

## **Welsh Authority A**

### **Background**

In 2001 over 50% stated limiting long term illness and 19% stated limiting long term mental health issues in response to a health survey in this authority. This authority is a rural area but close enough to a main city for commuters looking for a relatively accessible house prices. The economy is described as improved in contrast to 10 years ago. This authority has benefited from regeneration projects and new stores such as Tesco's, B&Q ect at the lower end of the service industry. The 'care' industry in this authority was described as 'in crises with a high staff turnover and difficulty in recruitment for home care and agencies' by one care manager.

At the same time as the offer of a direct payment became mandatory local authorities in Wales introduced a 'fairer charging policy' resulting in some direct payment users ceasing direct payments for a time in this authority and elsewhere in Wales. The authority has a lower than average rate of direct payment users in comparison to other Welsh authorities. This situation has caused some frustration.

The authority offers free P.A training, free CRB checks and completed an All Wales publicity DVD for direct payments in August 2005. This was in addition to earlier publicity drives which included leafleting key sites and giving presentations to key groups. The authority also has mandatory direct payment training in place for care managers and social workers. At the time of the focus groups (August 2005) This authority had 21 direct payment users, by March 2006 they had 24 direct payment users.

### **Conduct of case study**

Focus groups were conducted over a 3 day period in summer 2005 follow up interviews were conducted in autumn 2005 and spring 2006. A workshop with 10 care managers from the mental health and learning disability teams was also held in September 2005. A conference around direct payments and user involvement was held in June 2006. This will be a jointly organised conference between four local authorities.

## **Management perspective**

### **The current status of direct payments in the local authority**

Direct payments were welcomed as a source of independence for users and as a route to maintaining dignity as well taking responsibility. It was suggested that direct payment numbers are low in Wales and in this authority because of cultural differences between Wales and England and what was described as a persistent service culture:

Culturally, in many parts the state is seen to be the provider of all things. Wales has not grasped community care in the same way as England did.

(Assistant director adult services)

For example, the chair of social services felt that the 'low level of take up mainly because of the red tape involved- people not wanting to take responsibilities'

Moreover in reference to the high numbers of long term limiting illness (over 50%) and limiting long term mental health issues (19%) in the borough not bringing forward more direct payment users, one senior manager felt that:

People do not see this [direct payments] as a real alternative as they see it as increasing their burden....

(Assistant director adult services)

There were several perceived identifiable barriers to increasing direct payments, these included: Motivation of service users, bureaucracy, fear of bureaucratic financial burdens, a failure of staff to promote direct payments and poor communication.

Social services do admin work for services-direct payments means that they can get people to do "care" that have sometimes done this informally- raises questions for individuals , and authority.- some don't feel able to make own arrangements, some who will always rely on services.

(Chair of social services)

On assessment and care managers, a senior manager noted that care managers' assessment and response to direct payments is inconsistent and that the perception is that direct payments represent a financial risk to the authority.. Social workers and care managers were described as 'risk adverse'. The key factors that are preventing individuals from taking up direct payments were listed as: 'Bureaucracy, feeling that the burden will fall on them to manage. They may also be at financial risk themselves eg "tax" .Thus the key tasks of the support organisation are 'to support people through the bureaucracy'.

### **Accountability and monitoring**

There were concerns that the accountability and monitoring of people being employed as P.A.s would not match that of in-house service provision in terms of P.A. experience and qualification level. Therefore checks on potential P.A.s were seen as necessary but at the same time as contradicting the freedom and flexibility element of the direct payment for potential direct payment users.

The care bought in by people receiving direct payment is probably unsuitably qualified, and unable to perform the tasks they're required to do without impinging on the safety of the client- there's a lot of cowboys out there you know!....Client says "I've got this money I'm going to pay/hire this person to do this", then we come along and say you before you do this we've got to vet them and make sure they're qualified and... and they say -"hang on we don't want to get into this ball game!"

