Working paper

The implementation of Direct Payments: independent variables and hypotheses from the literature

by

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Part I: Introduction

Introduction

Under the Direct Payments scheme in the UK, local authority social services departments provide cash budgets to people who need social care services – including people with physical and learning disabilities, older people and people with mental health problems – to purchase the services they need for themselves within broadly approved categories, rather than have those services defined in detail and purchased or provided for them by the local authority social services staff. Initially created as a legal power, it became mandatory from April 2003 (Statutory Instrument 2003/762) for authorities to make Direct Payments to those assessed as willing and able to use them (either alone or with assistance) and who want them (DH, 2003). Although the numbers of people receiving Direct Payments has grown year-on-year since 2000 in both England and Scotland, there is a widely shared view both in the Department of Health and in various service user movement organisations that the numbers remain disappointingly below expectations (see Riddell *et al*, 2005, for quantitative analysis of the differences in numbers of recipients between local authorities). This presents the policy sciences with a fairly conventionally structured question – namely, to explain under-achievement in policy implementation by the standards of what had been expected or hoped for within central government and by supporters of the programme in the disability and other service users movement organisations. In this paper, this question is approached by way of a review of the literature on Direct Payments, and a briefer review of the key arguments emerging from the much more extensive literature on policy implementation generally. A series of factors are identified that have been argued by researchers and commentators to amount to barriers to more extensive offering and take-up of Direct Payments, and these factors are classified in ways that provide a preliminary account of the likely relationships between them. The analysis conducted provides the basis for future empirical research.

Aims and structure

The aims of the paper are

- to identify from the available literature the main factors that may explain the patterns of implementation of Direct Payments programmes;[1]
- to identify some of the main conceptual frameworks and taxonomies that seem likely to be useful in understanding its implementation; and

[1] Direct Payments can be defined either legally or functionally. Legally, the definition is any payment made to an individual in the UK under the Community Care (Direct Payments) Act 1996 and the subsequent legislation building upon it: this would distinguish Direct Payments, *stricto sensu*, from payments made by the Independent Living Fund (in many cases prior to that date). Functionally, a working definition might be any payment of money or a voucher with a specified monetary value, which may be used by an individual only for the purpose of purchasing social care for their own needs, within a broad specification set in the context of a community care needs assessment but where the details are for the individual using the funds to determine for herself or himself. The advantage of the functional definition over the legal definition for the present purpose is that enables us to make some use of literature on very closely analogous programmes in the USA which have presented similar implementation challenges (Simon-Rusinowitz *et al*, 2001; Loughlin *et al*, 2004). Direct payments are thus distinguished from indirect payments, in which the funds are granted to a third person (carer, spouse, guardian) to manage. There are some cases that might be considered intermediate between direct and indirect payments, where, for example, a user controlled trust is created to manage the funds, and where during acute episodes of illness, the management of the funds is transferred to another person; there are also cases where specific aspects of the management of the funds is delegated by the user to someone else – for example, handling payroll matters – and there are of course good reasons for wanting flexibility in the range of such facilities available. In this paper, consideration is given to Direct Payments construed fairly broadly to encompass a range of these intermediate cases, although rather little turns for the purpose of understanding implementation barriers and pressures, on the exact definition adopted. In this paper, I shall distinguish between the Direct Payments "policy" referring to the nationally prescribed laws, guidance and commitments, and "programmes" meaning each local authority's set of activities to implement the policy: Tobin and Vick (2004) provide a textual analysis of local authority programme documents. I eschew the word "scheme" used in some of the literature, because now this word is generally reserved for local activities by voluntary bodies, disability and community groups, foundations and others – sometimes with local authority funding – to provide support for recipients of Direct Payments. This paper is not concerned with the implementation of such schemes, although many of the considerations identified as important in the implementation of policy and programmes would probably also apply, *mutatis mutandis*, to support schemes.

- to do both these things in a way that may guide the research team in developing testable hypotheses, and in developing research instruments such as questionnaires and interview schedules for the empirical work to be done.

The paper is organised as follows.

The next section defines a little more precisely the question to be tackled in the paper, and then provides a number of cautionary points about the nature of the literature relied upon and the limitations of the analysis attempted.

The second part introduces the organising framework for the paper. A distinction between three kinds of factors or independent variables is drawn, and some of the main types of possible relationships between these types are sketched out.

The third part consists in a dense listing of factors, organised within the framework presented previously, derived from an analysis of the literature on Direct Payments. This is followed by a brief discussion of the relative weighting of factors around which much of the literature seems to converge.

The fourth part is more discursive. It begins by a brief overview of the main categories of factors offered in the wider public administration, public management and public policy literatures on implementation quite generally, before discussing which of these factors seem to be under-emphasised in the Direct Payments literature, that might merit further exploration. Then the paper considers the frameworks that have been developed by which to classify variation in styles both of implementation structures, and strategies of limited or weakened implementation, and considers what the literature suggests might be found in the case of the Direct Payments policy. Finally, the paper examines just one framework presented recently to try to understand what might be meant by "modernisation" in the New Labour lexicon, and examines how far the Direct Payments policy can be understood as an exemplification of those themes of public management reform.

The question

The brief for the present paper is very limited. The central task is to review the specific literature on Direct Payments (DP) in order to identify the main types of independent variables that have been put forward as explaining the extent to which the DP programme has been successfully implemented by local authorities and taken up by service users on a large scale, and as explaining variations in the styles of implementation. The objectives are

- to situate those independent variables within the wider categories of independent variables that are acknowledged within the wider literature in political science, social policy and public management theory to be critical to the explanation of the extent, success and variation in styles of implementation of policies and programmes quite generally; and
- where possible, to examine how these independent variables might illustrate key themes in what can be understood as the wider project of "modernisation" of public services in general and social welfare services in particular, to which the present British government is committed.

It must be stressed at the outset that the task is not to review the literature on the DP programme generally, not to consider its merits and demerits, not to examine what is known of recipient's attitudes and experiences (except where relevant for understanding implementation), not to examine the consequences for social welfare provision, nor even to examine the published statistical data on the extent to which it has been implemented and taken up widely or successfully. Since much of the literature on Direct Payments is concerned with questions of these kinds, the present paper makes quite a narrowly defined use of the literature.

The purpose of this examination of independent variables for implementation is to guide the research team in the development of survey and interview instrumentation.

About the literature

The literature reviewed was identified in the course of searches using the databases Ingenta, JStor, ScienceDirect, Cambridge Scientific Abstracts and ISI Web of Science Social Science Citation Index, searching for articles using the keyword "Direct Payment" published since 1997. In addition, searches were conducted on the archives of the main trade press titles for comment pieces. The keywords used for searches on Ingenta and JStor were not restricted to "Direct Payment", but also included "disability + personal assistant / assistance" and "disability + cash" and a variety of cognate terms.

The bulk of the available literature is not peer-reviewed, but consists in trade press journalism, advocacy articles, and comment pieces. Of the peer-reviewed journals, articles, a significant number are devoted more to commentary and speculation about explanations and consequences than to the presentation of empirical findings. There are very few articles in peer-reviewed journals about the British Direct Payments policy. Of those that have been published, although many have something to say about factors that pertain to implementation, implementation is in fact usually only a secondary question. However, many are about the user experience, or about discourses used in official documentation or practice by which Direct Payments are understood and described.

Moreover, the research evidence base on Direct Payments is not extensive; most empirical studies are small in scale, qualitative in character. Many are concerned with specific aspects. For example, the studies by Glendinning *et al* (2000a,b) were focused mainly on the interaction between Direct Payments as a social care payment mechanism and health care provided by the NHS.

Most studies have been conducted on current recipients, current personal assistants and some professionals or local authority managers. Within this field, more work has been done on Direct Payment take up by people with physical disabilities than by other client groups, presumably reflecting the actual balance of take up (In 2002-3, it is estimated that 85% of recipients were physically disabled people under retirement age: Audit Commission, 2004, 37). Rather less research has been conducted into the views of those who did not seek or did not want a Direct Payment: the factors identified below as important in take-up should therefore be read as limited by the fact that evidence in the studies used is based on those who have taken up Direct Payments. Rather little work has been done to examine the decisions of those local authorities that did not, prior to compulsion, make active efforts to promote the availability of payments. No research appears to have been published examining the decisions of those who have the qualifications, experience, availability, potential interest and time to seek work as personal assistants but decided not to do so. Little research has been done to date on the question of whether the DP scheme has attracted people into work as personal assistants, who might not otherwise have been interested, although the Department of Health is thought to have hopes that there may be a statistically significant effect of this nature. Moreover, none of the articles from academic – whether peer-reviewed or unpublished – make any reference to the wider literature in political science, social policy and public management on implementation processes, and – as will be discussed below – there are a number of categories of independent variable discussed in the wider academic literature which are not addressed by the Direct Payments literature.

In many cases, studies have been conducted by researchers working for and committed to user movement organisations advocating greater commitment by local authorities to offering Direct Payments: of course, it does not follow from this that this research should be regarded as biased in ways that make the findings unreliable; however, it does suggest some caution in interpreting the findings because these researchers have reasons to focus more upon factors that affect the making of the offer than those affecting take-up. In fact, some of the literature has a marked bias, in that many of the writers suspect that the reasons for what they perceive to be the low levels of implementation and take-up of Direct Payments reflect lack of *willingness* on the part of local authority elected members, managers and frontline professionals, driven by motives such as members and managers desire to protect existing services or social workers' desire to retain power over clients and paternalism. Consideration is given only by a few writers to hypotheses that problems of *ability*, or of *organisation* in local government and in social services departments might be at least as, if not more important. Only two hypotheses of this kind are considered seriously by many writers. One posits the *ignorance* of some frontline staff about how Direct Payments can work; the other proposes that in the case of people with mental health problems or learning disabilities, local authority staff and lawyers are taking a very cautious and *restrictive legal interpretation* of the statutory provision that recipients must be "able and willing to manage a payment". However, even this second hypothesis is sometimes described as if it were the consequence of reactionary motives. However, the empirical research that is reported in the literature on Direct Payments concerning local authority motivation, organisation, information, training, reasons for adopting differing interpretations of the statute, etc is very thin indeed. Mostly it consists in small scale sets of interviews with some front line case managers, and it is certainly not sufficient to establish the hypothesis that motivational and willingness factors are the most important.

