

# Schemes Providing Support to People Using Direct Payments: A UK Survey

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## PARTICIPATING ORGANISATIONS





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# Executive Summary

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## Introduction (section 1)

This report sets out the main findings from a survey of schemes providing support to direct payment users. The survey represented the combined efforts of three multidisciplinary research teams involved in national studies of direct payments: a team from the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE); a team from the Universities of Leeds, Edinburgh and Glasgow; and a team from the Health and Social Care Advisory Service (HASCAS), the Foundation for People with Learning Disabilities (FPLD) at the Mental Health Foundation and the Health Service Management Centre (HSMC) at the University of Birmingham.

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## Origins and function of organisations providing direct payments support (section 2)

A large proportion of organisations in England and Wales were established many years prior to their provision of direct payments support, and the supply of other services continues to form a major role in the majority of cases. The average length of time providing direct payments support was relatively low – particularly in England where there has been a significant amount of recent market growth.

The majority of organisations in all countries identified themselves as being in either the voluntary or not-for-profit sector. However, there was considerably more diversity in the types of organisation providing direct payments support in England than elsewhere in the UK. Whereas in Scotland the majority of support was provided by local schemes, almost one quarter of direct payments support provision in England was by national voluntary providers. There was also a minor presence of local authority led schemes.

All organisations in Scotland and Wales indicated that they provided support to all user groups, whereas a third of organisations in England did not provide support to one group or more. Overall, the number of clients covered by support schemes was found to be significantly lower than the total number of users in receipt of a direct payment.

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## Staffing (section 3)

Support organisations were predominantly small in terms of workforce: approximately half of English organisations and the majority of Scottish and Welsh organisations employed three workers or fewer. The average staff caseload among English organisations was at the high end of the recommended maximum level, and far greater among local providers spanning one or two neighbouring

local authorities in England. Were support to be provided to the estimated 27,700 direct payment users in England without increasing the supply of support workers, this caseload would increase by more than 60%. While staffing levels tended to be highest in England, organisations in Scotland and Wales were found to have lower user-to-staff ratios owing to lower numbers of users supported.

Almost all staff members of support schemes were paid. Most individual workers supported multiple user groups: an indication that staff specialisation was not commonplace among support organisations.

## Income (section 4)

The reported income of individual organisations ranged enormously, from under £10,000 to nearly £1 million per annum. The income of support schemes was derived almost entirely from social services, although approximately one-third of income in England was obtained from the Direct Payments Development Fund, which may have become a substitute for some social services funding.

The average total income in 2004–05 reported by organisations in England was £58,635. In Wales the figure was slightly lower at £43,295, while the average for Scottish organisations was only £15,700. Among organisations in England that provided data relating to both 2003–04 and 2004–05, there was a rise in total income of approximately 19% between the two financial years. Accounting for the number of users supported, the best resourced organisations were in the North East, London, the West Midlands, the South East and Wales.

## Expenditure (section 5)

There was wide variation in the total level of expenditure reported by support organisations. This was largely a reflection of the differences in workforce levels, as staff costs accounted for approximately three-quarters of total expenditure. Recruitment difficulties, where they exist, may be partly attributed to low pay: levels of expenditure suggest that salaries were far lower than in comparative social care positions.

The average total expenditure per organisation in England in 2004–05 was £57,800. In keeping with income levels, total levels of expenditure reported by Welsh and Scottish organisations were lower (£39,222 and £13,480 respectively). Average expenditure per whole time equivalent staff member in England was £16,372 in 2004–05. A marginal rise was observed in both total expenditure and expenditure per staff member from the previous year.

## Services provided to direct payment users (section 6)

Two-thirds of support organisations had a contract or service-level agreement in place with their local authority. Generally these specified the types of services and information that was to be supplied to users, although minimum levels of support were rarely stipulated. Around a half of contracts required training of care workers or care management staff. Three-quarters of support schemes were aware that funding would be available from their local authority in the next financial year. Awareness of prospective funding was particularly high among national organisations that offer direct payments support to all user groups; Scottish organisations were less certain of availability at the time of the survey.

Advocacy services were highly prevalent and usually funded by local authorities. Almost all organisations participated in raising awareness of direct payments. Campaigning and support, and training for undertaking self-assessments were the least frequently offered (42% and 35% of English organisations, respectively), and were often supplied without local authority funding. A wide range of accountancy services was available, although only around one-half of organisations provided payroll support. Indirect payment schemes (sometimes called third-party schemes), although a potentially vital resource for some clients, were only available in 42% of support schemes in England.

Service provision varied markedly according to organisation type: local providers provided the greatest range of advocacy services but relatively few accountancy services, particularly payroll and related services. Conversely, affiliates or branches of national organisations serving all user groups tended to focus on accountancy services, with lower levels of advocacy services available.

Less than a third of support schemes in England could be categorised as providing employment agency or employment business services which would make them liable to regulation by the Commission for Social Care Inspection, but there was confusion among respondents as to how regulation might apply to them.

Charging users for support services was commonplace in Scotland but less so in England in Wales; charges in England were most commonly levied by national organisations offering direct payments to all user groups. Private payers were supported by over a third of schemes in England and Wales, and the majority of Scottish organisations.

Most organisations in England and a large proportion in Scotland and Wales held peer-support meetings; the majority of attendees were users with physical disabilities, however a large proportion of carers and mental health service users would also attend.

Around 20% of services users in England had to wait to receive direct payments support. The average length of wait was just under five weeks, although this was much longer in London, the East and Wales. Large local providers in England recorded the lowest length of wait, despite having the highest ratio of users to staff. Organisations in Scotland reported no waiting lists.

## Service utilisation (section 7)

Support schemes appeared to be providing intensive levels of support in the initial stages of setting up a direct payment, and various levels of continuing care. Service users in England required an average of eight weeks support to set up their direct payments service and a further 12 weeks on average to become independent (comfortable with their required support in managing a direct payment and other services from the organisation). During these periods service users were reported to receive frequent home visits and telephone consultations: on average, services users were visited around three times per month during the set-up period, and then once or twice per month before being able to manage their direct payment. Telephone consultations were carried out at a comparable frequency. In addition, support schemes reported that they conduct frequent reviews of clients – as often as three times per year in England.

There was little apparent difference in the input required on average by clients from different user groups, although marginally more intensive input was required to support mental health service users.

Significantly more input was reported in Scotland: set-up alone took on average 20 weeks per user. Service users from support organisations situated in London boroughs and shire counties in England also took longer than the average to set up services, possibly owing to recruitment difficulties.

The intensity of service utilisation also varied to a large extent according to the nature of the support organisation: intensity among branches of national providers of support to all user groups was particularly high, regardless of the length of time taken in setting up services or the duration of support provided.

## **Factors aiding or hindering the implementation of direct payment (section 8)**

Overall, support organisations were more likely to identify factors that positively assist the implementation of direct payments than those that hinder implementation. The factors identified as being most crucial were generally related to the local organisational infrastructure: an effective support scheme, staff training and support, local authority leadership and the provision of accessible information for potential recipients.

Responses highlighted some significant differences in attitude to national legislation, policy and guidance: over 90% of English support organisations identified this as a factor that positively affected implementation, compared to less than a half of organisations in Scotland and Wales. Furthermore, Welsh organisations identified the lack of ring-fenced budgets as being a major hindering factor.

## **Discussion and conclusions (section 9)**

The early development and successes of direct payments are owed largely to the efforts of community-based Centres for Independent Living (CILs), whose commitment to promoting access to and support of direct payments ensured their widespread acceptance as a significant contribution to independent living. A paucity of CILs in numerous authorities, coupled with the limited capacity of existing CILs to extend support to all user groups, led to a move toward alternative providers of support.

Legislation introduced in 2003 required English local authorities to offer direct payments to all social care users, prompting the release of a £9 million Direct Payments Development Fund (DPDF) from the Department of Health, in a move to expand the role of the community and voluntary sector and encourage its interaction with local authorities in implementing direct payments. These funds were allocated to around 90 different partnerships of local authorities and voluntary agencies in England. While the government in Scotland was less forthcoming in providing additional financial assistance to encourage supply, the provision of financial assistance by the Scottish Executive led to a noticeable increase in the establishment of organisations supporting direct payments.

Findings from the survey of support organisations illustrate the dynamics of the direct payments support infrastructure and its development across the UK, most notably the considerable variation in the level of diversity in direct payments support. Data also demonstrate that a considerable proportion of direct payment users are not covered by a support scheme: over 50% of all people using direct payments. Whether this is a reflection of the transitory nature of users' needs for support, users finding alternative sources of assistance, or users being unable to access services, is not entirely clear. A significant proportion of schemes in England did not provide support to all user groups; a factor that may only partly

be attributed to the growth of user-group specific schemes, aimed at addressing the individual needs of users of mental health services, older people and people from black and ethnic minorities.

The provision of support services was clearly contingent on local authority funding, and varied considerably between different types of provider, with the result that certain services were in short supply. The focus within a sizeable proportion of local authorities appears to be on funding support services that promote uptake and setting-up of direct payments and ensuring that recipients receive the required training to meet basic statutory requirements, while responsibilities associated with the ongoing management of a direct payment are frequently left to the individual.

It should be noted that the continued promotion of direct payments and improved guidance and information are likely to have had a significant impact on the state of direct payments support since the survey was carried out. Moreover, a number of further developments including the end of DPDF funding, the growth of In Control services for people with learning disabilities and the launch of the individual budgets pilots will all have had a bearing on service utilisation as the situation continues to evolve.



# 1

## Introduction

Direct payments give greater control to people assessed as needing social care or support and form a key part of the agenda for the developing social care system (Department of Health, 2005; 2006). But they also raise many challenges – for the individuals holding the budgets, for the people they employ, their families and other unpaid carers, local authority staff and the organisations set up to support them. As more people take up the opportunity to purchase their own services, including employing their own personal assistants (PAs), so more people across the UK will also potentially be reliant on the services of organisations that support direct payment users.

Data collected in two UK-wide surveys allow us to explore how the national policy of direct payments has been implemented locally and what services are available to support direct payment users. This report provides the first mapping of the state of direct payments support organisations and identifies their capacity to respond to the needs of different user groups. The report focuses on the main parameters of supply, including staffing levels, income and expenditure, extent and range of services provided and levels of service utilisation. It also describes how support varies with respect to the growing diversity in provider organisations, highlighting key developments and issues in the provision of direct payments support.

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### Policy context

Direct payments legislation was implemented in England, Scotland and Wales in April 1997 under the Community Care (Direct Payments) Act 1996, and a year later in Northern Ireland, for people between the ages of 18 and 65 assessed as requiring community care (Department of Health 1997; Northern Ireland 1996; Scottish Office 1997). The legislation followed from what were previously isolated practices in parts of England and Scotland of providing indirect payments to service users through a third party, such as a voluntary organisation, to purchase personal assistance. Subsequent changes to the legislation have opened up access to a wider user population (Department of Health 2003; National Assembly for Wales 2000; Scottish Executive 2003; Great Britain Northern Ireland Assembly 2002). This now includes older people, children aged 16 and 17, parents of disabled children, and carers, with the exception of the latter in Scotland.

Across the UK, direct payments must now be offered to everyone assessed as needing social care, but take-up has been very slow, particularly in Wales and Northern Ireland (Riddell et al. 2005). There has been considerable growth in uptake in Scotland and England since 2003, but relative to the overall number of people receiving community care services, the numbers with direct payments remain very low. In England 27,700 were in receipt of direct payments between

April 2004 and March 2005 (Health and Social Care Information Centre 2006); in Scotland, the equivalent figure was estimated to be 1,483 people, while in Wales it was 853 and in Northern Ireland 248 (Scottish Executive 2005; Social Services Improvement Agency, Wales 2006; Department of Health, Social Services and Public Safety 2006). Since implementation, the largest group of direct payment users has consistently been those with a physical disability.

In an effort to encourage take-up among a more diverse client base, funding was made available both to promote the use of direct payments and to develop support schemes, widely recognised to be central to their use (Hasler 2005; Pearson 2004a; Pearson 2004b; Scottish Executive 2003). The Direct Payments Development Fund (DPDF) made available £9 million, allocated between 90 different partnerships of local authorities and voluntary agencies in England, representing approximately three-quarters of all local authorities (Department of Health 2004). Funds for the first round of successful bids were issued in September 2003, with the second round of funding a year later.

In Scotland, funds were channelled through Direct Payments Scotland (DPS), a non-governmental organisation set up with funding from the Scottish Executive in 2001, with a remit to increase access to information on direct payments and help establish support organisations. Funding to support organisations themselves was not, however, made available until April 2005 (after the survey), when the Executive allocated an additional £1.8 million to be distributed among local authorities in recognition of the additional costs associated with maintaining support roles. DPS ceased operating in December 2005.

In Wales, limited funds of £4,000 were given by the Welsh Assembly to develop publicity for direct payments by local authorities in 2005. In Northern Ireland, no funding has been available to boost direct payments implementation and all direct payments support has centred on the work of the Centre for Independent Living (CIL) in Belfast. Whilst the CIL has received funds from individual health and social service trusts to undertake these roles, no additional funds have been made available through the Department of Health, Social Services and Public Safety.

Our survey of support organisations was conducted prior to the launch of individual budgets in thirteen pilot sites across England. Individual budgets bring together resources from a number of funding streams, including local authority adult social care budgets, community equipment, housing adaptations, housing-related support through the Supporting People programme, the Independent Living Fund and Access to Work from the Department for Work and Pensions. The pilots are currently being evaluated (Glendinning et al. 2006). Although there are obvious differences, the implementation experiences relating to direct payments as described in this report are likely to have relevance for the wider use of individual budgets.

## Survey aims

Despite the policy emphasis on promoting direct payments and supporting the development of support schemes, very little is known about the degrees or forms of support available, or about the accessibility of support schemes to different user groups. Our two surveys were therefore designed to collect up-to-date information about the local implementation of direct payments. One questionnaire was sent to every local authority in England, Scotland, Wales and Northern Ireland, and another to organisations that support people receiving direct payments. The objectives of the surveys were to:

- find out how national policies for direct payments have been implemented locally;

- map the resources that support people receiving direct payments;
- assess the conditions needed to support the implementation of direct payments;
- explore variations in how direct payments are structured and the apparent consequences;
- examine variations in the costs of supporting people receiving direct payments and assess how they might be linked to the quality and scope of the support being provided;
- identify best practice in the provision of direct payments support; and
- examine the effects of local resources on both the levels of uptake and the funding received by individuals receiving direct payments.

This report is primarily concerned with the first and second of these survey objectives. The other objectives are being addressed in subsequent papers.

## Report structure

This report is structured as follows. After describing the design of the two surveys and the response rates, we set out the main results of the support organisation survey. (The findings of the survey of local authorities are contained in a separate report: Davey et al. 2007.) These include information on the origins, type and coverage of support organisations (Section 2); staffing levels (Section 3), funding sources (Section 4) and costs and expenditure (Section 5). In addition, we report data on services provided to direct payment users (Section 6) and the typical levels of service utilisation for different user groups (Section 7). Finally, the views of those completing the survey on the factors deemed to have aided and hindered the implementation of direct payments are presented (Section 8).

Results are described by country throughout the report. Where relevant, they are also described by region (using the Commission for Social Care Inspection's regional divisions), and by local authority administrative type (metropolitan district council; unitary authority; shire county council; London borough; Northern Irish health and social services trust; Scottish council area and Welsh unitary authority). We use the generic term 'authority' for all these entities. Results are also given by service user group, where applicable.

Given the level of debate surrounding levels of diversity in direct payments support and the extent of provision by Centres for Independent Living we have considered results by organisation type. Five categories have been identified: local provider covering only one local authority, local provider spanning one or two neighbouring local authorities, branch of national provider (all user groups), branch or affiliate of national provider (specific user group) and in-house provider. Most user-led Centres for Independent Living (CILs) would be classified as 'local providers covering only one local authority' although some span neighbouring authorities owing to pre-existing local authority boundaries (e.g. the West of England Centre for Independent Living, which covers the former Avon area) and therefore fall into the second category. Many small local providers that responded to the survey stated that they considered themselves user-led but could not be classified as a CIL as the National Centre for Independent Living does not classify a support scheme as a CIL unless it includes a certain proportion of disabled people.

## Survey design: a collaborative process

The survey represented the combined efforts of three multidisciplinary research teams involved in national studies of direct payments: a team from the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE); a team from the Universities of Leeds, Edinburgh and Glasgow; and a team from the Health and Social Care Advisory Service (HASCAS), the Foundation for People with Learning Disabilities (FPLD) at the Mental Health Foundation and the Health Service Management Centre (HSMC) at the University of Birmingham. Their research activities were funded respectively by the Department of Health, the Economic and Social Research Council (ESRC), and the Modernisation of Adult Social Care Initiative (MASC) of the Department of Health. Further information on these projects is given in Appendix II. We also append the two questionnaires deployed in our surveys (Appendix I).

The surveys built on data collected in interviews with a range of stakeholders as part of ongoing fieldwork and emerging findings on patterns of national variation (Fernández et al. 2007; Ridell et al. 2005), coupled with an awareness of the limitations of official data. The surveys were designed to address questions on direct payments structure, policy, practice and support. Questions on factors affecting implementation derive from insights gained from an extensive literature review (6 2005).

The survey instruments were thus built on a combination of existing research and key policy and practice concerns. Their validity and applicability were confirmed by piloting the questionnaires. This involved working with existing fieldwork contacts, comprising three local authority direct payment leads and three support organisation coordinators. Each was sent a questionnaire by e-mail in early September 2004, with a request for their assistance with the pilot exercise. On agreement, each respondent was followed up by telephone to discuss the appropriateness of the questionnaire and any questions deemed to be difficult to answer. This proved helpful in compiling the final versions of the questionnaires.

Alongside the tick-box questions, opportunities for comment and further explanation were incorporated in the questionnaires to assist the interpretation of responses and provide some additional qualitative data. Where any data provided seemed unclear to the team, for instance by being difficult to interpret, the relevant respondent was contacted for a brief discussion.

## Survey execution: tactics for targeting and follow-up

It was our aim that the surveys should be censuses, covering – as far as possible – all local authorities in England, Scotland, Wales and all combined health and social services trusts in Northern Ireland, together with all support schemes operating in England, Scotland, Wales, and Northern Ireland.

Because existing knowledge is patchy, it was a significant task in itself to get the surveys under way. A database of contacts within local authorities needed to be established, including the contact details of all direct payment leads (or those in similar positions). At the same time, an up-to-date list of organisations providing support to direct payment service users was compiled.

Comparison of data on the organisations supporting people receiving direct payments (compiled from data from the National Centre for Independent Living on the existing support organisations prior to the DPDF funding) showed that, since the announcement of the DPDF initiative in England, there had been a 45% increase in the number of schemes associated with the implementation of direct

payments and/or providing support to people receiving direct payment services. However, through the responses to the survey we found that around 22 of the schemes funded through the DPDF were pilot projects new to direct payments support and as yet were not offering formal services, while at least one scheme was unable to operate due to inability to recruit, thus reducing the actual extent of support available at the time of the survey.<sup>1</sup>

The term ‘scheme’ is used here to denote support provided by an organisation in one local authority area; where organisations run schemes that span more than one authority, either via a number of local branches or via staff situated in differing areas, these are counted as more than one such ‘scheme’. For simplicity, the term ‘support organisation’ is used to refer to any surveyed support schemes.

Data were sought on the support provided by each scheme in each local authority (or health and social services trust) area. If a single organisation operated schemes within a number of local authorities, respondents were requested to complete a questionnaire for each. This was to enable us to distinguish the intensity of services provided in each area, which could vary because of different service level agreements and different levels of funding from the authorities. Administrative variations between authorities could also be noted, since direct payments policies and practices are governed locally, suggesting that the experience of implementing direct payments might differ across local authority areas. In addition, for the purposes of consistency and comparability, it was necessary that data be provided only at the local authority level.

Surveys were sent by post to the direct payment lead of each authority and the coordinator of each direct payment support scheme, with a covering letter (see Appendix II) and a freepost return envelope, in the last week of October 2004, with a request for them to be returned within three weeks. A website was set up, providing electronic access to the survey forms and publishing questions and answers on each of the surveys. By late November, approximately one-third of the local authorities and one-third of the support organisations had returned their questionnaires. The team then undertook telephone follow-ups of all non-respondents. In early 2005, a letter from the Department of Health was sent to non-respondents to encourage participation before the final cut-off date of 31 January 2005.

At the time of the survey, sufficient data on DPDF-funded projects were not available to discriminate between schemes providing formal support for people receiving direct payments (as described in the questionnaire) and schemes set up only to promote the local implementation of direct payments (and therefore not providing direct support to people receiving such payments). Where we did not receive a response, or where a respondent indicated that the questionnaire was not relevant, we contacted the scheme to request brief details of the project, including why they were not providing formal support services and whether they would be doing so in the future.

## Response rates

Response rates were generally good, although there was considerable variation between regions for both surveys (See Table 1.1). The highest response rate for local authorities was among those in the North West region (91%), with the lowest among those in the South West (50%). The regional pattern from support organisations was strikingly different, with responses particularly high among organisations in the West Midlands (86%), Yorkshire and Humber (80%) and Wales (76%). The lowest response was from organisations in the East Midlands (29%).

**Table 1.1: Regional variance in the response rate between regions for the local authority survey and support organisation survey**

	Number of local authorities (LA) in region	LA response rate (%)	Number of support organisations (SO) in region	SO response rate (%)
East	10	60	13	54
East Midlands	9	67	11	27
London	33	82	39	56
North East	12	58	15	53
North West	22	91	33	46
South East	19	68	27	59
South West	16	50	20	65
West Midlands	14	79	14	86
Yorkshire and Humber	15	87	20	80
England	150	74	191	59
Northern Ireland	11	27	1	0
Scotland	23	25	25	32
Wales	22	14	17	76

Within England, variations in response rates to both questionnaires were much less striking by local authority type as in Table 1.2. (Northern Ireland, Scotland and Wales each only have one type of local authority.)

**Table 1.2: Variance in the response rate in England to the local authority survey and support organisation survey shown by local authority administrative type**

	Number of authorities per local authority type	LA response rate per local authority type (%)	Number of support organisations per local authority type	SO response rate per local authority type (%)
Unitary authority	47	62	57	51
London borough	33	82	40	55
Shire county	34	71	47	66
Metropolitan district	36	83	48	63

In many English local authorities, more than one support organisation provided services to direct payment service users. Table 1.3 reveals regional variations in the ratio of support organisations to local authorities; it can be seen that all but one region had more support organisations than local authorities, with the highest concentration of support organisations being in the North West (an average of 1.5 support organisations to every local authority). There was much less variation in the average number of support organisations per authority across local authority types (see Table 1.4).

There was no clear relationship between the response rate from support organisations and the number of such organisations per region. Given that the surveys were conducted separately, it is necessary to be cautious when linking response rates. Nonetheless, it was notable that the response rates from support organisations in the East Midlands and the North West were especially low, compared both to the average (for England) and to the response rates from local authorities in those regions. The low response of local authorities in the South West can also be compared to a higher than average response from support organisations in that region.

**Table 1.3: Average number of support organisations per local authority**

	Number of local authorities in region	Number of support organisations in region	Average number of support organisations per local authority
North West	22	33	1.50
South East	19	27	1.42
Yorkshire and Humber	15	20	1.33
East	10	13	1.30
England (TOTAL)	150	191	1.27
South West	16	20	1.25
East Midlands	9	11	1.22
London	33	39	1.18
North East	12	14	1.17
West Midlands	14	14	1.00
Scotland	32	25	0.78
Wales	22	17	0.77
Northern Ireland	11	1	0.09

**Table 1.4: Average number of support organisations per local authority for all English local authority administrative types**

	Number of authorities per local authority type	Number of support organisations per local authority type	Average number of support organisations per local authority
Shire county	34	47	1.38
Metropolitan district	36	48	1.33
London borough	33	40	1.21
Unitary authority	47	56	1.19

None of the differences in response rates between local authorities and support organisations in England were as great as those in Wales. In Wales, 76% of support organisations returned their surveys, whereas only 14% of Welsh unitary authorities did so.

Lastly, we examined any link between the receipt of DPDF funding by support organisations in England and response rates. Table 1.5 indicates that organisations receiving DPDF funds responded only slightly more frequently than those that did not.

**Table 1.5: Level of response to questionnaire by DPDF Funding status**

		Valid (N)	% responding organisations	% of all support organisations in England
Was DPDF funding allocated?	No	64	53.8	48.1
	Yes	69	59.5	51.9

## Note

- 1 This reduced the number of schemes providing formal direct payments services to around 169. However the majority of these were in the process of trying to set up services and many responded to the survey reporting on their state and extent of activity at the time of the survey all of which have been included in the results.



# 2

## Origins and function of organisations providing direct payments support

### Introduction and overview

This first section aims to establish the context of current provision. As background to the system and workings of support organisations, we examine the history of organisations supporting direct payment users. We look at the extent to which organisations serve different user groups and the average numbers of clients supported. In addition, we review the other services offered by some organisations, their geographical coverage and type of organisation (i.e. voluntary, not for profit, in-house) and describe what organisations providing direct payments support consider to be their major roles.

### Key findings

- In England and Wales many organisations were established many years prior to diversifying into direct payments support, with the provision of direct payments support showing a steady growth predominantly since direct payments became legally available. In Scotland, in contrast, the establishment of organisations that offer direct payments support coincides with a drive by the Scottish Executive to encourage supply.
- The length of time direct payments support has been provided was generally quite short in England as a result of recent market growth. Local providers tend to have delivered services for longer than other types of organisations.
- Scottish and Welsh organisations provided support to all user groups, but in England 32% of organisations were not providing support to all user groups – support for carers was most frequently lacking.
- The number of clients per user group generally follows the pattern of direct payments uptake, yet the numbers of disabled children supported are considerably lower than would be anticipated. Moreover, our findings suggest that the total numbers of clients covered by support schemes are far lower than the total numbers of direct payment users.
- The majority of organisations providing a support scheme offer other services, some of which are likely to form the major role for the organisation (e.g. domiciliary services), while others offer a wider range of services allied to direct payments support.
- As expected, in-house schemes offer the lowest levels of advocacy, campaigning and self-help, all potentially important for the promotion of direct payments.
- Most support organisations are voluntary or not-for-profit. England is the only UK country which shows an increased diversity with a relatively minor share of the market met by in-house schemes, most common in the North West and North East. There were no for-profit schemes.

- Geographical spread and affiliation of support schemes vary considerably across regions. A greater proportion of local groups are present in the South East and South West.

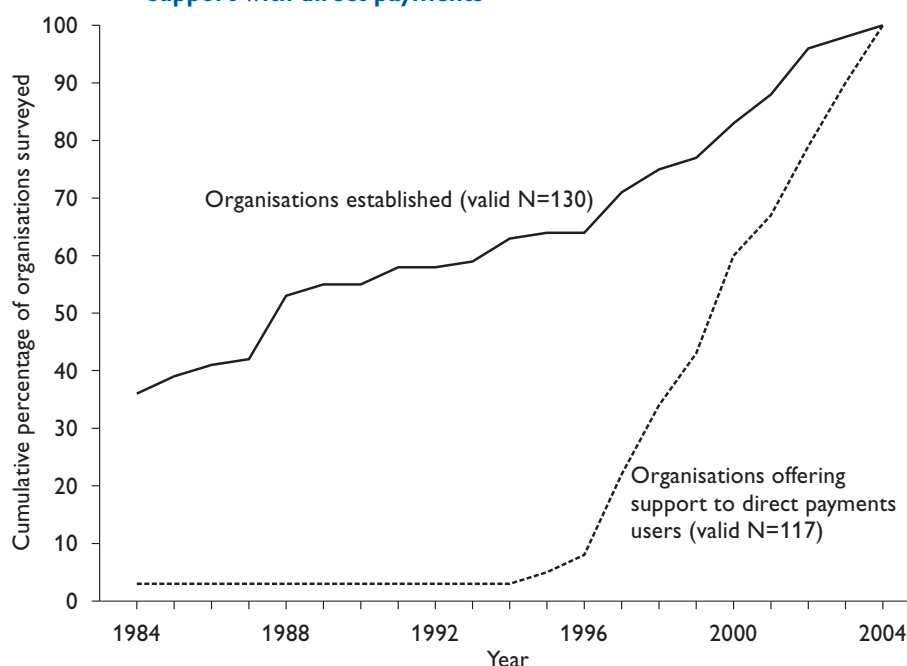
## Origin and length of time providing direct payments support

The earliest recorded dates of establishment were 1924 in England (n=105), 1997 in Scotland (n=8) and 1927 in Wales (n=13) while the average date of establishment was 1988 in England, 2002 in Scotland and 1978 in Wales, as shown in Table 2.1. This refers solely to the time when an organisation that now provides support to direct payments was founded as opposed to the length of time over which they have provided direct payments support. Many were established many years prior to diversifying into direct payments support. England and Wales specifically have a history of organisations with extensive longevity founded as charity or voluntary-based organisations and more recently adapted to provide support to direct payment users. In contrast, in Scotland the earliest date of establishment of any organisation coincides with the history of Direct Payments Scotland (DPS) set up by the Scottish Executive to address the low take-up of direct payments prior to April 1997 (see Witcher et al. 2000). The average date of establishment in Scotland also corresponds with the release of £530,000 granted in 2001 to DPS to raise awareness of direct payments and initiate the formation of support organisations (Pearson 2004a; Pearson 2004b). As such, the development of organisations in Scotland that offer direct payments support appears to have been linked to a governmental drive to encourage supply.

**Table 2.1: Average and earliest date of establishment and average length of time providing direct payment services, by region, local authority type and country**

	Earliest date of establishment	Average date of establishment	Valid (N)	Average number of years providing direct payments support	Valid (N)
English region					
East	1928	1979	7	5	7
East Midlands	1985	1988	3	2.5	3
London	1928	1986	22	4	20
North East	1986	2000	5	4	6
North West	1928	1997	15	4	11
South East	1924	1984	16	6	15
South West	1928	1998	13	4	13
West Midlands	1928	1988	11	5	10
Yorkshire and the Humber	1980	1988	13	2.5	14
English local authority type					
Unitary authority	1928	1986	26	4	25
London borough	1928	1986	22	4	20
Shire county	1924	1994	29	5	29
Metropolitan district	1928	1989	28	3	25
Country					
England	1924	1998	105	4	99
Scotland	1997	2002	8	1.5	8
Wales	1927	1978	13	6	10

Figure 2.1 illustrates more clearly the relationship between the date at which organisations that now provide support to direct payments were founded and the length of time direct payments support has been available. Over a third of organisations that now offer direct payments support were founded by the early 1980s, and approximately 60% were in existence by the time the Community

**Figure 2.1: Cumulative distribution of direct payments support organisations in Great Britain by founding date and date of start of provision of support with direct payments**

Care (Direct Payments) Act came into being in 1996, suggesting that a majority of organisations providing support with direct payments have a long history of serving people with social care needs. However, diversification into direct payments support has been much more recent and predominantly spurred on by growing emphasis on implementation following the 1996 Act. Less than a quarter of the organisations were providing support to direct payment users in 1997, a year after direct payments became legally available. There has since been a steady growth in provision as subsequent changes to the legislation have opened up access to a wider user population.

