



HASCAS

Health and Social Care
Advisory Service

A Content Analysis of Direct Payments Policies in England

AN EVALUATION

Executive Summary

In 2003, the Health and Social Care Advisory Service (HASCAS) was commissioned by the Department of Health to undertake an analysis of Local Authority direct payments policies within England. This summary presents the main findings of the analysis including examples from specific council guidelines and makes recommendations for the development of direct payments policies.

The analysis was funded by the Department of Health's Older People and Disability Division.



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The Health and Social Care Advisory Service (HASCAS) is committed to making a positive difference to the lives of people experiencing mental distress and older people. It is an independent, not for profit organisation undertaking service, organisational development and research.

How to get further information

For further information about the analysis contact HASCAS by phone on 020 7307 2892 or by email at enquiries@hascas.org.uk

Copies of the full research report 'A Content Analysis of Direct Payments Policies in England' by Roseanne Tobin and Nicola Vick can be downloaded free of charge from the HASCAS website: www.hascas.org.uk (sited in 'Downloads' in the 'Publications' folder).

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 payments 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.

2 Data collection and methods

A systematic content analysis of direct payments 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.

3 Key Findings

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.

Illustration of positive approach

"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."

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.

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

Illustration of inappropriate restrictions

“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 16/17 years olds. This means that currently direct payments cannot be made directly to 16/17 year olds.”

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. Furthermore, 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 limited evidence of promotion of direct payments for people from black and ethnic minority groups.

Table 1

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

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 into which they were entering. Information also needed to be provided in a variety of ways to maximise uptake for all client groups.

Illustration of ability to manage payments

“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.”

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.

Table 2

SPECIFIC WAYS TO UTILISE DIRECT PAYMENTS MENTIONED IN POLICIES

	% CRITERIA PRESENT
Personal care / assistance	92
Short term breaks / respite care	81
Care agency / direct employment	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

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.

4 Recommendations

Based on the analysis, the following recommendations are made:

1. Local Authorities need to update their direct payments policies to ensure that the policies incorporate current legislation and guidance.
2. 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 / national policy
- 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.