For the present purposes, therefore, the condition of the literature is not very satisfactory.

Part II: Categories of independent variables

By and large, and no doubt partly reflecting the lack of connection with the wider body of implementation studies, writers on Direct Payments do not generally distinguish between those factors that affect the implementation of *any* policy or programme of this administrative type (for example, any programme involving the administration of promotion of the programme, application processing, assessment and determination, the administration of cash payments to individual beneficiaries and the monitoring and control of subsequent entitlement and use of the monies), and factors that are specific to Direct Payments programme (for example, because some of the recipients may be vulnerable in particular ways, or because the programme is administered by social services departments (or social work departments in Scotland) or because the policy has grown out of the particular politics of the disability movement, etc.). This seems to me to be an important distinction, because if the implementation of this programme is to be evaluated in any reasonable way, then it is important to be clear just what the comparisons, implicit or explicit, are, against which standards or thresholds of success or failure in implementation might be set.

Secondly, DP is a programme for the successful implementation of which people who want a payment must apply, local authority staff must grant, and services must then be forthcoming in the marketplace in response to the effective demand expressed by the recipients using the budget they have been given. That is to say, a *take-up* problem, a *roll-out* problem and a market response and in particular the *supply* of labour and services – this is what economists would treat as a measure of elasticity of supply to marginal changes demand – must all be solved for "success" at whatever level is defined (by policy makers, or by evaluators) as being as "success". It is therefore important to distinguish – and in fact much of the literature does distinguish, although not necessarily using these terms – between three kinds of factors or independent variables. These are

- *Demand side factors*: factors affecting (a) the ability and (b) the willingness of service users to apply for Direct Payments;
- *Local authority supply side factors*; factors affecting (c) the ability and (d) the willingness of local authority (i) elected members, (ii) social services managers and (iii) care managers and other front-line client-facing staff (A) to promote the programme generally (B) to welcome applications and to begin with a presumption in favour of granting them unless good reason is shown otherwise (or not) and (C) to organise the administration of each local authority's programme in such a way as to sustain demand for DPs;[2] and
- *Labour supply factors*: factors affecting (a) the ability and (b) the willingness of potential personal assistants (PAs) and of other service providers (day care facility organisations, individuals or agencies that might take temporary responsibility for managing the DP budget during periods of the recipient's temporary illness and inability to manage it, potential trustees for trusts to make decisions during periods of temporary incapacity, therapists of various kinds and counsellors in theory providing social rather than health services)[3] to supply these kinds of labour or services, and factors affecting the numbers of hours they are prepared to supply. It should be noted that many Direct Payments are made at least in some more flexible authorities, sometimes on a one-off and sometimes than a continuing basis, for the purchase of fairly routine commercial services,

[2] There is also a relevant question that is not considered in this paper about the ability and willingness of local authorities generally and of particular stakeholders within them to provide financial and other assistance to local support organisations. However, in this paper, the implementation considerations examined are limited to those affecting the relationships between local authorities and potential or actual DP applicants, rather than the wider issues of relations between councils and voluntary organisations in their areas. In any case, there is as yet little or no peer reviewed research on how local direct payments support agencies actually work, although several studies of individual DP users stress the importance of these services to their clients. Reviewing the research evidence on this question and supplementing it with additional qualitative work, Spandler and Vick 2004 conclude that early involvement by support services, their independence from local authorities, and specialist staff in such services are of particular value to individuals. The Direct Payments Development Fund has been established to provide grants from central government to voluntary organisations. Two sets of awards have been made to date: £9m is available over three years. The expenditure, distribution and impact of the fund on direct payment support will be evaluated.

[3] Direct payments are not supposed to be used to purchaser health care, but because many intimate services have both health and social care benefits, the boundary is difficult to define and the rule can be a problem for users (Glendinning *et al*, 2000; Glasby and Littlechild, 2002). The Department of Health issued guidance in February 2004 reaffirming that the legislation prohibits this use.

such as the taking of driving lessons, or for the use of taxis or of specialist transport, or for membership fees for sports facilities and gymnasia. There is of course no particular problem of supply elasticity for these mainstream services. There are anecdotal reports of other cases which raise other questions. For example, one case has been mentioned to me in which a number of people with disabilities sought and were granted Direct Payments at a level sufficient to provide ongoing funding for a creative arts programme in which they were engaged and for which the previous funding, not provided by the local authority social services department, was scheduled to come to an end. This may be an extreme case of the relationship between demand fuelled by Direct Payments and the responsiveness of the supply of specialist services.)

I shall refer to as *first order factors*, those factors which concern the interests of these actors, their motivations and attitudes and beliefs, their commitments, their skills and capabilities, the direct constraints they face, and the socio-demographic or geographical characteristics which serve as proxies for some of these things. (The caveat should be recalled, when considering the list of such factors below, that most factors have been identified by asking those who actually had taken up Direct Payments about the problems they have experienced with them, and that there are no studies on those who had considered a Direct Payment but rejected an offer or not applied.)

Local authorities are complex organisations, with at least potentially conflicting interests within them between elected members; chief officers and policy planners; frontline social services assessors, providers and purchasers; finance managers and lawyers. Unfortunately, rather little of the available research on Direct Payments distinguishes clearly between these groups. Conventional political science approaches tend to treat the relationships between them using principal-agent models in which elected members are defined as principals and taken to have more or less well defined interests or goals relatively independently of the goals of staff as agents, and the central problems in the relationship are those of information asymmetry. However, these assumptions can be questioned in general and certainly have not been shown to be robust in the particular case of DP. It is possible to hypothesise on the basis of anecdote and general background knowledge about the likely or possible differences between these groups in their reasons or incentives for promoting or inhibiting roll-out, their perceptions of risk, their understanding of the issues or the importance of direct payments for service users or for the strategic objectives either of social services generally or the particular local authority; however, it would be dangerous to place much weight even on informed speculation.

Because rather little work has been done on the nature of the personal assistant role when remunerated using Direct Payments, we know rather little about the range or types of arrangements emerging, the geographical or client group variations in preferences or availability, and still less about trends over time. Recent broad brush qualitative studies have hinted at a wide variety (Ungerson 2003, 2004). Some PAs will be carers already. Some will be more or less full time professionals who will take a certain number of regular clients. Others may be working on a wide range of flexible bases and may offer only a few hours to each client, and may offer only short term service contracts. Labour supply can be expected to vary widely between areas of the country. It is far from clear from the limited research done so far, for example, that introducing a PA enables a family member who has been caring to reduce their caring activity by a corresponding number of hours, still less that Direct Payments are releasing people from caring to take up other kinds of work.

However, these do not exhaust the key categories of factors. For example, local authority willingness to supply significant efforts to develop their DP programmes may well be affected by the *anticipations* of managers and professionals of the extent of likely demand as *behaviour*, and of the extent of likely labour supply for e.g. personal assistants. In the same way, some of the studies acknowledge that low levels of demand for DPs may reflect recipients' *anticipations* of difficulties in securing and sustaining a DP or difficulties in recruiting a PA; finally, some studies hint – although there is no direct evidence from those who have positively decided not to offer their labour in this capacity – that potential PAs may be deterred by their *anticipations* of the behaviour of DP recipients or indeed of local authority social service departments (LASSDs). These anticipations may be correct or wide of the mark. However, they could also be *self-fulfilling*: some of the writers comment that they believe that low levels of take-up may reflect LASSD anticipations of low demand, which lead to low levels of effort to promote the programme, leaving potential applicants ignorant, resulting in low levels of demand. These anticipations can be described as *second order factors*.