(Chair of Social services)

Asked if this was maybe because they employed people that they knew interviewee replied:

People they know might not have qualifications, almost certainly won't have qualifications- so there's a risk assessment there- its not quite as simple and as straightforward as we would have hoped.  
(Chair of social services)

### **User groups for whom direct payments worked best**

This authority were targeting carers and those with physical/sensory impairments as major groups within the strategic plan when asked why this was the assistant director for adult services suggested that 'This has been the user group where evidence suggests has been a more effective take up. We want to develop this in this area, so success breeds success'.  
(Assistant director adult services)

However, it was also noted that younger disabled people were showing more interest in direct payments than older groups. In addition there were ongoing concerns regarding people with learning difficulties and mental health issues.

It is felt that young disabled are more motivated and other user groups less so. Some question capability of people with mental health problems or learning disabilities.  
(Assistant director adult services)

These feelings were echoed in focus groups with care managers and social workers and the workshop with mental health and learning difficulties care managers and social workers.

### **Future plans and wider issues**

The noted strategies being put forward to increase direct payment take-up were listed as: Strategic interest, the setting of performance targets, Directions to spend and Communication strategies.

However, one person felt that although the authority was behind direct payments and the flexibility that they allowed, there were unlikely to be any sharp increases in direct payments numbers, when asked what would happen if numbers increased dramatically in relation to commissioning and budgets he said:

Realistically I don't see it increasing to a degree that will make a huge difference to anything that we're supplying in [this County], because unless they change the system dramatically-there'll be no huge increase- our services will continue to expand and we will continue to provide the best possible service under the circumstances. We do provide an excellent service to the residents of this authority and we will continue to do that, but I don't think the direct payments service as it stands will have any major impact in the next few years, therefore I

can't honestly can't see anyone changing the system so it's a bit of an impasse.

(Chair of social services)

Asked if direct payments should be funded locally or nationally we were told  
Its fine to fund them locally as long as its not seen a way to try to cut funding to social services generally-any saving should be passed back to the locality'(Chair of social services).

At the same time direct payments were considered to be a 'Very good scheme- take up would be a lot more efficient if you could refine the system'. This suggested that although the concept of direct payments was accepted, the systems of administering direct payments were thought to need further refining. There were clear concerns at this authority around direct payments, the concerns of higher management were reflected by some care managers and social workers and there was a consensus that direct payments presented issues of additional responsibility for the authority and for potential users.

## **Practitioners' views**

### **Background and initial reactions to direct payments**

Many of the social workers and care managers were working at other authorities when the power to offer direct payments was introduced in 1997. They described fears from upper management including people running off with social services money, the undermining of traditional services, and the affect on staff. One care manger described 'a deeply paternalistic approach to the provision of social care' in his previous authority and a strong cultural commitment to in-house services. As such, the financial mechanisms and transfers of funds from in-house provision to direct payments were considered 'very daunting'. At care management level, there were similar fears. For example, 'managers were very scared- if you have to disinvest to reinvest- where are my services going?-what am I going to be managing?' (Contracts manager).

It was believed that some care managers felt a responsibility to their workforce as well as maintaining their own power base.

I've only been in This authority for 2 and a half months now, but in my previous position in X I was the lead person for dps and its exactly the same – I won't use the term lip-service but you know the research was there that people learned about dps mainly from care managers, so if the care managers didn't know about it or weren't confident about saying to the service users: here's dps then it was never going to expand. My role there was to basically write the policy inform the staff and fight with senior management. Although what their definition of flexibility and choice was and what ours was didn't always meet up- but you know it was just a gradual shift of perception and the fear around dps that people were going to run off with social services money, it was going to undermine traditional services, it was gonna affect staff- all these things were a concern I think for most authorities but we don't have that so much now

(Team leader physical impairment)

Many fears around direct payments surfaced in the initial years of direct payments and resurfaced at the time direct payments became mandatory. These fears included: budgetary fears, the potential impact on services and the impact on staffing levels and workloads.

### **Major fears for practitioners**

The major fears of those carrying out assessments included a fear of increased paperwork, that they would need to get involved with the financial side of direct payments, how they would monitor the direct payment user, if they still had the responsibility to do so within their 'duty of care' and how much control they would retain. Although most believed that these fears had lessened since the early days of 1997, it was not certain that they had disappeared entirely.

