

Appendix 3: Summary findings from case studies of Local Authorities and Health & Social Service Trusts

	Characteristics of Authority	Overview of Direct Payments	Financial Management	Views of Social Workers	Views of Direct Payments Users	Support Organisation Perspective
Scottish Authority 1 Local	Rural area, some pockets of deprivation. Below UK median use of direct payments. No overall political control.	Positive synergy between LA & support organization. Broad support from senior management – DPs helpful for meeting needs in dispersed rural area. Desire for expansion in the future.	Devolved care management – widespread use of spot contacting.	Heavy reliance on support organization for training, information & help with financial monitoring.	Increase in management of DP on behalf of severely disabled family member. Family members felt DPs gave them greater control over quality of care. Needed extensive support from support organization.	User-led management committee. Major support for DP users and social workers. Undertakes financial monitoring functions on behalf of LA.
Scottish Authority 2 Local	Urban area. Significant deprivation. Below UK median use of direct payments. Old Labour authority.	Lack of synergy between LA & support organisation. Official support from management, but many problems recognized. Managers believed more funds would be released for DPs once demand demonstrated. Historical resistance from UNISON DPs seen as 'creeping privatisation'.	Resources tied up in home care and day services. Separate budget for DPs which was overspent.	Generally resistant. Complaints about lack of training – denied by management. Many concerns: accountability for public money; risk of abuse of vulnerable children & adults; substandard care; practitioner's loss of control; LA liability; users' ability to manage funds; unfair treatment of PAs.	DPs seen as potentially transformative, but believed that LA wanted policy to fail. Support from CIL restricted because of waiting list.	Centre for Independent Living. Difficulty negotiating contract with LA. Believed LA lacked resources for and commitment to DPs.
Northern Ireland H&SS Trust 1	Rural area, low to average deprivation. Number of direct payment users is low but the average value of payment is high.	Positive synergy between the Trust and the support organisation. Support for the policy amongst practitioners and senior management but largely regarded as a more specialist solution. Desire to increase the number of users and	Largely spot contracts with some building-based services.	Policy viewed positively but reliant on several more experienced practitioners to help with applications. General desire for more training.	DPs mainly managed by family members and generally used in most complex care management cases. Users valued the control and flexibility offered and employer status. The introduction of a support organisation was	Centre for Independent Living Satellite worker employed by the Board rather than the Trust. Able to provide information and support for users and will take part in practitioner training.

		plans for training to mainstream the policy.			welcomed.	
Northern Ireland H&SS Trust 2	Largely urban area. Varied population including some relatively deprived areas.	Good relationship with the support organisation at senior management level and strong support for the policy. However considerable negativity and no evidence of a working relationship with the support organisation in some practitioner teams.	Waiting list for all new social services users. Spot purchasing and devolved care management.	Practitioner views were varied but there was considerable scepticism regarding the usefulness of the policy from some groups. Concerns that policy would lead to substandard care and a two-tier system. Strong demand for training.	Payments largely managed by family members. Most changed to DPs because dissatisfied with Trust services. Would have liked more information from the Trust. Several did not have much contact with the support organisation.	Centre for Independent Living. Service level agreement is with the Board, rather than the Trust. Had worked closely with senior managers and felt there was a good relationship with practitioners. Current demand from users was manageable but working at capacity.
English Local Authority 1	Urban and rural. Medium deprivation. Majority conservative Below UK median for DPs	Positive synergy between L.A. and support organisation, with a number of DP user groups' set up. Broad support from senior management-DPs useful for children and younger people because of an admitted lack of services in area. Funding problematic eligibility criteria reduced from 4 to 2 access points	Claim limited resources. Much home care outsourced from 1996 meaning that DPs fill gap where there is a lack of services. Emphasise increased expenditure and increasing overspends on DPs. Believe that DP expansion is inevitable but will reach a plateau within 2 years.	Good overall relationship with social workers. A monthly issues group in operation between support organisation DP lead and social workers and care managers. Team champion exercise in place through which a member of team is available for questions and information regarding DPs	DPs seen as transformative, but clear variance by area and social workers on information and outcomes regarding DPs. Many hidden costs not included in DP (e.g. additional travel and admission costs for P.A.s). DPs not actively publicised.	Undertakes financial monitoring and takes a major role in communication between all parties. Has set up and encouraged user groups to be self-directing. Believes senior management supports DPs. However no longer encourages self-assessment on a face-to-face basis because of time factors.
English Local Authority 2	Urban and rural, medium levels of deprivation. Below UK median for DPs, Labour controlled	Changing situation between L.A. and contracted support organisation with support being taken 'in-house' end of June 2006. Broad support from senior management. Funding problematic eligibility criteria reduced from 4 to 2 access points	Emphasise growing expenditure, but see few problems as they are a 3 star authority.	Feel that there were mistakes in the beginning with DPs being pushed too much to those who may not have been eligible causing support back log. Believe charging policies put many off DPs in the first instance. Believe that L.A will be better served by 'in-	DPs seen as transformative. Some fears that support being provided 'in-house' will cause 'conflicts of interest' and may deter people from applying for DPs. Additional fears regarding reduction of eligibility criteria and DP application processes.	Support organisation, SCOPE, in place for 5 years. Appeared to have good working relationship with DP lead. Tasks include financial monitoring and major role in recruitment and general support.

				house' support organisation		
Welsh Local Authority 1	Mainly rural, medium level of deprivation. Below UK median for DPs, Labour controlled.	Share support organisation with 4 other authorities. Senior management believe DPs transformative but place large administrative burden on DP users compared to directly provided services. Clear issues with 'duty of care' and fears around suitability of P.A.s and safety of users	Emphasise shortfalls in budget and overspend each financial year. Low numbers of DP users, but complex and intense packages for those who are using DPs.	A minority believe DPs transformative. For the majority there were clear fears around responsibility and increased workloads if DPs don't work out. Clear resistance especially from mental health and learning difficulties	DPs seen as transformative, L.A and finance highly praised. Issues with hourly rate for P.A.s. However authority has shown flexibility in rates.	Support organisation also involved in areas regarding drug and alcohol abuse by authority. Locally based, but no full-time worker for area. Less experience in DPs than other Welsh and English support organisations, lack of clearly defined strategy re improving take-up. Trying to set up local user group.
Welsh Local Authority 2	Mainly rural, high level of deprivation. Below UK median for DPs Labour controlled	Share support organisation with 4 other authorities, but only authority to employ full-time DP support. Senior management believe DPs transformative but that local cultures inhibit take-up. Chair admits he would always prioritise directly provided services.	Believes DPs to be more expensive than directly provided services overall. Does not accept authority rhetoric which 'sold it to us as a cheaper option'	Conflicts between DP lead, support organisation and social workers. Clear budget issues emphasise that the timing of DP application can influence results at L.A. panel level. Negative views of support organisation especially their encouragement of self-assessment (since prevented by L.A). However less resistance than Welsh L.A1 with a clear push by learning difficulty teams making LDs largest user group.	DPs seen as transformative support organisation highly praised. Emphasise younger social workers keener than older to promote and inform about DPs and lack of knowledge by some social workers on DP issues. Complaints about administration of payments by LA – delays in transfer of funds.	Support organisation based at resource centre providing information on DPs, aids and educational/leisure courses clear advantage. Ceased face-to-face self-assessment at request of L.A. Provide

Notes: DP use by LA refers to whether above or below UK median use per 10,000 population in 2003.