There are some differences in the longevity of direct payments support between England, Scotland and Wales (see Table 2.1). England has the longest history of provision (a maximum of 20 years), yet the average length of provision is only four years. This varies further between different regions within England with the greatest average length of direct payments support provision in the South East (six years) and the lowest in the East Midlands and Yorkshire and the Humber (two and a half years). There is less variation between local authority types in England although notably metropolitan districts which are connected to below-average direct payments uptake have the lowest average length of direct payments support provision (three years) of all authority types. These relatively low averages highlight the recent market growth in direct payments support in England – a picture compounded by the number of organisations that stated that they had been providing services to direct payment users for less than a year following the announcement of the DPDF bid. In contrast, the average length of support provision of responding organisations in Wales was six years.

This greater average longevity of support in Wales than in England is likely to be due to a greater level of consistency in provision. In Wales, funding support has been extremely limited, such that development has been more circumscribed. Existing support organisations fall into two main categories. The first type have been responsible for much early work in direct payments advocacy in Wales<sup>1</sup> while the second type are connected to larger networks of organisations with multiple contracts for direct payment support across England and Wales.

The picture in Northern Ireland is also distinct as there exists, solely, one large support organisation (not featured in the survey responses). The Belfast Centre for Independent Living (CIL) was established in March 2001 in response to direct payment issues. In focusing the remit of the CIL almost exclusively on direct payments, Belfast's role in providing support differs from other CILs, which have tended to assume a more diverse approach in providing a range of independent living services (see Barnes et al. 2000). The allocation of funding from the Eastern Health and Social Services Board (EHSSB), without additional monies from the other three health and social service boards or the Department of Health, Social Services and Public Safety (DHSSPS) underlines the highly localised approach to direct payments in Northern Ireland.

There clearly exists more diversity in the provision of direct payments support in England than elsewhere in the UK (as discussed later). In terms of the longevity of the variety of support providers in existence in England, our breakdown of organisations by type (see Table 2.2) shows that local providers covering only one local authority have the greatest average length of service in direct payments support of six years, while the newest types of organisation to provide services appear to be branches or affiliates of national organisations running user-group specific services (such as Age Concern). Aside from these distinctive extremes, it would appear that variations in the length of time providing direct payments support have as much to do with local factors as with the type of organisation contracted to provide services. It is impossible to say from the current figures to what extent market exit has been a factor among direct payments support providers in recent years.

**Table 2.2: Average and earliest date of establishment average length of time providing direct payment services in England, by organisation type**

	Earliest date of establishment	Average date of establishment	Valid (N)	Average number of years providing direct payments support	Valid (N)
Local provider covering only one LA	1924	1991	42	6	38
Local provider spanning one or two neighbouring LAs	1975	1990	8	5	7
Branch of national provider (all user groups)	1978	1988	26	4	25
Branch or affiliate of national provider (specific user group)	1928	1968	16	2	18
In-house provider	1997	2000	12	4	11

## Other services offered

A very large majority of organisations in the sample provided services in addition to support with direct payments, with the exception of in-house support schemes (see Table 2.3). 84% of English organisations, 88% of Scottish organisations and 100% of Welsh organisations provided services other than support to direct payment users (Table 2.4). In many cases these other services were likely to form the major role for the organisation (e.g. domiciliary services), while others merely provided a wider range of services allied to direct payments support, such as support for people receiving money from the Independent Living Fund (ILF).

The additional services provided by the organisations surveyed included:

- Support for people receiving ILF
- Benefits advice
- Domiciliary services
- Information and advice services
- Resource centre

- Volunteer groups
- Disability access resource
- Payroll support
- Disability information services
- Campaigning

**Table 2.3: Percentage of organisation providing services other than support to direct payment users in England, by organisation type**

	Per cent of organisations providing services other than support to direct payment users	Valid (N)
Organisation type		
Local provider covering only one LA	88	43
Local provider spanning one or two neighbouring LAs	75	8
Branch of national provider (all user groups)	96	26
Branch or affiliate of national provider (specific user group)	85	20
In-house provider	46	13

**Table 2.4: Percentage of organisations providing services other than support to direct payment services by English region, authority type and country**

	Per cent of organisations providing services other than support to direct payment users	Valid (N)
English region		
East	86	7
East Midlands	67	3
London	86	22
North East	71	7
North West	73	15
South East	88	16
South West	77	13
West Midlands	100	12
Yorkshire and the Humber	88	16
English local authority type		
Unitary authority	89	28
London borough	86	22
Shire county	81	31
Metropolitan district	80	30
Country		
England	84	111
Scotland	88	8
Wales	100	13

## Client groups supported

Tables 2.5 and 2.6 indicate that most organisations in the sample provided support to several client groups (except in the case of user group-specific schemes). In fact, 100% of Scottish and Welsh organisations surveyed reported that they supported all seven user groups identified in the survey. However, 32% of support schemes in England were not providing support to all user groups. Variations in the percentage of organisations providing support to all user groups were most marked between regions in England with a range of 43 to 86% providing support to all user groups, with the lowest percentage coming from the

East and the highest from the North East. These variations are not linked to average length of time providing direct payment services and would appear to relate solely to local factors. The two regions with the lowest levels of provision to all user groups (East and the South West) are associated with some of the highest uptakes of direct payments for the physical disability and sensory impairment group (Davey et al. 2007). This may suggest reluctance to diversify to incorporate the needs of other users among otherwise successful schemes in these regions.

**Table 2.5: Percentage of organisations providing support to all direct payment user groups by region, local authority type and country**

	Per cent of organisations providing support to all direct payment user groups	Valid (N)
English region		
East	43	7
East Midlands	67	3
London	68	22
North East	86	7
North West	80	15
South East	69	16
South West	46	13
West Midlands	75	12
Yorkshire and the Humber	75	16
English local authority type		
Unitary authority	64	28
London borough	68	22
Shire county	65	31
Metropolitan district	77	30
Country		
England	68	111
Scotland	100	8
Wales	100	13

**Table 2.6: Percentage of organisations providing support to all direct payment user groups in England, by organisation type**

	Per cent of organisations providing support to all direct payment user groups	Valid (N)
Purely local provider	72	43
Local provider (spanning one or two neighbouring LAs)	88	8
Branch of national provider (all user groups)	85	26
Branch of national provider (specific user group)	20	20
In-house provider	85	13

Table 2.7 shows variations in the representation of different user groups by support schemes across the country. The user group most frequently represented by support schemes across England was the sensory impairment group, with 90 per cent of all responding organisations in England offering support to this group. Second were the learning disabilities and physical disabilities user groups at 86 per cent, with older people at 85 per cent, the mental health user group at 82 per cent and disabled children at 79 per cent. The lowest of all groups were carers at just 75 per cent. The lowest levels of support to carers were in the East where responses showed that only 57 per cent of organisations were supporting this group, while the lowest levels of support to disabled children were found in the South West (46%). There was little variation in representation of different user groups between local authority types (Table 2.7) or between types of support organisations (with the exception of user group specific schemes) (Table 2.8). Although in-house schemes provided the most extensive coverage of different user

groups, surprisingly they were not all representing disabled children, possibly owing to a lack of local policy roll-out.

**Table 2.7: Percentage of organisations supporting each user group by English region, authority type and country**

	Percentage of organisations supporting group (%)							Valid (N)
	Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	
English region								
East	71	71	71	71	100	57	57	7
East Midlands	100	67	67	67	67	67	100	3
London	82	86	95	91	95	82	73	22
North East	86	86	86	86	86	100	86	7
North West	93	87	93	87	87	87	80	15
South East	88	81	88	94	88	88	75	16
South West	85	77	85	92	92	46	69	13
West Midlands	83	83	92	83	92	83	75	12
Yorkshire and the Humber	81	81	75	81	88	88	75	16
English Local Authority Type								
Unitary authority	86	79	82	89	89	75	75	28
London borough	82	86	95	91	95	82	73	22
Shire county	84	81	81	84	90	74	74	31
Metropolitan district	87	83	90	83	87	87	77	30
Country								
England	85	82	86	86	90	79	75	111
Scotland	100	100	100	100	100	100	100	8
Wales	100	100	100	100	100	100	100	13

**Table 2.8: Percentage of organisations supporting each user group in England, by organisation type**

	Percentage of organisations supporting group (%)							Valid (N)
	Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	
Local provider covering only one LA	95	95	95	100	95	86	77	43
Local provider spanning one or two neighbouring LAs	88	88	100	88	88	100	88	8
Branch of national provider (all user groups)	96	92	100	96	92	92	92	26
Branch or affiliate of national provider (specific user group)	35	25	35	35	70	35	25	20
In-house provider	100	100	100	100	100	85	100	13

## Number of service users supported

Tables 2.9, 2.10 and 2.11 show the average number of service users supported by organisations as at the end of September 2004. These figures represent only those organisations that were supporting each of the respective user groups ('total' figures correspond to all organisations). Across England the average number of users supported per organisation was 18 for older people, two for mental health, 13 for learning disabilities, 34 for physical disabilities, one for sensory impairment, four for disabled children and one for carers. Although it is impossible to calculate precisely the overall number of direct payment clients served by support schemes, our findings suggest that the number of clients covered by support schemes was far lower than the number of direct payment users.<sup>2</sup> This suggests that a considerable proportion of direct payment users either do not require support (possibly as their need for it has disappeared over time, or they have found alternative means of gaining assistance) or are unable to access existing services.

**Table 2.9: Number of direct payment service users per organisation\* as at end September 2004 by English region**

		Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	TOTAL
East	Average	23	2	15	16	4	4	3	40
	Maximum	112	42	69	177	12	72	5	298
	Valid	5	5	5	5	7	4	4	7
East Midlands	Average	42	3	48	126	1	32	0	147
	Maximum	55	3	48	126	1	32	0	265
	Valid	2	1	1	1	1	1	2	2
London	Average	19	1	8	38	1	2	2	49
	Maximum	39	17	35	173	8	30	32	224
	Valid	14	15	17	16	17	14	13	18
North East	Average	17	3	9	40	2	8	2	60
	Maximum	40	5	125	85	3	31	77	345
	Valid	5	5	5	5	5	6	5	6
North West	Average	18	3	22	47	1	13	5	102
	Maximum	48	14	48	99	8	84	113	291
	Valid	11	10	11	10	10	10	10	12
South East	Average	26	2	10	12	0	4	1	73
	Maximum	150	20	37	146	4	40	45	260
	Valid	10	10	10	11	11	10	8	12
South West	Average	4	1	14	28	1	24	0	73
	Maximum	42	2	61	260	21	40	1	289
	Valid	10	9	10	11	11	5	8	12
West Midlands	Average	17	1	13	59	0	8	0	69
	Maximum	63	20	48	171	11	125	3	422
	Valid	10	10	11	10	11	10	9	12
Yorkshire and the Humber	Average	18	1	7	25	1	1	0	48
	Maximum	49	7	40	110	50	79	85	278
	Valid	11	11	10	11	12	12	10	14

\* Excluding organisations where the user group is not supported.

There was considerable variation in average numbers of clients per user group supported by region and local authority types although it is impossible to differentiate these from the effect of different population bases. Nonetheless it was clear that the numbers of users supported in Scotland and Wales were considerably lower than in England, as was the dynamic of uptake in these countries (see Figure 2.2).

As would be expected given the pattern for direct payments uptake (Davey et al. 2007), in most regions, the number of physically disabled users supported was greater than the number of older people supported. The fact that the reverse was true in the East and the South East is therefore distinctive.

In addition, it was notable that the number of disabled children supported on average by organisations in England was considerably lower than the number of people with a learning disability supported, given that in terms of overall direct payments uptake per million inhabitants, provision for disabled children is almost greater than that of people with a learning disability (Davey et al. 2007).

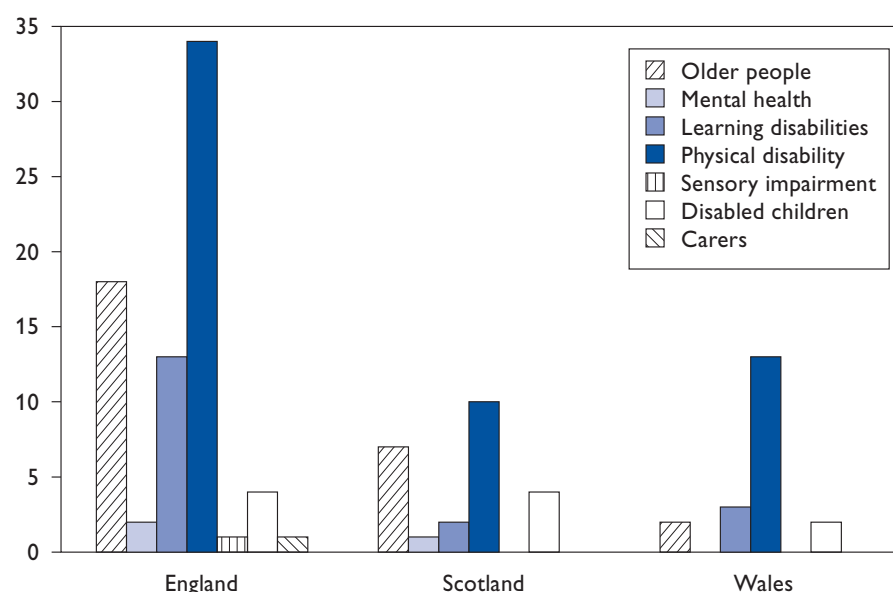
Table 2.11 would also suggest that in-house support schemes support higher numbers of users than other organisation types (with the exception of people with a physical disability), possibly owing to higher levels of referral.

**Table 2.10: Number of direct payment service users per organisation\* as at end September 2004 by authority type and country**

		Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	TOTAL
English local authority type									
Unitary authority	Average	11	1	9	20	1	4	1	46
	Maximum	65	5	19	53	21	27	85	127
	Valid	19	18	18	20	21	16	16	23
London borough	Average	19	1	8	38	1	2	2	49
	Maximum	39	17	35	173	8	30	32	224
	Valid	14	15	17	16	17	14	13	18
Shire county	Average	29	2	21	76	1	9	0	139
	Maximum	150	42	125	260	12	72	113	345
	Valid	24	23	23	24	26	21	21	29
Metropolitan district	Average	18	2	18	47	1	8	1	59
	Maximum	63	14	48	171	50	125	42	422
	Valid	21	20	22	20	21	21	19	25
Country									
England	Average	18	2	13	34	1	4	1	68
	Maximum	150	42	125	260	50	125	113	422
	Valid	78	76	80	80	85	72	69	95
Scotland	Average	7	1	2	10	0	4	0	29
	Maximum	29	4	7	28	2	7	0	77
	Valid	8	8	8	8	8	8	8	8
Wales	Average	2	0	3	13	0	2	0	24
	Maximum	8	4	18	22	1	7	3	50
	Valid	13	13	13	13	13	13	13	13

\* Excluding organisations where the user group is not supported.

**Figure 2.2: Average number of direct payment service users supported per support organisation\* (end September 2004) by country**



\* Excluding organisations where the user group is not supported.

**Table 2.11: Number of direct payment service users per organisation\* in England as at end September 2004, by organisation type**

	Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	TOTAL
Local provider covering only one LA								
Average	18	2	12	32	1	4	1	86
Maximum	150	42	69	260	21	84	113	298
Valid	35	35	35	37	35	31	29	37
Local provider spanning one or two neighbouring LAs								
Average	18	0	17	85	2	18	1	116
Maximum	22	5	23	101	2	40	18	183
Valid	3	3	4	3	3	4	3	4
Branch of national provider (all user groups)								
Average	18	1	11	49	1	4	0	77
Maximum	63	20	61	171	11	125	31	422
Valid	22	22	23	22	22	21	21	23
Branch or affiliate of national provider (specific user group)								
Average	13	2	7	8	1	1	1	4
Maximum	31	3	48	35	50	4	4	58
Valid	6	4	6	6	13	6	4	19
In-house provider								
Average	21	2	18	38	1	13	1	83
Maximum	42	14	125	99	6	37	77	345
Valid	12	12	12	12	12	10	12	12

\* Excluding organisations where the user group is not supported.

## Organisation type, role and geographical coverage

### Organisation type

Organisations were asked to classify themselves as voluntary, other not-for-profit, for-profit or in-house. We were interested to examine how respondents perceived themselves in terms of ownership and control arrangements. Were organisations part of (local) government, or run on a for-profit basis? These options were unlikely given the tradition of independent, non-profit initiative in this sphere. Alternatively, therefore, we wanted to know if they considered themselves as 'voluntary' sector bodies. Being part of this sector is generally understood as implying constitutional autonomy from public bodies, the absence of profit-taking stakeholders, and some voluntarism, in terms of income of time. The great majority of charities would fall into this category. Alternatively, they might self-classify as 'other non-profit', in the sense that voluntary inputs might be absent, even if the lack of a profit motive and independence were still characteristics – as has often been the case with 'community businesses' and 'social enterprises' in the wider 'third sector'. (According to the Government's current preferred approach, the 'third sector' includes charities and other voluntary bodies, but stretches beyond them in this way). A number of organisations specified both 'voluntary' and 'other not-for-profit' as their sector – such cases have been classified as 'voluntary' in Tables 2.12 and 2.13.

The types of organisation offering direct payment support and responding to the survey were overwhelmingly voluntary sector organisations or classified as 'not for profit', with a minority of responses from England indicating that in-house council-based organisations were providing direct payment support. None of the organisations surveyed indicated that they were for-profit (see Table 2.12 and 2.13). The responding organisations from Wales and Scotland were mainly identified as voluntary or not for profit, with no organisations identified as in-house.

**Table 2.12: Responses to sector, roles and geographical coverage by English region, authority type and country**

	Sector				Roles						Geographical			Valid (N)
	Voluntary	Other not for profit	For profit	Public (council in-house)	Individual-level advocacy	Campaigning	Self-help	Residential domiciliary or day care services	Other direct services to users	Grant making to individuals or national organisation	Purely local group	Local group member of regional or national federation	Local branch or dept of regional or national organisation	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
English region														
East	86	14	0	0	57	86	71	29	57	43	29	14	57	7
East Midlands	100	0	0	0	67	67	67	67	100	0	0	67	33	3
London	91	9	0	0	59	50	59	18	55	9	55	32	18	22
North East	71	0	0	29	71	57	71	29	43	14	29	29	43	7
North West	60	0	0	47	53	33	40	40	67	20	27	40	13	15
South East	88	6	0	6	75	56	69	19	50	6	63	19	13	16
South West	58	8	0	17	42	25	42	25	25	0	67	0	17	12
West Midlands	42	58	0	0	58	42	67	33	42	17	17	8	75	12
Yorkshire and the Humber	81	6	0	13	50	50	38	19	75	13	19	6	75	16
Local authority type														
Unitary authority	81	7	0	4	59	59	63	30	59	15	48	15	30	27
London borough	91	9	0	0	59	50	59	18	55	9	55	27	18	22
Shire county	74	13	0	13	58	58	48	29	55	10	39	19	39	31
Metropolitan district	57	17	0	30	57	27	53	27	50	17	20	20	50	30
Country														
England	75	12	0	13	58	48	55	26	55	13	39	25	35	110
Scotland	88	13	0	0	38	0	38	0	0	0	75	0	0	8
Wales	77	23	0	0	38	69	69	23	23	0	54	0	46	13

**Table 2.13: Responses to sector and roles by organisation type**

	Sector				Roles						Valid (N)
	Voluntary	Other not for profit	For profit	Public (council in-house)	Individual-level advocacy	Campaigning	Self-help	Residential domiciliary or day care services	Other direct services to users	Grant making to individuals or national organisation	
	%	%	%	%	%	%	%	%	%	%	
Local provider covering only one LA	91	7	0	0	65	56	56	26	53	7	43
Local provider spanning one or two neighbouring LAs	88	13	0	0	63	25	75	13	50	0	8
Branch of national provider (all user groups)	73	27	0	0	35	38	46	35	54	8	26
Branch or affiliate of national provider (specific user group)	89	11	0	0	84	74	63	21	74	32	19
In-house provider	0	0	0	100	38	23	46	23	31	15	13

The breakdown by English regions and local authority types shows the spread of in-house council support organisations. These were most prominent in the North West where almost half of the respondents (47%) were identified as in-house support, followed by the North East (29%) and metropolitan district councils (30%). Notably, in-house support schemes appear to be absent from many regions of England.

### Other roles

The questionnaire identified six major roles which support schemes fulfil alongside the provision of direct payments support. The first three may arguably play a role in the promotion of direct payments (individual-level advocacy; campaigning; self-help), while the next two categories relate to the provision of other forms of social care (residential, domiciliary or day care; other direct services). The final stand-alone category is grant making to individuals or

organisations. Each of these three role types is suggestive of the broader function of organisations providing direct payments support.

According to responses, many organisations providing direct payments support, identified themselves as active in advocacy, campaigning or self-help work. This support was most consistently available in the Eastern, North Eastern and South Eastern regions of England, and least likely in the South West, North West and Yorkshire and Humber regions, in Scotland and among in-house organisations. Although levels of campaigning and self-help support were reported to be higher in Wales, levels there of advocacy were also low. In England, lower levels of provision of these services corresponded with higher levels of direct service provision by organisations offering direct payment support services including domiciliary, residential or day care (except in the case of in-house support schemes). In Scotland there was a notable absence of direct services being offered by support organisations, and a low rate in Wales. Surprisingly, the rate of other services offered did not differ markedly between organisation types (see Table 2.13).

Grant making to individuals or organisations was only a very minor feature of the roles of direct payments support schemes as a whole with a frequency of only 13% across England. It was most prevalent among branches or affiliates of user-group specific national providers (32%).

### Geographical coverage

Support schemes were requested to indicate if they were a purely local group, a local group (or member) of a regional or national federation (i.e. a scheme affiliated to a regional or national body typically sharing a uniform code of conduct and objective but maintaining elements of self-governing status), or a local branch or department of a regional or national organisation (implying a level of central management from the region or national organisation to which they belong). Local Age Concern group schemes would be one example of a local group (or member) of a regional or national federation, while the Rowan and Penderels organisations would fall into the category of local branch or department of a regional or national organisation. Most user-led Centres for Independent Living (CILs) would be classified as 'local group' although some span across neighbouring authorities owing to pre-existing local authority boundaries (e.g. the West of England Centre for Independent Living which covers the former Avon area).

Table 2.12 shows that 39% of responding organisations in England were 'purely local groups', lower than in Scotland or Wales. England also had a much higher comparative percentage (25%) of organisations that were members of regional or national federations in comparison to Scotland and Wales, suggesting greater diversity in the market for direct payments support in England (with potentially a lower share of the market comprised of user-led support schemes) and a greater tendency for grounded locally-based solutions to issues relating to direct payments and independent living options in Scotland.

The geographical spread and affiliation of organisations also appeared to differ between English regions. The South East (63%) and South West (67%) had greater instances of organisations defined as 'purely local group'. Yorkshire and the Humber, the West Midlands, North East and the East had a higher incidence of organisations defined as 'local branch or department of regional national organisation', with Yorkshire and the Humber registering the highest at 75%. Those identifying mainly as 'local group member of regional or national federation' included the East Midlands (67%) and the North West (40%).

Among authorities by type, metropolitan district councils had the highest percentage of organisations classified as 'local branch or department of regional or national organisation' (50%) and notably fewer local groups.

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### Notes

- 1 For example Gwent Association of Voluntary Organisations (GAVO) serves the former Gwent authorities, while Cardiff and the Vale (a user-led support organisation) served Cardiff and the Vale of Glamorgan and was previously responsible for much early work with direct payments advocacy in Wales.
- 2 This is based on the average number of clients per support scheme and the number of schemes across England at the time of the survey. The average number of clients in England per support scheme was 63 and there were 169 support schemes providing formal services in England at the time of the survey (see Introduction), totalling an approximate 10,647 clients receiving direct payments support compared to around 27,700 people in receipt of direct payments (Health and Social Care Information Centre 2006).



# 3

## Staffing

### Introduction and overview

Levels of staffing are key indicators of the capacity of direct payments support schemes. Support organisations were asked to provide details for each member of staff employed at the end of September 2004. Of the 133 organisations that responded to the questionnaire, 128 (96%) provided staffing details.

### Key findings

- Almost one-half of English support organisations and approximately three-quarters of Welsh and Scottish support schemes employed only one to three workers.
- Despite comparatively low levels of staffing, Scottish and Welsh organisations had lower user-to-staff ratios than the average for England owing to lower numbers of users supported.
- The starkest variation in staffing levels and user-to-staff ratios within England was found between different types of support organisation: local providers spanning one or two neighbouring local authorities had an average user-to-staff ratio of 86:1, more than double the average for England of 36:1.
- There was little evidence of staff specialism with the majority of staff members providing support to a variety of different user groups.
- The proportion of paid staff was high across the UK.

### Size of the workforce and user-to-staff ratios

The number of staff employed by support organisations ranged from one to 15, with organisations in England employing an average of 4.7 individuals (Table 3.1). Some regional variation was evident, the greatest average staff sizes being in the West Midlands and East Midlands (6.7 and 6.3 staff members per organisation respectively). Scottish and Welsh organisations were noticeably smaller than their English counterparts when measured by size of workforce, the Scottish organisations employing an average of 3.1 members of staff and Welsh organisations only 2.2.

Table 3.2 demonstrates that the high mean number of staff in England relative to Scotland and Wales is accounted for by the existence of a number of 'large' organisations, the likes of which were not reported elsewhere in Great Britain. Almost half (49%) of English organisations, however, had only one to three workers, and 70% of English organisations fell into the 'small' and 'medium' categories that characterised all organisations in Scotland and Wales.

**Table 3.1: Average number and type of staff per organisation by English region, authority type and country**

	Average number of staff	Average number of whole time equivalent staff	Average number of whole time equivalent staff working on DP support	Per cent of staff full-time	Per cent of staff paid	Average number of user groups supported per staff member in organisation	Valid (N)	Ratio of users to whole time equivalent DP staff	Valid (N)
English region									
East	4.0	3.2	2.7	50	100	4.9	7	36:1	7
East Midlands	6.3	5.1	3.4	33	100	4.8	3	44:1	2
London	4.2	3.4	2.5	56	98	5.6	21	37:1	18
North East	4.0	3.3	3.1	68	75	5.7	7	30:1	6
North West	5.7	4.7	3.2	67	97	5.8	15	38:1	12
South East	3.9	3.0	2.2	55	97	6.2	15	44:1	12
South West	4.4	3.0	2.8	42	96	5.4	12	42:1	12
West Midlands	6.7	5.4	5.0	61	99	5.8	12	25:1	12
Yorkshire and the Humber	4.1	2.8	2.2	35	100	6.2	16	36:1	14
English local authority type									
Unitary authority	3.6	2.5	1.9	42	98	6.1	27	36:1	23
London borough	4.2	3.4	2.5	56	98	5.6	21	37:1	18
Shire county	5.9	4.8	4.0	55	95	5.4	30	38:1	29
Metropolitan district	4.8	3.8	2.9	59	97	5.8	30	35:1	25
Country									
England	4.7	3.7	2.9	54	97	5.7	108	36:1	95
Scotland	3.1	2.2	2.0	27	100	6.7	7	18:1	7
Wales	2.2	1.6	1.5	43	96	7.0	13	23:1	13

**Table 3.2: Organisation sizes by country**

	Small (1–3 employees) (%)	Medium (4–6 employees) (%)	Large (7+ employees) (%)	Valid (N)
England	49	21	30	108
Scotland	71	29	0	28
Wales	85	15	0	13

**Table 3.3: Number and caseload of whole-time equivalent staff working on DP in England by organisation type**

	Average number of WTE staff working on DP support	Valid (N)	Ratio of users to whole time equivalent DP staff	Valid (N)
Local provider covering only one LA	3.3	42	44:1	37
Local provider spanning one or two neighbouring LAs	1.9	8	86:1	4
Branch of national provider (all user groups)	3.5	26	34:1	23
Branch or affiliate of national provider (specific user group)	1.2	18	15:1	19
In-house provider	3.6	13	35:1	12

Significantly, as few as 54% of staff in English organisations, 27% in Scottish organisations and 43% in Welsh organisations were full-time employees. Furthermore, not all staff time was allocated to providing direct payments support. Taking these factors into account, the average number of full-time equivalent employees working exclusively on direct payment support was 2.9 in England, 2.0 in Scotland and 1.5 in Wales.

Despite comparatively low levels of staffing, Scottish and Welsh organisations had lower user-to-staff ratios than the average for England. The number of service

users per staff member was 18:1 in Scotland, 23:1 in Wales and 36:1 in England.<sup>1</sup> The average for England is slightly higher than the maximum of 30 users per support worker recommended by a Policy Studies Institute study (Hasler et al. 1998). Among English organisations, the highest user-to-staff ratio (183:1) was in the South West where one organisation reported having 183 service users, supported by a single member of staff.<sup>2</sup>

Variations in the proportion of staff working full-time and the concentration of resources on direct payments support also meant that greater disparity was evident in staffing levels between English organisations by region and authority type when these factors were accounted for (see Table 3.1). The mean number of whole time equivalent members of staff dedicated to direct payments support was 5.0 in organisations in the West Midlands – at least double the averages for organisations in London, the South East and Yorkshire and the Humber. This is largely due to the fact that 50% of the 12 organisations in the West Midlands had seven or more employees ('large' organisations as categorised in Table 3.2). The average user-to-staff ratio was also the lowest in the West Midlands. Elsewhere, however, it is not the case that a high average number of whole time equivalent staff working on direct payments support translates into low average user-to-staff ratios. For example, support organisations in the East Midlands had one of the highest regional user-to-staff ratios despite having relatively high numbers of staff dedicated to direct payments support as a result of serving more users. Similarly, the comparatively high number of staff working on direct payments support in shire counties is largely a reflection of the number of users supported by their organisations. Their user-to-staff ratio was 38:1, only marginally higher than the 36:1 average across all English organisations in the sample.

The most marked variation in staffing levels and user-to-staff ratios within England is found between different types of support organisation (Table 3.3). Local providers spanning one or two neighbouring authorities had a below-average level of whole-time equivalent staff. In conjunction with the fact that such organisations provided services to a large number of users, the ratio of users to staff was significantly high (86:1 in the sample). There was also a marked distinction between the user-to-staff ratios of local providers covering only one local authority and schemes run by a branch of a national provider (all user groups) or an in-house scheme. The former had larger user-to-staff ratios despite having similar staffing levels.

