



Direct Payments


What are the barriers?

The Commission for Social Care Inspection is the single social care inspectorate in England, bringing together the social care aspects of the National Care Standards Commission, the Social Services Inspectorate and the SSI/Audit Commission Joint Review Team.

The Commission was created for a clear purpose – combining regulation, performance assessment, inspection and review in order to deliver a rational and integrated approach to the overall assessment of the quality and efficiency of social care.

The Commission's prime function is to promote improvement in social care and it aims to do this by putting at the centre of all its work the adults and children who use social care services.

The statutory responsibilities of the Commission include:

- encouraging improvement in both local council and regulated social care services
 - assessing the performance of local councils in meeting the social care needs of their local population, and assigning their star ratings
 - inspecting all social care for adults and children, in the public, private and voluntary sectors
 - supporting and conducting research into the effectiveness and value for money of social services
 - advising Ministers on social care policy issues
 - reporting annually to Parliament and Ministers on the state of social services provision and how resources have been used.
- 



Direct Payments

What are the barriers?

A report by the Commission for Social Care Inspection

Contents

- 1 Chair's introduction** 2
- 2 Summary** 5
- 3 Background** 7
- 4 Key recommendations for action** 19

- Annex A** 23

- References** 25

1

Chair's introduction

The Government is committed to revitalised, modern public services offering range, quality and choice. Investment in public services is linked to reform and improvement. With nearly £14.5 billion of public money invested in social care services, the new Commission is expected to play a leading role in promoting improvement in the service.

Indeed, our prime function is to promote improvement in social care. And we will do this by taking as our starting point at all times what the people who use social care services, their carers and families tell us about their experiences and what they want from their services.

We have been listening from the start. And no matter what their age or background, people tell us they want social care services which offer choice, control, independence and flexibility. Direct payments – where people are given the money to choose and pay for their own social care – do just that. They represent a massive change in commissioning and providing social care. They are part of a strategy to introduce very different ways of

working with older people, with disabled people aged 16 years or over, with people with parental responsibility for disabled children and with carers aged 16 or over. At best, direct payments are an outstanding example of Government policy intention – to extend choice in public services – being delivered on the ground.

But with fewer than 13,000 people currently using direct payments, something is clearly getting in the way of take-up. The Commission wanted to find out what it was. So we brought together people who use direct payments and their carers, and asked them to tell us about what worked for them and what didn't. We then invited a group of people with different perspectives on the issue, including people who use direct payments and policy makers, to participate in a seminar to help us identify what changes were needed in policy or practice to make direct payments easier to use and more widely available. Most of the people who talked to us about their use of direct payments spoke movingly about how those payments had transformed their lives. But it soon



became clear that getting access to and using the direct payments wasn't always easy, with people facing three common barriers – lots of paperwork, lack of information and councils' reluctance to embrace direct payments as a realistic option for more people.

We are concerned that a genuinely imaginative and positive initiative will never be available to many people who could benefit, unless the obstacles to take-up are swiftly removed. This report outlines barriers to implementing direct payments, and proposes action to remove them. It contains a plea for clearer principles, standards, targets and incentives. It calls for inconsistencies in local procedures to be swept away. And it urges policy makers and providers to do away with confusing terminology, unnecessary paperwork, bureaucracy and unreasonable criteria. The report also recommends better staff recruitment and development, and clearer information for potential candidates and the people who use direct payments about the work of a personal assistant.

Having listened to what people have told us and stimulated debate with policy

makers and practitioners, the Commission is also presenting this report to the Secretary of State for Health as part of our contribution to the development of the Government's vision for adult social care services.

Of course, not everyone will want to use a direct payment. But the qualities that people value from using them – choice, control and increased flexibility – need to find their way into mainstream service provision. And direct payments should be genuinely available to all eligible people. Direct payments can and do change people's lives. We want them to change *many more* people's lives. And to achieve this it is crucial that the voices of the people who are at the very centre of this debate – the many thousands of people who use social care services every day – are heard.

For me, perhaps the most important message to come out of these two events is that the problems surrounding the implementation of direct payments are, in part, simply a failure of imagination. A genuinely progressive initiative is under way, signalling a programme of change for the whole of



Chair's introduction

social care. We all need to work together to make the changes happen and create the kind of social care services which people tell us they want and value.