### **Training**

Training for front-line staff has been in place since 2002, training was first organised on a voluntary basis. However, this was changed to mandatory training later because of low attendance. The support group provided training and were a point of contact for new social workers and front-line staff in this authority. The support organisation note that training had been carried out before 2002 but it related to Acts and 'care managers' philosophy'. The training they gave focused on ILF and the practicalities of putting a direct payment in process.

However, one representative from the mental team suggested that training had made mental health teams more wary of direct payments. This was because they appeared to be even more complicated after the training.

### **Accountability**

The social workers and care managers seemed only vaguely aware of the support available to users and were unclear on the financial aspects of direct payments. The biggest issue appeared to be who was accountable if a direct payment user was abused by their P.A or could not manage the administration that came with a direct payment. This led to debates around issues of capacity and risk- a very strong theme in this authority.

### **Assessment: Capacity and Risk**

One team leader remembered some conflicting advice relating to capacity at the Welsh direct payments forum:

Sometimes they said if somebody by somebody's expression by their behaviour you can see they're benefiting from it [a direct payment] that is consent you know they have the capacity to make that consent- and other times we were warned if you don't get them to sign and they're 100 percent able to do that then you are opening yourself up to a legal challenge

(Team leader physical impairment)

The forum asked the Welsh Assembly for additional guidance on capacity. The additional guidance had not been issued (at the time of the study),

leaving many feeling that answers will only come through a test court case. This feeling is also evident in some English local authorities in relation to the Department of Health guidance and the perceived lack of clarity on issues of consent/capacity and the liability of the authority.

Assessing the capacity to manage a direct payment was one of the biggest issues for care managers and social workers present at the focus group. The local authority guidance states that: 'Care managers will have to make this decision on an individual basis for every user, considering whether the user understands the principle of direct payments, whether they can express a preference between different types of service, and whether they currently make similar decisions for themselves. Other aspects to managing a direct payment involve record keeping, managing their financial affairs, the legal responsibilities of being an employer, and organizing employees' time. Someone who cannot manage the latter tasks for themselves should still be eligible for a direct payment, but will need assistance which can be discussed during the assessment process'.

In mental health and learning difficulty teams, it was deemed particularly difficult to gauge how somebody might cope with direct payments. One person present suggested that it was sometimes difficult to assess if a few hours of direct payment was 'worth the extra headache' for people.

Looking at people with LD it is around choice, expressing a preference are much less of a problem for managing- its taking on the controlling aspects are the things which most people would have a difficulty with that's always going to fall on someone else. There's a person I'm working with at the moment probably in terms of cognitive and intellectual ability he's probably as close as is possible to falling outside of the remit, except he's a very very able and he can cope with all the preference choices and involvements, but he can't manage the whole process without support- he just can't do it and you probably couldn't find a more able person if you were trailing. I think for most people with a L.D even though we're strongly committed to promoting independence- all the right barriers are there in terms of the way services are run- its quite a hard task. I think the disincentive for customers is whether there's enough of a balance of what you get for what you're having to give in terms of that effort.

(Care manager learning difficulties)

This was because there were more perceived options for learning difficulty in this authority following the 'valuing people' white paper, but also because it was felt that the management of the direct payment was an issue. However, there were also examples of the ways that direct payments had created 'life changing' opportunities for some users with learning difficulties from this authority too.

For mental health teams, there were issues with fluctuating conditions (i.e if someone entered a phase where they didn't want to communicate, or deal with direct payment issues or tasks what would happen?). Different forms of cyclical conditions could also impact on recruitment because it was not viable

to employ a P.A only when things had reached crisis point and then say that they weren't needed after six weeks or so.

