

Welsh authority B

Background

This authority is the seventh largest authority in Wales and a traditional coalmining area. It retains a large manufacturing industry with 29% of jobs in manufacturing compared with just 13% for Great Britain as a whole. The borough is a designated objective one European Union (EU) category seemingly employers can access the highest level of grant for bringing employment into the area and contributing to regeneration. Unemployment is higher than average in this authority compared with other Welsh authority areas. Interviews were conducted in autumn 2005 and early spring 2006.

Managers Perspective

The current status of direct payments in the local authority

This authority has a relatively high number of direct payment users in comparison to the rest of Wales, but do not have the highest number of direct payment users. The finance manager told us that the authority had been offering direct payments since 1999. He suggested that the authority had offered direct payments to all groups before the mandatory duty and before the extension to all groups. The finance team had recently taken on another team member in finance to cope with the increase of direct payment numbers in this authority.

Asked what the initial thoughts on direct payments were, we were told:

Well I can't speak for the rest of the authority, but I think it was sold to me as a way of saving money...and I don't necessarily agree with that. I think it's a good idea that people can manage their own care patterns, but I don't feel that there are any particular savings
(Finance manager)

Asked why this was, he suggested that there was an additional input of financial and time resources from his department and from social workers themselves. The additional quasi member of staff in the finance section and the extra time that direct payments take to formalise were cited as examples. This authority was refining their direct payment system in line with their auditing process and trying to streamline paperwork and the processes of a direct payment.

The numbers of direct payments are lower in Wales than in England, although numbers at this authority are fairly robust, the chair of social services suggested reasons for low uptake of direct payments in Wales were linked with cultural differences and expectations and later mandatory implementation of direct payments compared with England.

I think that there is a certain culture and its partly because it came in on the tails of England I think that's got something to do with it. But I believe that we may see a further uptake of the use of direct payments in the future

(Chair of social services)

Asked what he thought deterred individuals from taking up direct payments he suggested

If anything at all would deter them, I think it would be doubt. We're talking about housing stock transfer and I think if any thing at all would deter people from going to the private sector it would be rather the devil they know than the devil they don't know so I think: Doubt

(Chair of social services)

Moreover, although it was accepted that direct payments provided flexibility and choice there were fewer perceived longer term benefits for this authority as an authority.

Difficult one really because I certainly would be advocating the use of services that are provided internally, but at the end of the day the Welsh Assembly government are instructing authorities to introduce...er...take up these direct payments so that people can purchase their services- as I just said- from the source that they wish'

(Chair of social services)

Asked if he would prefer to advocate in-house services he replied 'Wherever possible-yes'

The chair of social services felt that there were issues with recruitment in terms of 'who was out there to provide services' and felt strongly that although direct payments were useful in terms of the flexibility people might want that they should not impact on front-line services at the authority nor the funding that was allocated to them. For example when asked if he saw direct payments as reducing social service costs over the longer term he said:

If it does reduce costs I certainly hope that it doesn't affect the service that's provided at the end of it, that is what is paramount that front line services are maintained irrespective of cost

(Chair of social services)

He suggested that he would like to see more certainty in funding from the Welsh assembly and when asked whether alternatives should be provided to direct payments said

I'd go back to the in-house I would much prefer that we were put in a position where we could provide these services- it's a proven way of providing services within local government and I think I would prefer to see the services provided from in-house

(Chair of social services)

Financial restrictions on size of packages

Accountability and monitoring

The finance manager said that monitoring would be increased, previously the authority had only become involved when things appeared to be going wrong, but monitoring of direct payments in the area was now changing to every

three months because audit had criticised them for being 'too ad hoc'. However, the finance manager also said:

I think some of the service users aren't clear in as much as we're going to monitor the payments- but its clearly stated in the contract- clear in the literature that are given by the support- well the support organisation actually show them how to complete the documentation, tell them to keep receipts, keep copies of payslips so they shouldn't be surprised that it is being monitored but some of them are

(Finance manager)

