

Direct Payment Case Study: English Authority A

Background

This authority has had a full-time direct payment lead in place since 2000. At the time of the study the authority had 280 direct payment users with disabled children making up the second largest group of direct payment recipients, the first being those with accredited physical impairments. The authority gained Department of Health (DoH) funding in 2004. The support organisation used part of the DoH money to set up a group for direct payment users to meet. The user group met once a month and since the study has initiated satellite user groups in the authority's rural areas.

Focus groups were conducted in autumn 2005 and interviews were conducted in spring 2006

Management

This authority had a successful direct payments scheme and infrastructure. One senior manager believed that direct payments were delivering flexibility while also acting as a preventive mechanism shielding some from more intrusive formal 'care' services. Direct payments also opened up 'new markets', identifying new groups who had previously shunned social services.

The availability of direct payments means that many more people are coming forward who wouldn't have come forward in the past to ask for help so it does create an obviously significant budget pressure.
(Assistant director adults, children and families)

Accountability and monitoring

Many authorities claim shortfalls in funding needs and are embarking on limiting or monitoring 'care' through so called 'Fair Access to Care' policies. This particular authority was beginning to strategise measures for children and adult 'care'. They were focusing on level three and four needs, that is services for those with 'more intense and complex needs' Those with level one and two 'needs' were being signposted towards other services such as GPs, schools and the voluntary sector. The process was described as 'retreating from lower level preventative work into high intensity as a way of managing a very limited budget'. This move contradicted the earlier evidence of the value of direct payments as a preventive strategy.

Assessments for direct payments and directly provided services were claimed to follow the same process, but we asked if there were any additional risk assessments attached to direct payments.

Yes-one of the big issues I think that one of the big overheads which means its not as straightforward as it looks superficially is that you have assess each case and there's a great sensitivity about people who have got limiting communication or no communication being cared

for , if you like, out of the direct responsibility of the local authority... now that has to be a worry, of course, so its about a very thorough assessment because once you've made these arrangements you're looking at a very big challenge if you come to unmaking them
(Assistant director adults, children and families)

Asked if this meant that more caution was attached to the assessment for direct payments as opposed to that for services we were told:

The answer's yes because the risks are potentially higher- its complex ... I'm not aware of anyone being as it were fully at home we've got 2 or 3 that have got terminal illnesses but only one of those has got severe learning difficulties, the rest are in our schools or special schools so we could read any change of situation- so I don't want to exaggerate the risk, but I think it's got to be there.
(Assistant director adults, children and families)

Funding issues

There were concerns around the approach to 'care' in terms of the needs hierarchy. It was noted that neighbouring authorities had already restricted access 'to care' and that government directions were also placing constraints on authorities.

The current debate is: are we out of step with some neighbouring authorities ...[F]or adults where we're putting in the region of 4 or 5 hours a week which amounts to someone helping an elderly infirm person tidy up maybe do shopping... Now other authorities have stopped doing that and they would expect WRVS to pick that up- so all our neighbouring authorities came out of that kind of care some time ago
(Assistant director adults, children and families)

However, when asked whether direct payments should be funded locally or nationally we were told:

My feeling is that all these big initiatives should be funded in a way that means similar people with similar needs get equal amounts of funding but that the administration and application of this systems has to be local but I think its wrong that [this authority] on the whole is progressive on this so you get a good deal whereas [X area] isn't. It shouldn't be arbitrary like that there should be an entitlement and a matrix of needs which is similar across the country but the actual assessment of it and the running of it obviously needs to be part of the local authority system- otherwise it becomes over bureaucratic
(Assistant director adults, children and families)

Views on upper management

The lead on direct payments was present at the care managers' focus group and told us that upper management were committed to direct payments. This

was a factor echoed by the support organisation manager who was present at both the care managers' focus group and the direct payment users' focus group.

The focus group with social workers and practitioners was arranged to dovetail the authority's monthly meeting between social workers, practitioners, the support organisation and the direct payments lead. The meetings were defined as 'the issues group' and they were, as the definition suggests, primarily set-up to deal with issues that arose in the local implementation practices of direct payments. It is worth noting that this group would be more likely to include practitioners who were positive about direct payments and also active in their delivery, as such we did not meet anyone who was opposed to or negative about the issue of direct payments. This did not preclude discussion of particular problems or local barriers, but may have skewed the representative mass of the grouping. At the same time, 'the issues group' provided some evidence of this particular authority's communication infrastructure around direct payments. In addition to the monthly meetings of the 'issues group' there were named 'champions' within teams that promoted and advised on direct payments to their team members.

