

Direct payments and direct payments support: benefits, challenges and the way forward

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Part I



**THE DIFFERENCE
DIRECT PAYMENTS
CAN MAKE**

What difference do DPs make?

What is quality? How do you define it, how do you measure it and, most importantly, how do you provide it?

Clenton Farquharson, who has recently taken over as chair of the Quality Matters initiative, which aims to inspire high-quality adult social care across England, admits that the concept can be intangible. In the end, he thinks it comes down to how the individual receiving care and support is made to feel.

Source: The Guardian, Tues 23rd July 2019, “I decide who, what, where’: why social care thrives when users help design services.”

Personal budgets vs. Direct payments

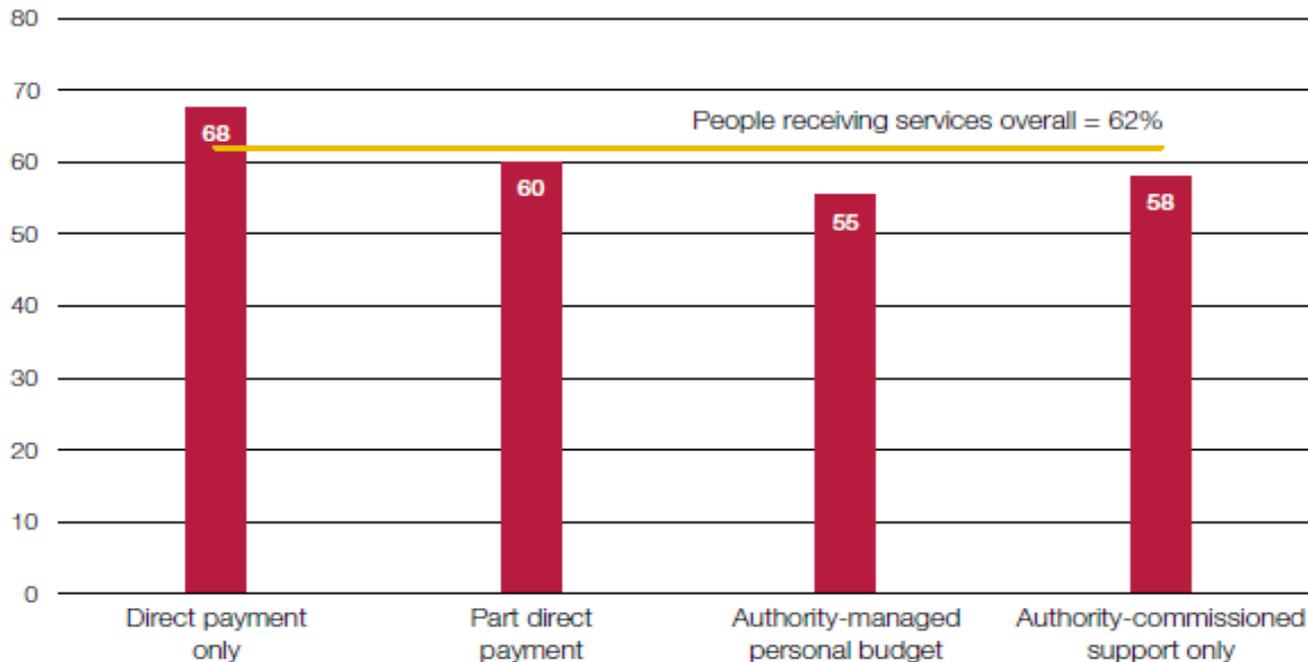
10 The Department's local authority-level data provide no evidence that **personalised commissioning improves user outcomes**. User-level data indicate that personal budgets benefit most users. However, when user data are aggregated at the local authority level, there is no association between higher proportions of users on personal budgets and overall user satisfaction or other outcomes. The Department has not investigated the apparent contradiction between user-level and authority-level data (paragraph 1.22).

Figure 7

Users' views on the care and support they receive, by type of service delivery, 2014-15

Users with direct payments are more likely to be positive compared with all service users

Percentage of respondents either extremely or very satisfied



Notes

- 1 Number of respondents: Direct payment only: 7,200. Part direct payment: 3,045. Authority-managed personal budget: 18,670. Authority-commissioned support only: 6,705.
- 2 Responses have been weighted to make them representative of the population they are taken from.