[T]hey might need 24 hour care for 6 weeks, but on the upturn they might be fine for another 6 weeks and how do you actually- again there's ways round it –you can actually budget it on average. But I know at the beginning when there was maybe a bit more of a tight grip on the audit- hang on but if they don't use it for 6 weeks they'd have all this money in the bank type of thing and the care manager was thinking oh and finance were- but you can round those issues and with the services we're providing they can adapt to that sort of thing and if they need a support worker going in everyday- then they'd go in everyday and the money- you know they might not need them: It'd be difficult to actually retain a P.A if you said well 6 weeks I want you for 24 hours but I don't need you for another 8 weeks then

(Manager of support organisation)

The mental health teams do not use home care services or day care services as in other teams, but are more likely to be providing services that include community psychiatric nurses, assistant nurses and support workers. Moreover, under section 117 'care' is free and the new day 'care' opportunities in mental health are restricted to one refer path.

we've got nursing assistants and support worker support as well so it does, it does complicate the issue as well-services are- so they're not transferable to dps as maybe older people and PDs (physical disability/impairment)- and with the new day care opportunities we've got in mental health there's one refer path into that and you could be allocated a worker from the L.A you could be allocated health- so its more complicated really

(Team leader mental health)

These systematic complexities reduced the likelihood of someone being offered a direct payment option. Risk assessment was another area thought to affect learning difficulties and mental health. For example, in one instance, a direct payment was refused because a risk assessment could not be carried out appropriately for an individual with learning difficulties who wanted a direct payment. This was because the individual was perceived as 'entering an unknown and unfamiliar situation' with direct payments. The authority now has a system in place which stipulates that users must be deemed able to manage their own risk in a direct payment situation in an effort to make direct payments more accessible, however it is not clear how successful this might be.

The support organisation pointed out that there were differences in procedural routes for learning difficulty, mental health and physical and sensory impairment teams in that only physical and sensory impairment teams dealt with packages on a cost unit basis, others dealt with packages through hours of service or specific service routes.

There was an additional perception that assessment forms had become more detailed, breaking down specific tasks, one person thought that this could be acting as a 'filtering mechanism' to limit direct payments.

I know from feedback from the team there is a suggestion that they're been requested to do more in detailed care plans before dps are accepted... rather than- you know- dps with more needs assistance for da de da and – now its very task orientated so maybe you have got to break it down into hours and tasks, be a lot more accountable- and part of me says we should do that anyway because dps have got to be effective and cost efficient- not throwing money at people if they don't need it – its gotta be an assessment of need, but it can also be used as a method of filtering maybe around the eligibility criteria

(Team leader physical disability)

Another noted that this authority's new unified assessment forms (unified with health and social services) asked why the person being assessed did not want a direct payment; she felt this would result in assessors discussing the direct payment option more fully, than they may have done previously.

However, there was a feeling that the assessment process and the eligibility criteria generally had become more stringent over time in relation to the changes around 'Fair Access to Care' which was restricting access to those with severe and critical needs. As a result one care manager felt that those who may have received a package of 'care' ten years ago would not meet the eligibility criteria today. This issue was not restricted to this authority but part of the restrictions in other Welsh and English authorities at the time of the study. There was also some evidence that social workers (especially those coming straight from university) might be unaware of the direct payment route. In such situations, the support organisation would find itself guiding both the social worker and the potential direct payment user through the direct payment process.

### **Relationship of direct payments to core services and groups for whom direct payments work best**

As noted there are lower than average direct payment users in this authority. It's possible that this is the case because of the services available in this authority. However, one non-direct payment user was very unhappy with his services, but was reluctant to take up direct payments because he foresaw additional work for his wife in organising his direct payments administration.

Awareness of the views on social services were also echoed in the care managers focus group meetings when reflecting on the low number of direct payment users in this authority: :

Speaker 1: I think with PD [physical disability] there is and its not just this authority it's a lot of authorities- they struggle to get the younger PD to come to Social services cos their perception of us as providing very traditional services- you know day centres that cater for 18 to 98 sort of thing- if I was a 21 year old I wouldn't want to come to us –so its getting the message across to people who don't come to us historically



maybe they just live with their mum and dad for years- so they don't need us or they don't want us- to say this is actually what we can do,

Speaker 2: We're paying a price in a sense aren't we? For the way services have been provided in the past

Speaker 3: and the stigma of coming to social services cos people perceive us- people with the confidence won't come to us because they see us as being there to provide for those who are really disabled and they don't want to put themselves in that category and the people that do want to come to us like the comfort of the day care and the day centres you know

(Team leader physical disability speaker 1, contracts manager speaker 2, and manager of support organisation speaker 3)

Major issues with funding crisis referred to throughout practitioners' focus groups.