Practitioners' views

Background and initial reactions to direct payments

The direct payments lead told us that the first direct payment users began using direct payments in September 2000 in this authority. Most of those assembled at the focus group had been with the authority since 1997. They were asked about the initial reactions and feelings towards direct payments from their own and from the authority perspective. Some felt that the authority were comparatively late in putting direct payments in place. The ideal of direct payments as a vehicle for providing greater choice was welcome but limitations were also apparent.

I suppose it was an exciting time because you thought it would actually give people a lot more choice around how services were going to be provided, but I think at the same time there was some concern because we were struggling to get services for people we were working with already so it was about where we were going to recruit those people [P.A.s] from
(care coordinator)

For others the concept of direct payments was described as a culture shock initially:

It was a culture shock in a way, because all we'd had before then were Social Services, then came in the private sector, and then the Direct Payments. And it was a big culture shock.

(social worker NHS)

However, the buying of services appeared to be a route that some service users had envisaged, whether in the guise of a direct payment or not is not clear, but there was an early example of one lady who wanted to buy her own

services and was told that she could only purchase the services that the authority provided.

The early 1997 enabling policy allowing authorities to put direct payments in place did not appear to have had a great deal of impact at this authority. When we asked if the pressure for direct payments came from management, or from disabled people we were told.

Well the push is coming from the authority because groups of disabled people were pushing the authority and saying we know about Direct Payments, we know it's happening in other authorities, why isn't it happening here?... So it, yes. Although it does look as though it is from elected members, they were being put under pressure by, really groups of younger physically disabled people.

(Project and Practice Development Officer)

The employment of the direct payments lead appeared to show that the authority began to take direct payments seriously only when government initiatives came into play in 2000 ...extend-why ? The direct payments lead was initially contracted temporarily to this authority; however the authority extended this to a permanent contract when it realised the value of a full-time direct payments lead to the authority and to the process of direct payments.

Major fears for practitioners

One of the major early fears for practitioners was the recruitment of P.A.s, this was often compounded by perceived size and complexity of some packages. As such, direct payments were sometimes viewed as an insecure option by some practitioners.

I think when it [direct payments] goes wrong it often goes wrong in a big way, because a lot of people that are on Direct Payments have very big care packages and they've not been able to recruit carers. Probably one of the reasons was because of the complexity of the care packages. Certainly out in [place name], you know, we have really real difficulty in recruiting carers, and so you know, when a Direct Payments care package goes wrong it has huge implications.

(social worker)

We asked about P.A/s cover when the direct payment package 'went wrong' more pertinently we asked how far the local authority would go to provide back-up for a direct payment user who was without a P.A due to sickness or other problems. The direct payments guidance states that it is the duty of the authority to provide back up when a direct payment user is left without P.A assistance due to sickness or unforeseen circumstances such as sudden resignation. The authority itself strongly suggests that direct payment users have their own system to provide back-up. However, it appeared that in areas where the recruitment of P.A.s was difficult, it was also difficult to obtain cover, indeed one response to the question about cover suggested that the initial reasons for beginning direct payments could be because there was little or no agency service cover the area.

Well, we try to but we have difficulty getting cover in our area anyway, which is probably the main reason why the person might have gone on Direct Payments to begin with.

(care co-ordinator)

The authority was reorganised in 1996 as a result many in-house services were contracted out to independent providers. The lack of services is acute in rural areas; this can mean that direct payments are the only available option, rather than a self-determined choice within a range of options. For example:

We've only got one – well we've got two main providers for our full area, so, and one does one part and one does the other, so if that care agency can't do it [service or cover] you've got nothing.... Which is why we use Direct Payments a lot in [place name].

(social worker)

In addition, there were some comments relating to disabled people as 'vulnerable people', while many present agreed that choice was important, they identified additional risks on their part of the authority. The perception of disabled people as 'vulnerable' may be a further indication of the culture of social work that can limit the process of direct payments itself. However, this feeling was echoed in all case study authority areas in England and Wales and in many telephone interviews.

