

# Housing Learning & Improvement Network

The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.



## Direct Payments for Personal Assistance in Hampshire

Example of a well-established Direct Payments service, managed by Hampshire County Council in partnership with users of direct payments, carers and voluntary sector support agencies.

### **STRATEGIC PLANNING IN PARTNERSHIP FOR EXTRA CARE HOUSING**

**Local authority:** Hampshire County Council

**Support agencies:** Southampton Centre for Independent Living, Carers Together

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[www.carerstogether.org.uk](http://www.carerstogether.org.uk)

## **Aim**

To facilitate smooth delivery and operation of direct payments and increase the number of people receiving such payments, following the extension of eligibility to groups such as: older people; people with mental health problems; families with disabled children; carers; and people with learning disabilities.

## **Key Strategic Issues**

- Government directive (2003) that local authorities have to offer the option of direct payments for personal assistance to everyone who has a care assessment and is eligible for social care services, with the exception of a small number of people with mental health problems whose service is subject to a court ruling;
- From 2004, an official performance indicator of the number of people who are receiving direct payments is considered in awarding local authorities their star rating for social services;
- Recognition of the need to improve the knowledge and confidence of key social services staff, especially care managers in teams working with groups for whom direct payments are a relatively new option;
- Recognition of the importance of good quality information, advice and practical support for people who are considering taking up a direct payment and those already receiving funds for personal assistance through the direct payment route.

## **Local Service Context:**

Social Services in Hampshire pioneered the forerunner to direct payments, which became known as the Self-Operated Care Scheme, in the early 1980s. This was in response to plans drawn up by a group of residents who wanted to move out of a care home and create housing opportunities for themselves and for other disabled people. Historically, the involvement of service users in developing and running the Hampshire scheme has always been central.

Following the formal introduction of direct payments under the Community Care (Direct Payment) Act 1996, the local authority was able to set up the Hampshire Direct Payment Scheme. Direct payments have always been viewed, at a national level, as a distinct social care initiative and there has been no formal partnership with local health services to promote or finance the direct payment option. However, there have been a small number of situations where health trusts have contributed to an individual direct payment package through a transfer of funds to social services.

Hampshire County Council (Social Services) has established contracts with two locally-based direct payment support agencies. Southampton Centre for Independent Living (SCIL), a membership organisation controlled by disabled people, is responsible for providing information, advice and support to adult service users, across all ages and types of need.

Carers Together, a consortium of carers in Hampshire, provides a similar range of support to two carer groups: parents of disabled children; and carers who provide a significant amount of care to another adult and who have a direct payment to meet their own needs. The Hampshire Coalition of Disabled People (HCIL) runs meetings for direct payment users and produces a regular newsletter, which includes updates on policy.

### **How it works:**

Following the extension of direct payments in 2003 to groups including older people, people with mental health problems, people with learning disabilities, children and carers, Hampshire Social Services has a lead worker for direct payments in each client group sector. These individuals are expected to act as champions for direct payments, to develop specific knowledge and expertise in relation to direct payments for the group concerned and to offer advice and information to their team colleagues. The local authority has also organised two developmental projects, focusing on people with mental health problems and older people.

Southampton Centre for Independent Living has two Senior Support Workers who manage a core team of five support workers. This workforce covers both Hampshire and the Southampton City Council area, where SCIL has a separate contract and there are 240 people on direct payments. There are currently 2.5 core support workers to cover Hampshire, which has around 800 people on direct payments

There are now two options for people interested in taking up a direct payment.

#### **Hampshire direct payments - Option A**

This is primarily for people who want to employ their own personal assistants directly and take on all the associated responsibilities. Under this scheme, the number of hours per week is set and payment is made at a fixed hourly rate. The current rate (from April 2005) is £9.28 gross and £8.17 net per hour, with the individual making up the £1.11 difference (some groups, such as disabled children and young people aged 16/17, do not have to make the individual contribution). There is no means testing but it is assumed that people may have to top up further from own funds (Disability Living Allowance or earnings). Beyond this, certain one-off expenses may be met through an additional payment e.g. maternity pay.

#### **Hampshire direct payments – Option B**

This option is new and being tested out. It is for people who wish to arrange and purchase their own services through a direct payment, but who do not want to deal with all the complexities of employing their own staff. They use the direct payment to take on the services of a care agency and payment is not calculated on the basis of an hourly rate, but on the equivalent cost to social services if they were providing services to meet the person's assessed needs. Under this scheme, the cost may be higher than in Option A, but there is means testing (as for social care services generally) and the individual may have to make a higher contribution.

