition (76%) and older people (77%) all being equally positive. Around two thirds of people with mental health needs (68%) were the least positive group. People with mental health needs (11%) were also the most likely to say the amount of support that they received was poor or very poor.

FIGURE 6: WHAT DO YOU THINK ABOUT THESE AREAS OF YOUR SUPPORT? AMOUNT.

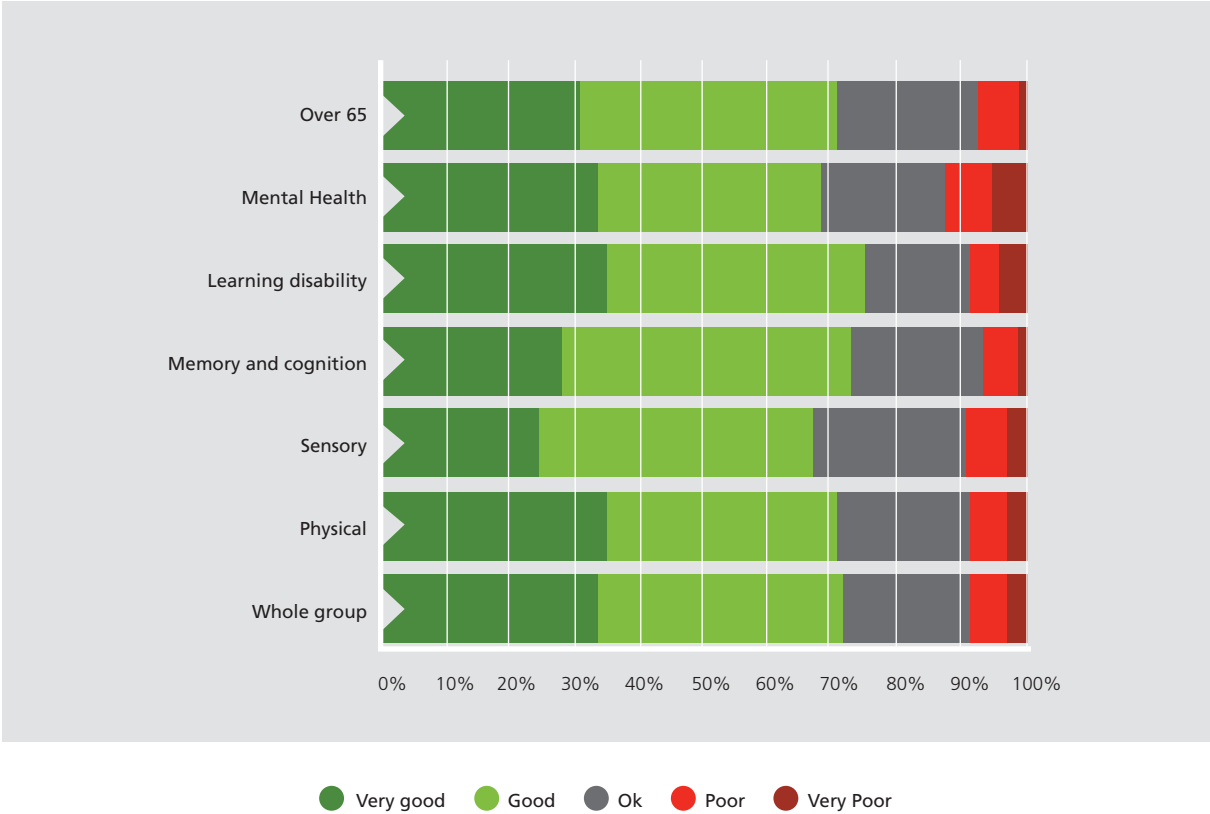


Choice and control you have over your support

Having choice and control over support should be enjoyed by everyone needing it: *‘However the person chooses to have their needs met, whether by direct payment, by the provision of local authority-arranged or directly provided care and support, or third-party provision, or a mix of these, there should be no constraint on how the needs are met as long as this is reasonable’.* **10.47**

Well over two thirds of the whole group (72%) rated the choice and control they have over their support as good or very good. Again differences across each of the groups we looked at were very modest and no group was significantly different from the group as a whole. People with sensory needs were least positive with two thirds of people rating choice and control as good or very good (67%); people with learning disabilities were most positive with three quarters rating the choice and control they have as good or very good (75%). People with mental health needs (13%) were the most likely to rate the choice and control they have over their support as poor or very poor.

FIGURE 7: WHAT DO YOU THINK ABOUT THESE AREAS OF YOUR SUPPORT? THE CHOICE AND CONTROL YOU HAVE OVER YOUR SUPPORT.

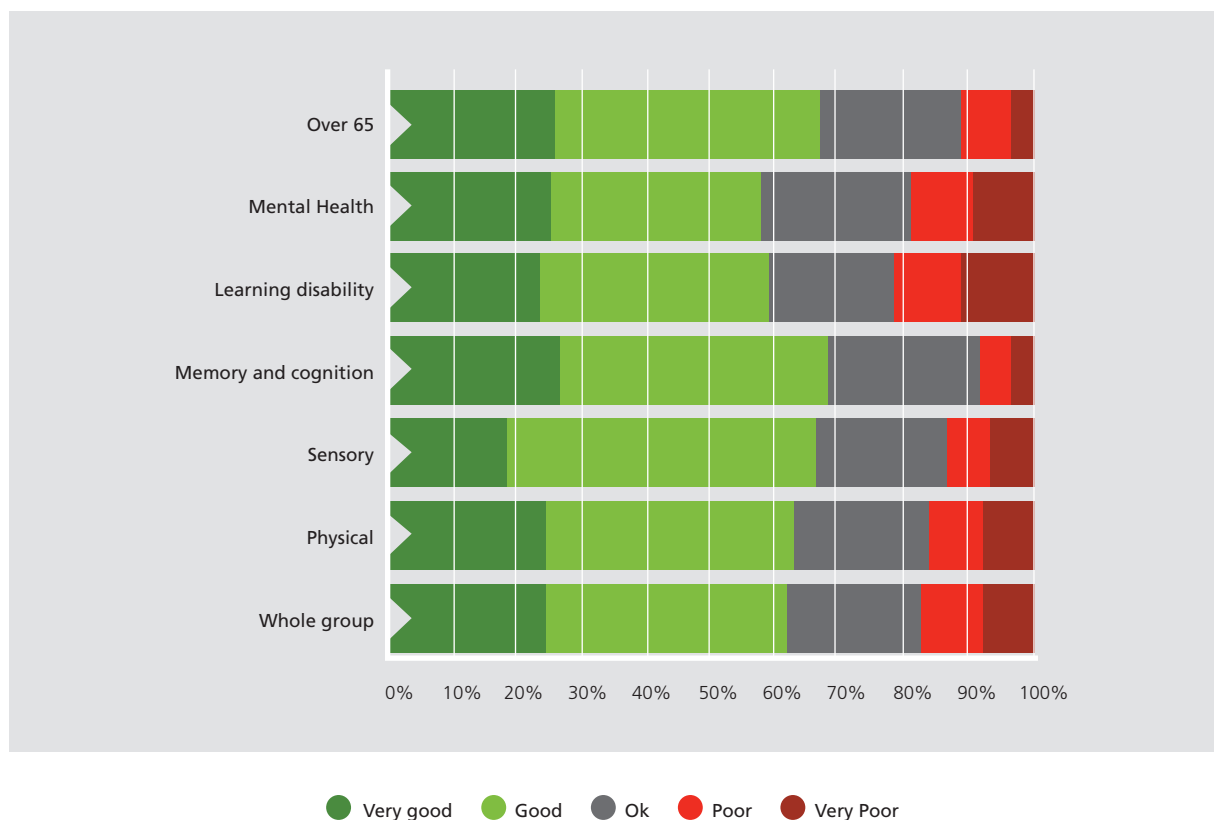


Information you have to make decisions about your support

Good information is seen as an essential prerequisite for the successful implementation of the Care Act: *'The availability and provision of information and advice, whether more general information about the way the system operates in the local authority area or more personalised information on a person's specific needs, are essential building blocks to all of the reforms and many of the specific duties the Act introduces'*. **3.7**

As Figure 8 shows, three fifths of the whole group (62%) rated the information and advice they have to make decisions about their support as good or very good, and a significant minority of the whole group (17%) rated this aspect of their support as poor or very poor. Again, differences across each of the groups we looked at were modest, although people aged over 65 were significantly different and slightly more likely than the group as a whole to rate the information they have as good or very good. People over 65 (67%), people with sensory needs (67%) and people whose needs were due to memory and cognition (68%) were most likely to report good or very good information and advice. Around one fifth of people with mental health needs (19%) and people with learning disabilities (22%) rated information and advice as poor or very poor, making them most likely to say this aspect of their support was poor or very poor.