Numbers of full-time equivalent staff working on direct payment support were notably lower among user-specific organisations. Nonetheless, the low number of supported users meant that such organisations still had on average only 15 users to every whole-time equivalent member of staff – a ratio far lower than that for other categories of organisation. The fact that these types of organisations had only provided direct payments support for an average of two years – at least half the length of time of other types of organisation (see Section 2) – would suggest that developing a user base takes time. However, local providers spanning one or two neighbouring local authorities have been providing services for no greater time period than local providers covering only one authority area and yet had almost double the user-to-staff ratio, suggesting that schemes covering neighbouring authorities have difficulties in keeping up staff levels to match their larger client base.

## Staffing issues

The average number of user groups supported by individual workers was consistently high, with figures indicating that there were few staff offering support solely to one particular individual client group. Indeed, 64% of English, 86% of

Scottish and 100% of Welsh organisations reported that every member of their staff worked across all service user groups supported by the organisation.

Almost all staff members of support schemes were paid: 97% of English staff, 100% of Scottish staff and 96% of Welsh staff. The high proportion of paid staff was consistent across geographical areas and authority types – the average level of paid staff being 96–100% in all English regions bar the North East. In this particular region, one organisation comprising seven members of staff indicated that none of its employees were paid, bringing the percentage of paid staff for that region down to 75%. The other six support organisations in the North East reported that 100% of their staff were paid. With the exception of this particular case, no organisation reported employing more than one unpaid member of staff.

## Notes

- 1 While the number of hours spent working on direct payments by each member of staff has been accounted for in these calculations, no equivalent information is available in relation to the service users, some of whom would inevitably require more intensive support than others. The ratio of users to *unweighted* staff in England was 26:1; Scotland 11:1 and Wales 14:1. This adjustment has little effect on the ranking of organisations by user-to-staff ratio but shows greater variation between them.
- 2 Of these 183 service users, 101 were users with physical disabilities, 40 were children with disabilities, 23 were users with learning disabilities, 18 were older people and one had a sensory impairment.

# 4

## Income

### Introduction and overview

Organisations were asked to indicate their total funding income for direct payments support in both the current financial year for the survey (2004–05) and the previous financial year (2003–04), and to break this figure down into the categories of social services, Direct Payments Development Fund, non-social services grant (short-term) and non-social services grant (long-term).

Where figures from this financial year related to the six months from the beginning of April to the end of September 2004, they have been doubled to give an estimated figure for the full financial year.

### Key findings

- The average total annual income for an organisation in England was £58,635 in 2004–05. In Wales it was slightly lower and in Scotland it was only £15,700.
- The income of organisations in England that provided data for both years rose by approximately 19% from 2003–04 to 2004–05.
- There was an enormous range in income levels of individual organisations from less than £10,000 per annum to nearly £1 million per annum.
- The best resourced support organisations as measured by income per user for 2004–05 were in the North East, London, West Midlands, South West, the East and in Wales, although this does not appear to be related to the numbers of users supported.
- Although social services comprised the largest income source for support organisations in all three countries, the results confirmed the significance of DPDF funding in England as an income source for support schemes between late 2003 and 2005.
- Very few organisations appeared to derive a significant level of income from user contributions.

### Total income and income per user

The average total income as reported by English organisations was £58,635 in 2004–05 (see Table 4.1). Thirty-two of the English and five of the Welsh organisations that gave income data for 2004–05 did not provide us with data for the previous year. Average income for organisations that also provided figures for 2003–04 rose by 19% in England (£62,373 in 2003–04 and £74,097 in 2004–05; n=48).

**Table 4.1: Average total income per organisation and breakdown by components by English region, authority type and country in the financial year 2004–2005**

	Total income				Income source				Valid (N)
	Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Social Services (%)	Direct Payments Development Fund (%)	Non social services grant (short-term) (%)	Non social services grant (long-term) (%)	
English region									
East	43,673	8,900	291,314	6	33	67	0	0	3
East Midlands	108,662	27,900	882,000	3	50	50	0	0	2
London	63,869	8,900	194,012	19	64	34	2	0	11
North East	59,933	9,394	94,282	4	37	63	0	0	3
North West	54,413	20,594	180,122	8	61	37	2	0	7
South East	35,000	8,900	224,000	9	56	30	0	0	7
South West	37,500	8,900	77,712	8	64	36	0	0	7
West Midlands	104,037	8,900	367,734	10	87	13	1	0	8
Yorkshire and the Humber	57,360	9,394	142,918	13	82	18	0	0	11
English local authority type									
Unitary authority	35,000	8,900	224,000	23	66	28	0	6	18
London borough	63,869	8,900	194,012	19	64	34	2	0	11
Shire county	92,893	8,900	882,000	20	56	44	1	0	14
Metropolitan district	64,930	9,394	367,734	18	76	24	0	0	16
Country									
England	58,635	8,900	882,000	80	66	32	1	2	59
Scotland	15,700	10,977	84,120	3	100	0	0	0	1
Wales	43,295	14,500	456,374	11	100	0	0	0	8

In Scotland average total income in 2004–05 was considerably lower (£15,700), while in Wales it was closer to the English average (£42,295), although only a minority of organisations from these countries responded to this question (Table 4.1).

Income levels ranged enormously between organisations. The lowest recorded incomes were below £10,000 per year in England and only slightly above this in Scotland (£10,977). There were organisations in almost all English regions reporting an income below £10,000. There was greater variance in the maximum total income by region. The highest income reported was by an organisation in an East Midland shire county (£882,000 in 2004–05). The range for the average in other regions was between £77,712 in the South West and £367,734 in the West Midlands.

Support schemes in shire counties appeared to receive the greatest funding. Average income in shire counties was more than double that of organisations within unitary authorities, while income levels in London boroughs and metropolitan districts were close to the average across England. Average income among organisations in the East Midlands and West Midlands was also approximately double the national average.

Looking at the different organisational types in England, overall income was highest for local providers covering only one local authority at an average of £82,001 in 2004–05 (Table 4.4).

**Table 4.2: Average income per user and breakdown by components by English region, authority type and country in the financial year 2004–2005**

	Income per user				Income source				Valid (N)
	Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Social Services (%)	Direct Payments Development Fund (%)	Non social services grant (short-term) (%)	Non social services grant (long-term) (%)	
English region									
East	1,011	453	2,225	6	33	67	0	0	3
East Midlands	703	410	996	2	50	50	0	0	2
London	1,252	236	6,258	14	64	34	2	0	11
North East	1,483	1,366	1,600	2	37	63	0	0	3
North West	757	267	8,144	7	61	37	2	0	7
South East	603	379	866	5	56	30	0	14	7
South West	1,136	58	4,450	7	64	36	0	0	7
West Midlands	1,202	456	3,750	9	87	13	1	0	8
Yorkshire and the Humber	692	514	9,488	10	82	18	0	0	11
English local authority type									
Unitary authority	776	267	2,225	16	66	28	0	6	18
London borough	1,252	236	6,258	14	64	34	2	0	11
Shire county	796	58	9,488	17	56	44	1	0	14
Metropolitan district	792	424	8,144	15	76	24	0	0	16
Country									
England	821	58	9,488	62	66	32	1	2	59
Scotland	581	354	1,092	3	100	0	0	0	1
Wales	1,968	1,067	9,127	11	100	0	0	0	8

Owing to likely differences in client bases, variation in income *per user supported* is of most interest. For example, user-specific branches and affiliates of national providers reported the lowest overall incomes. However, the low overall income is primarily due to low user levels: the average income per user in 2004–05 (£985) was in fact above the average across all organisation types (£821) (Tables 4.2 and 4.3). Similarly, total income levels were low in the South West despite the average yearly income per user being 46% higher than the English average. The above-average income reported by organisations in shire counties and the East Midlands (see Table 4.1) was largely a reflection of high numbers of users: income per head was closer to the average for English organisations (Table 4.2). Local providers covering only one local authority (which accounted for roughly one-third of the sample) recorded an average income per user close to the English average.

**Table 4.3: Income per user in England, by organisation type in the financial year 2004–2005**

		Income per user				Income source				Valid (N)
		Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Social services (%)	Direct Payments Development Fund (%)	Non social services grant (short-term) (%)	Non social services grant (long-term) (%)	
Purely local provider (covering only one LA)	2004–2005	866	145	9,488	27	80	19	1	0	21
Local provider spanning one or two neighbouring LAs	2004–2005	379	58	2,311	3	75	25	0	0	4
Branch of national provider (all user groups)	2004–2005	767	267	3,750	21	95	4	1	0	17
Branch or affiliate of national provider (specific user group)	2004–2005	985	526	4,450	10	16	78	0	6	17
In-house provider	2004–2005	1,293	1,293	1,293	1	–	–	–	–	0

**Table 4.4: Income of English organisations by organisation type in the financial year 2004–2005**

	Total income				Income source				Valid (N)
	Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Social services (%)	Direct Payments Development Fund (%)	Non social services grant (short-term) (%)	Non social services grant (long-term) (%)	
Purely local provider (covering only one LA)	82,001	24,052	882,000	32	80	19	1	0	21
Local provider spanning one or two neighbouring LAs	43,660	10,600	116,000	7	75	25	0	0	4
Branch of national provider (all user groups)	60,242	15,000	367,734	23	95	4	1	0	17
Branch or affiliate of national provider (specific user group)	9,394	8,900	39,990	17	16	78	0	6	17
In-house provider	37,500	37,500	37,500	1	–	–	–	–	0

The best-resourced support organisations as measured by income per user for 2004–05 in England were in the North East, London, South West, West Midlands the East, while average yearly income per head was greatest among responding organisations in Wales at £1,968 (Table 4.2). To some extent, once an organisation is established and its user base has grown to an optimal level, income per user could be expected to drop. Even though income will inevitably need to increase as the number of users supported grows, the rise in income needed to support a greater number of users may be lower than the initial amount needed to start up the organisation. Without being able to discount for these start-up-costs it is therefore difficult to infer from the results what effect income per user may have on the user base of an organisation. On the face of things, however, the results do not appear to suggest any relationship between average income per user and the size of schemes in terms of the numbers of users supported.

As would be expected, there was generally a slight rise in the average income per user among support organisations between 2003–04 and 2004–05 (based on September 2004 user levels).

## Components of income

The results implied some shifts in funding sources between the two financial years. As with the total levels of income, however, a number of organisations were not able to provide breakdowns of funding sources for the two financial years. The changes observed in funding sources therefore appeared to respond more to the fact that a large number of organisations failed to provide information in the two financial periods, than to widespread changes in funding sources from one year to the next.

Examining information exclusively from organisations that provided full data for income and components of income in *both* financial years reveals no noticeable shift in relative funding sources. Generally, however, social services comprised the largest income source for support organisations in all three countries. The main distinction between Scotland, Wales and England was that at the time of the survey, funding from the Direct Payments Development Fund (DPDF) accounted for approximately one-third of total income in England (two-thirds being social services funding), while organisations in Scotland and Wales appeared to rely entirely on social services funding. It is impossible to state if social services funding was substituted by DPDF funding, given that we cannot tell to what extent funding would have otherwise increased between 2003 and 2004 in response to a growth in user numbers. As a component of income it was

nonetheless notable that DPDF funding was the largest single source for organisations in the East region. There was also one case from the East Midlands where DPDF funding comprised the only income source in 2003–04.

Between different types of organisation, user-specific branches and affiliates of national providers reported the highest level of receipt of DPDF support proportional to total income, constituting on average 78% of their total income in 2004–05 (see Table 4.4). These organisations have provided direct payments services for the shortest time period, which confirms the marked influence that DPDF funding has had on the growth of direct payments support in England.

With the exception of in-house providers (which were not eligible to receive DPDF funds), DPDF funds appear to have had an influence on all types of providers. For example, although around four-fifths of the income for local providers covering one local authority was received through social services, the remaining fifth was attributed to DPDF. Surprisingly, however, although a considerable amount of DPDF funding was released to national providers covering all user groups (such as the Penderels organisation), at the local branch level – as recorded by this survey – this funding appears to have comprised only a very small proportion of total income.

### Direct payment user contributions

Organisations were also asked to indicate direct payment user contributions and to provide details on the amounts spent on membership, voluntary contributions, payment for particular activities and other factors.

Very few organisations indicated that any income was derived from user contributions: only two English organisations reported figures for 2004–05 and three organisations for the previous year. Of these organisations, the mean total contribution level reported was £74,202 in 2003–04 and £69,000 in 2004–05, equivalent to £393 per head in 2003–04 and £238 per head in 2004–05 based on 2004 user levels. Although the responses would suggest that support schemes do not tend to derive income from user contributions it is likely that the role of any charges or contributions made are too minimal to be accounted for leading to a low response rate. Later in the questionnaire support organisations were asked if they set any charge users for services rendered and 38% of responding organizations in England, 71% in Scotland and 17% in Wales said ‘yes’ (see Section 6, Table 6.13). Even if the role of user charges remains minimal in terms of overall income, experience in the field suggests that charges are increasingly being levied for payroll services.



# 5

## Expenditure

### Introduction and overview

In addition to providing data on income, organisations were asked to indicate their total expenditure on direct payments support in the current financial year (2004–05) and previous financial year (2003–04), and to indicate their level expenditure on rent, staff, management and administration and other revenue costs.

Where figures for 2004–2005 were given for the six months from April to September, they have been doubled to give an estimated figure for the full financial year.

### Key findings

- Average expenditure in England for those organisations that provided data for both financial years was almost identical but showed a marginal rise between 2003–04 and 2004–05. Similarly, there was a marginal rise in reported expenditure per user.
- There was a wide range in the levels of expenditure by support organisations, closely related to variance in workforce levels, since staff costs accounted for around three-quarters of total expenditure.
- The average cost per whole time equivalent staff member in England was £16,372 in 2004–05.
- Expenditure on rent was extremely low and for 45% of responding organisations in England was recorded as nil.

### Total expenditure

Total annual expenditure for English organisations averaged £57,800 in the 2004–05 financial year (n=72) (Table 5.1). For organisations that provided expenditure data for both financial years total expenditure rose only marginally at around 2% between 2003–2004 and 2004–2005.<sup>1</sup>

**Table 5.1: Average total expenditure and breakdown by components by English region, authority type and country in the financial year 2004–2005**

	Total expenditure				Components				
	Average (£)	Minimum (£)	Maximum (£)	Value (N)	Rent (%)	Staff (%)	Management and administration (%)	Other revenue costs (any costs not noted on left) (%)	Value (N)
English region									
East	36,683	5,774	234,472	6	3	70	11	16	5
East Midlands	103,302	26,513	814,374	3	5	79	5	10	2
London	60,066	5,774	181,560	15	2	70	17	10	11
North East	81,516	39,990	134,201	4	7	61	14	18	3
North West	58,600	24,052	180,000	7	2	81	7	11	4
South East	39,768	5,774	132,198	8	0	76	10	13	5
South West	37,500	5,774	75,766	6	0	77	13	10	2
West Midlands	120,726	5,774	296,850	10	4	76	11	9	8
Yorkshire and the Humber	62,554	20,818	110,956	13	4	67	11	18	7
Local authority type									
Unitary authority	36,250	5,774	85,630	18	3	71	9	17	12
London borough	60,066	5,774	181,560	15	2	70	17	10	11
Shire county	103,302	5,774	814,374	19	3	72	14	11	13
Metropolitan district	57,800	17,248	296,850	20	4	76	8	12	11
Country									
England	57,800	5,774	814,374	72	3	72	12	13	47
Scotland	13,480	11,260	15,700	2	0	83	17	0	1
Wales	39,222	9,504	117,000	12	5	76	8	11	6

Regional and other variations in total expenditure in 2004–2005 (see Tables 5.1 and 5.3) are largely consistent with the variations seen with respect to income and, again as we found for income, high total expenditure does not always manifest itself in high expenditure per user, as can be seen with respect to the East Midlands. More significantly, there was a wide range in the levels of expenditure by support organisations, not explained simply by reference to the numbers of users supported. Broadly speaking, the organisations that reported high levels of expenditure were those that employed larger numbers of people.

Comparing total income and expenditure for organisations that reported both for the same year<sup>2</sup> it would appear that the general trend was that outgoings exceeded incomings by approximately 5% in 2004–05 (n=62) and 2% in 2003–2004 (n=42). This was equivalent to an average loss of £2,882 in 2004–05 and £1147 in 2003–04. It is impossible to gauge if other organisations made greater losses particularly as one reason for not providing data on both income and expenditure may have been an awareness of a discrepancy between the two.

## Average expenditure per user

Average expenditure per user for organisations in England was £880 in 2004–05. For organisations that provided figures for both years, there was no change in reported expenditure per user (from £773 in 2003–04 to £779 in 2004–05, n=38). As with reported income figures, however, this calculation is based on September 2004 user levels and consequently does not take into account any changes in the number of users supported by organisations.

Expenditure levels per user that were significantly above average were recorded by local providers (covering only one local authority), by in-house providers and by organisations situated within the North West, the West Midlands and the South West (Tables 5.2 and 5.4).

**Table 5.2: Average total expenditure per user\* and breakdown by components by English region, authority type and country in the financial year 2004–2005**

	Expenditure per user				Components				
	Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Rent (%)	Staff (%)	Management and administration (%)	Other revenue costs (any costs not noted on left) (%)	Valid (N)
English region									
East	893	415	1,444	6	3	70	11	16	5
East Midlands	668	390	947	2	5	79	5	10	2
London	854	204	5,857	12	2	70	17	10	11
North East	1,600	1,205	2,631	3	7	61	14	18	3
North West	697	373	2,143	5	2	81	7	11	4
South East	603	379	1,862	5	0	76	10	13	5
South West	1,160	58	2,887	6	0	77	13	10	2
West Midlands	1,155	479	4,312	9	4	76	11	9	8
Yorkshire and the Humber	649	399	7,819	12	4	67	11	18	7
Local authority type									
Unitary authority	746	373	1,444	14	3	71	9	17	12
London borough	854	204	5,857	12	2	70	17	10	11
Shire county	947	58	7,819	17	3	72	14	11	13
Metropolitan district	809	399	4,312	17	4	76	8	12	11
Country									
England	880	58	7,819	60	3	72	12	13	47
Scotland	472	363	581	2	0	83	17	0	1
Wales	1,449	681	9,667	12	5	76	8	11	6

\* Based on organisations that provided data on expenditure *and* on the number of service users supported by the organisation.

**Table 5.3: Expenditure overall in England, by organisation type in the financial year 2004–2005**

	Total expenditure				Components				
	Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Rent (%)	Staff (%)	Management and administration (%)	Other revenue costs (any costs not noted on left) (%)	Valid (N)
Purely local provider (covering only one LA)	83,328	24,052	814,374	24	3	66	20	10	17
Local provider spanning one or two neighbouring LAs	32,356	10,600	79,875	5	5	79	12	4	3
Branch of national provider (all user groups)	60,119	17,248	296,850	24	3	77	9	11	16
Branch or affiliate of national provider (specific user group)	14,000	5,774	40,338	13	2	72	3	23	10
In-house provider	72,327	37,500	180,000	6	0	87	12	1	1

**Table 5.4: Expenditure per user\* in England, by organisation type in the financial year 2004–2005**

	Expenditure per user				Components				
	Average (£)	Minimum (£)	Maximum (£)	Valid (N)	Rent (%)	Staff (%)	Management and administration (%)	Other revenue costs (any costs not noted on left) (%)	Valid (N)
Purely local provider (covering only one LA)	1,136	204	7,819	19	3	66	20	10	17
Local provider spanning one or two neighbouring LAs	379	58	2,311	3	5	79	12	4	3
Branch of national provider (all user groups)	707	373	4,312	22	3	77	9	11	16
Branch or affiliate of national provider (specific user group)	877	400	2,887	10	2	72	3	23	10
In-house provider	1,266	478	2,631	6	0	87	12	1	1

\* Based on organisations that provided data on expenditure and on the number of service users supported by the organisation.

## Components of expenditure

Expenditure on staff was the single most important item within total expenditure. There was a rise in the proportion of overall outgoings spent on staff in the majority of cases. Staffing constituted on average 72% of an English organisation's total outgoings in 2004–05. During this period, the average cost per whole time equivalent staff member<sup>3</sup> in England was £16,372. This was considerably lower than the average cost of comparable positions within social care such as the cost of a social work assistant which amounted to £21,146 per annum in 2005. This difference may account for the recruitment difficulties reported by some support organisations (Local Authority Workforce Intelligence Group 2006).

Expenditure on rent as a proportion of the total was low – only 3% of the average. Many organisations (45% in England) indicated that they had no expenditure on rent because they fully owned the premises from which they operate, or had been provided with premises free of charge.

The average amount of rent paid by organisations that *did* record it as an expense was £5,362 in England for 2004–05, which was on average 5% of the organisation's overall expenditure. The maximum amount spent on rent as reported by any organisation was £45,814 (5.6% of total expenditure) in the East Midlands in 2004–05.

## Notes

- 1 Total expenditure for organisations that provided data for both financial years averaged £62,619 in 2003–04 and £63,761 in 2004–05 (n=48).
- 2 With respect to organisations that detailed both their income and expenditure for the same year, average total income was £52,655 in 2004–2005, while average total expenditure was £55,537 (n=62). For the financial year 2003–04, 42 organisations detailed both their income and expenditure. Their average was equivalent to an income of £61,472 and an expenditure of £62,619. In contrast, the small proportion of organisations (20%) that provided data on both income and expenditure in both 2004–05 and 2003–04 appeared to be appropriately balanced in terms of incoming resources and outgoings, leaving a small surplus – usually somewhere between £3,000 and £4,000 – at the end of the financial year. Their average total income was not significantly greater (£58,546 in 2003–04 and £66,995 in 2004–05 (n=38)).
- 3 Based on data from organisations that indicated both total annual expense attributed to staff (q. 9) and number of staff employed (q. 7).

# 6

## Services provided to direct payment users

### Introduction and overview

The survey sought to establish the extent and range of services provided by direct payment support schemes. At present, there is no set guidance nor are there minimum standards to determine what forms of direct payments support should be available. This section describes the extent of variation in supply, grouping services by type. The survey asked for information on accountancy, advocacy and recruitment and employment services. Support schemes were asked whether or not services provided were funded by a local authority.

Certain recruitment and employment services have been distinguished as services involving formal employment management and may be classified as an employment agency or business, requiring registration with the Commission for Social Care Inspection.

In addition, the results include data on the extent to which support schemes hold contracts or service level agreements with local authorities; the incidence of peer-support meetings; charging for services, and coverage for private payers.

### Key findings

- It was common for support organisations to hold a contract or service-level agreement with their local authority, often specifying the types of services to be supplied and the information to be supplied to users. It was rare for organisations to have contractual obligations regarding minimum levels of support.
- Approximately half the contracts between support schemes and local authorities in England required training of care workers or care management staff. Organisations spanning large geographical areas appeared to be more often involved with training, regardless of staff capacity.
- Three-quarters of support schemes were aware that funding would be available from their local authority in the next financial year – there was more uncertainty among schemes in Scotland.
- National organisations that offer direct payments support to all user groups more frequently held a contract or service-level agreement with their local authority than local providers and were more often certain of funding for the next financial year.
- Advocacy services were highly prevalent and usually funded by local authorities, but supply of campaigning and support and training for undertaking self-assessments was low, particularly from in-house support schemes and those run by branches of national organisations. Direct payments

awareness training and campaigning were frequently supplied without local authority funding.

- A wide range of accountancy services was available across the country but only around half of all support schemes offered a payroll service. Organisations that provided payroll support had significantly higher numbers of full-time equivalent staff than organisations that did not.
- Branches of national direct payments support providers serving all user groups provided much higher levels of accountancy services than the average.
- Recruitment support was widely available but support schemes avoided supplying lists of personal assistants or a bank of emergency staff.
- Few schemes offered services that would categorise them as either an employment agency or an employment business, and therefore liable to regulation by the Commission for Social Care Inspection. Just under 20% of support schemes could be classified as employment businesses.
- Service users in England and Wales were rarely charged for support services provided but were frequently charged in Scotland (71%). In England, national organisations that offer direct payments support to all user groups charged users more frequently than other types of organisation.
- Around 20% of service users had to wait to receive direct payments support in England. The average length of wait was 4.9 weeks, but was much higher in London, in the Eastern region and in Wales. Scotland reported no waiting lists. In England, large local providers spanning one or two neighbouring authorities recorded the lowest wait of all organisational types despite having the highest user-to-staff ratios.
- Peer support meetings were held by approximately two-thirds of organisations in England and were common in Scotland and Wales. Although the majority of people attending meetings had physical disabilities, proportionally there was higher uptake among carers and mental health service users.
- Just over a third of support schemes in England served private payers but the level was far higher in Scotland and in certain regions in England.

## Contracts and service-level agreements

### Frequencies

Approximately two-thirds of support organisations in England held a contract or service-level agreement (SLA) with their local authority (see Table 6.1). The rate was similar in Scotland but in Wales all responding organisations held a contract or SLA. Among English organisations, a higher proportion held such agreements in unitary authorities and London boroughs (79% and 73% respectively) than in shire counties and metropolitan districts (57% in each). There was a significantly lower prevalence of contract or SLA with a local authority among branches or affiliates of user-group specific national organisations offering support services, possibly owing to the fact that these providers appear to have only recently entered the market (Table 6.2). National organisations that offer direct payments support to all user groups had a higher incidence of contracts than local providers who have generally provided direct payments support services for longer.

### Contract specification

The conditions of these formal agreements included specification of certain elements. Most commonly this included the types of services to be supplied (92% of organisations in England were bound by such a specification), and the information to be supplied to users (76% of English organisations). The majority of Scottish and Welsh organisations also held similar agreements.

**Table 6.1: Percentage of organisations with a contract or SLA with the local authority and of conditions defined in such agreements by English region, authority type and country**

	Organisations with a contract or service-level agreement with the LA (%)	Valid (N)	Conditions mentioned in contract (%)					Valid (N)
			Type of service supplied	Minimum supply of services per user	Minimum level of contact with DP users	Requirements for training of care staff	Information to be supplied to users	
English region								
East	71	7	80	40	20	40	80	5
East Midlands	33	3	100	0	0	100	100	1
London	73	22	94	31	6	31	75	16
North East	43	7	67	67	67	67	67	3
North West	43	14	100	67	33	33	83	6
South East	63	16	80	40	30	30	50	10
South West	75	12	89	33	44	56	67	9
West Midlands	83	12	100	50	10	60	90	10
Yorkshire and the Humber	73	15	100	27	18	64	91	11
English local authority type								
Unitary authority	79	28	82	23	27	50	64	22
London borough	73	22	94	31	6	31	75	16
Shire county	57	30	94	47	29	47	71	17
Metropolitan district	57	28	100	63	25	56	100	16
Country								
England	66	108	92	39	23	46	76	71
Scotland	63	8	100	20	20	60	60	5
Wales	100	13	77	62	0	0	100	13

**Table 6.2: Percentage of organisations with a contract or SLA with the local authority and the conditions defined in such agreements by English organisation type**

	Organisations with a contract or service-level agreement with the LA (%)	Valid (N)	Conditions mentioned in contract (%)					Valid (N)
			Type of service supplied	Minimum supply of services per user	Minimum level of contact with DP users	Requirements for training of care staff	Information to be supplied to users	
Local provider covering only one LA	79	43	85	35	21	29	65	34
Local provider spanning one or two neighbouring LAs	88	8	86	43	43	71	86	7
Branch of national provider (all user groups)	96	26	100	48	20	60	84	25
Branch or affiliate of national provider (specific user group)	20	20	100	25	25	50	100	4
In-house provider	10	10	100	0	0	100	100	1

The least common contractual requirement was a minimum level of contact with users: less than one quarter of organisations had this. It was also uncommon for contracts to include a specification of the minimum expected supply of services per user (only 39% did in England). Taking into account the number of organisations without a contract or service-level agreement with the local authority, it was rare for organisations to have contractual obligations regarding minimum levels of support, suggesting that local authorities consider it appropriate that the intensity of the service provided to service users should be determined on an individual basis in response to service user needs and preferences. However, attitudes clearly vary as evidenced by the fact that 63% of organisations situated within metropolitan authorities were required by their funding authority to provide a minimum level of service to clients (see Table 6.1).

It was envisaged that local authorities may seek to include training of care workers (or personal assistants) and training of local authority care management staff as part of a contract for direct payments support. In practice, we found that only around half of the contracts negotiated with support schemes required this. Training of personal assistants is an employer's responsibility which is obligatory

with respect to certain core aspects of employment which may pose a risk to safety, but as yet discretionary with respect to any form of formal qualification or accreditation. Direct payment users have expressed concerns at the difficulties they face in organising and funding basic training as individuals (Flynn 2005a). One response to a concern that direct payments employment should match the basic conditions of training expected of employment in any publicly accountable care organisation would be to require support organisations to provide personal assistant training (Ungerson and Yeandle 2007).

If a local authority wishes to provide training it could be managed in-house, via a support scheme or out-sourced, although support schemes may be best placed to reflect grassroots experience. Contracting a support organisation to provide training implies a good degree of trust in the capacity and expertise of the organisation and an eagerness to capitalise on the knowledge of direct payment support workers. However, many organisations may be limited in the extent to which they can provide training due to staffing capacity. Thus, it is unsurprising that some of the areas where contracts most frequently included staff training were those with a high proportion of large organisations (East and West Midlands and shire counties) and organisations which could be described as ‘a local branch or department of a regional or national provider serving all user groups’ for which staff-to-user ratios were lower (Table 6.2). However, there was also a high incidence of training as a specification of contracts held by the large local providers that span two or more local authorities, despite their low level of staffing capacity in relation to the number of service users being supported. Furthermore, in Scotland where provider scale was far lower than in England, 60% of agreements included requirements for training of care staff, possibly reflecting higher levels of concern about lack of regulation of personal assistants (Riddell et al. 2006). In contrast, in Wales no organisations reported that they had training requirements fixed in agreements with their local authority.

## Knowledge of future funding by local authorities

Organisations were asked to indicate whether or not funding for direct payment support would be available for the next financial year. Table 6.3 shows that 73% of the 104 organisations in England that responded to this question confirmed that such funding would be available. Only 3% indicated that it would not, the remaining 24% being unsure at the time of completing the questionnaire.

Of the seven Scottish organisations that responded, four confirmed that funding would be available, as did 83% of the Welsh organisations. Compared with English organisations, a higher proportion of Scottish organisations and a much lower proportion of Welsh organisations reported uncertainty at the time as to whether funding would be available.

Discounting the response from in-house providers (all of whom were secure in their future funding status), among organisations already contracted to provide services there were only slight differences in levels of certainty regarding future funding. However, taking into account the quarter that did not have contracts there appeared to be less uncertainty with respect to future funding among branches of national providers serving all user groups (Table 6.4). Local providers spanning two or more local authorities appeared to suffer the greatest uncertainty, followed closely by local providers operating in only one local authority.