In the time the finance manager had been in place nobody had stopped direct payments because the monitoring process was considered too arduous, in fact the previous monitoring process was described by the finance manager as ad- hoc with finance becoming involved only when it was clear that there was a large over or under-spend. However, there was one example of somebody stopping direct payments because of the responsibility of being an employer

The one case I remember of withdrawing from the scheme simply said well she couldn't handle the hiring and firing of staff she just fired her last one and while the carer had been on notice she'd been brilliant but she felt she just couldn't do it on behalf of her daughter anymore they went back to a independent domiciliary provider

(Finance manager)

Future plans and wider issues

There were some concerns from the finance manager regarding the inclusion of equipment in a direct payment

Again my views I'm thinking on a finance perspective I'm a bit concerned at the new regulations that say we can buy equipment or we can give people money to buy equipment and I would have though our purchasing ability would get the items for cheaper- its something that audit have highlighted and I don't know how- as the finance manager I'd be in control of that- You know if they go out and buy a stair lift can they get it for a cheaper price than we can? Who's liable to maintain it- after they pass on who owns it? I was quite surprised when I saw it in the legislation; I've always seen direct payments as an alternative care but not as a purchaser of goods

(Finance manager)

Other English authorities have said that they provide equipment free of charge and telephone interviews indicated a similar confusion over the inclusion of equipment within the direct payment.

Practitioners' views

Background and initial reactions to direct payments

In 1997, the authority sent information on direct payments to those that they thought would be interested in the direct payment option, but did not receive any responses or interest. Training was carried out for direct payments and the Independent Living Fund (ILF)...

And then there was nothing. It all sort of died a death. Not a lot of people were encouraged to take it up at all... We had a basic development of it. .. just a basic development of what they intended it to be, not what it was. .. So I think we were struggling with it if we're honest. We were trying hard to understand what it was all about. And having no leadership from anywhere at the top really. And you just continued to work as you did. And hope that if somebody suggested a direct payment somebody would be able to give you advice on it. At the beginning, that's how it was.

(social worker)

Leadership from the top was more apparent when the authority thought it could raise extra money via direct payments. At the same time, authorities were asking where the additional money needed was going to come from. Overall, the outset of direct payments was described as 'a mish-mash' with no clear strategy or leadership. While things may have improved there are still doubts over direct payments as an option to directly provided services: 'Even when it became mandatory, when we knew that everybody had to offer it, I honestly sit down and wonder how many people today offer it as part of the package'.

Major fears for practitioners

Increasing workloads and the support organisation

Direct payments were perceived as increasing workloads for social workers and care managers. The feelings of those attending the focus group were that while some social workers were responsible for a number of direct payment packages others were rejecting the concept of direct payments to keep workloads manageable when asked why they thought this was one social worker said:

Well, it's far easier to set up a package of care yourself. You can leave it six weeks and close the case. If you've got a direct payment, it takes that much longer. And you do get complications with it. And so a lot of people think this is the easy way out. Just offer a package of care, close the case and that's it.

(social worker)

There is some avoidance in some quarters, it's fair to say. For whatever reason.

(senior social worker)

In addition, the finance manager suggested that extra workloads were created through regular reviews of direct payments.

I'm often told by colleagues in home care assessments that there's a lot more work for them now because of assessments they carry out for

direct payments and my answer always been if they weren't getting a assessment they'd be assessed for our own home care or for an independent home care package so I don't see that its got any implication at all care management wise– I would assume that there is more work because I think we are recommending that there are more reviews carried out because its felt that if you get home care or an independent provider in, if the user says something to them and its of concern or interest then they'll report it back whereas with a direct payment it may go no further- they need more of a looking after aspect to make sure things are OK so there's more work for care management

(Finance manager)

Those who were behind the concept of direct payments noted additional confusion on the part of service users with some believing that direct payments represented an extra benefit and would simply mean an additional income. The social workers and care managers present seemed to think this was the fault of the support organisation. In addition, some of the social workers and care managers present were unhappy about the support organisation's self assessment promotion noting that people were asking for more hours than they were likely to get:

You're going to have this contract with [support organisation]. It is more involved there's no doubt about it... when you think that there can be a conflict as well, when you refer to [support organisation], they will hand out a self assessment and the self assessment may come back requesting a 56, 60 hour a week. And our assessment may be something like 15 hours. So, you've got a conflict straight away and you think, oh god, here we go. We've got to justify all this now.