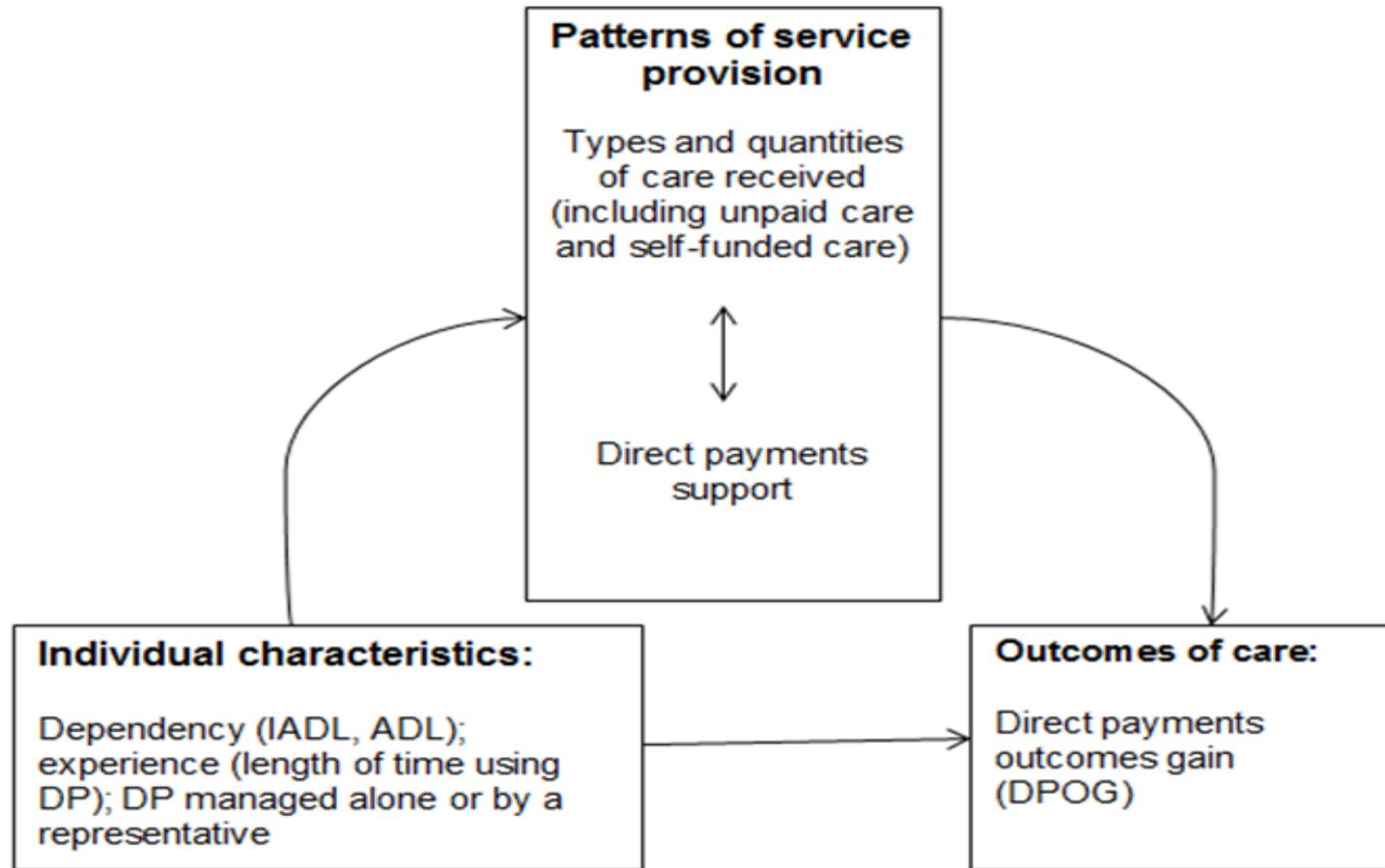
Source: Adult Social Care User Survey, run by the Health and Social Care Information Centre on behalf of the Department of Health