FIGURE 8: WHAT DO YOU THINK ABOUT THESE AREAS OF YOUR SUPPORT? INFORMATION YOU HAVE TO MAKE DECISIONS ABOUT YOUR SUPPORT.

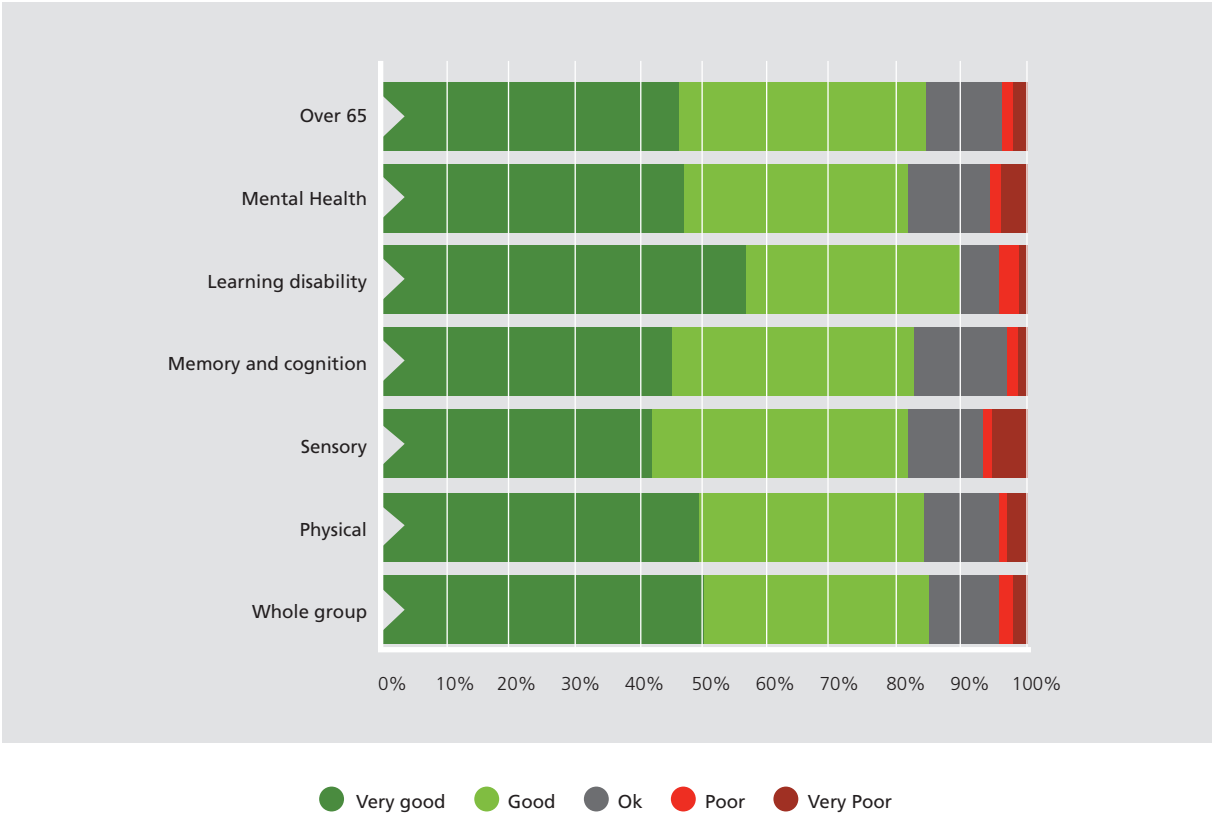


The dignity with which you are supported

The idea of 'wellbeing' rests at the heart of the Care Act, local authorities are required to promote wellbeing whenever they carry out duties under the act: *'Dignity in support is central to this idea of wellbeing. 'Wellbeing' is a broad concept, and it is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect)' 1.5*

Figure 9 shows that the overwhelming majority of the whole group (85%) rated the dignity with which they are supported as good or very good. As was the case with the other aspects of support we asked about, differences across different groups were modest. People with learning disabilities (90%) were most likely, and were significantly more likely than the group as a whole, to report that the dignity of their support was good or very good. People with sensory needs (82%) and people with mental health needs (82%) were equally least likely to report good or very good levels of dignity.

FIGURE 9: WHAT DO YOU THINK ABOUT THESE AREAS OF YOUR SUPPORT? THE DIGNITY WITH WHICH YOU ARE SUPPORTED.



The outcomes from and impact of support

TABLE 1: POET OUTCOME MEASURES ALIGNED WITH CARE ACT DOMAINS OF WELLBEING.

Care Act Definition of Wellbeing 'Wellbeing' is a broad concept, and it is described as relating to the following areas in particular: 1.5	POET Outcomes Has your support made a difference in these areas of your life?
Physical and mental health and emotional wellbeing	Your Health: Being as fit and healthy as you can
The individual's contribution to society	Taking part in your community: doing things in your local area
Social and economic wellbeing	Your quality of life: your social and economic wellbeing
Domestic, family and personal relationships	Relationships: enjoying your friends or family
Suitability of living accommodation	Your Home: being happy where you live
Protection from abuse and neglect	Feeling safe: feeling safe and secure
Participation in work, education, training or recreation	Everyday activity: work, education, training, recreation
Control by the individual over day-to-day life (including over care and support provided, and the way it is provided)	Choice and control: making everyday decisions

The POET asks people who need support to say what, if any, impact their support has had on various aspects of their life. As Table 1 shows, each area aligns closely with the domains of wellbeing set out in the Care Act. Respondents are asked to rate the impact of their support, saying for each area of life that we ask about, whether their support has:

