

Adult Social Services and Housing Directorate

Adult Services Division

Equality Impact Needs Assessment (1)

Direct Payments

September 2007

Equality Impact Needs Assessment

Direct Payments

Introduction

This summary report sets out the findings of an assessment into the Direct Payments service undertaken within the Council's Equality Impact Needs Assessment (EINA) framework.

The assessment has been carried out at level 1 of the framework.

The Direct Payments service forms a key component of the Adult Social Services strategy of providing services that support people to live at home with as great a degree of independence as possible. This piece of work was commissioned by the Directorate Equalities Board as a part of the EINA programme for 2007/08. The audit was requested with the intention of assuring the quality of the service rather than as a result of any specific concerns about the service. The outcomes are also likely to assist the development of the Self Directed Support project that is currently in progress.

Contextual Information

Direct Payments are cash payments made to individuals who, following assessment, are seen as needing support from Adult Social Services, giving them the opportunity to organise the help that they need directly. Direct Payments are seen as offering people greater choice and control over their lives and, by being able to purchase the services they need, put them in control of the decisions about how their care is delivered. Direct Payments can be made for "one off" purchases or to fund longer term support and can be made available to both service users and carers. The care planning process is undertaken by care management staff.

A range of support services, to enable recipients make the greatest benefit of Direct Payments, are provided by The Rowan Organisation. Expectations of the service provided by The Rowan Organisation are set out in a contract. In addition, a local voluntary organisation; Richmond Users Independent Living Scheme (RUILS), provide additional support to Direct Payment recipients. RUILS is in receipt of grant funding from the Council.

The Contract

The contractual arrangements between the Council and the Rowan Organisation are set out in a contract dated 03/08/2005. The Rowan Organisation provided services relating to Direct Payments applicants prior to this date whilst the contractual arrangements were being agreed. Subsequently, by agreement, the contract was extended to 30th of November 2007. Other than the time extension no other changes were made to the original contract.

Contractually, there are areas where practice could be more comprehensive:

1. There is a section in the contract that deals with "Equal Opportunities". This mainly addresses issues relating to race equality and employment practice. In regard to race equality the contract makes no reference to Race Relations (Amendment) Act and, more generally, the contract makes no reference to other equality and diversity related areas including disability or gender. In another part of the document is a general expectation that the contractor should, "comply with all statutory and legal provisions" though the nature of these is not specified.

2. There is no sense that “equality and diversity” forms a routine part of the contract review meeting discussion and I can find no confirmation that The Rowan Organisation have been asked to evidence their compliance with this part of the contract e.g. in employment legislation compliance, during the period that the contract has been in place,
3. The Rowan Organisation is asked to provide a range of activity data for the contract review meeting. Data I have seen suggests that equality and diversity related performance information is not presented to the meeting as a matter of routine. The information available to the contract review meeting appears to have changed several times over the lifetime of the contract. This leaves some difficulty in tracking activity over time and in none of the versions does the document evidence extensive equality and diversity related information,
4. There are two additional meetings that take place to provide a link between The Rowan Organisation, the Council and RUILS. The Steering Group, informed by outcomes and performance data, provides a strategic lead in developing the service. An operational group seeks to implement the recommendations of the steering group. These groups are generally seen as providing a positive contribution. In response to national research there is some evidence that work relating to the engagement of BME users through a programme of outreach work has been proposed but this has only had limited development to date.

Key Themes

1. ***The contract is partial in the extent to which it places expectations on the provider organisation,***
2. ***The contract monitoring arrangements could be firmer in respect of both the providers compliance with their legal obligations and in respect of the information that they are asked to provide,***
3. ***Value would be gained from the agreement of a consistent activity and outcome reporting format from the provider organisation.***

What the numbers say.

In total 347 users were in receipt of Direct Payments during the year 01/04/06 to 31/03/07. This figure includes users who started or finished using the scheme during the year. Table 1 provides an overview of the 347 individuals. The data is presented as percentages. It should be noted that no users described as older people with a mental health condition were in receipt of a Direct Payment.