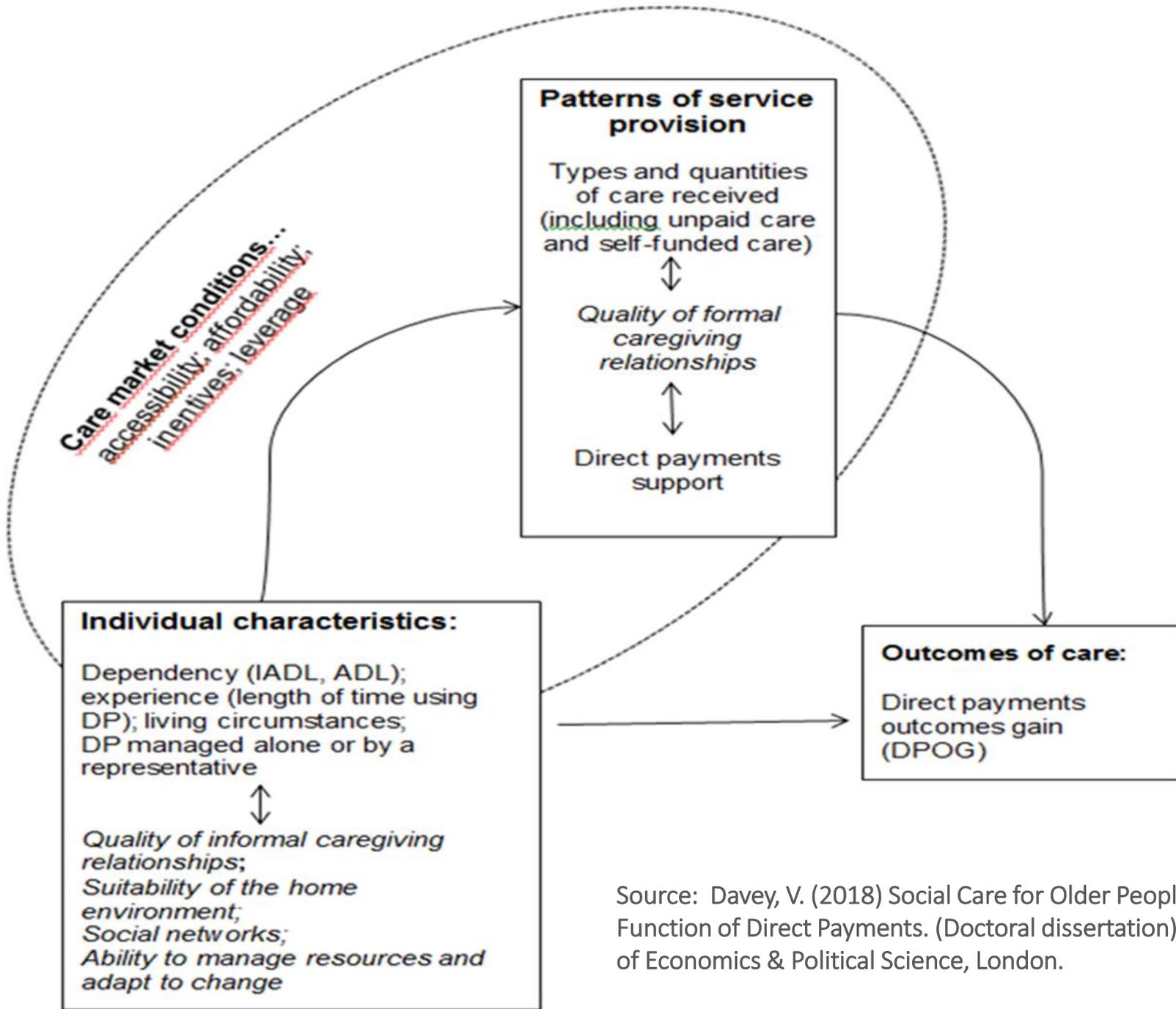
Effectiveness of care: quantitative measures

- Context
- Expectations
- Experience
- Sample
- Outcomes versus added value

How do you evaluate direct payments?



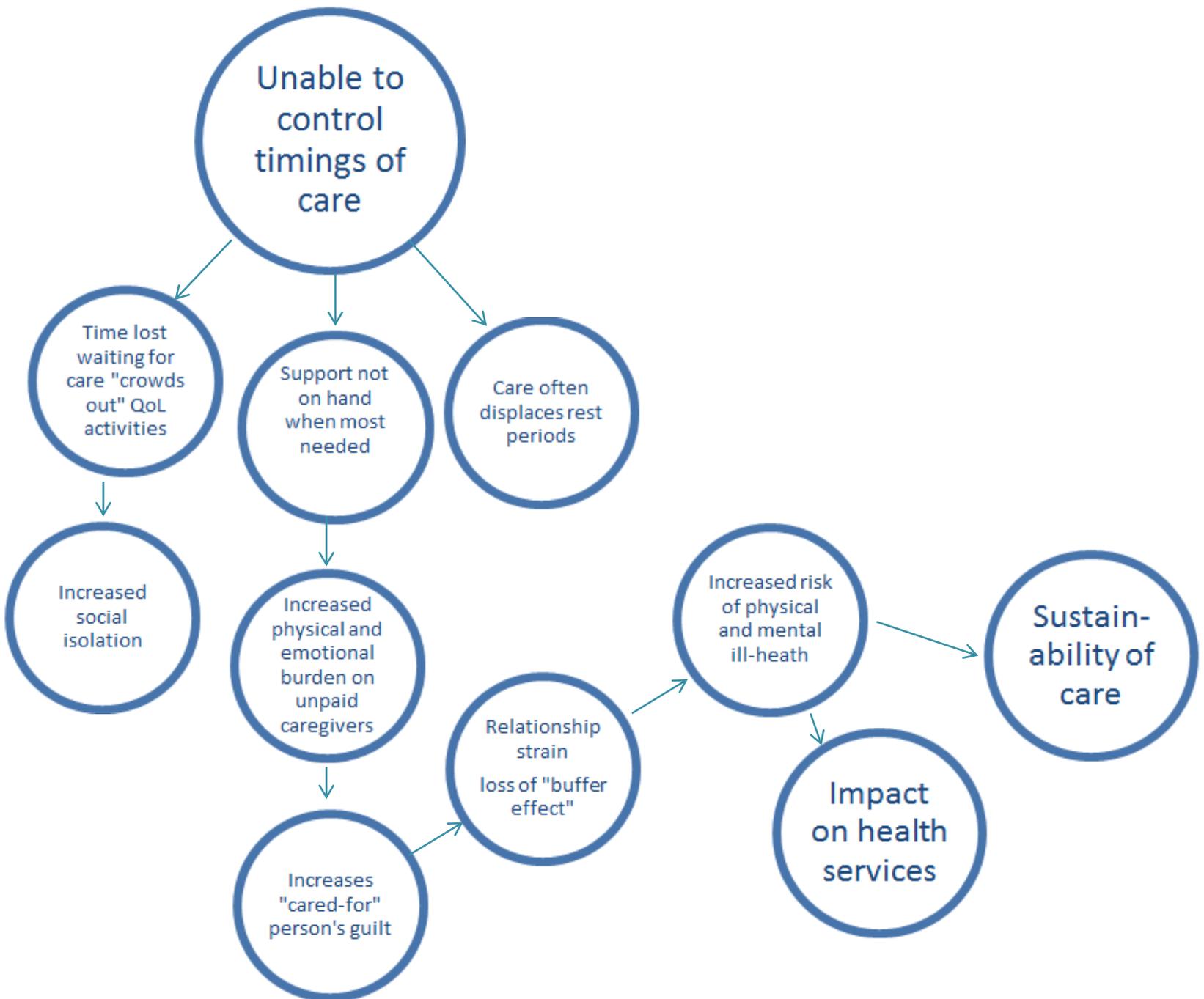
Source: Davey, V. (2018) Social Care for Older People: The Role and Function of Direct Payments. (Doctoral dissertation). London School of Economics & Political Science, London.



