



**A Content Analysis
of Direct Payment Policies
within England**

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A content analysis of direct payment policies within England

Executive Summary

1. The Health and Social Care Advisory Service (HASCAS) was commissioned by the Department of Health to undertake an analysis of Local Authority direct payment policies within England. This report presents the findings of the analysis and includes a range of examples from specific council guidelines.

Aims of the analysis

2. The overall aims of the analysis were :
 - To examine congruence of Local Authorities with, and Local Authority interpretation, of current national policy and guidance
 - To consider the emphasis on user empowerment with which direct payment policy and legislation is being interpreted at the local level
 - To evaluate the extent to which local policies and system promote and facilitate access to and take up of direct payments for the range of eligible service users and carers.

Data collection and methods

3. A systematic content analysis of direct payment policies was undertaken in January and February 2004. Ninety six local authority direct payments policies were assessed against a coding frame, which was developed in consultation with the study commissioners and informed by the current legislative and policy framework for direct payments.

Key Findings

4. In general, the analysis indicates that there is a fair degree of congruence between local policies and the national guidance on direct payments. The emphasis on user empowerment and positive philosophy is embodied in the majority of policies. Policies also promote independent living and emphasise service user choice and control with regard to meeting their care needs. Moreover, the manner in which the policies have been written signifies a positive approach with respect to the implementation of direct payments.
5. On the other hand, a substantial number of policies have not been recently updated and therefore do not sufficiently reflect current national guidance. In turn, this had major implications for the content of

the policies, particularly in relation to the diversity of eligible client groups mentioned, the range of uses suggested for direct payments and the type of support available to facilitate access to, take up and management of direct payments. As might be expected, the policies that had been most recently updated more accurately reflected national guidance. Policies also varied in length and comprehensiveness. Some policies were not dated and did not indicate their status (i.e. draft or final version) suggestive of poor document control.

6. More specifically, the direct payments guidance indicates that the government is concerned to increase the number of people who receive direct payments and to ensure equity of access across the range of eligible client groups. This analysis has raised questions about the profile afforded to particular groups within direct payments policies, most notably older people. Further, more specific reference to the range of eligible groups may help to promote access across the board, most notably for groups where take up has been slow or to whom access to direct payments has been more recently extended. On a slightly different point, there was also insufficient promotion of direct payments for people from black and ethnic minority groups.
7. Assessment issues including consideration of the issues of consent and service users' ability to manage direct payments were clearly outlined in most policies. However, policies seldom mentioned that a service user should explicitly understand the contract they were entering into. Information also needed to be provided in a variety of ways to maximise uptake for all client groups.
8. A range of uses for direct payments was mentioned within the policies. Perhaps reflecting historical factors or current patterns of use, direct payments policies predominantly focused on the employment of personal assistants and use of short term breaks/respite care. In contrast, far fewer policies made reference to other uses that might promote independence and aid social inclusion by offering opportunities for rehabilitation, education, leisure and employment. Indeed, some policies inappropriately restricted the use of direct payments.
9. Councils are encouraged to set up a range of support services to meet the needs of all potential direct payments recipients. Most policies indicated the availability of general support to manage payments and support services based around the employment of personal assistants. Support areas that were not addressed sufficiently included peer support, advocacy, regular training, help with the assessment process

and health and safety advice. Support for people with communication difficulties was also rarely mentioned.

10. The majority of policies made reference to arrangements for regular review of direct payment receipt at the individual level and for monitoring financial arrangements and the involvement of recipients within these processes. However, few policies mentioned the involvement of service users in monitoring and quality assurance of direct payment implementation at the strategic level.
11. Overall, the analysis suggested that around three quarters of the policies reviewed were of a reasonable quality or better in that they were comprehensive in content and written in an accessible style. The remaining policies were of a lower standard reflecting primarily the need for further updating, revision and development. These policies did not adequately address key issues such as the range of eligible client groups, the range of ways in which direct payments may be used, and the range of support required throughout the process. In addition, while policies indicated that procedures were in place to facilitate applications and that support was available for people to manage direct payments, less emphasis was placed on the areas of advocacy, promotion, the provision of accessible information and training to raise awareness and on peer support, the contribution of friends and family and other support mechanisms that might further enable service users to take up payments.