In addition to the two direct payment options, it is also possible for people to have a 'mixed package', where a direct payment is combined with provision of services organised by the local authority and delivered through a care agency.

For those who choose direct payments Option B, Hampshire Social Services will provide information on approved care agencies, although people are not bound to use any of those on the list. More generally, criminal record checks are only made in the case of direct payments involving children.

The final decision on whether the person can receive a direct payment lies with the local authority. Once the assessment has taken place and the individual plan negotiated, people receive their money monthly in advance. The Hampshire packages range from one hour per week upwards. If people are aged 16-65, have an assessed need for a package costing over £200 per week and have less than £18,500 in savings, they can apply to the national Independent Living Fund for additional support. In order to qualify, they must also live alone or with people who are unable to fully meet their needs.

The direct payment support workers are expected mainly to work with people when they are considering a direct payment and during the first six months of settling in to it. Some people do need longer term support and this is maintained as far as possible. The SCIL likes to ensure that a visit takes place, if the person wants it, before the care assessment. This enables them to help people prepare for the assessment by thinking through their practical needs. In practice, the number of people involved and the level of staff resources do not always allow for this, and on some occasions referrals are simply not made to SCIL.

Recruitment and employment of personal assistants are major issues for people using Option A. The SCIL experience is that they spend quite a lot of time providing reassurance that someone is on the right track and double-checking e.g. recruitment advertisements. Other main areas of concern are finance and paperwork. People have to keep a separate direct payment account and submit quarterly financial returns to Hampshire Social Services. There is an arrangement with a firm of accountants in Surrey, who will do the payroll and record-keeping. This can be costed in to the package through the hourly rate system. From the individual's point of view, simple record-keeping is important to success. In Hampshire, considerable efforts are made to keep it as easy and straightforward as possible.

In addition to working with individual users and prospective users of direct payments, SCIL runs training and awareness courses for care managers and other professionals. One concern of SCIL is that the formal care assessment categories are too rigid, resulting in a strong emphasis on personal care needs and relative neglect of other considerations, such as risks to family life or prospects for employment.

SCIL and Hampshire County Council have produced an introductory booklet on how to apply for and set up a direct payment, *Take control of your life: An introduction to the Hampshire direct payments scheme*. They also have a series of straightforward advice sheets, covering all the key topics:

- Checklist of considerations when going for a direct payment
- Preparing for an assessment
- Job descriptions
- Finding staff
- Interviewing and choosing staff
- Contracts of employment
- Paying your staff
- Insurance
- Responsibilities of being an employer
- The Independent Living Funds
- Keeping records
- Legal constraints upon Hampshire Social Services Department

### **Keeping records - Extract from SCIL advice sheet (headings only)**

What is involved?

- Opening a separate account
- Completing quarterly financial statements
- Keeping records of income and expenditure
  - Monthly statements
  - Monthly payment advice slips
  - Employment records
  - Hours worked
  - Wage receipts
  - Cash payments
  - Agency invoices and receipts, if applicable
  - Tax and national insurance

.... Record keeping may seem daunting at first. However, your direct payments support worker will be happy to explain the process and support you in ensuring that you gain the skills required. Record keeping should always be a small part of using your direct payments. Clearly, if you are employing several staff for many hours you will need to keep more records than if you only employ one member of staff for a handful of hours per week. You are advised to keep these records for three years.

### **Housing and direct payments:**

The great majority of people using direct payments in Hampshire do not move home, although a small number move out of residential care. Families, care managers and other professionals can be very protective if someone is not already living independently, even where individuals are clearly expressing their preference for a direct payment. SCIL support workers know of one woman, for example, who encountered huge resistance from residential staff and her care manager when she said she wanted to move out of a care home.

The shortage of suitably designed and affordable housing is a major issue and, in the view of the SCIL Senior Support Workers, the major problem facing people who are aiming for independent living. They commented that, unlike direct payments, housing is not a personalised service and people may be offered properties, if they receive offers at all, that are inappropriate and impossible to accept. Some people take up a direct payment but remain living with their parents, although they would like to have their own place. In other cases, people cannot take up direct payments because they are stuck in a rehabilitation unit or in a residential care home. One direct payments user had finally managed to obtain a property under a housing association 'key worker' scheme, although she had had to battle hard and found it very difficult even to get information: *'It's like a secret society controlled by providers'*. This contrasts with the availability and openness of public information on direct payments in Hampshire

### **Resources:**

Direct payments are funded from Social Services community care budgets. In Hampshire, there is a dedicated direct payments Finance team. Their role is to process payments to direct payments users, receive and check quarterly returns and alert care managers to any problems. The system has run much more smoothly since this team was set up.