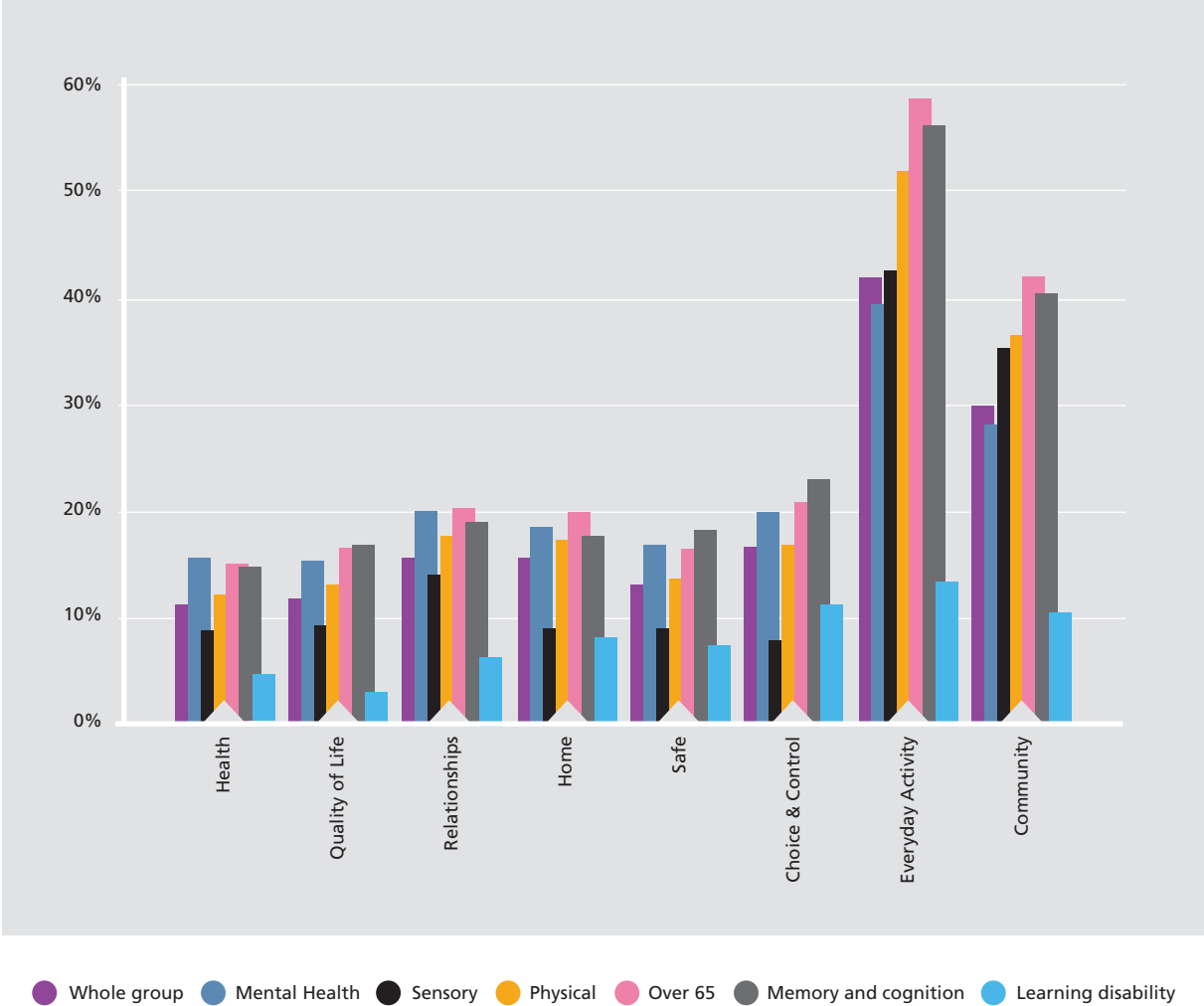
- Made things a lot worse.
- Made things worse.
- Made no difference.
- Made things better.
- Made things a lot better, or that are was not applicable.

In this section of the report we look at the outcomes reported by people from different groups according to their age, and why they need support, comparing their responses to the group as a whole. Percentages shown are of the group excluding those who said the question was not applicable.

As well as describing wellbeing in some detail, the Care Act guidance goes on to stress the equal importance of each area of wellbeing: *‘There is no hierarchy, and all should be considered of equal importance when considering ‘wellbeing’ in the round’* 1.6.

Figure 10 shows the proportion of people in each group who said that area of life was not relevant to them and their support. In six of the eight areas of life we asked about, around 10% to 20% of people indicated that it was not relevant to them and their support. For all groups (apart from people with learning disabilities) this proportion was much higher in the other two areas we asked about. ‘Everyday activity: work, education, training, recreation’ (39% to 58%) and ‘Taking part in your community: Doing things in your local area.’ (29% to 43%).

FIGURE 10: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? PROPORTION OF PEOPLE WHO SAID IT WAS NOT RELEVANT.

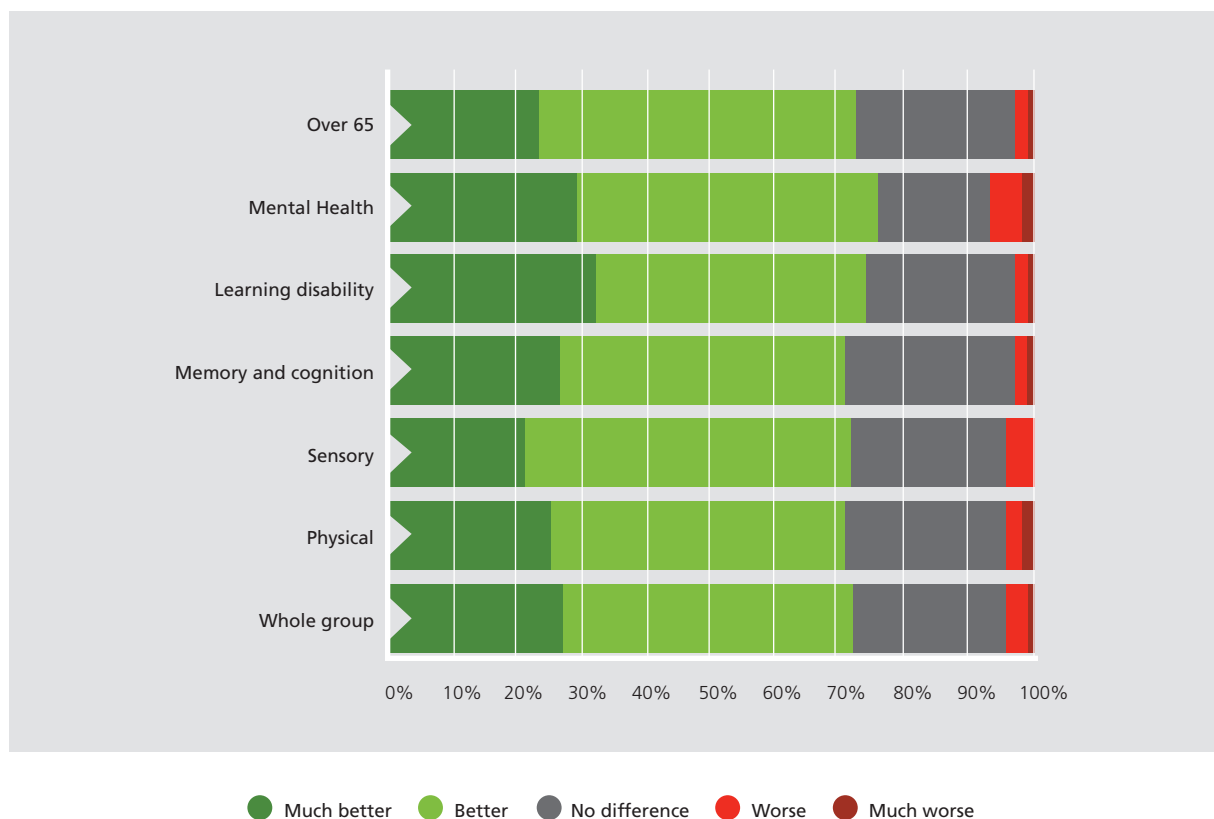


Has your support made a difference in these areas of life?

Health: Being as fit and healthy as you can

Figure 11 shows that nearly three quarters of the whole group (72%) said that their support had made things better or a lot better in relation to their health. There were no significant differences across the groups we looked at. People with physical disabilities (71%) and people whose needs resulted from memory and cognition (71%) were least positive, and people with mental health needs were most positive about the impact of their support on their health (76%).