### **Funding and the process of direct payments**

Four thousand pounds was given to Welsh authorities by the Welsh Assembly government for direct payment publicity. However, from the telephone interviews it seemed that some authorities did not know about the available monies and that it was not ring-fenced. This authority teamed up with 4 other local authorities to make a direct payment publicity DVD.

As there is no additional budget for direct payments in Wales, cash needs to be transferred from existing budgets. For example, if the direct payment is for home care, this would need to be passed by the care manager and then by the service manager to allow money to be transferred from the home care budget to direct payments. All requests for services and direct payments are then passed or rejected via a panel. However, it was noted that the wider nature of direct payments could create problems in this respect, if direct payments are used for social activities: which budget would be used? There was a consensus that this situation would encourage care managers and service managers to scrutinise the direct payment more closely before sending it through to the panel. As one participant noted

...there would be a tremendous pull toward the status quo because any movement within pre-committed budgets is going to be problematic- it would be very difficult to see how any service could expand if it was trying to expand out of that confinement.

(Care manager learning difficulties)

Yet, as noted by the contracts manager, authorities have a legal duty to provide the 'care' an individual is assessed as needing. If social service funds dip to zero, funds should be taken from the corporate budget. Finance advised that this was often the case at the end of each financial year for services.

There's no financial restrictions on the size of package, but obviously there's a budget and that budget is full to capacity. Basically what they'll do at the beginning of the year they'll budget for how many clients are having that service at the moment- what they don't do is

budget for the projected clients that need to come on so any new clients have to be agreed by the service manager. Because what he has to do is take that money from the existing budget elsewhere. So if that person's having dps instead of homecare, he's got to transfer that money from home care into dp budget.

(Finance lead on direct payments)

However, it did appear that an additional ILF application made service managers less wary and more likely to approve a direct payment because the cost implications for the authority were reduced. This was the case in all authorities we visited.

### **Restrictions**

Direct payments cannot be used for residential care or for more than 4 weeks respite. There were no other restrictions, although the publicity leaflet states that individuals cannot employ anyone in their own household. However, the criterion of equity between service users and direct payments was raised as an issue.

Direct payments because its more flexible it might have things around social interaction not just personal care- and sometimes people looking at it from the outside will make a judgement call- hang on they want to go , I can remember this being said to me ( not in this authority) They want to go to the theatre- why do they – now we don't provide- and its like they need personal care whether they have that when they going to the theatre, whether they going abroad or whether they're in their own house doesn't matter. But if you looking at it from a real eligibility criteria- you might say- hang on they don't need this they don't need that and so maybe an older person is going to get higher priority than a 30 year old who wants to go into work and needs direct payments to...

(Team leader physical disabilities)

### **Target groups for whom direct payments work best**

Physical impairment group viewed as less problematic than learning difficulties or mental health users. In this authority direct payment users are made up of physical impairment groups in the main. Practitioners, like managers, thought that 'young disabled' were the most likely to want direct payments, but believed that many would not approach social services. This authority does not have any direct payments for parents of disabled children. This group were seen as too vulnerable and there were many fears from social workers for this group according to the contracts manager. However, there was no direct representation in the focus group from the children's team.

### **Future Plans**

The support organisation, finance and care managers will attempt to meet to understand the process of direct payments, the support available to users and the financial processes in order to develop an improved working knowledge of direct payments. Some of the care managers were not always clear on the services the support organisation offered or the ways that support could be established for individuals.