While there has been incremental growth in the numbers on direct payments (e.g. 10-15% in 2003-04), Hampshire is no longer in the top five local authorities in England for the number of users per head of population (Performance Indicator). In addition to increasing the overall number of direct payment users (target increase of 164 in 2004-05), there is a target to get someone on direct Payments in every Older Persons' team.

The direct payments hourly rate of £8.17 net is an issue for some users, who find that they have to contribute significantly from their own resources. There is no allowance for the individual's management time, no enhancement for unsocial hours and very little leeway for contingencies. People on small to medium sized packages may find it particularly difficult to juggle the costs.

### **Benefits of service:**

There has been no formal evaluation of direct payments in Hampshire. The effects assumed or anticipated by managers include: reduced admission to residential care; less use of formal day centres; and fewer admissions to hospital. Financially, direct payments are not seen as providing savings: the direct personal assistance costs are low, relative to the cost of care by private agencies, but there are substantial infrastructure costs that have to be taken into account (e.g. finance and advice/support). With regard to staffing, direct payments tap different sources of labour, including students and freelancers who do not want to work for an established agency.

### Challenges and learning points:

The Hampshire experience offers the following learning points:

- An independent, local support scheme is crucial to facilitating take-up of direct payments, dealing with problems and preventing crises;
- Comprehensive, easy to understand literature on direct payments is required, some of which will need to be tailored to people with different needs;
- A dedicated Finance team is important to the smooth operation of the direct payments system, especially as numbers increase;
- The involvement of service users as peer advisors and support workers keeps the scheme grounded in reality and provides a valuable source of information and guidance for users, families and professionals;
- The demand for direct payments depends, to a considerable extent, on how the option is presented and the kinds of support explicitly offered to back up the option. In this respect, it is crucial to have well-informed and confident care managers;
- Direct payments are challenging for sectors which traditionally have had less assertive service users and more paternalistic approaches. The need for leadership, training, guidance and support to re-orient services has to be recognised.

In 2004, the Commission for Social Care Inspection produced a report entitled *Direct Payments: What are the barriers?* The report notes that around 12,600 people in England were receiving direct payments in September 2003, compared with 8,000 a year earlier. Most recipients are disabled people aged 18-64, although the number of other people receiving such payments, such as people aged over 65 and people with mental health problems, has increased gradually. The barriers to higher take-up identified in the report touch on all the issues which Hampshire is seeking to address through its partnership approach. They include: Lack of clear information; low staff awareness about direct payments and what they are intended to achieve; restrictive or patronising attitudes; weight of paperwork; and problems in recruiting, employing and developing personal assistants (CSCI, 2004).

A recent study, carried out by the Health and Social Care Advisory Service for the Joseph Rowntree Foundation, looked at how the take-up of direct payments by people with mental health problems could be increased. The report notes that, at the end of September 2003, only five local authorities had ten or more mental health service users on direct payments and nearly two-thirds of local authorities had none. The research, which involved discussions with over 250 mental health service users and staff, found that there was considerable confusion about direct payments and how they relate to other parts of the mental health service system. Among its conclusions, the report states:

- Mental health service users require specific advocacy and practical support to facilitate access to and use of direct payments;
- The absence of a streamlined process integrated with the Care Programme Approach adds to the sense of direct payments being a burden, rather than an opportunity;
- Cultural change is needed in mental health services, so that there is a tangible commitment to promoting self-determination.

#### REFERENCES:

- Commission for Social Care Inspection (2004), *Direct Payments: What are the barriers?* CSCI
- Newbigging, K and Lowe, J (2005), *Direct payments and mental health: New directions*, Pavilion Publishing for JRF

Case study prepared by **Lynn Watson**, Pathways Research, 2005

Other Housing LIN publications available in this format:

Case study no.1: Extra Care Strategic Developments in North Yorkshire (01.09.03)

Case study no.2: Extra Care Strategic Developments in East Sussex (01.09.03)

Case study no.3: 'Least-use' Assistive Technology in Dementia Extra Care (02.02.04)

Case study no.4: Tenancy Issues - Surviving Partners in Extra Care Housing(01.06.04)

Case study no.5: Village People: A Mixed Tenure Retirement Community (15.10.04)

Case study no.6: How to get an Extra Care Programme in Practice (15.10.04)

Case study no.7: Sonali Gardens - An Extra Care Scheme for Bangladeshi and Asian Elders (11.01.05)

Case study no.8: The Kent Health & Affordable Warmth Strategy (26.04.05)

Case study no.9: Supporting People with Dementia in Sheltered Housing (26.04.05)

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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