

# Trust is the key: Increasing the take-up of direct payments



# Summary

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- Direct payments need to be seen as an integral part of personalisation, and linked to the successful roll out of personal budgets.
  - No single element will increase take up on its own: it requires the right support, the right tools, the right systems and the right attitude.
  - The right support should offer a menu of options, such as brokerage, managed accounts, age-specific support, third party support, peer support. Support in the early stages leads to sustainable longer term arrangements.
  - The right tools for direct payments are the same as the right tools for personalisation. They include good person centred planning and user-friendly tools for managing resources.
  - The right systems make it easier for both staff and service users – reducing bureaucracy, making best use of IT, treating direct payments as an integral part of personalisation.
  - The right attitude underpins success. This includes trusting payment recipients to make the choices that matter to them; being flexible about how payments are used.
  - Working in partnership with the voluntary and community sector, and in particular with user-led organisations is vital.
  - Work is needed to gain buy-in from 'gatekeepers', in both statutory and voluntary sectors.
  - Leadership matters – but it needs to be backed up with good quality training and briefing for front-line staff. Managers need to be as focused on outcomes as on budgets.
  - Lessons from the past need to be re-learned: what helped take up five or even ten years ago still applies today. What's helpful and new includes the use of online tools to help plan and manage; and the opportunities offered by personal health budgets.
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# Introduction

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## Why this study?

Current government policy, supported by Think Local Act Personal (TLAP), is to significantly increase direct payment take up as part of implementation of personal budgets for all. However recent surveys show that direct payment (DP) numbers have remained steady and fallen as a percentage of personal budgets. As part of the work of their Self Directed Support Forum, TLAP commissioned work to update guidance on effective strategies for increasing take up of direct payments for all groups. The aim is to help gain a better understanding of the issues and to help disseminate to those locally responsible for strategies.

Think Local Act Personal has produced a range of supportive materials for councils and their partners to support increased direct payments take up. This report aims to update councils on the most effective uptake strategies, especially for groups where numbers are low.

## Our starting point

We reviewed the existing guidance and the recent research on direct payments. We used online forums to invite people to contribute experience of successful strategies for promoting direct payments. We used our networks to identify some case study areas where take up had been boosted. We held a workshop with expert practitioners from around the country, sharing their experience.

**In our trawl for ideas, we asked in particular about three aspects of current practice:**

- How social care managers view direct payments – a cost effective option, a priority, something they are confident about?
- How attractive are direct payments to older people, and what is the role of family or friends in supporting older people to make good use of direct payments?
- The robustness of support systems for direct payments users – are support schemes adequate, do they provide the assurance and the technical advice that people want?

In each case we were also interested in how the current financial challenges have affected people.

# Key findings from research

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The research on direct payments tends to identify what prevents direct payments from working well. It suggests that the barriers to take up are shared by people using services and by staff administering them.

## Barriers for people who use services

- Lack of clear information for people who might take advantage of direct payments, including insufficient information about what payments can be used for.
- Problems in recruiting, employing, retaining and developing personal assistants and assuring quality.
- Perceived complexity of managing direct payments.
- Concerns about managing the financial aspects of Direct Payments
- Confusion over the self-assessment process.
- Effort required in organizing support (particularly for carers and people with smaller packages).
- Inadequately funded packages, making option unattractive.
- Lack of targeted information, advice and support for traditionally excluded and marginalized groups.
- Insufficient outreach, particularly to under-represented groups.
- Mismatch between the hourly rates used for Direct Payments, and the recruitment of suitable staff to meet people's different needs.

## Barriers for professionals

- Low staff awareness of direct payments and what they are intended to achieve.
- Lack of training on direct payments and self-directed support.
- Restrictive or patronising attitudes about the capabilities of people who might use a direct payment and a reluctance to devolve power away from professionals to the people who use the service.
- Reluctance to refer people to User Led Organisations (ULOs).
- Fears/assumptions that disabled people will not be able to manage (particularly older people and people with mental health conditions).

## Structural Barriers

- Inconsistencies between the intention of the legislation and local practice.
- Unnecessary, over-bureaucratic paperwork and monitoring.
- Restrictions on the ways direct payments can be used, not allowing sufficient flexibility to cover all the areas where choices are important such as housing, leisure, employment and equipment.
- Inadequate or patchy advocacy and support services for people applying for and using direct payments.
- Lack of infrastructure.
- Lack of funding for user-led schemes and lack of financial resources to invest in developing direct payments.
- Culture of risk aversion and conservatism.

## Factors associated with increased take up

- Effective Direct Payments support schemes.
- Access to peer support to help build confidence and capacity.
- Advocacy for potential direct payment users.
- Making sure people are fully involved in the support planning process.
- Training and support for care managers and front-line staff.
- Leadership within local authorities.
- Accessible information on Direct Payments for service users and carers.
- Making sure people are kept informed about how their Payments are managed and how much their budget is.
- Improve the information provided by councils about entitlements to social care services.
- Linking direct payments to overall commissioning strategies for personalisation.
- Ensuring that overall commissioning strategies reflect the qualities which people value in respect of services bought with direct payments.
- Ensuring applicants and recipients of direct payments receive earlier and better advocacy and independent support services.
- Streamlining local bureaucracy and offering access to support with administration of Direct Payments.
- Increased offering of family led Independent Living Trusts, and other models for third party schemes.

A full review of the research available, plus details of further reading and other resources can be found in the appendix.

# Key messages from practitioners

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The main finding from the experience of practitioners was the clear relationship between direct payments and the wider personalisation agenda. Places that were making good progress with personal budgets and a personalised approach were also making progress with direct payments. The keys to success were identified as:

- Making it 'business as usual' – not separating direct payments as something 'special' that only a few staff knew how to do.
- Getting the Resource Allocation Systems (RAS) right – some places were not confident that their RAS produced the 'right' figures, so were not sharing the indicative amount with people at assessment. Delays in letting people know the outcome were more likely to lead to provision of a managed service.
- Aligning aims of personalisation and record-keeping – linked to the RAS point, some places were asking staff to conduct an outcomes focused assessment but still using a needs focused recording system.
- Leading use of IT to speed up process – which was very successful in some places; where it had been used purely to save money it was less successful; it needs to be linked to improved processes from the staff and user perspective.
- Encouraging innovation – both from staff and from users – being open to new ways of doing things.
- Encouraging micro enterprise – more people will take up payments if there are local and niche providers offering the sorts of services they want to use.
- Supporting flexibility – one of the biggest barriers is over-bureaucratic monitoring, rather than a permissive attitude; being an effective guardian of public money does not require micro management of how direct payments are spent.
- Keeping a focus on outcomes "Team managers need to be as committed to achieving outcomes as they are to meeting budget" – everyone acknowledges that financial pressures are there and are going to get harder; getting the best out of available resources should be the goal.

These findings mirror the findings from research; so we suggest that a final success factor is being prepared to learn from research.

# Getting the assessment and support plan right

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How the right technology, the right process and the right help with planning can promote take up.

## Make the process right for staff

A barrier to take-up is the complexity of the assessment process. The research shows that staff members are less likely to promote direct payments if they see them as causing more work, or being too risky, and that users are less likely to take up direct payments if there are long delays in sorting them out.

The process is linked to the systems – including IT – that staff use. We found that councils are usually investing in better technology for reasons not directly related to personal budgets and direct payments. The aim usually is to make better use of resources by streamlining process and by reducing the demand for office space. The way these new systems are introduced can have a positive or a poor effect on direct payment use, depending on how it is managed.

For example, in one area, we found that staff lacked confidence in using the technology provided, so were continuing to record assessments on paper, returning to a 'touch-down' office point to type up notes and then sending these to a team leader in another location for review. This built in delays, which in turn led to service users feeling unsupported and less likely to choose a direct payment. In contrast, in one area (Hull, see case study) a well planned programme of implementation of new technology had led to a steady increase in uptake of direct payments.

## Helping people to plan

Some of the barriers to take up of direct payments are the perceived complexity of managing Direct Payments, confusion over the self-assessment process, and the effort required in organising support. The right support planning can help people to overcome all these barriers. Evidence is clear that this is most successful where it is provided by external agents, not by the council's in-house staff. There is still, however, a mixed approach to how support planning is undertaken across local authority areas. Many still only operate support planning internally with no external support planning paid for.

## CASE STUDY – HULL CITY COUNCIL

- Use of lap tops, dongles, blackberries to empower teams to assess people's requirements quickly and let them know almost immediately potential budgets.
- Staff are encouraged (and supported) to work remotely.
- Resulting in year on year increase in direct payment – from 230 in 2010 to 600 in 2013.

Hull City Council have seen an overall increase in the take up of direct payments, they are attributing this increase to the transformation of social care and the implementation of personal budgets, training and mobile technology.

Almost 40% of staff undertaking assessments have been provided with lap tops, dongles and blackberry mobile phones, staff are encouraged to work remotely. Whilst some staff have been slow to engage with mobile technology, and it has taken time to change the culture in order to work remotely, it has now become a tool which has empowered staff to organise their workload and times. This has in turn empowered service users through technology on the move.

Security and data protection systems are dealt with through Hull City Council's care management main system, Care First, through log on details and no shared lap tops providing high security protection.

A short over-view assessment is completed which indicates eligibility to social care, once this has been established the RAS is completed and the indicative budget is provided immediately (where the worker is using mobile technology) to the individual. Conversations about direct payments are entered into earlier on in the assessment process than previously and provide people with up front information about options. A guide is left for the individual and a crib sheet is available for staff to use should they need it. Front line workers who are not yet issued with mobile technology are still able to provide a very quick response in order to inform people of their indicative budget by returning to their office base and running the RAS and letting people know by telephone.