Recommendations

12. Local Authorities need to update their direct payment policies to ensure that current legislation is incorporated
13. In developing direct payments policies, local authorities need to take account of 'best practice' guidance' examples. The policy analysis suggests that 'best practice' guidance incorporates the following features:

Context

- Current legislation
- A policy which promotes user empowerment and embodies the independent living philosophy underpinning direct payments
- A clear layout and structure written in accessible style
- A logical process summary or flow chart at the front of the policy
- Document control - date of policy and when it was last revised

Content

- Defines the range of eligible groups including reference to under represented groups such as people from black and minority ethnic groups and older people.
- Comprehensive information on assessment and care planning - including carer assessment.
- As well as encouraging flexibility and innovative use, reference to the range of potential uses for direct payments including use to facilitate engagement in work, education and leisure.
- Inclusion of a range of support functions at different stages of the process. Particular note should also be given to access to peer support, availability of information for service users and support for people with communication difficulties.
- Clear definition of roles and responsibilities of key people, including an emphasis on the role of family and friends.
- Up-to-date legislative restrictions and exceptions.
- Monitoring of financial issues.
- Arrangements for regular review. The involvement of service users in individual reviews and strategic monitoring and quality assurance of the systems and procedures for implementing direct payments.

14. The Department of Health should consider repeating this exercise again in approximately one year's time to ascertain if policies have been appropriately revised.

1. Introduction and Methodology

The Health and Social Care Advisory Service (HASCAS) was commissioned by the Department of Health to undertake an analysis of Local Authority direct payment policies within England. This report presents the findings of the analysis and includes a range of examples from specific council guidelines.

The Community Care, (Direct Payments) Act, 1996 gave Local Authority Social Service departments the power to make cash payments to individuals in lieu of providing or arranging services, to meet the community care needs of people eligible to receive services. Although direct payments were initially introduced for adults of working age, access has been extended to older people, carers, young disabled people (16-17 years) and to the parents of disabled children (Health and Social Care Act, 2001; Carers and Disabled Children Act, 2000).

The Community Care (Direct Payments) Act 1996 was repealed by the 2001 Act, and from April 2003, it was made mandatory for every local authority to offer direct payments to those that were eligible. The Community Care, Services for Carers and Children's Services (Direct Payments) Guidance, 2003 reflects the most recent changes in legislation.

There is clear evidence that direct payments can help people to gain confidence, develop new skills as well as enabling more individualised packages of support (Holman & Bewley 1999). A high level of satisfaction has been reported amongst direct payment recipients in comparison with those in receipt of conventional services (Morris 1993, Zarb & Naidash 1994, Halliwell & Glendinning 1998) related primarily to the opportunity to exercise greater choice and control over their support arrangements (Witcher et al 2000, Stainton & Boyce 2002). Linked to this, recipients have reported positive benefits to their quality of health and social life (Glendinning et al 2000).

Direct payments transfers considerable responsibility to the service user and it is therefore important that policies and procedures are in place to help people access and manage their direct payments effectively.

1.1 Aims of the analysis

The overall aims of the analysis were :

- To examine congruence of Local Authorities with, and Local Authority interpretation, of current national policy and guidance

- To consider the emphasis on user empowerment with which direct payment policy and legislation is being interpreted at the local level
- To evaluate the extent to which local policies and system promote and facilitate access to and take up of direct payments for the range of eligible service users and carers.

1.2 Data collection and methods

In December 2003 letters were sent to all Local Authorities providing social services within England (n=150) requesting a copy of their direct payment policies and procedures. This was followed by an email where addresses were available (approximately 70). All efforts were made to ensure a high return rate with phone calls being made to those authorities where policies were outstanding. Ninety nine responses were received, (response rate = 66%). Of these 96 were coded. Three policies related exclusively to young persons and therefore were not comparable to the overall sample.

A systematic content analysis of direct payment policies was undertaken in January and February 2004. The policies were assessed against a coding frame which was developed in consultation with the study commissioners (see **Appendix A**). Firstly this comprised general issues such as status of policy, when the policy had last been revised, the extent to which the policy included reference to the legislation, emphasis on user empowerment within the policy, length, and whether there were accompanying procedural guidelines. The second part was informed by the Community Care, Services for Carers and Children's Services (Direct Payments) Guidance, 2003. It included features such as, assessment issues, eligibility criteria, support functions, utilisation of direct payments, restrictions, finance and monitoring issues.

1.3 Sample

Tables 1.1 and **1.2** show the representation of the sample by region and type of authority. Overall, on these criteria, the sample appears representative of the geographic distribution of local authorities. It is similarly spread across the regions, with slightly higher proportions in the North West, Outer London and South West regions.

Table 1.1 Responses from local authority by Region

Region	Sample %	National %
East Midlands	8	6
Eastern	6	7
Inner London	7	9
North East	7	8
North West	13	15
Outer London	11	13
South West	15	13
South East	9	11
West Midlands	11	9
Yorkshire and Humber	11	10
<i>Total</i>	<i>100</i>	<i>100</i>

With respect to type of authority, the sample also accords with the national figures with a slightly lower proportion of policies submitted from London Boroughs compared with the other types of authorities.