Workloads and direct payments

We were told that there were greater workloads with direct payments compared to services including additional paperwork. In this authority, the support organisation had initially carried out some tasks which had subsequently been passed on to care managers.

[I]t was a lot simpler when [support organisation] did the- because what happened was [the support organisation] actually used to take it to panel. We would just ring the support organisation up, give details and they would go out and visit [potential direct payment users] and do all the paperwork (social worker)

The comments seemed, in the main, to relate additional work to the practice of the authority as opposed to direct payments themselves. The change in the support organisations role had created additional tasks for care management, while simultaneously making some care managers resentful of the process which they now saw as more fragmented and less straightforward.

It is not clear if the change in the role of the support organisation produced any effect on the number of direct payments being processed or indeed offered by social workers and care managers. However, it is important to recognise that the processing systems of an authority can restrict or enable take-up due to the structuring of tasks and the streamlining (or otherwise) of the direct payment process. A further issue implicated in the take-up and promotion of direct payments at the authority level has been training for staff.

Training

Training for social workers and care managers has been recognised as an important indicator of take-up of direct payments It appeared that

the initial years (2000/01) had been the most productive in producing training mechanisms, training since had been ad hoc. 'I think it is covered on the social work course these days. But that's people coming in at qualified levels...'

(Project and Practice Development Officer)

Restrictions

When we asked if there were any financial restrictions on the size of individual packages, the manager of the support organisation said:

There are some, and you are amazed, you know I mean, there are some and you're thinking you know, very very expensive packages. Very expensive packages, and whether they'd get through...

(support organisation manager)

The direct payment policy states that a direct payments package should not exceed the cost of residential 'care'. However, responses to the telephone interviews indicated that different authorities interpret this in different ways, indicating that some authorities are more flexible than others in their interpretations. For example at least one authority from the telephone interviews we conducted with local authorities was providing a direct payment package that exceeded the cost of residential 'care' for one user. In addition, some other authorities we visited said that it was easier to get a direct payment passed at the authority level if the applicant had or was likely to get funds from the Independent Living Fund (ILF).

Target groups for whom direct payments work best

The consensus was that direct payments worked best for those with physical impairments in terms of managing. However, it was also evident that the lack of service for children and young adults impacted on the grouping of direct payment users in this authority with almost a third of users either parents of disabled children or young disabled people.

Future Plans

Additional training to be put in place around direct payments for staff, this will include training on direct payments as part of the induction package for all new staff.

Service users'

The focus group with service /direct payment users took place after the monthly meeting of direct payment users defined as 'the users group' at this authority. The users group and our focus group were held at the support organisation's base. The meeting also included the manager of the support organisation and one of the support organisation workers. The views represented here also include three separate interviews that were conducted by telephone or e-mail on an individual basis.

Initial awareness of direct payments

Many of the direct payment users had not heard about direct payments through social workers. There were also clear frustrations that direct payments were not publicised to those with no contacts with social services

With me it was... I feel quite strongly about it. Because I feel like there isn't enough awareness of it and people don't know about it. Because, I mean, with myself, there was no way that I could have because I didn't have a social worker. I'd never been in contact with any sort of disability rights groups or people to help, you know, that kind of helpline or anything like that. And I found out from a friend [friend was using direct payments]. And if I hadn't found out then I still wouldn't know now. So I was amazed that I'd never heard of it.

(direct payment user)

One direct payment user who did have initial information about direct payments from a social worker had waited for two years for the process to result in a direct payment for her disabled son after initial contact with the previous support organisation in the authority.

. There was a shortage of social workers and that was my real problem. Like they have an emergency cover and they can't do all the paperwork, and it was because of the paperwork really. And then they said you're being covered already because you have respite once a week. Then the respite lady went abroad, so I lost that. And then there was still no social worker. They [previous support organisation] always said I should have got it but it's just- it never happened. It was phone call after phone call. It was the social workers that were holding it up. You couldn't do it without a social worker. Now I've got it.

(parent of disabled child)

One parent of a disabled teenager who was labelled as having learning difficulties contacted social services when his daughter was about to leave full-time education.

We thought it sounded smashing because the existing services to support [name] weren't appropriate. [F]rom finding out, there was a little delay. And that was mainly through social services, through the turnover of staff, and getting that side of it done. But once that side was done and we actually signed, it moved very quickly and we found it really good.