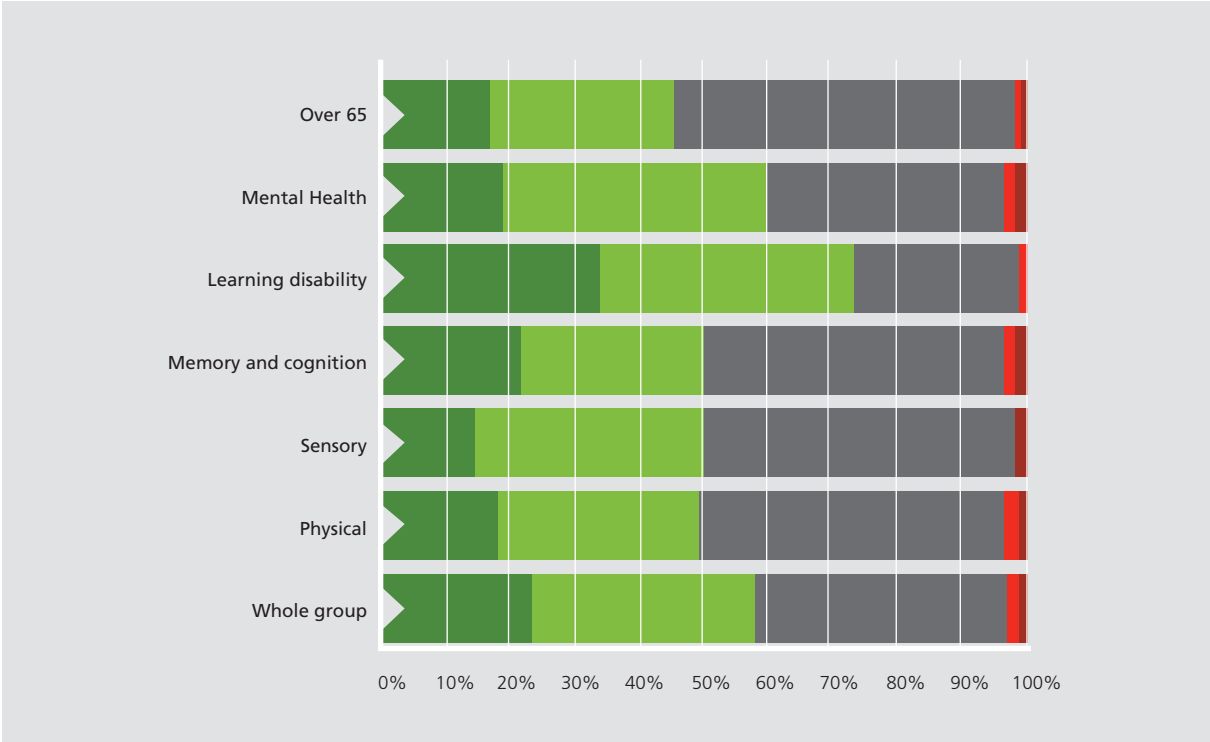
FIGURE 11: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? HEALTH: BEING AS FIT AND HEALTHY AS YOU CAN.



Taking part in your community: Doing things in your local area

With the exception of people with learning disabilities a large proportion (39%) of people said this aspect of life was not relevant to them and their support. As can be seen in Figure 12 differences across the groups we looked at were more substantial in relation to 'Taking part in your community' than in the other areas we looked at. In the most positive group, people with learning disabilities, nearly three quarters of people said their support made things better or a lot better (73%) making them substantially and significantly more positive than the group as a whole. Both people with physical disabilities and people over 65 were significantly less likely to report their support as making a positive difference in terms of community, than the group as a whole.

FIGURE 12: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? TAKING PART IN YOUR COMMUNITY: DOING THINGS IN YOUR LOCAL AREA.

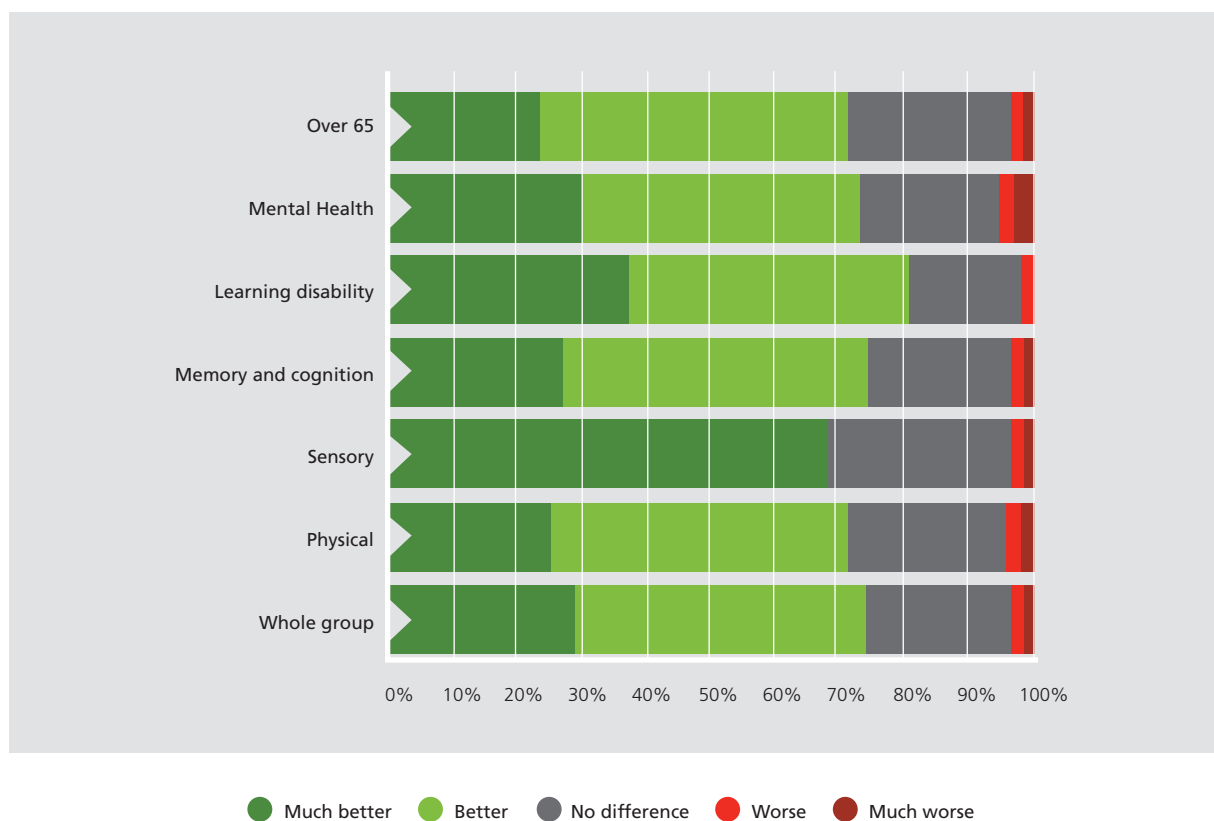


● Much better ● Better ● No difference ● Worse ● Much worse

Quality of life: Your social and economic wellbeing

Figure 13 shows that over all, respondents were more positive about the impact of their support in relation to their quality of life, with three quarters of the whole group (75%) saying their support had made things better or a lot better in relation to their quality of life. People with learning disabilities (81%) were most positive and significantly more likely than the group as a whole to report their support making a positive difference to the quality of their life than the group as whole. People with sensory needs (68%), people with physical disabilities and older people (72%) were least positive.