Table 1.2 Responses from local authority by Type

Type	Sample %	National %
London Borough	19	22
Metropolitan Districts	25	24
Shire Counties	25	23
Unitary Authorities	31	31
<i>Total</i>	<i>100</i>	<i>100</i>

1.4 Data analysis

The data were analysed using the Statistical Package for Social Science (SPSS) version 12.0 predominantly to compute frequencies and percentages of various key themes. Throughout the report, all percentages have been rounded up (0.5 and above) or down (below 0.5) as appropriate and therefore totals may not always add up to exactly 100%.

1.5 Limitations of the analysis

Several limitations should be noted in relation to the scope of the analysis. Firstly, as previously indicated, policies were submitted by only two thirds

of councils. Therefore, it may be the case that policies developed by those local authorities where documentation was not obtained differ from the sample analysed. Having said this, comparison of the respondent and non-respondent authorities in relation to other criteria suggest that there was little difference between the two groups. For instance, average take up of direct payments at September 2002 was similar for the two groups (53 for respondent authorities and 52 for non-respondent authorities). Likewise, the regional distribution and type of authority was similar for the non-respondent group as for the local authorities who returned policies. Despite this, it is not possible to assume that the policies of the non-respondent group would parallel those submitted and that the lack of submission may be indicative of the fact that policies were under review or of poorer quality.

Secondly, although the coding frame was developed to be inclusive of the main features of the national guidance on direct payments and took account of 92 variables, the content analysis is unlikely to have captured all of the nuances of local policies in depth. However, an overall assessment was made of the quality and comprehensiveness of policies based on the number of items scored positively in relation to the categories within the coding frame.

Lastly, it should be stressed that having a policy in place does not equate with translation of the policies and procedures in practice. However, it is clear that in those local authorities where policies are well developed that consideration has been given to developing the framework to support direct payment implementation in practice.

1.6 Report structure

The remainder of this report is structured as follows:

- Chapter two outlines the main findings with respect to the policies reviewed.
- Chapter three summarises the findings, draws broad conclusions and makes recommendations based on the analysis of the policies.

Descriptive statistics are presented in a series of tables relating to the key themes incorporated within the coding frame with additional commentary outlining the interpretation of the results. Anonymised extracts from the reviewed policies are also included to illustrate the findings.

2. Main findings

This chapter presents the key findings of the analysis. The findings are considered in relation two main areas:

- **Contextual features:** including the status of the policy, the date of last revision, statement of philosophy, emphasis on user empowerment in the implementation of direct payments, procedural guidance, and length of policies
- **Content of policies:** including the criteria for eligibility, assessment and access issues, using direct payments, restrictions, support functions, roles, finance issues, and review and monitoring.

2.1 Contextual features

Tables 2.1 and 2.2 show the status of the policies and when the policies were last revised. The majority of policies were in the process of being revised (59%). Only a third of policies had been updated since the most recent guidance was published.

Table 2.1 Policies by status

Status	%Criteria present
Old draft	6
Draft being revised	59
Final version	22
Unknown	13
<i>Total</i>	<i>100</i>

Table 2.2 Policies by date of last revision

Date of last revision	%Criteria present
1998	1
2000	3
2001	10
2002	10
Jan - Aug 2003	21
From Sept 2003	32
Undated	22
<i>Total</i>	<i>100</i>

As previously discussed, there have been significant developments with respect to the legislative and policy framework for direct payments. **Table 2.3** shows that a high proportion of policies made reference to some legislation (83%). However, the most recent changes in legislation and guidance were not always incorporated, reflecting the proportion of policies which had not been updated.

Table 2.3 Inclusion of reference to legislation, statement of philosophy and positive approach.

	%Criteria present
Reference to legislation	83
Statement of philosophy/ideology	85
Positive or 'Can do' approach	71

A key aim of direct payments is to increase individuals' independence and choice by giving them control in purchasing and managing their own support arrangements. Appropriately, a large proportion of policies incorporated this positive ideology (85%).

" Direct payments are about increasing independence and choice for the disabled individual" .

"...a holistic and flexible approach to the needs of chronically and severely disabled people should be taken to facilitate issues concerned with independence, quality of life and social inclusion".

"Service objective: To give all groups of eligible people greater control over the way that their services are provided to them."

The emphasis on user empowerment in the implementation of direct payments was also considered in the review. This was done by assessing whether there was a positive or 'can do' approach within the policies. The analysis suggested this was present in 71% of the policies. In addition, the availability of 'easy to read' user guides was referred to in over a third of the policies examined.

"Placing the person at the centre of the decision making process and being clear on how this process will work will enable many people to access Direct Payments who other wise would not be considered."