This report provides:

- some background to the development of direct payments and the latest information on take-up
- feedback from the people who use direct payments and their suggestions for change
- points raised in the policy seminar which followed this consultation event
- some key action points and recommendations for Government departments and others in contributing to the development of direct payments – a genuinely person-centred approach to delivery of better care and support services.

Dame Denise Platt DBE
Chair, Commission for Social Care
Inspection

2

Summary

- 1 This report includes the findings of a consultation event and follow-up policy seminar that the Commission for Social Care Inspection (CSCI) held in June 2004. The purpose was to collect evidence and opinions about factors that were limiting the successful implementation of direct payments – the policy whereby people receive cash in lieu of social services, which they are assessed as needing, in order to arrange their own care and support. Though growing, the number of people receiving direct payments remains disappointingly low.
 - low staff awareness of direct payments and what they are intended to achieve
 - 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
 - inadequate or patchy advocacy and support services for people applying for and using direct payments
 - inconsistencies between the intention of the legislation and local practice
 - unnecessary, over-bureaucratic paperwork
 - problems in recruiting, employing, retaining and developing personal assistants and assuring quality.
- 2 Views were collected from a range of people: among them people using direct payments and those responsible for developing them locally, policy makers from central and local government, and researchers. The events deliberately focused on the barriers limiting take-up and inhibiting the use of direct payments, and ways of removing them.
- 3 The barriers are broadly seen to be:
 - lack of clear information for people who might take advantage of direct payments
- 4 Recommendations are made for purposeful action by central and local government, the Association of Directors of Social Services, the Local Government Association, the National Centre for Independent Living and the Social Care Institute of Excellence. They focus on action to:



Summary

- provide better and more widely available information about, training in and promotion of direct payments, which has already proved its worth as a major new initiative in social care
 - end inconsistency and confusing overlap, for instance in respect of different Government initiatives
 - improve the information provided by councils about entitlements to social care services and to reflect the qualities which people value in respect of services bought with direct payments in overall commissioning strategies
 - ensure applicants and recipients of direct payments receive earlier and better advocacy and independent support services
 - invite consideration by the Department of Health to setting up a multi-disciplinary direct payment taskforce to work alongside councils; to include people who use direct payments, advocacy workers, auditors, benefit and inland revenue staff and to provide a strengthened national focus for development
 - streamline local bureaucracy and remove some of the burdens from the people who use direct payments
 - define the employment of personal assistants as a distinct category, not as 'small businesses'
 - consider how the operation of Criminal Records Bureau checks might be made available in an easily accessible way.
- 5 The Commission is looking at how *our* work can contribute to wider availability and greater take-up of direct payments. And we will be working with our partners to ensure that the recommendations of this report are followed up in advice to central government and in monitoring and commenting on local practice.

3

Background

Direct payments (cash in lieu of social services) for adults of working age were introduced in April 1997. They were extended to older disabled people in 2000. Since April 2001 direct payments have been available to carers, parents of disabled children and 16 and 17 year olds. Availability of direct payments has also been extended to people with short-term needs (for instance someone who needs help at home while recovering from an operation) and for Children Act services to help disabled parents. In April 2003 regulations came into force that require councils to offer direct payments to all people using community care services.

People who receive direct payments speak highly of them. They fundamentally alter the traditional relationship between the person using a service and the statutory services, handing back real control to the individual. Direct payments have been described as the 'prime example' of extending choice in public services¹. Many people say that direct payments have changed their or their families' lives in positive and important ways.

'"Bob" has come back from Amsterdam with his carers – It's the first time he's been abroad.'

'We can now have a break, this is for the first time in 17 years.'

The Government has urged councils to promote direct payments, and has encouraged take-up by supporting the work of the National Centre for Independent Living. The Direct Payments Development Fund was set up by the Department of Health to support the role of the voluntary sector in expanding use of direct payments; a new guide to direct payments was published in September 2003²; and since 2002-03, the take-up of direct payments has featured in the indicators against which social services' performance is rated³.