Dimension	User Group					
	Learning Disability	Mental Health	Older People/PD	Physical Disability	Substance Misuse	Carers
DP. % of total by user group	4.8%	2.6%	48.7%	31.1%	0.2%	12.4%
Take up by age						
18 – 64	100%	100%	0%	95.4%	100%	53.5%
65 – 74	0%	0%	22.5%	4.6%	0%	23.2%
75 – 84	0%	0%	27.8%	0%	0%	11.6%
85+	0%	0%	49.7%	0%	0%	6.9%
Take up by gender						
Male	41.2%	44.4%	32.5%	35.2%	100%	34.8%
Female	58.8%	63.6%	67.5%	64.8%	0%	65.2%
Take up by ethnicity						
BME	17.6%	11.1%	3.5%	19.4%	0%	9.3%
White	82.4%	88.9%	92.8%	77.7%	100%	83.7%
Not stated	0%	0%	3.7%	2.9%	0%	7.0%

Table 1. Use of the Direct Payments Service. 2006/07

Table 1 highlights a number of features of the current service, including:

1. Nearly 50% of all users of the service are identified as Older People/ Older People with a Physical Disability,
2. The balance is largely made up of users with a Physical Disability and Carers,
3. Excluding Substance Misuse, female recipients of Direct Payments predominate across all service areas,
4. Taking into account the population profile by ethnicity the take up of the service by BME users is good, with a particularly high user group in the areas of Learning Disability and Physical Disability,
5. The percentage of carers whose ethnicity is not stated is high relative to the profile of other user groups.

Table 2 looks at the spread of payments made across the user groups. The table highlights a number of features of the current service, including:

1. The size of the financial package varies across the different user groups,
2. Excluding the Substance Misuse category the only area where the majority of recipients receiving £5,000+ pa is the Physical Disability category; in contrast the majority of Carers receive between £200 - £500 pa,
3. The Physical Disability service is performing well in respect of the percentage of the user group receiving a Direct Payment. This contrasts particularly with Mental Health and Substance Misuse,
4. Although the number of DP recipients in the Older People/PD category is high relative to all other groups it is relatively low (compared to Learning and or Physical Disability) as a percentage of all Older People/PD service users.

Dimension	User Group					
	Learning Disability	Mental Health	Older People/ PD	Physical Disability	Substance Misuse	Carers
DP by cost band						
<£200	0%	0%	4.1%	1.8%	0%	0%
£200<£500	11.8%	11.1%	19.5%	4.6%	0%	97.6%
£500<£1k	11.8%	22.2%	8.8%	8.4%	0%	0%
£1k<£2k	17.6%	22.2%	10.6%	10.2%	0%	0%
£2k<£5k	35.3%	33.3%	22.4%	19.5%	0%	0%
£5,000+	23.5%	11.1%	34.3%	55.5%	100%	2.4%
DP recipients as a % of total user group	8.3%	1.7%	5.8%	18.8%	0.9%	4.1%

Table 2. Financial Range of Direct Payments and percentage of users receiving Direct Payments by user group. 2006/07

Key Themes

1. **National data indicates that the overall take up of Direct Payments in Richmond is good,**
2. **In numeric terms older people/PD and people with a physical disability form the large majority of recipients. In percentage terms people with a physical disability and people with a learning disability are most likely to make use of Direct Payments,**
3. **BME users are well represented in the Direct Payments user group. This suggests that the service is appreciated by these service users. As the needs of BME users do not seem to be routinely explored in the review and development of the service there is potentially scope to extend further the take up,**
4. **From what we know about the gender makeup of the borough it is likely that men are underrepresented relative to women particularly in the older people/PD and people with a physical disability groups,**
5. **Notwithstanding the above, the service to people with a physical disability is performing well and it may be worthwhile to look at how other service areas can benefit from practice within this area,**
6. **There is scope to improve our understanding of the ethnicity profile of carers,**
7. **Take up of Direct Payments in three service areas (mental health, substance misuse and carers) is low. Whilst there may be reasons for this there is scope to explore how take up can be improved.**

Qualitative Information.

As part of the background research to inform this audit information was sought, via email from all staff working in Adult services and interviews were conducted with staff working within Adult Social Services (2), the voluntary sector (1 – RUILS representative) and the (support) provider service (1 - Rowan representative). It should be pointed out that the email response from staff was high compared to previous email invitations to respond in respect of EINA reviews. The response was diverse and suggested that staff used the opportunity to articulate the positive elements of the service, identify concerns and raise questions.

