

# Working Paper on Direct Payment Patterns in the UK: Preliminary Analysis of Quantitative Mapping and Potential Research Issues

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*[NB: this is draft 'work-in-progress' – apologies for any errors – not for quotation without permission please]*

## Abstract

This paper is a working paper outlining Direct Payment patterns in the UK between and within the devolved areas of England, Scotland, Wales and Northern Ireland. The aim of the paper is to provide an initial mapping document of publicly available statistics on Direct Payments as at 18<sup>th</sup> February 2004<sup>1</sup> to (a) to produce a base-line for analysis of Direct Payments across the UK (b) to establish the spread and patterns of Direct Payments, and (c) to identify potential issues for further analysis. Majority Direct Payment figures produced in this document represent payments exercised by relevant authorities at a time when Direct Payments were provided at the discretion of the relevant authorities. They allow us a preliminary base-line from which to chart further developments in the spread of Direct Payments since central government's stipulated mandatory duties on relevant authorities to provide Direct Payments to all those requesting them in England, Scotland and Wales<sup>2</sup>.

Four main themes are covered in the paper. First, the extent of Direct Payments administered by relevant authorities at national levels and their development across the UK between 2000 and 2003. Second an exploration of Direct Payment ranking patterns for the UK authorities. This identifies the spread of payments and the top ten local authority areas that have the largest numbers of people receiving them. Third the potential influence of support groups on Direct Payment take-up and finally an exploration of the different types of user groups currently using Direct Payments.

The four themes are brought together to provide an initial mapping of the patterns of Direct Payments, to raise potential issues for further analysis and to allow a base line for testing developments in the numerical take-up of Direct Payments over time. The paper begins by providing a brief outline of methodology and the definitions that will be used.

## Methodology, Sources and Definitions

The methodology used here has been developed to aid further understandings of the patterns of Direct Payments via a preliminary statistical analysis. The analysis is a UK wide comparative analysis of the devolved areas of Northern Ireland, Scotland, Wales and England, by UK, devolved area, region and relevant authority. However, it is important that this, in turn, is contextualised by demographic data for the UK to

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<sup>1</sup> Due to constructions of statistical outputs for public reporting these figures represent those in force before April 2003 for England and Wales.

<sup>2</sup> N.Ireland have had mandatory enforcement of Direct Payments for those who request them since 1996 See Charlotte Pearson's paper (on this web-site for details on policy developments).

identify each area's population, authority population and the population of disabled people. As a result the statistical profiles presented here have come from a range of sources.

Demographic data on the number of disabled people in the UK, devolved area and relevant authority areas has been taken from the recent 2001 Census. Key statistics. Information regarding Direct Payment receipts and users were obtained from: the Northern Ireland Statistics and Research Agency, National Statistics On-line (England and Wales) and Scotland's Census Results Online. Additional data has also been obtained from Parliament UK directories and the A-Z of Local Authorities UK.

All 'Direct Payment user' figures are based on publicly available statistics and statistical breakdowns as on February 18<sup>th</sup> 2004. They include all Direct and Indirect Payments recorded by relevant authorities. However, these figures do not include distinctions between Direct and Indirect Payments<sup>3</sup>, nor distinctions between payments used for the employment of personal assistants and other purposes (except for Northern Ireland). As a result, the term Direct Payments is used here as an generic term. The primary sources for Direct Payment statistics are initially given in the breakdowns of the performance indicators of relevant authorities for packages of care, local government unit figures and figures provided by Direct Payment Support Schemes. National breakdowns and associated information have also been obtained from the Scottish Executive, Direct Payments Scotland, the Department of Health (DoH), the Local Government Data Unit Wales (LGDUW), the information unit at the Department of Health, Social Services and Public Safety (DHSSPS) for Northern Ireland, and the National Centre for Independent Living (NCIL).

The operational definitions in this document have been developed from the prime sources to promote the most effective form of data comparability across the UK and devolved areas to promote the most effective preliminary analysis format. This means that while the DoH and NCIL identify Direct Payments to sensory and physically disabled people as separate categories, both sensory and physical groups have been collapsed into one category for ease of comparison with Northern Ireland, Scotland and Wales, who do not use this distinction. In addition NCIL are the only source to identify payments to those classified under the definition of 'HIV' these breakdowns are given for England only and therefore preclude a UK comparative approach. However, the definition and numbers for sensory impairments and HIV remain important indicators in their own right and are included in the document appendix in table form for information purposes<sup>4</sup>.