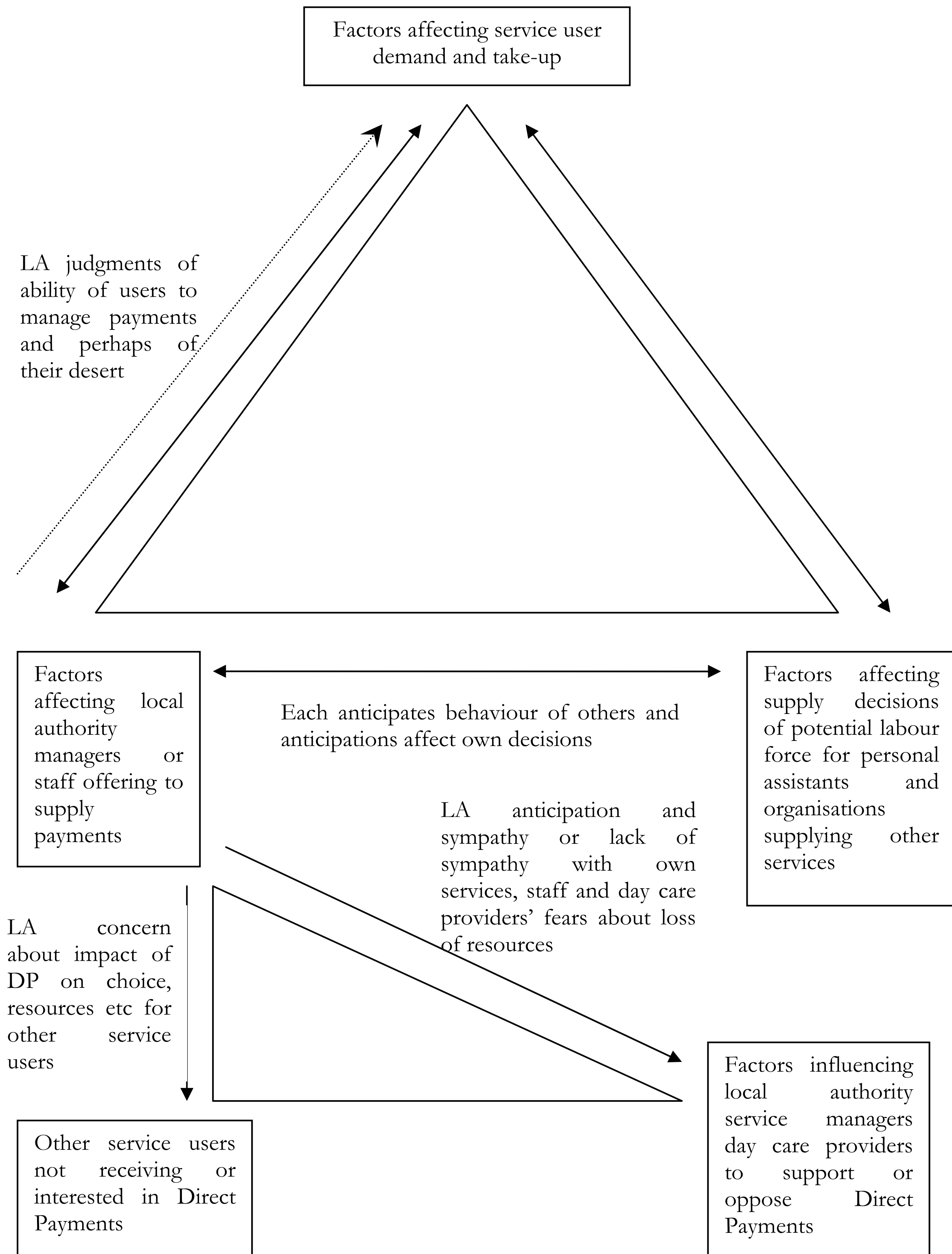
Thirdly, there are ways in which potential recipients, LASSD decision makers and suppliers of services *take account of the interests, the (quasi-political) pressures coming from, or the advice* of other actors. These

can be called *third order factors* Second order factors concern anticipations of the behaviour of others irrespective of those others' beliefs and where one may not have any commitment to support those others in that behaviour and may not even welcome it; by contrast third order factors concern anticipations of cognition of others, where one has some reason to take account of those beliefs and has some reason to support them in the behaviour that they would promote. For example, some of the studies suggest that some LASSDs have been reluctant to promote DP because they feel an obligation to protect their own conventional care services or the services supplied to them by current voluntary or private sector contractors to which they are committed by block contracts (for if the local authority could not sustain the levels of referrals on the basis of which the contracts were entered into, in some cases, the local authority rather than the care provider may have to bear the costs, if inadequate risk transfer was negotiated to protect the local authority), and that in some cases, they are concerned about the equity considerations as between DP recipients and other service users still receiving traditional care. Equally, some of the studies stress the ways in which recipients look to other recipients or to independent advisory bodies for advice, mutual support and information.

Figure 1 presents a simple schematic diagram to show the relationship between these factors. The first order factors are related by the upper, isosceles triangle, the second order factors by the arrows running around that triangle and the third order factors are illustrated only in the case of their impact upon the LASSD supply side factors, around the lower, right angled triangle. Readers can readily construct for themselves the comparable third order relationships that might hang off the other two corners of the main isosceles triangle, affecting potential recipients and potential service providers.

The figure therefore identifies only the elements of the system at the level of categories of factors: it does not specify any particular model and it should not be confused with a model. Models would be specified by (a) drilling down to particular factors and (b) specifying their relative importance and (c) defining particular dependent variables specifying the extent and the style of implementation that might be yielded. The development of a model or of models should be one objective of the present research project.

Figure 1: Direct Payments: key categories of factors shaping implementation



Part III: Independent variables identified in the literature on Direct Payments

This section lists key independent variables identified in the literature, using the taxonomy presented above and summarised in Figure 1:

First order variables: interests, capabilities, commitments, institutional constraints

Potential recipients

- first order factors discouraging take-up

- lack of knowledge of the existence of the DP programme (Maglajlic *et al*, 1998; Murray-Neil, n.d.; Brandon *et al*, 2000; Ridley and Jones, 2003; Clarke *et al*, 2004; Shaping our Lives National User Network *et al*, 2003);
- lack of understanding of the mechanics of applications (Maglajlic *et al*, 1998); both these factors have been suggested by these authors to be the effect of lack of effort by local authorities in publicising the availability of Direct Payments;
- low expectations or concern at the waste of time, effort and emotional energy in making an unsuccessful application (Maglajlic *et al*, 1998; Ridley and Jones, 2003), especially for people with mental health problems or learning difficulties who may believe that they would be discriminated against because of their diagnosis, should they apply (Glasby and Littlechild, 2002);
- fear of own inability to manage the budget, especially during periods of temporary incapacity (esp. those with mental health problems) (Glendinning *et al*, 2000a,b; Ridley and Jones, 2003);
- (people with mental health problems only) concern that a PA one directly employs oneself may be more reluctant to take action to get their employer sectioned if necessary during periods of illness than might staff in conventional care settings (Glendinning *et al*, 2000a, reporting just one interviewee making this point);
- concern about the administrative burden of being an employer, handling bank account, tax, health and safety, potential Industrial Tribunal cases if dismissal of PA is required, employment liability insurance (transaction costs) (Leece *et al*, 2003; Macfarlane, 2002; Carmichael and Brown, 2002; Bamber, 2002; Holman, n.d.; Halliwell and Glendinning, 1998; Hasler *et al*, 1999; Hasler and Zarb, 2000; Clarke *et al*, 2004; Ridley and Jones, 2003);
- problems of being refused bank accounts (Carmichael and Brown, 2002);
- fears for personal safety following the issue of an advertisement (Clark and Spafford, 2001);
- (perception of) narrow range of costs covered by DP (Carmichael and Brown, 2002), especially in relation to restrictions on the power to use the money to purchase services defined as healthcare (Glendinning *et al*, 2000b) or inability to purchase either day care or residential care (Dawson, 2000);
- concern that DP would not be large enough to offer sufficiently high rates of pay to enable recruitment of suitable, skilled, reliable**,** personally compatible PAs (at least some local authorities set rates on the basis of equivalence with the costs of residential care) (Witcher *et al*, 2000; Carmichael and Brown, 2002; Leece, 2000; Leece at al, 2002; McClimont, 2002; Beadle-Brown, 2002; Glendinning *et al*, 2000a,b; Stevens, 2001; O'Brien, n.d.; Clarke *et al*, 2004);
- concern that DP would not be large enough to cover the overhead costs of being an employer, etc., especially re ability of offer, sickness pay, holiday pay, pension contributions etc (Glendinning *et al*, 2000b);
- concern about the problems (time, effort, cost, reliability) of getting Criminal Records Bureau or other vetting of potential PAs (Leece *et al*, 2003; Carlin and Lenehan, 2004);
- no significant advantage over traditional care services esp. for parents of children with learning disabilities (Leece *et al*, 2003);
- lack of available support from local mutual or self-help groups of DP recipients, local voluntary organisations, or other statutory services independent of care / case management in LASSD (Oliver and Zarb, 1994; Lord and Hutchinson, 2003; Stainton, 1996; Murray-Neil, n.d.; Miller, 2002), especially for older service users (Hasler and Zarb, 2000; Clark, 2001) and some people with mental health problems (Brandon *et al*, 2000); or support is only available for people with physical disabilities (Dawson, 2000);

- lack of support for application from a potential recipient's informal carer (Sheffield Evaluation, 2002);
- preference for employing a family member – which is prohibited under direct payment policy rules – rather than someone with no family connection (it is thought that rather small numbers of older people may have this preference: Clarke *et al*, 2004)
- fear that receipt of DP may affect benefit entitlement (Davidson, 2001; Barnes, 1997);
- feeling that restrictions against employing relatives expose one to risk (Kestenbaum, 2001; Help the Aged, 2002);
- lack of social ties to other individuals who have successfully applied for, negotiated and used DPs and who can provide practical advice or contacts, act as role models, or give information about their experience which may weigh with potential applicants in coming to a decision about the value to them of applying for a Direct Payment (Glasby and Littlechild, 2002);
- satisfaction with existing services (Loughlin *et al*, 2004; Carlin and Lenehan, 2004; Ridley and Jones, 2003);
- availability of local support services (Spandler and Vick, 2004; Witcher *et al*, 2000; Ridley and Jones, 2003; Clark *et al*, 2004)

- first order factors encouraging take-up

- applying for DP seen as positive chance for independent living, self-esteem, autonomy, control, choice, improved relationships and other recognised advantages for recipients (Stainton and Boyce, 2004);
- applying for DP is the only remaining option because traditional care services are under threat. (Leece *et al*, 2003; Sheffield Evaluation, 2002);
- being a carer: since the extension of eligibility for DPs in England to carers, take-up by this group has increased significantly (Jolly and Priestley, 2005).
- being female: Jolly and Priestley (2005) suggest that this may be explained by greater access than men to social networks that may provide information about DPs, and/or greater likelihood than men of being without an informal carer;