(parent of disabled young person)

Both examples show that an authority staffing level and the high turnover of social workers can affect the process of securing direct payments. It is also logical to surmise that this is also a situation which might put potential applicants off following through applications for direct payments.

However, the support organisation and others present suggested that one of the reasons for the success of direct payments, especially for children was a lack of available services in rural areas.

Because there are a lack of options, there's more likelihood that the care manager recommended it. Some of the services that people may require, like [name], because of living in a rural area, the infrastructure isn't around.sometimes it's direct payments or nothing as well.

(support organisation manager)

There was a general feeling that direct payments were not promoted effectively by social workers or as in some other case studies study areas that direct payments were offered by the same small cluster of social workers or not offered at all.

Employment issues: recruitment

Recruitment issues and start up

The authority provided start up costs to cover advertising and included a sum for contingency cover for sickness, holidays and P.A cover. The costs were provided at the beginning of the direct payment process by the authority, but they were repaid by the direct payment user to the authority over a period of time. When the group were asked about employment issues, many concentrated on the processes of gaining employees and the support around it.

I think there's some support in that you [support organisation] helped us with the advertising and the paper and so on. But apart from that, it was largely down to me. I mean, we made posters, we put them around. We rung up the job centre and a few other people, it was mostly down to us, I think

(parent of disabled child)

Others had advertised in the local paper or had contacted people they knew. One approach was to initiate trials with potential P.As. The technicalities of becoming employers were quite daunting for many. One person had moved from the umbrella of the support organisation to a new company who dealt with issues such as tax returns and national insurance. Here there was a difference in the timing of these payments. , while the support organisation offered payroll, taking out tax and insurance once a month, other companies would subtract the tax and insurance at the end of the year. However, it was not just tax and insurance that proved onerous, the Paperwork including time-sheets, contracts and the responsibilities of being an employer and being 'in charge' of staff could also be daunting.

I found it quite daunting because you're technically an employer and you're responsible for the person and you've got the contract and have got to sort of bear in mind what it says on there. And just, I don't know if you're in a position of telling someone what to do even, I haven't even hadn't even much been in that situation before. And being in charge of someone, I just found that a little strange. And it's something that I had to get used to and almost develop as another skill sort of thing.

(direct payment user)

Those present at the focus group believed that the paperwork involved in direct payments might put people off taking up direct payments and that even with good support, the responsibilities of being employers could be difficult. Closely connected with issues of recruitment was the availability of P.A.s

As stated practitioners feared that recruitment issues were problematic. It appeared that these fears were particularly acute in rural areas and were

exacerbated by a lack of agencies or in-house staffing. For the direct payment users we spoke to finding a P.A appeared difficult for some. This may have been due in part to the rural locations of those who attended the focus group. There were also issues around finding and employing P.A.s for children and young adults, as many of those who responded to focus group interviews were parents of disabled children and young adults. Direct payments for disabled children appeared to bring additional problems related to the retention of P.As because of the relatively small direct payment packages and therefore low hours of employment for P.A.s. For one user the problems in finding committed P.A.s resulted in ceasing direct payments for almost a year.

For our 8 year old son, this meant that he went through 7 carers over the course of about 6 months, and his self esteem was severely affected by the fact that his new “friends” who had made a commitment to take him out to improve his social skills weren’t fulfilling their promises....After this, we stopped DP for a long period, about 8-10 months.

There was a clear need for a continuous network to access potential P.A.s especially in the case of children and young adults.

We accessed that network of information of people who knew people. So we didn’t advertise. It was people we knew and trusted. So we’ve got three young women of age of 21- 23 who support [name] through different activities or different times of the week and weekends.
(parent of young disabled person)

Many parents felt that the chosen P.A needed to be known to the family and the child.

P.A cover

The official line on P.A cover was that this would be arranged through the care manager via priority care arrangements with agencies. However, some of the examples from our focus groups suggested that in practice this route was not always followed for various reasons. This was also evidenced through discussions with social workers. In such cases the users at the focus group felt that they would have to try and deal with the situation. . They suggested that a database of P.As would be useful if they were left without their main P.A or members of a team of P.As . The support organisation would like to set up a data base of potential P.A.s for both sickness cover and recruitment purposes. They told us:

The ideal thing would be like [place name] got- a database. But as yet the authority won’t put the money in for a database. So hopefully things will progress. Because we see how successful it’s been, you know, and we can do that. In which case we’d know that when we were recommending people they’d all be CRB checked and everything else. Whereas now it’s up to the discretion of the person that’s actually having the direct payment whether or not there’s a CRB done. Because each time they [the authority] actually charge for them. Unless it’s children, then they’re free.