Direct Payment output figures also differ in the amount of detail they provide in the breakdown by devolved area. For example, while Northern Ireland's statistical outputs distinguish between Direct Payments used to employ Personal Assistants and those used for domiciliary care, other countries do not. Wales provides breakdowns for those over 65 receiving Direct Payments classifying by definitions of mental health, dementia, learning disability, and physical and sensory impairment up to age group 85 plus. Scotland also provides data on those over 65 by physical disability,

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<sup>3</sup> Figures include those receiving direct payments from the Independent Living Fund (ILF) from 1993 onwards.

<sup>4</sup> Table 1 gives a breakdown of those classified in sensory impairment user groups and table 2 gives a breakdown of those classified in HIV user groups.

learning disability and mental health users, but other countries classify all those 65 and over in the 'older' category regardless of perceived impairment grouping. Therefore, the most common definitions and classifications have been employed as a base for this document for comparative purposes. In spite of this, three variations remain between country outputs that affect what can reasonably be expected from the preliminary analysis.

The three main variations in the data outputs are: first, that neither Northern Ireland nor Wales include breakdowns on 16 to 17 year olds, second Northern Ireland, Wales and Scotland do not include detailed breakdowns of the user groups: carer's, young carer's or carer's of disabled children, and third, there are no available detailed breakdowns of user groups by relevant authority for Scotland. However, the figures that have been obtained provide an adequate base for a first-stage mapping of Direct Payment take-up, and the major differences and similarities across the UK and English regions by Direct Payment user groups. The following section introduces the key findings of the recent 2001 census on the numbers and percentage of disabled people in the UK. It examines the numbers of Direct Payments to disabled people and affiliated groups such as carers in each devolved area from 2000 to 2003 based on available figures at the time of writing.

### **Disability and Direct Payments in the UK**

Data from the 2001 census estimates indicate that there are over 10.9 million people with 'long-term illness' or 'disability' in the UK<sup>5</sup>. Wales has the highest percentage of people who define themselves as having a limiting long-term illness or disability, with just over twenty- three per cent of the population identified as having a long-term illness or disability (representing 67,5662 people). Northern Ireland comes very close to this with just under twenty-three percent of the population identified in this way (32,7465 people). For Scotland the percentage rate is just over twenty percent (10,275,88 people). England has the lowest percentage at 18% but this covers 88,091,94 people. Figures for those with a long-term illness and disability have increased since the last census in 1991; this might be related to the formation of a more inclusive census question in 2001, or to the UK's growing aging population. Whatever the reasons, it is clear that disability is an important issue that is not confined to 'older' age groups over 65.

In England and Wales alone, almost 9.5 million people classify themselves as having a long-term illness or disability, including 4.3 million working-age adults, representing 1 in 8 of the age group. Regional indicators for England show that the Northeast has the highest percentage of long-term illness and disability at almost twenty-three percent, while the Southeast and London have the lowest rate at just over fifteen percent. For this analysis, the brief review of the census figures raises key questions on the take-up and implementation of Direct Payments because the picture presented by census figures does not reflect the number or the spread of people receiving Direct Payments in the UK. So how does demographical data compare with Direct Payment take-up?

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<sup>5</sup>2001 Census question: 'Do you have any long-term illness, health problem or disability which limits your daily activities or the work that you do? Include problems which are due to old age'

Based on the detailed breakdowns of data currently available from the NCIL, figures indicate that just 9,536 people are receiving Direct Payments across the UK<sup>6</sup>. However, this number does not include the breakdown updates from DoH England for 2003, as these are not publicly available at the time of writing. England has the highest number of Direct Payment users according to current NCIL figures at 8,661 representing 90 percent<sup>7</sup> of all those in receipt of Direct Payments in the UK. This might be related to the history of disability activism, the history and growth of the Independent Living movement, or to what has been termed as the neo-liberal ethos and more individualistic/consumerist orientations of successive governments, since the early eighties. While Wales had the highest percentage of long-term illness and disability in the 2001 census, it represents just 2 percent of the UK with 185 Direct Payment users. This is surprising as Direct Payments have been mandatory in Northern Ireland since 1996. Scotland has the second highest percentage of Direct Payments users at 6 percent with 571 people in receipt of Direct Payments. Northern Ireland has the lowest number of users with 120 in receipt of Direct Payments representing just 1 percent of UK Direct Payment receipts. Yet, despite the wide differences in the numbers of Direct Payments by area, it is clear that Direct Payment take-up is increasing across the UK, as the following section shows.