In addition to this a substantial amount of training has been provided to front line workers delivered by Helen Sanderson Associates. Some staff have become Personalisation Champions. With the amount of information about personal budgets being channelled towards front line workers, this also raised the staff's appreciation of direct payments and the choice it afforded to individuals. There is now a total of 550 people receiving a Personal Budget who have opted to take their PB as a direct payment (March 2013). Overall numbers on direct payments have gone up from 230 in 2010 to 600 in 2013 (numbers include some whose direct payment predates personal budgets).

Hull City Council is simplifying and minimalising their paperwork by attempting to amalgamate the support plan and review plan in the hope to have a one page document – the aim is to be as simple as possible.

# External support plans

Local authority areas that have committed to externalising support planning processes are experiencing an increase in the take up of Direct Payments.

Some authorities have made an investment in developing a network of external support planners, to help someone decide how to use their personal budget. Some local authorities have commissioned and contracted with disabled people’s user led organisations (DPULO) or voluntary sector organisations to delivery varying numbers of support plans to different sectors of the community. Other local authority areas have an approved provider frameworks for “paid” support planners.

Evidence shows that external support planning increases the take up for direct payments – in the places we contacted, at least 80% of people using an external support planner opted for a direct payment, and in one area (Sheffield – see case study) almost all people using an external support planner opted for a direct payment. Costs are usually capped and while the number of hours taken may be more than would be available to in house staff, hourly rates are generally modest, so the overall cost is manageable. Councils using this system see it as a good investment in designing sustainable packages of support.

**CASE STUDY – MULTI-PROVIDER EXTERNAL SUPPORT PLANNING IN SHEFFIELD**

- People choose direct payments more frequently if they use an external support planning organisation.
- All support plans are signed off by a council office, so every single plan is quality assured, and support planners audited.
- People choose their own planner. Plans take around 10 hours, some longer.
- Costs between £15-£25 per hour.

The impact of external support planning on choice of direct payment option:

|                                 | <b>Council managed service</b> | <b>Self managed service</b> |
|---------------------------------|--------------------------------|-----------------------------|
| <b>Plan by internal staff</b>   | <b>87%</b>                     | <b>13%</b>                  |
| <b>Plan by external planner</b> | <b>9%</b>                      | <b>91%</b>                  |

## How it works

Sheffield City Council is one local authority who has been particularly pro-active in developing external community based support planning. Whilst the option has always been available for people to complete their own support plans or have a family member or friend help complete support plans, the drive to increase external paid support planning was taken in 2012.

Sheffield City Council made the decision that all support plans would be completed externally except for in 'exceptional circumstances' such as where there are safeguarding concerns or where it would be detrimental to the individual to complete their plan without a Council worker. The aim was to reach a total of 90% of plans achieved externally (ie, by individuals themselves, family and friends or external support planning organisations).

Sheffield City Council has created a flow chart which helps people to decide what method of support planning is most suitable for them. The Help Yourself Database ([www.sheffieldhelpyourself.org.uk](http://www.sheffieldhelpyourself.org.uk)) provides search filters to help individuals to choose an external planner. There is a total of 47 support planners available on the Help Yourself Directory (20 of whom are delivering regular support planning) . Guidance was created to prompt staff on how to discuss the options available for support planning.

Sheffield Adult Social Care have seen a general trend of people choosing direct payments more frequently if they use an external support planning organisation. In their most recent figures (from February), the evidence demonstrates when people had their plans done by an internal council worker they used council arranged services 87% of the time compared to just 9% if the plan is done by an external support planner.

All support plans are signed off by a council office, so every single plan is quality assured. Monthly audits are also completed meaning each planner will be audited at least twice per year.

**CONTACT FOR FURTHER INFO:** Sheffield City Council: [www.sheffield.gov.uk](http://www.sheffield.gov.uk) or e-mail: [ruby.smith@sheffield.gov.uk](mailto:ruby.smith@sheffield.gov.uk)

## CASE STUDY – COST-CAPPED EXTERNAL SUPPORT PLANNING IN DERBY

Disability Direct is a disabled people's user led organisation based in Derby offering a support planning service to people in receipt of a personal budget in Derby City. Referrals are made to Disability Direct through Adult Social Care, Care Managers. Support plans are charged at £10 per hour and are capped at 10 hours. The local authority pay Disability Direct for the support plans completed, not the individual who holds the personal budget. Disability Direct broker the services for those people for whom they undertake support planning. Out of the 255 support plans undertaken thus far 80% chose to take a direct payment.

**CONTACT FOR FURTHER INFO:** Disability Direct: [www.disabilitydirect.com](http://www.disabilitydirect.com) or e-mail: [raj.johal@disabilitydirect.com](mailto:raj.johal@disabilitydirect.com)

## CASE STUDY – CREATING A TRULY PERSONALISED SUPPORT PLAN IN ESSEX: ECDP SOLUTIONS

Essex Coalition of Disabled People (ECDP) Solutions offers a unique independent support planning service. This is either on a paid for basis or if you have had an assessment or a review by Essex County Council then at no charge.

ECDP Solutions have a small team of support planners who will guide people through the development and completion of their support plan. The support planners will ensure that the right level of support is included to enable the person to have a support plan that will translate into them being able to live the life they would want to. ECDP's aim is to enhance the everyday lives of disabled and older people in Essex, so in doing a support plan their aims are the same as those of the person that the plan is about.

The support plan belongs to the person who it is about and so is owned by that person. The person can choose the level of support they require, this can range from telephone support through to a home visit to facilitate and prepare their support plan. A completed support plan is only ever submitted to the County Council with the full agreement and approval of the person it is about, ECDP does not make that decision.

Support plans are very much about the person they are written about and will clearly show how the needs of the person will be met but, in particular, they should show that the needs are met in the way the person wants to meet them. The plan should give the reader a complete picture of the person they are about and what their hopes and aspirations are to have the life they desire.

255 support plans were undertaken throughout the last financial year, 83% of those plans were taken as a direct payment.

**CONTACT FOR FURTHER INFO:** Essex Coalition of Disabled People: [www.ecdp.org.uk](http://www.ecdp.org.uk)

# Providing the right support

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A number of methods are available to support people with managing money and staff recruitment. Managed bank accounts, PA registers, online communities and other tools can promote take up.

## Helping to manage the money

One of the things that may prevent people being offered or taking up direct payments is a concern about managing the financial aspects of Direct Payments. There are different ways that local authorities can remove or minimise this problem.

## Prepaid cards

Around a quarter of councils have chosen the 'smart card' (pioneered by Kent) which gives users a prepaid debit card that they can use to pay for the care they need.

### CASE STUDY – CAMDEN

#### The benefits of prepaid cards for direct payments are:

- It makes the management of direct payments easier for customers because
  - there is no need to set up a bank account
  - payments can be made online and the balance of funds and account statement can be checked 24/7
  - for customers who do not have online access payments can be made and balances checked via the card provider's helpline
  - there is no need to send monitoring information to the Council as records are provided direct to the Council by the card provider.
- The monitoring process is more efficient and effective. The DP Monitoring Officer can view individual customer accounts online without having to spend large amounts of time chasing up monitoring returns.

**Source:** Camden Council report

Recently Demos published a report (The Power of Prepaid, Wood and Salter) that looked at the increasing use of prepaid cards by local authorities. They noted that *“the motivation can be more about the needs of the council than that of the user”*. They suggest that councils are *“motivated by the more rigorous monitoring and auditing that are possible using the card.”*

They noted some drawbacks for users, including extra costs and lack of flexibility, especially in places where the card can not be used for cash payments.

Over-bureaucratic and over-zealous monitoring have been identified as barriers to take up in the past; cards enable councils to be zealous in their monitoring without using so much staff time. Depending on how they are set up, they may also prevent some of the more creative uses of direct payments, such as small cash rewards to people who provide occasional assistance.

## Managed bank accounts

A managed bank account offers direct payment recipients an alternative method of managing their direct payment.

Managed Bank Accounts vary across the country. Several local and national voluntary sector organisations including disabled people’s user led organisations, credit unions, charities, and social enterprises are offering a managed bank account to personal budget holders. Local authorities differ about the eligibility to a managed account and how it is paid for. There is little doubt however as to the benefit that a managed bank account provides to individuals who opt to receive a direct payment.

Whilst there is little research across the country as to whether people would not take up a direct payment if this service was not available, the numbers of people using a managed bank account has significantly increased. A managed account is generally for people who may have difficulty in opening a bank account or simply for people who don’t want the responsibility of the paperwork. There are a range of different charges for this type of service across the sector. Typically the contract of providing this service is with the individual direct payment recipient. Where the local authority has commissioned this service, there becomes less of a choice of which managed bank account service to choose from unless direct payment recipients are prepared to pay an additional cost.

By helping people make the most of their personal budget taken as a direct payment people should have access to a managed account where necessary and appropriate, helping people to understand local rules and flexibilities around spending, along with the local accounting requirements and keeping records are all part of the services of a managed bank account.

**A managed account service will potentially offer the following features:**

- Receive monies from the local authority into a bank account on behalf of the individual responsible in agreeing to receive the direct payment
- Maintain a record of the bank account for financial audits

- Maintain a record of how the money has been spent and provide the local authority with audit trails.
- Make salary payments to your Personal Assistants or preferred care provider, when timesheet information is provided.
- Maintain a record and make payments to HMRC on your behalf.
- Some local authorities provide an “approved provider” framework, others an “open market”.
- Some local authorities will only make the payment for the service of a managed bank account on behalf of the individual direct payment recipient if they meet certain eligibility criteria.

## CASE STUDY – EQUAL LIVES IN NORFOLK

Manages over 2000 accounts from DP Recipients in Norfolk and Suffolk and has a £20 million turnover.

- Council makes the direct payment into a “managed account”.
- Supports with paperwork.
- Helps people who have difficulties in opening a bank account due to poor credit or lack of suitable paperwork.
- Charged-for service; various costs.
- The DP recipient is still the employer/contractor.