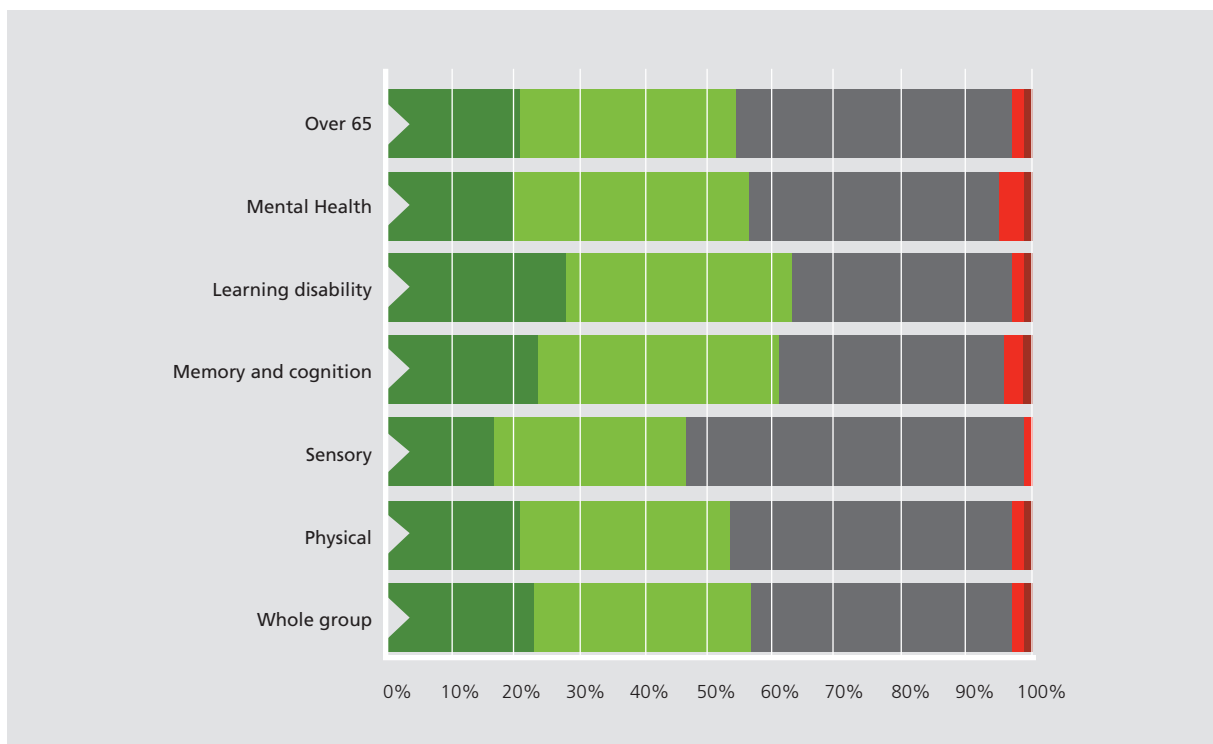
FIGURE 13: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? QUALITY OF LIFE: YOUR SOCIAL AND ECONOMIC WELLBEING.



Relationships: Enjoying your friends or family

The impact of support on relationships is shown in Figure 14. Over half of the whole group (57%) said that their support had made things better or a lot better in this area. People with learning disabilities were slightly (but still statistically significant) more positive than other groups, with just under two thirds saying their support had made things better or a lot better (63%). People with sensory needs (46%) were least positive about the impact of their support on relationships.

FIGURE 14: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? RELATIONSHIPS: ENJOYING YOUR FRIENDS OR FAMILY.

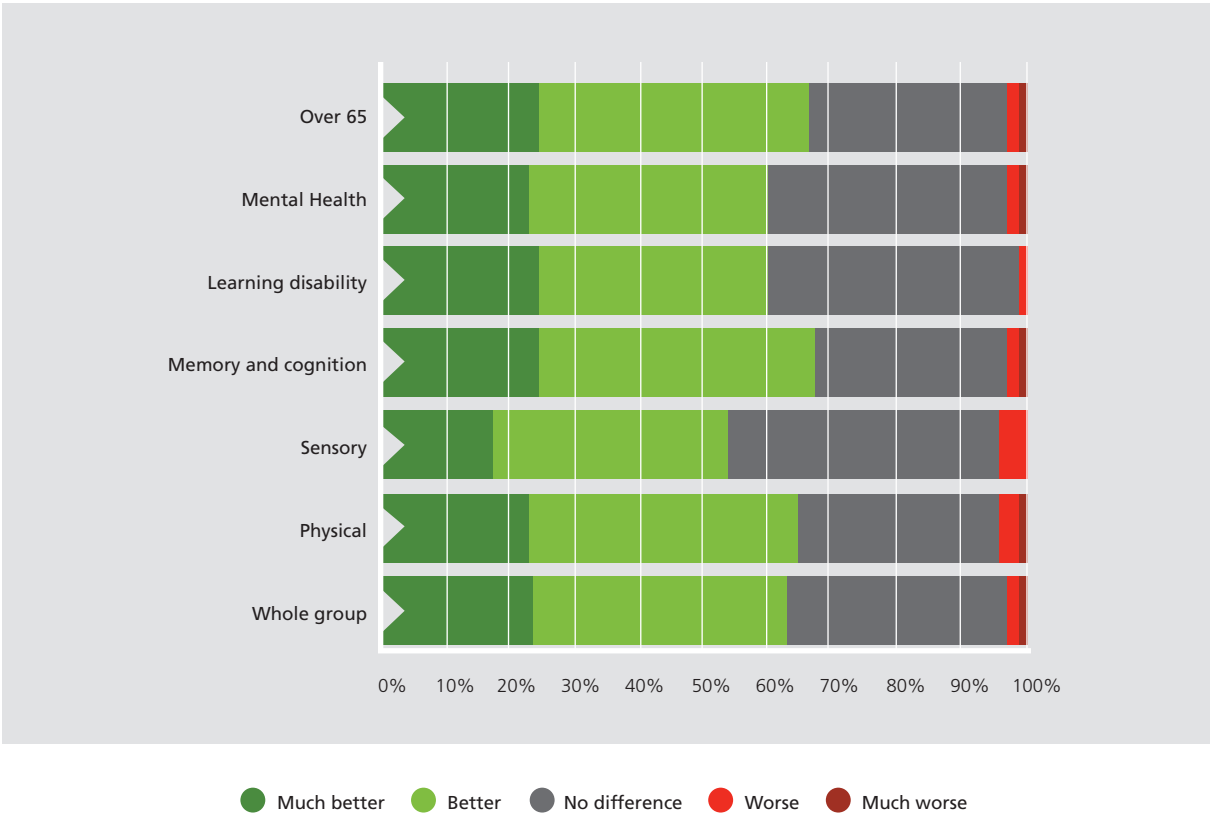


● Much better
 ● Better
 ● No difference
 ● Worse
 ● Much worse

Your home: Being happy where you live

Figure 15 shows the reported impact of support on people’s life at home. Of those who said their support was relevant to this aspect of their life, just under two thirds of the whole group (63%), said their support made things better or a lot better. People over 65 (67%) were significantly more positive than the group as a whole about their support in relation to their home. Over two thirds of people whose needs resulted from memory and cognition (68%) also said their support made their life at home better or a lot better. Around a half of people with sensory needs (54%) said their support had made things better or a lot better making them the least positive in this aspect of life.

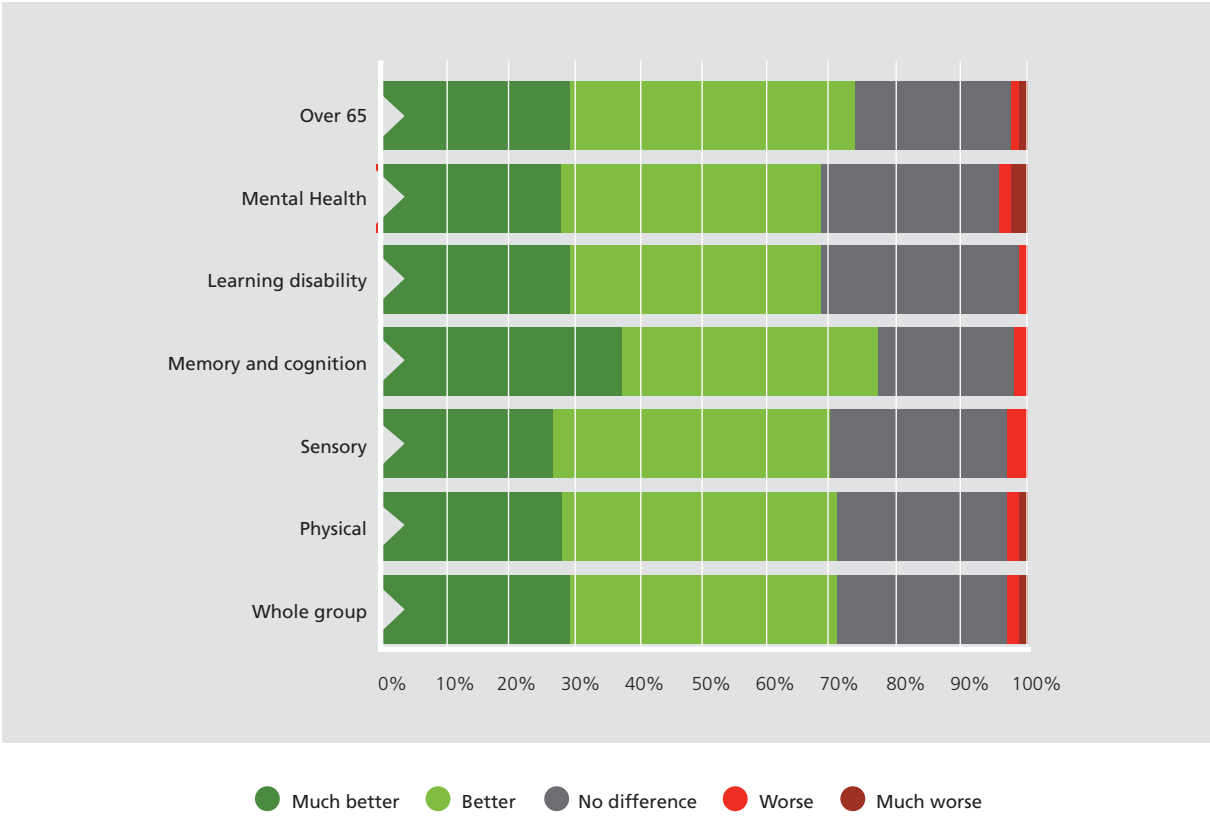
FIGURE 15: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? YOUR HOME: BEING HAPPY WHERE YOU LIVE.