### **UK Increases in Direct Payment Take-Up from 2000 to 2003**

#### **Northern Ireland**

According to the figures released for Northern Ireland, estimated Direct Payment take-up there has increased by the greatest percentage in the UK, although it remains the area with the least Direct Payment users. The figures supplied by the information branch at the DHSSPS show that on the 31st March 2003, Direct Payment users amounted to just 81. However, additional data from the NCIL brings this figure to 128. The percentage increase in Direct Payment users between 2000 and 2003 for Northern Ireland was therefore 74 percent, with the greatest increases occurring for those with a perceived learning disability. In contrast, the user group defined under the definition ‘mental health’ increased by just one person over a three-year period. This may reflect issues identified in the Direct Payment literature regarding Direct Payment implementation and mental health service users. It is also important to note that Northern Ireland’s health board trusts, or relevant authorities, have had a duty to provide Direct Payments to all those eligible who request them from 1996 in contrast to Scotland, England and Wales where Direct Payments became mandatory from April 2003.

**Table 1: Northern Ireland: change in Direct Payments Users by user group**

	2000/1	2002/3	2003
Learning Disability	3	7	54
Mental Health	0	0	1
Physical and Sensory	29	36	51
65+	1	6	20

<sup>6</sup> This figure will include non-disabled people such as carers as well as disabled people

<sup>7</sup> Percentages do not add-up to 100 due to rounding. Figures for England do not include breakdowns from the DoH for 2003 and will differ from the DoH end of year provisional statistics.

Other			2
Totals	33	49	128

Sources: Adapted from DHSSPS and current NCIL figures

Northern Ireland is the only area that identifies Direct Payments outputs for the employment of a Personal Assistant in overall figures. The amount of Direct Payment provision for Personal Assistants has more than doubled over the three-year period, from 26 users in 2000/1 to 55 users in 2003. Ulster has retained the highest numbers of Direct Payment users employing Personal Assistants with 20 users employing Personal Assistants in 2003. However, Northern Ireland is also the area with the greatest authority clusters that have no Direct Payment users. This contrasts sharply with England, which has just one authority without any Direct Payment users.

### England

The provisional figures released from the DoH for England in December 2003 indicate estimated increases of almost 50 percent in the numbers of Direct Payment users from 2000 to 2003. Here the biggest increases are in the take-up of Direct Payments by those over 65. Those over 65 have increased receipt of Direct Payments by just over 81 percent in the three-year period; whilst figures for those aged 18-64 indicate a 54% increase. However, this is only partially reflected in the NCIL breakdowns due to the limited public availability of data from the DoH at the time of writing.

**Table 2: England: Estimated Direct Payments by Year**

2000-2001			2001-2002			2002-2003		
All Ages	18-64	65+	All Ages	18-64	65+	All Ages	18-64	65+
4,900	4,400	500	6,300	5,400	900	9,700	7,000	2,700

Source: Adapted from DoH Performance Indicators: Summary Release December 2003

Notes: (1) Figures do not include 16-17 year olds because data are based on adults 18 and over in receipt of care packages. (2) Detailed breakdowns by user group and local authority are currently unavailable. As a result, all figures in the wider preliminary analysis that follows are based on NCIL figures.

Additional detailed data on England, relevant Authorities, user groups and the six English regions will be covered in subsequent sections. For now, it is useful to note that England has 149 local authorities supplying Direct Payments, representing the highest number of authorities in the UK. However regional variations often reflect the number of authorities in each area. For example, when figures are calculated by region based on DoH and NCIL breakdowns for 2002-03, the north has the highest number of users at 2,032 representing just over 23 percent of Direct Payment users in England, but the North also has the highest number of Local Authorities (49) of all regions. The lowest number of authorities, by region is in East Anglia (6), but this region has some of the largest clusters of Direct Payment users in the UK.

### Wales

Wales has just 23 Local Authorities, with 17 supplying some form of Direct Payment. Available figures for Wales indicate an estimated increase in Direct Payment take-up of 25 percent. These figures are based on the years 2001 to 2003 only. This is because the Local Government Data Unit Wales who have the responsibility for producing community care output figures was not established until April 1st 2001. The Welsh Executive who had prior responsibility for community care output figures did not produce Direct Payment statistics by users, but by expenditure.

**Table 3: Wales: Estimated Direct Payments by Year**

2001-2002			2002-2003		
<i>All Ages</i>	<i>18-64</i>	<i>65+</i>	<i>All Ages</i>	<i>18-64</i>	<i>65+</i>
137	131	6	185	165	20

Sources: Adapted from LGDUW figures at 10<sup>th</sup> October 2003 and current NCIL figures

The figures for Wales indicate that the largest percentage increase was for the age group '65 and over' at 70 percent, within this grouping most users are defined as those with physical and sensory impairments, as table 4 shows.