The managed accounts are seen by Equal Lives as money belonging to individual service users and everyone has to authorise any payments from the accounts held by the organisation. There was some confusion over the “managed bank account” in that particularly providers saw it as a safe alternative, *“they can’t spend it on what they want”* – Equal Lives do not have the responsibility to authorise payments/give information about accounts to 3rd parties, even though Equal Lives may have the support plan, this is still about people being in control of their monies. Equal Lives use SAGE software and each individual has a unique reference number for their client account.

Equal Lives provides an information leaflet about the managed account covering issues that the services offer with a brief explanation.

**CONTACT FOR FURTHER INFO:** Equal Lives (Norfolk Coalition of Disabled People)  
[www.equallives.org.uk](http://www.equallives.org.uk) or e-mail [gill.petts-hannant@equallives.org.uk](mailto:gill.petts-hannant@equallives.org.uk)

## CASE STUDY – TAILORED SUPPORT FOR MENTAL HEALTH SERVICE USERS IN SHEFFIELD

- Manages over 200 accounts from DP recipients in Sheffield (majority of whom are people who use mental health services).
- Charges £300 per year + £15.

Sheffield Mind provide a “Budget Management Service” for people who opt to take their personal budget as a direct payment. Advertising through their website and attending self-directed support meetings the organisation now has 200 customers with a steady flow of referrals monthly. Sheffield Mind charge a set annual fee, but have the advantage of being able to offer extra hours if necessary when complications arise at an hourly rate. All clients sign a Budget Management Agreement form which states what clients can expect from the service and what Sheffield Mind expect from them as a service user.

Sheffield Mind offer all new customers an initial meeting to go through and explain all the necessary paperwork, carry out a brief risk assessment and discuss how each item in the support plan can be paid for. By meeting with clients Sheffield Mind can help them to have a better understanding of the service and the direct payment process, and give them more control over their budget (e.g. by helping them to select the best way for Sheffield Mind to pay for items with consideration of convenience, risk and timescales).

Sheffield Mind only has the authority to make payments which have been signed off by the Adult Social Care Departments in the support plan. Any small changes require further authorisation from individual's care co-ordinators, bigger changes would need to go through a review process. Personal budgets belonging to people are held in a single SDS account and clients receive a monthly statement showing how much money Sheffield Mind have received from the Council into their account and what they have paid out.

The majority of Sheffield Mind's customers are people who use mental health services, with a handful of customers who are either older people or people with a learning difficulty. This evidence suggests that people opt to use a service that's main emphasis is mental health.

**CONTACT FOR FURTHER INFO:** Sheffield Mind: [www.sheffieldmind.co.uk](http://www.sheffieldmind.co.uk)

## Help with employing people

Problems in recruiting, employing, retaining and developing personal assistants and assuring their quality can be a disincentive to taking up direct payments. One way to overcome this is though the use of a register of to link prospective staff to individual employers.

There are now several Personal Assistant Registers which have developed across the country over the last few years. This on line resource brings individual employers and personal assistants together. The registers enable individual employers to search for personal assistants in a specific geographical area, skill level, experience and availability. It enables people looking for personal assistants to register their availability for work.

Whilst there has been no research to inform practice as to whether PA Registers improve the take up of direct payments, the anecdotal evidence suggests it does; and that it saves money, time and makes it easier to recruit employees.

Although there are some variations on PA registers, fundamentally these fall into two different models:

- Registers simply providing information about the availability of Personal Assistants providing different search options, and
- Registers providing trained and accredited Personal Assistants or “approved” personal assistants.

PA Registers and are funded through different routes. Initially, PA registers were pioneered by disabled people’s organisations. Some local authorities have recognised the advantages of PA Registers and have commissioned their development. In some areas grant funding has been made available to voluntary sector organisations in order to develop PA registers. In other areas schemes such as “Support with Confidence” have been developed internally. PA Registers may be free to the individual employer/direct payment recipient or there may be charges. Charges are often met through “on-costs” from the individual’s personal budget.

Skills for Care have recently issued an advice note for local authorities 'Minimum Standards of Support for Individual Employers and Personal Assistants' ([www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)) which outlined that local authorities should provide a register of potential personal assistants which individual employers can access (standard 2). Several Disabled People’s User Led organisations are now operating Personal Assistant Registers as part of a suite of services.

Many PA registers provide “added value” by also offering additional information about employment matters, frequently asked questions, forums, links to other websites and other services offered by the organisation.

## CASE STUDY – GROWING A LOCAL RESOURCE INTO A REGIONAL ONE USING A PARTNERSHIP APPROACH (FROM CHESHIRE CENTRE FOR INDEPENDENT LIVING AND AGE UK CHESHIRE)

### **The North West PA Register – [www.nw-pa.org](http://www.nw-pa.org)**

The North West Personal Assistant (NWPA) Register is an easy-access, secure online recruitment tool that empowers Employers and Personal Assistants to search for the Right Person or the Right Job, in one place.

It aims to provide an innovative and personalised 'one-stop-shop' recruitment initiative, creating a simpler and more effective way to recruit Personal Assistants and to find employment.

The NWPA Register enables a secure advertising/application process, as well as, a two-way communication tool to enable Employers/Personal Assistants' to communicate securely with each other regarding recruitment needs. It offers greater choice and control which enables individual Employers and Personal Assistants to access flexible and responsive recruitment provision aligned with their individual requirements.

The NWPA Register is owned and run by a partnership between Age UK Cheshire and Cheshire Centre for Independent Living, acting as facilitators only.

The NWPA Register is one of the longest running PA Registers which has grown significantly over the years it has been in existence. Originally offering services in Cheshire it now covers the North West. The register has become a sustainable resource by charging individual employers a small fee to register for a specific length of time in order to search for a Personal Assistant. The North West Personal Assistant Register is also available to buy on licence from Cheshire CIL and Age UK Cheshire, Wiltshire Centre for Independent Living ([www.wiltshirecil.org.uk](http://www.wiltshirecil.org.uk)) have successfully developed The South West Personal Assistant Register through a licence.

**CONTACT FOR FURTHER INFO:** [www.cheshirecil.org](http://www.cheshirecil.org) and [www.ageuk.org.uk/cheshire](http://www.ageuk.org.uk/cheshire)

## CASE STUDY – GROWING FROM A LOCAL TO REGIONAL PARTNERSHIP IN HULL WITH THE CHOICES AND RIGHTS DISABILITY COALITION

Choices and Rights goal was to provide a user-friendly PA database that has useful information for anyone in receipt of Direct Payments and those looking for a PA in the Hull region. Initially funded by Hull City Council, it made a huge saving on the advertising costs for Direct Payment recipients who needed to advertise as part of the recruitment process. The organisation has also been successful in registering 800 potential personal assistants and the register is advertising almost 50 new PA vacancies each month. Choices and Rights Disability Coalition have been successful in developing a second PA database for East Riding and have secured further funding to develop a third in Wakefield. Similar to the NWPA register Choices and Rights have also developed a licensing system.

**CONTACT FOR FURTHER INFO:** [www.choicesandrights.org.uk](http://www.choicesandrights.org.uk). Hull PA Database: [www.hullpadatabase.org](http://www.hullpadatabase.org) East Yorkshire PA Database: [www.eastyorkshiredatabase.org](http://www.eastyorkshiredatabase.org)

## CASE STUDY – AN IN-HOUSE REGISTER FOR ISLE OF WIGHT COUNCIL TO ‘SUPPORT WITH CONFIDENCE’

Support with Confidence is an approved scheme for personal assistants through a joint development between Adult Social Care and Trading Standards.

The scheme supports individuals to choose a care provider or PA who has been checked to ensure they meet quality standards and to enable them to exercise positive risk management and freedom of choice. It involves:

- Completion of 10 training modules, including the Common Induction Standards (Refreshed 2010) as set by Skills for Care.
- A code of conduct which all members sign up to.
- Continual monitoring by Trading Standards and independent home care providers.

**CONTACT FOR FURTHER INFO:** [www.iwight.com](http://www.iwight.com)

### Trusted support

The role of peer support in encouraging and supporting use of direct payments has been well documented. The origins of direct payments are in self-help by disabled people, and all the pioneering direct payments schemes featured peer support as an integral element. There are different ways of providing it. Some places have formal schemes, such as in Darlington (see case study). Others work by informal networking. Part of the aim of peer support (an explicit aim in Darlington) is to challenge traditional notions of dependency, to build a culture where people feel confident and valued.

## CASE STUDY – PEER SUPPORT FROM DARLINGTON ASSOCIATION ON DISABILITY (DAD)

- Stronger Voices...Strong Support (three year project to improve choice and control, DH Innovation Excellence and Strategic Development Fund).
- Trained advisors and trained support planning partners.
- Three levels of support – workshops, drop ins, training.
- Culture change – citizenship and participation.

Darlington Association on Disability (DAD) was awarded a three year grant in 2012 from the Department of Health's Innovation Excellence and Strategic Fund. The peer support project, Stronger Voices...Strong Support is now fully operational and moving towards its second year. The project is dynamic and ambitious, and is developing a changing culture in Darlington and the surrounding local authority areas.

Primarily the project aims are to increase the skills, knowledge, understanding, experience and confidence of individuals and their families who have either secured a personal budget or who are looking to secure one. Personal budget workshops and themed drop ins are held regularly and this is a gateway for people to become more involved and volunteer for the roles of trained advisors and support planning partners. This builds on the concept of citizenship and participation. Trained advisors and trained support planning partners offer support to individuals and families in a variety of ways.

Building the skills of individuals and families is crucial – by achieving stronger voices individuals will be able to take control and have more choice with their own personal budgets. The culture change is attempting to bring support and support planning into the community. By developing peer support, it is anticipated that the project will produce a more cost effective model of support planning compared to the cost of local authority support planning, a model which can be used by DPULOs to tender for services and for health and social care to commission them, it will raise the skill levels of disabled people and their families, provide greater choice and control, develop citizenship and participation, ultimately enabling local authority workers to concentrate on assessments and safeguarding issues. No direct payments figures are available at the moment.

