

Executive Summary

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

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PARTICIPATING ORGANISATIONS



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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.

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.

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.