**Table 4: Wales: Estimated Direct Payment Take-Up for those over 65**

65+	2001-2002				2002-2003			
	<i>Physical/sensory</i>	<i>Learning Disability</i>	<i>Mental Health</i>	<i>Dementia</i>	<i>Physical/sensory</i>	<i>Learning Disability</i>	<i>Mental Health</i>	<i>Dementia</i>
65-74	3	0	1	0	9	0	1	1
75-85	0	0	1	0	5	0	2	1
85+	0	0	1	0	2	0	1	0
<i>Totals</i>	3	0	3	0	16	0	4	2

Source: Adapted from LGDUW figures released 10<sup>th</sup> October 2003.

The figures in the table above could raise questions around how those over 65 are defined in relation to Direct Payments. In particular, it is evident that the category of learning disability rates as zero over the two-year period, while those defined as mental health and dementia users are increasing, albeit very slowly: Do those over 65 become defined as mental health or dementia users, instead of learning disability? How are people with perceived multiple impairments defined? These issues might need to be considered at national, regional and local authority levels. However, if we take the above figures at face value, then in Wales, approaches to Direct Payments for groups 65 and over who might be perceived as needing extra support in the management of Direct Payments could be improving across some authorities.

## Scotland

Scotland has 32 authorities, of these 22 are providing Direct Payments. According to the provisional figures released by the Scottish Executive, at the end of March 2003 there were 534 Direct Payment users. This represents an increase of 61 percent from 2001 when just 207 people were using Direct Payments. However, current NCIL breakdowns indicate that this figure now stands at an estimated 571 receipts, representing an increase of almost 64 percent.

The age group breakdowns from the Scottish Executive's data indicate that in 2003, the majority of Direct Payments were made to those in the 18 to 64 age grouping (385), a further one hundred and forty-one Direct Payments were made to those 65 and over, and 8 payments were made to those aged 16 to 17. It is not possible to provide a fully inclusive year-on-year breakdown by specific age groupings because of a lack of detailed data for Scotland. However, table 5 allows an indication by user group and broad age range.

**Table 5: Scotland: Estimated Direct Payments by Year**

	2000/1	2002/3	2003
<b>Learning Disability</b>	32	56	91
<b>Mental Health</b>	0	6	13
<b>Physical Impairment</b>	152	217	291
<b>65+</b>	*	*	86
<b>Other</b>	23	13	90
<b>Totals</b>	207	392	571

*Sources: Adapted from figures from Scottish Executive and current NCIL figures. Notes:(1). \* no available data (2). Category other for 2003 includes 11 payments made to 16-17 year olds.*

The authority of Fife has the highest number of Direct Payment users with 120 in receipt of Direct Payments; they are followed by the city of Edinburgh with 89 Direct Payment users. Scottish authorities that have more than 30 Direct Payment users are: the Scottish Borders (50), Inverclyde (39), Highland Council (43) and South Ayrshire (31), all other Scottish authorities have 30 or less Direct Payment Users. The largest increase for user groups, where all figures are available, has been for mental health, however this group had no users in 2000/1, the second highest increase was reported under the categorisation of learning disability at 64 percent

Key issues raised in this section overall are the lack of fit between demographic data on disability and take-up of Direct Payments. For example while Wales has the highest percentage rate of disability in the UK, it has some of the lowest take-up rates. Northern Ireland has the second highest levels of disability and has been subject to the mandatory provision of Direct Payments since 1996, but returns the lowest figures of all for Direct Payment take-up in the UK. At the same time, the brief statistical series gives an indication of the estimated increases in the receipt of Direct Payments across the devolved areas. However, it would be misleading to view these figures in isolation. This is because of the variations in and between the devolved areas, regions

and relevant authorities. The following section offers a ranking on the current spread and patterning of Direct Payment take-ups by relevant authority in an attempt to chart these differences, and raise research issues.

### **Ranking Direct Payments by Relevant Authorities: Issues Raised**

The large majority of relevant authorities in the UK reported Direct Payment users in their locality (89.3%). The mean average number of Direct Payment users per authority was 44.4. However, there is considerable variation between cases, both by authority and by devolved area. The highest number of Direct Payment users in England are recorded as being in Essex (642); the highest in Scotland in Fife (120); in Wales, Cardiff (47); and in Northern Ireland, Armagh and Dungannon (47). Initially two main patterns of Direct Payments are assessed to provide us with those authorities that have 0-1 Direct Payment users and secondly, the ten UK authorities with the highest numbers of Direct Payment users.