**Table 6.3: Availability of funding for direct payment support in the next financial year by English region, authority type and country**

	Will funding for direct payment support be available for the next financial year?											
	Organisations with contract or SLA with local authority				Organisations without contract or SLA with local authority				All organisations			
	Yes (%)	No (%)	Not sure (%)	Valid (N)	Yes (%)	No (%)	Not sure (%)	Valid (N)	Yes (%)	No (%)	Not sure (%)	Valid (N)
English region												
East	60	20	20	5	100	0	0	2	71	14	14	7
East Midlands	100	0	0	1	50	0	50	2	67	0	33	3
London	81	0	19	16	20	40	40	5	67	10	24	21
North East	67	0	33	3	75	0	25	4	71	0	29	7
North West	67	0	33	6	86	0	14	7	79	0	21	14
South East	44	0	56	9	83	0	17	6	60	0	40	15
South West	78	0	22	9	100	0	0	2	82	0	18	11
West Midlands	67	0	33	9	100	0	0	2	73	0	27	11
Yorkshire and the Humber	82	0	18	11	100	0	0	3	87	0	13	15
English local authority type												
Unitary authority	68	5	27	22	100	0	0	5	74	4	22	27
London borough	81	0	19	16	20	40	40	5	67	10	24	21
Shire county	69	0	31	16	85	0	15	13	76	0	24	29
Metropolitan district	67	0	33	15	80	0	20	10	74	0	26	27
Country												
England	71	1	28	69	76	6	18	33	73	3	24	104
Scotland	80	0	20	5	0	0	100	2	57	0	43	7
Wales	83	8	8	12	0	0	0	0	83	8	8	12

**Table 6.4: Availability of funding for direct payment support in the next financial year by English organisation type**

	Will funding for direct payment support be available for the next financial year?											
	Organisations with contract or SLA with local authority				Organisations without contract or SLA with local authority				All organisations			
	Yes (%)	No (%)	Not sure (%)	Valid (N)	Yes (%)	No (%)	Not sure (%)	Valid (N)	Yes (%)	No (%)	Not sure (%)	Valid (N)
Local provider covering only one LA	70	0	30	33	56	22	22	9	67	5	29	42
Local provider spanning one or two neighbouring LAs	71	0	29	7	0	0	100	1	63	0	38	8
Branch of national provider (all user groups)	75	4	21	24	100	0	0	1	76	4	20	25
Branch or affiliate of national provider (specific user group)	50	0	50	4	77	0	23	13	71	0	29	17
In-house provider	100	0	0	1	100	0	0	8	100	0	0	11

It was anticipated that organisations holding a contract or SLA with their local authority would be more likely to know that they were to be awarded funding for the following year than organisations without such formal service arrangements, as was the case for local providers. There were considerable regional variations, but overall a slightly smaller percentage (71% in England) of organisations with a contract or SLA with the local authority were able to confirm the situation regarding funding for the next year than those without (76% in England).

## Services provided

Data were collected regarding the number of support organisations offering particular services to direct payment users and whether or not these services were funded by social services. Tables 6.5 to 6.12 and Figures 6.1 to 6.4 show marked variations in the proportion of available support funded by social services according to the type of service provided, and to a lesser extent according to geographical region, authority type and organisation type. Compared to

**Table 6.5: Percentage of organisations providing advocacy services, funded and unfunded by social services, by English region, authority type and country**

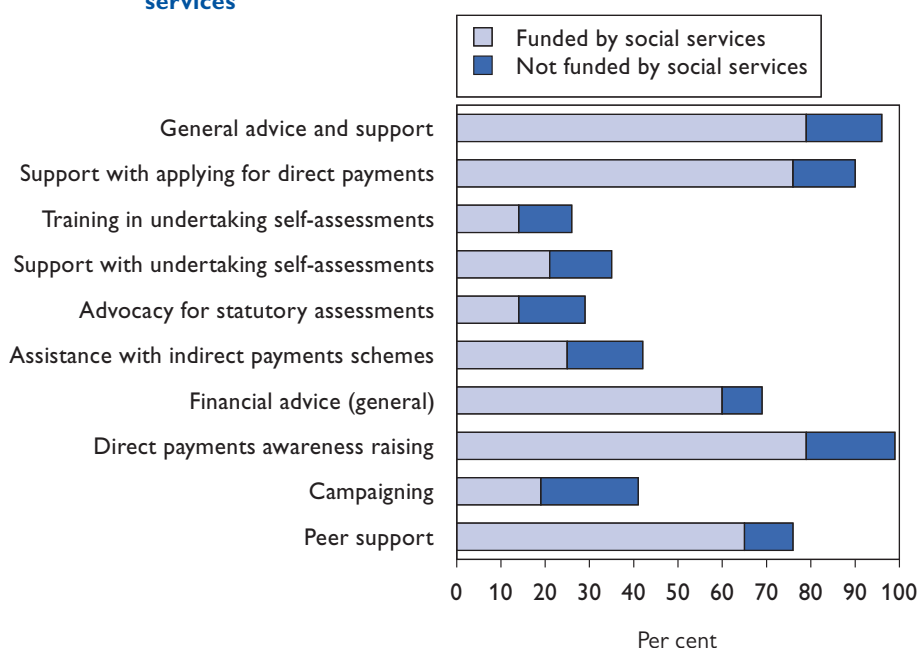
	General advice and support			Support with applying for direct payments			Training in undertaking self-assessments			Support with undertaking self-assessments			Advocacy for statutory assessments			Assistance with indirect payments schemes			Financial advice (general)			Direct payments awareness raising			Campaigning			Peer support				
	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Valid (N)	Funded	Not funded	Total	Valid (N)			
English region																																
East	57	29	86	43	43	86	0	29	29	14	43	57	0	29	29	14	29	43	43	0	43	71	29	100	14	29	43	7	29	0	29	7
East Midlands	67	0	67	100	0	100	33	0	33	0	0	0	33	0	33	0	33	33	100	0	100	100	0	100	0	33	33	3	0	67	67	3
London	71	24	95	76	14	90	24	10	33	33	10	43	19	19	38	24	19	43	52	19	71	71	24	95	24	29	52	21	64	18	82	22
North East	71	29	100	71	14	86	29	14	43	29	14	43	29	14	43	14	14	29	43	14	57	57	43	100	43	29	71	7	71	0	71	7
North West	92	8	100	83	8	92	8	8	17	8	8	17	0	8	8	33	8	42	58	8	67	92	8	100	0	17	17	12	67	13	80	15
South East	87	13	100	80	13	93	20	13	33	47	13	60	33	13	47	53	20	73	60	7	67	87	13	100	33	20	53	15	73	13	87	15
South West	82	18	100	73	9	82	9	18	27	27	18	45	18	27	45	0	36	36	64	9	73	73	27	100	18	18	36	11	54	8	62	13
West Midlands	92	8	100	83	8	92	8	8	17	8	8	17	0	8	8	17	8	25	75	0	75	92	8	100	8	8	17	12	92	0	92	12
Yorkshire and the Humber	73	13	87	73	13	87	0	7	7	0	13	13	0	7	7	33	0	33	67	7	73	73	27	100	20	27	47	15	69	6	75	16
English local authority type																																
Unitary authority	84	16	100	76	12	88	8	12	20	20	16	36	12	16	28	20	28	48	52	4	56	76	24	100	24	24	48	25	57	11	68	28
London borough	71	24	95	76	14	90	24	10	33	33	10	43	19	19	38	24	19	43	52	19	71	71	24	95	24	29	52	21	64	18	82	22
Shire county	81	13	94	74	13	87	13	16	29	23	16	39	23	13	35	26	16	42	68	6	74	81	19	100	19	19	39	31	63	10	73	30
Metropolitan district	77	15	92	77	15	92	12	8	19	12	12	23	0	12	12	31	4	35	65	8	73	85	15	100	12	19	31	26	73	7	80	30
Country																																
England	79	17	95	76	14	89	14	12	25	21	14	35	14	15	28	25	17	42	60	9	69	79	20	99	19	22	42	103	65	11	75	110
Scotland	86	0	86	86	0	86	14	0	14	57	0	57	57	0	57	14	29	43	57	0	57	100	0	100	0	0	0	7	100	0	100	8
Wales	92	0	92	92	0	92	0	8	8	0	8	8	0	0	0	8	0	8	46	0	46	92	0	92	0	8	8	13	62	0	62	13

organisations in England, Scottish and Welsh organisations had a far lower propensity to offer services other than those funded by social services.

### Advocacy services

Across the whole of England the types of advocacy services most frequently offered by direct payments support schemes included awareness raising (99%), general advice and support (95%), support with applying for direct payments (89%), peer support (75%) and general financial advice (69%) (Figure 6.1). In contrast, only a minority of organisations in England offered assistance with indirect payments schemes (42%), campaigning (42%), support and training for undertaking self-assessments (35% and 25% respectively) and advocacy for statutory assessments (28%). Moreover, in some regions no support schemes offered these types of services. The highest prevalence of support for undertaking self-assessments regionally was in the East Midlands, London, the North East and the South East. Low-level support for self-assessment elsewhere probably has implications for the success of future individual budget schemes (Table 6.5).

Marked differences in the supply of advocacy services were also found between different types of organisation (Table 6.6). Local providers spanning one or more local authority appeared to provide the most extensive range of services, followed by the smaller local providers working only within one authority. In contrast, branches of national providers and council-led services tended to dedicate their services to certain types of advocacy and operated very low levels of campaigning, support and training for undertaking self-assessments and advocacy for statutory assessments – if at all. It would appear that branches of user-group specific national providers followed a similar trend, although their overall service capacity was lower and, unlike other organisations, many of their services were provided without local authority funding. Notably, of all external support schemes,

**Figure 6.1: Percentage of surveyed organisations in England providing advocacy services****Table 6.6: Percentage of organisations providing advocacy services, funded and unfunded by social services, by English organisation type**

	General advice and support			Support with applying for direct payments			Training in undertaking self-assessments			Support with undertaking self-assessments			Advocacy for statutory assessments			Assistance with indirect payments schemes			Financial advice (general)			Direct payments awareness raising			Campaigning			Peer support				
	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Valid (N)	Funded	Not funded	Total	Valid (N)			
Purely local provider (covering only one LA)	82	10	92	74	10	85	21	10	31	41	13	54	23	13	36	33	15	49	54	13	67	82	15	97	21	26	46	39	57	17	74	42
Local provider spanning one or two neighbouring LAs	67	17	83	100	0	100	50	0	50	50	0	50	17	0	17	33	17	50	67	0	67	100	0	100	100	0	100	6	100	0	100	8
Branch of national provider (all user groups)	100	0	100	96	0	96	8	4	12	8	8	15	0	0	0	23	0	23	85	0	85	100	0	100	12	0	12	26	77	8	85	26
Branch or affiliate of national provider (specific user group)	40	60	100	35	50	85	5	35	40	5	35	40	10	50	60	5	45	50	20	20	40	30	70	100	15	65	80	20	32	11	42	19
In-house provider	91	0	91	91	0	91	0	0	0	0	0	0	18	0	18	27	9	36	91	0	91	91	9	100	0	0	0	11	86	7	93	14

branches of national providers serving all user groups provided the least services without local authority funding. Indeed few services were without local authority funding.

The proportion of Scottish organisations offering different types of advocacy services largely reflected the patterns identified among English organisations (Table 6.5). Services in Wales appeared to be more limited, with a particular lack of campaigning, support and training in self-assessments, and assistance with indirect payment schemes. There were also differences in the extent to which advocacy services were provided without local authority funding, between the three countries: in Scotland 95% and in Wales 94% of services offered were funded by local authorities, while the overall average for England was 75% (with considerable variation). Direct payments awareness raising and campaigning was most often provided without local authority funding.

### Accountancy services

Across England, Scotland and Wales there was little difference in the range of accountancy services offered. Accountancy services were more likely than advocacy services to be funded by local authorities in England and all those provided in Scotland and Wales were funded by local authority social services departments or their equivalent (Table 6.7).

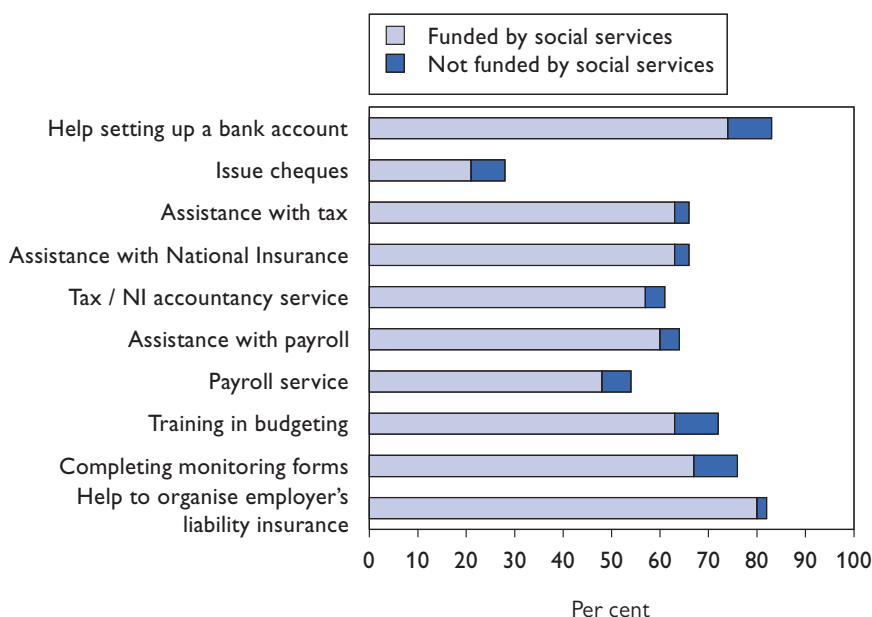
**Table 6.7: Percentage of organisations providing accountancy services, funded and unfunded by social services, by English region, authority type and country**

	Help setting up a bank account			Issue cheques			Assistance with tax			Assistance with National Insurance			Tax / NI accountancy service			Assistance with payroll			Payroll service			Training in budgeting			Completing monitoring forms			Help to organise employer's liability insurance			Valid (N)
	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	
English region																															
East	43	29	71	0	43	43	57	14	71	57	14	71	57	14	71	57	14	71	57	14	71	57	29	86	71	29	100	57	0	57	7
East Midlands	100	0	100	67	0	67	67	0	67	67	0	67	67	0	67	67	0	67	33	0	33	67	0	67	67	0	67	100	0	100	3
London	76	5	81	14	5	19	43	5	48	43	5	48	48	5	52	43	10	52	29	10	38	48	14	62	67	10	76	81	0	81	21
North East	71	14	86	29	0	29	71	0	71	71	0	71	29	14	43	71	0	71	29	14	43	57	0	57	71	14	86	71	14	86	7
North West	92	0	92	0	0	0	67	0	67	67	0	67	67	0	67	67	0	67	67	0	67	75	0	75	67	0	67	83	0	83	12
South East	67	13	80	13	7	20	47	7	53	47	7	53	27	7	33	33	7	40	20	7	27	53	13	67	53	13	67	80	7	87	15
South West	64	18	82	0	9	9	73	0	73	73	0	73	64	0	64	64	0	64	36	0	36	73	9	82	55	9	64	73	0	73	11
West Midlands	92	8	100	58	8	67	92	0	92	92	0	92	92	0	92	92	0	92	83	8	92	75	8	83	83	8	92	92	0	92	12
Yorkshire and the Humber	67	0	67	40	0	40	73	0	73	73	0	73	73	0	73	73	0	73	73	0	73	73	0	73	73	0	73	80	0	80	15
English local authority type																															
Unitary authority	72	12	84	24	8	32	68	0	68	68	0	68	56	4	60	64	0	64	40	8	48	64	8	72	60	8	68	80	0	80	25
London borough	76	5	81	14	5	19	43	5	48	43	5	48	48	5	52	43	10	52	29	10	38	48	14	62	67	10	76	81	0	81	21
Shire county	71	13	84	19	13	32	68	6	74	68	6	74	58	6	65	61	6	68	52	6	58	68	13	81	68	13	81	77	3	81	31
Metropolitan district	77	4	81	27	0	27	69	0	69	69	0	69	65	0	65	69	0	69	65	0	65	69	0	69	73	4	77	81	4	85	26
Country																															
England	74	9	83	21	7	28	63	3	66	63	3	66	57	4	61	60	4	64	48	6	53	63	9	72	67	9	76	80	2	82	103
Scotland	57	0	57	29	0	29	71	0	71	71	0	71	57	0	57	57	0	57	57	0	57	14	0	14	86	0	86	100	0	100	7
Wales	92	0	92	23	0	23	92	0	92	92	0	92	92	0	92	92	0	92	54	0	54	54	0	54	85	0	85	92	0	92	13

With the exception of cheques (which were rarely provided), between 53% and 83% of English organisations provided each kind of service specified. However, those services provided least often generally tended to be those seen as crucial by direct payment users (Hasler et al. 1999; Dawson 2000; Clark et al. 2004), namely payroll services (53%) and a tax and National Insurance accounting service (61%). There were similar levels of provision of *assistance* with payroll (64%), tax (66%) or National Insurance (66%) (Figure 6.2). Organisations that provided payroll support had significantly higher numbers of full-time equivalent staff members than organisations that did not.

The services most frequently available across England included help in setting up a bank account and organising employer's liability insurance (83% and 82% respectively), assistance completing monitoring forms (76%) and training in budgeting (72%).

The national picture hides quite marked variations in the patterns of supply of accountancy services between types of organisation (see Table 6.8). Branches of national direct payments support providers (all user groups) were providing higher levels of accountancy services than the average. All services available were funded by local authorities.

**Figure 6.2: Percentage of surveyed organisations in England providing accountancy services****Table 6.8: Percentage of organisations providing accountancy services, funded and unfunded by social services, by English organisation type**

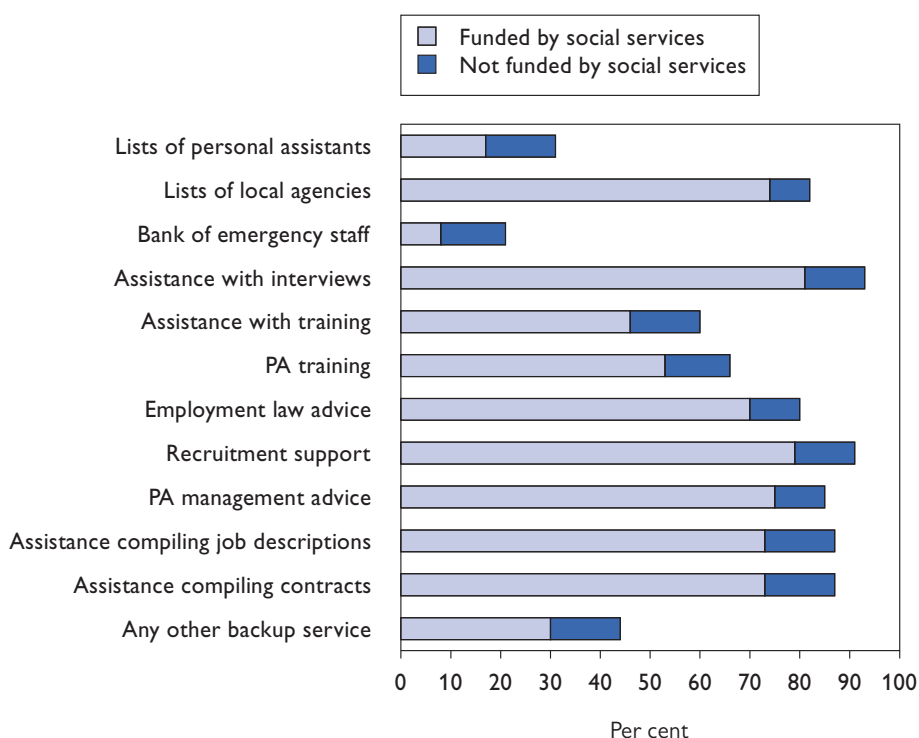
	Help setting up a bank account			Issue cheques			Assistance with tax			Assistance with National Insurance			Tax / NI accountancy service			Assistance with payroll			Payroll service			Training in budgeting			Completing monitoring forms			Help to organise employer's liability insurance			Valid (N)
	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	
Purely local provider (covering only one LA)	77	5	82	21	3	23	62	8	69	62	8	69	62	8	69	59	10	69	38	13	51	64	8	72	64	5	69	92	3	95	39
Local provider spanning one or two neighbouring LAs	83	0	83	33	0	33	67	0	67	67	0	67	17	17	33	50	0	50	0	17	17	83	0	83	83	0	83	83	0	83	6
Branch of national provider (all user groups)	92	0	92	38	0	38	96	0	96	96	0	96	96	0	96	96	0	96	96	0	96	85	0	85	96	0	96	96	0	96	26
Branch or affiliate of national provider (specific user group)	30	35	65	5	30	35	10	0	10	10	0	10	10	0	10	10	0	10	10	0	10	10	30	40	20	35	55	20	5	25	20
In-house provider	91	0	91	9	0	9	82	0	82	82	0	82	55	0	55	73	0	73	55	0	55	91	0	91	82	0	82	100	0	100	11

In-house providers supplied a wider range of services than local providers, but support in relation to payroll and tax and National Insurance accounting was rare. Large local providers spanning two or more authorities did not provide payroll support, most likely owing to staff capacity limitations (see Section 3).

Organisations within Scotland offered broadly the same level of accountancy services to those in England, while a notably higher proportion of Welsh organisations offered assistance and services relating to tax, National Insurance and payroll.

### Recruitment and employment services

In England there were high levels of support with recruiting (90%), interviews (92%), compiling job descriptions (86%) and contracts. Most organisations (80% or more) also provided lists of local agencies, PA management advice and employment law advice (see Figure 6.3).

**Figure 6.3: Percentage of surveyed organisations in England providing recruitment and employment services**

Smaller numbers offered assistance with training (59%), PA training (66%), lists of personal assistants (31%), a bank of emergency staff (20%) or other backup services (44%). A number of organisations noted that they were disinclined to offer lists of personal assistants due to the belief that this would entail registration with the Commission for Social Care Inspection (CSCI).

Some variation according to region and authority type was evident, most notably amongst the services least commonly offered by support organisations (see Table 6.9). For instance, only 4% of organisations in metropolitan districts provided a bank of emergency staff, while 40% provided such a service within unitary authorities. While results from Scottish and Welsh organisations were largely in keeping with levels in England, assistance with training and PA training was variably provided across the three countries.

Aside from the lower frequency of recruitment and employment services offered by branches of user-group specific national providers (which was consistent with previous findings), there was relatively little distinction between the propensity of different types of organisation to offer recruitment and employment services (Table 6.10).

Although overall the majority of recruitment employment services were funded by social services, three service options were often unfunded: the supply of lists of personal assistants, assistance compiling job descriptions and contracts. Branches of national providers (all user groups) provided some of the highest levels of services overall, but avoided providing lists of personal assistants or a bank of emergency staff, and were the least frequent providers of assistance with training.

### Employment agency and employment business service

Operating an employment agency or employment business is an important distinction from other forms of support as both are liable to external regulation.

**Table 6.9: Percentage of organisations providing recruitment and employment services, funded and unfunded by social services, by English region, authority type and country**

	Lists of personal assistants		Lists of local agencies		Bank of emergency staff		Assistance with interviews		Assistance with training		PA training		Employment law advice		Recruitment support		PA management advice		Assistance compiling job descriptions		Assistance compiling contracts		Any other backup service	
	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Total	
English region																								
English local authority type																								
Country																								

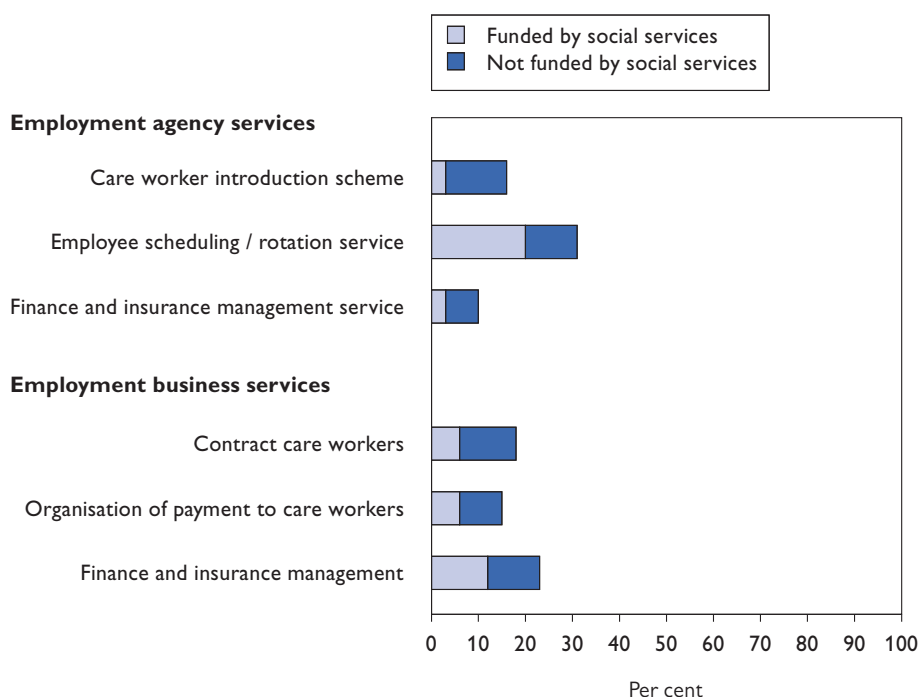
**Table 6.10: Percentage of organisations providing recruitment and employment services, funded and unfunded by social services, by English organisation type**

	Lists of personal assistants		Lists of local agencies		Bank of emergency staff		Assistance with interviews		Assistance with training		PA training		Employment law advice		Recruitment support		PA management advice		Assistance compiling job descriptions		Assistance compiling contracts		Any other backup service															
	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded	Funded	Not funded														
Purely local provider (covering only one LA)	23	8	31	82	3	85	10	5	15	87	10	97	56	13	69	44	8	51	72	5	77	85	10	95	79	8	87	39	74	19	93	74	16	91	14	14	28	43
Local provider spanning one or two neighbouring LAs	33	17	50	100	0	100	17	17	33	100	0	100	50	0	50	50	17	67	100	0	100	100	0	100	100	0	100	6	100	0	100	100	0	100	38	13	50	8
Branch of national provider (all user groups)	0	8	8	85	0	85	0	4	4	100	0	100	31	0	31	85	4	89	96	0	96	100	0	100	88	0	88	26	88	0	88	88	0	88	54	4	58	26
Branch or affiliate of national provider (specific user group)	15	40	55	25	35	60	15	40	55	25	40	65	15	45	60	15	40	55	10	40	50	20	40	60	25	35	60	20	26	32	58	21	37	58	5	21	26	19
In-house provider	36	0	36	91	0	91	0	9	91	100	0	100	91	0	91	82	0	82	91	0	91	100	0	100	100	0	100	11	86	7	93	93	7	100	57	29	86	14

Employment agencies may be involved in introducing care workers to users. They may provide workers on a rota basis. The agency may charge fees and deal with tax, National Insurance and employers' liability insurance, although the workers will be paid directly by the service user or their carer. In contrast, employment businesses will offer similar services but will also contract care workers, pay them and place them to work under the direct control of a hirer. Any agencies operating according to the classification of an employment business need to ensure that they comply with all of the Home Care Standards, while employment agencies only have to comply with some parts (and would be considered akin to a home care agency for the purpose of registration with the Commission for Social Care Inspection (CSCI)).

The proportion of organisations offering employment agency and employment business services was low in comparison to the other categories of service recorded (see Figure 6.4). The complete bundle of employment agency services (care worker introduction scheme, finance and insurance management service and employee scheduling/rotation service) was offered by less than a third of English organisations, although an employee scheduling/rotation service was offered by 57% of organisations in Scotland and 54% in Wales (Table 6.11).

**Figure 6.4: Percentage of surveyed organisations in England providing employment agency and employment business services**



Employment business services were somewhat scarcer, offered by less than 25% among responding organisations in England.

In England, it was more common for employment services *not* to be funded by social services, whereas in Scotland and Wales there was a high incidence of such funding support.

Surprisingly, the support schemes most frequently operating as employment agencies and employment businesses were branches of national user-group specific provider organisations which, in all other respects, supplied the lowest levels of support services (Table 6.12).

**Table 6.11: Percentage of organisations providing employment agency and employment business services, funded and unfunded by social services, by English region, authority type and country**

	Employment agency services									Employment business services									Valid (N)
	Care worker introduction scheme			Employee scheduling / rotation service			Finance and insurance management service			Contract care workers			Organisation of payment to care workers			Finance and insurance management			
	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	
English region																			
East	0	43	43	14	29	43	0	29	29	0	43	43	0	43	43	0	57	57	7
East Midlands	0	0	0	67	0	67	0	0	0	0	0	0	0	0	0	0	0	0	3
London	5	19	24	10	10	19	5	5	10	5	14	19	10	10	19	14	10	24	21
North East	0	14	14	14	14	29	14	14	29	0	14	14	14	14	29	29	0	29	7
North West	0	0	0	50	0	50	0	0	0	0	0	0	0	0	0	0	0	0	12
South East	13	7	20	20	20	40	0	7	7	13	20	33	7	7	13	20	20	40	15
South West	0	18	18	36	9	45	9	9	18	9	9	18	0	9	9	18	9	27	11
West Midlands	0	8	8	8	8	17	0	8	8	0	8	8	0	8	8	0	8	8	12
Yorkshire and the Humber	0	7	7	7	7	13	0	0	0	13	0	13	13	0	13	13	0	13	15
English local authority type																			
Unitary authority	8	16	24	24	20	44	4	12	16	8	20	28	8	12	20	12	20	32	25
London borough	5	19	24	10	10	19	5	5	10	5	14	19	10	10	19	14	10	24	21
Shire county	0	16	16	26	10	35	3	10	13	3	13	16	0	13	13	13	13	26	31
Metropolitan district	0	0	0	19	4	23	0	0	0	8	0	8	8	0	8	8	0	8	26
Country																			
England	3	13	16	20	11	31	3	7	10	6	12	17	6	9	15	12	11	22	103
Scotland	14	0	14	57	0	57	0	0	0	0	0	0	29	0	29	43	0	43	7
Wales	0	0	0	46	8	54	0	0	0	0	0	0	0	0	0	0	8	13	13

**Table 6.12: Percentage of organisations providing employment agency and employment business services, funded and unfunded by social services, by English organisation type**

	Employment agency services									Employment business services									Valid (N)
	Care worker introduction scheme			Employee scheduling / rotation service			Finance and insurance management service			Contract care workers			Organisation of payment to care workers			Finance and insurance management			
	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	Funded	Not funded	Total	
Purely local provider (covering only one LA)	5	13	18	15	3	18	8	3	10	8	8	15	8	5	13	18	8	26	39
Local provider spanning one or two neighbouring LAs	0	17	17	17	17	33	0	17	17	0	17	17	0	17	17	17	0	17	6
Branch of national provider (all user groups)	0	0	0	27	8	35	0	0	0	8	4	12	8	0	8	8	4	12	26
Branch or affiliate of national provider (specific user group)	5	35	40	10	35	45	0	25	25	5	35	40	5	30	35	5	35	40	20
In-house provider	0	0	0	36	0	36	0	0	0	0	0	0	0	0	0	9	0	9	11

Many organisations believed that registration with CSCI could be avoided if only certain aspects of service were provided that potentially fall under the remit of an employment agency or employment business, but there was a distinct lack of clarity. This probably explains the greater propensity to supply certain options such as an employee scheduling/rotation service, or finance and insurance management (more prevalent among Scottish organisations). In contrast, some organisations believed that merely holding a list of personal assistants would require them to register as a home care agency.