"That x Social Services and individuals wishing to use direct payments will work in partnership to achieve maximum independence for the person receiving direct payments"

"Recognise that people are the experts on their own lives but may need support to utilise this knowledge"

In a number of policies where there was a positive approach, reference was made to strategies to enable service users to take up direct payments. For instance, where there may be some concerns about an individual's ability to manage a payment, a common solution was to suggest a trial period. Thus giving the service user an opportunity to test out and demonstrate their ability to manage a direct payment.

"Despite the extensive list of potential difficulties it must be remembered that the purpose of direct payments is to empower the service user. In some cases the consensus may be that the individual could be given the opportunity to use direct payments because they are likely to be beneficial even though it is acknowledged there may be a higher degree of jeopardy. Short term, trial arrangements may be helpful.."

A high proportion of policies included procedural guidance concerned with the implementation of direct payments (84%). Further, around half of these policies constructively used flow diagrams to demonstrate the process.

Noteworthy, is that the average length of a policy was 29 pages. The range was between 2 -144 pages. The analysis suggested that a policy which was shorter than 15 pages did not cover the essential features relating to direct payments.

2.2 Eligibility

The national guidance indicates that the government is concerned to increase the number of people who receive direct payments and to ensure equity of access to direct payments across the range of eligible client groups. Councils are encouraged to ensure that people with different kinds of impairment, people from different ethnic backgrounds and people of different ages are able to access direct payments.

Table 2.4 reports the percentage of policies which referred to specific client groups as regards to eligibility for direct payments. The most common criteria mentioned were the service user being eligible for a

community care assessment (96%), followed by disabled adults (92%). Although these generic criteria are all encompassing in relation to eligibility, the absence of more specific reference to certain groups, particularly for groups where take up of direct payments has been comparatively slow, may serve to impede promotion of direct payments across the range of service user populations. For instance, some reference was made to certain impairments including: physical disabilities (67%), learning disabilities (64%), sensory impairment (63%), mental health problems (57%), and other groups (47%). These figures show that there is less encouragement or general guidance for the uptake of direct payments with mental health groups, and other groups such as people with HIV.

As previously mentioned the government expects to see a substantial increase in the number of direct payments recipients, particularly among older people. Nonetheless, less than half of the policies referred to older adults (47%) although a greater proportion mentioned disabled young people (59%). Carers and those with parental responsibilities were referred to in 77% and 74% of policies respectively.

Although not specifically an eligibility criterion, it is worth noting that few policies made reference to the promotion of direct payments for people from black and minority ethnic groups (8%).

Table 2.4 Specific eligibility criteria included in policies

	% Criteria present
Eligible for a community care assessment	96
Disabled adult	92
Carers	77
People with parental responsibility of a disabled child	74
Physical disabilities	67
Learning disabilities	64
Sensory impairment	63
Disabled children 16 and 17	59
Mental health problems	57
Other groups e.g. people with HIV or with arthritis	47
Disabled adults over 65	47
Ethnicity	8

Table 2.5 shows how the policy revision date influences the proportion of eligibility criteria. That is, the later the revision the greater the percentage of policies mentioning specific eligibility criteria.

Table 2.5 Inclusion of specific eligibility criteria, by date of revision of policy

	1998	2000	2001	2002	Early 2003	2003-2004	Total %
Assessed as needing community care	1	4	12	13	27	41	99
Disabled adult	0	4	8	13	25	40	92
Carers	0	1	5	11	24	37	77
People with parental responsibility of a disabled child	0	1	4	11	21	40	77
Physical disabilities	0	3	5	7	19	31	65
Sensory impairment	0	3	5	7	19	29	63
Disabled children 16 and 17	0	1	5	7	17	31	63
Learning disabilities	0	3	4	7	19	29	61
Mental health problems	0	1	4	7	18	25	55
Disabled adults over 65	0	1	4	3	15	24	48
Other groups e.g. HIV	0	1	3	7	1	21	45
Ethnicity	0	0	0	1	1	8	11
<i>Total</i>	<i>1</i>	<i>4</i>	<i>13</i>	<i>13</i>	<i>27</i>	<i>41</i>	<i>100</i>

Table 2.6 highlights the proportion of policies that included the eligible restrictions detailed in Annex C of the national guidance. Seventy three percent of policies included detailed information, whilst a further 10%

indicated that restrictions by law should be adhered to. Of note, is that 17% made no reference to eligibility restrictions.

Table 2.6 Policies that included eligibility restrictions

	% Criteria present
Detailed reference to Annex C of the guidance	73
General statements referring to restrictions by law	10
No mention in guidance	17
<i>Total</i>	<i>100</i>

2.3 Assessment and access issues

The procedures involved in conducting an assessment and devising a care plan were detailed in nearly all the policies reviewed. However, although over three quarters of the policies made reference to carers as an eligible group, less than a third made reference to a carer's assessment.