Based on currently available data for the UK there are 18 authorities without any Direct Payment users. Of the 18 authorities with no reported Direct Payments users, ten are in Scotland, five in Wales and two in Northern Ireland. For England only the Isles of Scilly does not have any reported Direct Payment users. Table 6 and 7 show relevant case authority areas in detail with demographic and political data for each. In addition they indicate that half of the authorities without any Direct Payment users have Direct Payment support schemes in place, while half do not. Support schemes are important in raising awareness and providing assistance to those thinking of, or using Direct Payments. However, it seems that the existence of one does not necessarily mean that authorities in the area will be providing Direct Payments. Support schemes, potential effects of support schemes will be covered in greater detail later. First, tables of those authorities without any Direct Payment receipts are given with relevant political and demographic data including population density for each area.

**Table 6: All Authorities without Known Support Schemes and without any Direct Payment Users in the UK**

<i>Country/LA/Trust</i>	<i>DLA (Percentage)</i>	<i>LTID (Percentage)</i>	<i>Population</i>	<i>Density</i>	<i>Major Political Party</i>
<b>Scotland</b>					
Argyll and Bute		9	91,306	0.5	Lab/LD
East Refrewshire		8	89,311	5.14	Lab
Falkirk		10	145,191	4.88	Lab
Shetland		7	21,988	1.71	LD
South Lanarkshire		7	302,216	5.8	Lab
<b>Northern Ireland</b>					
Causeway Health Social Services	6.2	-	-	-	-
Craigavon and Bainbridge Community Trust	9.2	-	-	-	-

<b>Wales</b>					
Methyr Tydfil		30	55,981	5.1	Lab
<b>England</b>					
Isles of Scilly		13	2,153	1.3	-

Sources: Current NCIL data, 2001 Census data, NISRA and Parliament UK Directory

Notes: (1)LTID=long-term illness and disability;(2) Lab stands for Labour or New Labour, LD stands for Liberal Democrat (3)Density=individuals by hectare to the nearest decimal point(4)Census data for Northern Ireland does not include breakdowns by Trust, but by district and Trust area. Therefore figures are given for percentage receiving Disability Living Allowance as Trust area too wide a definition.

Table 6 shows those authorities without any Direct Payment users, or any known support schemes in place. Key issues are national spread and major political party affiliation. There is just one English and one Welsh authority with the majority of areas being Labour led. Table 7 shows authorities without Direct Payment users but with known support schemes. Again national spread and majority political emphasis are apparent. This table includes Scottish and Welsh authorities only, with ninety percent being Labour led.

**Table 7: All Authorities with Support Schemes but without any Direct Payment Users in the UK**

<i>Country/LA</i>	<i>Scheme Type</i>	<i>LTID (Percentage)</i>	<i>Population</i>	<i>Density</i>	<i>Major Political Party</i>
<b>Scotland</b>					
Midlothian	CIL	9	15,521	2.29	Lab/LD
North Ayrshire	LA	11	135,817	1.53	Lab
East Dumbartonshire	CIL	8	108,243	6.20	Lab
Stirling	No info	9	86,212	5.88	Lab
Dundee	Charity	11	145,663	24.35	Lab
<b>Wales</b>					
Gwynedd	CIL	20	116,843	0.5	Lab
Torfaen	Voluntary	25	90,949	7.2	Lab
Conwy	Charity	23	109,596	1.0	LD
Flinshire	Charity	19	148,595	3.4	Lab

Sources: Current NCIL data, 2001 Census data, Direct Payments Scotland data and Parliament UK Directory

Notes: (1)LTID=long-term illness and disability;(2) CIL stands for Centre for Integrated/Independent Living support scheme and represents one led by disabled people. LA stands for local authority led support scheme.(3) Lab stands for Labour, or New Labour and LD stands for Liberal Democrat.(4)

*Density=individuals by hectare to the nearest decimal point(5) Stirling's scheme is 'Forth Valley Direct Payments Support scheme', but it is not clear which category this falls into. It is not a user-led scheme because Direct Payments Scotland report the development of a user-led scheme for this area to replace 'Forth Valley Direct Payments'. In addition all Scottish areas without Direct Payment Support schemes are reported to be developing user-led schemes.*

Scotland's average percentage rate for long-term illness and disability stands at 20 percent according to the latest census figures, yet all those Scottish authorities with support schemes, but without any Direct payment users fall below this figure as do those Scottish areas without either support schemes or any Direct Payments users. Initially, this suggests that demand for Direct Payments may be lower in such areas. However, this line of thinking becomes contradictory when the Welsh figures are examined.

Wales has the highest percentage of long-term illness and disability in the UK, at 23 percent, therefore the local authority area of Torfaen is above the national average, at 25 percent and Conwy matches the average percentage for Wales. Of all the Welsh authorities areas without users, Methyr Tydfil is the only one without a support scheme. It is also the authority with the highest percentage of long-term illness and disability in Wales at 30 percent. Therefore, while demographic measurements of disability may aid explanation of lack of users in some areas, it does not explain the spread of relevant authorities without any users.