## Service charges

Table 6.13 shows that charges were levied on users by 38% of organisations in England, 71% in Scotland and 17% in Wales. Organisations indicated that the services such charges related to were primarily payroll, services not included in the direct payments contract, advertising and recruitment costs, and other forms of social care service such as day care or meals on wheels. Within England there were variations in the proportion of organisations within each region levying charges from users: no organisations in the North East charged users, compared to 82% of those in the Yorkshire and Humber region, for example. Variations by local authority type were less extreme but suggested that charging was most prevalent among organisations situated in metropolitan districts (58%). None of the large local providers spanning one or two neighbouring authorities charged users (Table 6.14). In contrast, charging among branches of national providers serving all user groups was above average (58%).

**Table 6.13: Percentage of organisations charging users by English region, authority and country**

	Percentage of organisations charging users	Valid (N)
English region		
East	43	7
East Midlands	67	3
London	30	20
North East	0	7
North West	33	12
South East	23	13
South West	20	10
West Midlands	58	12
Yorkshire and the Humber	82	11
English local authority type		
Unitary authority	24	21
London borough	30	20
Shire county	37	30
Metropolitan district	58	24
Country		
England	38	95
Scotland	71	7
Wales	17	12

## Waiting lists

Aside from user-to-staff ratios, an important indication of the functioning of direct payments support schemes is the prevalence of waiting lists. Table 6.15 reports that 19% of organisations in England had a waiting list, similar to the figure in Wales (despite lower user numbers), but was nil in Scotland. The average wait was longer in Wales than England (8.5 weeks compared to 4.9 weeks). Considerable variation was evident by English region and authority type, with the average length of wait (where applicable) within London boroughs and in the Eastern region being over twice that reported by organisations within metropolitan districts. The prevalence of waiting lists did not appear to correspond to user numbers supported or user-to-staff ratios. For example, large local providers spanning one or two neighbouring authorities recorded the lowest wait of all organisation types (two weeks) despite having the highest user to staff ratios (see Table 6.16). In-house providers were generally more likely than the average to have a waiting list.

**Table 6.14: Percentage of organisations charging users by English region and organisation type**

	Percentage of organisations charging users	Valid (N)
Local provider covering only one LA	33	36
Local provider spanning one or two neighbouring LAs	0	6
Branch of national provider (all user groups)	58	24
Branch or affiliate of national provider (specific user group)	35	17
In-house provider	27	11

**Table 6.15: Waiting lists and average length of wait by English region, authority type and country**

	Per cent of organisations with a waiting list	Valid (N)	Average length of wait where applicable (weeks)	Valid (N)
English region				
East	14	7	8.5	1
East Midlands	0	3	-	-
London	15	20	8.5	2
North East	14	7	2.0	1
North West	42	12	2.4	4
South East	8	13	4.5	1
South West	10	10	6.0	1
West Midlands	25	12	6.0	3
Yorkshire and the Humber	27	11	4.2	3
English local authority type				
Unitary authority	10	21	4.3	2
London borough	15	20	8.5	2
Shire county	17	30	6.5	5
Metropolitan district	33	24	2.9	7
Country				
England	19	95	4.9	16
Scotland	0	7	0	-
Wales	17	12	8.5	2

**Table 6.16: Waiting lists and average length of wait by English organisation type**

	Percentage organisations with a waiting list	Valid (N)	Average length of wait where applicable (weeks)	Valid (N)
Local provider covering only one LA	19	36	7	6
Local provider spanning one or two neighbouring LAs	17	6	2	1
Branch of national provider (all user groups)	13	24	5	3
Branch or affiliate of national provider (specific user group)	6	17	-	0
In-house provider	45	11	3	5

## Peer-support meetings

### Frequency of meetings

Peer-support meetings are considered to be central to direct payments support (Hasler et al. 1999), although research suggests that they may be less frequently utilised by some of the newer user groups accessing direct payments (Clark et al. 2004; Spandler and Vick 2004). Tables 6.17 and 6.18 indicate the frequency of peer-support meetings and the frequency with which their costs were met by support schemes.<sup>1</sup> Peer-support meetings were held by a small majority of organisations, with 64% of English organisations holding one or more such

meetings per year. Responses from Scottish and Welsh organisations suggested that meetings were slightly more common than in England, being held at least once a year by 88% of organisations in Scotland and 86% in Wales. However, these figures are based on a response rate significantly below that of England (see Table 6.17).

**Table 6.17: Frequency and cost-bearing of peer-support meetings by English region, authority type and country**

	Percentage organisations holding one or more meetings per year	Valid (N)	Average number of meetings per year (where greater than 0)	Percentage of organisations meeting costs of peer-support meetings	Valid (N)
English region					
East	29	7	5	50	2
East Midlands	33	3	50	100	1
London	71	21	6	87	15
North East	71	7	9	60	5
North West	71	14	5	100	10
South East	75	16	6	75	12
South West	58	12	4	86	7
West Midlands	63	8	5	20	5
Yorkshire and the Humber	63	16	5	30	10
English local authority type					
Unitary authority	61	28	5	65	17
London borough	71	21	6	87	15
Shire county	55	29	8	75	16
Metropolitan district	73	26	6	58	19
Country					
England	64	104	6	70	67
Scotland	88	8	5	43	7
Wales	86	7	11	17	6

Among organisations that held peer-support meetings, an average of six meetings per year were held by English organisations, five per year in Scotland and 11 per year in Wales. The highest reported number of meetings per year was 50 in an East Midlands organisation that comprised 11 members of staff. Branch or affiliates of user group specific national providers were far less involved in holding peer-support meetings than other types of organisation (Table 6.18).

**Table 6.18: Frequency and cost-bearing of peer-support meetings by English organisation type**

	Percentage organisations holding one or more meetings per year	Valid (N)	Average number of meetings per year (where greater than 0)	Percentage of organisations meeting costs of peer-support meetings	Valid (N)
Local provider covering only one LA	68	41	7	82	28
Local provider spanning one or two neighbouring LAs	88	8	6	57	7
Branch of national provider (all user groups)	70	23	5	44	16
Branch or affiliate of national provider (specific user group)	22	18	6	50	4
In-house provider	85	13	5	91	11

### Costs of meetings

Peer-support meeting costs were met by 70% of organisations in England, 43% in Scotland and only 17% in Wales, despite Welsh organisations holding by far the highest average number of meetings per year (see Table 6.17). Branches of national provider organisations supported the costs of peer-support meeting least often (Table 6.18).

## User group representation

The mean number of direct payment users attending each meeting was 12 in England, five in Scotland and five in Wales. In all three countries, users with physical disabilities accounted for at least half of all users attending the typical peer-support meeting (Table 6.19). This is generally in keeping with the finding that the average number of users with physical disabilities supported by organisations at the time of the survey was significantly greater than that of any other user group. Within the Scottish and Welsh organisations in the sample, users with physical disabilities had a higher propensity to attend peer-support meetings held by their organisation than any other user group. In England, however, only 13% of users with physical disabilities attended meetings (on average), whereas 22% of carers and 19% of the mental health users supported would attend (see Table 6.21). This same pattern was found for all organisation types, English regions and local authority types (Tables 6.19, 6.20, 6.21 and 6.22).

**Table 6.19: Average number of direct payment users from each user group per organisation\* attending peer-support meetings by English region, authority type and country**

		Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	All groups
English region									
East	Average	4	2	2	9	2	0	4	21
	Valid (N)	2	2	2	2	2	1	2	2
East Midlands	Average	–	–	–	–	–	–	–	–
	Valid (N)	0	0	0	0	0	0	0	0
London	Average	2	1	1	6	1	1	2	14
	Valid (N)	8	9	9	9	9	9	8	9
North East	Average	1	0	2	7	0	3	1	14
	Valid (N)	4	4	4	4	4	4	4	4
North West	Average	2	1	1	6	1	0	1	11
	Valid (N)	10	10	10	10	10	10	10	10
South East	Average	2	1	1	4	0	0	1	9
	Valid (N)	7	7	7	8	7	7	7	8
South West	Average	1	0	1	10	1	1	0	13
	Valid (N)	7	6	6	7	6	3	5	7
West Midlands	Average	0	1	3	8	0	0	0	12
	Valid (N)	5	5	5	5	5	5	5	5
Yorkshire and the Humber	Average	1	0	1	5	0	0	0	7
	Valid (N)	7	7	6	7	7	6	6	7
English local authority type									
Unitary authority	Average	1	0	1	4	0	0	1	7
	Valid (N)	15	14	13	15	14	11	13	15
London borough	Average	2	1	1	6	1	1	2	14
	Valid (N)	8	9	9	9	9	9	8	9
Shire county	Average	2	1	2	8	1	0	1	16
	Valid (N)	12	12	12	13	12	10	11	13
Metropolitan district	Average	1	0	1	7	0	1	1	12
	Valid (N)	15	15	15	15	15	15	15	15
Country									
England	Average	2	1	1	6	0	1	1	12
	Valid (N)	50	50	49	52	50	45	47	52
Scotland	Average	1	0	1	3	0	1	0	5
	Valid (N)	6	6	6	6	6	6	6	6
Wales	Average	1	0	0	4	0	0	0	5
	Valid (N)	5	5	5	5	5	5	5	5

\* Excluding organisations where the user group is not supported or no meetings are held.

**Table 6.20: Percentage of users attending peer-support meetings per organisation by English region, authority type and country**

		Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	All groups
English region									
East	Average	7	51	8	3	67	0	100	6
	Valid (N)	2	2	2	1	1	1	1	2
East Midlands	Average	–	–	–	–	–	–	–	–
	Valid (N)	0	0	0	0	0	0	0	0
London	Average	10	10	3	13	11	10	9	9
	Valid (N)	5	7	7	6	6	6	5	7
North East	Average	6	7	5	10	0	13	33	9
	Valid (N)	3	3	3	3	3	3	3	3
North West	Average	9	10	6	10	15	5	12	9
	Valid (N)	7	7	7	6	5	5	7	8
South East	Average	10	50	8	19	0	0	32	13
	Valid (N)	6	4	6	5	4	6	4	7
South West	Average	18	17	8	12	23	11	0	9
	Valid (N)	7	3	6	6	5	3	1	7
West Midlands	Average	1	8	7	19	0	0	0	11
	Valid (N)	4	3	5	5	3	5	2	5
Yorkshire and the Humber	Average	1	25	12	11	8	0	50	7
	Valid (N)	6	4	6	6	4	5	2	6
English local authority type									
Unitary authority	Average	4	29	4	16	0	0	21	11
	Valid (N)	13	7	12	12	8	9	6	13
London borough	Average	10	10	3	13	11	10	9	9
	Valid (N)	5	7	7	6	6	5	5	7
Shire county	Average	14	24	9	9	23	4	22	8
	Valid (N)	12	9	12	10	9	8	5	13
Metropolitan district	Average	6	15	11	14	10	6	31	10
	Valid (N)	10	10	11	10	8	11	9	12
Country									
England	Average	8	19	7	13	12	4	22	9
	Valid (N)	40	33	42	38	31	33	25	45
Scotland	Average	29	8	20	44	50	13	–	30
	Valid (N)	5	3	5	6	2	4	0	6
Wales	Average	36	0	0	44	–	0	0	32
	Valid (N)	4	2	5	5	0	1	1	5

**Table 6.21: Average number of direct payment users from each user group per organisation\* attending peer-support meetings by English organisation type**

		Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	All groups
Local provider covering only one LA	Average	2	0	1	8	1	0	1	12
	Valid (N)	18	18	18	20	18	16	16	20
Local provider spanning one or two neighbouring LAs	Average	1	1	2	6	1	3	3	16
	Valid (N)	6	6	6	6	6	6	6	6
Branch of national provider (all user groups)	Average	1	1	2	6	0	0	1	11
	Valid (N)	12	12	12	12	12	11	12	12
Branch or affiliate of national provider (specific user group)	Average	1	0	2	4	0	0	2	7
	Valid (N)	3	3	2	3	3	2	2	3
In-house provider	Average	2	1	1	6	0	1	0	11
	Valid (N)	10	10	10	10	10	9	10	10

\* Excluding organisations where the user group is not supported or no meetings are held.

**Table 6.22: Percentage of users attending peer-support meetings per organisation by English organisation type**

		Older people	Mental health	Learning disabilities	Physical disabilities	Sensory impairment	Disabled children	Carers	All groups
Local provider covering only one LA	Average	11	15	4	13	16	7	15	9
	Valid (N)	16	15	17	15	12	12	11	20
Local provider spanning one or two neighbouring LAs	Average	7	0	6	10	0	13	61	10
	Valid (N)	3	1	3	3	3	3	2	3
Branch of national provider (all user groups)	Average	3	31	12	13	14	0	28	9
	Valid (N)	9	8	10	10	8	8	4	10
Branch or affiliate of national provider (specific user group)	Average	12	33	9	18	0	0	100	15
	Valid (N)	3	3	3	3	2	2	1	3
In-house provider	Average	8	11	7	12	8	3	9	9
	Valid (N)	9	6	9	7	6	8	7	9

## Support for private payers

Table 6.23 indicates that private payers were supported by 44% of organisations in England, 86% in Scotland and 42% in Wales. Significant variations were evident across English regions: support was significantly above the national level in the West and East Midlands and the South East (70%, 67% and 67% respectively). By contrast, only 14% of organisations supported private payers in the North East and only 20% in the East. Variations in the prevalence of support for private payers were far less marked between organisation types and authority types (Tables 6.23 and 6.24).

**Table 6.23: Percentage of organisations supporting private payers by English region, authority type and country**

	Organisations supporting private payers (%)	Valid (N)
English region		
East	20	5
East Midlands	67	3
London	47	19
North East	14	7
North West	29	14
South East	67	15
South West	31	13
West Midlands	70	10
Yorkshire and the Humber	43	14
English local authority type		
Unitary authority	38	26
London borough	47	19
Shire county	47	30
Metropolitan district	44	25
Country		
England	44	100
Scotland	86	7
Wales	42	12

**Table 6.24: Percentage of organisations supporting private payers by English organisation type**

	Organisations supporting private payers (%)	Valid (N)
Local provider covering only one LA	51	41
Local provider spanning one or two neighbouring LAs	38	8
Branch of national provider (all user groups)	45	20
Branch or affiliate of national provider (specific user group)	35	15
In-house provider	31	13

### Note

- 1 The costs of peer-support meetings may include assisted travel for users attending the meetings (possibly with personal assistance) and refreshments.



# 7

## Service utilisation

### Introduction and overview

Very little is known about the demands placed on support organisations by service users, making it difficult to set contracts which take account of potential changes in numbers of users supported. The initial stage of supporting a user to set up their direct payment is generally considered to be the most intensive and there is considerable debate surrounding whether and how support schemes should be funded to provide ongoing assistance once someone's service package is set up. The survey gave support organisations the opportunity to feed back their experiences with users and to describe their average input to an individual during the set-up phase and during the time it takes for users (and those supporting them) to become sufficiently accustomed to the service to manage independently, if at all. We describe these aspects of support schemes in this section, and also report on the extent to which they review the cases of people on their books and their frequency of dialogue with local authorities on the subject of demand for services.

### Key findings

- The average length of time between initial assessment and services being set up was around eight weeks in England, while the reported time lag between services being set up and users becoming independent was around 12 weeks.
- In Scotland, set-up was reported to take much longer, averaging 20 weeks.
- There were longer time-lags between initial assessment and services being set up for mental health service users.
- Service users were visited around three times per month during the set-up period and then once or twice per month before being able to manage their direct payment (either alone, or with on-going informal or formal support).
- Services users also relied heavily on telephone consultations. These occurred on average every one and half to two weeks during the set-up phase and almost as frequently thereafter until they were settled in managing their direct payments.
- There was a surprising range in reported service utilisation, most notably demonstrated by reports from different types of support organisation. Input by branches of national providers of support to all user groups was particularly intensive. There appeared to be no relationship between level of input and length of time service users required to set up services or the duration of support required following this period.
- Longer time-lags for setting up services were reported in London boroughs and shire counties, possibly owing to recruitment difficulties.
- Most support schemes in England had discussed with their local authority what level of support they would be able to supply to users if local targets for

direct payment uptake were reached, and if demand for direct payments exceeded expectations. Fewer Scottish organisations had been involved in such discussions.

## Implementation of services

### Length of care package set-up phase

Among English organisations, the average time between initial assessment of an individual and services being set up ranged from seven to nine weeks, depending on the user group (see Table 7.1). Length of set-up was greatest for mental health users, at nine weeks in England. The greatest variation in set-up times per user group was reported by branches of national providers of direct payments support for all user groups: with a range of between five weeks (physical disabilities) to 12 weeks (mental health service users). Local providers covering one local authority area also reported lengthy set-up times for mental health service users (Table 7.2)

Table 7.1 also indicates large geographical disparities in the length of set-up, with the average duration of time taken to set up services being significantly less for all user groups within unitary authorities and metropolitan districts. By contrast, the set-up period for organisations in London boroughs and shire counties was above the national average across all user groups, which may relate to greater difficulties recruiting staff in these types of authority. Surprisingly, difficulties with the availability of people to work as personal assistants was commonly cited by support organisations from London boroughs and shire counties but it was a more salient issue for support schemes from metropolitan districts and unitary authorities (see Section 8). Above-average time lags were also a feature of branches of national providers of direct payments support (all user groups) and local providers spanning a single local authority (Table 7.2).

Durations in Scotland were generally longer than in England, ranging from 13 weeks for users with physical disabilities and sensory impairments to 20 weeks for carers (Table 7.1). Durations in Wales were similar to those in England.

**Table 7.1: Average length of time (weeks) between initial assessment and services being set up by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	7	2	7	2	7	2	7	2	6	4	7	2	7	2
East Midlands	7	3	7	2	7	2	7	2	7	2	7	2	7	2
London	9	12	15	8	10	13	8	13	9	13	9	10	13	8
North East	5	6	7	6	5	6	5	6	5	6	7	6	3	4
North West	7	12	11	8	7	11	6	11	6	10	7	10	10	8
South East	7	8	8	6	8	7	8	9	7	7	8	7	7	6
South West	5	5	6	5	8	6	6	7	6	6	5	4	5	5
West Midlands	6	8	5	5	6	9	6	8	6	7	9	8	6	6
Yorkshire and the Humber	5	10	12	5	7	8	5	10	6	7	5	7	5	2
English local authority type														
Unitary authority	5	17	6	11	6	16	6	19	6	15	7	14	5	12
London borough	9	12	15	8	10	13	8	13	9	13	9	10	13	8
Shire county	7	15	10	12	8	13	8	15	7	14	8	13	10	10
Metropolitan district	6	22	8	16	7	22	6	21	6	20	6	19	6	13
Country														
England	7	66	9	47	7	64	7	68	7	62	7	56	8	43
Scotland	13	7	14	6	13	7	13	7	13	7	13	7	20	1
Wales	8	4	9	4	10	4	8	4	8	4	11	4	7	4

**Table 7.2: Average length of time (weeks) between initial assessment and services being set up in England, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	8	27	11	20	9	25	8	30	8	23	9	23	9	18
Local provider spanning one or two neighbouring LAs	6	5	8	4	6	6	5	5	6	5	7	5	5	4
Branch of national provider (all user groups)	6	16	12	11	7	17	6	16	7	14	5	13	10	10
Branch or affiliate of national provider (specific user group)	5	5	6	3	7	3	6	4	6	9	6	2	6	2
In-house provider	6	12	6	9	6	12	5	12	6	10	7	12	5	8

### Number of visits

The number of visits per month in the period between initial assessment and services being set up was less varied, both in terms of user group and location of organisation (see Table 7.3), averaging at three visits. Although the results suggest there were no significant differences in the visiting requirements of different user groups, of the variations apparent between organisations clustered by region, local authority type and organisation type, it was notable that some paid a greater number of visits to people with mental health problems and people with learning disabilities, and fewer to older people and carers (Tables 7.3 and 7.4).

Large local providers (covering two or more local authorities) and in-house providers – which tended to report somewhat lower set-up times – reported above-average visit frequencies during the set-up period. Aside from this there was no evidence to link set-up times to the number of visits made to clients.

**Table 7.3: Average number of visits per month in period between initial assessment and services being set up by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	1	2	1	2	1	2	1	2	3	4	1	2	1	2
East Midlands	2	3	3	2	3	2	3	2	3	2	3	2	3	2
London	3	12	5	8	4	13	3	13	3	13	3	10	2	8
North East	3	6	4	6	4	6	3	6	3	6	5	6	2	4
North West	3	12	3	8	4	11	3	11	3	10	3	10	3	8
South East	2	8	2	6	2	8	2	9	2	7	2	7	2	6
South West	2	5	2	4	3	5	2	6	3	5	2	3	2	4
West Midlands	4	7	5	5	5	9	4	8	5	7	5	7	4	6
Yorkshire and the Humber	3	10	4	5	3	8	3	10	3	7	3	7	5	2
English local authority type														
Unitary authority	2	16	3	10	3	16	2	18	2	14	2	12	2	11
London borough	3	12	5	8	4	13	3	13	3	13	3	10	2	8
Shire county	2	15	3	12	3	13	2	15	3	14	3	13	2	10
Metropolitan district	3	22	4	16	4	22	4	21	4	20	4	19	4	13
Country														
England	3	65	3	46	3	64	3	67	3	61	3	54	3	42
Scotland	3	7	3	6	3	7	3	7	3	7	3	7	4	1
Wales	2	4	2	4	3	4	2	4	2	4	3	4	2	4

**Table 7.4: Average number of visits per month in period between initial assessment and services being set up in England, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	2	26	3	20	3	26	2	30	2	23	3	22	2	18
Local provider spanning one or two neighbouring LAs	4	5	7	4	5	6	3	5	3	5	4	5	3	4
Branch of national provider (all user groups)	3	16	4	11	4	17	3	16	4	14	3	13	4	10
Branch or affiliate of national provider (specific user group)	2	5	3	3	2	3	2	4	4	9	2	2	3	2
In-house provider	3	12	3	8	4	11	3	11	3	9	3	11	3	7

### Number of telephone consultations

On average, it would appear that service users received around one telephone consultation every one and half to two weeks during the set-up phase in England, Scotland and Wales, in addition to the number of home visits received. This indicates an overall picture of high intensity input during the initial phase of starting up direct payments (Table 7.5).

There was marked variation in the frequency of telephone conversations by location and organisation type (Tables 7.5 and 7.6). As with the number of visits provided, organisations in metropolitan districts appeared to be in greatest contact with users by telephone during the set-up phase. Organisations in the West Midlands also appeared to be providing particularly intensive services, reporting a high frequency of telephone conversations (up to 16 times) along with a slightly above average frequency of visits.

The highest levels of telephone consultations by organisation type were reported by organisations at two extremes with respect to user-to-staff ratios (and as such staff capacity), namely large local providers covering more than one local authority area and local branches of national providers offering a service to all user groups.

**Table 7.5: Average number of telephone consultations per month in period between initial assessment and services being set up by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	3	2	3	2	3	2	3	2	4	4	3	2	3	2
East Midlands	5	3	5	2	5	2	5	2	5	2	5	2	5	2
London	7	11	10	8	8	13	7	12	7	12	7	9	7	8
North East	5	6	7	6	5	6	5	6	6	5	7	6	4	4
North West	5	11	6	7	6	10	5	10	5	9	5	9	5	7
South East	4	8	5	6	5	8	4	9	5	7	5	7	5	6
South West	5	5	6	5	5	6	5	7	5	6	5	4	5	5
West Midlands	16	7	16	5	16	9	13	8	15	7	19	7	15	6
Yorkshire and the Humber	7	10	9	5	11	8	8	10	10	7	7	7	11	3
English local authority type														
Unitary authority	6	16	6	11	6	17	5	19	5	15	7	13	5	13
London borough	7	11	10	8	8	13	7	12	7	12	7	9	7	8
Shire county	5	15	5	12	6	13	5	15	6	13	6	13	5	10
Metropolitan district	8	21	10	15	11	21	9	20	9	19	9	18	10	12
Country														
England	7	63	8	46	8	64	7	66	7	59	8	53	7	43
Scotland	5	7	5	6	5	7	5	7	5	7	5	7	6	1
Wales	11	4	11	4	11	4	11	4	10	4	11	4	10	4

**Table 7.6: Average number of telephone consultations per month in period between initial assessment and services being set up in England, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	6	25	5	20	6	26	5	29	6	22	7	21	5	19
Local provider spanning one or two neighbouring LAs	10	5	16	4	11	6	9	5	9	5	11	5	7	4
Branch of national provider (all user groups)	10	16	12	11	12	17	10	16	11	14	10	13	12	10
Branch or affiliate of national provider (specific user group)	5	5	5	3	3	3	4	4	5	9	4	2	5	2
In-house provider	5	11	7	8	6	11	5	11	6	8	5	11	5	7

## User independence

### Time between services being set up and user becoming independent

The length of time between services being set up (i.e. required services commissioned and up and running) and users becoming independent of the support service is summarised in Table 7.7. (We defined an independent user as described to support organisations as one who is comfortable with their required support in managing direct payments and relatively stable in their requirements from the organisation, whatever services they may be requiring from the

organisation.) The average was longest in England for mental health service users and disabled children, at 13 weeks, although user independence was achieved only marginally faster at the other end of the spectrum: ten weeks for people with physical disabilities and older people.

In England, the shortest and longest average durations for all user groups were recorded for organisations within unitary authorities and shire counties, respectively. User independence was reportedly achieved a little faster by Welsh organisations, ranging from a mean of nine weeks (disabled children/sensory impairment) to 12 weeks (carers). Average durations reported by Scottish organisations were significantly greater, with average times of between 22 and 23 weeks.

**Table 7.7: Average length of time (weeks) between services being set up and user becoming independent\* of support service, by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	7	2	7	2	7	2	7	2	6	4	7	2	7	2
East Midlands	24	3	31	2	31	2	31	2	31	2	31	2	31	2
London	12	11	13	8	12	12	11	12	11	12	13	9	11	8
North East	7	5	8	4	8	5	8	5	8	5	7	4	5	3
North West	10	10	14	6	11	9	10	9	11	8	11	8	11	8
South East	13	7	15	5	15	6	11	9	14	6	15	6	16	5
South West	12	5	8	4	8	4	9	6	11	5	13	4	12	5
West Midlands	10	8	13	5	12	9	11	8	11	7	16	7	14	6
Yorkshire and the Humber	8	9	11	4	15	6	8	9	9	6	8	5	9	2
English local authority type														
Unitary authority	9	16	10	10	10	13	8	18	10	13	11	11	9	11
London borough	12	11	13	8	12	12	11	12	11	12	13	9	11	8
Shire county	13	14	14	10	14	11	13	14	13	13	16	12	16	9
Metropolitan district	10	19	14	12	13	19	11	18	11	17	11	15	13	13
Country														
England	11	60	13	40	12	55	10	62	11	55	13	47	12	41
Scotland	9	7	10	6	9	7	9	7	9	7	9	7	12	1
Wales	22	4	23	4	23	4	22	4	22	4	22	4	22	4

\* The definition of an independent user is one who is comfortable with their required support in managing direct payments and relatively stable in their requirements from the organisation (whatever services they may be obtaining from the organisation). Where the direct payment is managed by either a trust, a circle of friends or a relative, the above indicates the average length of time until this partnership has become relatively stable in its requirements from the organisation (whatever services they may be obtaining from the organisation).

**Table 7.8: Average length of time (weeks) between services being set up in England and user becoming independent\* of support service, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	13	25	15	18	14	22	12	28	15	21	17	19	14	18
Local provider spanning one or two neighbouring LAs	7	5	4	3	7	6	7	5	7	5	6	4	6	4
Branch of national provider (all user groups)	10	16	12	11	13	16	9	16	11	14	11	13	13	10
Branch or affiliate of national provider (specific user group)	7	4	7	2	6	1	7	3	6	7	6	1	6	1
In-house provider	11	9	15	6	11	9	11	9	13	7	11	9	13	7

\* See note to Table 7.7.

### Number of visits between services being set up and user not requiring support services

Table 7.9 indicates that users supported by organisations in England, Scotland and Wales received less frequent visits in the period between services being set up and the user becoming independent than in the period before services were set up. In England, users received on average between one and two visits per month; those with learning disabilities receiving the most frequent visits, and carers the least frequent. Results were relatively consistent across regions, authority types and organisation types (Tables 7.9 and 7.10).

Older people and carers received more frequent visits amongst Scottish organisations (three per month). Clients from all user groups in Wales received on average one visit per month.

**Table 7.9: Average number of visits per month in period between services being set up and user becoming independent\* of support service, by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	1	2	1	2	1	2	1	2	4	4	1	2	1	2
East Midlands	1	3	2	2	2	2	2	2	2	2	2	2	2	2
London	2	11	2	8	2	12	1	11	2	12	1	9	1	8
North East	2	5	2	4	2	5	2	5	2	5	2	4	2	3
North West	2	10	2	6	2	9	2	9	2	9	2	8	2	9
South East	1	8	1	6	1	7	1	8	2	7	1	7	1	6
South West	1	5	1	3	1	3	1	4	2	4	1	3	1	4
West Midlands	2	8	2	5	3	9	2	7	2	7	2	8	2	6
Yorkshire and the Humber	2	9	3	4	3	7	2	9	2	6	2	6	1	2
English local authority type														
Unitary authority	2	17	2	10	2	14	1	14	2	13	2	13	1	11
London borough	2	11	2	8	2	12	1	11	2	12	1	9	1	8
Shire county	1	14	1	10	2	11	1	14	2	13	2	12	2	9
Metropolitan district	2	19	2	12	2	19	2	18	2	18	2	15	1	14
Country														
England	2	61	2	40	2	56	1	57	2	56	2	49	1	42
Scotland	3	7	2	6	2	7	2	7	2	7	2	7	3	1
Wales	1	4	1	4	1	4	1	4	1	4	1	4	1	4

\* See note to Table 7.7.

**Table 7.10: Average number of visits per month in period between services being set up and user becoming independent\* of support service in England, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	1	25	1	18	2	22	1	26	1	22	2	21	1	19
Local provider spanning one or two neighbouring LAs	2	5	2	3	2	6	1	5	1	5	1	4	1	4
Branch of national provider (all user groups)	2	16	2	11	3	17	2	15	2	14	2	13	2	10
Branch or affiliate of national provider (specific user group)	2	5	2	3	2	2	2	2	5	8	1	2	2	2
In-house provider	2	9	2	5	2	8	2	8	2	6	2	8	2	6

\* See note to Table 7.7.