But despite all this and the fact that the numbers taking up this option have been steadily rising, the number of people receiving direct payments remains disappointingly small. According to the latest figures reported by councils⁴, around 12,600 people were receiving direct payments in September 2003, compared with nearly 8,000 a year before and nearly 5,500 in 2001. Most are people with physical disabilities aged between 18 and 64. The number of people from other groups receiving direct payments has grown over the period, but only gradually. In



Background

September 2003, for example, fewer than 2,000 people aged over 65 were using direct payments and only 229 people with mental health problems.

Table 1 shows the groups that can claim direct payments and take-up for all three years. The 2003 figures are still provisional, and some of them may be revised. These numbers also hide very wide variations between councils and between regions of the country, with the South Eastern and Eastern Regions doing better than the rest. The total number of people receiving direct payments for 30 September 2003 is around 60 per cent higher than in 2002. Overall, take-up by some groups is expected to grow significantly, but often from a low base.

Earlier this year, the Commission's first report revealed what people want from social care services in their later years. *When I Get Older*⁵ was based on a MORI survey of adults of all ages. A key finding was that three-quarters (73 per cent) of all the people asked thought that older people needing social care should be given money by Government to choose and pay for it themselves. This shows the very high level of support for the direct payments approach in the population at large.

Table 1

Receiving Direct Payments England	30/9/2001	30/9/2002	30/9/2003
Total number of recipients	5,423	7,882	12,585
Older people (65+)	537	1,032	1,899
People with learning disabilities	353	736	1,337
People with physical disabilities	4,274	5,459	6,944
People with sensory impairment	100	159	207
Young carers	3	3	12
People with mental health problems	61	132	229
Carers of disabled children	66	228	875
Disabled children (aged 16-17)	8	38	125
Carers (for carers' services)	21	95	957

Source: Councils' Delivery and Improvement Statements, 2001-03, CSCI

What gets in the way?

In June 2004, CSCI held two events, in order to find out more about what is holding back the implementation of direct payments. We asked: 'What are the barriers, and how can we remove them?' The discussion and analysis provoked by these two events form the content of this report.

The first event, in Birmingham, was hosted by CSCI Commissioners and staff and attended by 32 people, of whom 21 were in receipt of direct payments and 11 were direct payment workers, personal assistants or carers.

'Direct payments are great, they're fantastic. It's everything that goes with them that is the drawback.'



What people said – experiences, views and comments

The overwhelming response from people using them is that the concept of direct payments is excellent, and that it has enabled people to make the most of their lives by allowing flexibility, choice and control over their care packages:

'Direct payments give me independence and control over my time. I used to have to wait for social services staff to come.'

'Direct payments give me control. I now have a say in what I eat and drink, when I have a bath, what I do and when I do it. I can choose carers that can help me to live my life. I can have continuity instead of a different carer every day.'

'I live alone and I wouldn't be able to do this without the direct payments scheme.'

'Direct payments have been brilliant. The children have been able to live a normal life and my husband has not had to give up his job.'

'Direct payments have been very flexible for me. I joined a gym, which is great. I pay for it but direct payments pay for my transport there and back. I work at the Citizens Advice Bureau and they pay for a taxi to and from.'

People also told us that there are differences in the way that each council administers direct payments. Councils have different rules about how people can spend their direct payment money. Some councils have very strict and rigid policies and this can undermine the potential flexibility of the direct payment initiative. People in receipt of direct payments think that this indicates that the council doesn't trust them to spend their direct payment money properly and they find it patronising. It also means that the direct payment money doesn't feel like it's their own.

'My council is very strict on how the direct payment is spent. People are only able to use it to purchase care that is stated in their care plan On the one hand they give, and on the other they don't trust you.'

'I wanted to pay for a respite care break but they [the council] sent me to a disabled care home instead.'



Background

People want to be trusted to spend their direct payment money on the things that they need. They want flexibility and control.

People want the Government to issue clear guidelines on how to operate direct payments in order to remove the potential for different interpretations by councils and staff who may not understand the system.

Direct payments and state benefits

Some people found it difficult to understand how direct payments affect the other benefits that they receive – particularly Independent Living Fund and Disability Living Allowance. Councils have different systems for assessing people's contributions to their care costs and these are not always clearly explained. Some people have experienced difficulties with welfare benefit services because the staff do not have enough knowledge about direct payments.