Clearly, when considering a discretionary implementation process, those authorities reporting no Direct Payments users several years after the initial Direct Payment Act of 1996 might be considered as a subgroup of 'extreme cases' meriting further investigation within a purposive sample. There are a number of additional potential explanations for a reported figure of zero: (a) the relevant authority did not make Direct Payments available to disabled people as an option; (b) Direct Payments were made available but either disabled people were not aware of this option or no-one requested it; (c) there was demand for Direct Payments but this was satisfied by alternative payment scheme options (not recorded as 'Direct Payments' within the terms of policy and legislation); (d) the zero figure was an artefact of misreporting. A further issue is that of an existing local support scheme for Direct Payment users.

By comparing the reported data from the relevant sources with information on known support schemes, it appears that there are some anomalies that favour further explanation. Amongst the 18 relevant authorities with no reported Direct Payments users, there are nine where a Direct Payments support scheme operates (four in Wales and five in Scotland). Additionally, although the relevant authorities in Gwynedd and Midlothian return a figure of zero for direct payments users, there are Centres for Independent Living (CILs) with Direct Payments support schemes in both localities. Similarly, while the authorities in Conwy, Dundee City, Flintshire and Torfaen also reported no Direct Payments users there are charitable or voluntary Direct Payments support schemes operating in all three localities. In North Ayrshire there is the apparent anomaly of a local authority operated direct payments support scheme but no reported direct payments users. Key research areas here are: can we confirm whether each of these 18 authorities really had no Direct Payments users during the discretionary phase of implementation? In which authorities were direct payments made available to disabled people and were there any cases in which a purposeful decision was made not to do so? Suggestions for sampling comprise: any case where

the relevant authority chose purposefully not to make Direct Payments an option for disabled people; any case where there are no reported Direct Payments users but where a number of disabled people are known to use a support scheme in the locality; at least one from Scotland, Wales and Northern Ireland.

In addition to those authorities without any users marking out areas for possible sampling decisions, those authorities with just one user are also important for potential sampling. Two authorities are reported as having just one direct payment user, Orkney in Scotland and Blaenau Gwent in Wales. Blaenau Gwent has a known support scheme defined as a charity led scheme, while Orkney does not have a support scheme. Cases with only one direct payment user might indicate: (a) a very recent decision to implement Direct Payments for disabled people in the locality; (b) strong advocacy to provide Direct Payments to an individual against authority policy; (c) a unique or unusual provider arrangement in response to individual circumstance or service failure; (d) very low demand for Direct Payments from disabled people; (d) an error in reporting. If the reported data is correct then there are issues of research confidentiality for individuals who might be identifiable in any case study of the relevant authority.

At the opposite end of the scale, the top ten authorities with the highest numbers of direct payment users were identified for the UK. In contrast to authorities without any Direct Payment users or with just one Direct Payment user, all of the top ten authorities are in England, all have support schemes in place and 70 percent are Conservative led authorities. Table 8 gives more details for each of the case authorities.

**Table 8: Top Ten Authorities with highest Clusters of Direct Payment Users**

L.A	Area	Number Receiving Direct Payments	Support Scheme Type	LTID (Percentage)	Population	Density	Major Political Party
<i>Oxfordshire</i>	S.East	143	User Led	13	605488	1.9	Con
<i>Croydon</i>	London	150	Voluntary	15	330587	38.2	Lab
<i>West Sussex</i>	S.East	166	User Led	17	753614	3.8	Con
<i>Somerset</i>	S.East	179	Charity	16	199517	5	Con
<i>Surrey</i>	S.East	186	CIL	13	1059015	6.4	Con
<i>Southampton</i>	S.West	187	CIL	17	217445	43.6	Lab
<i>Cheshire</i>	North	254	Disability Organisation	17	673788	3.2	Lab
<i>Norfolk</i>	E.Anglia	258	User Led	19	796728	1.0	Con

<i>Hampshire</i>	S.West	625	CIL	15	1240103	3.4	Con
<i>Essex</i>	E.Anglia	642	User led	16	1310835	3.8	Con

*Sources: Current NCIL data, 2001 Census data and Parliament UK Directory*

*Notes: (1)LTLID=long-term illness and disability,(2)Con stands for Conservative*