Feeling safe: Feeling safe and secure

Figure 16 shows the reported impact of support on people’s experiences of feeling safe and secure. There were no significant differences across each of the groups we looked at in this area of life. Over two thirds of the whole group reported their support made things better or a lot better in relation to their feeling of safety. Older people (73%) and people with needs resulting from memory and cognition (76%) were most positive, with around three quarters of both groups saying their support made things better or a lot better. People with mental health needs (67%) and people with learning disabilities (68%) were slightly less positive.

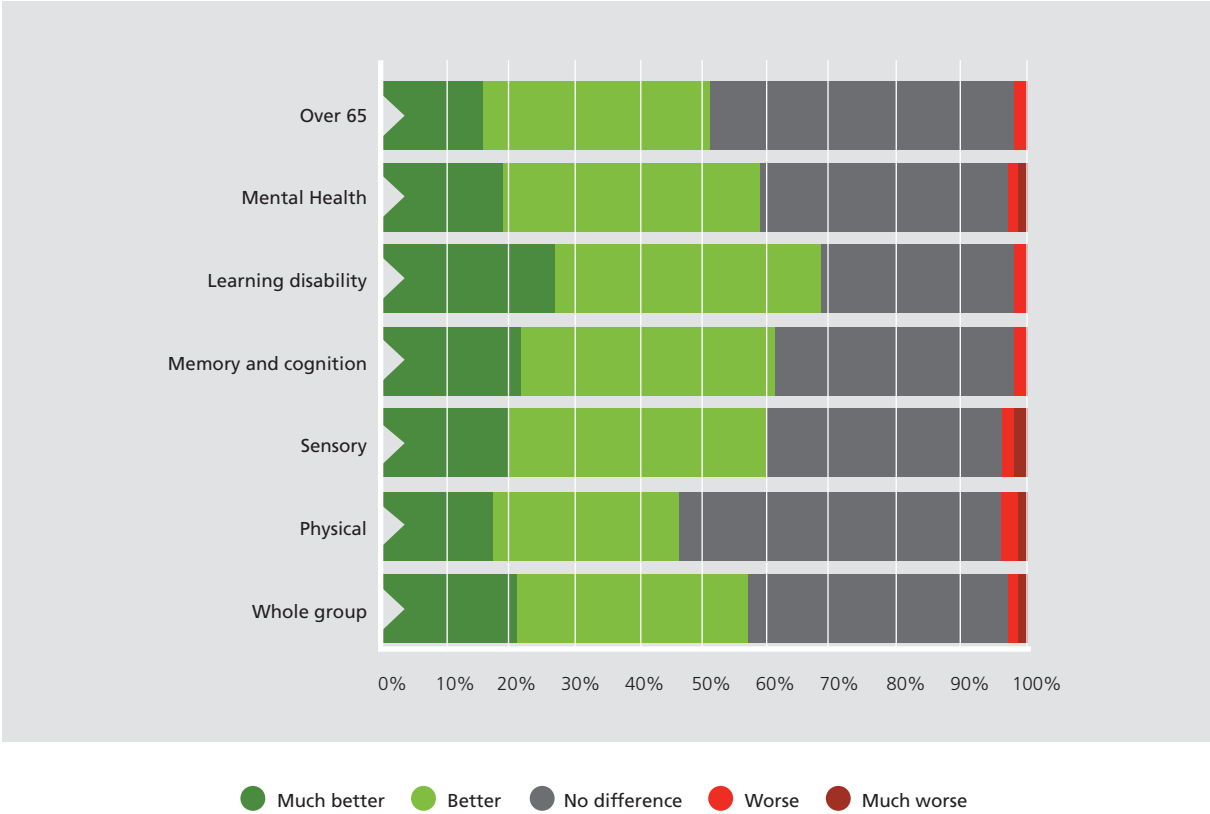
FIGURE 16: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? FEELING SAFE: FEELING SAFE AND SECURE.



Everyday activity: Work, education, training, recreation

This area of life had by far the largest proportion (40%) of people saying it was not relevant to them and their support. The exception to this was people with learning disabilities where only a small proportion (3%) said this aspect of life was not relevant to them and their support. People with learning disabilities (69%) were significantly more positive than the group as a whole and the most positive group about the impact of their support on their everyday activity. Around half of older people (51%) and less than half of people with physical disabilities (46%) said their support had made things better or a lot better, meaning they were the least positive and significantly less positive than the group as a whole.

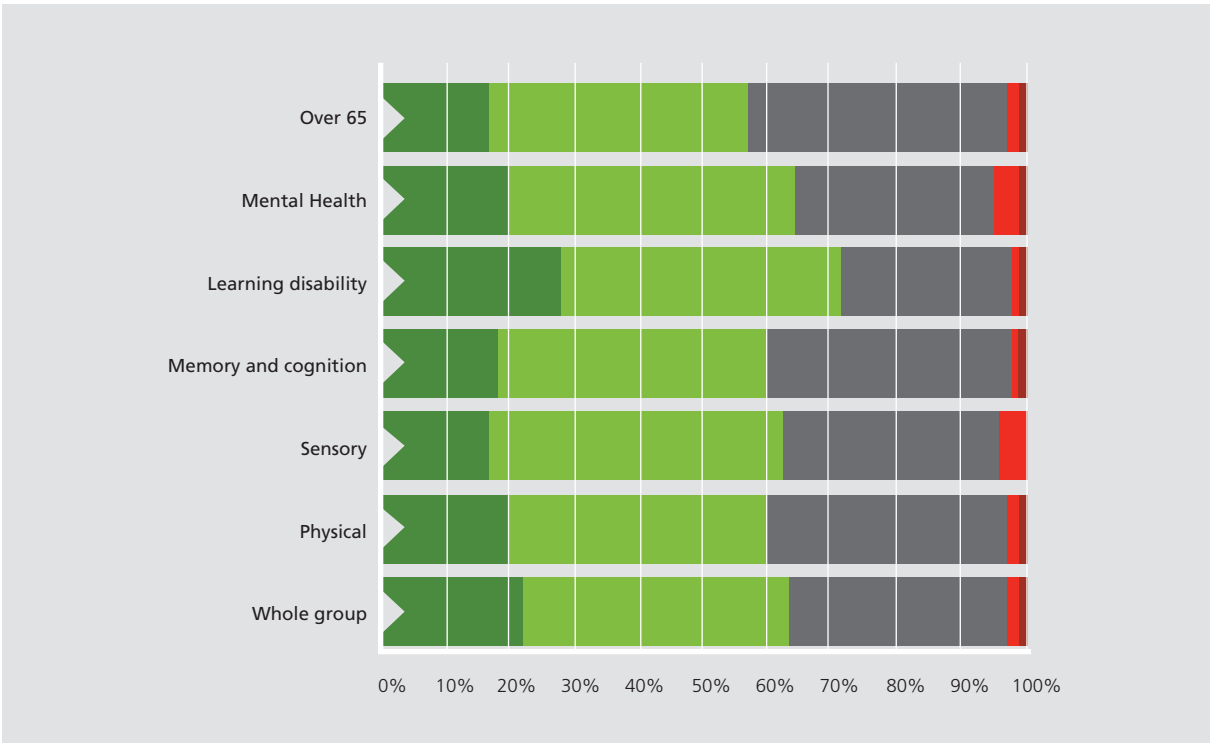
FIGURE 17: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? EVERYDAY ACTIVITY: WORK, EDUCATION, TRAINING, RECREATION.