'Fighting with the Benefits Office – they didn't understand the independence of the direct payments scheme and they wanted my money. They didn't understand that care staff are directly employed by ordinary

people. There needs to be a national publicity campaign.'

'People always ask if direct payments will affect their other benefits. It's very complicated sorting out the money and if someone is not very well it would put them off.'

People want clear information and advice on welfare rights and councils' charges in respect of contribution to care costs.

Welfare rights and benefits agencies must have up-to-date and accurate information about direct payments.

Direct payments and support schemes

As a recipient of direct payments there are significant administrative tasks to be undertaken, including the employment and management of care staff, taxation and accounting issues. There are differences in the level and standard of support offered to direct payment users by councils in respect of these issues. The quality of the support provided has a significant impact on the experience of using direct payments. Some councils have commissioned independent agencies to provide a support service to direct payment



users. People said that they prefer an independent body to provide the support service.

'I don't want interference from social services. I prefer independence.'

'I want an independent body – people won't trust social services.'

The standard of support service varies, from some being regarded as excellent, to those who have given inaccurate advice on employment issues and are not found to be particularly helpful.

'Independent Living Services deal with payroll so I don't need to report back every week on how I spend the money. They also have all the knowledge about laws, sick pay and so on.'

'The service gives out a standard Contract of Employment for your staff. I found out that this contained information that didn't comply with current employment laws.'

People said that they wanted a reliable support service (preferably independent from the council) that could provide help with the recruitment and training of care staff, employment legislation, filling in forms and keeping records.

The council should provide some form of training for people when they start to use direct payments so they know, for example, how to recruit and employ staff and keep records.

The council or the support service should provide a named person or Independent Living Advisor, who can provide information, advice and support to each recipient of direct payments.

Direct payments and employment issues

People said that dealing with employment and administrative issues on their own, or having an unreliable support service, can be a major source of stress to them. The worry about this could serve as a barrier to people who are considering using direct payments. Two people reported favourably on their local Inland Revenue office providing an outreach worker to help in the completion of their tax returns.

'The move from direct services to direct payments is a big one. We need support at the start and right through to the end.'



Background

'Inland Revenue class me as an employer. I do a tax return, holiday pay etc. My council doesn't do this for me. Lifestyles charity set it up for me. It's depressing when you are ill to have to do all the paperwork.'

People said that recruiting and employing staff could be very difficult. Some people recruit their own staff by word of mouth or by placing adverts in local newspapers and shop windows. Other people use care agencies to obtain their staff. Both approaches have difficulties.

'I advertised for a personal assistant and twenty people wrote in. Eleven applied and I interviewed four. One was accepted, offered the job and then refused it.'

L has had the same personal assistant for twelve months. She is one of six carers – four regular ones and two on standby. This is hard for L to juggle, particularly if a carer is ill or can't come at the usual time. L finds the admin difficult.

'I get anxious and if I have to get someone from the agency they are not always as good.'

Difficulties can also be experienced when trying to get staff to work early in the morning or late in the evenings. These difficulties sometimes result in people having to go to bed too early.

'It's horrible having to go to bed at six or seven o'clock at night.'

In some areas the workforce does not have people with the required skills and this adds to the difficulties in recruiting staff. Recruiting staff in rural areas can be particularly problematic.

'I need help getting up and going to bed, with one meal in the middle, that's all, not many hours a week but it's very hard to get this as I live in a rural area.'

People find it difficult to access and pay for training for their care staff. People have to be able to offer staff an 'attractive package' if they are to compete with other bigger employers. People who use direct payments are not always able to do this, as the amount they can pay staff is not enough. Some people are worried about employing staff without being able to do a Criminal Records Bureau check.



People want help with the recruitment and employment of care staff. They want access to training for their staff, for example, in moving and handling people or achieving NVQs. They want to be in a position to offer attractive and competitive conditions of employment.

Direct payments and reasons for low take-up

Councils don't always tell people about direct payments. Some councils do not have any Direct Payments Advisors and people do not get the right advice and information when they make initial enquiries.