(senior social worker)

The support organisation were blamed for 'raising expectations' to unrealistic levels and there was a clear animosity towards them and their activities. The authority has now stopped the support organisation from promoting self assessment; the authority claimed that too much time was being spent on promoting self assessment as opposed to direct support. This authority offer advocacy (using a separate organisation), but we did not have any examples of advocacy being used from our focus groups.

Training

Training was described as minimal by the social workers and care managers. There was no available current policy and practice guidance, although this was being compiled. The strategy and development officer suggested that it was the responsibility of social workers and care managers to keep up with changes in their field. There was an isolated example of one social worker buying a book on the direct payments for reference. However, she also had a son who was using direct payments and the purchase may have been more of an individualised need as opposed to keeping up with changes in her field. The strategy and development officer believed that individual social workers ought to 'keep up with changes in their field' as a result there appeared to be little recent training. However, after our discussions the strategy and

development officer thought that she might set another round of training in motion.

Accountability and Capacity

When we asked about accountability issues for direct payments users, some of the social workers believed that it was their job to check that direct payments were being used properly; others felt it was the support organisations role and others believed finance were responsible for monitoring. The confusion had arisen because a neighbouring authority had social workers that checked through time-sheets and how direct payment money was spent.

The social workers and care managers present at the focus group felt that they were accountable to service users and appeared to take a specific interest/control of the direct payment process including knowledge of the perceived limited availability of P.As, lack of sickness cover and the length of time that the direct payment might take to set-up.

There were four examples of people who had received direct payments but who were not supported by the support organisation because there were too many 'active' users on the books. One social worker who was claiming direct payments for her son was told that she would need to organise her own national insurance and payroll, she refused but rang through to the support organisation to ask them if there were any users that could be taken off the 'active list' as a result they archived three users. For other users who could not gain support because of the contracting process agencies were used, but it is likely that these circumstances may have acted to prevent those who wanted to use a direct payment from doing so. As one social worker said: 'I think what you find as well it takes such a long time to set the package up that maybe you have to use an agency and people think oh, I can't be bothered'.

Relationship of direct payments to core service

This authority has a higher rate of direct payment take-up than many Welsh authorities with a high group of learning disability users and the highest number of users over 65 in Wales.

Funding and the process of direct payments

This authority has received £4,000 from the Welsh Assembly to publicise direct payments, but it is not clear what this was spent on. The process of direct payments is dependent on a number of agreements from different levels in the authority. The social workers make the assessment and application followed by agreement by the care manager, team manager, service manager, if there are still issues to be resolved the application will go to a principle officer (if over 28 hours) and then to a further level before the panel meeting which will finally process or reject the direct payment. There was some evidence of direct payment applications being rejected in the early stages because of lack of money or because of a suspicion of leisure or social activity elements. There was additional agreement that it was more difficult in particular months to get a direct payment application through the system due to the pull on the budget in particular months. The social workers and care

managers present seemed genuinely disappointed if a direct payment package they had help set-up was rejected because they then needed to go back to the individual and explain why they had been rejected. However, it was also clear that they believed the notion of 'professional judgement' was more likely to be called into question:

Because you're asking them [potential direct payment users] to think, take more ownership over it, think more creatively so, you know, you're raising their expectations and then saying no.

(social worker)

The finance have had problems. Whereas I arrange the direct payments to include leisure activities, and they say, well, you can't get that. And we say no, it'd be a package of care. If you haven't got direct payments there's all this opposition to it.

(social worker)

One social worker said that she had got around the system by starting direct payment packages with a low number of hours and gradually increasing them. For others there was irritation that direct payments did not get through the system when they were needed.