Choice and control: Making everyday decisions

Figure 18 shows the reported impact of support on people’s ability to make everyday decisions. Just under two thirds of the whole group (63%) said their support made things better or a lot better in this area of life. People with learning disabilities (71%) were most positive and significantly more positive than the group as a whole. Older people (57%) were the least positive and significantly less positive compared to the group as a whole about the impact of their support on their choice and control.

FIGURE 18: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? CHOICE AND CONTROL: MAKING EVERYDAY DECISIONS.

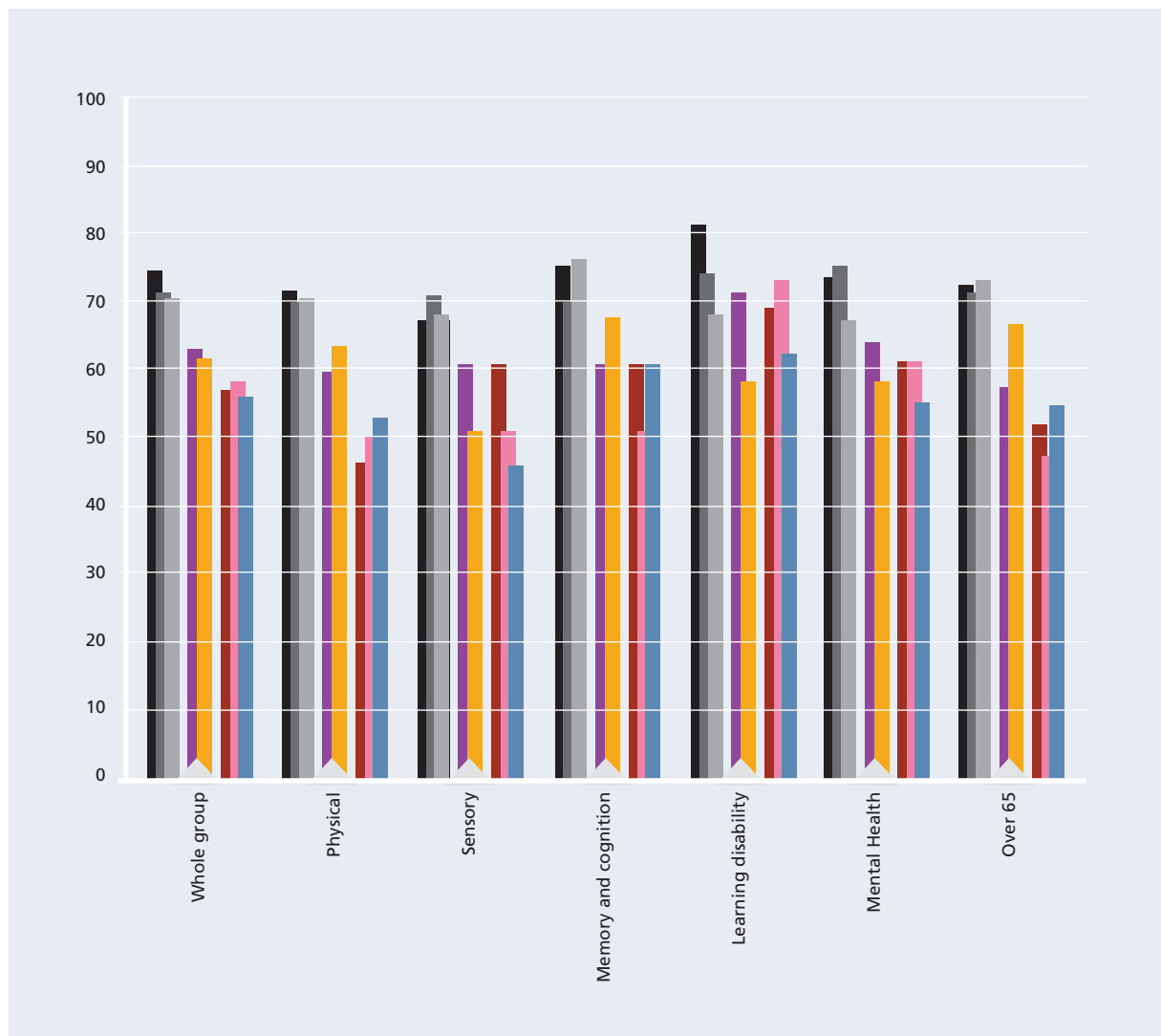


● Much better ● Better ● No difference ● Worse ● Much worse

Has your support made a difference in these areas of your life? An overview

Figure 19 shows the percentage of people from each group who said their support had made things better or a lot better across each of the areas we asked about. Responses are broken down by the reason people said they needed support. People were generally most positive about the impact of support on their quality of life, health and feeling safe. People were generally less positive about the impact of their support on everyday activity, taking part in community and relationships.

FIGURE 19: HAS YOUR SUPPORT MADE A DIFFERENCE IN THESE AREAS OF YOUR LIFE? MADE THINGS BETTER OR A LOT BETTER.



● Quality of life ● Health ● Safe ● Choice & Control ● Home ● Everyday activity ● Community ● Relationships

APPENDIX 1

Establishing 95% confidence intervals to check which, if any, of the differences across groups might be significant.

To do this we used an excel resource from the Association of Public Health Observatories (APHO), and calculated 95% confidence intervals around each of the scores we were interested in. This meant that we could be 95% certain that the 'real' score would fall somewhere within the bandwidth given. For each of the groups we were interested in, we calculated the proportion giving a particular answer against the total number of people who responded to that question. We included in the total, where relevant, the number of people answering 'not applicable'. The APHO tool then calculated the 95% confidence intervals published below.

For example, in Figure 11 the number of older people reporting that their support had made a positive difference to their health was 1,322, out of 1,824 older people who responded to that question, giving a proportion of 72%. Using a confidence level of 95% we could be sure that the 'real' score was somewhere between 70% and 74%. The full methodology is explained in detail in the [APHO Technical Briefing on Commonly Used Public Health Statistics and their Confidence Intervals](#).

This meant we could use 95% confidence intervals to make judgements as to whether groups were significantly similar or different to one another. Carrying on with the health example, 708 out of the 949 people with learning disabilities responding to the question, reported their support made a positive difference to their health. This is a proportion of 75%, with 95% confidence intervals ranging from 71% to 77%. Where the bandwidths of the confidence intervals do not overlap, then the two groups can be reported as being statistically significantly different. In this case, the confidence intervals do overlap (70% to 74% for older people and 71% to 77% for people with learning disabilities), so they can be interpreted as not being significantly different.

Where the number of people in any given group is low, the confidence interval will provide a wider range. This is particularly noticeable for people with sensory needs who formed a very small proportion of the overall group.

THE FOLLOWING TABLES SHOW THE RESULTS FROM THESE ANALYSES.

Numerator: observed number of individuals in the group having the specified characteristic.

Denominator: total number of individuals in the group.

To make interpretation easier, cells in the tables have been colour coded where responses from that group were significantly different from the group as a whole, where confidence intervals do not overlap.

