

An evaluation of the impact of the social care modernisation programme on the implementation of direct payments¹

Executive Summary

Background

The Community Care (Direct Payments) Act (1996) gave disabled people the legal right to receive payment of community care monies and to purchase their own care based on an agreed needs-led assessment, their eligibility under the Act and their eligibility for a community care payment. Since 1996, there has been slow but steady growth in direct payments, but still an extremely small proportion of those potentially eligible for direct payments are in receipt of direct payments, and there were wide variations between local authorities and across service user groups. The duty of local authorities to offer direct payments became mandatory from April 2003, and from 2004-2005 this became a key performance indicator in determining local authorities 'star ratings'.

The study aimed to evaluate the impact of the social care modernisation programme on access to and take up of direct payments. The main objective of the study was to identify the principal explanatory factors of the variable implementation of direct payments. This involved an evaluation of the process of implementing direct payments within a framework of variables known to influence the course of policy implementation. Examination of the relative weight of these variables allowed an assessment to be made of the impact of the modernisation of social care programme on developing direct payment support provision and the necessary conditions for implementation.

Method

The research team used a multi-method approach that included:

- A literature review to synthesise existing evidence about the factors that influence the availability of direct payment schemes and the take up of payments.
- Interviews with policy makers to seek supplementary information on the formation of direct payment policy.
- Postal surveys of 150 English local authorities (74% response rate) and 230 support organisations (59% response rate) were carried out.
- Telephone interviews with the person responsible for direct payment implementation in one third of all English local authorities and with a representative from the support organisations covering those local authority areas.
- A series of case studies providing an in-depth profile of direct payment schemes to enable deeper comparative analysis of the implementation process within and across adult care groups (including service users and carers from black and minority ethnic communities) and the factors that support and hinder realisation of policy goals.

¹ This study was funded by the Department of Health under the auspices of the Modernising Adult Social Care (MASC) research initiative and carried out by a consortium of researchers from the Health and Social Care Advisory Service (HASCAS), the Foundation for People with Learning Disabilities at the Mental Health Foundation and the Department of Social Work at the University of Central Lancashire.

Factors aiding and factors hindering implementation

In response to the national survey, more than three-quarters of local authorities rated seven factors as positively aiding direct payment implementation:

- An effective direct payments support scheme (89%)
- Staff training and support (86%)
- National legislation, policy and guidance (82%)
- Leadership within the local authority (81%)
- Positive attitudes among staff (80%)
- Demand from service users and carers (78%)
- The provision of accessible information (78%)

Relating these findings to performance (how well authorities had done in relation to take up of direct payments) showed that the overall disposition of an authority towards direct payments (through political support, managerial leadership and staff attitude) was a strong predictor of successful implementation. The presence of a ring-fenced budget also distinguished high from low performers.

Responses from direct payments support organisations corroborated this picture although they attributed more importance to factors external to local authorities (national legislation and demand for direct payments from service users), while local authority leadership and training were seen as less important.

The survey revealed that higher performing authorities are able to volunteer more aiding factors and less hindering factors, and vice versa in the authorities doing less. In general, there were far fewer responses to the question on the factors that hinder implementation of direct payments. Two thirds of local authorities cited the following three factors:

- Concern about managing direct payments among service users and carers (68%)
- Resistance to direct payments among staff (65%)
- Difficulties with the availability of people to work as personal assistants (63%).

Support organisations similarly identified these factors as of key importance, particularly the last two.

The impact of modernisation policies on direct payments

The impact of four specific elements of Government legislation in relation to direct payments was explored.

Statutory requirement to offer direct payments

Legislation making the offer of direct payments mandatory was generally viewed as a positive factor, especially for local authorities that had been slower to implement.

Performance monitoring and inspection

There was doubt about the impact of inspection and monitoring and performance monitoring. There were a number of concerns in relation to Performance Indicators, mostly with how uptake is measured but also with the emphasis on performance at the expense of other aspects of policy and especially quality.

Employment of close relatives

There were concerns about the relaxation of rules allowing for the employment of relatives, but it was generally felt to be important, especially in relation to widening access to marginalised groups, to people from black and minority ethnic communities and to older people.

The Direct Payments Development Fund (DPDF)

The DPDF appears to have been important as a stimulus to direct payment use, and offered valuable support in targeting groups less likely to receive direct payments, but it is unclear as yet whether this resulted in greater uptake.

Policy congruence between direct payments and some aspects of the modernisation programme

The study explored the impact of policies associated with the social care modernisation agenda upon take-up of direct payments. Respondents from both the local authorities and the direct payments support organisations taking part in the survey generally supported the overall policy direction of the modernisation agenda. However, while direct payments were regarded as congruent with this agenda, in practice there were tensions between specific policy initiatives that served to hinder implementation.

Fair Access to Care Services (FACS)

Whilst Fair Access to Care (FACS) did result in some perceived benefits, these were tempered by concerns about eligibility and resource constraints.

Protection of vulnerable adults (POVA)

Another key policy tension arose from local authorities' duty to care and protect vulnerable adults, and this was highlighted through conflicting attitudes towards the use of Criminal Records Bureau (CRB) checks and POVA policies in relation to direct payments.