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The “oldest-old”: why bother with DPs? A story of the “intangible”

- Sub-group of “plus 80’s” – average age 83
- Couples: wives relying on their husbands
- Unpredictable, high-level physical care needs.
- Husbands involved in “hands-on” care 24/7
- Minimal care packages (average 14 hours per week).
- Precarious health (both spouses)
- Many without children living nearby



Unable to control timings of care

Time lost waiting for care "crowds out" QoL activities

Support not on hand when most needed

Care often displaces rest periods

Increased social isolation

Increased physical and emotional burden on unpaid caregivers

Increases "cared-for" person's guilt

Relationship strain loss of "buffer effect"

Increased risk of physical and mental ill-health

Impact on health services

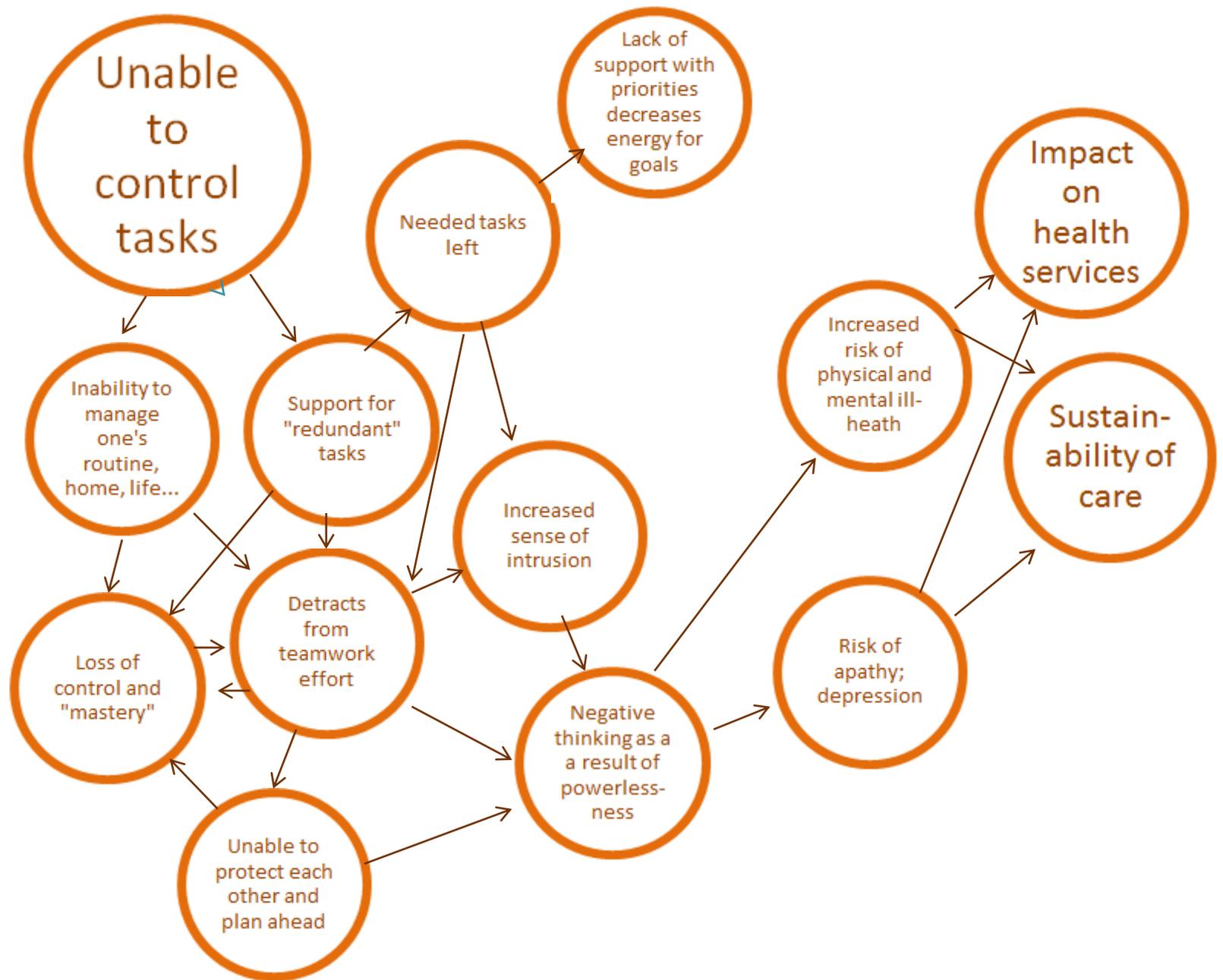
Sustainability of care

Control over timings

“Well, I would then be sort of at their beck and call. I would have to stay here and wait until whatever time they would want to come to give me a shower and help me get up – I wouldn’t have any choice....At the moment they come – my husband wakes me up about 8 o’clock time because it takes me that long to do all my medicines and such – with a cup of tea – and then my carer comes between quarter to nine and 9 o’clock. That is ideal for me”

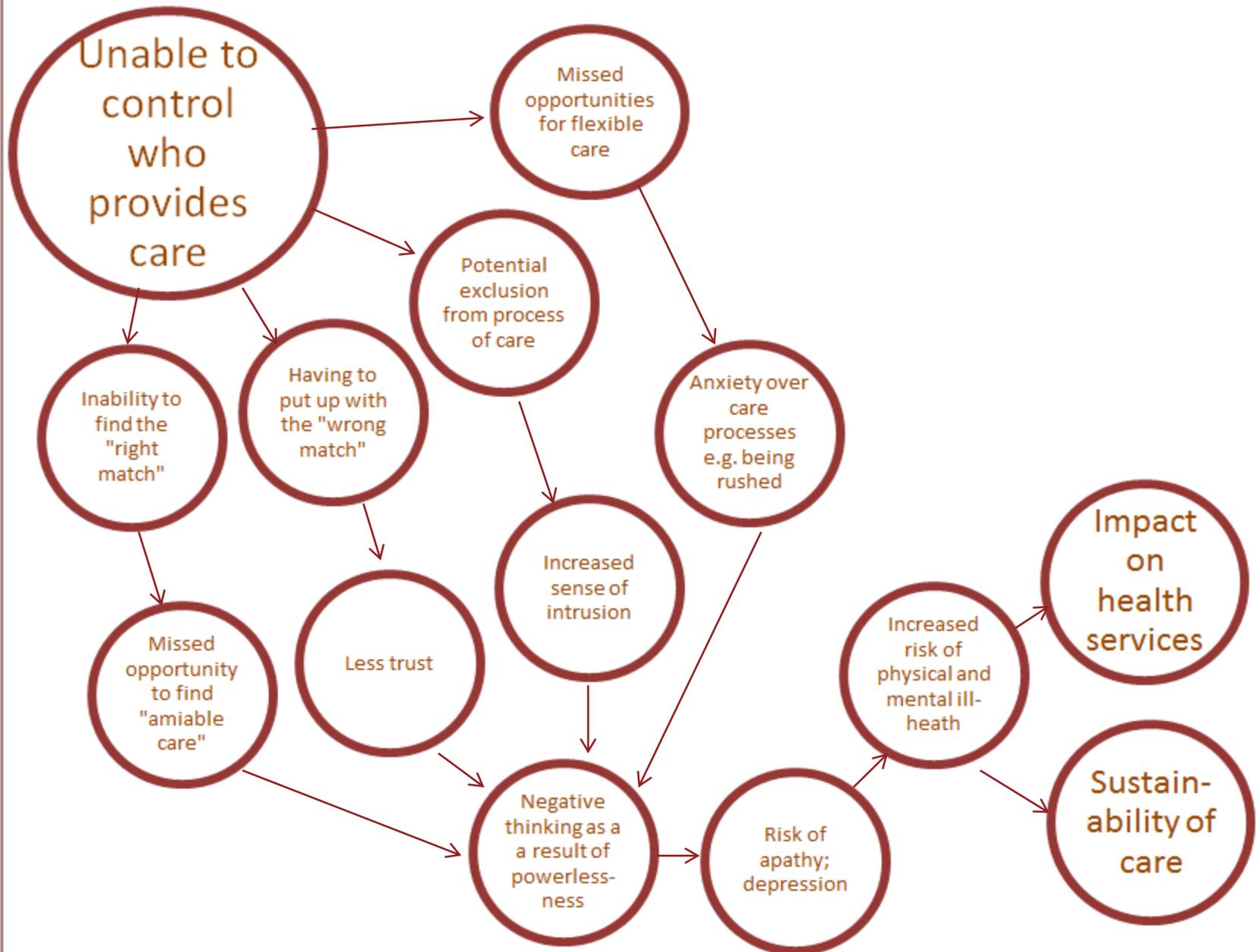
As we decide when...