## Service users' views

### Initial awareness of direct payments

For the users and non-users of direct payments there were varied experiences connected with the initial awareness of direct payments. One direct payment user had known about direct payments since the 1980s through his work with disability organisations. However, he was reluctant to take up a direct payment because of earlier negative experiences with social services. For another direct payment user, circumstances in 1999 meant that direct payments were 'the only option' to avoid a permanent residential home for her sister (This lady now manages the direct payment for her sister, but was unaware of the direct payment option before that time). For the non-direct payment users one had heard about direct payments from his mothers neighbour (in another authority) and another had heard about them in the early nineties (again in another authority), but considered them too arduous to manage. One of the non-users believed that direct payments were being 'sold to him' when he had problems with the existing services and was suspicious of the motives of those suggesting this route.

I have care from social services and an agency. I have social services in the morning and a care agency in the evenings and up until now we've had fantastic carers on social services. Now all of a sudden they've changed to a two on two off system and they've taken one of the best carers from us for no real reason that we can understand. We've been told one of the reasons. I don't accept it, that's what they're saying but that's another story... So that involves employing more carers then so we don't get the continuity that we had and evening care was another story again cos we had around about 25 carers over a period of 4 months and it was getting very difficult to keep up with that... Because we never knew who was coming , we were never warned who was coming in the first place and to get someone turn up on your door step at 10 o'clock without being at least introduced before it – that's a bit of a difficult point at the moment... the words direct payments would come up now and again and because we knew something of direct payments we were getting the impression perhaps wrongly that that we were being sort of directed towards the idea of it, if you can understand what I mean

These feelings seemed to connect with a negative view of social services, but direct payments were also considered to be too much work for this person (or his wife) and there were fears about obtaining back-up if a P.A was off sick. The individual did not understand the support that was available for administrative tasks connected with direct payments, or that charging rates were the same for services as for direct payments. The support organisation offered to arrange a meeting and the individual asked for a copy of the DVD explaining more about direct payments, to the time the study ended he remained on services and had not been in touch with the support organisation.

### **Negative views of social services and the lack of a disabled peoples' peer network**

One direct payment user who was active in the disability movement in the '80s was reluctant to take on direct payments because of previous negative experiences with social workers in other areas. Although continuously active in the arena of disability rights and independence throughout his career, he described contacting social services for a direct payment as something that:

...felt like a step back having not had it [social services] for so long, to actually go back and have to rely on somebody, it was something I didn't really want to do

He did not take on direct payments until 2004. As noted, another non-direct payment user had been offered the option of a direct payment by social workers at assessment review. However, he described a feeling of being 'pushed' in the direction of direct payments and was suspicious of this route initially because the suggestion had come from social services.

Many successful direct payment schemes are the product of disabled people coming together to challenge local authorities. Ironically, it is evident that negative experiences and perceptions continue and prevent people who could benefit from a direct payment from coming forward into the social service system. All of the focus group participants agreed that they would have benefited from a disabled peoples' network to discuss experiences with other disabled people and with other direct payment users. The particular direct payment user who found it difficult to contact social services in the first instance reinforced this when he said

if in this authority there'd have been a coalition I'd have probably taken up direct payments much more quickly and more easily. Going through a group of disabled people wouldn't have been half as compromising of my particular beliefs than it was going to social services  
(Direct payments user physical impairments)

Clearly, a disabled peoples' network would benefit this authority (and others) particularly if it could provide additional advocacy and peer support for individuals prior to assessment by driving through self-assessment procedures

### **Training information for service users**

P.A.s are offered free training in basic areas such as hygiene and lifting by the authority providing there are spare places on courses run for authority homecare staff. This authority information included: publicity leaflets promoting direct payments, a user manual, and a financial user manual. However, neither the direct payment users nor non-users had seen the publicity leaflet; just one user was familiar with the user manual and financial manual. Each of the direct payment users had developed their own systems for dealing with finance and time-sheets ect.

### **Accountability issues**

Audits of direct payment monies are carried out every six months. All direct payment users said that the financial process and the finance person at the

authority were straightforward and supportive. However, one direct payment user described the process of monitoring as a reminder of the continuing power imbalance between social services and disabled people. The direct payment users who attended the focus group had previous administration or accounting experience and this was thought to be a significant advantage in dealing with direct payments.