(manager of the support organisation)

One user suggested that a database of P.As would serve additional longer term purposes in providing a measure of the reliability of particular P.As

Having a pool of good and reliable carers who could then amass enough contracts among DP recipients to constitute the sort of hours to what they consider their primary job will ensure that cared for people aren't constantly let down because they are the lesser priority in these people's working lives. It would also mean that being unreliable and incompetent would have repercussions on future employment prospects—something which is not the case now.

(parent of a disabled child)

It is not clear whether the support organisation has received monies from the authority to set up a database of potential P.As since our visit. The idea of a database has been put forward in other authorities that we have visited and appears to be a solution to the issue of cover for direct payments.

Employment law and direct payments

One interviewee suggested that direct payments as a concept were poorly thought out. This came from her experience with the Inland Revenue and her status as an employer within the direct payment system.

We often are struck by how poorly thought out the DP scheme is, because on the one hand you are constantly told (and indeed treated by the Inland Revenue as) employers, but at the end of the day when you come up against DP staff, it is clear that this is not the case. An example is the tax situation last year: I received a letter from the Inland Revenue advising that if I paid my employees' taxes on line I would receive a sum of approximately £750 over 5 years as an incentive. When I tried to get the data on my employees from DP however, they refused to give the required information to us, despite the fact that I had checked with the Inland Revenue and they said that as employers we are entitled to have access to these data. (parent of a disabled child)

However, it is not clear if any contact was made with the support organisation or the authority over this matter.

Retrospective issues in starting a direct payment

The timing of setting up a direct payment varied, but there were specific instances in the process that appeared to raise passionate feelings for some.

The management of the paperwork by DP staff in our case was atrocious. Getting police clearances has been extremely difficult and time consuming because you cannot do it directly but must go through DP. (parent of disabled child)

In retrospect many present felt that they were not well prepared for assessments

You found out about direct payments. But then when somebody comes and asks you, well in my case when somebody said, what help do you need? I don't know if people actually think beforehand you know, how many hours do I need help?

(parent of disabled child)

One father of a young person had thought about the number of hours his daughter needed and submitted it to the assessment team. A couple who were mental health users were also able to use each others hours. For example if one went into hospital the other could use the additional hours that weren't being used by their partner. Each example showed strategies that all users and authorities could usefully promote in the process of direct payments. However, in this authority, as in others we have visited, retrospective views often involved users identifying those issues that could be resolved through self-assessment processes by the support organisation or through additional guidance from the authority itself. For example:

I think if somebody said to you first, really think about what you need and what you need for your child or what you need for you.

Another user pointed out: 'You find nobody ever sort of says, you can have this, you're entitled to this. You will find out from somebody else'.

A further concern appeared to be the level of inconsistency between individual social workers and a varying knowledge of entitlement.

Knowledge and inconsistency issues

In many authorities there appeared to be a lack of knowledge from some social workers regarding the process and knowledge around direct payments. This has meant support organisations talking the potential user *and* their social worker through the use and structures of direct payments because of a lack of direct payment knowledge by the social worker. It was evident that on occasions direct payments still presented knowledge issues for those social workers charged with promoting them. One parent who was new to direct payments took the time to research direct payments himself, but felt that the social workers advising him often knew less than he did. Again, this was a situation that was replicated in other authorities.

.... from our point of view it was just roll with it and be aware that people didn't necessarily have any answers to the questions that we put to them. And sometimes if you asked you got one answer then you come back with that a little bit later they might eventually be another one.

(parent of young disabled person)

Experiences like this may indicate that people with less confidence or less flexibility could be deterred from taking up or following through the direct payment process.

Inconsistency concerns were apparent in the promotion and offer of a direct payment, in decisions to review packages, and regarding the level of entitlement in some cases. In theory individuals can ask to be assigned another social worker if they were unhappy with the current worker. However, it was not clear how many people knew of this option or given staffing problems in some areas how far this was achievable in practice. It was clear

that a support network of users was helpful in providing advice and sharing information.