The highlights from the overall consultation process are set out below in summary form, as:

1. Positive Elements of the Service,
2. Areas of concern/development,
3. Questions and Issues.

Positive Elements of the Service

1. Numerous examples of individuals who benefited from the service, including MH user gaining weekly support, a young woman whose purchase of a piece of furniture to contain medical equipment near her bed left her feeling more at home and less like being in a hospital ward, putting the DP payment towards the manufacture and installation of an additional stair rail in the same style as the original, assisting physically disabled individuals to arrange their own social activities or make child care provision, having control over when carers call or to sustain continuity of care through the same carer, using the carer to go out (e.g. to the cinema) and of being able to buy a Sky TV package, the identification of a Chinese dialect speaker to support a DP user to set up care arrangements,
2. Financial monitoring procedures for DP accounts are now in place and have been reviewed in collaboration with RUILS to coincide with the implementation of Self Directed Support so that they can be applied in a way that is more flexible and accessible for DP users to use. Recently arrangements have been put in place to recovery of any surplus monies from DP recipients. Although it is understood that these arrangements have always been included in literature given to DP recipients they have not been applied until 2007. The belated introduction of such arrangements has led to some user disquiet,
3. The Personal Assistant finding service offered through RUILS seems appreciated,
4. The overall relationship between the three organisations seems positive. However, there are some interface issues that impact on users. These relate to certain “who does what” issues in respect of The Rowan Organisation and RUILS and the provision of information,
5. The Rowan Organisation have information on tape and links with VISOR to support users with a visual impairment as well as a payroll scheme and access to legal advice,
6. The Rowan Organisation have placed a member of staff within the Learning Disability service on one day per week to support/promote increased take up and a staff member within the Mental Health service has been tasked with improving take up within that area,
7. Staff from both the Rowan Organisation and RUILS contribute to staff induction and training as well as the broader service development.

Areas for Development

1. The management (of the account, Personal Assistant and Inland Revenue) of the process can prove daunting to individuals, (3) because of lack of the confidence attributed to an “employer”, assertiveness with the Personal Assistant, confidence in managing the paperwork etc.,
2. There are reported difficulties about finding alternatives when the main carer is on leave/ill,
3. The paperwork to explain the system is complex in a number of areas:
 - Three organisations produce information (LBRuT, Rowan and RUILS). This does not seem to be coordinated particularly well and some information is regarded as confusing. Currently LBRuT and RUILS information is being reviewed to address these issues,
 - Wellbeing Grants paperwork is identified as particularly complex being couched in very legal language with little accessible commentary,
 - Information is not readily available in Braille, tape or large print,
 - One care manager felt that the arrangements to set up DP were “too long winded and involved too much paperwork”,
 - As well as being ill-coordinated there is felt to be scope to making the information short, clear and more positive in the messages that it conveys,
4. Setting up the finance arrangements can prove lengthy – examples cited include (i) putting identified carers at a financial disadvantage particularly when they need to assume care at short notice (i.e. the death of a young persons mother) and (ii) failure to credit payment to a DP users account over a six week period resulting in the DP user being unable to pay the Personal Assistant. In 2007 the financial arrangements relating to DP have been strengthened following an Internal Audit review. Consequences of this include payments no longer being made to service users until they have signed a DP agreement and opened a bank account. It would appear that there have been a number of occasions where service users have been promised back dated payments or promised payments prior to signing the DP agreement. It therefore seems appropriate for care management, RUILS and Rowan staff to be briefed on the new financial arrangements to ensure they can provide prospective recipients with accurate information,
5. There appear to be instances where the boundary between advice and advocacy become blurred e.g. in seeking funding to meet needs not identified in the care plan,
6. DP take-up in a number of areas e.g. mental health, older people/mental health and substance abuse is very low. There is scope to explore how this might be developed through, for example, payments (to family’s) and work within the context of the Court of Protection,
7. In some situations a DP application is subsequently withdrawn; there is scope to review why such decisions are made. This issue is actually being addressed at the present time.

Questions and Issues

1. There are reported instances where the Personal Assistant recommends a friend etc to cover when the main carer is on leave – these informal arrangements are unlikely to be covered by background checking of the substitute carer,
2. The extent to which we have the information to help DP users to access services that are sensitive to their equality and diversity related requirements/preferences by the provision of information was raised as an issue. This information requirement might be reviewed and improved,