The national guidance asserts that councils may make direct payments only with the consent of the person concerned. In accordance with this, a high proportion of policies addressed the issue of consent, including the option that a person does not have to agree to a direct payment and services can be arranged in the traditional way.

In relation to assessment process, the vast majority of policies considered the issue of the service users' ability to manage direct payments and the importance of users taking responsibility and control was emphasised. Further, in relation to the service users' ability to manage payments in the longer term, policies acknowledged the use of enduring power of attorney and advance directives as mechanisms which could be deployed to support management of direct payments. Just over half of the policies (54%) also contained questions which could be used as a guide to determine whether a service user had the ability to manage payments. On the whole policies emphasised and took into consideration the ability of service users to manage payments with assistance.

"Being able to manage the payments does not mean the person has to do everything themselves. People can have a substantial amount of help to manage their support services, but they must be in control, the one who makes the choices and the one who accepts the responsibility for the consequences of those choices"

"The presumption should be that a person will (with assistance if necessary) be able to manage Direct Payments unless there are compelling reasons to conclude that they are not"

Interestingly, less than half of the policies specifically indicated that a service user should have a clear understanding of the contract they were entering into and thus the responsibilities that may ensue. Moreover, few policies specifically stated that information should be presented in ways that would maximise a service user's understanding of direct payments.

Table 2.7 Policies including main assessment issues.

	% Criteria present
Policies on assessment and care planning	99
Mention of ability to manage/ Long term	94
Consent issues	79
Inclusion of questions to help staff make judgement	54
Contract explained	43
Inclusion of carer assessment	29

2.4 Using direct payments

As a general principle, national policy recommends that local councils leave the choice with direct payment recipients as to how they meet their needs, whilst satisfying themselves that agreed outcomes are being achieved. Although there was some variation, most local policies provided illustration of the use that could be made of direct payments.

Table 2.8 highlights the range of uses for direct payments which were outlined in the policies reviewed. The vast majority of policies encourage the employment of personal assistants (92%), followed by short term breaks (81%) and make reference to the option of employing personal assistants through a care agency (77%). Over a third of policies also mentioned how to use direct payments to purchase equipment (35%).

Limited reference to the use of direct payments to purchase equipment may reflect how various policies have not been updated.

National guidance indicates that direct payments may be used to purchase assistance or services to help service users to be fully involved in family and community life, and to engage in work, education and leisure. However, only a small number of policies have indicated these specific activities. For instance, only a third of policies made reference to assistance with engaging in leisure activities. Seventeen percent have designated that payments may be used to support access to work or education. Of interest, given the significant number of policies (74%) making reference to people with parental responsibilities of a disabled child within the eligibility criteria for direct payments, only 9% mentioned assistance with parenting tasks or family support in relation to use.

Table 2.8 Specific ways to utilise direct payments mentioned in policies

	% Criteria present
Personal care/assistance	92
Short term breaks/ respite care	81
Care agency/direct employ	77
Essential household chores	45
Day care	38
Equipment	35
Assistance to access leisure activities	32
Help with meal preparation /meals on wheels	24
Transport	19
Work/education	17
Assistance for sensory impaired	10
Assist parenting tasks/family support	9
Other	20

2.5 Restrictions

2.5.1 *Appropriate restrictions*

There are a small number of restrictions with respect to the use of direct payments which were included in the policies reviewed. A high proportion included the restriction surrounding the employment of close relatives (85%). Of the policies that mentioned that direct payments could not be used to secure services from a close relative who lived in the same household, 70% went on to offer an exception to the regulation. Close

relatives could be employed if it was the only way to secure services such as, for cultural reasons.

In addition, two thirds of the policies reported that direct payments may not be used to pay for long term care in a care home. Approximately, two fifths indicated that a client could not use direct payments to purchase residential accommodation. Forty nine percent also reported that direct payments could not be used to purchase services that should be provided by the local council.

Table 2.9 Appropriate mention of restrictions on use in policies

	% Criteria present
Unable to employ close relatives	85
Unable to purchase long term care in a home	66
Unable to purchase services that should be provided by council	49
Unable to purchase residential accommodation	39
Unable to purchase services from person who is managing direct payment	2

2.5.2 Inappropriate restrictions

Worthy of note, 14% of policies indicated additional local restrictions which not outlined in national guidance. For example, some policies limited the use of direct payments to the employment of personal assistants only.