: [name] got four hours a week or something direct payments. And she was still wanting. And the social worker said oh, I think that's all you'll need. Because it's based on one weekend in a month isn't it. And she said, oh, I think that's all you need. And I said; get in touch with them again, if you need more. She was really struggling wasn't she? That's one of the points about inconsistency... sometimes you're very dependent on one person.

..(parent of disabled child)

You've got to know how much time you're allowed to ask for. We've all experienced it - [name] got only two hours and then I got a lot more hours and a different package. And then she thought, well, how come she's got that package and I haven't? So then, you don't know where the balances are.

(parent of disabled child)

The problems of inconsistency had been recognised at the authority level and the authority had put in place a process to help to correct this. The support organisation manager told us:

There are inconsistencies in care managements and that has been addressed, or it's going to be. They're going to second a care co-ordinator for six months for specialising in direct payments. And hopefully we're going to get some consistency from care management. There is a lot of inconsistency. That's been recognised at a higher level.

(support organisation manager)

As noted inconsistency issues can be helped through peer support and this authority had regular meetings. One user found out about a school holiday package the authority was promoting through this route and followed it up, however, although the request for additional hours seemed to be agreed by the social worker without any problems, the movement of the paperwork to adult services was problematic. This meant that the user did not actually receive the additional hours. Several issues are raised here that do not appear to be peculiar to this authority, but do appear to be relevant to the direct payment process as a whole. The main one is the transfer to adulthood at 18, this has also been seen as problematic in other authorities because entry into the adult system opens up a new set of assessment criteria.

Restrictions and charging policies

One user was surprised that there was a charging policy for direct payments, because they hadn't been told about this in the early processes of applying for direct payments. The support organisation said that they were aware of restrictions on what a direct payment could be used for. They told us that they encouraged users to ask the questions through the support organisation

We try and encourage people to ask. Because if they pass the message on through us then we approach the local authority and say, can Mrs so and so use a direct payment for this that or the other?

(manager of support organisation)

There were issues around transport costs and whether this was or was not included within direct payments and there were also clear examples of inconsistencies in different areas. The support organisation manager told us:

A lot depends on how much the service user has got in their accounts. Everybody approaches these on an individual basis for that. And then it's a care management decision whether or not that goes ahead....

The likelihood is that 90% you'll get told no. And for someone unknown reason that's the way it goes.

(manager of support organisation)

It's a very contentious area. Because we work with lots of teams in the authority. And you know one team might say yes to one person and then if you if you broach them for another person, they don't... We've been collecting examples from different places of just the different way that direct payments are used in different places. And rules are different. Local rules.

(manager of support organisation)

The support organisation kept a log of events relating to what were perceived as local restrictions and inconsistencies. This implies that restrictions are part of the interpretation of direct payment policy from individual care managers in areas within the locality additional to interpretations of national policy at the wider authority level.

The hidden costs of direct payments

One of the issues that arose in this focus group was the hidden costs of direct payments. That is costs that are required to maintain the direct payment that are not included within direct payment monies but are intrinsic to the function of the direct payment.

Our provision pays for the time of our carers, but not any of their activities, expenses, or mileage, which are where the real expenses come into play. For our family, this has meant that over the months of being on DP, we are facing huge bills for all of these "additional" costs which are in actuality intrinsic to the contract that has been awarded—my son and his carer can't realistically go out every time on a social activity without spending any money. If we were able to occasionally devolve some of the funds towards these other expenses, our son might be able to go out less often, but it would be less of a serious financial burden on the rest of the family having to finance these so called "extras" which are in fact essentials.

(parent of disabled child)

Those in rural areas were particularly affected by the hidden costs of the direct payments.

So for us living out in the country. Whatever [name] chooses to do on those days, we need some transport. And so the person who you've got who is providing that, that care, you're paying for their transport, their lunch.

(parent of young disabled person)

It was noted that those on low incomes might not be able to finance the 'extras' involved in the hidden costs of the direct payment. Those present at the focus group did not think that the hidden costs would put people off direct payments, mainly because these tend to be unknown when starting up a direct payment, however they did feel that the hidden costs could be a large factor for some users once direct payments were operational, causing some to reject the direct payment option and cease direct payments. This would be especially so for those on low incomes. It is also interesting to note that while the examples here refer to parents of disabled children, the authority telephone interviews with direct payment practitioners and managers also raised similar issues of 'hidden costs' for all groups of users. The hidden costs issue clearly creates divisions between those with different income levels and causes additional inequities to arise in the maintenance of direct payments. A further issue raised above was that of living in a rural area. In this authority many of those in the focus group lived in rural areas.