And you are sitting there explaining, genuinely, as an advocate for that person, the benefit that person would receive from it. And then it's, sorry, no way. There's not the confidence and then you've got to back out and somebody [staff member/colleague] says, well that was right! Then six months down the line you're going back to the team leader saying, look, can I have this now, because it's proving my point if we'd had it in the beginning we wouldn't have had to be back here and asking for it.

(social worker)

Asked what kind of arguments social workers could expect to hear from team managers we were told: 'I think they can't understand themselves what you would use a direct payment for and particularly if you were meeting them a year ago, and they're having a direct payment to go to the cinema or whatever, you know, you would have a very negative response'. In addition, there were symptoms of crisis within social 'care' across the board with competing priorities

It's a negative result. It comes out of the budget and the budget's got to cover everything else and we've got to be accountable for it... even the list of people who require home care. We can't even do that!

(Social worker)

Overall it is surprising that this authority's direct payment numbers are relatively high, on the other hand the processes and barriers that appear to be involved with the processing of direct payments is likely to mask a much larger unmet need for direct payments in this authority as well as in many others.

Groups for whom direct payments work best

In This authority the majority of direct payment users are physically disabled. However, there were some interesting comments regarding other groups.

Learning difficulties

In this area, there was a clear drive towards direct payments as an option by those in the learning difficulty teams.

I think they'd got one person who'd got somebody onto a direct payment. And they were just, it was just not a traditional thing. And they were all saying the day care was just like traditional day care where you just sit down and do fuzzy felt. And they didn't want that for service users. So, they just sort of jumped on board.

(social worker)

The support organisation, suggest that 40% of direct payment users are users with perceived learning difficulties. However, one of the social workers suggested that this situation was because of the cost of residential 'care' and alternative packages.

Children

There were just five children receiving a direct payment in this authority. The situation was a supposed combination of social workers' fears on children's 'vulnerability', particular attitudes towards direct payments for children in some Welsh authorities and the market of 'care'.

I think with Wales, children who are disabled, I think they get quite a bum deal as well all the time. It's again looking at the special carers, sitting, things like this, that's not seen as a service we should be providing. Again, it's down to people's perception of legislation and the market just can't handle it.

(social worker)

This perception was also evident in some of the English and Welsh telephone interviews with local authority leads or designated workers for direct payments. In the Welsh interviews there were at least two examples of those in higher management suggesting that parents of disabled children should be carrying out parental tasks in the same way as parents of non-disabled children. As such disability wasn't viewed as an issue, the additional problems with budgets and social workers reluctance combined to form a greater negative impact on direct payments for disabled children.

Older People

Those in the older people teams noted that they had less money than other teams such as learning difficulties and the perceived reluctance of older people to want to take on employees.

I think again, its a lot to do with the clients that you work with. Because I deal with predominantly elderly, very few younger people. And a lot of them are very elderly. And if you mention direct payments they don't want to know. All they want is more care coming through the door and they don't want to be bothered with employing somebody and all that that goes with it. They're just concerned with having somebody to come in and make them a cup of tea at night.

(social worker)

In contrast, the direct payment users that we met at the direct payments user group at this authority were all over 65.

Mental Health

The representative from the mental health teams felt that the majority of mental health service users he met would not be able to handle the money or accounting aspects of the direct payment; as a result, they were deemed to lack capacity. When prompted on how decisions were made regarding capacity we were told: 'Maybe professional judgment and you know, the majority of my clients don't have the capacity to handle money. So to put them in that area... we need a long term system in that area'.

Despite this comment this authority had the highest number of mental health users on direct payments in Wales (at the time of the study), although this amounted to just 3 users in this authority.

Restrictions

Some social workers and care managers present said that cleaning and gardening were exempt from direct payments. However, there appeared to be differences between those present at the focus group, while some appeared more restrictive on the basis of equity between directly provided services and direct payments (i.e. we wouldn't provide that ordinarily so why provide it through a direct payment?), others saw direct payments as a more flexible way to provide for an assessed 'need' and had cleared direct payments for going to the gym with P.A.s , swimming and leisure activities. As with other authorities residential care and respite of more four weeks was not supplied through a direct payment, other restrictions appeared to be those arrived at by individual social workers and care managers, or by perceived budget constraints at higher management levels.