Partnership working

Whilst increased partnership working held out hopes for greater clarity and collaboration around direct payments implementation, especially between health and social care, in practice examples of this were rare. There was little evidence of Single Assessment Processes stimulating access to and take up of direct payments. Complexities around funding for continuing care for service users with deteriorating health remains an issue that requires more attention and clarity.

Supporting People

There was a lack of perceived fit between Supporting People and direct payments and an apparent confusion between funding for housing support and the option of using direct payments.

Implementing direct payments policy across care groups

The study investigated the variable implementation of direct payments policy across care groups. The telephone interviews revealed a perception of direct payments being for younger disabled people and the needs of other care groups has therefore not been prioritised in local implementation strategies. The case studies highlighted some common factors affecting implementation for older people, people with learning disabilities, people with mental health needs and people from black and minority ethnic communities.

Support

The value of assigning specific responsibility to support organisation staff for promoting direct payments amongst different groups of service users was recognised as a way of encouraging wider take up. Some respondents considered that local support organisations did not have the expertise to work with particular groups or to sustain the level of support required to work with particular individuals or groups (particularly people with mental health needs or a learning disability). Good, targeted support was believed to be associated with improved rates of take-up amongst these previously marginalised groups. More specifically, the Direct Payments Development Fund was viewed as a positive way to promote direct payments amongst under-represented groups.

Partnership

Collaboration between health and social services, while useful in other aspects of meeting people's needs, created problems for the implementation of direct payments in sites that took part in the study. Indeed, the role that the health service should and did play in promoting direct payments was either unclear or undermined by poor knowledge.

Systemic barriers

The study found that local systems and processes for supporting the use of direct payments were often unwieldy and slow, serving to discourage both care managers and, it was alleged, service users from pursuing direct payments as an option.

Promoting direct payments

Lead officers for direct payments reported difficulties in promoting direct payments to staff serving specific care groups, with only sporadic evidence of people with a remit to champion direct payments for care groups other than physical disability.

Awareness

The case studies highlighted a surprising lack of awareness amongst frontline staff not just about how direct payments might be used, but also the fact that they should be routinely offered as an option to people eligible to use them.

Restrictive practice

There was a widespread belief amongst frontline staff that direct payments were not appropriate for a majority of their clients, and also a degree of protectiveness towards their clients by some care managers.

The implications of recent policy developments

The White Paper *Our Health, Our Care, Our Say* reiterates the government's commitment to direct payments as a way to promote people's choice about the care and support they receive. A national campaign is promised to increase awareness of the benefits of direct payments. Whilst acknowledging the positive impact that aspects of central government initiatives have had in promoting implementation, the findings from this study raise a question as to whether a centrally driven campaign without a wider strategy to embed direct payments in the culture of local authorities will have the desired effect.

On the other hand, stated intentions to develop individual budgets that bring together different funding strands has the potential to extend the option of direct payment and to address issues raised about lack of consistency in applying choice and control principles across similar government programmes (such as the supporting people programme). Making more transparent the cost of services to which people are entitled may provide the infrastructure through which direct payments are offered more routinely as an option.

The White Paper also acknowledges the geographical variations in service provision that has arisen through the application of FACS criteria and which perpetuates an inequity in access to services for which direct payments will be offered as an alternative.

The White Paper has confirmed that direct payments will not be extended to meeting health needs, on the grounds that this would compromise the 'founding principle of the NHS that care should be free at the point of need'. This will continue to pose challenges to direct payments implementation, particularly within the context of integrated care settings, where the distinction between what constitutes a health or social care need can be artificial for service providers let alone for service users themselves.

Recommendations arising from the study

- Senior managers should ensure that local policies and procedures on direct payments are clear and understood by staff, that transparent budgetary arrangements encourage and enable care managers to offer direct payments, and good monitoring systems are in place.
- A number of problems stemmed from local partnership arrangements, and could be overcome through the use of local protocols, and clarifying the role of health staff in promoting direct payments.
- Staff need to be more aware about what direct payments can be used for, who is eligible to use them, and how they can be accessed. They also need to be supported to think through how direct payments fit in with their other tasks and duties.
- Frontline staff require help and managerial support to balance their duties and responsibilities with regard to the modernisation agenda, reducing the dominance of adult protection issues in care management practices.
- Local training for direct payments is currently inadequate. Training should involve people who use direct payments, and should focus on the potential to achieve positive outcomes, and upon creative and flexible care management practice.
- Commissioners of support services should strengthen the local infrastructure for direct payments, by reviewing the form and function of local support and advocacy organisations to ensure that they are addressing the needs of all eligible care groups.
- Direct payments 'champions' can be effective in promoting direct payments, and consideration should be given to separate champions to promote direct payments to those groups of service users that have not taken up this option.
- Professional bodies should ensure that new entrants to their respective professions are inculcated with the philosophy of independent living.
- Performance monitoring of direct payments should be focused on the numbers of clients who are offered direct payments as a viable option, the nature and flexibility of care packages offered and the outcomes achieved by service users.