Rural areas

Those living in rural areas have greater problems in recruiting P.A.s. In addition the hidden costs of direct payments are also likely to be higher for people living in rural areas in terms of costs and in terms of the quality of the direct payment package. In one example the P.A travelled 25 miles to the recipient's home. The travel time was not included in the hours of the P.A. This situation limited the terms of the direct payment contract and that of the P.A as employee. These situations often meant that P.A visits took place over a long period of time infrequently, as opposed to short periods of time at frequent intervals which would have been more beneficial.

Yes. I mean, from our point of view they're employed for the day. If it were going to be a short time then it quite naturally wouldn't be worth coming.

(parent of disabled child)

For another user the travel was taken into account in the care plan:

That was one of the reasons that I got the six hours. Because the person that looks after [name] says it's just not worth their while coming for less than three hours per day. And since I would need- it's five days a week, you know, they [care managers] did offer us the extra six hours.

(parent of disabled child)

In addition, the authority also had a rural premium in place. This was £8.70 per visit (at the time of the study), however those present at the focus group did not appear to have heard of the rural premium until the focus group. One of the reasons for this seemed to be that the rural premium (like additional hours) was at the discretion of the care manager. The manager of the support organisation indicated that some care managers could be creative and accommodating in relation to hours, as the above example illustrated, but again this was a discretionary issue that could lead to different outcomes depending on the particular care manager involved.

Support organisation

The support organisation had provided initial contact with users interested in direct payments and offered advice on self assessment prior to January 2005. The manager told us:

What used to happen prior to January was if anybody rang up and wanted information about a direct payment we would actually go out and speak to them. Before the care management team came out. Now, unfortunately, and it's just simply because we were spending 90% of our time chasing care management, we have to do it the other way round now. They actually go out and assess the need and then the person themselves would ask for a direct payment - it's not very often that it is offered- Unfortunately- Although it should be standard practice. It's not.

(manager of support organisation)

In addition, (as noted in the sub-section of the practitioners section) previous statements made at the care managers focus group suggested that the authority had curtailed other aspects of the support organisations input for example chasing through the opening of and signing up of bank accounts, this had led to a perception of greater workloads on the care managers part.

Some members of the support organisation were at the care managers' focus group. We asked if the support organisation was present at the assessment process one of the support organisation workers said:

Well we do keep getting our fingers rapped from Care Management regarding this because of course you know the assessment is totally their department. I mean they've got their own criteria to follow and obviously they have – they've all the funding. But we do find it's amazingly different, in different care teams as to the level of support they'll actually give people in the community. So but erm, no.

(senior worker in support organisation)

The support organisation manager suggested that they could make recommendations. However, practitioners present at this focus group suggested that the support organisation provided a useful form of alternative communication for some users at assessment.

If we go out and do an assessment, the service user will only tell us what they want to tell us. The support worker might go out, they might tell them something totally different, so obviously we need the feedback. If the service user is saying to the support worker, with that woman coming I really wanted to say that I needed this but I just felt as though I couldn't tell her, then obviously you want that feeding back?

(social worker)

One of the social workers present suggested that the support organisation did go in to users after the assessment quite quickly 'they generally go in straight after we've been in to be fair, it's not usually a lot later. Probably before we've

got the template on the computer'. However, there appeared to be differences in this process according to different teams.

The support organisation was, however, attending children's reviews. When we asked why they attending these and not all adult assessments they said:

Care management only review once a year. I mean it would be nice if we could have the same meetings with maybe one member of each adult team on a regular basis- that would improve communication between us, we'd have clarity of roles, things would be, you know, much more fluid really, we'd all know what each other were doing. Obviously you know, we're not actually part of the authority and I think some care management teams actually see us as that, not being part of the authority.

(manager of support organisation)

At the time of the focus group, the support organisations attendance at children's' reviews was considered 'a pilot' which might extend to adult teams in the future depending on the perceived outcomes of the pilot. Some of those present at the focus group suggested that the support organisation should attend all reviews. The manager of the support organisation responded:

Really it depends on the individual care manager's relationship with us...the people in this room we do actually join the review with, because you [care managers and social workers present at issues group] are actively interested in Direct Payments and making the best for the client from that Direct Payment, but again it comes down to you know, working practices, training and this fear level that they [some other care managers and social workers] have out there....