This authority appeared to be flexible in direct payment rates. For example, one potential direct payment user had moved from another city nearby to the authority area. He was paying his P.As a higher rate than the rate in this authority. The authority have allowed him to continue to pay his current rate in order to retain his team of 7 P.A.s and avoid re-advertising for new staff.

## **Employment issues**

### **Availability of P.A.s**

The availability of P.As was considered a potential problem should the number of direct payment users' increase. A further issue was the hourly rate paid which averaged two pounds lower than in neighbouring areas. This was thought to affect the choices of those who might be looking for P.A work, although there was no explicit evidence of this from our meetings. The closeness of this authority to a large city and its rural dimension seemed to impact on recruitment issues. In addition, the area had been in a process of regeneration with major supermarket chains opening up large stores in the area. At present P.A recruitment is not considered to be a major problem by the support organisation, but it was noted that it may become so if direct payment numbers increased dramatically.

One direct payment user said that fewer people were responding to advertisements than in previous years. This may be due to the regeneration and growth of relatively low-skilled but better paid service jobs in the area. Additional issues included P.A.s who needed work for 16 hours or more. This relates to the 16 hour rule which specifies the quantity of hours to qualify for working tax credits through the social security system at the time of the study. As a result direct payment users were finding greater difficulties in employing people for a small number of hours. This issue is not restricted to this authority.

However one care manager suggested other factors were at play:

The whole social care sector is in a real crisis isn't it? The turn over rates are 80% and the vacancy rates are 25/30%. It is low waged so there are going to be structural difficulties even if people are being very creative and innovative- its always going to be difficult and particularly if one person has a reliance on more than one personal assistant- if you got 4 or 5..

(Care manager learning difficulties)

### **Sickness cover**

In this authority, direct payment users are advised to have alternative P.As or plans in place for cover if a P.A is off sick or absent. However, it is not clear how achievable this is in reality. Sometimes direct payment users were advised by the support organisation to schedule a few hours per week from

an agency. This process could operate as a form of insurance if a P.A was off sick, or didn't turn up. In such instances, a direct payment user would be more likely to obtain cover from the agency because they were already commissioning some services from them.

### **Issues around the employment of P.As**

One direct payment user noted that employing P.A.s did not always fit into the framework that usually governed employer-employee roles:

It was the responsibility of being an employer I really didn't want to take that on... its not like working in a factory , working in an office- because of the nature of the job adhering to those guidelines is incredibly difficult because your support worker does become much more than an employee- its inevitable and you're working with them on a level that's so much more intimate than just working in an office so I think that those guidelines they become really fussy particularly over a period of time (Direct payments user physical impairments)

### **Employment law**

Issues relating to employment law were raised as crucial factor in the direct payment process by one of the direct payment users. The local authorities had experienced several cases of unfair dismissal brought by former P.As. It was noted that the Welsh Assembly failed to offer any advice to local authorities on what action to take if this occurred. Therefore, it was not clear where the liability would lay in these episodes- either with the authority or the direct payment users. There was a natural fear from direct payment users and non-users at such claims. In past cases, authorities have borne the costs of compensation and legal representation. As a result of these discussions, this authority are considering putting some basic employer training in place to explain the procedures direct payment users should follow.

### **Why someone might not want/get a direct payment**

For care managers and social workers the issue of capacity continued to be a problem, when unaware of the support options available. Capacity was believed to be a greater problem than consent in relation to direct payments because of the responsibility of users as employers and the management issues involved in running a direct payment. However, the manager of the support organisation argued there were always support options available and it was always possible to 'get around' issues of capacity through adequate support and communication with involved parties.

The reasons why somebody might not continue in the direct payment process once they were deemed to be able to manage a direct payment included: a failure to recruit P.As, especially for small packages, a realisation of the administration and management involved in direct payments, the length of time involved in the process from application to finalisation, and in some instances changing circumstances.