Higher than the group as whole	
Lower than the group as a whole	

Figure 1: When your support was planned did you know the amount of money allocated to your personal budget? (Yes)					
	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	1,749	2,971	49.9	48.2	51.5
Physical	955	1902	50.2	48.0	52.5
Sensory	40	65	61.5	49.4	72.4
Memory & Cognition	115	320	35.9	30.9	41.3
Learning Disability	479	813	58.9	55.5	62.2
Mental Health	143	330	43.3	38.1	48.7
Over 65	679	1,691	40.2	37.8	42.5

**Figure 2: Could you decide how the money in your personal budget was spent?
(Yes fully/Mostly)**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	1766	3500	50.5%	48.8%	52.1%
Physical	1027	1895	54.2%	51.9%	56.4%
Sensory	48	66	72.7%	61.0%	82.0%
Memory & Cognition	107	323	33.1%	28.2%	38.4%
Learning Disability	400	811	49.3%	45.9%	52.8%
Mental Health	159	330	48.2%	42.8%	53.6%
Over 65	747	1688	44.3%	41.9%	46.6%

**Figure 3: Were your views included when your support was planned?
(Yes fully/Mostly)**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2621	3276	80.0	78.6	81.3
Physical	1417	1783	79.5	77.5	81.3
Sensory	52	59	88.1	77.5	94.1
Memory & Cognition	215	313	68.7	63.4	73.6
Learning Disability	676	753	89.8	87.4	91.7
Mental Health	232	300	77.3	72.3	81.7
Over 65	1176	1589	74.0	71.8	76.1

Figure 5: What do you think about these areas of your support? Quality. (Very good/Good)

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	926	1142	81.1	78.7	83.3
Physical	570	710	80.3	77.2	83.0
Sensory	17	21	81.0	60.0	92.3
Memory & Cognition	149	185	80.5	74.2	85.6
Learning Disability	125	138	90.6	84.5	94.4
Mental Health	70	82	85.4	76.1	91.4
Over 65	655	806	81.3	78.4	83.8

Figure 6: What do you think about these areas of your support? Amount. (Very good/Good)

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2410	3275	73.6	72.1	75.1
Physical	1313	1775	74.0	71.9	76.0
Sensory	45	64	70.3	58.2	80.1
Memory & Cognition	218	288	75.7	70.4	80.3
Learning Disability	610	813	75.0	71.9	77.9
Mental Health	202	296	68.2	62.7	73.3
Over 65	1167	1525	76.5	74.3	78.6

**Figure 7: What do you think about these areas of your support?
Choice and Control you have over your support. (Very good/Good)**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2249	3140	71.6	70.0	73.2
Physical	1229	1735	70.8	68.7	72.9
Sensory	43	64	67.2	55.0	77.4
Memory & Cognition	197	270	73.0	67.4	77.9
Learning Disability	562	749	75.0	71.8	78.0
Mental Health	199	291	68.4	62.8	73.5
Over 65	1045	1477	70.8	68.4	73.0

Figure 8: What do you think about these areas of your support? Information you have to make decisions about your support. (Very good/Good)

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	1918	3095	62.0	60.2	63.7
Physical	1058	1683	62.9	60.5	65.1
Sensory	40	60	66.7	54.1	77.3
Memory & Cognition	184	269	68.4	62.6	73.7
Learning Disability	453	766	59.1	55.6	62.6
Mental Health	164	282	58.2	52.3	63.8
Over 65	968	1442	67.1	64.7	69.5

**Figure 9: What do you think about these areas of your support?
The dignity with which you are supported. (Very good/Good)**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2798	3280	85.3	84.1	86.5
Physical	1504	1779	84.5	82.8	86.1
Sensory	51	62	82.3	71.0	89.8
Memory & Cognition	243	291	83.5	78.8	87.3
Learning Disability	732	814	89.9	87.7	91.8
Mental Health	243	297	81.8	77.0	85.8
Over 65	1307	1536	85.1	83.2	86.8

**Figure 11: Has your support made a difference in these areas of your life?
Health: Being as fit and healthy as you can.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2703	3740	72.3	70.8	73.7
Physical	1407	1977	71.2	69.1	73.1
Sensory	51	71	71.8	60.5	81.0
Memory & Cognition	228	323	70.6	65.4	75.3
Learning Disability	708	949	74.6	71.7	77.3
Mental Health	235	311	75.6	70.5	80.0
Over 65	1322	1824	72.5	70.4	74.5

**Figure 12: Has your support made a difference in these areas of your life?
Taking part in your community: Doing things in your local area.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	1694	2932	57.8	56.0	59.6
Physical	693	1411	49.1	46.5	51.7
Sensory	25	50	50.0	36.6	63.4
Memory & Cognition	112	224	50.0	43.5	56.5
Learning Disability	651	892	73.0	70.0	75.8
Mental Health	158	264	59.8	53.8	65.6
Over 65	558	1228	45.4	42.7	48.2

**Figure 13: Has your support made a difference in these areas of your life?
Quality of life: your social and economic wellbeing.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2768	3710	74.6	73.2	76.0
Physical	1390	1940	71.6	69.6	73.6
Sensory	47	69	68.1	56.4	77.9
Memory & Cognition	234	312	75.0	69.9	79.5
Learning Disability	789	969	81.4	78.9	83.7
Mental Health	230	312	73.7	68.6	78.3
Over 65	1275	1773	71.9	69.8	74.0

**Figure 14: Has your support made a difference in these areas of your life?
Relationships: enjoying your friends or family.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	1988	3512	56.6	55.0	58.2
Physical	962	1820	52.9	50.6	55.1
Sensory	31	67	46.3	34.9	58.1
Memory & Cognition	184	304	60.5	54.9	65.9
Learning Disability	584	928	62.9	59.8	66.0
Mental Health	165	297	55.6	49.9	61.1
Over 65	913	1684	54.2	51.8	56.6

**Figure 15: Has your support made a difference in these areas of your life?
Your Home: being happy where you live.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2105	3334	63.1	61.5	64.8
Physical	1144	1764	64.9	62.6	67.0
Sensory	37	69	53.6	42.0	64.9
Memory & Cognition	203	300	67.7	62.2	72.7
Learning Disability	483	810	59.6	56.2	63.0
Mental Health	174	289	60.2	54.5	65.7
Over 65	1106	1641	67.4	65.1	69.6

**Figure 16: Has your support made a difference in these areas of your life?
Feeling safe: feeling safe and secure.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2585	3635	71.1	69.6	72.6
Physical	1370	1918	71.4	69.4	73.4
Sensory	50	71	70.4	59.0	79.8
Memory & Cognition	238	308	77.3	72.3	81.6
Learning Disability	638	921	69.3	66.2	72.2
Mental Health	214	308	69.5	64.1	74.4
Over 65	1312	1775	73.9	71.8	75.9


**Figure 17: Has your support made a difference in these areas of your life?
Everyday activity: work, education, training, recreation.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	1374	2425	56.7	54.7	58.6
Physical	489	1065	45.9	42.9	48.9
Sensory	27	45	60.0	45.5	73.0
Memory & Cognition	99	163	60.7	53.1	67.9
Learning Disability	589	857	68.7	65.5	71.7
Mental Health	131	222	59.0	52.4	65.3
Over 65	447	874	51.1	47.8	54.4

**Figure 18: Has your support made a difference in these areas of your life?
Choice and control: making everyday decisions.**

	Numerator	Denominator	Percentage	95% Confidence intervals	
Whole Group	2206	3498	63.1	61.5	64.6
Physical	1109	1858	59.7	57.4	61.9
Sensory	45	72	62.5	51.0	72.8
Memory & Cognition	174	290	60.0	54.3	65.5
Learning Disability	634	887	71.5	68.4	74.4
Mental Health	190	295	64.4	58.8	69.7
Over 65	972	1694	57.4	55.0	59.7





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If you would like to know more about POET and its use across health, adults and children's services, please visit:

web: www.in-control.org.uk/poet

email: poet@in-control.org.uk

Information on personal budgets can be found at: www.thinklocalactpersonal.org.uk

Information on personal budgets for people who use services, families and carers can also be found at: www.peoplehub.org.uk or by checking local council websites.