Future Plans

To work towards direct payment for a group of people to use for social events, to put some additional training in place and complete policy and practice guidance.

Service users' views

Initial awareness of direct payments

As noted, the support organisation had a large resource centre in the area. Many of the direct payment users in the focus group had gone to the resource centre for equipment, or for courses. All but one of the direct payment users in the focus group had heard about the support organisation and direct payments from their social workers, but they were more likely to get involved with direct payments after attending the centre and talking with other direct payment users.

The very first time I heard it was through [support organisation]. My social worker mentioned it and she brought me up here to see if I'd like to join something because I was very, very depressed. And my husband also wasn't very strong and it was suggested at that time. And somebody said, are you on direct payments? And I said, no. And they said, why not? And I applied for direct payments and for my

husband, because he was waiting to have a multiple bypass. So from there, that's how I heard about it.

(direct payments user)

One person found out about direct payments by ringing through to the authority for some adaptations after moving from another area:

Well, she [the social worker] talked about it [direct payments]. And she said, you can get a personal assistant come and help you do these things. Managing shopping or things like this. And I said, I just wait for my daughter to come home. And she said, well, there is a scheme which is, you have a personal assistant, [the support organisation] will talk you through it because they'll need an interview for someone to come and help you advertise the position really. And that's how they talked me through it. And then, I think, [support organisation worker] came to the house with the social worker and we were there.

(direct payments user)

Another had visited the centre to look at some equipment...

I came to look at equipment and I happened to ask [one of the staff], what do you do here? And she called [support organisation manager] He told me about direct payments.... I rang a friend of mine who's a social worker and she sort of put me completely on the right road, did everything for me, after that. It was superb really. And now I have a social worker in [the area].

(direct payments user)

For one user there was an unsettling threat of needing residential care from some of the agency workers contracted through the authority:

The thing is most of us [user group] need help. And my husband gave it to me in the beginning. But then he wasn't able to help me anymore. So then you're alone, you have nobody. I couldn't take a bath, you know things like that. And then, that generated help. Girls coming in from social services, they were sending out girls, they said: You need to go into care! It was a nightmare. [With direct payments] you know exactly who's coming. And you feel so much more relaxed in your own home. I know I do.

(direct payments user)

One user had seen a leaflet about direct payments in her doctor's surgery after she had began direct payments; nobody else had ever seen a direct payment leaflet. All of the direct payment users had employed somebody they knew.

However, of the six service users who were not using direct payments, just one had heard about direct payments from their social worker for the remainder of this group, there had been no mention of direct payments and sometimes little contact with a social worker. The non-direct payment users had moved as a group from a particular day centre that had been closed down six months previously. Many of the people at the non-direct payments users focus group had been attending the previous day centre for around 15 years. They were initially very reluctant to consider the concept of direct

payments as individuals, it was only when the strategy and development officer suggested that it might be possible to obtain direct payments as a group to access social activities that this group began to think seriously about direct payments and the things that they could do with them.

The initial reluctance appeared to be a combination of being deprived of choices over a number of years, a lack of communication from social workers (some people had not been re-assessed for a number of years, being erroneously labelled as 'needs not changed') and the general low expectations of the supposed coping facilities of people suffering from the accumulated disadvantages of a social 'care' warehousing system.

Three of the non-users were receiving ILF money and were managing that adequately, one was successfully negotiating 'the receivership' which was in place to organise additional funding and arrangements for those who were perceived as unable to manage money or organisation. However, this particular individual was finding companies and quotes for things such as carpet cleaning, letting the staff at the receivership know the pricing as well as budgeting it all to achieve household cleaning and household extras that she needed. In this case it seemed that the receivership were just passing money over from funds that they held rather than offering high levels of support.