“Babs usually gets up about 9ish – I go in about nine and – bathroom facilities – she’s about an hour, an hour and-a-quarter sometimes, then she pops back to bed for an hour.”



Flexibility over what and when:

“She will shower me and wash my hair... so will Sandra ... and I mean, as they laughingly say, if they think you can do this in an hour with you, you know... they’re very much mistaken. And then I have to have a rest before I get dressed because usually I’m worn out, sort of thing just having a shower.”



Who provides care: the right match

It might sound silly to you ... but the first morning that they sent two people, they came into the bedroom and I went and stood by the window so I was out of their way while they worked. And they put the sling under Jill and when they lifted her it caught her hip and she went 'ooh' you know. And I stepped forward to comfort her. And they said, 'stand back Mr Harvey, we're doing this' and it got me immediately. And the next morning they came and they gave the same attitude... that was what got me down... Up 'til then the lady who came and myself had always done it. They then had the idea that I couldn't do it. And I have been doing it and I still do."

Deciding who: gaining trust

“When she first came. When Julie first came. You see I was struggling and I was in a state, but she, you know, she did do it.... It took oh, three months at least... just to feel comfortable.”

Care that promotes...

- “It is in contact with health and welfare services where dignity, identity and independence are most threatened.” (1)
- “...All social policy should be evaluated for whether it undermines or fosters vulnerable people’s social networks.” (2)
- “Health capital seems to be fundamentally about how people interact with each other and can support each other...Trust, tolerance and safety are key factors in health capital.”(3)

And increases resilience...

- A sense of “control and mastery” has a proven role in reducing the negative effects of caregiving and disability (4)
- While ‘control over the caring’ and ‘fulfillment’ (Carer Experience Scale) predict carers’ welfare (5)
- Resilience is a confluence of individual, social, physical and environmental factors (6)

But still its hard to describe...

“I can’t put my hand on it. It’s just the fact that I just feel happier... I feel so much happier”

“When you’re disabled, every small thing is important to you.”

Where does direct payments support fit in?

- Also intangible but...
 - “They give you time to think”
 - “They explain things to me, they make it so simple and easy.”
 - Provide a sense of being accompanied
 - “I have a direct contact with Independent Living... They’re ever so good. I mean, David Jones, who comes here occasionally, he’s like a bosom friend, he’s – we’re together, you know.”