**CONTACT FOR FURTHER INFO:** Darlington Association on Disability:  
[www.darlingtondisability.org](http://www.darlingtondisability.org) or e-mail: [strongervoices@darlingtondisability.org](mailto:strongervoices@darlingtondisability.org)

## Using peers to boost take-up

*“Service users and carers who have used Direct Payments are often the best at convincing others of the benefits. We made a short film highlighting about five case studies and showed this to carer groups and service users. Concrete examples, based close to home are very powerful at convincing others.” (Suffolk)*

## Engage carers to boost take-up

*“For over-80 year-olds, take-up was only likely to happen with the involvement of a family member or friend to take on administrative responsibilities.” (West Sussex)*

## Using trusted organizations to provide support

As the previous example on Sheffield MIND’s managed accounts shows, people are often happier getting support from an organisation they already know. In recent years, a number of Age UK organisations have started to provide support for personalised services.

### CASE STUDY – AGE UK KENSINGTON AND CHELSEA

This service is for people who have a personal budget or who are paying for their own care and specifically helps older people with their support planning.

*They describe their service as “Help to get connected and offer a support broker to help with everything from setting up bank accounts, to researching agencies, to “finding that special local community group that’s just right for you.”*

The service also offers continuing support, so people can adjust their plan as needs change. Importantly, the support is linked to other Age UK services.

*“Help from volunteers, health promotion events and volunteering opportunities are all part of our wider programme.”*

**CONTACT FOR FURTHER INFO:** [Philip.Kane@ackc.org.uk](mailto:Philip.Kane@ackc.org.uk)

# Take a flexible approach

## Innovate – and encourage direct payments users to do the same

Direct payments offer flexibility – and it makes sense to make use of this to get their benefits to more people. There are some good examples of places that have taken an imaginative approach, such as in Surrey (see case study). Too often, users or staff are worried that being flexible will be frowned on as not being good use of public money or of departing from an agreed care plan. If the care plan is truly personalised and outcome focused, flexibility should not be difficult.

## Integrated approach

### CASE STUDY – CARERS PAYMENT PRESCRIPTION (SURREY)

The Surrey GP Carers' Breaks scheme aims to encourage surgeries to identify carers within their patient groups and refer them on for a carers' break direct payment. The scheme was developed as a partnership between NHS Surrey, Surrey County Council, Action for Carers Surrey and Surrey Independent Living Council (SILC administer the scheme).

GPs can write a direct payment 'prescription' for support for carers. The prescription covers a break worth up to £500, based on a clinical assessment of the carer's health. The money can be used to purchase alternative care or to fund a break or other activity or equipment to improve a carer's health or well-being.

All surgeries in Surrey have now registered with the scheme and most are now making referrals. These are made online using secure forms.

**CONTACT FOR FURTHER INFO:** Surrey Independent Living Council [www.surreyilc.org.uk](http://www.surreyilc.org.uk)

## Pooled budgets

Pooling personal budgets taken as a direct payment is not necessarily a new phenomenon and the number of people pooling budgets across the country is relatively small. Pooling can allow more flexibility for some people. The concept of pooling budgets works well for individuals with similar interests or similar requirements, who are living in a close geographical region and importantly where there is support to guide them through the process. There are advantages of pooling budgets, one of which is more funding to buy services.

There are some bespoke projects across the country specifically to support the process of pooled budgets. RUILS [www.ruils.org.uk](http://www.ruils.org.uk) and Choices and Rights Disability Coalition [www.choicesandrights.org.uk](http://www.choicesandrights.org.uk) are two disabled people's organisations that have concentrated on supporting people to pool budgets.

Independent Living Trusts have also developed in certain areas as a response to unsatisfactory mainstream providers. Parents have opted to receive personal budgets as a direct payment and the money is then pooled often with Independent Living Fund monies into a Trust.

## CASE STUDY – TRUST 121 DARLINGTON

Five young people with learning disabilities are living together in a house in the Darlington area and were originally using a mainstream domiciliary care provider. It soon became apparent to the parents that this provider had an outdated attitude to supporting people with learning disabilities, and additionally, parents were aware that a large portion of the hourly rate paid by the tenants paid the care provider's overheads and did not directly benefit the tenants.

The tenants of Trust 121 are adults who have high support requirements now pool their direct payments.

With senior staff and trustees overseeing a range of functions, tenants are supported to have pastime choices within the community and these include international level gymnastics, rowing, surfing, swimming, working out at the gym, dancing, snooker, cinema, bowling, socialising in pubs, restaurants and music events.

**CONTACT FOR FURTHER INFO:** [bernd.sass@disabilityrightsuk.org](mailto:bernd.sass@disabilityrightsuk.org)

## CASE STUDY – TRUST 23 DERBYSHIRE

Parents of four people with learning disabilities in Derbyshire created 'TRUST 23', an independent living trust (ILT). They set about organising the support on behalf of their children, including pooling their direct payments.

As trustees of a not-for-profit organisation, the parents now know every penny received is invested into providing independent living through opportunities to enjoy social and leisure activities which were previously denied such as taking an annual holiday. The chair of the trust, Brian Evans, says: "Whilst it demands a lot of your time, as a parent wouldn't you ordinarily want to be involved in helping your children face the challenges and opportunities of growing up? This way you can..."

**CONTACT FOR FURTHER INFO:** [bernd.sass@disabilityrightsuk.org](mailto:bernd.sass@disabilityrightsuk.org)

Pooling funds helps to make money stretch further, meaning people can do more with their children, or in at least one case, return saved money to the council. The negotiation of when or if any funds are returned to the council, if users have found a cheaper way of meeting a need, is a sensitive one. Sometimes people pool funds because their overall budget is insufficient, and they use the money 'saved' to meet other essential need. Parents and users stressed the need to be trusted to make their own judgements.

# Embedding direct payments

Even where direct payments have been in use for some time, take up can falter and even fall off if arrangements are not reviewed. Making sure that payment amounts remain realistic is part of this.

*“My brother (who has a learning disability) has been in receipt of direct payments for the past seven years to assist him with education and employment. It is great to see him access local facilities, and they have been great. The main issue is that there has been no increase in hourly rates for the past seven years, and when now trying to support him to employ PAs, we find that the hourly rate is far less than any other care/support jobs in the area. There is no other budget for us to draw on, so it makes the pay look ridiculous in comparison to even the smallest of private care homes. These PAs have a lot of responsibility and the hourly rates need to be significantly raised if personal budgets are going to continue. The inability to be able to recruit staff could end up destroying this way forward, and send people back into care services.”*

Sometimes a clear and planned effort is needed to increase take up. An example is Cambridgeshire, where following an annual audit it was clear that whilst some teams were able to meet targets for uptake of direct payments others were struggling. So a plan was made to tackle both public and staff awareness.

## CASE STUDY – CAMBRIDGESHIRE COMMUNITY DEVELOPMENT

The plan had the following elements:

- Article about Direct Payment for inclusion in all Parish Council magazines/publications or their notice boards throughout Cambridgeshire. 85% of Parish councils have now published.
- Use of updated, colourful poster in community resources, libraries and GP practices.
- Road shows at all public libraries in the county and some Village/community centres: including stands with posters, leaflets and information links.
- Article about Direct Payments for publication in all voluntary sector newsletters.
- Use of pages on CCC website, and specifically ‘Your life, Your Choice’ Adult social care website for promotion of Direct payments and road shows.

- Use of Camweb community website for promotion of all Direct Payment events.
- Joint work with Direct Payment Support Service to promote Direct Payment to work force and general public through a series of open days with staff in attendance at Public libraries and community resources throughout Cambridgeshire.
- Development of joint work with User Led Organisation. ULO developing peer-led training across county locations.
- Direct Payment Officer attending team professional development meetings and holding surgeries in team offices where staff can discuss specific case issues and use of Direct payment.
- Linking with workforce development to provide updated Direct Payment training.
- Work with Direct payment support service and workforce development on the promotion of Personal assistant register and promotion of personal assistant as career choice for college leavers.

**Source:** Cambridgeshire Council [www.cambridge.gov.uk](http://www.cambridge.gov.uk)

## Finally ....

The conclusion of this project is that we do know what works – what is lacking is the will to apply what we know. The basic elements enabling successful take up of direct payments have not changed: the biggest barriers to getting these lessons applied appear to be a culture of risk aversion and a failure to trust both user-led support and user-directed solutions. The essential elements of making personal budgets succeed are also the things that will support more take up of direct payments. Attempting to impose limits and tight controls on personal budgets will reduce their usefulness. The essential values of personalisation are the same as the essential values of independent living, which was the starting point for direct payments. So, the route to successfully increasing the take-up of direct payments is to embrace the values of personalisation, to take a creative and whole-hearted approach to personal budgets and to support the wide range of third sector and community-led support systems that enable successful management of direct payments.

The following appendix details the research findings on direct payments, and links the report to related TLAP projects and publications.

# Appendix: Barriers to Direct Payments and Factors Associated with Improving Take-Up – Review of the Evidence

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This review looked at available research evidence from the past five years. It refers back to earlier work where no more recent study is available. The evidence is organised into four sections:

- Barriers for people who use services (including issues for particular groups)
- Barriers for professionals
- Structural barriers to take-up of direct payments
- Factors associated with increased take-up.

The key points were summarised earlier in the report.

## Barriers for people using services

### Restrictions on use of Direct Payments

There is some evidence that restrictions on the ways Direct Payments can be used is limiting take up for some groups as they do not allow sufficient flexibility to cover all the areas where choices are important such as housing, leisure, employment and equipment (Rabiee & Glendinning, 2010).

Leadbeater et al (2008) also highlight that Direct Payments recipients complain that: *“stringent rules prevent them using the money flexibly to commission the kind of care they want, for example to buy some kinds of equipment to install at home or to provide respite care by going to a hotel. Some local authorities impose detailed audit trails to keep track of how people spend the money. Recipients of Direct Payments complained, for example, of having rows with their authority over receipts for takeaway pizzas”*. They also suggest *“the original aims of Direct Payments have been frustrated by these restrictions”* (Leadbeater et al, 2008).