3. Promoting DP take up is critically associated with the views of Care Managers. Individual staff appear to hold a range of views about DP and instances suggest some lack of clarity about the purposes of DP. Thus, in one case a care manager felt the service was perceived as a way of managing “difficult” users, challenging the “creative use” of the scheme e.g. making payments to relatives to provide support,
4. The issue of weekend provision has been raised. In some cases the Department has arranged weekend cover separately through the brokerage service when the DP recipient has struggled to make the arrangements directly. There is scope therefore to look at the availability of weekend and evening domiciliary care for DP users,
5. Currently local staff working for the Rowan Organisation seem stretched and are maintaining a waiting list. This is problematic when a speedy response is required. The basis of this is unclear; it may be capacity or some other management constraint,
6. Through RUILS, DP service users have proposed the development of specialist rather than generic support. Such support includes input in respect of finance, employment and support planning. More generally support to DP users appears a key component of demystifying the service and thereby making it a more attractive option to users and potential users,
7. Work is currently being undertaken to look at some of the inhibitors to DP take-up including process, help available, information,
8. The take-up of Direct Payments is likely to increase as Self Directed Support (SDS) comes into being. This is likely to generate capacity issues within the current structure and is also likely to exacerbate many of the issues identified above unless these are addressed as part of the broader SDS development.

Key themes

1. ***The attitudes and opinions of staff are clearly crucial to the success of Direct Payments. The report highlights many instances where care managers can see positive outcomes that support choice and independence. Equally, there are some negative views expressed. The phrasing of the latter would suggest to me that the author was either expressing uncertainty about the scheme or concerns about how DP users exercise the choice offered by the scheme,***
2. ***There are a range of issues within the overall heading of clear procedures and good communication. These include greater clarity around:***
 - ***The information produced and the extent to which it is available in a range of formats,***
 - ***Access to specialist advice and support to make the employment responsibilities as manageable as possible,***
 - ***Simple, accessible financial monitoring arrangements,***
 - ***Briefing for staff to ensure they are aware of the paperwork which must be completed before a DP can commence,***
 - ***Arrangements for emergency payments,***
 - ***Clarity about what each organisation in the partnership does.***
3. ***The need to complete work in progress including the review and revision of information, promotion of DP in service areas where take up is low, an understanding of why some DP applicants withdraw at a point in the application process,***
4. ***The need to ensure that DP recipients are not placed in a vulnerable position through ad hoc arrangements to provide temporary or weekend cover.***

Conclusions and Recommendations

Direct Payments (DP) represents an increasingly important tool to allow users to maximise the ability to exercise choice and independence. Richmond has a good record of delivering DP and has recently been selected to pilot the In Control programme which will give a much wider range of users the opportunity to exercise choice and independence through the self directed support arrangements.

This EINA therefore serves a number of roles. It explores the extent to which current arrangements meet the needs of all members of our diverse community, it explores areas of strength and areas for development in the current arrangements and it seeks to promote the development of the infrastructure around self directed support.

The report is based on information drawn from a variety of sources. Overall, this suggests that, whilst there are a range of procedural and practice issues to be addressed, the service itself offers real benefits to users.

The report highlights a number of themes and these are summarised below:

1. There are a range of contract related issues. These relate to the expectations set out in the contract, the extent to which these are monitored and the quality and comprehensiveness of the user and outcome data provided,
2. It is clear that developmental work is taking place but there is scope to engage to a greater degree with the local BME communities; this has previously been proposed but, for some reason, not taken forward,
3. All bar one service area have users accessing DP. Take up varies between service areas. Thus, on one hand Physical Disability services are performing well whilst in the Mental Health and Substance Misuse services take up is low. There is scope to explore why this is the case and to increase take up across all service areas,
4. Take up by members of the BME communities is high despite any concerted focus on addressing the needs of these users within the DP structure,
5. Women are generally over represented and the service seems more attractive to younger people. People with learning and physical disabilities are, together, relatively high users of the service,
6. The qualitative information identified a range of issues that together are likely to improve the service. These include good quality information, access to specialist advice for DP users, ensuring that the Council financial arrangements are clear, accessible and user friendly and that the welfare and wellbeing of users is maintained through the arrangements that are put in place. The latter point raises a more philosophical question relating to the extent to which the Council supports and protects users through the exercise of their choice. Finally, the information highlighted both the real benefits that the service can bring and the crucial role care managers play in promoting service take up.

Overall, the report has not highlighted areas of concern that would warrant a Stage 2 EINA at this time. However, there are a range of actions that need to be addressed to improve the service and prepare SDS to deliver good quality services to all recipients. I would therefore recommend that the people responsible for delivering the DP service and SDS work together to look at the outcomes of the report, draw up an action plan to incorporate key findings and present this for agreement at the Directorate Equalities Board meeting in December 2007.

Andrew Hannon
September 2007.