*(3)Density=individuals by hectare to the nearest decimal point.*

There are several obvious commonalities between the top ten authorities with the highest clusters of Direct Payment receipts. As already mentioned all the local authorities have support schemes, interestingly 70 percent of these could be described as user-led. That is, support schemes run by disabled people such as CILs. However, history is also important, Hampshire was one of the first authorities to sanction Direct Payments in the 1980s and had a strong advocacy base in its CIL. Like Hampshire, seventy percent of the identified ‘top ten’ authorities are majority conservative led. This might reflect stronger localised notions of individualism, stake holder participation or consumer choice. This is in direct contrast to those authorities with no Direct Payment users and appears to gain greater credence, when the percentage rates of long-term illness and disability are examined. All of the ten local authorities identified fall below the average percentage rate for disability in England. Population density appears to be partially significant with 7 out of the ten areas more sparsely populated than average at below 5 people per hectare. This suggests that there may be an additional association between population densities. However, tables 6 and 7 also show that 9 of the authorities without any Direct Payment users are also sparsely populated, including 4 with support schemes and 5 without, so this may not be as significant as the figures for the top ten authorities by Direct Payment users appear to make it.

For authorities without Direct Payments users sparsely populated authority areas could indicate a lack of alternative facilities in place for successful Direct Payment implementation. For example agencies from which to draw Personal Assistants, a lack of choice regarding alternative service arrangements or less available cash per local authority, alternatively it could suggest a higher community ethos, impacting on limited demand. However, similar issues may have been evident in the top ten English authorities early on which led to a stronger support schemes base and greater advocacy allowing these areas to overcome initial barriers and develop to a far greater extent than other relevant authorities.

These are issues that might prove important in both the spread and type of Direct Payment clusters by authority and by specific Direct Payment user groups. For example, both Hampshire and Essex authorities report more than 600 Direct Payments users. These figures are more than two and half times the next nearest reported highest cluster of Direct Payment users, Cheshire and Norfolk. Each of these authority cases need to feature in sampling mechanisms. Key issues are: Why do Hampshire and Essex report such high numbers? Are there any direct connecting factors between the two cases? What was the role of user-led support schemes in these localities? (NB: we already know much of this history but need to explain how it translates into registered LA Direct Payments user numbers while other areas don’t) are support schemes a cause or an effect of higher numbers of Direct Payment users over time? In addition we need to examine the localised histories of the authorities where they are

0-1 Direct Payment users, as well as the timing of the setting-up of a support scheme if relevant to the particular case authority. The following section moves on to look at the potential effects of support schemes in general, in an identification of differences between ranked authorities with Direct Payments in operation. Initially two patterns are examined at the UK and relevant authority case level (a) those with higher than average numbers of Direct Payment users (b) those with below average Direct Payment users, where there is more than one user. This is contextualised by a quantitative review of support schemes and types of schemes.

### **Support Schemes: Cause or Effect?**

Fifty-nine authorities reported more Direct Payments users than the mean average for the UK (44.4). However, only five were outside England, with three in Scotland, one in Wales and one in Northern Ireland. There are Direct Payments support schemes operating in all 59 of these localities. The number of authorities between the median and mean average 22-44 amounted to 48 authorities. One in Wales; two in Northern Ireland; five in Scotland and 40 in England. Of these, 42 are known to have a support scheme, but at least six do not.

Eighty-five authorities reported more than one Direct Payments user but below average numbers of users overall. Of these 54 were in England, 13 in Wales, 13 in Scotland and 5 were in Northern Ireland. Eighteen of these case authorities do not have known support schemes.

Potential research questions are likely to include:

(a) Factors that contribute to high take-up: Why are the vast majority of authorities reporting higher than average numbers of Direct Payments users in England? Is the existence of a support scheme in the locality a cause or an effect of higher than average numbers of reported Direct Payments users?

(b) Factors that contribute to low take-up. Is there a demand in such areas? Are there difficulties in the supply, or available personal assistant labour force? Were Direct Payments restricted to certain user groups, either selectively or as part as a pilot project? Where there are support schemes, are these in the early stages or set-up as pilot projects?

Issues for sampling will potentially involve a selection of cases from the ranked groupings identified. First, non-English authorities reporting higher than average numbers of Direct Payments users; some above average English authorities with and without support schemes (plus Cheshire and Norfolk, which have substantially higher numbers) and *Cardiff* and Armagh and Dungannon (which have the highest numbers for Wales and Northern Ireland). Second, those cases where relevant authorities report one or no Direct Payment users. Third, at least one case from each devolved area where Direct Payment figures are recorded as average either with or without support schemes and by type of scheme. Finally, those authorities with below average Direct Payment users reported, to include cases with smaller numbers with or without support schemes. In addition, all case authorities are likely to be examined by relevant authority population and numbers of disabled people in each case area to establish demographic factors in each area. The concluding part of this section examines Direct Payment support schemes in greater depth.