## Managing Direct Payments

Concerns about the complexity of managing Direct Payments and lack of user confidence have been highlighted in several studies (e.g. Department of Health, 2012; Lakey & Saunders, 2011; Wanless, 2006).

A recent National Personal Budgets Survey suggested that: *“while users experiences were highly varied, many reported difficulties – particularly around accessing information and advice, assessment, understanding what Personal Budgets can be spent on, and planning and managing care and support. Less than half of the personal budget holders surveyed felt that the council had made it easy or very easy for people to choose the best option from a range of services”* (Hatton and Waters, 2011).

Anxiety and concern about organizing and managing budgets and staff is highlighted in the research as being a particular factor for older people, their carers and families (Carers UK 2008 and Moran et al 2012) so *“support in managing the financial and administrative demands [is] identified as crucial in making Direct Payments work for older people?”* (Clark, Gough and Macfarlane 2004).

The Association of Directors of Adult Social Services (ADASS) have also recently highlighted the issue of users being concerned about managing Direct Payments and Personal Budgets as an obstacle to increasing take up – particularly for older people. Based on evidence from recent surveys they suggest that: *“while people are generally very positive about the impact of Personal Budgets on their lives, older adults report less satisfaction than other groups and that, even though more older people receive adult social care services than other age groups, the numbers in receipt of Personal Budgets or Direct Payments remain small (and) there are a number of particular issues limiting take up: lack of flexibility around the use of Direct Payments; confusion and concern about the legal responsibilities of personal budget holders; and, concerns about quality and safeguarding”* (ADASS, 2012).

## Information, Advice and Support

A recent review (Department of Health, 2012) identified a range of issues around information, advice and support that can give an impact on take up of Direct Payments:

- People not having a clear idea of what social care is, how it is organised, funded, assessed and how it relates to other services.
- People not knowing how or where to access the information that would help them plan and prepare at key points in their lives, or support them to make appropriate choices if they are in receipt of care or expect to need care in the near future.
- While there is a lot of information around, there is a need for better signposting to help people navigate the care system and support them to get the right ‘personalised’ care.

- Information and advice is not always tailored to individuals' needs.
- Available information provision is sometimes lacking in quality.
- There is a particular lack of advice and information for self-funders.

Another recent review by the Care Quality Commission (Easterbrook, 2011) found that there is significant geographical variation in the quality of information services, with authorities in urban areas being the least effective. Also, in a national survey of care users, 26% said they found information and advice very or fairly difficult to find (Information Centre for Health and Social Care, 2011).

Similarly, the National Personal Budgets Survey (Hatton and Waters, 2011) also found that: *“overall a bare majority of respondents (between 50% and 59%) felt that the council had made it easy or very easy to get information and advice, assess the person’s needs, understand what a personal budget could be spent on, be in control of what the personal budget was spent on, and plan and manage the person’s support (and) substantial numbers of people (between 13% and 24%) reported that councils had made it difficult or very difficult in each aspect of the Personal Budgets process”.*

The way that information and advice is communicated can also create barriers for particular groups if it is not appropriately targeted. For example, older people often view the language used to describe personalisation as ‘jargon’ and ‘difficult to understand’. In particular, older people often prefer to have things explained to them face to face and some do not have access to the Internet so online information is of no use to them (EHRC, 2010).

There is also evidence in the literature that people are not always able to access advice and support from User Led Organisations with expertise in Direct Payments (e.g. Centres for Independent Living) because social workers are sometimes reluctant to refer clients to them because of concerns the organisations will challenge practitioners’ decisions:

*“This issue appears to be holding back the development of support services of sufficient scale to meet government ambitions to significantly increase the number of people on Direct Payments ... ULOs are often commissioned by councils to provide direct payment support, such as helping service users recruit personal assistants and manage payroll systems, but also typically have an advocacy role as well in representing service users ... The resultant under utilisation of support services makes them appear very expensive and can render them unsustainable”.* (Bennett and Stockton, 2012).

# Barriers for particular groups of people who use services

## Older People

Evidence from the recent National Personal Budgets Survey showed that, among older personal budget holders, Direct Payments were associated with positive outcomes, indicating that Direct Payments can work just as well for older people as other groups. But, the Survey also highlighted that councils seem less likely to actively promote and support Direct Payments as a personal budget option to older people due to assumptions being made about older people's capacities and willingness to manage Direct Payments in council policies, procedures and practices (Hatton and Waters, 2011).

This is also echoed in recent action research by the Equality and Human Rights Commission, which reported that: *"Assumptions continue to be made by service providers about older people and their lack of desire to exercise choice and control. There were a number of examples of options that might be available to people being overly influenced either by assumptions of assessors or by an assessment process screening out choices. Examples include:*

- *Assumptions that all older people are unfamiliar with or reluctant to use information technology.*
- *Assumptions that older people are unwilling to express preferences and therefore the choice is made for them".* (EHRC, 2010)

These findings echo earlier research that highlighted "assumptions about restricted lifestyle" as one of the barriers to take up, along with assumptions about the nature of the client group and care managers belief that older people would not want to find their own employees and deal with the paperwork involved, as well as tightening eligibility criteria. (Clark, Gough and McFarlane, 2004).

There is also evidence that many older Personal Budget holders are being steered away from Direct Payments and towards managed accounts or commissioned services (Newbronner et al, 2011; Hatton and Waters, 2011).

There is also a variety of evidence relating to the design of direct payment schemes not always being appropriate for older people. A study by Bainbridge and Ricketts (2003) found that 'many direct payment schemes had been designed for people of working age and did not take the particular needs of older people into account. This limited the accessibility and usefulness of Direct Payments. Failure to offer Direct Payments systematically and poor public information were further barriers.

The trend towards offering older people smaller, or less intensive support packages has also been cited as a barrier to take up, as smaller packages may not reach the necessary level of support required to make Direct Payments attractive to service users. Also, care managers may assume that the trade-off between responsibilities and benefits is too great for small packages of care and may reflect this assumption when offering Direct Payments, making them appear less attractive (Fernandez et al, 2007).

Other evidence suggests that older people's personal budget allowance and spend is different to that of younger personal budget users, even if they opt for a direct payment. It appears that older people are less likely to use a personal budget or direct payment for more creative or innovative support and activity and their budget is often lower than for other service users. Also, it has been difficult to achieve market diversification, innovation and choice for older people because care and support services are often still tied up in long term block contracts that have not been decommissioned. (Carr, 2013)

Another barrier highlighted in the evidence is professional's knowledge about Direct Payments for older people. Also, staff concerns about risk can also lead to older people – particularly those living with dementia – not being offered the direct payment option, or being given a restricted range of support choices. (Carr, 2013)

One regional research and development project showed that a *"risk averse culture is a major block"* (Lightfoot, 2010). It has been suggested that, to overcome this, local authorities should develop *"a risk assessment tool that can be used to help practitioners identify 'actual risk as opposed to 'perceived risk'?"* (Lightfoot, 2010).

There is also a considerable amount of evidence on older people's views on Direct Payments that help to explain their lower take up.

In the Individual Budgets pilot programme, for example, a number of sites found older people under assessed their own needs and this was put down to a consequence of older people having lower expectations (Glendinning et al 2008).

Other research studies have highlighted concerns about Direct Payments expressed by older people, including concerns about personal security, the idea of 'strangers' as helpers, the assessment process, insurance, the administration of support systems – recruitment, vetting, tax and National Insurance etc. – monitoring, and the availability of alternative sources of support should people's arrangements break down (Help the Aged, 2008).

Lack of information and advice is often cited as a major barrier to take up of Direct Payments for older people. For example in the recent study by EHRC: *"Older people were more aware of the personalisation agenda and how it could assist them to have greater independence, but were unaware how to access practical information about securing services, assessment or advocacy support. There was patchy knowledge of individual budgets and Direct Payments were not offered as a matter of course"* (EHRC, 2010).

## People with dementia

There is only one recent source on Direct Payments for people with dementia. A survey commissioned by the Alzheimer's Society was conducted in late 2010 and surveyed people with dementia and carers across England, Wales and Northern Ireland (Lakey and Saunders, 2011). In total there were 1,432 respondents. The survey asked whether people were using a direct payment or personal budget to purchase social care services. The research found that:

- 204 respondents said that they were using a personal budget or direct payment to purchase services and care.
- 60 per cent of people with dementia had not been offered a personal budget.
- A further 15 per cent said they had been offered a direct payment or personal budget but had declined.
- In total 878 respondents had been assessed and were receiving social services support, meaning that 23% of eligible respondents were using a personal budget or direct payment arrangement.
- People who lived alone appeared to be less likely to be offered, or use, Direct Payments or Personal Budgets than those who lived with a carer.
- Younger people with dementia and their carers appeared more likely to have been offered, and be using, Direct Payments or Personal Budgets than older people with dementia.

There was also evidence that local authorities are not making as much use as they might of the regulations enabling a suitable person to manage Direct Payments on behalf of users who lack capacity and are restricting this only to people appointed by the Court of Protection.

Problems were experienced in terms of acquiring and using a direct payment. For example, the process was seen as stressful and there was a lack of information. In addition, there was no indication that survey respondents had found services more flexible.

The survey asked respondents who had been offered but turned down the option of Direct Payments why they did not take up the offer. The top four reasons people gave were:

- 31%: hard enough to cope as it is.
- 14%: not confident managing Direct Payments.
- 13%: happy/satisfied with present arrangement.
- 11%: too complicated/difficult.

Those who had not been offered Direct Payments were asked what they felt might be the potential risks and benefits. The top five views were:

- 17%: able to choose own services.
- 14%: open to abuse.