Comments by social workers also suggested that direct payments could be used as a dumping ground for individuals perceived to be awkward from a care manager's point of view '...Because care management tried everything else and then they come the Direct Payment route sometimes, let's be fair. There's not many but enough to provide a trend'

When asked about the future the support organisation manager said that he would like to see the use of advocates particularly for mental health users.

What I'd like to do is sell packages with advocacy as well, and the advocate making sure, maybe employ somebody at a senior level, get the advocate to oversee the package and make sure they're meeting both people's needs. But there's issues about the employer there and the capacity of employee so you might go to the circle of friends bit.

(manager of support organisation)

There were criticisms of the Department of Health in terms of guidance and resource allocation from both the support organisation and the practice and policy development manager. The lead on direct payments told us:

All the stuff around the way people are treated as employees, I mean you can employ one person for three hours care a week and you've got all the same duties as the chief exec of BP for goodness sake. So all that sort of stuff. And there's some groups went on last year, nationally, and all this was fed back to the D of H [Department of Health] and they reported on it, but what they didn't put was actions to be taken, i.e. we know about this but what are we going to do. So there's a lot of catching up to be done, because I think a lot of the difficulties for us as workers and for Direct Payment users is around the muddled messages from the D of H. But the other bit is, I think it's only as good as the support you get in the organisation and that costs money. So the more – if we want another 300 people on Direct Payments we need to double the amount of money that we're going to pay to the – organisation that provides people with support. So that's where it's going to bite.

(Project and Practice Development Officer)

The manager of the support organisation admitted that resources were a key issue and provided an example of the level of responsibility and rationale for additional funds:

I mean one of the things that I would say, I think in our agency there would be about five employees and we're responsible, or we monitor £2.1m worth of care. It's a lot of money and it's quite cost effective and I think when you're looking at them arguments you would chuck some money at that.

(support organisation manager)

In this authority the support organisation appeared pro- active and creative, there was good communication throughout the authority, while this did not overcome all the problems of direct payments it did appear that the support structure in place and the authority infrastructure was superior to that of many other authorities.

Training information for service users

There is no official training for service users or P.As. The support organisation manager told us that training options for direct payment users to offer their own staff were not available. Moreover he felt that the lack of structure or notion of a career route in being a P.A was problematic.

We're looking at something called Train to Gain which will establish, hopefully, a network of NVQ2's which I'm exploiting at the moment. But I think we don't get the career carer and that's one of the big worries about Direct Payments for me. That you don't get to be on a 39 hour contract. Who sees this as a career progression where they can do an NVQ3/4 and move on like the rest of the private providers?

Support organisations relationship with local authority

In this authority it appeared that the support organisation was active on the behalf of direct payment users and the monitoring of the systems adequacies as well as its inadequacies. The support team had, on the whole, good communications with care managers and social workers. This was aided by

the authority infrastructure which provided good communication channels. However, it is also notable that the superior infrastructure in operation at this authority did not always overcome all problems that had been identified within the direct payment process or reach those care managers and social workers who were not part of the positive attitude towards direct payments. This raises issues for those support organisations who appear less active and the majority of authorities who do not have any comparative infrastructure in place. This authority has produced a useful blueprint that other authorities would benefit from in their own areas.

Union Rep: No issues with direct payments. He has suggested that direct payments are actually helpful because of a lack of in-house services.

Finance: The authority employ one person full-time to process the start up paperwork and amendments. One morning a week is spent processing the weekly payments. Finance appeared to have a good relationship with the support organisation and would liaise with them in the setting up of packages. On average a direct payment package would take 8 days to process providing that all paperwork was in place. One of the major reasons for the slowing of a direct payment was that paperwork was not in place, not complete or was ambiguous. There had been 4 instances of direct payments payment money 'deliberately mis-pent'. One of the major challenges for finance was to automate tasks to allow a speeding of the direct payment process.

Update: since the focus groups took place the authority has produced a DVD for those who are interested in direct payments. In addition a separate user group for parents of disabled children has been set up to discuss issues relevant to users as parents. A further satellite group has also been set up in one of the rural areas.