Direct payments can be used to employ relatives who do not live in the same household. Nevertheless, nearly a fifth of the policies indicated that any close relative living elsewhere could not be employed using direct payments. However, this may reflect the presence of outdated policies in the sample.

Within the context of some policies being out of date, there were also a number of incorrect statements. For example, one policy stated that, "The legislation however is not mandatory. Local Authorities have the discretion to decide in which circumstances and for which services they would wish to use..".

"It is up to the Council to decide which types of services it chooses to make available under direct payments".

“Direct payments for equipment – we have not utilised this area of the scheme”.

“Council X has decided, at the moment, to restrict direct payments to the purchase of Personal and Domestic Care”.

“In X it is recognised that further clarity is needed on the legal position of 16/17years olds. This means that currently direct payments cannot be made directly to 16/17 year olds”

Table 2.10 Inappropriate mention of restrictions in policies

	% Criteria present
Unable to employ close relative living in another household	19
Other/ tight restrictions	15
Unable to use if no longer ordinarily resident of council	2

2.6 Support functions

Previous research has highlighted that a well resourced direct payment support service is necessary for increased up-take of direct payments (Barnes 1992, Hasler et al 1999, Witcher et al 2000, Ridley and Jones 2002, Stainton and Boyce 2002), and that effective support is required at all stages of the process i.e. promotion/advocacy, pre-assessment/preparation, starting up, and ongoing support (Spandler & Vick 2004). Existing direct payment support schemes have enabled people to secure assistance with personal and domestic tasks inside and outside the home. Moreover, councils are encouraged to explore a range of innovative and creative options that can meet service users' support needs.

In relation to assistance for potential and actual recipients of direct payments from local support schemes or services, the majority of policies mentioned general support to help manage direct payments (79%). However, few policies indicated support with preparing for community care assessment (7%) and only a third of polices mentioned advocacy.

As table 2.11 illustrates, a number of policies made reference to information and advice on employment issues (79%) and practical help with advertising and recruiting staff (70%). Almost half of the policies also

indicated the availability a payroll service (45%). These support functions are consistent with the high proportion of policies that encouraged the employment of personal assistance with direct payments.

Table 2.11 Mention of specific support service functions

	% Criteria present
Information and advice on employment issues	79
General support to manage payments	79
Practical help - advertising, recruit staff	70
Information on independent living fund	64
Emergency cover/contingencies	60
Complaint procedures	60
A payroll service	45
Training	35
Advocacy and promotion of direct payments	33
Health and safety advice	30
Criminal record check	26
Access to peer support	19
Support with preparing for community care assessment	9
Other	6

Income maximisation was an important feature of a number of policies and this is reflected by the high proportion of policies which gave information on the independent living fund (64%). Information on complaints procedures and emergency /contingency arrangements was also present in 60% of the policies. Around a third of policies mentioned training (35%), and health and safety advice (30%). Slightly fewer policies referred to support with criminal record checks (26%). Although the national guidance recommends access to peer support, less than a fifth of policies had made reference to provision of this type of support (19%).

" Support scheme will provide information about all aspects of employment, payment of wages, tax and NI liabilities and employer liability insurance".

"Information about setting up and managing the Direct Payment".

“ A user group has been established and it is hoped that this will develop into an effective and skilled body that will offer advice and support to new clients and be a means of making the scheme known in the community.”

“We aim to ensure that direct payment users have sufficient supports and contingences to enable them to make a positive success of managing their own care”.

2.7 Roles

Table 2.12 shows the proportion of policies that outlined various roles integral to implementation of direct payments. The great majority of policies described the role of the care manager (90%), followed by the role of the service user (88%). Over three quarters mentioned the functions of the support service (78%). Interestingly despite the awareness that support increases take-up and is required throughout the process to help manage direct payments, the most available support system, by way of family and friends, was mentioned in few policies (8%).

Table 2.12 Discussion of key roles in policies

	% Criteria present
Role of care manager	90
Role of service user	88
Role of support service	78
Role of family/friends	8

2.8 Finance Issues

It is left up to local authority discretion to decide on the amount of the direct payment. On review of the policies it was found that 82% indicated how they calculate payments. The national guidance advises that there is no limit on the maximum or minimum amount of a direct payment either on the amount of care it is intended to purchase or on the value of a direct payment. However, one off payments were seldom mentioned (16%) and a small number of policies indicated a maximum amount (7%).

The national guidance asserts that councils should consider how direct payments might promote preventative and rehabilitative strategies. Less than a fifth of policies reported that a preventative strategy may necessitate a higher investment to achieve long term benefits.

Nevertheless some policies had an opposing view and thus emphasised cost effectiveness.

“A preventative work may call for higher investment to achieve long term benefits and savings”.