- 14%: do not understand money matters.
- 13%: don't know what it is.
- 11%: adds to responsibilities of carers/more stress/workload.

Based on the findings from this survey, as well as their review of evidence from previous research, the researchers concluded that the key barriers to people with dementia and carers accessing Personal Budgets are:

- A Personal Budgets system that has not yet adapted to the needs of people with dementia and their carers, and is overly complex and burdensome.
- A lack of appropriate support to enable people with dementia and carers to use Direct Payments.
- A lack of information for people with dementia and their carers, leading to a lack of understanding about Personal Budgets and Direct Payments and concerns about their use.
- The attitudes and understanding of health and social care professionals – for example there is low understanding of dementia and low awareness of the change in law regarding Direct Payments for people who lack capacity.
- Local markets that are not yet fully developed to deliver a range of different types of dementia services.
- Insufficient funding – for example, in some areas low levels of payment can mean that people with dementia cannot meet their assessed or changing needs as their condition progresses.
- Substantial and critical eligibility criteria, which mean that many people are not eligible for social care services until crisis point. At this time a personal budget may no longer be an option – for example if entry into a care home or hospital is necessary.

## Carers

A recent survey (Carers UK, 2008) found that the services carers received from their local council since the introduction of direct payment schemes are better than those previously received. Similarly, the 2011 National Personal Budget Survey indicated that several factors were associated with personal budget holders and carers reporting more positive impacts of Personal Budgets on their lives, including receipt of Direct Payments (Hatton and Waters, 2011).

The Carers UK survey also indicated that carers were highly positive about the impact of Personal Budgets on the lives of the personal budget holder, themselves as carers and other family members, but were more negative about all aspects of the personal budget process and the stress and worry for them associated with Personal Budgets for the person they were caring for. The research also highlighted the importance of there being support in place to help carers manage Direct Payments. Other important factors noted in the research include: the need to speed up and simplify the application process; providing employment support; ensuring that all costs are covered; and, allowing people to employ family members (Carers UK, 2008).

## Disabled People and People with Learning Difficulties

Disabled people and (more recently) people with learning difficulties have had the highest levels of take-up of Direct Payments, although there remain some noticeable variations in different parts of the country. The literature highlights a number of factors that have influenced these trends.

For people with physical disabilities and learning difficulties, take-up of Direct Payments is low in authorities with a high ratio of traditional residential care expenditure compared to (other forms of) community care expenditure. The willingness and ability to adopt Direct Payments may be constrained in areas with high proportional residential care expenditure by the need to commit resources to sustain existing patterns of service, at least in the short term. This may also suggest relatively lesser commitments at the local level to supporting independent living and personalisation.

The take-up of Direct Payments for people with physical and learning disabilities is greater in areas with lower population density and in rural locations. Direct payments may be more likely in circumstances where the provision of traditional services is difficult (e.g. due to increased travel time).

The literature also indicates that areas with a historical tradition of support in relation to younger people with disabilities from the 1990s – and even in the 1980s, via local indirect payment or third-party schemes – have tended to be those where the personalisation agenda has been supported most strongly in the current decade.

There is also evidence that larger and wealthier local authorities tend to have higher take-up. Clearly such authorities are better positioned to be appropriately generous with packages, and are also likely to have lower proportionate costs for setting up and embedding Direct Payments as these would be spread amongst a larger number of recipients (Fernandez et al, 2007).

## Mental Health Users and Survivors

Since 2007 the proportion of mental health service users and survivors taking up direct payments has increased at a faster rate than amongst any other user group (albeit from a low base). However, compared to other groups, the proportion of direct payment users with mental health support needs remains low. There are also large variations between local authorities (CSIP, 2005).

Many of the barriers to take up across all groups also apply in the mental health field. These include a lack of awareness about Direct Payments among care coordinators, risk aversion and protectionism and in particular the conflict between risk-taking and safeguarding with vulnerable groups, a perceived lack of overall resources, and assessments being service rather than needs led (Fernandez et al., 2007; Spandler and Vick, 2005).

In addition, there are some specific barriers that are perceived as applying in the mental health field. These include the difficulties in separating health and social care needs; eligibility issues for people whose condition fluctuates; the role of care coordinators as gatekeepers; professionals' concerns over risks – particularly the capability of some people with mental health needs to always have the insight necessary to design and manage their own support; and, the risk of exploitation (Mind, 2009; Ridley and Jones, 2002; Spandler and Vick, 2004; Taylor, 2008). Additionally, the split between health and social care funding is perceived as a major barrier to developing Direct Payments and Personal Budgets in mental health (Glendinning et al., 2008).

A recurring concern in the literature is that of giving any cash payments to people whose judgement may be impaired either temporarily or permanently. There is evidence that professionals working in the mental health field have limited awareness of different options for assistance, such as circles of friends/support, attorneys, trusts, relatives, etc (Ridley and Jones, 2002).

The factors summarised above are all reflected in the most comprehensive study to date, based on the National Pilot to implement Direct Payments in mental health and which took place across five Local Authority sites in England from February 2001 to July 2003 (Spandler and Vick, 2004). Key findings from the study were:

- Care co-ordinators often assumed that Direct Payments would not be suitable for their clients because of their mental health difficulties and ideas about their 'competence' and experience.
- Care co-ordinators expressed a variety of concerns about Direct Payments including perceived problems with capacity and capability, responsibility for client care, dependency, non compliance, (mis)use of money and clients' ability to recruit and employ suitable PAs. Linked to this, care co ordinators were often highly selective about who they would offer a direct payment.
- Concerns about risk and safety hindered the promotion of and consequently the take of Direct Payments.
- Mental Health professionals were not aware that as much support as necessary could be offered to clients to access Direct Payments, nor that there are various innovative and flexible ways of widening access to Direct Payments whilst still enabling the user to delegate control and responsibility (e.g. through third party payments, user controlled trusts and advanced directives).

From the user perspective professionals' negative attitudes to mental health service users have been cited as the main barrier to gaining and using Direct Payments (Davidson and Luckhurst, 2002; Ridley and Jones, 2002). Other particular barriers highlighted in the literature include:

- Difficulty in securing an assessment of needs.
- A perceived lack of a person-centred approach in community care assessments.
- Fear that being assessed as 'mentally able to manage a Direct Payment' may then be seen as in conflict with 'needing services or support'.
- Fears that receiving Direct Payments could have an impact on people's entitlement to social security benefits.

- Concerns about managing financial arrangements, particularly in view of fluctuating or worsening mental health difficulties, and anxiety about becoming employers.
- Lack of information and advice tailored to people with mental health conditions.

In addition, many mental health service users' capacity for exercising choice and control has been undermined by their experience of mental distress and long-term use of mental health services. As a result, the process of taking up the Direct Payments option may be a long and difficult learning process both for professionals in giving up and service users in taking more control (Spandler and Vick, 2004).

## Deaf-Blind People

There has only been one small-scale study of the experiences of deaf-blind people and their families (Sense, 2008). The main barrier highlighted in this study was that of insufficient funding to pay for and recruit appropriately skilled and specialist staff, or, in some cases, to recruit staff in sufficient numbers.

The report also points out that this conflicts with Department of Health Guidance, which states that: *"the Direct Payment should be sufficient to enable the recipient lawfully to secure a service of a standard that the council considers is reasonable to fulfill the needs for the service"*.

However, some respondents had been successful in negotiating a higher rate by ensuring that the request was made for specialist skilled staff (at a going rate of around £25 per hour).

## Black and Minority Ethnic groups

Although there is only a limited amount of evidence on Direct Payments and people from Black and Minority Ethnic groups, what there is suggests that they do not tend to be getting equal access to Direct Payments (Butt, Bignall and Stone, 2000; Stuart, 2006). Particular barriers that have been identified include:

- Lack of accessible information, and of targeted outreach and advice.
- Lack of suitable support services – and a resulting difficulty for some in recruiting suitable personal assistants.
- Failure to involve black and minority ethnic disabled people in policy, practice, research and development.
- Limited knowledge about existing good practice.
- Confusion over the meaning of 'independent living' among black and minority ethnic service users.

- Assessment processes not taking account of black and minority ethnic service users' backgrounds and requirements.
- Difficulty with recruiting personal assistants who meet the cultural, linguistic and religious requirements of black and minority ethnic service users.
- A shortage of appropriate advocacy and support services.
- Variable levels of commitment to Direct Payments among local authorities.

A guide on Direct Payments based on 13 local authorities experience of implementation found that some families who had not previously used direct services requested a direct payment. This included families dissatisfied with current provision, as well as those who had been assessed to receive services but the local authorities had been unable to meet their needs. Unmet need was also considered likely to arise from families from minority ethnic groups who found that Direct Payments could provide more culturally specific services – e.g. carers from the same culture, or who spoke the same language (Carlin and Lenehan, 2004).

Links between geography and ethnicity could also be reinforcing the barriers summarized above as people from black and ethnic minority groups are disproportionately located in deprived areas and these groups exhibit especially low levels of engagement with Direct Payments. This can also be exacerbated by constraints on the willingness or ability of any white-led voluntary groups to reach out to these groups (Fernandez et al, 2007).

## Gypsies and Travellers

There is very little evidence on use of Direct Payments by Gypsies and Travellers. The Equality and Human Rights Commission did however include this group in their recent research on Personalisation in the English Regions. The report from this research notes that: *“Personalisation presents an opportunity for adult social care services to facilitate a way of life that is central to the cultural identities of Gypsies and Travellers, rather than people having to compromise this to get the services they need. For example, Personal Budgets might be used to employ family members as carers, or people could choose to receive services that help them to live independently on a site rather than moving into ‘bricks and mortar’ housing”* (EHRC, 2010).

The study found that these potential benefits are not currently being realised however. Some of the barriers that Gypsies and Travellers face in accessing social care services are common to their experience of accessing all services. These include:

- Direct discrimination or fear of discrimination.
- Low levels of literacy, making some information sources inaccessible.
- Lack of documentation such as a National Insurance number and/or bank accounts.
- Fear of their culture being lost.