Examples of dissatisfaction with services and present conditions included one person who had the laundry service for an hour a time. However, if there was no laundry to be done the agency worker would leave the house and would not do anything else that was needed. The service user thought this was bizarre but was told that if she was signed up for laundry that was all that the agency worker could do in that time. Another service user lived with his sister and had had access to his bank account and cash curtailed. At the focus group he asked how he could get his money from his bank account. He was described by the centre staff as experiencing difficulties with numbers and literacy. He also said that he would like to go to the cinema.

Purpose of direct payment

All direct payment users in the focus group were using direct payments to employ a personal assistant

Role of the support Organisation

Advertising, support and payroll. See support organisation section for more detail

Training information for service users

There was no training information that we were made aware of besides the financial manual, although the support organisation were providing training for P.As. The direct payment user group appeared to be very happy with the support organisation and the support they offered.

Accountability and monitoring

Three of the six direct payment users had experienced problems with the monthly funds the authority were paying into their designated direct payment

accounts. In all cases, there was either a lack of payment or a reduced payment (this is an issue that has been mentioned in other case study areas).

My PAs money hadn't gone into the bank. ..on the Monday I phoned up and the girl said to me, oh, I'm sorry Mrs [name], it was me. I didn't do it. I was on holiday last week and forgot to put it in the post. Well, how do I manage now, I said. (I mean, I paid my PA, there was no problem there, it was just I was worried that if I didn't sort it out and it would go into another month, and it would get more behind). But, she said to me, well, have you got the money in the bank? And I said, well, if you're paid on a Friday and you went to a cash point for it and it wasn't in the bank would you accept that excuse from your employer? She said, oh, I quite understand what you're saying. ..but it's happened since.

(direct payment user)

While authority monitoring of direct payments was initially seen as problematic all users said that the support organisation made it much easier than they had imagined.

Employment issues: recruitment

There were several stories of individuals being unable to secure a P. A or of problems with absence and back-up cover from social workers and care managers. The support organisation suggest that potential users think of somebody they think might be suited to P.A work and always ask if potential users can employ somebody they know because of perceived difficulties and time taken with recruitment.

Availability of P.A.s

The availability of P.A.s appeared to vary by area; as such different social workers gave us different accounts regarding recruitment. Overall all the focus groups participants and the support organisation suggested that it was easier if somebody considering direct payments had a potential P.A in mind. There were issues with recruiting P.As for small packages of hours and unsocial hours. Some of the social workers described the perceived problems:

I feel some people are a little unrealistic about what could be done with direct payments. You face the same problems as you know you do with traditional care services. You know, if you can't get somebody to come at 10 o'clock in the night with home care, because you're calling in a PA doesn't mean they're going to come at 10 o'clock at night....you know, you've got the same problem as a result.

Yeah. Really all you're doing is, you've still got the local problems, the difficulties, if you live in an inaccessible area, where it's difficult to recruit people into the care industry. That is not going to change because you've changed the person who you're employing. You've got to get the staff to do a caring role. It doesn't matter whether you're paying or somebody's doing that directly or through an agency or through an authority.

The support organisation would place adverts in local papers in order to recruit staff for direct payment users. In This authority (as in Welsh authority A) social workers suggested that the governments tax credit rules could work against small packages or lower hours 'Because if people are on benefits, having to come off that for 9 or 11 hours... They want 16 hours. It could be more than that, especially with working tax credits'.

However, there were other ways to recruit people that direct payments users knew that did not require advertising: two direct payment users that had been using an agency, had got on well with particular agency workers and asked them if they wanted to work as their P.A, for one user it made up for the poor service the agency was providing: 'I had to use an agency. It was not at all a success. But [name] came with the agency; she's the one good thing that came out of it'. For another direct payment user this route had proven very successful:

The PA actually came from the agency, and we were talking ...And it went from that. I asked her would she be interested. And she said, I hate it where I am, so she was thrilled to come. So she came straight away, no problem, and she's been with us two years.

Yet, it was clear that many direct payment users were apprehensive about sickness cover.