“Direct payments should not be given unless they are at least as cost effective as services arranged by the Local Authority”

Over half of the policies reviewed outlined how start up costs may be employed and also how client contributions would be assessed. A majority of policies included procedures on how to set up a payment (84%). Around three quarters also mentioned procedures on record keeping and client accountability.

Interestingly, a small proportion of polices mentioned the possibility of joint funding with Health (7%).

“Where individuals have complex needs some of the services they require may be funded by Health, Section 28a or health funding as part of a pooled budget. ”

Table 2.13 Percentage of policies that referred to key financial issues

	% Criteria present
Setting up payment – separate bank account etc	84
How to calculate amount of direct payment	82
Discontinuing payments temporarily/permanent	75
Record keeping/accountability	73
Start up costs	56
Client contributions	54
Recovery of payments	52
Preventative strategy may be employed	19
One off payments	16
Maximum payment	7
Joint funding with Health	7

2.9 Review and monitoring

The majority of policies (85%) outlined the process for reviewing receipt of direct payments at the individual level. This process was generally separate from care planning. The first review usually took place within the

first 6-12 weeks and then at least every 6 months. A number of policies also emphasised the importance of engaging the service user in this process at the individual level. However, just a small proportion made reference to the involvement of service users in monitoring direct payment implementation and in assuring the quality of support provision.

“The review is an opportunity to make sure that the person’s needs are being met, the money is spent wisely and that the person remains willing and able to manage the payments”

“The person must feel confident that they can discuss any difficulties that they might have experience without fear that the payments will be withdrawn”

“User monitoring is also an important part of the quality assurance process..”

2.9.1 Financial monitoring

The majority of policies mentioned procedures for financial monitoring (95%). Three quarters of the policies gave detailed practice guidance on how financial monitoring would be carried out. The analysis suggests that few policies over emphasised the monitoring of finance issues.

Table 2.14 Percentage of policies that discussed monitoring arrangements

	% Criteria present
Policy to review direct payments	95
Policy on financial monitoring	95
Information surrounding process of financial monitoring - checking client accounts/check only spent on assessed need	76
Check for an over emphasis on financial monitoring	4

3. Conclusions and Recommendations

3.1 Summary and conclusions

In general, the analysis indicates that there is a fair degree of congruence between local policies and the national guidance on direct payments. The emphasis on user empowerment and positive philosophy is embodied in the majority of policies. Policies also promote independent living and emphasise service user choice and control with regard to meeting their care needs. Moreover, the manner in which the policies have been written signifies a positive approach with respect to the implementation of direct payments.

On the other hand, a substantial number of policies have not been recently updated and therefore do not sufficiently reflect current national guidance. In turn, this had major implications for the content of the policies, particularly in relation to the diversity of eligible client groups mentioned, the range of uses suggested for direct payments and the type of support available to facilitate access to, take up and management of direct payments. As might be expected, the policies that had been most recently updated more accurately reflected national guidance. Policies also varied in length and comprehensiveness. Some policies were not dated and did not indicate their status (i.e. draft or final version) suggestive of poor document control.

More specifically, the direct payments guidance indicates that the government is concerned to increase the number of people who receive direct payments and to ensure equity of access across the range of eligible client groups. This analysis has raised questions about the profile afforded to particular groups within direct payments policies, most notably older people. Further, more specific reference to the range of eligible groups may help to promote access across the board, most notably for groups where take up has been slow or to whom access to direct payments has been more recently extended. On a slightly different point, there was also insufficient promotion of direct payments for people from black and ethnic minority groups.

Assessment issues including consideration of the issues of consent and service users' ability to manage direct payments were clearly outlined in most policies. However, policies seldom mentioned that a service user should explicitly understand the contract they were entering into. Information also needed to be provided in a variety of ways to maximise uptake for all client groups.

A range of uses for direct payments was mentioned within the policies. Perhaps reflecting historical factors or current patterns of use, direct payments policies predominantly focused on the employment of personal assistants and use of short term breaks/respite care. In contrast, far fewer policies made reference to other uses that might promote independence and aid social inclusion by offering opportunities for rehabilitation, education, leisure and employment. Indeed, some policies inappropriately restricted the use of direct payments.

Councils are encouraged to set up a range of support services to meet the needs of all potential direct payments recipients. Most policies indicated the availability of general support to manage payments and support services based around the employment of personal assistants. Support areas that were not addressed sufficiently included peer support, advocacy, regular training, help with the assessment process and health and safety advice. Support for people with communication difficulties was also rarely mentioned.

The majority of policies made reference to arrangements for regular review of direct payment receipt at the individual level and for monitoring financial arrangements and the involvement of recipients within these processes. However, few policies mentioned the involvement of service users in monitoring and quality assurance of direct payment implementation at the strategic level.