- Issues that come from living on the roadside.
- Lack of information (very few of the people interviewed were aware of personalisation of services and less than half were familiar with traditional social care services).
- Lack of access to assessments for social care services.
- Tradition of relying on informal sources as only means of support.
- Lack of trust in statutory authorities and deep cultural issues about retaining privacy, resulting in reluctance to share information about personal needs.

In relation to personalised care and support in particular, the research found:

*“There is a strong cultural tradition of dependence on family members for support. Gypsies and Travellers feel strongly that they want to maintain this, but admit that it does cause frustrations and leaves some people without adequate support.*

*Following on from this, Gypsies and Travellers face barriers to getting the support they want because that support has not been available unless they move into more traditional housing.*

*Certain elements of personalisation would need to change considerably in order to be adopted by Gypsies and Travellers. For example, Direct Payments would need to be more flexible and more portable from authority to authority”*

(EHRC, 2010).

## Lesbian, Gay, Bisexual and Transgendered people

There are no evidence sources on LGBT groups and Direct Payments, although the Equality and Human Rights Commission included this group in their recent research on Personalisation in the English Regions. The main findings from this study that may give some indication about barriers to take up of Direct Payments were that:

- There is insufficient support available to guide service users through the care pathway (i.e. identification of care and support needs; entry into care and support; and maintaining care and support).
- There is reluctance to disclose information about themselves for fear of being discriminated against. LGBT participants said they had decided not to ‘come out’ to service providers for this reason.
- Links between the statutory sector and voluntary sector organisations were cited as a means of supporting older people and LGBT people to access services.
- The LGBT people interviewed raised concerns that the failure to monitor sexuality and gender identity could undermine the service providers understanding, the quality of service delivered, and the confidence of LGBT service users, that these services can meet their needs EHRC (2010).

## Children and young people

Take-up of Direct Payments for children and young people is low and this is reflected by there being only limited evidence available in the literature.

The most detailed study available was from a pilot targeted at families with disabled children in Swindon (Swindon Borough Council, 2006). Although the pilot only involved eight families with disabled children who were receiving Direct Payments, the in-depth qualitative responses are very informative. The report from the pilot highlighted a range of barriers experienced by both service users and staff, particularly social workers, which included:

- The assessment process – staff found this difficult to understand. Social workers found it difficult to calculate the hourly rates, and parents were unclear how the amount of money they received was broken down.
- Delays in obtaining Direct Payments – five families had to wait a significant amount of time before the pilot began and they were able to receive the services they needed.
- Lack of joined up working between agencies hindered access – parents felt that information was not being openly shared between different agencies and this affected the extent to which they were able to manage their Direct Payments and arrange care.

Additionally, the study highlighted concern about the considerable regional variation in implementation. There were differences across a range of issues, including levels of provision of one off Direct Payments; the level of payment rates; and the involvement of support groups. Equally important was the variation in provision of Direct Payments for different groups. The most significant level of provision was for people with a physical disability or sensory impairments, and the lowest provision was for people with a mental health problems. But this general pattern was also found to vary across local authorities.

There have also been two Individual Budgets pilots – Dynamite and Taking Control – run by In Control, both of which were aimed specifically at children and young people (Poll and Duffy eds., 2008).

The Dynamite pilot aimed to provide Individual Budgets for disabled children and young people at transition stage (14-25yrs) with a view to facilitating a seamless move from children's based adult services. The Taking Control pilot focused on the provision of Individual Budgets to disabled children aged 0 to 18.

Anecdotal evidence indicates that the pilots have had a significant positive impact. For example, some of the pilots has been particularly successful at targeting young people from BME communities, who found the approach more culturally sensitive. This work did however highlight concerns over the issue of access to independent support. In particular, that within the children's sectors there were fewer support options and service providers and a large amount of in-house service provision.

# Barriers for professionals

## Training

The literature on Direct Payments highlights the importance of frontline staff being up-to-date with knowledge about support options: *“If people considering their options for social care support are to be helped to feel confident, professionals, particularly those advising on Direct Payments and Personal Budgets, need to maintain their knowledge levels?”* (Baxter, Raibee and Glendinning 2011).

However, while there is evidence that social workers understanding of Direct Payments and personalisation has increased in recent years, a large minority are still “in the dark”, and there is evidence of *“patchy provision as well as questions as to whether all social workers require the training”* (Lombard, 2010).

## Culture of risk-aversion and conservatism

There is evidence in the literature that risk-averse and conservative attitudes amongst social care professionals are still acting as a drag on uptake of Direct Payments. For example, a recent Social Care Institute for Excellence (SCIE) report on risk enablement and safeguarding in the context of self-directed support highlighted that: *“defensive risk management strategies or risk-averse frontline practice may result in individuals not being adequately supported to make choices and take control”* (Carr, 2011).

Another recent survey by Community Care and trade union Unison also found that: *“concerns about risk and vulnerability were a major feature of social workers views about Direct Payments and personalisation. Of the 600 social workers who responded, only 11% viewed the plan to extend personalisation to all users as appropriate, and 95% of those working in local authorities feared the risk that users may become more vulnerable”* (Samuel, 2010).

A recent study of local variations in factors influencing take-up also highlights ‘protectionist’ and risk-averse approaches to public services, *“neither of which are helpful in promoting Direct Payments”* (Fernandez et al, 2007). Similarly, the IBSEN study on the individual budgets (IB) pilots indicated that: *“care managers working with older people tended to be relatively paternalistic, protective and risk-averse, and did not feel that older people could cope with managing an IB and did not want to ‘burden’ them with extra responsibilities?”* (Carr, 2013).

As Fenandez et al point out, these attitudes could be part of a broader problem reflecting ‘unreconstructed’ paternalistic traditions at corporate level in some local authorities: *“Professionals may be acting in a less obviously self-interested but still obstructive fashion. For example, finance officers may have legitimate professional concerns about probity and accountability. Front-line care professionals may take the view that the clients with whom they deal, or the social circumstances in which they operate, are respectively too vulnerable and inappropriate”* (Fernandez et al, 2007).

## Concerns about fraud and abuse

Concerns about the possibility of fraud and abuse can also act as a brake on professional's willingness to promote Direct Payments in some cases. However, while a recent Audit Commission report did identify the need for local authorities to manage the risks of fraud and abuse as Personal Budgets and Direct Payments are scaled up, the report also concluded that actual levels of abuse are low and occurrences rare. Consequently, there is no real reason for concern as long as routine procedures are followed: *"Personal budgets will be linked to the drawing up of care and support plans, which will have a statutory basis and will set out both the eligible needs and the outcomes to be achieved. This will ensure that outcomes can be monitored and any risks assessed and managed"* (Audit Commission, 2011).

## Structural barriers to take up of direct payments

### Legal and statutory framework for Direct Payments

A very informative Impact Assessment published as a background paper for the recent 'Caring For Our Future' White Paper sets out a number of structural and organisational barriers that are likely to have an impact on access to, and take-up of, Direct Payments, including barriers relating to the legal and statutory framework for Direct Payments:

*"The current legal framework does not require councils to provide Personal Budgets. As the law stands, local authorities have had a power to offer Direct Payments since 1997, but individuals with eligible needs can only request, not demand them. Also, Personal Budgets do not currently exist in law and the term currently only describes where a notional sum for care is allocated to an individual.*

*The absence of a clear statutory framework makes it difficult to set a consistent expectation of local authorities that all services should be personalised. Some are already making great strides in this area but legislation is required to make personalised care common practice"* (Department of Health 2012).

### Restrictions on eligibility for Direct Payments

Not all groups of users are able to access Personal Budgets and Direct Payments. *"Current regulations do not allow those in long-term residential care to access to Direct Payments. This disparity in access to personalised support was highlighted during the Caring for our future engagement and chimes with the Law Commission's view that choice and control should not be limited only to people in community settings. Some local authorities have begun to introduce*

*Individual Service Funds (ISFs) as a personal budget option for people in residential settings (mainly adults of working age with complex packages) who have some (limited) control over the delivery of their care and support, but progress has been slow” (Department of Health 2012).*

## Monitoring safety and quality

The Association of Directors of Adult Social Services (ADASS) have also recently highlighted structural barriers to improving take-up, particularly barriers relating to setting up appropriate infrastructure and processes to support Direct Payments. ADASS have also highlighted a challenge for policy makers, local authorities and their partners to balance concerns about the impact of less well monitored systems on quality, reliability and safeguarding on one hand, and the bureaucracy and cost of additional monitoring on the other:

*“Many believe that Personal Budgets and Direct Payments are not having sufficient impact on changing personal experiences and outcomes for older people. Some areas are struggling with arrangements to ensure service quality, safeguarding and cost effectiveness. In addition, there are concerns about consistency of approach across the country, equity of access to resources, and the transfer of service risk from councils to vulnerable individuals” (ADASS, 2012).*

This view has also been echoed in a recent study of the factors linked to geographical variation in take-up of Direct Payments.

*“Despite the apparent simplicity of the idea of Direct Payments, its design and practical implementation are highly complex processes. Establishing arrangements in the first place and then rolling them out in actual delivery involves wide-ranging modifications to the existing architecture of service organisation, as well as introducing completely new elements” (Fernandez et al, 2007).*

## Resources and costs

Scarcity of resources is seen as another structural barrier, especially in the current economic climate:

*“... the resource rationing processes currently in place within local authorities, in the prevailing fiscal climate, could undermine options ... First, they affect care managers’ abilities to offer Direct Payments at a sufficiently generous level, and hence their willingness to offer them at all. If the current regime is austere, local authorities are tending to respond by tightening eligibility criteria, which in turn means that only the most dependent people qualify for local authority support. If (correctly or incorrectly) it is believed that higher dependency is associated with a lower likelihood of direct payment appropriateness, then these pressures are undermining the feasibility of extending Direct Payments. Second and relatedly, constraints on local budgets are perceived to limit the capacity to employ personal assistants appropriately” (Fernandez et al, 2007).*

Increased set-up and implementation costs can also be a barrier to local authorities making progress with take-up of Direct Payments and other aspects of personalisation (especially where systems are not yet fully in place for Personal Budgets), although the perception of extra costs is sometimes stronger than the actual costs involved.