Local authority managers and staff

- first order factors restricting roll-out

- lack of knowledge and training about the DP programme among managers and staff (MacFarlane, 2002; Maglajlic *et al*, 2000; Brandon *et al*, 2000; Glasby and Littlechild, 2002; Ridley and Jones, 2003) in particular, professional lack of appreciation of the range of support services and ways in which people might be helped to manage their funds (Spandler and Vick, 2004);
- lack of access to experience in other authorities from which to learn about how to operate programmes (Beadle-Brown, 2002);
- lack of confidence among social workers in handling DP cases (Carmichael and Brown, 2002);
- fear by LASSD managers and frontline staff of deskilling of social work, and transformation of LASSDs into cash benefit administration agencies, and ultimately integrated into the income maintenance and housing benefits systems (Glendinning *et al*, 2000a);
- fear among social workers that users with mental health problems on Direct Payments would have less frequent contact with them, so depriving social workers of early alerting information about changed mental states (Ridley and Jones, 2003)
- inability to devise local information about DP programmes in language accessible to people either with limited education or with learning disabilities (Simon-Rusinowitz *et al*, 2001);
- some potential applicants are not seen as sufficiently literate, numerate, confident or in possession of life skills to be offered DP (Coulson, 1995);
- some potential applicants are not seen as deserving e.g. those with challenging behaviour; or the view that Direct Payments should only be offered when all other alternatives have been exhausted (Hasler and Stewart,2004)
- some potential recipients are seen as too old to be regarded as able to manage a payment (Jolly and Priestley, 2005)

- resistance to the idea of independent living *per se*, preference for continuing paternalistic control by LASSD or by individual care manager or social worker (Holman, 2002; Evans *et al* 2002; Sheffield Evaluation, 2002; Spandler, 2004);
- restrictive legal advice from local authority solicitor or counsel's opinion about the application of the statutory provision that recipients must be "able and willing to manage a payment" to people with mental health problems or learning disabilities (Evans *et al*, 2002);
- legal uncertainty over the status of third party trusts charged with taking over the management of the budget during periods of the recipient's temporary incapacity (Evans *et al*, 2002; Beadle-Brown, 2002);
- view that an applicant with a mental health problem or a learning disability problem *only* who is competent enough to be able and willing a DP is almost by definition someone who should be assessed as having no significant or only minimal care needs in any case (Carmichael and Brown, 2002);
- (managers and members) lack of specific, ringfenced central government financial support for the start-up and administrative costs of local authorities' programmes (Hasler *et al*, 1999; Cozens 2002);
- concern to avoid legal risk of the local authority itself being deemed to be the true employer of a personal assistant recruited by a DP recipient (cf. Scottish authorities concern about the South Lanarkshire case) (Bewley, 2000b);
- commitment to preserving existing directly employed services, or commitment not to risk confrontation with local authority trades unions opposed to DP on this ground (Holman, n.d.; Hasler *et al*, 1999); (claimed to be associated with ideological position of majority of elected members as "Old Labour", and also, independently, geographical location in the north of England and Scotland, and perhaps Wales and Northern Ireland: Pearson, 2000, 2004; Riddell *et al*, 2005);
- objection to the working conditions under which PAs would have to be employed, given the sums that can be made available to recipients with which to hire them (National Union Research, 1998, 2000);
- inertia, institutionalisation of standard practice, lack of flexibility and creativity (Beadle-Brown, 2002), perhaps due to pressures of work (?) (Bewley, 2000a; Clark and Spafford, 2001);
- organisational separation of DP programmes from "mainstream" care services (Sheffield Evaluation, 2002);
- staff working on DP come from a background of working only with people with physical disabilities (Dawson, 2000);
- absence of an individual champion within LA for DP (Carlin and Lenehan, 2004);
- lack of programmes to challenge grudging attitudes toward DP (Carlin and Lenehan, 2004);

first order factors promoting roll-out

- Conservative political control of a local authority, at least in the south of England (Riddell *et al*, 2005; Barnes *et al*, 2004)
- desire to cut costs by using the DP system to reduce the unit labour costs of care, if PAs can be recruited at lower rates of pay or less attractive conditions (e.g. pensions entitlement, sickness and holiday pay) than staff in conventional care services (Glasby and Littlechild, 2002);
- desire to shed the burden of providing traditional care services for certain clients or client groups (which may be associated with ideological position of a majority of elected members as radical Conservative and, perhaps independently, geographical location in the south of England) (Pearson, 2000);
- desire to "offload troublemakers" i.e. difficult clients, from conventional care services (Glasby and Littlechild, 2002);

Potential PAs and other service suppliers

- first order factors discouraging supply

- concern about isolating character of the work for a single DP recipient (Glendinning *et al*, 2000b)

- concern about difficulties in establishing clear and acceptable boundaries to the work and establishing rights to refuse to undertake certain tasks (Glendinning *et al*, 2000a; Ungerson, 1999)
- low pay and poor working conditions offered (Carmichael and Brown, 2002; Ungerson, 1997, 2003, 2004; Glendinning *et al*, 2000b);
- erosion of boundary between social care and nursing or physiotherapy (Glendinning *et al*, 2000b)
- concern that skills obtained in learning what a particular DP recipient wants and likes may not be transferable to other care employment settings (Glendinning *et al*, 2000b);

- first order factors encouraging supply

- desire to work more independently of traditional group-based services or from local authority or mainstream commercial or non-profit employers (Glendinning *et al*, 2000);
- desire to work in ways that straddle the boundary between social and health care into the provision of some health-care related services (Glendinning *et al*, 2000b);
- belief that there may be greater job satisfaction in being a PA from being able to see positive outcomes for the DP recipient as more clearly the effect of one's own work (Glendinning *et al*, 2000);

Second order variables: anticipations of others' behaviour

Potential recipients

- second order factors discouraging take-up

- lack of faith in the continuing availability of support and advice from other recipients, independent organisations etc.(Abbott and Bird, 2003);
- lack of confidence that the LASSD will interpret the eligibility criteria (especially that which requires that recipients be "able and willing to manage a payment") favourably (Glasby and Littlechild, 2002);
- fear of loss of entitlements, e.g. that application might trigger a re-assessment of needs, leading to downgrading of the needs assessed (Witcher *et al*, 2000);
- fear that applying for DP even for limited set of services would mean loss of conventional care services even in areas of services for which DP would not be applied (Coulson, 1995);
- concern that any end-of-year surplus would be clawed-back or used as evidence of lack of sufficient care needs to justify continuation of DP (Coulson 1995; Glendinning *et al*, 2000a);
- fear of exploitation by PAs (Dawson, 2000);

- second order factors encouraging take-up

n/a?

Local authority managers and staff

- second order factors restricting roll-out

- lack of faith that recipients would use monies granted for the purposes for which they are intended (Murray-Neil, n.d.);
- lack of faith that recipients would be able and willing to handle the administration required for audit and monitoring (retention and filing of receipts, book-keeping, paying National Insurance etc) (Dawson, 2000);
- fear that choices made by recipients would not meet criteria for value for money, cost-effectiveness, etc., against which the performance of the local authority may be measured even though it has surrendered control of this strand of expenditure (Pearson, 2000);

- second order factors promoting roll-out

- LA anticipation of reactions by local user and carer movement organisations to limited roll-out, especially in areas where there has been a history of activist campaigning for Direct Payments (levels of activism and disability movement organisation are known to be geographically variable: Barnes *et al*, 2003);

- concern that conventional services are attracting a limited supply of labour, and belief that potential care staff might be more attracted away from conventional services to more flexible, individualised work as PAs for DP recipients, if that also proves more rewarding in terms of outcomes that can be achieved by the efforts of an individual care worker (no specific source, but might follow from recognition of evidence from e.g. Glendinning *et al*, 2000 that many PAs prefer this kind of care work to working in conventional services);

Potential PAs and other service suppliers

- second order factors discouraging supply

- fear of exploitation by DP recipient employers (Ungerson, 1997);

- second order factors encouraging supply

- anticipation of growth in demand for PAs for growing numbers of service users opting for DP, and so reshaping the market for caring labour toward more individualised service ((no specific source, but might follow from recognition of evidence from e.g. Glendinning *et al*, 2000 that many PAs prefer this kind of care work to working in conventional services));

Third order variables: interests, preferences, advice of others taken into account

Potential recipients

- third order factors discouraging take-up

- concern that a carer might become a more important effective client for a PA than the service user, increasing their choice and control at the service users's expense (Clark and Spafford, 2001)

- third order factors encouraging take-up

- concern to relieve existing carer (Clark *et al*, 2004)

Local authority managers and staff

- third order factors restricting roll-out

- concern about equity between DP recipients and other clients receiving traditional care services (Hasler *et al*, 1999)
- commitment to preserving jobs in local authority care services (Kestenbaum, 1999)
- commitment to commercial care services under block contract to the LASSD (Holman, 1999)
- concern about the well-being of some potential recipients who might find more individualised life using DP too isolating (Hasler *et al*, 1999);

- third order factors promoting roll-out

- positive response to intense lobbying by local disability organisations (Glasby and Littlechild, 2002)

Potential PAs and other service suppliers

- third order factors discouraging supply

n/a

- third order factors encouraging supply

n/a

Relative weighting of variables in the DP literature

It will only be when

- particular and differential weights of importance are attached to each of these factors; and when
- specific causal linkages between these factors are proposed,

that anything deserving of the name "model" can be presented, that could be proposed as describing and explaining the pattern of implementation of the Direct Payment initiative. To date, this has not been done. Nor will this section present a model. Indeed, the present state of the evidence base in the literature does not permit the construction of a model based only upon literature review, for the research has not adequately addressed the relative weighting of particular factors, and only enables us to develop

hypotheses for exploration in future empirical work about the relative weighting of the categories of factors. It should be an important aim of the next phase of empirical research to develop and present such a model, specified using the conceptual framework of three orders of factors, three agencies and their willingness and ability (which should be distinguished) and their distinct roles in implementation (take-up, roll-out and supply).

The writers in the DP literature do not themselves distinguish between first, second and third order factors in the way that the present paper does. However, it is reasonably clear that there is a broad consensus across the body of work that has been done, that first order factors are not only more numerous, but for potential recipients and potential PAs, much more important than second and third order factors in shaping the decisions they make.

The local authorities and their social care staff appear, from the literature, also to be driven by factors of the second and third order, although the importance of the special interests they take unto account (third order factors) seems to be heavily dependent on their political complexion and perhaps independently, their geographical location. It is for this reason that Figure 1 shows the relationship between second and third order factors in more detail for this group of actors.