'I heard about it. I wasn't invited to apply [for a direct payment]. I pressed for it. Getting information was like getting blood out of a stone.'

Disabled people with children can be denied equal access to direct payments because of perceived social workers' attitudes to disabled parents and home care agencies' reluctance to provide carers who are suitable to work with children. People with mental health problems who need social care are also finding it hard to access the scheme.

The process of obtaining direct payments can be complicated.

'The process needs simplifying. Local authorities lack the knowledge and are unable to offer any helpful advice.'

'It was difficult to set up direct payments in the beginning when social workers didn't know anything about it. I thought it was a new way for social services to get me to use up my energy! Then someone explained it to me and I decide to join.'

People have fears about being responsible for recruiting and employing staff, a fear of dealing with record keeping and filling in forms. The amount of paperwork can be overwhelming. Some have a fear about dealing with money.

People fear moving away from 'what you know' and into the unknown. People can become 'institutionalised' by the care system and unable to cope with change without adequate support. Lack of knowledge of direct payments creates suspicion among potential users.

There is confusion about what direct payments are. The same terminology is



Background

used by The Department of Work and Pensions as a method of paying benefits. People confuse direct payments with means-tested benefits and not something that necessarily applies to them.

People suggested that the term 'direct payments' be changed to something that more accurately describes them. Examples were: Direct Social Care Payment, and Self Care Management Scheme. Others did not agree that the term should change.

'Direct payments are about flexibility – all people need their support and help differently. Please make it easy for us.'

The policy seminar

The second event was a seminar held in London with some twenty people who brought their own specialist knowledge: people who use services, national and local policy makers, practitioners, researchers and social services managers. Seminar participants received a report from the Birmingham event so that the views of people using direct payments informed discussions.

[A list of participants at the London event is included at Annex A.]

Two presentations introduced the policy seminar and set the scene for the debate. The first was from Margaret Whellans, Head of Adults' and Disability Services at Gateshead Council, about how to make the system work; and the second was from Julia Winter, a Director of the Disabled Parents' Network and Essex Coalition of Disabled People, about her own and others' experience of the scheme.

Margaret Whellans described how direct payments had developed in Gateshead. It had taken both time and determined leadership to build capacity in the council and the voluntary sector, to generate political support, to raise awareness in the general population and to get the workforce signed up. She explained how Gateshead had used the development of direct payments to lever change across the whole social care service and to move away from building-based services and towards investing in alternatives. But she warned that there is no quick fix: central functions such as finance and auditors



need constant reassurance, new social workers need information about the scheme, and support and advocacy services still need continuous improvement.

Julia Winter has eight years' experience of using direct payments, and talked about the true independence which direct payments can bring: 'For the first time in years, I could live a normal life,' she said. She runs the national helpline for the Disabled Parents' Network and a user group for direct payments recipients in Essex, so has frequent contact with other people using direct payments. She said that the success of direct payments depended in part on advocacy being available at the time of assessment, independent support services, and training for people who use direct payments and for potential personal assistants. She pointed out that there are examples of good practice and that they should be better disseminated and known. Key to this, she said, was education and information.

The discussion

Information

'Lack of information' was repeatedly raised as a barrier to the growth in direct payments – but this meant several different things.

Participants agreed that information was not reaching people who needed it. Councils have a duty to offer direct payments but participants thought that offers may still be made in such a way as to discourage applicants who do not know all the facts. Sometimes councils over-emphasised the risks, which could exacerbate people's fears, rather than offer sufficient support and encouragement to make the change.

For the offer of direct payments to have a realistic chance of translating into real personalised services, councils must improve the support and information they provide and ensure that advocacy services are available at the assessment stage.

Participants agreed that many staff did not fully understand the purpose and



Background

philosophy of direct payments and did not have a full understanding of their potential for many of the people they work with. In addition, newly qualified social workers did not seem to be aware of direct payments. Few social work courses appear to be preparing graduates to work with direct payments.

Academic and training agencies need to ensure that the philosophy of choice and independence, which underpins direct payments, is a central part of modern social work training. Turnover in the social care workforce means that cultural change is sometimes short-lived. Training agencies and local managers need to focus on social workers' needs for support, training and information.