**Number of telephone consultations between services being set up and user not requiring support services**

The frequency of telephone consultations during the period between the user receiving services and becoming independent was broadly consistent across user groups (Table 7.11). In England, consultations by phone were most frequent for older people (an average of five per month), and least frequent for disabled children and carers (three per month). Branches of national providers (all user groups) of direct payments support (all user groups) reported providing more telephone consultations during this stage (Table 7.12).

Findings from Scottish and Welsh organisations showed less frequent telephone consultations than in England, with the exception of support provided to users with physical disabilities.

**Total inputs in setting up and secondary support stage versus duration of user reliance on support services**

Given the obvious differences in reported inputs by type of organisation, it is interesting to compare how overall input (during both the setting-up period and the secondary support stage) compares with the reported length of time that users require on average to reach independence from direct payments support. Table 7.13 shows that this total time span varies considerably between organisation types (from 12 to 23 weeks). Surprisingly there does not appear to be any relationship between level of input and length of time service users require to set up services or the duration of support required following this phase. For instance, the type of organisation reporting the minimum time span (branches of national providers of user-group specific services), reported the lowest level of service input overall. Branches of national providers (for all user groups) that report above-average workforce capacity (see Section 3) and significantly higher levels of service input, report the second longest average time span for services to be set up and independence to be gained (19 weeks).

In the absence of any obvious relationship between level of input and length of time service users require to set up services or the duration of support, it is fair to argue that such variations in inputs may be related to policies, procedures and organisational norms and not only variations in the demands or requirements of service users. Neither extent of input provided, nor duration of user reliance on support services can be interpreted as an indication of the quality of services from the perspective of users.

**Table 7.11: Average number of telephone consultations per month in period between services being set up and user becoming independent\* of support service by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	2	2	2	2	2	2	2	2	4	4	2	2	2	2
East Midlands	2	3	2	2	2	2	2	2	2	2	2	2	2	2
London	3	11	3	8	4	12	3	12	3	12	3	9	3	8
North East	3	4	3	4	3	4	3	4	3	4	3	4	3	4
North West	4	9	5	5	4	8	3	8	4	7	4	7	4	7
South East	2	7	3	5	2	7	2	8	3	6	2	7	3	5
South West	3	5	3	3	3	3	2	5	4	4	3	3	3	4
West Midlands	6	8	6	5	6	9	6	7	6	7	5	8	6	6
Yorkshire and the Humber	11	8	6	4	9	7	8	8	9	6	5	5	5	2
English local authority type														
Unitary authority	4	16	3	9	4	14	3	15	3	12	3	13	3	10
London borough	3	11	3	8	4	12	3	12	3	12	3	9	3	8
Shire county	3	13	3	10	3	11	2	13	4	13	3	11	3	10
Metropolitan district	7	17	5	11	6	17	6	16	6	15	5	14	5	12
Country														
England	5	57	4	38	4	54	4	56	4	52	3	47	3	40
Scotland	3	7	3	6	3	7	5	7	3	7	3	7	2	1
Wales	3	4	3	4	3	4	3	4	3	4	3	4	3	4

\* See note to Table 7.7.

**Table 7.12: Average number of telephone consultations per month in period between services being set up and user becoming independent\* of support service in England, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	3	23	3	17	3	22	2	25	3	20	3	20	2	17
Local provider spanning one or two neighbouring LAs	3	4	4	3	4	5	2	4	2	4	2	4	2	4
Branch of national provider (all user groups)	8	16	5	11	7	17	6	16	6	14	5	13	6	10
Branch or affiliate of national provider (specific user group)	5	5	4	3	3	2	3	3	5	8	2	2	3	2
In-house provider	4	8	5	4	4	7	4	7	4	5	4	7	4	6

\* See note to Table 7.7.

**Table 7.13: Comparison of home visits and telephone consultations with time spans of user reliance of support services, by organisation type**

	Average time span for services to be set up and independence to be gained	Average number of home visits per user per month during the period until services are set up and until independence* is gained	Average number of telephone consultations per user per month during the period until services are set up and until independence* is gained
Purely local provider (covering only one LA)	23	2	4
Local provider spanning one or two neighbouring LAs	12	3	7
Branch of national provider (all user groups)	19	3	9
Branch or affiliate of national provider (specific user group)	12	2	4
In-house provider	18	3	5

\* See note to Table 7.7.

## Frequency of case reviews

There was little variation between user groups in the number of reviews per case per year (Table 7.14). Cases were reviewed on average three times per year by English organisations, and twice per year in Scotland and Wales. Once again the input reported to be provided by branches of national providers with services for all user groups was far greater than for other organisations and more than twice the national average for all user groups (Table 7.15). These organisations reviewed cases on average six times per year.

There were also wide regional variations, most notably the apparently low level of review by organisations in the North West of England and higher levels in the West Midlands and Yorkshire & the Humber regions. Variation according to authority type was less marked but suggests more frequent reviews by organisations located in metropolitan districts.

**Table 7.14: Average number of times a case is reviewed per year by the support organisation by English region, authority type and country**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
English region														
East	4	2	4	2	4	2	4	2	4	4	4	2	4	2
East Midlands	3	3	2	2	2	2	2	2	2	2	2	2	2	2
London	4	10	4	7	3	12	4	11	4	11	4	8	4	6
North East	3	4	3	4	4	4	3	4	3	4	3	4	3	4
North West	1	10	1	9	1	9	1	9	1	9	1	8	1	9
South East	2	7	2	5	2	7	2	7	2	6	2	7	2	5
South West	2	5	2	4	2	4	4	5	2	4	2	3	2	4
West Midlands	7	7	10	4	7	8	7	7	8	6	7	7	8	5
Yorkshire and the Humber	5	4	5	3	6	3	5	4	7	2	6	3	7	2
English local authority type														
Unitary authority	2	15	3	9	3	13	3	15	3	11	3	12	3	10
London borough	4	10	4	7	3	12	4	11	4	11	4	8	4	6
Shire county	3	13	2	11	2	12	2	12	3	13	3	11	2	10
Metropolitan district	4	14	5	13	5	14	5	13	5	13	5	13	5	13
Country														
England	3	52	3	40	3	51	3	51	3	48	3	44	3	39
Scotland	2	5	3	4	2	5	2	5	2	5	2	5	3	1
Wales	2	4	2	4	2	4	2	4	2	4	2	4	2	4

**Table 7.15: Average number of times a case is reviewed per year by the support organisation in England, by organisation type**

	Older people		Mental health		Learning disabilities		Physical disabilities		Sensory impairment		Disabled children		Carers	
	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N	Mean	Valid N
Purely local provider (covering only one LA)	3	21	3	17	3	22	3	23	3	19	3	18	3	16
Local provider spanning one or two neighbouring LAs	3	4	4	3	3	5	3	4	3	4	3	4	3	4
Branch of national provider (all user groups)	6	12	6	9	6	13	6	12	6	10	6	11	6	9
Branch or affiliate of national provider (specific user group)	3	5	2	3	3	2	2	3	4	8	3	2	3	2
In-house provider	2	9	2	7	2	8	2	8	2	6	2	8	2	7

## Dialogue with local authorities on service utilisation

The majority of support organisations (71%) in England had taken part in discussions with their local authority regarding what level of support they would be able to supply to users if local targets for direct payment uptake were reached (see Table 7.16). A similar number (75%) had discussed levels of support if demand for direct payments exceeded expectations. Results suggested that fewer Scottish organisations had been involved in such discussions, while all Welsh organisations had discussed both questions with their local authority. A lower proportion of organisations in the South West and South East than elsewhere had held these discussions.

In-house providers had engaged in such discussions the most and local providers spanning more than one local authority the least, as shown in Table 7.17, mirroring the distinctions between organisation types in their likelihood to describe their funding for the next financial year as predictable (see Section 6).

**Table 7.16: Percentage of organisations having discussed support levels with local authorities, by English region, authority type and country**

	...if local targets for DP uptake were reached (%)	Valid (N)	...if demand for DP increased considerably, exceeding expectations (%)	Valid (N)
English region				
East	57	7	86	7
East Midlands	100	2	100	3
London	75	20	65	20
North East	67	6	67	6
North West	80	10	80	10
South East	54	13	69	13
South West	58	12	50	10
West Midlands	78	9	90	10
Yorkshire and the Humber	92	12	92	12
English local authority type				
Unitary authority	63	24	65	23
London borough	75	20	65	20
Shire county	71	24	85	26
Metropolitan district	78	23	82	22
Country				
England	71	91	75	91
Scotland	43	7	57	7
Wales	100	13	100	13

**Table 7.17: Percentage of organisations having discussed support levels with local authorities, by English organisation type**

	...if local targets for DP uptake were reached (%)	Valid (N)	...if demand for DP increased considerably, exceeding expectations (%)	Valid (N)
Local provider covering only one LA	68	38	72	39
Local provider spanning one or two neighbouring LAs	43	7	14	7
Branch of national provider (all user groups)	83	24	88	24
Branch or affiliate of national provider (specific user group)	62	13	75	12
In-house provider	88	8	100	8



# 8

## Factors aiding or hindering the implementation of direct payments

### Introduction and overview

Although there has been steady growth in the numbers of people receiving direct payments since their introduction, overall take-up of direct payments has remained low in comparison to the number of people who may be eligible for them. Previous research has highlighted a range of factors that have contributed to or hindered progress in implementing direct payments. Most such research has tended to comprise small-scale, qualitative studies, often with a fairly specific focus in terms of either client group or a specific aspect of implementation. A key aim of the national direct payments survey was therefore to take a different and broader approach to assessing the necessary conditions to support implementation. Our survey therefore sought support organisation views on the extent to which a range of factors either aided or hindered the implementation of direct payments, drawing on variables identified in the literature (6 2005).

### Key findings

- Support organisations were more likely to identify factors that positively assist the implementation of direct payments than factors that hinder implementation.
- Several factors were identified as critical in England, including those relating to the local organisational infrastructure such as an effective support scheme, staff training and support, local authority leadership and the provision of accessible information for potential recipients. In addition, demand from service users and carers, positive attitudes to direct payments among staff, national legislation, policy and guidance, and availability of people to work as personal assistants were highlighted.
- Three factors were cited as important in hindering progress: difficulties with the availability of people to work as personal assistants, resistance to direct payments among staff, and concern about managing direct payments among service users and carers.
- There was consistency across the countries in the most frequently identified factors that aid implementation. One noticeable difference concerned national legislation, policy and guidance. Over 90% of English support organisations identified this as positively aiding implementation, while just under half of the support organisations from Wales and Scotland identified it.
- English and Scottish support organisations showed a fair degree of consistency in their citing of hindering factors. However, support organisations in Wales reported more variation including a greater importance placed on the lack of ring-fenced budgets in hindering progress.
- Support organisations in unitary authorities most frequently cited training and support for front line staff as aiding implementation, whereas inadequate

training and support was cited more frequently by support organisations in London boroughs and metropolitan districts.

- A strong local voluntary sector was most often cited by support organisations as an aiding factor in London boroughs and unitary authorities, and least often cited in metropolitan districts.

## Identification of factors likely to have aided or hindered the implementation of direct payments

The survey sought support organisations' views on the extent to which a range of factors either aided or hindered the implementation of direct payments, drawing on dimensions identified in the literature (6 2005). These include:

- Leadership within the local authority, including a local champion (Carlin and Lenehan 2004) and support from senior management to develop the necessary infrastructure and engender the cultural context (Spandler and Vick 2004; Witcher et al. 2000);
- Local political support (CSCI 2004);
- Support of public sector trade unions, the lack of which may contribute to local authority caution in rolling out direct payments (Hasler et al. 1999; Riddell et al. 2005);
- A strong local voluntary sector, including organisations that can be commissioned to provide support (Fernández et al. 2007);
- Articulated demand from service users and carers (Stainton and Boyce 2002; Glasby and Littlechild 2002);
- Accessible information for service users and carers (Barnes and Mercer 1996; Kestenbaum 1996; Hasler et al. 1999; Newbigging and Lowe 2005; Simon-Rusinowitz et al. 2001), the lack of which can hinder local authority promotion (Maglajlic et al. 1998; Ridley and Jones 2003; Clark et al. 2004);
- An effective support scheme, including sufficient resources and capacity, its independence from the local authority and its taking a proactive stance (Hasler 2003; Ridley and Jones 2003; Stainton and Boyce 2002; Witcher et al. 2000);
- Targeted support to promote take up in certain groups, such as ethnic minorities or other marginalised groups (Lewis 2005);
- Training and support for front-line staff (MacFarlane 2002; Maglajlic et al. 2000; Brandon et al. 2000; Glasby and Littlechild 2002; Ridley and Jones 2003), which may also be linked with improved confidence in handling direct payments (Carmichael and Brown 2002). Some support services provide advice and assistance to staff (Spandler and Vick 2004);
- Positive staff attitudes, including willingness to support and promote the policy (Holman and Bewley 1999; Stainton 2002; Fernández et al. 2007), possibly affecting attitudes to issues of consent, control and management of direct payments, as well as risk (Holman and Bewley 1999; Revans 2000, Dawson 2000; Evans and Carmichael 2002);
- Local availability of people to work as personal assistants, which may be linked to pay levels and working conditions (Carmichael and Brown 2002; Ungerson 2004; Glendinning et al. 2000a);
- Flexibility of commissioning strategy and ring-fenced budget for direct payments (Witcher et al. 2000; Spandler and Vick 2004).

Over the last few years, increasing the number of people receiving direct payments has been a key government objective. To this end, various imperatives and incentives have been introduced. These include – in England – revised regulations to support local implementation (Department of Health 2003), the provision of the Direct Payments Development Fund (DPDF) awards and the introduction of a performance indicator on the numbers of adults and older people receiving direct payments (from 2004–05, this became a key performance indicator in determining local authority 'star' ratings). Inspection and regulation services can

also aid the implementation of direct payments. For example, consideration of progress in implementing direct payments across service user groups is a recent feature of the Commission for Social Care Inspection's review of local services. In recognition of these changes, our list of factors affecting the progress of direct payments included, in addition to the above:

- National legislation, policy and guidance;
- Direct Payments Development Fund award;
- Central government performance management; and
- Inspection and regulation of local authority services.

Attention was also given to the potential contribution (in providing information, training and other assistance to the development of direct payments) of:

- The National Centre for Independent Living;
- Direct Payments Scotland.

Although in most cases, the factors hindering the implementation of direct payments were the converse of those helping it, the item on trade unions and three of the central government 'drivers' were omitted from the list of hindering factors: the Direct Payments Development Fund award; central government performance monitoring; and inspection and regulation of local authority services.

Three other factors were added to the list of hindering factors, the first two of which concern general issues associated with policy implementation:

- Competing priorities for policy implementation;
- Incongruence of direct payments policy with other local authority duties; and
- User and carer concerns about managing direct payments, including fears of being unable to manage a budget (Glendinning et al. 2000a; 2000b; Ridley and Jones 2003) and concern about the administrative burden of being an employer (Leece et al. 2003; Macfarlane 2002; Carmichael and Brown 2002).

Survey respondents were, of course, able to add additional factors to these lists. For all factors, respondents were asked to indicate whether it had been *critical*, *important* or *(un)helpful* in hindering or supporting implementation.

We analysed the selection of items overall as well as the weight given to selected factors; i.e. whether they were deemed to be '*critical*', '*important*' or '*helpful*'. It was assumed that a factor which was not selected at all was seen to be *not relevant* to the local area, indicated in the Tables 8.1 and 8.2 as '*not applicable*'. Further fieldwork confirmed that items not ticked were indeed not deemed to be relevant. Any apparent inconsistencies in response were checked, such as a manager who felt that 'leadership' had both aided and hindered implementation because she had contributed to expanding the local direct payments scheme, but had been unable to give sufficient time to the strategic development of the local direct payments arrangements.

The weight given to specific factors helps to signal where priorities might lie in facilitating further local development of direct payments, although some particular contextual or structural factors may present additional challenges.

**Table 8.1: Aiding factors in England ranked by frequency of mention as critical factor**

Aiding factors to direct payment implementation (listed in order of 'critical' rating)	Critical (%)	Important (%)	Helpful (%)	Not applicable (%)	Valid (N)
Effective direct payments support scheme	77	7	6	10	105
Demand from service users and carers for direct payments	54	30	6	10	
Positive attitude to direct payments among staff	50	21	10	20	
Accessible information on direct payments for service users and carers	47	22	18	13	
National legislation, policy and guidance	43	34	14	9	
Training and support for front-line staff	42	24	12	22	
Availability of people to work as personal assistants	41	12	13	33	
Leadership within LA	38	23	21	18	
Direct payments development fund award	36	10	11	42	
Targeted support...to promote take up	33	20	13	33	
Ring-fenced budget for direct payments	26	10	9	55	
Strong local voluntary sector	24	25	19	32	
Flexibility of commissioning strategy	23	18	13	46	
Central government performance monitoring	19	32	21	28	
Inspection and regulation of LA services	16	15	24	45	
Local political support for direct payments	10	18	22	50	
Support from the national centre for independent living	8	26	30	36	
Support of public sector trade unions	1	5	12	82	

**Table 8.2: Hindering factors in England ranked by frequency of mention as critical factor**

Hindering factors to direct payment implementation (listed in order of 'critical' rating)	Critical (%)	Important (%)	Unhelpful (%)	Not applicable (%)	Valid (N)
Difficulties with the availability of people to work as personal assistants	31	20	27	21	103
Resistance to direct payments among staff	29	21	24	25	
Inadequate training and support for front line staff	22	19	13	46	
Concern about managing direct payments among service users and carers	17	20	27	35	
Insufficient leadership within LA	17	12	10	62	
Underdeveloped direct payments support scheme	15	5	7	74	
Lack of local political support for direct payments	14	6	14	67	
Lack of accessible information on direct payments for service users and carers	13	10	12	66	
Lack of ring-fenced budget for direct payments	13	11	12	65	
Lack of demand from service users and carers for direct payments	12	12	8	69	
Weak local voluntary sector	10	6	13	72	
Competing priorities for policy implementation	10	18	17	55	
Inflexibility of commissioning strategy	10	13	17	60	
Incongruence of direct payments policy with other LA duties	8	19	13	60	
Lack of targeted support within the direct payments support service	7	8	13	73	
Lack of support from the NCIL	4	6	6	84	
National legislation policy and guidance	2	8	14	77	

## Factors deemed to have positively aided the implementation of direct payments

Eight factors stood out as having been reported as most *critical* to direct payments implementation in England (see Box 8.1). In all cases, the proportion of authorities that rated these eight factors as *critical* outnumbered the proportion of support organisations that did not identify these factors as helpful to implementation.

### Box 8.1: Top eight critical aiding factors

- Effective direct payments support scheme
- Demand from service users and carers for direct payments
- Positive attitude to direct payments among staff
- Accessible information on direct payments for service users and carers
- National legislation, policy and guidance
- Training and support for front-line staff
- Availability of people to work as personal assistants
- Leadership within local authority

We also considered the frequency with which items were selected overall to illuminate influential factors. Discounting for the weights given to these items, over three-quarters of all responding support organisations in England indicated that these eight factors had in some way positively aided direct payments implementation. National legislation, policy and guidance was the most frequently cited factor by 91% of support organisations (Table 8.3), and 90% of respondents identified an effective direct payments support scheme and demand from service users and carers for direct payments as facilitating implementation. Other factors also rated highly were: accessible information on direct payments for service users and carers (87%), leadership within LA (82%), positive attitude to direct payments among staff (80%) and training and support for front-line staff (78%).

**Table 8.3: Aiding factors in England ranked<sup>a</sup> by frequency of mention**

Aiding factors to direct payment implementation (ranked by frequency)	Rank	Count	% <sup>b</sup>	Valid (N)
National legislation, policy and guidance	1	96	91	105
Effective direct payments support scheme	2	94	90	
Demand from service users and carers for direct payments	3	94	90	
Accessible information on direct payments for service users and carers	4	91	87	
Leadership within LA	5	86	82	
Positive attitude to direct payments among staff	6	84	80	
Training and support for front-line staff	7	82	78	
Central government performance monitoring	8	76	72	
Strong local voluntary sector	9	71	68	
Targeted support...to promote take up	10	70	67	
Availability of people to work as personal assistants	11	70	67	
Support from the national centre for independent living	12	67	64	
Direct payments development fund award	13	61	58	
Inspection and regulation of LA services	14	58	55	
Flexibility of commissioning strategy	15	57	54	
Local political support for direct payments	16	53	50	
Ring-fenced budget for direct payments	17	47	45	
Support of public sector trade unions	18	19	18	

Notes:

a Factors of were given equal weighting and then ranked according to the frequency in which they occurred.

b Percentages refer to the proportion of local authorities that cited the item as either 'critical', 'important' or 'helpful'.

Although less frequently cited as aiding implementation compared with the above factors, over half of all responding support organisations identified the following as positively aiding implementation:

- Central government performance monitoring
- Strong local voluntary sector
- Targeted support within the direct payments support service to promote or assist the take up of direct payments within specific service user groups
- Support from the national centre for independent living
- Direct Payments Development Fund
- Inspection and regulation of LA services
- Flexibility of commissioning strategy
- Local political support for direct payments

Of these, over a third of English support organisations indicated that a Direct Payments Development Fund award and targeted support to promote direct payments was helpful.

A ring-fenced budget for direct payments was cited by less than half of responding support organisations, but just over one quarter identified that it was a helpful.

In general, there appeared to be a fair degree of consistency across the countries with respect to the factors ranked most often as aiding implementation. A noticeable difference was in relation to national legislation, policy and guidance. Over 90% of English support organisations identified it as positively aiding implementation. In Scotland, only 43% of support organisations rated the equivalent factor (Scottish executive legislation, policy and guidance) as aiding direct payments implementation. The factor was also most often cited as being helpful.

Additional factors were identified in the other countries' top eight overall factors facilitating implementation of direct payments. In Scotland the availability of people to work as personal assistants was frequently indicated (86%) and all respondents rated it as critical.

## Factors deemed to have hindered the implementation of direct payments

Organisations highlighted fewer hindering factors than aiding factors but a number of obstacles to implementation were nonetheless identified by a majority of organisations. In England, the factors most frequently perceived to hinder the implementation of direct payments were (Table 8.4):

- Difficulties with the availability of people to work as personal assistants
- Resistance to direct payments among staff
- Concern about managing direct payments among service users and carers

Support organisations most often rated the first two factors as *critical* and concern about managing direct payments was frequently rated as *unhelpful* (Table 8.2).

Around half of the support organisations in England cited the following two factors as hindering implementation:

- Inadequate training and support for front line staff was most often rated as critical.
- Competing priorities of policy implementation; which had fairly similar proportions of support organisations rating this item as important.

**Table 8.4: Hindering factors in England ranked<sup>a</sup> by frequency of mention**

Hindering factors to direct payment implementation (ranked by frequency)	Rank	Count	% <sup>b</sup>	Valid (N)
Difficulties with the availability of people to work as personal assistants	1	81	79	103
Resistance to direct payments among staff	2	77	75	
Concern about managing direct payments among service users and carers	3	67	65	
Inadequate training and support for front line staff	4	56	54	
Competing priorities for policy implementation	5	46	45	
Incongruence of direct payments policy with other LA duties	6	41	40	
Inflexibility of commissioning strategy	7	41	40	
Insufficient leadership within LA	8	39	38	
Lack of ring-fenced budget for direct payments	9	36	35	
Lack of accessible information on direct payments for service users and carers	10	35	34	
Lack of local political support for direct payments	11	34	33	
Lack of demand from service users and carers for direct payments	12	32	31	
Weak local voluntary sector	13	29	28	
Lack of targeted support within the direct payments support service	14	28	27	
Underdeveloped direct payments support scheme	15	27	26	
National legislation policy and guidance	16	24	23	
Lack of support from the NCIL	17	16	16	

Notes:

a Factors of were given equal weighting and then ranked according to the frequency in which they occurred.

b Percentages refer to the proportion of local authorities that cited the item as either 'critical', 'important' or 'unhelpful'.

Around a third to two-fifths of support organisations in England cited the following seven factors as hindering implementation:

- Incongruence of direct payments policy with other local authority duties; which was most frequently cited as an *important* hindering factor.
- Inflexibility of commissioning strategy which was generally rated as unhelpful
- Insufficient leadership, most often cited as a *critical* factor hindering implementation.
- Lack of ring-fenced budget for direct payments, most frequently identified as being unhelpful.
- Lack of accessible information on direct payments, with fairly similar proportions of support organisations rating this item as unhelpful, important and critical hindering factor.
- Lack of local political support for direct payments, most frequently cited as either an *unhelpful* factor or as *critical* to implementation.
- Lack of demand from service users and carers – most frequently cited as an *important* factor or *critical* to implementation.

Beyond this, around a quarter of support organisations in England pointed to other hindering factors:

- Underdeveloped direct payments support scheme were sometimes seen as hindering local progress. Among those support organisations that selected this factor, the highest proportion rated this as a *critical* hindering factor. Potentially linked to this, just over a quarter of support organisations identified a weak local voluntary sector as hindering implementation although most rated this as *unhelpful*.
- Similarly, just over a quarter identified a lack of targeted support within the direct payments support service to promote or assist service users and carers to take up direct payments as hindering implementation. This was most often rated as unhelpful.
- National legislation policy and guidance was cited less frequently and again the tendency was to rate this factor as unhelpful.

Less than a fifth of support organisations attributed a lack of support from the NCIL as a hindering factor with respect to direct payments implementation. It was also rated fairly similarly across the hindering spectrum.

A degree of caution should be observed with data from the other countries due to the small sample sizes. In Scotland, support organisations show consistency with the three main factors attributed by English organisations to be hindering direct payments implementation. However, resistance to direct payments was frequently cited as *critical*, whilst the other two primary hindering factors were most often rated as *important*.

In addition, around half of the support organisations in Scotland cited the following factors as hindering implementation:

- Incongruence of direct payments policy was frequently rated as unhelpful.
- Inadequate training and support for front-line staff and lack of ring-fenced budgets were most often cited as being critical.
- Competing priorities for policy implementation was cited as being important.
- Lack of accessible information on direct payments for service users and carers and an underdeveloped direct payments support scheme was cited as unhelpful.

In Wales, over three-quarters of the support organisations rated the following factors as hindering the implementation of direct payments:

- Difficulties with the availability of people to work as personal assistants; frequently identified as important.
- Inadequate training and support for front line staff similarly rated as both important.
- Incongruence of direct payments policy with other local authority duties, most often rated as critical.
- Lack of ring-fenced budget for direct payments, most often cited as critical.

Around half of the support organisations in Wales identified the following three factors as hindering implementation:

- Insufficient leadership, frequently rated as unhelpful.
- Resistance to direct payments among staff, most often cited as critical.
- Lack of political support for direct payments was identified as most as an *important* factor hindering direct payments implementation.

## Variations in responses to the implementation factors

Although results were fairly similar overall, some differences were seen, both in responses and in the weights ascribed to them. This section outlines some of the variations seen between local authority types and regions.

### Local authority issues

As with any development process, successful implementation is likely to be dependent on a range of inter-related issues, particularly the local infrastructure, culture and context. Leadership seemed to be an important issue in this context. High proportions of support organisations in each local authority type identified leadership as positively aiding direct payments. Around half of the support organisations in unitary authorities and metropolitan districts rated it as *critical*, compared to less than a fifth of those from London boroughs. In addition, around two-thirds of support organisations in shire counties cited insufficient leadership as hindering implementation of direct payments.

The flexibility of a commissioning strategy was consistently cited by all support organisations as facilitating direct payments implementation. Moreover, around a third of support organisations from unitary authorities and London boroughs identified it as *critical*. Regional variation was more apparent: over three-quarters of support organisations in the East and West Midlands areas identified the factor, and most rated it as *critical*. Further, there was some variation in the response to the inflexibility of the commissioning strategy as hindering implementation. Around two-thirds of support organisations in shire counties identified this factor, and a similar proportion rated it as either critical or important. This was compared to less than a fifth of support organisations in metropolitan districts citing the factor.

There was some consistency in the extent to which local political support for direct payments was cited as an aiding factor across the support organisations. Most support organisations selecting this factor rated it as critical.

Around half of the support organisations from unitary authorities and London boroughs identified a ring-fenced budget for direct payments as a positively aiding factor. Support organisations from unitary authorities were most likely to rate this factor as *critical*. Conversely, less than two-fifths of support organisations from shire counties and metropolitan districts selected this factor. Organisations in the West Midlands were also less likely to identify ring-fenced budgets (25%). On the other hand, those in shire counties were most likely to identify the absence of a ring-fenced budget as hindering the implementation process.

Previous research has highlighted the important role of front-line staff in mediating access to direct payments. Many support organisations identified that a positive attitude to direct payments among staff was a positively aiding factor. Support organisations in metropolitan districts most frequently indicated that this was a factor, but least frequently rated it as *critical*. Of the other responding support organisations, more than half rated it as *critical*. Meanwhile, resistance to direct payments among staff was also frequently cited and rated as *critical* by around one-quarter to a third of support organisations. Resistance to direct payments among staff was most often cited by support schemes in shire counties. Support organisations in metropolitan districts most frequently indicated that this was a factor, but least frequently rated this factor as *critical*.

Support organisations in unitary authorities (89%) most frequently cited training and support for front-line staff as aiding implementation, compared to around two-thirds of support organisations from metropolitan districts. Put in the negative, inadequate training and support for front-line staff was cited more frequently by support organisations in London boroughs (59%) and metropolitan districts (64%).

### Service users issues

Demand from service users and carers was frequently cited by support organisations as aiding implementation. It was rated as *critical* by around two-thirds of support organisations from metropolitan districts and shire counties. Moreover, half of the support organisations from unitary authorities identified that a lack of demand from service users and carers was a factor hindering direct payments implementation, whereas it was reported by only about a quarter of the support organisations from the other local authority types.

Accessible information on direct payments for service users and carers was frequently highlighted by all support organisations with the exception of those from London boroughs. The lack of accessible information on direct payments was most likely cited by support organisations from unitary authorities. More than

a third of organisations from London boroughs and shire counties also attributed it as a hindering factor, while less than a quarter of organisations from metropolitan districts indicated it as hindering factor.

Concern about managing direct payments among service users and carers was cited nationally as one of the three key factors hindering direct payment implementation overall (national average 65%). This factor was most often cited by support organisations in the North East (83%), West Midlands (83%) and metropolitan districts (70%). It was least often cited by those from London boroughs (55%) and South East (47%). One quarter of support organisations from shire counties rated it as critical.