Overall, the analysis suggested that around three quarters of the policies reviewed were of a reasonable quality or better in that they were comprehensive in content and written in an accessible style. The remaining policies were of a lower standard reflecting primarily the need for further updating, revision and development. These policies did not adequately address key issues such as the range of eligible client groups, the range of ways in which direct payments may be used, and the range of support required throughout the process. In addition, while policies indicated that procedures were in place to facilitate applications and that support was available for people to manage direct payments, less emphasis was placed on the areas of advocacy, promotion, the provision of accessible information and training to raise awareness and on peer support, the contribution of friends and family and other support mechanisms that might further enable service users to take up payments.

3.2 Recommendations

Based on the policy analysis, the following recommendations are made to support the development of direct payments policies at the local level:

1. Local Authorities need to update their direct payment policies to ensure that current legislation is incorporated.
2. In developing direct payments policies, local authorities need to take account of 'best practice' examples. The policy analysis suggests that 'best practice' guidance incorporates the following features:

Context

- Current legislation
- A policy which promotes user empowerment and embodies the independent living philosophy underpinning direct payments
- A clear layout and structure written in accessible style
- A logical process summary or flow chart at the front of the policy
- Document control - date of policy and when it was last revised

Content

- Defines the range of eligible groups including reference to under represented groups such as people from black and minority ethnic groups and older people.
- Comprehensive information on assessment and care planning - including carer assessment.
- As well as encouraging flexibility and innovative use, reference to the range of potential uses for direct payments including use to facilitate engagement in work, education and leisure.
- Inclusion of a range of support functions at different stages of the process. Particular note should also be given to access to peer support, availability of information for service users and support for people with communication difficulties.
- Clear definition of roles and responsibilities of key people, including an emphasis on the role of family and friends.
- Up-to-date legislative restrictions and exceptions.
- Monitoring of financial issues.
- Arrangements for regular review. The involvement of service users in individual reviews and strategic monitoring and quality assurance of the systems and procedures for implementing direct payments.

3. The Department of Health should consider repeating this exercise again in approximately one year's time to ascertain if policies have been appropriately revised.

Appendix A: Coding frame themes

Council Name
Code no.
Region
Type
Policy /background
Status of policy
Date last revised
Separate procedures adult/children
Length
Comprehensive/quality
Independent support scheme
Legislative background
Philosophy/ independence, choice
Process outlined flow chart/ procedures indicated
Information for user/carer leaflet
User empowerment/Can do approach/ tone /language
Assessment issues
Consent
Carer assessment
Assessment and care plans
Ability to manage/ long term considerations
Contract explained. Make sure user understands scheme
Questions to help make judgment
Care group specific/ eligibility
Physical disabilities
Learning disabilities
Sensory impairment
Mental health problems
Other groups
Assessed as needing community care
Disabled adult
Disabled adults over 65
Disabled children 16 and 17
Ethnicity
Carers
People with parental responsibility of a disabled child
Restrictions eligibility
Detailed reference to Annex C from the guidance
Exclusions by law
Other
Support functions
Information and advice on employment issues
General support to manage payments
Practical help - advertising, recruit staff
Information on independent living fund
Emergency cover/contingencies
Complaint procedures
A payroll service

Training
 Advocacy and promotion of direct payments
 Health and safety advice
 Criminal record check
 Access to peer support
 Support with preparing for community care assessment
 Other
Using direct payments/ user
 Personal care/assistance
 Short term breaks/ respite care
 Care agency/direct employ
 Essential household chores
 Day care
 Equipment
 Assistance with leisure activities
 Help with meal preparation /meals on wheels
 Transport
 Work/education
 Assistance for sensory impaired
 Assist parenting tasks/family support
 Other
Restrictions on use
 Unable to employ close relatives - other household
 Unable to employ close relative - same household
 Unable to purchase long term care in a home
 Unable to purchase services should be provided by council
 Unable to purchase residential accommodation
 Unable to employ close relative another household
 Unable to purchase services from person who is managing direct payment
 Unable to use if no longer an ordinary resident of council
 Other/ tight restrictions
Exceptional circumstances
 Can employ relative if only way to secure services
Roles/
 Role of care manager
 Role of support service
 Role of person
 Role of family/friends
Finance
 Calculating, basis of costing
 Maximum payment
 Preventative strategy may be employed / less costly LT/
 Start up costs
 One off payments
 Client contributions
 Making payment
 Record keeping/accountability
 Joint funding
 Recover payments

Discontinuing payments temp/perm

Review

Review and monitoring/policy

Process of monitoring - checking client accounts/check only spent on assessed need

Over emphasis checking accounts etc / separate finance officer

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