Figure 2 summarises the weighting of factors by order that seems to emerge clearly from the literature.

Figure 2: Weighting of factors shaping implementation of Direct Payments by order and by agency, as suggested by the consensus in the literature

	1st order factors: interests, capabilities, commitments, institutional constraints	2nd order factors: anticipations of others' behaviour	3rd order factors: interests, preferences, advice of others taken into account
Potential recipients - take-up	Critical	Critical for a minority, secondary for most	n/a
Local authorities and their frontline staff - roll-out	Critical	Critical	Critical for some authorities with particular political characteristics
Potential PAs and other suppliers - supply	Critical	Secondary for most	n/a

Unfortunately, none of the research reviewed appears to examine the relationship between first and second order factors. In particular, the research tells us very little about how accurate the anticipations by potential recipients of the motivations and capacities of local authorities and their staff might be.

Although most writers give some weight to factors affecting each of the agencies, there are small differences of emphasis between those who stress the problems affecting take-up slightly more than the problems affecting supply. For example, Glendinning and her colleagues (esp. 2000b) give slightly more weight to supply factors. Only Leece *et al* (2003) play down factors affecting local authorities affecting commitment and ability to support roll-out in favour of factors affecting potential recipients willingness to take-up, and even in this, the emphasis may be more an artefact of their question and their data collections than a considered conclusion on factors shaping implementation.

If there are important differences between the conclusions of the writers of the texts reviewed here, however, they seem to concern the weighting of factors within the cells in Figure 2.

There are differences – again more of emphasis than of explicit argument – between those such as Holman and Pearson who emphasise lack of *willingness* on the part of local authorities and their frontline staff to commit to extensive roll out, and those such as Carmichael and Brown and also Murray-Neil who focus on problems of *ability* and organisation.

Part IV: Learning from the wider literature

Categories of variables suggested by the wider literature on implementation

There is a vast literature on the implementation of public policy, dating back many decades but flowering particularly in the period running from the late 1960s through to the end of the 1980s, found mainly but not exclusively in the disciplines of public administration in political science, public management in management studies, administrative sciences and organisational sociology in sociology, programme evaluation, and decision sciences within psychology. There is no space in this paper for a full review of that literature, nor is it necessary since there have been a number of systematic reviews of this body of work, most notably by Hill and Hupe (2002), as well as well-known overviews in such standard textbooks as Parsons (1995) and Hogwood and Gunn (1984).

By no means all of the implementation literature is concerned with the question, "what independent variables or factors might explain or conduce to implementation processes that would lead to more extensive take-up by second parties, greater commitment by local first party agencies to roll-out, or to the supply of goods and services by third parties to enable more extensive programme development, and generally to deeper institutionalisation of programmes?"

Indeed, to the extent that it is the case that a policy and programme such as Direct Payments is to be understood as introduced by policy makers in the sincere hope and intention that it should be widely taken up, generally rolled out with commitment and that suppliers should be induced to offer their services to it, then many implementation scholars would define that very question as characteristic of what is regarded as the "top down" method of implementation analysis. "Top down" method is that approach which privileges whatever are understood to be the intentions of the (in most cases as in this case, central) policy makers, and looks for explanations of processes that might conduce to their being realised, or that might lead to processes which those policy makers might (if they do not change their intentions during implementation) regard as deviation from their intentions (classical writers in the "top down" tradition include Pressman and Wildavsky (1984 [1973]; Mazmanian and Sabatier, 1983; Gunn, 1978; Goggin *et al*, 1990). It is generally contrasted with "bottom up" methods of analysis, which examine actual administrative and client-level and supply-side processes on the ground, treat them as constituting "the policy" to be explained and seek to explain them without privileging the intentions of central policy makers either analytically as a benchmark against which to measure "deviations" or causally as supposedly generally more effective in mobilising tools of government with which to shape implementation (leading writers in this tradition include Lipsky, 1980; Hjern and Hull, 1982; Barrett and Fudge, 1981; Stoker, 1991). More recent work has tended to seek some kind of synthesis of these approaches, although has not always successfully avoided a bias toward one strategy or the other (see Hill and Hupe, 2002 for a review).

The question which the Department of Health as commissioners of the present research have asked us to examine about the implementation of the Direct Payments programme is one that is framed, as one might expect, in "top down" terms. Clearly, it could also be addressed using a "bottom up" approach, and there are good methodological reasons for approaching the design of instruments such as questionnaires and interview schedules in a manner that would allow either or both methods to be used in the course of data interpretation.

Irrespective of the method of analysis used, some common categories of independent variables have emerged by which processes and perhaps also outcomes in some cases, can be explained.. For example Gunn 1978 (as reworked in Hogwood and Gunn, 1984) proposed from a top-down perspective that the ten key categories of independent variables are

1. external constraints;
2. time and resources available;
3. particular combinations of resources available;
4. the validity of the implicit or assumed theory of cause and effect in the selection of instruments and resources with which to deploy the policy;
5. the numbers of intervening links between the measures put in place by the policy and the outcomes desired or aspired to;
6. the extent to which key actors are dependent on others;
7. the extent of understanding of and agreement upon objectives;
8. the degree to which correct or appropriate sequencing of actions is followed;
9. the extent of appropriate and effective communication and response to information received between key actors; and

10. the extent of willingness of subordinates to comply with directives from those in authority or other kind of power over them.

Some of Gunn's categories in fact appear to be sub-categories of others: for example, 8 appears to be an application of 10 to 4; 3 is really a twist on 2; and so on. There are also other factors that many scholars would regard as crucial seem to be missing from this list. For with the exception of the first category, Gunn's approach stresses factors that are more or less internal to the particular policy and its of network of implementation agencies.

Sabatier (1986), seeking a synthesis of "top down" and "bottom up" approaches but remaining biased toward the "top down" method distinguished

i. clarity and consistency of policy objectives;
ii. adequacy of causal theory;
iii. implementation structures adequately structured with legal authority sufficient to ensure compliance;
iv. commitment and skill of implementation agencies and staff;
v. compliance of those to be targeted for benefits or sanctions in the policy;
vi. support of interest groups and other powerful bodies;
vii. socio-economic conditions supportive of the policy objectives, the causal theory, the support of interest groups and the compliance of implementers and target groups.

Working from the tradition of evaluation studies, Pawson and Tilley (1997) distinguish contextual and mechanism variables in explaining outcomes. Building on the work of Pettigrew *et al* (1992) in defining "receptive" contexts for organisational change, they give particular stress to the contextual variables, which are largely wrapped together in Gunn's list as "external constraints". Pettigrew *et al* distinguish as contextual variables environmental pressures, wider cultural factors (in the present context, perhaps including stigma) organisational culture, inter-organisational relations, the disciplinary locale of the imperatives for change or new measures, the extent to which there are co-operative relations between critical networks, relations between lay managers and professionals, professional practices with respect to service users, leadership, and the coherence of the policy. Pawson and Tilley (1997) distinguish only at a very aggregate level socio-economic, cultural, political, historical and organisational factors in contexts.

In their synthesis of the implementation literature, Hill and Hupe (2002, 123-136) offer this breakdown of independent variables (the following is my own gloss on their categories, not their own words):

a. characteristics of the policy itself that make for ease or difficulty of implementation –its content, its type, the tools of government that it deploys, its coherence and consistency internally and with other policies;
b. the manner of the formation of the policy – the extent to which it was imposed on the implementation agencies or developed with their co-operation and information input;
c. the degree of autonomy or discretion institutionally or even constitutionally possessed by the implementation agencies generally and in the execution of the policy vis-à-vis superior agencies such as central or federal government or transnational authorities;
d. the organisation, structure, culture, rigidity or resistance to new initiatives, absorptive capacity for innovations, organisational slack and capacity for taking on new functions, resource base, existing commitments, network structure, local loyalties, local political control or bias of the implementation agencies;
e. the skills and competencies, organisation, attitudes, priorities, etc, (as for (d)) of the frontline or street level staff;
f. the organisation, cooperativeness, rigidity etc, of inter-organisational relationships between implementation agencies and their critical dependencies (e.g. sources of supply of skilled labour inputs);
g. the attitudes of, responses of, behavioural adjustments by, other incentives faced by, commitments of, institutional constraints faced by those affected by the policy and its implementation, their capacity to organise and mobilise for or against the policy, including but not limited to the intended beneficiaries, others who compete with them for goods or services or benefits or policy priority, and the degree of competition between these groups;
h. the environment or policy context, comprising socio-demographic, economic, wider cultural, institutional forces.

Hill and Hupe's category (h) brings together many of the factors that Pettigrew *et al* (1992) and Pawson and Tilley (1997) treat as contextual.

An important theoretical contribution to the implementation literature was Matland's (1995) contingency theory argument that distinct styles of implementation are feasible, and perhaps unavoidable, in different contexts, where context is defined more narrowly as the conjunction of two variables, each of which may be scored high or low (strong or weak). The first is the degree of conflict over policy goals between actors including organisations, while the second, called ambiguity, measures the extent to which the goals are vague in the core descriptions of the programme to be implemented or uncertain and the means of achieving them are unknown, ill-understood, or even simply non-existent. Matland argues that the two-by-two matrix yielded by these scores defines the basic variety of contexts in which the most common and distinct styles of implementation emerge:

- Low conflict, low ambiguity: administrative implementation – outcomes determined by resources – "top down" implementation theory
- Low conflict, high ambiguity: experimental implementation – outcomes determined by (local, empirical) contextual conditions – "bottom-up" implementation theory, "garbage can" theory
- High conflict, low ambiguity: political implementation – outcomes determined by (relative) power – principal-agent theory
- High conflict, high ambiguity: symbolic implementation – outcomes determined by coalition strength – symbolic politics theory

Although Matland does not discuss the question of change, agreement on goals can be built or lost, and the degree of ambiguity about goals and means may also rise and fall over time. Therefore, over their lifetime, programmes might shift between the quadrants of the matrix.