Part II



CHANGING CONTEXT: DIRECT PAYMENTS SUPPORT

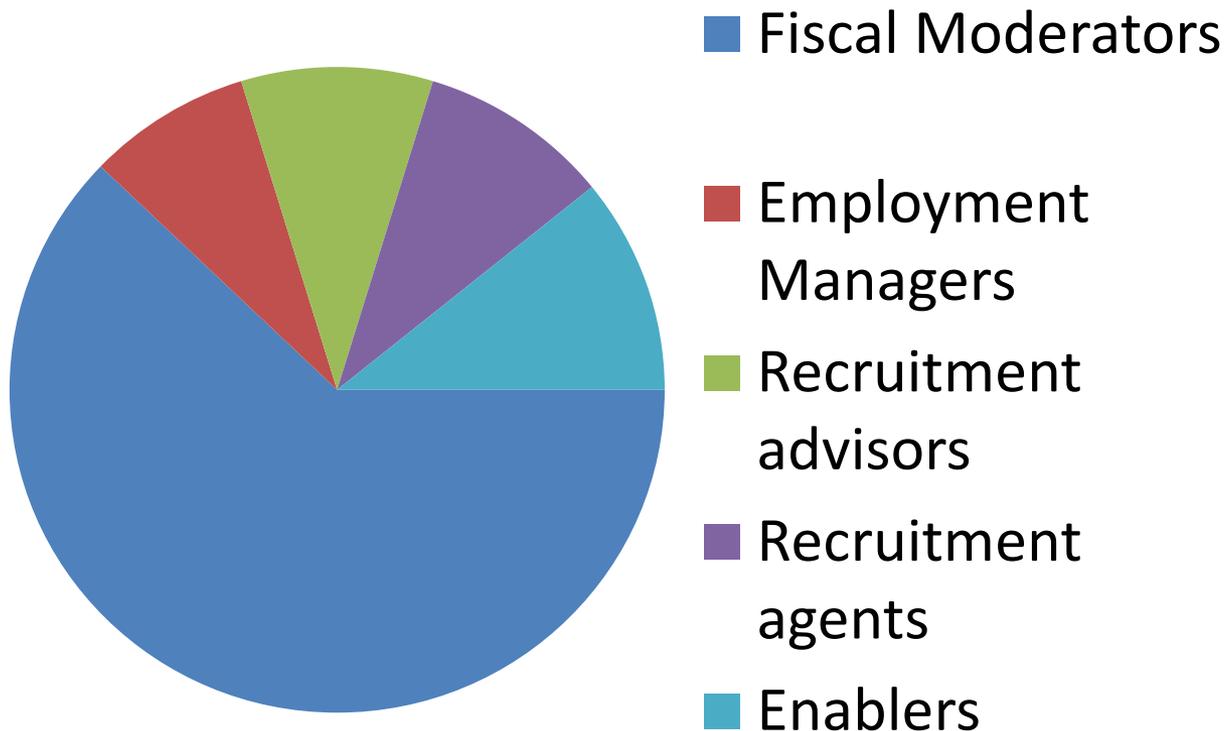
Colossal turnover

Direct payments support schemes by provider type: 2006-2016

Year	<i>n</i>	Local voluntary (all)	Branch of national provider organisation	In-house	For-profit organisation/ community interest companies	Spot contracts to a mix providers	No provider at present
2006	109	53% ¹	30%	16%	-	-	-
2011	99	30% ²	33%	24%	12%	-	-
2014	99	23% ³	25%	7%	7%	12%	6%
2016	99	24% ⁴	30%	23%	1%	19%	2%

¹ 69% ULOs (of which 29% were Centres for Independent Living – ‘CILs’); 31% other local charities. ² 80% ULOs (of which 47% were CILs); 20% other local charities. ³ 82% ULOs (of which 52% were CILs); 17% other local charities. ⁴ 79% ULOs (of which 50% were CILs); 21% other local charities.

Five profiles of DPS (2006)



The five profiles of DPS

Fiscal Moderators



Accounting
Monitoring forms
Employment law advice
Employment liability insurance
Recruitment assistance

Employment Managers



Care worker introduction and scheduling

Recruitment advisors



Recruitment assistance (compiling contracts; job descriptions; list of local agencies; back-up support)

Recruitment agents



PA lists; emergency cover; PA training

Enablers



Advocacy for self-assessment; indirect/ third-party payment schemes

Lessons from turnover of the “generic model” of *fiscal moderators*

- Suited early implementation but for different reasons
- Gained share of the market up until 2011
- Split between LA attracted to this profile:

- Type A - “Followers”

- Type B – “Implementers”



“Partners”



“Protectionists”



“Cost-controllers”



Lessons from turnover of the “recruitment profiles”

- Role of underlying factors: size, structure, sustainability plus LA interests
- Employment managers – Unsupported and unsustainable. ? Now replaced by home care agencies ?
- Recruitment advisors – larger; well-funded, user-led, well connected → SURVIVE and ADAPT
- Recruitment advisors – large, CILs → SURVIVE
- BUT changing trends: online platforms and signposting

Major issues

- Incredibly short contracts
- Impact of turnover on service users
- Relationships with local authorities are key – but how do you maintain good relationships if LA's have other interests?
- Explicit and implicit goal: reducing formal support hours per direct payment user.
- Individual purchasing of support....

Part III

° **IS INDIVIDUAL
PURCHASING OF DIRECT
PAYMENTS/ SELF
DIRECTED SUPPORT A
VIABLE MODEL?**

Impetus for individual purchasing of DP/ self-directed support

- Increasing diversity in potential purchasers
- Better match to clients' needs
- Escape poor service, increase competition

Variations in prices and pricing strategies: start-up support

- By the hour as “start-up support”
 - From £14.40 to £30.00
- By the hour – pick and choose model
- FREE initial consultation, or not
 - Home visit, or “telephone, web-cam or office based”
- Bundled packages with time limit
- Tiered packages with time limit
 - Level I – Up to 5 hours (approx)
 - Level II – Up to 10 hours (approx)
- Tiered packages without time limit
 - “Fast-track” – For people with an identified PA
 - “Comprehensive”

Pick and choose: wording, predicting expenditure, off-putting

Recruitment and Selection of Staff for Service User		
DBS checks	YES	Please contact DHI for this information
Advice and support recruiting and selecting staff	YES	£20 per hour
Personal Assistant Matching	YES	£20 per hour
Health & Safety	YES	£20 per hour
Insurance	YES	Support: £20 per hour Policy: variable, please contact DHI to discuss
Advice and support with contracts of employment including terms and conditions	YES	£20 per hour
Administration and Financial Management		
Advice and support with VAT, PAYE and NI	YES	£20 per hour

Issues

- Who agrees what level of start-up?
- How is time monitored? Does it include non-contact time or travel time?
Transparency for service users/ viability for services.
- To what extent do service users carry the risk associated with needing more time?
 - *“Well they have to go back to the social worker...Of course, anyone can self-fund additional hours, if that’s what they want.”*

Support planning

- Either hourly rate or as a package
- From £20 to £33 per hour
- From £50 to £378 as a package
(non-user group specific)
- BUT, few offer support planning...