Participants agreed that other Government departments – beyond the Department of Health – need to understand the purpose and potential of direct payments and the implications for their policies.

It was generally thought that the use by the Department of Work and Pensions of the term 'Direct Payment', in relation to payment of a range of benefits directly into people's bank accounts, had created confusion.

Cautious councils

There was evidence that councils had introduced many reporting and audit systems that were experienced as being disproportionate to the risk of misuse of the payment. Councils applied a 'one size fits all' system of monitoring the use of a payment, regardless of how long a person had been receiving a direct payment and their record and experience of using them.

Participants were also concerned that some councils appeared to be over-prescriptive about how the direct payment could be applied – thus removing the very flexibility such payments were intended to introduce. Such attitudes appeared to be based on a stereotype, which only saw what people are unable to do rather than what they can be supported to do. Such attitudes are severely restricting the growth of direct payments. Anxieties from local finance departments or local auditors also appear to influence such a cautious approach.

It was felt that many councils had not yet fully exploited the potential of their (admittedly fairly new) power to



promote the well-being of people in their areas. This could be used in support of those people who wanted the benefits of direct payments.

Advocacy and support services

Participants agreed that the level of support offered could affect the experience of the person using a direct payment, and that this support should be given as long as the person considered that they needed it – this could vary depending on the person concerned. Arbitrary limits to support could be counter-productive.

Support services that offered the option of the person purchasing some infrastructure support (such as payroll, or recruitment assistance) seemed to be particularly valued. On occasion people needed legal advice, and assistance on how to access this is also valued.

A central information service, which could back up local services, was also suggested. It was agreed that advocacy services, which are needed right from the start of the application process, are in short supply in some areas, particularly rural areas. Some participants considered that councils

should not be totally excluded from providing such services.

Personal assistants

The shortage of personal assistants in all regions is seen as a major challenge to the success of direct payments, especially where potential applicants might be drawn into other areas of work. Prospective staff can experience uncertainty about their conditions of employment and they may be offered variable rates of pay. They want proper employment conditions, which recognise their needs and rights and suitable opportunities to develop their skills and competencies. People who employ personal assistants using their direct payment have found that the ‘small business’ model of employment does not work.

Participants considered that personal assistants should have access to suitable development opportunities to build their skills and competencies, thereby improving the quality of the services they offer and making the work more attractive.

Impact of different systems

Participants shared concerns that people are given poor advice about how



Background

direct payments may impact on other payments or benefits they receive – from the Independent Living Fund, for example. The position should be clarified for Department for Work and Pensions staff, council staff and the people using services. Different approaches across agencies are also creating barriers to take-up. Participants highlighted that an area likely to have an increasing impact is the fact that the NHS *cannot* make direct payments to individuals for their health care needs. This causes an additional administrative complexity for those with interrelated health and social care needs.

Assessment

Participants considered that the barriers to direct payments began at the assessment stage. They felt that a ‘whole-person’ approach to people’s individual care needs should form the basis of every assessment and there should not be a separate assessment for direct payments. All care planning should promote flexibility and empowerment. The assessment of individual need could lead to the provision of a ‘network of care’, with direct payments funding all, some or none of it.

Commissioning

Participants considered that the introduction of direct payments provides a challenge to usual commissioning patterns. Services need to be developed and secured, bearing in mind what individual choices people using a direct payment will make. The service becomes primarily accountable to the individual paying for it rather than the commissioners. Participants considered that the challenge for commissioners was to ensure that sound and properly supported direct payment services were developed, that mainstream services needed to develop the same flexibility and control offered to those purchasing their services directly, and that commissioners needed to work with providers to be more responsive to the challenge of those using direct payments purchasing their services directly.

Councils need to be supported to develop an approach to strategic commissioning that promotes real independence and empowerment.

4

Key recommendations for action

“It is freedom!”

Everyone involved in the delivery of direct payments must develop imaginative solutions, which encourage everyone – the people who use services, personal support workers, social workers, councils and providers – to take the risks involved in such a radical change.