The four styles of implementation described by Matland may perhaps best be thought of as Weberian ideal types, or statements of pure cases that are unlikely to be observed empirically in many situations in their pure form. Many empirical cases are likely to exhibit hybridity or perhaps less definite features, especially where the extent of conflict or ambiguity is better scored as moderate than high or low. In such cases, Matland's theory may provide an analytic tool for identifying biases cross-sectionally or shifting trends over time.

Factors not stressed in the Direct Payments literature that would be suggested by the wider implementation studies literature

Clearly, many of the categories of factors posited in the implementation literature as critical, at least from the "top down" perspective, are indeed addressed by the Direct Payments literature. Taking the Hill and Hupe breakdown, the DP literature certainly places great emphasis upon

- (c) the degree of autonomy of the local authorities, prior to and after the extension of the 1996 act to make it mandatory to offer Direct Payments to all those able and willing to manage a payment;
- (d) the concerns of local authority managers, e.g. to protect existing conventional care services or to shed responsibilities or cut costs;
- (e) the attitudes of frontline social workers and care managers;
- (f) the isolation or integration of DP programmes from conventional care services which are still the mainstream of LASSD adult social care;
- (g) a wide range of factors explaining ability and willingness of potential recipients to apply for, be awarded and take-up DPs;

However, the DP literature places rather less emphasis on the characteristics of the policy itself, the manner of its formation and the wider policy context, at least in the analysis of the factors that are found by writers in this field to be critical in explaining implementation.

Certain aspects of nature of the policy are recognised as important, or at least the *perception* of those characteristics by key local implementation agencies are acknowledged to matter. For example, some analysts argue that LASSDs fear becoming what they see as part of the cash benefit system and losing what they see as a distinctive social work role; some analysts claim that at least some social workers oppose the basic goal of the policy, namely, independent living for people with disabilities and others who use care services.

However, few if any give any weight to the coherence of the policy or its relationship with other policies, even those with which LASSDs are also charged. The general issue of policy coherence is

acknowledged in Lord and Hutchison's (2003) review of individualised devolved funding policies and programmes across the Anglophone world, but is not considered in particular detail for any single country. Some writers note the concerns of some local authorities about the lack of pump priming or ringfenced funds, which might be treated as a kind of internal coherence issue.

For example, it might be at least worth considering hypotheses that relate to

- potential conflicts of *priorities* between DP and other policies with the implementation of which LASSDs are charged; and
- potential conflicts of *style* between DP and other policies for which LASSDs are responsible.

Consider the coherence of DP with other policies and external constraints on LASSD action. In general, all adult social care programmes compete for priority with child protection, and the greater media profile of child protection work – for all that it creates well-known and severe problems of recruitment and retention of social workers – could well mean that in many authorities, budgetary pressures are greater on adult social care services generally. Although from 2004, this may be eased slightly by the separation of children's services into integrated Children's Trusts, for the period from 2001, such competition for resources may well have been important. To the extent that the creation of Children's Trusts distracts the attention of senior local authority managers and policy staff, it may be that this would occur at the expense of programmes such as those for Direct Payments.

Secondly, since DP might well be seen potentially a much more open-ended policy, and one in which it could be much more difficult to keep to a cash ceiling in spending than is the case for conventional care services, unless the needs assessment system were kept under even tight fiscal discipline than it is in any case for conventional care services (despite legal requirements and at least some professional imperatives that it should be more person-centred and needs-driven in both contexts), DP could represent a greater financial risk than conventional services. This might well provide local authorities with a motive for caution in its promotion. However, this possibility is not really examined in the DP literature.

Secondly, the DP programme involves, as many recipients and advocates themselves say, a measure of risk-taking, both by public authorities and by individual service users. In many fields of personal social services in general, and in respect of adult social care services in particular, the prevailing tenor of policy imperatives at least since the late 1980s and in many respect greatly reinforced since 1997, has been toward the reduction of risk. To the fury of many users and survivors of the mental health care system, for example, the reduction of risk to other people now drives much of policy in that field. Risk management has increasingly come to be central in the care of vulnerable older people. Each homicide or assault enquiry in which a mental health service user is found to have committed the act, each scandal of neglect or abuse of an older person using care services, has only served in recent years to reinforce among social services managers and professional staff the importance of risk management, the pursuit of safety and the prioritisation of control over the tolerance of risk-taking. In both of these fields, the tension between risk-driven policy and the aspirations for autonomy or, in mental health, "recovery" are well documented. The fact that defensive professional practice and therefore greater control over service users on the basis of paternalistic justifications has come to dominate is also well known and also reflects the greater effort that government has made to reinforce the importance of this. In mental health, for example, even though the government has yet to legislate its (Department of Health 2002) proposals for the extension of compulsory treatment in the community and of compulsory treatment in secure settings of people with non-treatable personality disorders has sent clear signals in favour of defensive practice about control to all those involved in the mental health system. If social workers and their managers are concerned about the possibility of headlines in the local or, worse still, the national press to the effect that someone who had to be "sectioned" had been in receipt of a Direct Payment, then this could hardly be surprising in the present climate, although it would not of course be a reason to deny anyone a payment. Some similar pressures are at work in the field of social care for older people, following a number of recent cases that have attracted press attention where people using domiciliary care services have been found to have been neglected in their own homes, and where care managers have been blamed for their failure to prevent this. None of this bears *directly* on the DP programme in the way that tensions over budgetary priorities between clientèles do, but it does represent the possibility that is at least worth exploration in research of a tension between the basic styles of adult social care that may be affecting the commitment of local authorities and their staff to roll-out the DP programme as widely as they otherwise might. Again, this has not been particularly well explored in the DP literature.

The manner in which the policy was formulated is emphasised by some writers, notably Glasby and Littlechild (2002), who, among others, stress its dual origins in the Conservative government's aspirations

for stimulating markets in care on the one hand and the civil rights agenda of the disability movement organisations on the other. The local government lobby appears in the UK not to have pressed very actively for a duty to offer direct payments and may even have lobbied at least initially for direct payments to be only a discretionary power , although once the policy commitment was made, the Association of Directors of Social Services were consulted and involved in discussions with the Department of Health on technical matters. How much this may have affected the implementability, the commitment to roll-out or geographical of implementation is very difficult to say. However, the literature (see Glasby and Littlechild, 2002) does suggest that the politics of the direct payment issue did affect the distribution of take-up and roll-out by client group. The fact that the physical disability lobby was well organised and more influential around the demand for a DP policy than were the lobbies for other clientèles is argued by Glasby and Littlechild (2002) and by others including Holman to have influenced the patterns both of take-up and roll-out. However, there has been rather little consideration of the effect that the manner of implementation, and its timing in relation to other developments in adult social care – for example the fact that new regulations on provision of care purchased by local authorities were being introduced at the same time which the industry claimed were bringing about a financial crisis and the fact that the system of inspection was being reorganised, but the government set its face against registration of domiciliary care workers – may have had on the decisions of potential suppliers of PA services to offer their labour, whether positively or negatively.

Within the public administration literature, the influence of Lipsky's analysis of the pressures confronting street level bureaucrats remains powerful, even among those who reject the "bottom up" method of analysis of implementation. Some of Lipsky's arguments about the nature and consequences of the coping mechanisms by which frontline professionals deal with unmanageably large and heterogeneous caseloads seem to lend themselves to richer examination in relation to DP than the literature on the programme has yet undertaken. For example, Lipsky argues that professionals manoeuvre, sometimes covertly, to optimise the scope for the exercise of discretion, not necessarily or even typically from a desire for power, but as a stop-gap solution to the problems their organisational situation presents them with. Again, Lipsky stresses the imperatives that lead to controlling clients: some are direct effects of workload, others are indirect – for example the need to accept the labels of clients taken from other referrals further up the "supply chain" of referrals (e.g. on the "able and willing to manage a payment" criterion), the importance of preserving a category of "emergency status" with which to fast-track clients into and out of particular programmes at the discretion and judgment of the professional (a client may be offered DP on a temporary basis, with the professional judging that they may well refuse it on that insecure basis), the imperative to prevent appeals against decisions either by avoiding situations in which appealable decisions might result from one's actions (if a client isn't told about DP, then they won't land the care managers in an appeal against a refusal that the care managers might be minded to make or feel impelled to make but which be tricky or time consuming to defend), and the importance of putting in place a rationing system which can be rendered routine in client-processing (new programmes such as DP which involve additional kinds of assessment of clients threaten to be hard to routinise). Whereas much of the DP literature tends to suspect social workers of "malign" motives such as resisting the whole idea of independent living or wanting to protect existing services or other deficiencies of *willingness* to roll-out DP, Lipsky's study suggests a plethora of hypotheses that would point instead to pressures on capacity and *ability* to do so, which might too easily be mistaken for malign motives.

There are other traditions of theory in organisational sociology which have been influential in implementation studies and which would also yield hypotheses worth exploring. In particular, the institutionalist tradition (Scott, 2001) provides a range of explanations for phenomena of inertia and of homogeneity in organisational behaviour: one way to understand the slow and apparently reluctant roll-out of DP in some areas of the country might be to examine the possibility that it reflects just these possibilities. For example, DiMaggio and Powell's much cited (1983) article proposed three institutional mechanisms for explaining observed phenomena of convergence and homogeneity in organisational behaviour – namely, coercive, normative and mimetic processes of, respectively, direct constraint, institutionalised value-driven commitments spread by (for example) professional system, and both more and less deliberate or conscious emulation (such as deliberate "benchmarking" or the simpler processes of transfer arising from the movement of staff between organisations in a field who take practices with them in institutional conditions that allow them the autonomy to work in the ways that are most comfortable to them).