Lists of “recommended providers”

- Who really decides?
- Can you get hold of them?
 - *“Our apologies, we are currently experiencing a high-call volume. Please leave a message.”*
- Do they actually offer the services advertised?
 - *“We were wrongly listed. You’ll need to speak to our Director.”*

Ongoing support

- Explicit packages of ongoing support unavailable in some areas
- Where available, mostly bundled packages according to need (typically from long-standing providers):
 - Low level – 5 hrs/yr = £40.00 per hour
 - Medium-level – 16 hrs/yr = £38.00 per hour
 - High-level – 36 hrs/yr = £38.00 per hour
- BUT some offer simpler, price per week
 - (£14, but £30-£150 in rural Scotland)

Extras

- CRB checks usually outside start-up package
- Payroll seperated from ongoing support packages
 - (An extra £4.00 to £15.00 per month)

Missing services

- PA employment management
- “Appointeeships”
- Agency brokerage... sometimes termed managed budget?
- Support planning
- Emergency support
- Review

Employment management: when available, who decides, who pays?

Enabling SUs to solve problems	✓	£20ph
Other (please specify) Training	✓	1 Day courses: Good Employer Workshop Supporting Service Users with Disciplinaries Personalisation for PAs Safeguarding for Service Users Managing your PA £50 per delegate (minimum 10 delegates)(smaller group by negotiation).
General		
Local office	✓	
Peer Support Group	✓	Offered at a minimal charge to cover room hire and refreshments
Rapid response capability	✓	

Losses vs. Gains: How does DP support operate when funded block funded?

- Bulk of client base ongoing
- Most client activity with ongoing clients (60:40) – around 90% of direct contact
- Per quarter year, direct contact with 50-60% of clients, often repeated
- Spreads/ pools risk – responds according to need
- Builds trust and relationships with users

Which support is most frequently required?

- Most direct support categorised as:
 - Financial management support
 - Start-up support
 - Assistance with PA management
 - Recruitment support

Block contract: low, medium, high level use of service

- Clusters of service use
 - Cluster 1 – 58% of clients – 5 mins
 - Cluster 2 – 19% of clients – 1.25 hours
 - Cluster 3 – 14% of clients – 4.25 hours
 - Cluster 4 – 8% of clients – 12 hours
 - Cluster 5 – 1% of clients – 39 hours

NOTE: This includes ALL staff time, direct and indirect. Higher level clusters include a lot of liaison work and “client-related processing”

The way forward

- Guidance on accessible wording
- Scrutinise the fairness and sustainability of pricing structures
- Evaluate the impact on uptake of direct payments, and how they are used
- Reappraise the value of a **single point of contact** whilst allowing for flexibility
- Examine the wider benefits

“Help to produce better outcomes for individuals and local councils” (DH 2003)

“Foundation of the provision of DP” (CSCI 2004)

“A strong support network that is well-funded and enabled could provide a mechanism to overcome many of the potential negatives of a self-directed system... by working collectively and pooling information along with councils, regulators and other agencies to support decision-making” (GLA Economics 2008)

The personal assistant market

The personal assistant market

3.17 In March 2015, Skills for Care estimated that 120,000 personal assistants were employed by users through direct payments. Users either employ a personal assistant directly or make use of an intermediary organisation.⁹⁵ Personal assistants are unregulated, and can be friends or family. Some users we met with told us the responsibilities of being an employer put them off engaging a personal assistant through a direct payment. In some areas we visited, users could transfer employment responsibilities to another organisation, for example to organisations that provide payroll services.

3.18 In 2014, Skills for Care gathered information on local personal assistant markets from 100 local authorities. They found that most authorities offered a range of support for users who employ personal assistants (**Figure 17** overleaf), and support had improved since their previous review in 2013. However, support was not comprehensive: 82% of authorities reported gaps in the support provided to users and personal assistants. In 75% of cases, the authority provided the support; in 53% of authorities, user-led organisations (additionally or solely) provided the support.

3.19 Some authorities told us that users have difficulty recruiting personal assistants because not enough people are willing to undertake the role, which is typically low paid. Some authorities expressed concern that the roll-out of personalised commissioning in health would exacerbate competition within the personal assistant market.

Source: National Audit Office (2016) *Personalised Commissioning in Adult Social Care*. London National Audit Office, p. 43.

Self funders

Latest figures suggest that around 170,000 people aged 65 and over are purchasing care at home privately in England, buying a total of around 1.4 million hours' care a week... More than a quarter (27 per cent) of private homecare time is purchased on a live-in basis. (ACAS 2012)

A future model of support



The “economic case” for self-directed care hubs. Who benefits? What is the value of good support?

- Service users
- Unpaid carers
- Personal assistants
- Home agencies
- Local authorities
- Employment insurance agencies
- NHS

References

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For more information on my work

Executive summary of my thesis online:

<http://etheses.lse.ac.uk/3867/>

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THANK YOU FOR LISTENING!