### Recruitment of personal assistants

Although not all direct payments are used to employ personal assistants, this is a common use of direct payments (Flynn 2005b; Glasby and Littlechild 2002). Problems in recruiting personal assistants may be associated with a range of issues, including the nature of the local labour market and the rates paid through direct payments, affecting the ability of people with such payments to compete as potential employers. The availability of people to work as personal assistants was consistently identified as facilitating implementation. However, it was cited most often by support organisations from London boroughs, and least often by organisations from metropolitan districts. Of the support organisations that selected this factor, a large number also cited it as being *critical*, including over half of the support organisations from London boroughs, 44% of those from unitary authorities, and around a third of those from shire counties and metropolitan districts.

Difficulties with the availability of people to work as personal assistants were cited by around half of the support organisations from London boroughs. However, it was a more salient issue for support organisations from the other local authority types: metropolitan districts (93%), unitary authorities (85%), and shire counties (75%).

### Support organisations issues

An effective direct payments support scheme was consistently identified as a positively aiding factor. This factor was most often noted by support organisations from metropolitan districts, and least by those from London boroughs, and it was rated as *critical* in a similar pattern. Around a third of support organisations from unitary authorities, London boroughs and shire counties also cited an underdeveloped direct support scheme as a hindering factor. In contrast, fewer support organisations from metropolitan districts identified this issue (11%).

A strong local voluntary sector was most often cited as a positively aiding factor with regard to direct payments implementation in support organisations in the East, London boroughs and unitary authorities. It was less of an issue in metropolitan districts, the North West and West Midlands regions. Over a third of support organisations from London boroughs and unitary authorities also identified this factor as being *critical*. Indeed, support organisations from London boroughs ranked this factor second overall with regard to positively aiding direct payments implementation. On the other hand, a weak local voluntary sector was cited as a hindering issue for more than a third of support organisations from unitary authorities and shire counties, whereas only a quarter of metropolitan districts identified it as a factor, and a smaller proportion again in London.

Targeted support to promote the take-up of direct payments was most often cited by support organisations in the Yorkshire & Humber region (85%). It was also

frequently cited in around 70% of support organisations from London boroughs, shire counties, metropolitan districts and the East and West Midlands regions. Support organisations from London boroughs were also more likely to rate this factor as critical.

### Central government issues

Some of the central government initiatives aimed at increasing the take-up of direct payments have been noted above, including revised guidance and changes to the regulations, awards via the Direct Payments Development Fund and the use of performance monitoring to assess progress.

In the main, there was consistency with the extent to which support organisations cited national legislation, policy and guidance as aiding direct payments implementation. In particular, support organisations from unitary authorities were most likely to identify the factor and over half rated it as critical.

Over three-quarters of the respondents from unitary authorities and shire counties indicated that central government performance monitoring aided direct payments implementation. Support organisations in these areas most often cited that performance monitoring was *critical*. Conversely, around three-fifths of support organisations from London boroughs and metropolitan districts cited this factor and most rated it *important*. Support organisations in the Yorkshire & Humber region were least likely to identify performance monitoring as aiding implementation (54%).

Inspection and regulation of local authority services was most often cited by support organisations in the East and West Midlands regions. Those in unitary authorities were also likely to identify the factor. Close to a quarter of support organisations from unitary authorities and London boroughs also identified the factor as being *critical*. Less importance was placed on inspection and regulation in the North East, North West and Yorkshire & Humber regions. Similarly, organisations in metropolitan districts were less likely to cite it as an aiding factor.

The Direct Payments Development Fund was cited by over half the support organisations as facilitating implementation. Unitary authorities had the highest proportion of support organisations identifying this factor and over a third of these responding organisations rated it as *critical*. Nonetheless, a greater number of support organisations from London boroughs indicated it as being *critical*.

Over half of the responding support organisations from shire counties and unitary authorities indicated competing priorities for policy implementation as a hindering factor compared to around a third from London boroughs and metropolitan districts. Unitary authorities were most likely to rate this factor as critical.

Support organisations from the West Midlands (83%) were more likely to cite incongruence of direct payments policy with other local authority duties as a hindering factor compared to organisations from the North West (7%).

### Support of national organisations with implementation

The survey findings demonstrate the perceived contribution of national organisations in England and Scotland to supporting the development of direct payments at local level. Over half of responding support organisations in these countries identified this factor, and the majority rated it as either important or helpful. A large proportion of unitary authorities (81%) cited the support of NCIL as facilitating direct payments implementation. In contrast, only around

three-fifths of the support organisations from the other authority types identified it. Overall few support organisations rated this factor as *critical*. The most likely were those support organisations from shire counties (14%), followed by unitary authorities (11%), and metropolitan districts (4%). Lack of support from NCIL was reported to be of greatest hindrance in support organisations from shire counties (25%), and least identified in metropolitan districts (7%).

# 9

## Discussion and conclusions

The findings of this survey of support organisations highlight the key developments and issues in the provision of direct payments support. These need to be viewed in the context of the history of direct payments support.

### **The historical context of direct payments support; recent debates and developments**

In their early days direct payments were closely linked to an emerging network of community-based Centres for Independent Living (CILs) committed to promoting independent living for disabled people through a variety of services. These centres were both founded and run by disabled people with the aim of ensuring that all disabled people had the same choice, control and freedom as any other citizen – at home, at work and as members of the community (Hasler 2006; Barnes et al. 2000). CILs had a key role in campaigning for routes to independent living and ensured that this became a reality for many people by providing practical assistance with the Independent Living Fund, acting as conduits for the transfer of funds indirectly before it was permitted to make payments to individuals with the advent of direct payments, and acting as advocates to ensure access to direct payments when direct payments became legally available but were neither widely supported nor easily available (Kestenbaum 1993; Hampshire Centre for Independent Living 1986; Zarb and Nadash 1994). This pivotal role meant that the early development and successes of direct payments were inextricably linked to CILs and secured widespread acceptance that direct payments should be administered within a system that supported independent living values if they were to help people to achieve independent living (Hasler 2006).

However, at the time of the full-scale policy thrust to promote direct payments, the number of local authorities without CILs far outweighed those with CILs. Why had CILs not flourished everywhere? They had tended to flourish in more affluent, less deprived authorities (Fernández et al. 2007). Reluctance on the part of local authorities to invest in CILs may have been a factor (Hasler 2006). Local authorities themselves have sometimes pointed to an absence of a local disability movement and a high level of satisfaction with local services (Reynolds 2006a). It is also possible that local authorities retaining a larger in-house home care provider role (consistent with both risk aversion and protectionism) were insensitive to advocacy efforts of local user groups, thus limiting the extent to which any fledgling local disability movement could develop formally and achieve the skills and capacity required to provide a formal service (see Fernández et al. 2007). In contrast, authorities where CILs flourished may have held stronger notions of individualism, and encouraged more stakeholder participation and consumer choice (Jolly and Priestley 2004).

In addition to the uneven distribution of CILs, the availability of direct payments to a more diverse group required that existing CILs (which had originally provided services mainly to people with physical and sensory disabilities, owing to historical availability of direct payments), needed to develop to include all users – a challenge which required time, contacts and money (Hasler 2006). Thus the relative lack of CILs across the UK and the limits in their immediate capacity contrasted with the guidance issued by the Department of Health declaring that provision of a support service was key to the successful implementation of direct payments. Despite the recognition in 2002 by the Association of Directors of Social Services (ADSS) that seven out of ten of the top performing local authorities in relation to direct payments held contracts with user-led support services, the link between the existence of CILs and the provision of direct payments deteriorated as the necessity to commission support schemes in areas where no CIL existed led to the use of alternative support providers.

Some of the earliest ‘alternatives’ on the scene were national voluntary providers which had experience in providing complex packages of care (and in some cases brokering third-party payments for some of the individuals in their care), which developed to offer a comprehensive package of direct payments support to all user groups. Their experience in the desired operating ethos and in tendering has meant that these organisations grew quickly to service multiple contracts (Reynolds 2006a). Other local authorities chose to develop support schemes in-house.

Nonetheless, in 2003 when (in England) it became a mandatory duty for local authorities to offer direct payments to all social care users (and a subject for performance review), there were still some authorities without any support service. Not surprisingly, there was growing concern regarding lack of investment in support services. In an effort to expand and strengthen the role of the community and voluntary sector (CVS) in the implementation of direct payments and encourage the partnerships between CVS groups and local authorities needed to extend and enhance support to direct payment users, the Department of Health in England released £9 million through the Direct Payments Development Fund (DPDF). These funds were allocated to around 90 different partnerships of local authorities and voluntary agencies in England (Department of Health 2004). Governments in Wales, Scotland and Northern Ireland were less forthcoming in providing additional financial assistance to develop direct payments support infrastructure (Pearson 2006).

The results of our survey further illuminate the dynamics of how this infrastructure has developed across the UK (see Section 2). Despite the relatively low funding made available to encourage supply of support services in Scotland, the establishment of organisations that offer direct payments support coincides with the provision of financial assistance by the Scottish Executive. In contrast to the rest of the UK, England has a far more extensive history of support services – in some localities reaching as far back as 20 years. Unlike in Scotland, the organisations providing direct payments support in England and Wales were generally established many years prior to diversifying into direct payments support. Nonetheless we see that the provision of direct payments support shows a steady growth since direct payments became legally available. The average period of provision is longer in England than elsewhere (four years at the time of the survey), yet the most notable recent market growth has also been in England, prompted by the availability of DPDF funds.

More notable is the variation in level of diversity in direct payments support across the UK. For instance, we see that national voluntary providers account for almost one quarter of direct payments support provision in England, yet their growth has surprisingly been limited to England and Wales. The phenomenon of local authority-led schemes is also limited to England and is regionally patterned:

linked predominantly to the North West and North East. We find the newest schemes to enter the field are run by branches or affiliates of national organisations offering services specific to a user group. These are also mainly situated in England (many of them having received support through DPDF funding) and provide a more limited range of services than other types of organisation, and have a lower rate of being contracted with a local authority (Section 6).

There is not this same kind of diversity in Scotland or Northern Ireland, but it is not necessarily connected to a greater propensity to invest in user-led CILs: the coverage of support services remains far lower in these parts of the UK as a result of lack of investment by some authorities. Also, although in Scotland local authorities have sought to commission exclusively community-based providers, not all of these local providers are user-led (Pearson 2006).

The increasing diversity of support infrastructure is generating much debate. Increasingly, the absence of a CIL in every local authority is seen as a major impediment to the realisation of independent living and equal citizenship for disabled people. This has led to the recommendation that by 2010 every local authority should have a user-led organisation modelled on existing CILs (Cabinet Office 2005). This is received as a key development in the path towards improving the life chances of disabled people. Clearly CILs have a much wider role than offering support to direct payment users, although often a large part of their income and resources is dedicated to direct payments support. It is therefore understandable that concern has been raised where existing CILs have recently failed to renew contracts for providing direct payments support. An evaluation of the Direct Payments Development Fund schemes by the National Centre for Independent Living (NCIL) found that user-led schemes in six local authority areas were at risk of losing or had already lost contracts to large voluntary organisations not run or controlled by disabled people, following a competitive tendering exercise (NCIL 2006). An original protocol for commissioning direct payments support endorsed by the NCIL and the ADSS recommended that provider organisations should not compete against local user-led support schemes in bidding for service contracts, but later noted that there would be legal implications if a bias was seen in advertising for open tender, casting light on the dilemmas faced by local authorities (Reynolds 2006a). Nevertheless, the fundamental concerns raised by these cases were the apparent lack of service-user involvement in the commissioning process, the removal of peer support and advocacy, and divorce from the utilisation of well-established organisations and resources (NCIL 2006).

Nonetheless, there is a broad and growing policy consensus that support options need to grow. This is not only due to the widening base of direct payment users. It is also linked to developments in services for self-directed support through individual budgets; the move to consider service brokerage in the context of citizen's rights; and wider endorsement of the importance of access to a range of advisory services to help put individuals with health and social care needs in control of their lives (Reynolds 2006b; SCIE 2007; CSCI 2006; Department for Work and Pensions 2005; Department of Health 2005a). All of these developments have called into question the need for local authorities to offer a *mix* of support, including the support of independent brokers, advocates and other intermediaries for a potentially larger group of users. In an attempt to bring a strategic coordinated approach to the development of brokerage across the UK, the national Support Brokerage Network has identified a variety of brokerage models. The 'advocacy support brokerage model' underlines potential overlap with services provided by direct payment support schemes and highlights the potential for increased demand from service users requiring service brokerage (see Reynolds 2006b).

The growth of user-group specific support schemes in England as demonstrated in this report is in part a response to research demonstrating the importance of the responsiveness of support services to the individual needs of users of mental health services (Spandler and Vick 2004), older people (Clark et al. 2004) and people from black and ethnic minorities (Clark et al. 2004). The Care Services Improvement Partnership (CSIP) guide to increasing the uptake of direct payments states that in their continued development of direct payments support schemes, local authorities should ‘consult widely with existing groups to map what resources and services are already available and what gaps exist’, noting that it is especially important to ensure specific groups of people are not disadvantaged, including people from minority communities and groups with a low uptake of direct payments (CSIP 2006).

Given the growing demand for direct payments support schemes, it is surprising that so little is known about their state in terms of client coverage, staffing and resources, the extent and range of services provided and levels of service utilisation. This report therefore fills a void. For policy makers, service users, local authority commissioners and other stakeholders the findings provide insights into the state of direct payments support and how support varies with respect to the growing diversity in provider organisations.

## Client coverage

With respect to client coverage there are at least three lessons to be learnt from the survey (see Section 2). Although it is impossible to calculate precisely the overall number of direct payment clients served by support schemes, our findings suggest that the numbers of people covered by support schemes is far lower than the number of direct payment users. In other words, a considerable proportion of direct payment users either do not require support (possibly as their need for it has disappeared over time), or find alternative means of gaining assistance, or are unable to access existing services. Secondly, we see that the supply of services per user group generally follows the pattern of direct payments uptake. However, the numbers of disabled children supported are considerably lower than would be anticipated, raising potential concerns given complaints from some parents of disabled children regarding lack of access to support schemes (Cabinet Office 2005). Disabled children were also one of the groups of service users most commonly not catered for by schemes in this survey (although carers were the least often catered for).

Although schemes in Scotland and Wales tended to serve all user groups, in England approximately one-third of schemes were not providing support to all user groups (Section 2). This figure cannot be explained solely by the presence of user-specific schemes. The two regions found to cater the least for all user groups (the South East and the South West) are surprisingly associated with some of the highest rates of uptake of direct payments among the physical disability and sensory impairment group and with some of the earliest implementation of direct payments supported by pioneering local authorities and local user-led support organisations (Davey et al. 2007). This underlines the decline in the relationship between overall client uptake and early implementation of direct payments, as shown in our survey of local authorities (Davey et al. 2007). It may also be symptomatic of reluctance among local user-led support organisations in these areas to diversify to incorporate the needs of other users in these regions. Pearson (2003) describes how in Scotland some CILs were unsure about the feasibility of diversifying to incorporate other user groups due to fears of conflicting interests (particularly if providing services to carers) and uncertainty about how to deal with issues of representativeness in the management of schemes.

## Staffing and resources

The survey results show a predominance of small schemes (categorised as between one and three employees) in the supply of direct payments support (Section 3). There was more variance in size and staffing levels in England than elsewhere, and a notable one-third of schemes in England comprised seven or more employees. The bulk of support schemes' expenditure related to staff costs, with the vast majority of staff being paid (Section 5). The average cost of a FTE staff member within support schemes in England was £16,372 in 2004–2005, suggesting that the salary of direct payments support workers is far below that of comparative positions within social care. For example, a social work assistant received on average £21,145 per annum (Local Authority Workforce Intelligence Group 2006). This serves to endorse more general reports that low pay is a factor in recruitment difficulties among direct payments support schemes (NCIL 2006).

Support schemes across the UK derive almost their entire income from social services (Section 4). At the time of the survey, however, approximately one-third of total income among support schemes in England was derived from the Direct Payments Development Fund. It is possible that social services funding was being partly substituted by DPDF funding. The survey results suggest that, as a component of income, social services funding dropped in some areas in 2004/05 relative to the previous year (Section 4). In addition, our survey of local authorities showed a fall in levels of local authority funding of support services across the same time period (Davey et al. 2007). Support schemes derive only a negligible amount of income from service user contributions. Where they exist, user charges are generally levied for accountancy services (e.g. payroll). These are most often required by branches of national providers serving all user groups (Section 6).

Although the survey reveals wide variations in gross income and expenditure levels, extreme disparities largely appeared to be the result of different levels of staffing, which was unsurprising given that staff costs typically accounted for almost three-quarters of an organisation's expenditure (Section 5). Other differences in levels of income defy simple interpretation. Income was linked to the number of users supported to some extent, but the disparities found in income levels per user require further analysis (Section 4). Financial resources did not appear to bear any relationship to the success of schemes in terms of numbers of users supported, although clearly there are also quality-related issues to be considered.

A possible predictor of quality of support is staff-to-user ratios. The results of the survey provide insight into how these vary (Section 3). At one end of the spectrum, one scheme reported 183 service users to one staff member, while the average caseload was 36 direct payments users per full-time member of staff, a figure in line with the recommended maximum of 30–35 users per support worker (Hasler et al. 1998; Reynolds 2006b). However, providing support to the estimated 27,700 users of direct payments in England (Health & Social Care Information Centre 2006) without increasing the supply of support workers would increase average caseloads to approximately 58 cases per worker. (This is based on the number of support schemes in existence, and average staffing levels, at the time of the survey.)

Although increased caseloads might be managed by an allocation process for initial contact and new and ongoing cases (Reynolds 2006b), our survey demonstrated an average 4.9 weeks wait to receive services in England at reported user levels (Section 6), suggesting that many schemes may already be over-stretched. A critical factor may be the number of referrals of clients who consider but do not take up direct payments, who are not counted in the user numbers. In contrast to the situation in England and despite comparatively low levels of staffing, Scottish and Welsh organisations had lower staff-to-user ratios

than the average for England and did not report waiting lists. This was probably owing to the lower numbers of users supported and a lower rate of referral.

There were particular distinctions in staff-to-user ratios between different types of support organisation. Local providers spanning two or more local authorities appeared to have lower staffing levels and significantly low staff-to-user ratios, which is likely to mean that they have particular difficulties in supplying services above a minimum level. It was unclear if this was due to funding levels but lower staffing levels suggest this may be the reason.

Local providers covering only one local authority and branches of national providers (all user groups) had similar staffing levels (around 3.5 WTE staff working on direct payments support on average), yet the latter had noticeably lower staff-to-user ratios. Given that average income per user for the latter was lower than the average in England, while slightly greater for the former, why had providers covering one local authority scheme not increased staffing to respond to rising client levels? Was this due to lack of internal mechanisms to monitor workload; was staff recruitment an issue; or have other factors impeded the ability of schemes to enlarge, such as financial uncertainty? It is possibly of relevance that schemes run by branches or affiliates of national organisations (all user groups) were more likely to describe their funding for the next financial year as predictable compared to local providers (Section 6).

## Contracts and service specification

The commissioning of direct payments support by means of a contract which includes certain service specifications is increasingly seen as good practice. Arguably this provides local authorities with a mechanism for assuring the quality and standard of services made available to direct payment recipients and their carers (Reynolds 2006a). Despite this thinking, only around two-thirds of support organisations held a contract or service-level agreement (SLA) with their local authority (Section 6).

However, a survey of some of the most established or larger support schemes in England found evidence of some sophisticated practice in contract specification (Reynolds 2006a). It was common that agreements included a requirement to promote the social model of disability and the right of disabled people to independent living. Further examples of best practice included consultation with service users when drafting contracts and the application of clearly defined specifications for monitoring a range of aspects related to service objectives and management, as well as general reviewing requirements (see Reynolds 2006a). In addition, there were examples of internal quality assurance systems based on outcomes for users.

According to our results, the majority of contracts included specification of the types of services to be supplied and the information to be supplied to users, whereas only a minority defined a minimum level of contact with users (39% in England) (Section 6). Support organisations were not asked if their funding was linked to the number of services supplied or the number of clients served; however, our survey of local authorities revealed that, with respect to local authority funding of support schemes, supply expectations are rarely linked to resources (Davey et al. 2007). This is a situation which provides local authorities with little understanding of the cost of providing services at a given level for a certain number of clients and offers support schemes little leverage to negotiate future funding appropriate to prospective demand.

## Extent and range of available services

Direct payments coordinators tend to divide support mechanisms into at least two broad types: information and advice (and advocacy), and support for employment (including accountancy services) (Reynolds 2006a). The survey sought information on a wide range of services clustered under the terms advocacy services, accountancy services and recruitment and employment services (Section 6). The findings show differences between support schemes run by different types of provider organisation. There are also some more general lessons to be learnt about the availability of certain services.

Above all, the survey shows that the provision of any form of support service is highly contingent on local authority funding. Moreover, local authorities quite clearly choose to support certain services more often than others, with the result that a number are in short supply.

Indirect payment schemes (sometimes termed third-party schemes) are an important resource for clients with particular support needs but were only available in 42% of support schemes in England. The NCIL has looked closely at intensive support schemes, including independent living trusts, third party payment schemes, brokering and user-controlled personal assistance agencies (Luckhurst and Webb 2005). Where they existed, indirect or third-party payments schemes were mainly in use by older people, while independent living trusts were predominantly serving people with learning disabilities. Luckhurst and Webb (2006, p. 5) concluded that the provision of intensive support schemes was hampered by ‘a serious lack of clear, accessible guidance for direct payment support schemes (DPSS) and individuals, and a lack of resources for DPSSs and CILs’.

A further concern is that at least one-third of support schemes did not provide the types of accountancy services described frequently as crucial by some direct payment users, namely payroll services, and tax and National Insurance services (Hasler et al. 1999; Dawson 2000; Clark et al. 2004). Support to manage these specific tasks was equally limited. Also in relatively short supply was support with PA training.

In contrast, the following services were provided by the majority of support schemes:

- Direct payments awareness raising;
- General advice and support with applying for direct payments;
- Help setting up a bank account;
- Support organising employer’s liability insurance;
- Assistance with compiling monitoring forms;
- Support with recruiting, interviews and compiling job descriptions and contracts;
- Lists of local agencies;
- Training in budgeting.

When compared to all the other services that could be useful to direct payment users, it appears that a sizeable proportion of local authorities have primarily focused on funding support services that promote uptake and setting-up of direct payments and ensuring that recipients receive the required training to meet basic statutory requirements, leaving the responsibilities associated with the ongoing management of a direct payment to the individual. In the light of the body of evidence that shows the significance of ongoing support in ensuring both access and success of direct payments for some users, this approach to funding direct payments support seems short-sighted, and is probably a factor in the extent of variation in direct payments uptake. On the positive side, our survey results also show that a considerable proportion of local authorities did support (and fund) a wider interpretation of direct payments support.

The greatest shortfall recorded was for support for self-assessment and advocacy for statutory assessment, with only a quarter of support schemes in England offering such a service. It is well known that local authorities are reluctant to fund such services for fear of having funding decisions challenged (NCIL 2006; Vick et al. 2006), yet the lack of such services has implications for the claims of disabled people and carers, and also for the success of future individual budget schemes. Moreover, there is a perceived lack of advocacy services and other independent services among local authorities with the lowest levels of direct payments uptake (Vick et al. 2006).

The survey findings also make it possible to describe the key differences between support schemes run by different types of provider organisation.

As previously noted, support provided by branches or affiliates of national organisations offering services specific to a user group was considerably less developed than support offered by other types of organisation. However, the main explanation for this pattern is likely to be their newness and a lack of secure long-term funding, rather than provider type.

- Local providers, including both those spanning one local authority area and those covering a wider geographical area, were providing the greatest range of advocacy type services, including those not commonly encountered in other types of organisation, but were relatively low providers of accountancy services, particularly of payroll and related services.
- In contrast, affiliates or branches of national organisations offering services to all user groups and in-house (council-led) schemes tended to concentrate their services on certain types of advocacy and operated very low levels of campaigning, support and training for undertaking self-assessments and advocacy for statutory assessments.
- Branches of user-group generic national organisations provided noticeably higher levels of accountancy services than the average and frequently offered support with payroll, tax and National Insurances.
- In-house providers offered a wide range of accountancy services but did not match the levels provided by affiliates or branches of national organisations offering services to all user groups.
- The supply of payroll support was linked to organisations having significantly higher numbers of FTE staff.

## Regulation and accreditation of direct payment support services

In addition to collecting data on services listed under advocacy, accountancy, and recruitment and employment services, information was sought on the provision of certain employment services that would fall within the Commission for Social Care Inspection's (CSCI) categorisation of an 'employment agency' or an 'employment business' and thus require registration with CSCI as a home care agency (Section 6). According to our results, less than a third of support schemes in England could be categorised as employment agencies, although there was a higher prevalence of employee scheduling in Wales and Scotland and among branches of national user-group specific provider organisations. Comments made by survey respondents suggested that many schemes avoided providing services that might require them to be registered with CSCI. Moreover, there was clearly confusion over how regulation may apply to them; some organisations believed that merely holding a list of personal assistants would require them to register as a home care agency.

We did not seek to establish whether or not schemes that might be required to do so were in fact seeking or held registration with CSCI. Questions remain as to the future role of regulation and accreditation of direct payments support services.

One approach to quality assurance is through local authority specification and subsequent monitoring (Reynolds 2006a), although external accreditation of direct payment support schemes and their staff has already also been advocated (Reynolds 2006b). Possibilities raised include: sourcing a nationally recognised standard for information and advice; Citizens Advice Bureau training (with available CPD credits) on employment law; NVQ with certain relevant units such as independent living; application for a Community Legal Service quality mark; accreditation of payroll services under the ISO 9001 standard; and meeting Investors in People standards (see Reynolds 2006b). In its discussion paper on support brokerage, CSCI asks, ‘is there a role for some sort of regulation of brokerage?’ (CSCI 2006, p. 28).

## Service utilisation

The survey asked support schemes to describe the average input and length of time required by clients during the phase of setting-up a direct payment service and during the period it takes for users (and those supporting them) to become sufficiently accustomed to the service to manage independently, if they do reach this stage. Set-up times averaged eight weeks in England, while the duration from initial contact to a state of relative independence was seen to be around three months (reported times were longer in Scotland). Service users were seen to require frequent home visits and rely heavily on telephone consultations. Nevertheless the reported range in levels of average service utilisation was surprising. The most notable differences were by type of provider organisation. Affiliates or branches of national providers with schemes designed for all user groups provided particularly intensive input, yet there appeared to be no relationship between level of input, the length of time service users needed to set up services, or the duration of support required thereafter.

There was little apparent difference between user groups, although marginally more intensive input was required to support mental health service users. The time lag before setting up services was greatest in London boroughs and shire counties, possibly owing to staff recruitment difficulties.

An unexpected finding was that support schemes also conduct frequent reviews – as often as three times per year in England.

## Implementation messages

When we asked about the implementation of direct payments, strikingly similar patterns emerge in the responses from support schemes and from local authorities (see Davey et al. 2007). Local organisational infrastructure is seen to be a critical factor, with respondents stressing the need for effective support schemes, better staff training and support, better leadership from the local authority, provision of more accessible information to potential direct payment recipients, and positive attitudes among staff. Similarly to local authorities, support schemes also suggested that demand from users and carers and the availability of people to work as personal assistants were central to the further development of direct payments. In contrast to responses from local authorities, support schemes frequently viewed national legislation as a critical factor in development. Welsh support schemes were concerned that lack of ring-fenced budgets for direct payments hindered progress.

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## Future considerations

What, then, are the main considerations for those concerned with the state of direct payments support services?

Various stakeholders are likely to be interested in how service provision varies between different types of provider organisation. The focus on accountancy services (and especially payroll) seen among schemes linked to national provider organisations serving all user groups may explain the rapid growth of these organisations and partly explain how these organisations operate at slightly below average income levels per user. The lower levels of advocacy services provided by such schemes is likely to be of concern to service users and disabled people, although the limited capacity among local providers to support accountancy-related needs is also likely to be a factor that limits the accessibility of direct payments. Some demand for accountancy services is met by private accountancy firms but very little is known about the adequacy of this service or its cost to direct payment users. Ultimately the extent and range of available services appears to match what is funded by local authorities. How this is negotiated and to what extent service users' perspectives are taken into account is important. To date, the most visible accounts of this process appear to be worst case scenarios, as in the cases reported by the NCIL (NCIL 2006).

For commissioners, the survey results provide only limited guidance for future decisions. More analysis is required of the links between income levels, staffing, the intensity of support provided and user uptake. If, on the face of things, links between resources and supply seem to be weak it is likely that this is partly because supply expectations are rarely linked to resources, weakening the position of all concerned, including service users. Support schemes would appear to be providing intensive levels of support in the initial stages of setting up a direct payment, and various levels of continuing care, including regular reviews. It is unclear if these are combined with care management reviews and to what extent these help to reduce actual and potential demands on care managers. If this was better understood it would help to put the cost of direct payments support schemes in context.

Nevertheless our results suggest that direct payment support services provide services to less than 50% of all people using direct payments, a rate of take-up that needs to be better understood. The potential impact of individual budgets on demand for services adds further questions regarding future planning.

Finally, it should be recognised that further developments are likely to have taken place since the time of the survey, including the end of DPDF funding, the continued promotion of direct payments by central governments, the provision of better guidance and information on direct payments, the continued growth of In Control services for people with learning disabilities and the launch of the individual budgets pilots in England.

# Appendix I

## Survey Forms

(Reduced from the original colour A4 sheets.)



Reference number: /  
 [to be completed by the research team]

**Direct Payments Survey**  
☐ ☐ ☒

## QUESTIONNAIRE TO LOCAL AUTHORITIES

### SECTION 1: DIRECT PAYMENTS TO ALL USER GROUPS

1. Please indicate the number of direct payment users\* per service user group (as at end of September 2004). If there are no direct payment users among a particular client group, please indicate as 0:

Older People	<input type="text"/>	Physical Disability	<input type="text"/>	Carers	<input type="text"/>
Mental Health	<input type="text"/>	Sensory Impairment	<input type="text"/>		
Learning Disabilities	<input type="text"/>	Disabled Children	<input type="text"/>		

\* 'Direct payment users' includes people receiving direct payments indirectly e.g. through mechanisms such as a circle of friends, or a trust. 'Direct payment users' does not include people receiving ILF funding to direct their own services.

2. Please indicate the approximate date (month and year) when service users / carers within each of the following client groups first received direct payments. If there are no direct payment users among a particular client group, please indicate as not applicable (N/A).

Older People	Mental Health	Learning Disabilities	Physical Disability	Sensory Impairment	Disabled Children	Carers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 2: DIRECT PAYMENTS TO PEOPLE WITH PHYSICAL DISABILITIES

3. What proportion of the budget for people with physical disabilities was spent on direct payments to people with physical disabilities?

This financial year<sup>§</sup>  %

Previous financial year  %

§ In all instances where data for this financial year are requested, please indicate amounts from the beginning of this financial year (April 2004) up to the end of September 2004. From this information we will calculate an estimated outturn.

4.  % Please indicate the proportion of people with physical disabilities receiving social services using direct payments.