Although this institutionalist tradition tends to explain inertia more readily than innovation, the mechanisms for isomorphism can be used to explain "bandwaggoning" patterns of change. This would suggest that hypotheses could be important, concerning the extent to which authorities take account of the experience of other authorities as they implement the Direct Payments programme.

The implementation structures for DP appear from the literature to involve a relatively limited number of organisations in networks. Support agencies seem to have develop in an uneven manner across the country, and the quality of coordination between local authorities, dedicated direct payment support services and generic voluntary organisations also varies greatly between areas. Indeed, the absence of organisations available to provide potential recipients with support is identified as a problem by many writers (see above). Internally within local authorities, however, a number of potentially complex relationships may well affect the extent and the style (see below) of implementation. The DP literature is rather unsatisfying in its limited probing of the potential for conflict, which greater Lipksian or institutionalist influence might have prompted, between managers and professional social work staff, between needs assessment staff and case managers in those authorities where they are different people, between care managers and care assistants, between social services and other departments of the authority in touch with the potential recipients (housing managers, employment advisors, advice agency staff), etc.

Matland's theory suggests a useful and empirically testable way of analysing the conditions for the implementation of Direct Payments. The literature on DP reviewed above suggests that there may well remain at least some conflict, even if only at local level, over at least some of the goals – and especially over the goal of allowing service users the opportunity to opt out of using services either directly provided or block purchased by local authorities. The extent of ambiguity of means involved in administering Direct Payments programme appears to vary by client group and may vary geographically too. For client groups and areas where no support organisations exist, ambiguity over means may be greater than for other groups and areas. Again, there may be ambiguity over means where case management methods for community based social work support for DP users are ill-understood or little developed among social services staff. However, with the legislation requiring all councils to introduce programmes, the period of true experimental implementation begun in the late 1990s can presumably be said to have ended, even if by 2004-5, elements of experimentation continue in practice in some authorities and for some client groups. The legislative duty and the fairly well-defined nature of the payment management programme have presumably limited the scope for deep and fundamental conflict over goals, even though recalcitrant local authorities continue to have scope for limiting roll-out; guidance has also limited some of the ambiguities over some of the basic means. This suggests that, if Matland's theory is helpful at all, then we should expect the implementation of DP to exhibit steadily fewer features of experimental and, at least for clienteles such as adults with sensory and motor disabilities for whom there can be least scope for local authorities and professionals to dispute ability and willingness to manage a budget, fewer elements of symbolic implementation over time. However, by 2004-5, it might be premature to expect that the conditions are in place for administrative implementation save perhaps for the most politically committed authorities with the most supportive staff, well-developed support organisations and easiest-to-serve client groups. In many areas and for many client groups, it seems reasonable, applying Matland's theory, to predict that aspects of political implementation would persist for some time.

Styles of implementation and styles of weakened implementation

Both the DP literature examined above and most of the wider literature in the "top down" tradition of analysis of policy implementation have been focused on the question of the degree to which implementation has been faithful to the intentions as best we can reconstruct them behind the introduction of the policy, and therefore upon the *extent* of the roll-out, take-up and supply. However, this does not deal adequately with the variety of *manners* or *styles* in which policies can be implemented. Policies as a whole – in their intent and their implementation – are frequently classified in the literature by the types of tools they use (Hood, 1983; Salamon with Lund, 1989; Bemelmans-Videc *et al*, 1998; Peters and van Nispen, 1998) or by the degree to which they are anticipatory or reactive and to which they are negotiated or imposed (Richardson *et al*, 1982; Bovens *et al*, 2001), or by the type of decision making (aspiring synoptic, satisficing, incremental, etc.,), or some combination of these (Howlett and Ramesh, 1995). The phrases, "top down" and "bottom up", have sometimes been used to mean political styles of governance of implementation – respectively, that is, approaches or styles that are *imposed* or that provide

limited autonomy and discretion for implementation agencies, and approaches that are *negotiated* or that allow more local or professional discretion.

In this context, it is worth noting that accounts of the origins of the national policy suggest that it was only introduced following a good deal of local experimentation, and only made mandatory under considerable pressure (e.g. Glasby and Littlechild, 2002). This suggests that what began as a "bottom up" process was succeeded somewhat reluctantly by a "top down" one.

A more sophisticated taxonomy of basic styles of organisation has been developed in the neo-Durkheimian tradition in anthropology and sociology and more recently applied to public administration by writers such as Hood (1998) and 6 *et al* (2002): in this tradition, implementation structures can be identified as *hierarchical*, *enclaved*, *individualistic* or *isolate* or some combination or *hybrid* of two, three or all four of these (cf. Boisot's 1986 classification of hierarchies, clans, markets and fiefdoms). In recent work, 6 (2003a) has argued that the taxonomy makes better sense of the work done in the implementation literature on "networks" than do many of the conventional frameworks for analysing inter-organisational relations. The four types are distinguished by differences in the degree of social or political regulation and social integration or bonds.

The aspiration of the Conservative advocates of Direct Payments was that the both the take-up and supply side response would both be sufficiently strong, and the local authority roll-out would be at once sufficiently extensive to sustain these but at the same time sufficiently "light touch" that the result would be an essentially individualistic implementation structure backed with a modest amount of hierarchy on the part of local authorities as administrators of payment with only a necessary minimum of conditionality and regulation. In practice, the DP research reviewed above suggests that this has not been the result. The PA labour market seems, if Glendinning *et al* (2000b) are correct, more isolate in form, while local authorities appear to have operated in a more hierarchical fashion, leaving those social workers and managers who are supporters of DP to operate in individualistic fashion on the margins of the formal structures.

If the disability rights movement had a vision of an implementation structure that they wanted, it seems likely at least some of the activists envisaged a much stronger role for the enclave structure of the mutual support network of people with disabilities. Quite how well this model could have been expected in the late 1990s that this model might work for frail older people, people with mental health problems and people with learning disabilities, it is hard to say. In practice, mutual support for DP recipients appears from the research to be patchy and rather less dense than expected, and more dependent on formal voluntary organisations than the early advocates had hoped.

It would be important in conducting further research on implementation to use some indicators of these prevailing styles and to attempt to identify differences between different areas of the country and between styles of implementation for the different clientèles for the DP programme.

While this may provide a framework for understanding the implementation structure as style, it does not necessarily tell us much about the particular strategies that may be available with which to limit implementation, especially from within the hierarchical element which is present in any policy implementation structure in which government has a role. At any rate, if there is a clear link between these forms of implementation structure and strategies for limitation, it has yet to be demonstrated empirically.

In a very well known and widely cited book, Klein *et al* (1996) distinguished seven strategies for rationing, which can be regarded as seven elements that might be combined in (fewer or more than seven) common syndromes up to make styles of weakened implementation, and it may be helpful to examine the ways in which roll-out in particular has been limited by considering the balance between their seven strategies. The seven strategies are

- *denial*: refusal to provide a service;
- *selection*: targeting particular (categories of) individuals;
- *deflection*: encouraging individuals to seek other solutions elsewhere;
- *deterrence*: imposing explicit or implicit costs or sanctions, including transaction costs, upon people using a service – for example, requiring complex application forms and monitoring;
- *delay*: requiring a period of waiting before a service is made available, or simply informally imposing delays by processing applications very slowly;
- *dilution*: providing a lower level of a service than might have been expected or than either the service user or a purist professional might deem adequate or appropriate – for example, by

setting payments at levels that only allow for very low pay for PAs or only for a limited amount of a PA's time; and

- *termination*: providing a service but for a time-limited period.

All of these strategies are available to LASSDs in determining how to use their resources to roll-out the DP programme. Unfortunately, the research reported to date does not really analyse the implementation process in sufficient detail to enable us to know how and how far each of these are being used, what combinations are being experimented with, or which prove sustainable in what circumstances. Most of the DP literature is in fact concerned only with the strategies of selection (mainly discussed in the DP literature as being undertaken by category of diagnosis – i.e. greater availability to adults under 70 with only physical disabilities), deflection (not telling potential recipients about DP or discouraging them from believing that their applications might be successful) and denial (refusal of applications). We know very little about the extent to which deterrence, delay, dilution and termination strategies are being used, by which kinds of authorities, in relation to which kinds of clients, and with what sustainability either legally or politically. It would seem to be a useful way forward to attempt to identify trends, at least in case study and qualitative research (since public servants are unlikely to admit to using many of these strategies in responding to postal questionnaires).

The implementation of Direct Payments and "modernisation"

The present research is one project within a suite of projects commissioned by the Department of Health under the rubric of "modernisation of adult social care (MASC)", and it is expected that the projects should contribute to the development of an understanding of what "modernisation" might mean. There is, as Newman's (2003) opening paper for the programme meeting of project teams acknowledges, no generally accepted account or still less theory of "modernisation" in New Labour's reform programme for the public services, nor is there a single, clear statement in official sources such as any of the white papers that have been badged with the word, setting out what it means and how it might be distinguished from any other kind of public sector reform. The term is used by different departments and divisions within departments to mean everything from physical renewal of buildings through to the introduction of new duties upon applicants for public servants, from the introduction of web-based application forms and electronic record systems through to the reorganisation and extension of regulatory systems, from incentives for "joined up" horizontal collaboration between agencies to leadership development or "evidence based" work in policy development.

In the academic literature, generally, "modernisation" is treated as code for whatever the new Labour administration has actually sought to do in public management reform (e.g. Newman, 2001). Similarly, in the health care field, Harrison (2002) argues that the only way to give content to it is to observe the content of particular policies, interpret and explain them.

Harrison (2002: Harrison *et al*, 2002) argues that the particular, but highly contingent form that 'modernisation' has taken in the field of health care under New Labour has been "scientific-bureaucratic", Fordist, hierarchical in its regulation and governance, grounded in conceptions of evidence that privilege randomised controlled trials and allopathic medical interventions and independently observed rather than patient experienced measures, and that this approach has emerged in order to manage, respond to and contain the effects of radical consumerism.