Increasing take-up of direct payments should not become an end in itself. It represents a cultural shift in public services towards genuinely empowering people to choose and control the way they want to live their lives. Tackling the barriers to take-up means taking action to promote independence, offering better life chances and improved quality of life for people who need social care. This same approach needs to be taken across the whole of social care to deliver the vision for better, more personalised, public services.

But there is still much to do to ensure that direct payments become an integral part of mainstream social care provision. Having carefully considered the points made at the two events described in this report, CSCI makes the following recommendations for action to tackle issues raised:

For central government

A new sense of urgency is needed from the **Department of Health and its partner departments**, if direct payments are not to stall. They need to take the following action:

- Provide more and better information – for prospective personal assistants about the job; for social workers about how the direct payments should work; and for other Government departments about the impact of this approach on all social care and related services.
- Consider promoting the role of personal assistants as part of the social care recruitment campaign.
- Clarify terminology – in particular the confusing use of ‘direct payment’ for two distinct Government initiatives.
- Carry out further detailed study into the practicality of direct payments for NHS services for people who use direct payments and have inter-related health and social care needs.
- Develop clearer standards for the operation of direct payments at local level and make councils’ implementation targets clearer and



Key recommendations for action

more challenging, with locally monitored action plans.

- Reward high-performing councils, providing incentives to improve not just the number of direct payments but the quality of the experience for people who use them.
- The Department of Health should consider setting up a multi-disciplinary direct payment taskforce to work alongside councils, to include people who use direct payments, advocacy workers, auditors, benefit and Inland Revenue staff in order to provide a strengthened national focus for development.
- The Department of Health, the Department for Work and Pensions and the Inland Revenue should work together to solve the problems created by treating the employment of personal support workers with direct payments as 'small businesses'.
- The Criminal Records Bureau should seriously consider how users of direct payments who choose to run a check on a prospective personal assistant can do so easily and

simply, perhaps through the services of an intermediary or umbrella body.

For local government

We need to move away from 'schemes' to seeing direct payments as a mainstream service. Accordingly, development of this policy initiative needs a corporate approach and commitment across the whole council. In particular, leadership at local level must overcome existing management and staff fear of direct payments, improve their on-the-job training about direct payments, and promote a flexible, personalised approach to all social care provision. Specific action is needed to:

- Spread the good news! Nearly 13,000 people are using direct payments successfully and there are examples of imaginative and creative uses to share and celebrate, not least as a means of encouraging others to take up direct payments.
- All councils should ensure proper support services are developed which offer support and advice on employment practice, and, where people prefer, take over some functions – for example, recruitment.



- Increase the capacity of the local voluntary sector, drawing upon funds from a range of sources to provide advocacy and independent support services.
- Consider, in order to develop direct payments as a mainstream service, the related issues of workforce requirements, pay, pensions, holidays, employment status (directly or self employed), development and training of personal assistants.
- Publish clear entitlements so that people understand the options and know what to expect from the council.
- Councils should consider how a better balance can be struck between the efficiency which might come from 'bulk' purchase and individuals purchasing their own care with flexibility.
- Councils need to consider how the qualities which people value can be reflected in the services which people who do not use a direct payment receive and to reflect this in their commissioning strategies.

- Councils should apply the Better Regulation Task Force principles of proportionality, assessment of risk, and information requirements, which are focused on the needs of the person using the direct payments, in their systems of monitoring and accountability for the use of the money.

For the Association of Directors of Social Services (ADSS) and the Local Government Association (LGA)

- The ADSS could play a key role in promoting a review of commissioning and contracting, using this as a basis for the development of flexibility and empowerment in all social care services, and in developing cross-agency and cross-boundary solutions to local problems.
- The ADSS and the LGA might also wish to consider how best they can, as associations working together, support cross-cutting initiatives such as direct payments.

For the Social Care Institute for Excellence (SCIE) and the National Centre for Independent Living (NCIL)

The SCIE and the NCIL have supported



Key recommendations for action

the principle of empowerment of people with care needs, and the development of direct payments since their inception. We therefore suggest that SCIE should examine its future work programme to see how it might contribute to this agenda by:

- producing plain language summaries of research into the demand for – and variety of ways of implementing – direct payments; and broader work on publicising models of good practice in individualised commissioning.
- jointly collect and disseminate models of good practice in delivering direct payments and act as a joint national source of expertise and advice.