5. **Profile of service users by level of assessed need**

How many **people with physical disabilities** do you have using direct payments for the following *levels of care package* (as at end of September 2004)?

0-2 hours per week	3-5 hours per week	6-10 hours per week	11-15 hours per week	16-20 hours per week	21-25 hours per week	26-30 hours per week	31+ hours per week
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 3: DIRECT PAYMENTS TO OLDER PEOPLE

6. What proportion of the budget for older people was spent on direct payments to older people?

This financial year<sup>§</sup>  %

Previous financial year  %

7.  % Please indicate, what proportion of older people receiving social services use direct payments?

8.  % Please indicate, what proportion of social services recipients aged 65 years plus, with mild to moderate levels of dementia, use direct payments?

**Direct Payments  
Survey****9. Profile of service users by level of assessed need**

How many **older people** do you have using direct payments for the following **levels of care package** (as at end of September 2004)?

0-2 hours per week	3-5 hours per week	6-10 hours per week	11-15 hours per week	16-20 hours per week	21-25 hours per week	26-30 hours per week	31+ hours per week

**SECTION 4: DIRECT PAYMENTS TO PEOPLE WITH LEARNING DISABILITIES****10. What proportion of the budget for people with learning disabilities was spent on direct payments?**

This financial year<sup>s</sup>  % Previous financial year  %

**11.  % Please indicate, what proportion of people with learning disabilities use direct payments?****12. Profile of service users with learning disabilities by level of assessed need**

How many **people with learning disabilities** do you have using direct payments for the following **levels of care package** (as at end of September 2004)?

0-2 hours per week	3-5 hours per week	6-10 hours per week	11-15 hours per week	16-20 hours per week	21-25 hours per week	26-30 hours per week	31+ hours per week

**SECTION 5: DIRECT PAYMENTS TO MENTAL HEALTH SERVICE USERS****13. What proportion of the budget for mental health service users was spent on direct payments?**

This financial year<sup>s</sup>  % Previous financial year  %

**14.  % Please indicate, what proportion of mental health service users receiving social services use direct payments?****15. Profile of mental health service users by level of assessed need**

How many **mental health service users** do you have using direct payments for the following **levels of care package** (as at end of September 2004)?

0-2 hours per week	3-5 hours per week	6-10 hours per week	11-15 hours per week	16-20 hours per week	21-25 hours per week	26-30 hours per week	31+ hours per week

**SECTION 6: ONE-OFF PAYMENTS****16. Please state the number of one-off direct payments (if any) provided to the following service user groups in the past year (October 2003 to September 2004). (See boxed key below.)**

OP	MH	LD	PD	SI	DC	C

**Key****OP** Older people**MH** Mental health service users**LD** Adults with learning disabilities**PD** Adults with physical disabilities**SI** Adults with sensory impairment**DC** Disabled children**C** Carers

17. Please indicate the range of purposes for which one-off direct payments have been made to service users.


### SECTION 7: DIRECT PAYMENT RATES

18. Please detail (as applicable) the average hourly rate(s) in £ paid to direct payment users from each service user group indicated. (See the key on page 2 for abbreviations used.)

	OP	MH	LD	PD	SI	DC	C
Day							
Evening							
Weekend							
Bank holiday							
Sleepover							
Sleep-disturbance							
Live-in							

19. Please indicate which of the following are included in the direct payment rates listed above: (please tick)

<input type="checkbox"/> Tax	<input type="checkbox"/> Sickness pay	<input type="checkbox"/> Support costs
<input type="checkbox"/> National Insurance	<input type="checkbox"/> Start-up costs	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Holiday pay	<input type="checkbox"/> Contingency funds	

20. As an alternative to supporting the above costs through the direct payments hourly rate, are extra payments provided either on a periodic or *ad hoc* basis? (Please tick)

☐ Yes    ☐ No    ☐ It depends

Please attach any available information to describe the local authority's policy on making extra payments.

21. Are any variations to these average rates ever available on the basis of any of the following? (please tick and describe)

	Tick if applicable	Describe
Level and complexity of need (e.g. higher rates for service users with more complex needs)	<input type="checkbox"/>	
Location of service user (e.g. higher rate for rural location)	<input type="checkbox"/>	
Local labour market prices	<input type="checkbox"/>	
Other (please state and describe)	<input type="checkbox"/>	

22. How does the hourly rate(s) **for older people** compare to the hourly cost of in-house domiciliary care?

☐ Lower    ☐ Higher    ☐ The same    ☐ Not applicable (no in-house domiciliary care)

23. How does the hourly rate(s) **for older people** compare to the average hourly cost of preferred independent sector providers of domiciliary care?

☐ Lower    ☐ Higher    ☐ The same

24.  % If a direct payment service user (from any service user group) has accumulated funds at the end of the financial year, what proportion of these funds (if any) may they retain?

## Direct Payments Survey

☐ ☐ ☒

### SECTION 8: LOCAL COMMISSIONING PRACTICES

27. Does the local authority devolve budgets to care managers and / or social work team managers for individual level spot-purchasing? Please indicate for all service user groups.

	MH	OP	PD	LD	SI	DC	C
Tick if yes							

28. Approximately what percentage of community care packages for each user group are purchased as a spot-purchase (not including direct payments)?

	MH	OP	PD	LD	SI	DC	C
Per cent							

29. Is there a generic budget for direct payment users? ☐ Yes ☐ No

30. If not, are funds ring-fenced from core budgets for each service user group? Please indicate for all service user groups.

	MH	OP	PD	LD	SI	DC	C
Tick if yes							

### SECTION 9: CASE MANAGEMENT POLICIES AND PROCEDURES

31. Does the local authority organise case management such that service users are **typically** passed from their assessing care manager onto a review team(s) once a care package is established and considered to be stable?

Please indicate for all service user groups.

If no to all, go to question 35.

	MH	OP	PD	LD	SI	DC	C
Tick if yes							

32. What is the **average** proportion of case managers to social work assistants within the review team(s)? Please indicate for all service user groups.

	MH	OP	PD	LD	SI	DC	C
Proportion of case managers, e.g. 1:50							

33. What is the average number of weeks it takes for a service user to be passed onto the review team(s)? Please indicate for all service user groups.

	MH	OP	PD	LD	SI	DC	C
Number of weeks							

34. Does local policy require that direct payment service users remain continuously the responsibility of the assessing case manager / care co-ordinator (rather than ever being passed on to a review team)? Please indicate for all service user groups.

	MH	OP	PD	LD	SI	DC	C
Tick if yes							

35. Are social work assistants able to assess clients for direct payments? Please indicate for all service user groups.

	MH	OP	PD	LD	SI	DC	C
Tick if yes							

### SECTION 10: SOURCES OF FUNDING SUPPORT TO DIRECT PAYMENT USERS

36. Is the funding that is provided to the support organisation(s) allocated on the basis of any of the following? (Please tick)

- ☐ According to the number of direct payment users it is serving  
☐ According to the number/ type of services it is supplying to direct payment users  
☐ According to the level of contact with direct payment users

## Direct Payments Survey

☐ ☐ ☒

37. To what extent (if any) is support to direct payments users, as supplied through a support organisation(s), funded by any of the following sources? Please indicate approximate amounts for this financial year (TFY, 5 April to 30 September) and previous financial year (PFY), where available

TFY	PFY	
£	£	Core budget for older people
£	£	Health and social care pooled budget for older adults
£	£	Core budget for mental health service users
£	£	Health and social care pooled budget for mental health
£	£	Core budget for adults with physical disabilities
£	£	Core budget for adults with learning disabilities
£	£	Core budget for adults with sensory impairment
£	£	Core budget for disabled children
£	£	Core budget for carers
£	£	Cost savings (from where?) _____
£	£	Short-term funding streams (please describe) _____
£	£	Contributions from direct payment service users

38. Are direct payment service users required to contribute towards the costs of the support organisation? (Please tick)
- ☐ Yes ☐ No ☐ It depends

39. Does the level of contribution levied from service users vary according to: (Tick if yes)
- ☐ Utilisation of support services? ☐ Level of need? ☐ Income? ☐ Other?

40. Please explain or attach details of contribution rates.

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41. Are contributions from direct payment service users financed from any benefits to which they are entitled? (i.e. from attendance allowance or similar)

☐ Yes ☐ No ☐ It depends

Please explain or attach relevant information.

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### SECTION 11: FLEXIBILITY IN THE PROVISION OF SUPPORT TO DIRECT PAYMENT USERS

- 42a. If a direct payment service user wished to obtain support using direct payments from an organisation other than the one that is contracted locally to provide support, could this be facilitated? For example, an organisation for minority ethnic elders that does not typically provide support to direct payment users, but that the user feels better understands their needs.

☐ Yes ☐ No ☐ Don't know

- 42b. If yes, please provide details

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## Direct Payments Survey

43. Would it be possible to ring-fence the costs of supporting the service user to ensure that the organisation chosen is compensated for providing support?

☐ Yes ☐ No ☐ It depends

### SECTION 12: IMPLEMENTATION OF DIRECT PAYMENTS

44. Please indicate which of the following factors have **positively aided** the implementation of direct payments within the local authority. Please tick to indicate if this factor has been a helpful factor, an important factor or a critical factor. If the item has not positively aided implementation, please do not put a tick against it. Add any other factors not included in the list at the end.

Helpful factor	Important aiding factor	Critical aiding factor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership within local authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local political support for direct payments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effective direct payments support scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support of public sector trade unions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training and support for front line staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demand from service users and carers for direct payments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessible information on direct payments for service users and carers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong local voluntary sector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability of people to work as personal assistants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National legislation, policy and guidance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct Payments Development Fund award
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive attitude to direct payments among staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ring-fenced budget for direct payments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Targeted support within the direct payments support service to promote/assist the take up of direct payments within specific service user groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support from the National Centre for Independent Living (NCIL)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central government performance monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility of commissioning strategy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection and regulation of local authority services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other factor(s) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other factor(s) _____

45. Please indicate which of the following factors have **hindered** the implementation of direct payments within the local authority. Please tick to indicate if this factor has been an unhelpful factor, an important hindering factor or a critical hindering factor. If the item has not hindered implementation, please do not put a tick against it. Add any other factors not included in the list at the end.

Unhelpful factor	Important hindering factor	Critical hindering factor	
			Insufficient leadership within local authority
			Lack of local political support for direct payments
			Underdeveloped direct payments support scheme
			Inadequate training and support for front line staff
			Concern about managing direct payments among service users and carers
			Lack of demand from service users and carers for direct payments
			Lack of accessible information on direct payments for service users and carers
			Weak local voluntary sector
			National legislation, policy and guidance
			Difficulties with the availability of people to work as personal assistants
			Resistance to direct payments among staff
			Lack of ring-fenced budget for direct payments
			Competing priorities for policy implementation
			Lack of targeted support within the direct payments support service to promote/assist the take up of direct payments within specific service user groups
			Lack of support from the National Centre for Independent Living (NCIL)
			Incongruence of direct payments policy with other local authority duties
			Inflexibility of commissioning strategy
			Other factor(s) _____
			Other factor(s) _____

continued/...

☐ ☐ ☒

## SECTION 13: NOTES AND FURTHER DETAILS

[illegible]

Name \_\_\_\_\_

Job title \_\_\_\_\_

## Organisation

Phone number, email or other contact details\_\_\_\_\_

**Please return the questionnaire in the enclosed Freepost envelope.**  
**If you have questions about the survey or completing the questionnaire, please**  
**contact Vanessa Davey: email [V.Davey@lse.ac.uk](mailto:V.Davey@lse.ac.uk), telephone 020 7955 6376.**

Reference number: /  
 [to be completed by the research team]

**Direct Payments  
Survey**  
☐ ☐ ☒

## QUESTIONNAIRE FOR ORGANISATIONS PROVIDING SUPPORT TO DIRECT PAYMENT USERS

This questionnaire is intended for completion by all organisations, groups or agencies providing support to direct payment users. The generic term 'organisation' is used throughout the questionnaire to cover the range of schemes that are provided nationally.

If you are an organisation which runs direct payments support services in a number of different local authority areas, we would prefer one questionnaire to be completed for each of the local authority areas, as indicated by the multiple copies of questionnaires that have been sent to you.

In local authorities where more than one organisation is providing direct payments support, a questionnaire will have been sent to each.

### SECTION 1: ORIGINS OF SUPPORT ORGANISATION

1. When was the organisation established?

2a. Does the organisation provide services other than support to direct payment users?

☐ Yes ☐ No

2b. If yes, please describe below or attach any information that describes the other role(s) of the organisation.


\* 'Direct payment users' includes people receiving direct payments indirectly e.g. through mechanisms such as a circle of friends, or a trust. 'Direct payment users' does not include people receiving ILF funding to direct their own services.

3a. Does the organisation provide support to all direct payment\* user groups?

☐ Yes ☐ No

3b. If not, please tick those user group(s) supported by the organisation:

Older People	Mental Health	Learning Disabilities	Physical Disability	Sensory Impairment	Disabled Children	Carers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. For how many years (if any) has the organisation provided support to direct payment users?  Years

5. Please indicate how many direct payment service users from each user group are supported by the organisation (as at the end of September 2004)

<input type="text"/>	Older People	<input type="text"/>	Physical Disability	<input type="text"/>	Carers
<input type="text"/>	Mental Health	<input type="text"/>	Sensory Impairment		
<input type="text"/>	Learning Disabilities	<input type="text"/>	Disabled Children		

6. Please indicate which labels best describe your organisation, its *general* role(s) and geographical coverage by ticking all that apply.

#### Sector

- ☐ Voluntary  
☐ Other not-for-profit (including trust floated off from local authority)  
☐ For-profit  
☐ Public (council in-house)

## Direct Payments Survey

☐ ☐ ☒

### (Question 6 continued)

**Roles** (Specific information on the services you provide to direct payment users is requested in Section 5)

- ☐ Individual-level advocacy
- ☐ Campaigning
- ☐ Self-help
- ☐ Residential, domiciliary or day care services
- ☐ Other direct services to users
- ☐ Grant making to individuals or national organisation

### Geographical coverage / affiliation

- ☐ Purely local group
- ☐ Local group / member of regional or national federation
- ☐ Local branch or department of regional or national organisation

## SECTION 2: STAFFING

7. Please complete the table below indicating all staff members as at the end of September 2004. (If you are a national affiliate or subunit of a national organisation please provide data only for the local organisation.) Please round percentages to the nearest 5%, and continue on an extra sheet of paper if required.

Staff member	Tick if paid	Tick if full-time	If part-time, please state percentage of full-time equivalent	Percentage of time allocated to direct payments support	Tick which service user group(s) the staff member supports, or tick 'All' if they work across all service user groups supported by the organisation (see the box below for the abbreviations used)								Staff grade/position or equivalent
					All	OP	MH	LD	PD	SI	DC	C	
1			%	%									
2			%	%									
3			%	%									
4			%	%									
5			%	%									
6			%	%									
7			%	%									
8			%	%									

### Key

- OP** Older people      **MH** Mental health service users      **LD** Adults with learning disabilities  
**PD** Adults with physical disabilities      **SI** Adults with sensory impairment  
**DC** Disabled children      **C** Carers

## SECTION 3: FUNDING SOURCES

8. Please indicate total income and components for both this financial year (TFY — 5 April to 30 September) and the previous financial year (PFY) (See *instructions on next page*).

	Total income	Components			
		Social services	Direct Payments Development Fund	Non social services grant* (short-term)	Non social services grant (long-term: 5 years duration or more)
TFY	£	£	£	£	£
PFY	£	£	£	£	£

\* Such as a grant from a local primary care trust, or from a charitable organisation.

## Direct Payments Survey

☐ ☐ ☒

	Direct payment user contribution	Components			
		Membership	Voluntary contributions	Payment for particular activities <sup>§</sup>	Other
TFY	£	£	£	£	£
PFY	£	£	£	£	£

§ Such as providing training to care managers or providing information leaflets.

In all instances where data for this financial year are requested, please indicate amounts from the beginning of this financial year (April 2004) up to the end of September 2004. From this information we will calculate an estimated outturn.  
 If you are a national affiliate or sub-unit of a national organisation please provide data **only for the local organisation**.  
 If you are an organisation that provides services other than direct payments support we would like you to indicate your income **only for direct payments support**. It may not be possible for you to give this. If so, please indicate the organisation's total income and we will calculate an approximate amount.

### SECTION 4: COSTS AND EXPENDITURES

9. Please summarise the organisation's costs and expenditures in the table below. If available, please attach last year's annual report of income and expenditure.

	Total expenditure	Components			
		Rent	Staff	Management and administration	Other revenue costs (any costs not noted at left)
TFY	£	£	£	£	£
PFY	£	£	£	£	£

### SECTION 5: SERVICES PROVIDED TO DIRECT PAYMENT USERS

10. Does the organisation have a contract or service-level agreement with the local authority for the services that you provide to direct payment users?

☐ Yes    ☐ No → go to question 12

11. If so, are any of the following conditions defined in this agreement? (please tick)

- ☐ Type of services to be supplied  
☐ Minimum supply of services per individual user  
☐ Minimum level of contact with direct payment users  
☐ Requirements for training of care worker / care managers or social work assistants  
☐ Information to be supplied to users

12. Will funding for direct payments support be available for the next financial year?

☐ Yes    ☐ No    ☐ Don't know (Add more details below if appropriate.)


## Direct Payments Survey

13. Please tick which services are provided by the organisation.

Funded by social services      **Not** funded by social services

### Advocacy services

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Lists of personal assistants          |
| <input type="checkbox"/> | <input type="checkbox"/> | Lists of local agencies               |
| <input type="checkbox"/> | <input type="checkbox"/> | Bank of emergency staff               |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other back-up service             |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance compiling job descriptions |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance compiling contracts        |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial advice                      |
| <input type="checkbox"/> | <input type="checkbox"/> | General advice and support            |

### Assistance with recruiting

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance with interviews   |
| <input type="checkbox"/> | <input type="checkbox"/> | Assistance with training   |
| <input type="checkbox"/> | <input type="checkbox"/> | PA training (either arranged by the organisation or run by the organisation; for example manual handling training) |
| <input type="checkbox"/> | <input type="checkbox"/> | Peer support   |
| <input type="checkbox"/> | <input type="checkbox"/> | Support with applying for direct payments  |
| <input type="checkbox"/> | <input type="checkbox"/> | Training in undertaking self-assessments   |
| <input type="checkbox"/> | <input type="checkbox"/> | Support with undertaking self-assessments  |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct payment awareness raising   |

### 'Employment agency'

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Care worker introduction service         |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee scheduling / rotation service   |
| <input type="checkbox"/> | <input type="checkbox"/> | Finance and insurance management service |

### 'Employment business' services

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Contract care workers   |
| <input type="checkbox"/> | <input type="checkbox"/> | Organisation of payment to care workers   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensures that care workers work under the direct control of the hirer (i.e. the direct payment user) |

14. If you provide services that are not funded by social services please describe why you provide these services.


15. If you provide services that are not funded by social services please describe why these services have not / could not be funded by them.


16. How often are peer support meetings facilitated on average (if at all)?  per year

17. Are costs of attending these meetings met by the support organisation?

☐ Yes      ☐ No

## Direct Payments Survey

☐ ☐ ☒

18. On average how many **direct payment service users** attend these meetings (on each occasion that they are held)? Please provide information on the number of users per service user group. See key on page 2

OP	MH	LD	PD	SI	DC	C

- 19a. Does the organisation provide support to private payers? (i.e. people who are ineligible for social services support but who wish to have advice and assistance in organising services for their care needs)

☐ Yes      ☐ No

- 19b. If yes, please state how many private payers the organisation has assisted and what, if any, contribution these people have paid for the support provided.


### SECTION 6: LEVEL OF SERVICE UTILISATION

20. Understanding that circumstances and needs vary by individual (and that your service will respond to each individual's needs), please indicate approximate / average values for the following based on your experience with each user group.

	OP	MH	LD	PD	SI	DC	C
Average length of time (in weeks) between initial assessment and services being set up (i.e. required services recruited and up and running)							
Average number of visits <b>per month</b> in period between initial assessment and services being set up (i.e. required services recruited and up and running)							
Average number of telephone consultations <b>per month</b> in period between initial assessment and services being set up (i.e. required services recruited and up and running)							
Average length of time (in weeks) between services being set up (i.e. required services recruited and up and running) and user becoming independent of support service.*							
Average number of visits <b>per month</b> in period between services being set up (i.e. required services recruited and up and running) and user becoming independent of support service.*							
Average number of telephone consultations <b>per month</b> in period between services being set up (i.e. required services recruited and up and running) and user becoming independent of support service.*							
Number of times a case is reviewed per year <b>by the support organisation.</b>							

\*The definition of an independent user is one who is comfortable with their required support in managing direct payments and relatively stable in their requirements from your organisation (whatever services they may be obtaining from you). Where the direct payment is managed by either a trust, a circle of friends or a relative, please indicate the average length of time until this partnership has become relatively stable in its requirements from your organisation (whatever services they may be obtaining from you).

## Direct Payments Survey

21a. Have you been involved in discussions with the local authority regarding what level of support your organisation would be able to supply to direct payment service users if either:

Local targets for direct payments uptake were reached?

☐ Yes ☐ No

Demand for direct payments increased considerably, exceeding expectations (such as doubled)?

☐ Yes ☐ No

21b. If so, please give a brief account of the outcome of these discussions.


### SECTION 7: IMPLEMENTATION OF DIRECT PAYMENTS

22. Please indicate which of the following factors have **positively aided** the implementation of direct payments within your local authority. Please tick to indicate if this factor has been a helpful factor, an important aiding factor or a critical aiding factor. If the item has not positively aided implementation, please do not put a tick against it. Add any other factors not included in the list at the end.

Helpful factor	Important aiding factor	Critical aiding factor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership within local authority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local political support for direct payments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effective direct payments support scheme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support of public sector trade unions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training and support for front-line staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demand from service users and carers for direct payments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessible information on direct payments for service users and carers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strong local voluntary sector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Availability of people to work as personal assistants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	National legislation, policy and guidance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct Payments Development Fund award
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive attitude to direct payments among staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ring-fenced budget for direct payments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Targeted support within the direct payments support service to promote / assist take up of direct payments within specific service user groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support from the National Centre for Independent Living (NCIL)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central government performance monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexibility of commissioning strategy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection and regulation of local authority services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other factor(s) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other factor(s) _____

23. Please indicate which of the following factors have **hindered** the implementation of direct payments within the local authority. Please tick to indicate if this factor has been an unhelpful factor, an important hindering factor or a critical hindering factor. If the item has not hindered implementation, please do not put a tick against it. Add any other factors not included in the list at the end.

Unhelpful factor	Important hindering factor	Critical hindering factor	
			Insufficient leadership within local authority
			Lack of local political support for direct payments
			Underdeveloped direct payments support scheme
			Inadequate training and support for front line staff
			Concern about managing direct payments among service users and carers
			Lack of demand from service users and carers for direct payments
			Lack of accessible information on direct payments for service users and carers
			Weak local voluntary sector
			National legislation, policy and guidance
			Difficulties with the availability of people to work as personal assistants
			Resistance to direct payments among staff
			Lack of ring-fenced budget for direct payments
			Competing priorities for policy implementation
			Lack of targeted support within the direct payments support service to promote / assist take up of direct payments within specific service user groups
			Lack of support from the National Centre for Independent Living (NCIL)
			Incongruence of direct payments policy with other LA duties
			Inflexibility of commissioning strategy
			Other factor(s) _____
			Other factor(s) _____

## SECTION 8: NOTES AND FURTHER DETAILS

Please also supply any further comments you have on the implementation and development of direct payments and direct payments support within your local authority. Please continue on extra sheets and attach as required.

[illegible]

continued/...

**Direct Payments**

☐ ☐ ☒ **Survey**

In case we need to clarify anything, we would be grateful if you could add your contact details. These will be kept confidential.

Name \_\_\_\_\_

Job title \_\_\_\_\_

Organisation \_\_\_\_\_

Phone number, email or other contact details \_\_\_\_\_

**Please return the questionnaire in the enclosed Freepost envelope.**

**If you have questions about the survey or completing the questionnaire, please contact Vanessa Davey: email [V.Davey@lse.ac.uk](mailto:V.Davey@lse.ac.uk), telephone 020 7955 6376.**

# Appendix II

## **Survey Covering Letters**

(Reduced from the original A4 colour letters.)



correspondence to:

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London School of Economics  
Houghton Street  
London WC2A 2AE

tel: 020 7955 6238  
fax: 020 7955 6131  
email: pssru@lse.ac.uk

October 2004

# Direct Payments Survey



Dear Direct Payments Co-ordinator,

The enclosed questionnaire has been sent to you on behalf of the Direct Payments Survey Group.

Researching the implementation of direct payments and the experience of direct payment service users has been given high priority nationally. This unique survey is being carried out by three leading research groups and is backed by the Department of the Health and the ESRC. Information is being requested from all local authorities / health and social services trusts in the UK and all organisations in the UK providing support to direct payment users.

Support to users is crucial to the provision of direct payments. Lack of information on the arrangements for direct payments support nationally has so far prevented systematic evaluation. This survey aims to:

- Provide a UK-wide map of resources being supplied to supporting direct payments users
- Assess and determine the necessary conditions to support implementation of direct payments
- Explore the variations in the way that direct payments are structured and their possible impacts
- Consider the variations in the costs of supporting direct payment users and possible explanations for this including the quality and scope of the support that is being provided
- Identify best practice in the provision of direct payments support
- Explore the impact of variations in local resources on both levels of uptake and intensity of direct payments care provision, taking into account interrelated factors as described above

The survey will also inform the work being carried out by the three research teams (which is described briefly overleaf).

**We would be grateful if you would complete the questionnaire and return it in the Freepost envelope enclosed by 12 November 2004. If you need further copies of the questionnaire you can download them from the survey web pages at [www.pssru.ac.uk/dps.htm](http://www.pssru.ac.uk/dps.htm). If you have questions about the survey or completing the questionnaire, please contact Vanessa Davey: email [V.Davey@lse.ac.uk](mailto:V.Davey@lse.ac.uk), telephone 020 7955 6376.**

None of the information you provide will be shared with any other sources or for any other purposes. The names of local authorities or HSS trusts will not be disclosed in the reporting of data. Local authorities will be described by

The Direct Payments Survey has ethical approval from the Research Ethics Committees of the London School of Economics and Political Science and the University of Glasgow. Approval has also been granted by the Association of Directors of Social Services.

continued/...

geographical location, local authority type and political control (e.g. a Labour run unitary authority in Greater London; a Conservative run rural county council in North West England.) Such descriptions will not be used in cases where they would allow particular local authorities to become identified.

Data from the survey will be analysed during 2005. Results will be published later in the year and made available to respondents. In some cases you may be asked by one of the three research teams if you would be prepared to take part in follow-up telephone interviews and/or further case-study work.

With thanks and best wishes,

The Direct Payments Survey team:

Ms Vanessa Davey, Professor Colin Barnes, Mr José-Luis Fernández, Ms Debbie Jolly, Dr Jeremy Kendall, Professor Martin Knapp, Dr Geof Mercer, Dr Charlotte Pearson, Dr Mark Priestley, Professor Sheila Riddell, Dr Paul Swift and Ms Nicola Vick

### **The Direct Payments Survey National Direct Payments Projects**

#### **Disabled People and Direct Payments: A UK Comparative Study**

Two-year study funded by the Economic and Social Research Council (ESRC).

Dr Charlotte Pearson; Professor Sheila Riddell; Professor Colin Barnes; Ms Debbie Jolly; Dr Geof Mercer; Dr Mark Priestley

[www.leeds.ac.uk/disability-studies/projects/ukdirectpayments.htm](http://www.leeds.ac.uk/disability-studies/projects/ukdirectpayments.htm)

#### **An Evaluation of the Impact of the Social Care Modernisation Programme on the Implementation of Direct Payments**

Three-year study funded by the Department of Health as part of the Modernising Adult Social Care (MASC) research initiative.

Ms Nicola Vick; Dr Paul Swift; Dr Perri 6; Ms Roseanne Tobin; Dr Helen Spandler

[www.healthadvisoryservice.org/special\\_projects/direct\\_payments.htm](http://www.healthadvisoryservice.org/special_projects/direct_payments.htm)

#### **Evaluation of the Direct Payments Development Fund Implementation**

Two and a half year study funded by the Department of Health focusing specifically on direct payments to older people and mental health service users.

Ms Vanessa Davey; Professor Martin Knapp; Mr José-Luis Fernández; Dr Jeremy Kendall

[www.lse.ac.uk/collections/LSEHealthAndSocialCare/researchProjects/evaluationOfSocialCare.htm](http://www.lse.ac.uk/collections/LSEHealthAndSocialCare/researchProjects/evaluationOfSocialCare.htm)

### **PARTICIPATING ORGANISATIONS**



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October 2004

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We understand that a number of direct payments support organisations provide support to more than one local authority area. If so please complete and return the supplied questionnaires — one for each of the areas you cover. If it is not possible to do this, please specify whenever you provide us with information which applies for all of the local authority areas that you cover. If you have problems supplying information in either of these ways, please contact Vanessa Davey to discuss this further.

The Direct Payments Survey has ethical approval from the Research Ethics Committees of the London School of Economics and Political Science and the University of Glasgow. Approval has also been granted by the Association of Directors of Social Services.

continued/...

None of the information you provide will be shared with any other sources or for any other purposes. The names of direct payments support organisations will not be disclosed in the reporting of data. Organisations will be described by geographical location, local authority type and political control (e.g. a direct payments support organisation operating in a Labour run unitary authority in Greater London; a direct payments support organisation operating in a Conservative run rural county council in North West England.) Such descriptions will not be used in cases where they would allow particular direct payments support organisations to become identified.

Data from the survey will be analysed during 2005. Results will be published later in the year and made available to respondents. In some cases you may be asked by one of the three research teams if you would be prepared to take part in follow-up telephone interviews and/or further case-study work.

With thanks and best wishes,

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## Schemes Providing Support to People Using Direct Payments: A UK Survey

Direct payments give greater control to people assessed as needing social care or support and form a key part of the agenda for the developing social care system. But they also raise many challenges – for the individuals holding the budgets, for the people they employ, their families and other unpaid carers, local authority staff and the organisations set up to support them. As more people take up the opportunity to purchase their own services, so more will be reliant on the services of organisations that support direct payment users.

Data collected in two UK-wide surveys allow us to explore how the national policy of direct payments has been implemented locally. This report provides the first mapping of the state of direct payments support organisations and identifies their capacity to respond to the needs of different user groups. The report focuses on the main parameters of supply, including staffing levels, income and expenditure, extent and range of services provided and levels of service utilisation. It also describes how support varies with respect to the growing diversity in provider organisations, highlighting key developments and issues in the provision of direct payments support.

This report is a companion volume to *Direct Payments: A National Survey of Direct Payments Policy and Practice*, which focuses on how local authorities across the UK are responding to the practical challenges of policy change.