A look at the main themes of the work of the NHS Modernisation Agency might be said, at least at first sight, to reinforce this view of what modernisation is. Many of its programmes focus on detailed specification of patient pathways, tighter management of patient flows, streamlining of clinical procedures to eliminate duplication of activity and tightening control of procured for handling clinical and financial risk (see e.g. NHS Modernisation Agency, 2004). However, this highly regulated and managerial approach has been offset to some degree by an emphasis on softer, more craft-based approaches such as the cultivation of leadership skills, organisation development techniques, appreciative inquiry methods, and attention to processes of organisational cultural change, including learning from the literature on social movements (Bate *et al*, 2004).

At the time Harrison was developing his thesis, in the field of health policy, New Labour was in its most dirigiste phase. Subsequent developments have moved significantly in the direction of patient choice at least of provider, some greater acceptance albeit within the same regulatory system for alternative and complementary therapies, and some relaxation of central control. By contrast, Direct Payments permit a very different response in social care to radical consumerism, although it is true that the governance of

the field has begun to exhibit some symptoms of the scientific-bureaucratic model in the development of central regulation and a professional regulatory body, although the nature of the evidence base for interventions remains very different in character from that of medical care. If Direct Payments can be shown to fit within a scientific-bureaucratic model of modernisation for social care, on Harrison's definition of the model, then such a demonstration has yet to be made.

In their review of New Labour's "modernisation" of local government, Lowndes and Wilson (2003) argue that despite the initial appearance of reduced managerialism associated with the agenda for greater public participation and democratic renewal and the appearance of decentralisation in the "earned autonomy" model of central-local relations, the enduring and more consequential features of modernisation have been those of tighter regulation. This is contested as too one-sided by, for example, Stoker (2004), but Stoker accepts the continuing importance of central regulation in what has come to be counted as modernisation by New Labour.

6 and Peck (2004a,b) too have suggested that an understanding of the word is best developed inductively rather than theoretically by examining what themes have run through New Labour's public management reforms across several fields of domestic policy such as health, education, local government finance, social services, and so on. They distinguish between the following elements:

1. Regulation

- *Inspection*: increased powers for inspection and the proliferation of new inspection agencies (e.g., Healthcare Commission, Best Value Inspectorate, Commission for Social Care Inspection, new and more extensive systems of performance management and central reporting of performance data (see also Hood *et al*, 1999; Power, 1997);
- *Central standard setting*: a plethora of targets centrally set;
- "*Evidence based policy*": standards are set as the result of academic meta-analysis of evaluations, collated in National Service Frameworks, and rationing decisions are to be made on a cost-effectiveness basis by the National Institute for Clinical Excellence (see Peck, 2001);

2. Structure

Phase 1: 1998-2001

- *Area based initiatives*: new neighbourhood (smaller than local) level structures for action over which the centre has greater control than it would over local government (Sullivan and Skelcher, 2002);
- *Horizontal coordination*: joined up working (6, 1997; 6 *et al*, 1999, 2002; Rhodes, 2000; Newman, 2001; Sullivan and Skelcher, 2002);
- *Devolution* to Scottish Parliament and Welsh assembly, and some to a directly elected mayor for London;
- *Limited decentralisation* of policy decision-making autonomy to local authorities or health authorities; indeed, great emphasis on overcoming "the postcode lottery", and preventing "variations in services" in the NHS and criminal justice;

Phase II: 2000 – to date

- *Earned autonomy*: a settlement between centralism and decentralisation, in both local government (e.g., the Beacon Councils scheme, Local Public Service Agreements, and from 2001 the performance ranking system including star ratings and local PSAs) and the NHS (the "star" and "traffic lights" programmes for NHS trusts and health authorities), by which those who demonstrate excellence in service provision are rewarded with waivers from regulations and even some financial autonomy;
- *Local planning*: Extended duties to produce and consult upon a wide range local plans, finally (2001) gathered together through Local Strategic Partnerships;

3. Sector

- *Extended role for private sector*: emphasis on private capital in sustaining capital investment programmes in public services, through the Private Finance Initiative (PFI) including in areas where the previous administration did not experiment widely, including education and health care;
- *Compacts*: general framework treaties with local government and with the umbrella bodies for the voluntary sector and the private health care industry;

4. Citizenship

- *Citizens obligations*: emphasis on individuals duties, especially in the field of welfare to work (White, 2000; Levitas, 1998; Jordan, 1998; King, 1999), but also in home-school contracts, and possibly soon to possess identity cards (Home Secretary, 2002; 6, 2003b);
- *Participation*: great emphasis on improving turnout in local and national elections and in securing community involvement and user involvement in area based initiatives;

5. Interface

- *Access*: Initiatives to increase consumer access to services (such as NHS Direct, booked appointments, walk-in primary care centres, 24/7 call centres); and
- *E-government*: mainly focusing on consumer information and transactions and service delivery support, with targets for all transaction based public services to be available online by 2005.

Written in 2002, this analysis is already out of date in the crucial respect for the present purpose that individual consumer choice has become more central in health with patient choice and in social housing with choice-based lettings in the last few years, so that, together with Direct Payments, it might now be said that the introduction of greater individual choice should be regarded as a distinct theme in its own right (6, 2003c). In short, the tenor of programmes that have been badged as "modernisation" has already shifted to some degree away from the hierarchical model descried by Harrison toward something that allows more space for individualistic organisation driven by consumer choice, of which DPs are but one symptom.

That said, the Direct Payment programme is being fitted into the hierarchical system of central governance of local services which is the Labour Government's distinctive hallmark. The Social Services Performance Assessment Framework includes a measure of the number of adults and older people receiving direct payments. In addition, councils with social services responsibilities provide figures to central government on referrals, assessments and care packages for adults, including direct payments awarded, which are published annually by authority Using "name and shame" methods but also with some sanctions for poor overall performance, these provides regulatory instruments by which central government can exert pressure on councils to pursue roll-out and take-up. Modest incentives are offered through the local Public Service Agreement system whereby councils can negotiate bilaterally with central government for waivers of regulations or other limited assistance in return for commitments to pursue mutually agreed locally set targets, and some councils have included targets for direct payments: the Department of Health asks councils to use such schemes to ensure adequate coverage of client groups and to ensure that recipients targeted are on Direct Payments for at least six months. The Department of Health has set five bands of achievement for local authorities, defined by the numbers of recipients of Direct Payments per 100,000 population and now sets local authorities targets for achieving the next band. In the future, the Commission for Social Care Inspection will set the bands: in the 2004 analysis of star ratings, the CSCI note the modest element of the construction of these measures played by roll-out of Direct Payments.

Nevertheless, the tension between the imperative to combat the "postcode lottery" of access to DP on the one hand and the need to recognise that different parts of the country have different case-mix profiles of the main clientèles and the design of the programme which gives the LASSDs the final say (subject only to judicial review) on whether a person is eligible ("able and willing to manage a payment"), means that there is *de facto* significant decentralisation of the decision making, despite the formally mandatory nature of the programmes in statute from 2001.

More generally, 6 and Peck (2004b) argue that the New Labour public management style has represented a significant shift toward greater hierarchy in the overall mix, by comparison with the projects of the Major administration. In this sense, if the argument of the previous section is accepted that the implementation structure for the DP programme remains substantially hierarchical, even though in its substantive content, it is aligned with a more individualistic and consumer-choice based approach to the organisation of care, then it can be seen as broadly consistent with the overall approach.

In other ways, however, the DP programme stands apart from these overarching themes of what New Labour has come to use the term "modernisation" to mean. Direct payments involve some joint working between local authorities and support services. However, they require little neighbourhood level action, little collective participation, and few of the features of the recast terms of trade between centre and locality that is described by limited decentralisation and earned autonomy. Nor is the programme particularly strongly based on evidence, having been, as many writers in the literature have acknowledged,

been driven as much by ideological imperatives and political lobbying as by any close attention to studies on the long term outcomes for service users in the rest of the world or studies on the impact of legal duties on public authorities to provide such programmes. Indeed, few of those studies were available in 1996 when the original enabling legislation was passed, and it would be hard to argue that the decision to make the programmes mandatory in 2001 flowed principally out of prolonged examination of such research within the Department of Health: that civil servants gathered what research was available and took the time to read it need not be doubted but it is unlikely that this was a principal explanation of the strategy of quasi-compulsion adopted toward local authorities.

Even when examined as part of the theme of consumer choice, DP seems to stand somewhat aside. By contrast with other New Labour programmes for individual consumer choice, there is little central prescription of the cash size of the Direct Payment. Most authorities are thought to calculate payments for PAs on the basis of standard daily rates; whether Direct Payments are granted for other purposes, it is not known what kinds of data are used to set levels of payment. In the NHS, for example, the patient choice initiative is backed by one of the most baroque systems for central specification of regionally adjusted, hospital-case-mix adjusted national tariffs for diagnostic and treatment groups. In school choice, the quasi-voucher following each pupil is tightly regulated by central government. Behind choice-based lettings stands the combination of the financial régime for social rented housing generally and its relationship with the finely calibrated tapers of the Housing Benefit system. The Legal Aid Scheme involves detailed central specification of the sums payable to the solicitor of the applicant's choice for particular activities. The degree of local discretion for local authorities in Direct Payments stands in marked contrast with the prescription of these programmes.

Part V: Conclusion

This paper has sought to identify some conceptual frameworks that may be most appropriate for trying to develop testable hypotheses for empirical research on the implementation of the Direct Payments programme, to review the literature on Direct Payments in order to identify the key independent variables and organise them around the conceptual frameworks identified, and to situate that body literature in relation to the wider literature on implementation. In response to the concern of the funders that the project contribute to an understanding of "modernisation", it has also tried to identify features of the content of the Direct Payments programme and the manner of its implementation that enable it to be located in the rather inductive approach to understanding "modernisation" that has come to be adopted by most academic commentators.

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