Sickness cover

At this authority direct payment users were advised to have 'back-up' if their original P.A/s was off sick. The reality of this system in this authority as elsewhere appeared to be a continuing problem for direct payment users and social workers with little effective back-up in place. In one example given by social workers, the lack of cover caused at least one user to stop using direct payments, another example was given by the support organisation manager

They [P.A.s] were, you know, not turning up or sick and there wasn't any backup. And it became impossible in the end... they [direct payment user] felt they had to give it up. And I think the backup- if someone goes off sick or on holidays- that becomes a nightmare for us. I always recommend they have somebody but the trouble is that person's not going to wait around for ever thinking yes I could step in at any time... you need more of a sharing thing.

(support organisation manager)

There was some discussion from the social workers suggesting that the support organisation ought to have a pool of P.As to cover emergencies and sickness, when we said that the support organisation were thinking of setting up a pool of P.A.s, other social workers told us that they couldn't because that was illegal. In Welsh authority A direct payment users were advised to take some direct payment hours with an agency in order to ensure 'back-up' from the agency if a P.A failed to turn-up. However, the situation in this authority appeared slightly different; social workers told us that an agency wouldn't provide cover in those circumstances because they would need at least a weeks notice.

The manager of the support organisation said that notices would go up on the notice board in an effort to obtain P.A.s for cover at short notice, but he recognised that this was not an ideal solution. There were requests from the direct payment users group to set up a pool for sharing P.A.s, while this could help ease any potential problems, it was clear that it would require a lot of work on the part of the support organisation and users themselves. The manager of the support organisation said:

We're not an agency; we can't put people out to cover for sickness. We were just discussing this as a peer support group, what we might want to do is PA sharing, organise some sort of PA sharing system. It's going to take some co-ordinating, we realise it's going to take a lot of work to get that off the ground, but the only thing I recommend is when I go out to see people and they take up a direct payment is to have a plan B.. Even emergency cover, especially in personal care and you really need somebody in the mornings...It is a very difficult situation. It is one of the downsides of direct payments that you haven't got that back up that you've got with the agency but with an agency you haven't got the continuity of the same person. So, there are pros and cons for both.

(manager of support organisation)

Issues around the employment of P.As

The social workers raised other examples regarding the retention of P.A.s, in one extreme case a direct payment user had been placed in a nursing home, before returning to home care.

They couldn't retain PAs. And they just couldn't maintain the care they needed. They came in crisis finally of being placed in a nursing home because they weren't able to get their needs met at home. So they had to in the end go back to having home care.

The direct payment policy guidance suggests that in these situations, the authority is bound by its 'duty of care' to provide emergency or replacement services. It is surprising that in this instance the first option was a nursing home. It may suggest a lack of communication or action by social work staff, rather than an inherent problem with direct payments, or the crucial importance of employment and recruitment issues to the success of direct payments in particular areas.

Employment law

No major issues raised, although it was mentioned that 'debates were going on' around whose responsibility it was if something went wrong with the direct payment. The social workers believed it was the responsibility of the support organisation but weren't sure. We have a copy of the authority contract with the support organisation and it appears that the support organisation have taken out an indemnity policy to cover compensation costs. As a result each

of the three authority areas contracting this support organisation are not liable in cases of 'unfair dismissal' and so on.

Why someone might not want/get a direct payment

The direct payment users all believed that having a good social worker was crucial to the direct payment process and to people taking up direct payments. They had stories of friends in other areas who had not been offered a direct payment, or who had asked their own social workers about direct payments only to be asked in turn: what's that? Most felt that social workers were not promoting direct payments enough. There was a noted perceived difference between the attitudes of the younger social workers who users felt were promoting direct payments more enthusiastically and older social workers who were viewed as less enthusiastic. When asked what they felt put people off direct payments they suggested that the responsibility of being an employer could be a major hurdle along with finding staff. For those users present at the focus group, meeting and talking with people who were direct payments users had often made them more confident about taking up direct payments as well as knowing that the support organisation was offering a high level of support. In this authority direct payment users administration was limited to filling out time-sheets with the support organisation doing the rest of the work for them. The social workers took a wider view of those things that could put people off direct payments, including views about being an employer and being disabled:

It's an onerous prospect really, being an employer. And you're responsible for paying somebody and you're responsible for keeping these records. I think, speaking from my own perspective, I wouldn't employ somebody if I was disabled

(social worker)

One social worker who was using direct payments for her son suggested that the the support organisation's financial manual was potentially off-putting:

So they gave me this thick folder and said, read through this. And I said that's fine. But it puts you off at the very first hurdle. But you need to know about it as well. There's no point going into it without thinking okay, there's a lot of responsibility involved. It's when you get the support organisation involved really. They're the ones that give you the big folder to look at.

(social worker)

This did not appear to be an issue for other direct payment users in the focus group. However, it did appear that financial contributions to 'care' costs were a major hurdle especially for younger people thinking of taking up direct payments. It was not clear if this was the case for directly provided services.

Once you start mentioning costs, the elderly, yeah, you have to contribute to home care, that's okay. When you come to the younger ones, my experience has been once you start saying, they have to put a financial cost toward the direct payment. They don't want to know. A lot have pulled out at that stage.

(social worker)

I've had one or two people withdraw when they found out they'd have to pay. It's a small package, sometimes you're talking about £18 odd a week. But they may have to contribute up to £30 of [costs]. So sometimes it's not worth it really.

(social worker)

Overall this authority provided rich data on the lack of communication and animosities that could arise between social workers and support organisations as well as a varied and often conflicting view of direct payments. One thing that all agreed on was that direct payments were not promoted enough and that there continue to be social workers who do not offer direct payments as an option. It is unlikely that this situation is restricted to this authority.

Support organisation

The role and remit of the support organisation

As noted, the support organisation are based at a large resource centre offering equipment, courses and potential treatments such as 'pain management' and independent living aids. They also have the support contract for two other local areas. However, at this authority there is a full-time support worker while the other two authorities contract a part-time worker. This is due to lower numbers in the two other authorities. This authority had 70 direct payment users, in February 2006 the second highest number in Wales (the highest being 75 in Cardiff). It also had the highest percentages of learning difficulty direct payment users in Wales (joint equal with Pembrokeshire at 23), which accounts for 40% of those that the support organisation currently support and the highest number of over 65s on direct payments in Wales. The support organisation offers P.A training and set up a direct payments users group in September 2005.

In this authority start-up costs are offered along with CRB checks, however we were told that the authority 'claws this back' in increments over time. The authority contracts the support organisation to support 100 active users with those who have been on direct payments for some time becoming 'archived' to free up resources of time and funds (yet, see section: 'accountability and monitoring' p.3). This authority offer self-assessment with the support organisation going prior to assessment to advise people of the assessment process and to publicise the direct payment. However, the authority has recently stopped the self- assessment process and now the support organisation are called in only when someone has said that they would like a direct payment. The reasons the authority gave were that the system was time-consuming and some of those that the support organisation were talking to were not eligible for direct payments. It would be interesting to see if this action results in a lower amount of direct payment referrals over time reducing this authority's place in direct payment take-up league.

Services for users

The support organisation provide payroll and peer support group. The support organisation helps with recruitment and CRB checks. They also help set up the personal indemnity insurance. In the direct payments user focus

groups many of those present suggested that the support service had improved since the present manager had been in charge of things.

Services for the local authority

Shaw provides the resource centre and publicity and help with training.

Relationship with the local authority

Good relationship with strategy and development officer and finance but not so good with social workers

Update: Six months on from the focus groups, a number of the service users we spoke with have applied for direct payments and one man is taking a 'literacy and numbers' course in order to be considered for direct payments. The support organisation have been to the main community centre to talk about direct payments with the groups of service users that we spoke to in our focus groups who were largely unaware of the direct payments option. The guide for social workers and care managers regarding direct payments has been completed and circulated. Direct payment numbers are increasing and the strategy and development officer is considering increasing the contract with the support organisation by a further 100, but additional costs needed to be cleared with higher management.