Action for CSCI and conclusion

The Commission's chief function is to promote quality in social care, which it defines in terms of the views, aspirations, and needs of the people who use social care. These views have already been explored in the MORI survey⁶ mentioned at the beginning of this report, and in the two consultations reported here. The two events

demonstrate how CSCI plans to act on its core values – it started with the views of users of direct payments and then debated what they said with a group of policy makers and opinion formers to draw out key lessons for the future. We are grateful to everyone who took part and are determined that CSCI plays its full part in making sure the recommendations in this report are acted upon.

So we will be considering, as we draw up our new Corporate Plan for 2005-08, what further work would be appropriate in this important area. We will also, through our links with councils, monitor as part of our performance assessment activity not only the future take-up of direct payments but also how their underlying qualities inform the commissioning and delivery of services to those who do not want such payments.

Finally, we see this report as an important part of CSCI's contribution to the development of the Government's vision for adult social care, as well as its overall vision to improve public services.



Annex A: Commission for Social Care Inspection Seminar on Direct Payments

Name	Organisation	Contact Details
Richard Campbell	Department of Health	richard.campbell@doh.gov.uk
Trevor Chapman	Independent Living Fund	trevor.chapman@ifl.org.uk
Ian Coates	Prime Minister's Strategy Unit	ian.coates@cabinet-office.x.gsi.gov.uk
Jean Collins	Values Into Action	jean.collins@viauk.org.uk
Owen Davies	Unison	o.davies@unison.co.uk
David Day	Recipient of Direct Payments in Hertfordshire	gina.georgiou@csci.gsi.gov.uk
Carolyn Denne	Strategy Directorate - CSCI	carolyn.denne@csci.gsi.gov.uk
John Dumelow	Department for Work and Pensions	john.dumelow@dwp.gsi.gov.uk
Frances Hasler	National Centre for Independent Living	frances@ncil.org.uk
Jeff Jerome	Association of Directors of Social Services	j.jerome@richmond.gov.uk
Rosemary Littlechild	Institute of Applied Social Studies, University of Birmingham	r.j.littlechild@bham.ac.uk
Stephen Lowe	Age Concern England	lowes@ace.org.uk
Helen O' Kelly	Department of Health	helen.o'kelly@doh.gsi.gov.uk
Dame Denise Platt	Chair, CSCI	denise.platt@csci.gsi.gov.uk
Diana Robbins	Social Policy Research Consultant	diana@drobbins.demon.co.uk
Roy Taylor	Director of Social Services, Kingston Upon Thames	roy.taylor@rbk.kingston.gov.uk
Phil Quinn	Criminal Records Bureau	phil.quinn@CRB.gsi.gov.uk
Nicola Vick	Health and Social Care Advisory Service/ Social Exclusion Unit	nicola.vick@odpm.gov.uk n.vick@hascas.org.uk
David Walden	Director of Strategy, CSCI	david.walden@csci.gsi.gov.uk
Julia Winter	Disabled Parents Network	julia.winter@btinternet.com
Margaret Whellans	Gateshead MBC	margaretwhellans@gateshead.gov.uk



References

- 1 See, for example, Leadbeater, C (2004), "Personalisation through Participation", DEMOS, London
- 2 Department of Health (2003): Direct Payments Guidance: Community Care Services for Carers, and Children's Services (Direct Payments) Guidance, England 2003, www.dh.gov.uk
- 3 Performance Assessment Framework Indicator A0/C51, 2002-03, Department of Health
- 4 Figures taken from councils' Delivery and Improvement Statements for autumn 2003, CSCI
- 5 CSCI (2004): "When I Get Older: What people want from social care services and inspections as they get older", www.csci.org.uk
- 6 CSCI (2004), op. cit.



To contact us

Commission for Social Care Inspection

33 Greycoat St
London SW1P 2QF

T: 020 7979 2000

F: 020 7979 2111

E: enquiries@csci.gsi.gov.uk

www.csci.org.uk

Enquiry Line: 0845 015 0120

This report can be made accessible in other formats on request.

Photography: Posed by models, John Birdsall(www.johnbirdsall.co.uk) and CSCI