In a survey conducted in 2008 by LGA and ADASS, it was shown that 19 local authorities (13%) already had systems in place for all user groups to receive Personal Budgets and that 51 (34%) had a system in place only for some people. *“It could therefore be assumed that 81 local authorities will experience full set-up costs if all care users are to access Personal Budgets, and 51 local authorities are likely to experience some cost in developing their systems for all user groups”* (Department of Health, 2012).

## Underdeveloped infrastructure

Another structural barrier highlighted in the literature relates to the infrastructure for supporting Direct Payments, including an under-developed market for support services, and barriers to entering the market – particularly in local voluntary sectors and for smaller user led groups (Fernandez et al, 2007; EHRC, 2010). This leads to a lack of choice and difficulties accessing advice and brokerage support in some areas and for particular groups, who are particularly poorly served:

*“Amongst providers, the ‘traditional’ care market still persists. Providers that responded to the questionnaires .... were aware of personalisation, but on the whole had not begun to implement any changes to their practices, let alone think about how to meet the needs of specific groups. There was also a view from people involved in the project of limited engagement of providers in the broader personalisation agenda. As a consequence we found little evidence of innovation in terms of how the social care market is developing. While some innovative services are emerging, the traditional, larger ‘block’ providers are able to provide services at a lower cost than smaller independent ‘specialist’ providers, with the effect that the latter are frequently too expensive for many potential users. Commissioners have invested heavily with large block providers, leaving little opportunity or capacity to develop the potential of smaller (often user-led) organisations to compete within a commissioning environment”* (EHRC, 2010).

## Particular issues for rural areas

Take-up of Personal Budgets in rural areas suggest people see them as a viable and positive solution to meeting their support needs. The Orkney Islands in Scotland, for example, has one of the highest take-up rates for Direct Payments in the UK *“because it allows people to devise creative, localised solutions rather than relying on remote professional services that call only occasionally”* (Leadbeater et al, 2008).

However, recent research indicates that there are difficulties in realizing the potential of Direct Payments in rural areas, such as the changing nature of rural populations and communities; difficulties with finding personal assistants and the transport costs associated with their employment (Manthorpe and Stevens 2008).

## Factors associated with positive take-up of direct payments

The most comprehensive study to date on factors influencing greater take-up of Direct Payments was carried out by CSIP, which reported that by far the most important factor was: *“an effective local support organisation”* (CSIP, 2006).

**The other important factors identified in the literature include:**

- Capacity building for social care professionals.
- Strong leadership from managers and local politicians.
- Positive attitudes toward Direct Payments.
- Good support through legislation, policy and guidance.
- Streamlining bureaucracy and offering access to support with administration of Direct Payments.
- Effective partnership working at commissioning level to ensure adequate resources are available to support Direct Payments.
- Reflecting the qualities which people value in respect of services bought with Direct Payments in overall commissioning strategies.
- Use of Independent Living Trusts, and other models for third party schemes.
- Advocacy for potential direct payment users.
- User involvement direct payment scheme design, implementation and ongoing practice.
- Equitable access to Direct Payments and equity between the level of resources allocated to services and Direct Payments.
- Accessible information on Direct Payments for service users and carers.
- Making sure people are kept informed about how their Payments are managed and how much their budget is.
- Access to peer support to help build confidence and capacity.
- Improvements to the information provided by councils about entitlements to social care services.

The literature also contains evidence on good practice for some of these issues, which is summarised below.

## Easy and supportive processes for managing Direct Payments

Councils can have a major impact on outcomes by considering how they help people through all stages of the Personal Budgets process. *"This is reinforced by the findings that people reported more positive outcomes across the board if they felt their council had made all aspects of the personal budget process easier"* (Hatton and Waters, 2011).

Other good practice noted in the literature includes: not requiring people to keep receipts for small items of expenditure; clear information about how under-spends will be dealt with; and implementing alternative ways of carrying out audits (e.g. a home visit) for people with high value Direct Payments (Newbronner et al, 2011).

## User involvement and maximizing choice and control

The support planning process is of critical importance. People who feel that their views are more fully included in their support plan are more likely to report positive outcomes. Also, the source of support for planning with the most positive impact appears to be getting help from someone independent of the local authority (Hatton and Waters, 2011).

The evidence also indicates that people are more likely to build up the confidence to make more informed choices when they have: *"peer support, digestible information and easy-to-use tools to help them visualise their plans. Evidence from similar schemes abroad suggests that people using Personal Budgets gradually move away from traditional services and become more creative in designing their care"* (Leadbeater et al, 2008).

For children and young people in particular there is also evidence that partnerships between Disabled Children's teams and independent advocacy and support services lead to positive outcomes (Swindon Borough Council, 2006), as well as use of workshops to aid the support planning process which involved the young person, family and a range of paid supporters (Poll and Duffy, 2008).

## Access to information, advice and support

*"Both the Personal Outcomes Evaluation Tool (POET) survey results and the ODI Report on Support, Advocacy and Brokerage indicate that people are more likely to opt for Direct Payments "and stick with them" if they have had received brokerage or peer support external from the council. Evidence from the POET survey and NAO interviews with personal budget*

*holders is that switching between services even with a direct payment, is not easy, and people need to advice to make the best use of the flexibility that goes with a personal budget; ... Such help might take the form of 'brokerage' or 'advocacy'. However, the coverage of this type of support is variable across the country" (Department of Health, 2012).*

Elsewhere it has been shown that for Direct Payments *"lack of information and support for the financial and administrative side of managing Direct Payments can lead to people reverting to conventionally provided services after relatively short periods of time?, suggesting that, in order to have a positive impact on take up, information and advice needs to be available to older people and families at the point of deciding whether to take up the personal budget option at all (Arksey and Baxter, 2012; Davey et al, 2007).*

A review of evidence by the Social Care Institute for Excellence (SCIE, 2009) noted that brokerage and support is needed but the support infrastructure is not yet sufficiently well developed in the UK. Again, other evidence indicates that support is more successful when it is independent of the service system. This is particularly true for people who may lack capacity to access, process and act on an often complex and expansive range of information (Campbell et al, 2011; Hatton and Waters, 2011; Scourfield, 2010).

For mental health users and survivors, additional good practice includes: local targeting of clinics, community centres, community psychiatric nurses (CPNs), general practitioners (GPs), libraries, post offices, patients' councils and patient advice and liaison services (PALS); and use of existing information networks, for example websites, to spread information (Ridley and Jones, 2002).

## Tackling the culture of risk-aversion and conservatism

In order to overcome the obstacles to higher uptake of Direct Payments associated with negative attitudes it has been suggested that one way forward could be to establish direct payment "champions" who can speak up for and represent the needs of particular care groups within professional settings (Swift, 2007).

Other practice and strategies that have been shown to be effective include: closer joint training between support providers and local authority staff; exchange of ideas between local authorities, local support providers and users; and, a closer working relationship between providers and care managers to promote their role and encourage referrals (Newbronner et al, 2011).

## Building the capacity of social care professionals

Care managers who have successfully implemented Direct Payments point the following key elements to achieving positive outcomes:

- Adequate training.
- A supportive line manager.

- Permission to take time to think and work creatively.
- Their own confidence and enthusiasm about the potential of Direct Payments and putting this across when presenting Direct Payments as an option to their clients.
- A clear understanding of the support offered by Direct Payments support services (Clark, Gough and McFarlane, 2004).

Other studies have also highlighted targeted training and support for frontline staff as an important factor in achieving a higher level of take up of Direct Payments (Davey, 2007; Mind, 2009), with training in carrying out genuinely person-centered assessments being cited as particularly important (Spandler and Vick, 2004).

## Building users' capacity to manage Direct Payments

The literature highlights that people who want to use Direct Payments can benefit from a range of support to build their capacity and confidence, such as:

- Clear guidance about what is expected in terms of records and paperwork.
- Optional training on managing Direct Payments.
- Having a nominated person that users can contact in the event of problems.
- Multiple referral routes to providers from all types of community organisation.
- Outreach activity and/or facilitated 'warm-up' sessions to enhance peer support (Newbronner et al, 2011).

The literature also highlights specific practice that can be of help to particular user groups. For example, support systems for mental health service users and survivors can include specialist advocacy support and other user-led support initiatives, as well as better use of specific tools developed in the mental health field, including crisis planning, self-assessment diaries, and guidelines for PAs to follow if the Direct Payment recipient becomes unwell (Luckhurst, 2006; Heslop, 2007). In the case of children and young people, the Dynamite and Taking Control pilots illustrated that, to mitigate any risks, each young person can be given a 'practice budget' at the outset of the process to enable them (and their supporters) to work through the process of making a support plan (Poll and Duffy, 2008).

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# Other relevant resources from Think Local Act Personal

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Self-Directed Support: Reducing Process, Increasing Choice and Control  
[www.thinklocalactpersonal.org.uk/browse/sdsandpersonalbudgets/](http://www.thinklocalactpersonal.org.uk/browse/sdsandpersonalbudgets/)

How to commission really good direct payments support  
[www.thinklocalactpersonal.org.uk/Blog/GOOD\\_DPI/](http://www.thinklocalactpersonal.org.uk/Blog/GOOD_DPI/)

Improving direct payment delivery  
[www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/Paper3ImprovingDirectPaymentDelivery.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Paper3ImprovingDirectPaymentDelivery.pdf)

Rethinking Support Planning  
[www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/Paper2RethinkingSupportPlanning.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Paper2RethinkingSupportPlanning.pdf)



**Think Local Act Personal** is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)