For direct payment users and non-users the reasons given for why somebody might not want a direct payment varied, but the main reason appeared to be the responsibility of administration and paper-work. It was also clear that many people might be put off by the responsibilities of being an employer.

## **Support organization**

### **The role and remit of the support organisation**

The support organisation served four local authorities as well as the case study authority for direct payments. This allowed certain advantages for all authorities as different operational solutions and experiences can be shared amongst all. At the same time, it may suggest that support staff could be spread too thinly across all authority areas.

This authority has a dedicated finance person who deals with the auditing of the direct payments. The overall numbers of direct payment users in all 5 authorities supported by the support organisation was 86 at November 2004. There were concerns about the support organisations activity in gaining direct payment users. At the time of the focus groups, the authority contract with the support organisation for the case study authority was for 40 direct payments users.

### **Services for users**

Start up costs include advertising costs (although in most cases avenues that offer free advertising such as the job centre or free local paper are used) and contingency cover of two weeks direct payments for holiday pay, sick pay and emergency cover. The support organisation helps with interviews and recruitment issues. It contracts the payroll service to a firm of private accountants who work with all five boroughs. The support organisation may go along with social workers for an assessment if they are asked to. They also offer help at assessment for service users.

### **Services for the local authority**

The support organisation has provided training events for all the five authorities around direct payments. In this authority training has been in conjunction with the contracts manager. The support organisation has also written up documents around direct payments for users and care managers. They provide a range of services as well as direct payments support. The services include 'New Deal' assistance for 'young carers', community development, older people, and issues around community transport.

### **Make-up of the support organisation**

The support organisation did not have a full-time worker in place for this authority at the time of the study. Many of those dealing specifically with direct payments were based at offices in nearby localities.

### **Competition with other organizations**

Although the support organisation had been in place for many years providing other services besides direct payments, the manager was clear that the

contract for direct payments support and the place of a local organisation supporting direct payments was insecure.

: I mean we have competition we work on a contract basis for the L.A but there are a few very big players out there who want every contract they can get- and that – you know- that could be problematic for us in that they have resources- and you know there are certain organisations based in England where there was a huge amount of money made available by the government for research and in Wales every authority got 4,000 [pounds].... you've got the big boys who are based in England who have the advantage of that money where they could employ a person to research into direct payments for LD, for health problems, for older people – and they got all that money and they can translate what they got from that research and use it here- and we can't compete with that- you know we're a small organisation and we are local , and there's all sorts of stuff going on out there and every time something changes it's a marketing opportunity for someone isn't it?

(Manager of support organisation)

### **Relationship with the local authority**

There appeared to be a very good working relationship between the contracts manager and the manager of the support organisation however other members of the support organisation stated that they felt awkward or didn't want to upset the authority at the focus groups. While it was clear that the support organisation would try and educate a social worker in the availability of say social interaction options through a direct payment it did not appear that they would take an active role in any advocacy issues should any such situations arise, for example:

I've recently been asked by a social worker whether I could do a joint assessment and from my experience, I've never ever done that. There are certain things that when I do go out on referrals I am saying to the social worker especially newly qualified well perhaps social interaction might be a thing- I can do a costing for you. Sometimes the social worker doesn't realise that they can put in social interaction aspects. So I can do a costing for them- I certainly wouldn't want to step on their toes. We're in a delicate situation – its very difficult to get something if the social worker says no no that can't be in the assessment

One direct payment user noted that it should be the role of the support organisation to 'step on toes' as part of a joint assessment program.

### **Union Representative**

No awareness of direct payments or what they were. Direct payments were not an issue for the union at this authority. Outsourcing was not seen as a problem at this authority, but the turnover of social work staff was, with agency staff seen as a particular problem because they were paid more than social workers contracted to the authority. When asked what the major anxieties for staff were she replied:



can they do the job, can they have a reduced caseload, have they got the resources-stress is the biggest issue- work keeps coming in we don't have the staff- workloads are a huge issue

Turn over of staff was also mentioned by contracts manager as a hindrance in promoting team champions to push the direct payments or to advise other team members. Many of the social workers that had previously actioned direct payments had left the authority.