Although more than ten per cent of localities have some reported Direct Payments users but no local support scheme, all of the authorities reporting a higher than average numbers of Direct Payments users do have some sort of support scheme in their locality. Direct Payment support schemes are in place to provide varying forms of support and advocacy for greater Direct Payment take-up. A Direct payment support scheme can come in many guises, with differing resources, areas of expertise, local authority professionals and local populations to work with, subsequently each will have differing dynamics of local advantages and disadvantages in action. Yet, in the main, it does appear that a Direct Payment support scheme will have a potentially positive effect on the take-up of Direct Payments in a local authority area, although this has never been tested statistically. Here, we attempt a resolution to the lack of evidence-based data regarding the possible influence of support schemes on Direct Payment take-up<sup>8</sup> by testing just how much of a difference a support scheme can have on Direct Payment take-ups across the UK.

The starkest differences in the potential influences of support schemes on Direct Payment take-ups are evident when the UK is taken as a whole. At the UK level support schemes appear to have the potential to increase Direct Payment take-up by up to 80 percent. However, this distinction is not always so clear when looking at national figures on support schemes, national variations are evident in each of the devolved areas, due to the number of relevant authorities without any Direct Payment users, but with support schemes in the area, as already documented. A brief comparative breakdown of the devolved areas, number of authorities and support schemes in operation adds some clarity to this finding.

There are 11 Trusts in Northern Ireland and 9 of these have Direct Payment users. The overall average number of Direct Payment users in Northern Ireland is 12. When averages are tested for those areas with a support scheme in place numbers increase to 19, where there is no scheme or no information on whether a scheme is available the average decreases to just 1 user<sup>9</sup>. Northern Ireland has 6 relevant authorities supported by schemes.

Wales has 23 Local Authorities, but just 18 with support schemes. For Wales the average number of Direct Payment Users is 6 when a support scheme is in place. However, if there is no support scheme in place the average drops to 1 user.

While Scotland has 32 local Authorities, just 19 of these have support schemes in place. Scotland has an average of 25 Direct Payment Users when an identifiable scheme is in place; but drops to 6 users where there is no available scheme in place.

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<sup>8</sup> All available figures were tested to identify the mean average for Direct Payment users' by filtering and univariate T-Tests. A series of tests were run to select cases in the UK, by devolved area and region to establish differences between national and regional areas. Distinctions were made a) where there were known support schemes in operation, b) where there were no known support schemes in operation and c) where there was no available information on support schemes operating if averages were low

<sup>9</sup> Due to statistical processing requiring figures above 1 in this case, a reported average of one is the lowest possible outcome, in reality this may translate into zero.

England has 150 Local Authorities, with 136 known support schemes in operation. The average number of Direct Payment Users in England is 61 when a scheme is in place but this decreases to an average of 19 users where no scheme is available. However, it is clear that the length of time a support scheme has been established for will also have a potential affect on figures. See table 9 below for detailed breakdowns.

**Table 9: Direct Payment Averages by Area: Potential Impact of Support Schemes**

	LA/Trusts	With known Support Schemes	With no Direct Payment Receipts	Average Number of Direct Payments Users with Support Schemes in Place	Average Number of Direct Payment Users without Support Schemes in Place or where none are known of
Northern Ireland	11	6	2	19	1
Wales	23	18	5	6	1
Scotland	32	19	11	25	6
England	150	136	1	61	19

*Source: Adapted from current NCIL and Direct Payments Scotland data*

A further issue may be whether the type of support scheme has an effect on levels of take-up or user group types. For example: Do local authority or social service department led schemes appear to inhibit figures when compared to schemes led by Centres for Independent Living? Do schemes headed by generic or specific voluntary organisations seem less effective than charity run schemes? and so on. In depth answers to these questions can only be gained through qualitative data and a more informed knowledge of how particular schemes operate, local history, the people involved in any support scheme and the problems and advantages that each might face in each locality. However, figures are tested below, to see if any identifiable patterns can be established by type of support scheme.

Figures for Direct Payment users were examined at the UK level for the potential impact of the type of support scheme based on the average numbers of Direct Payment take-ups; where there was available data to clearly identify the type of scheme. In the main, there appeared to be a strong association between type of

support scheme and the average number of Direct Payment Users. The support schemes that appeared to promote higher numbers of Direct Payment users included CIL led, User led and Social Services dept led schemes. The rates of Social Service led schemes could, in common with CIL and User Led schemes, be due to particular areas supporting original pre 1993 Direct Payments from the Centre of Independent Living.

Those support schemes that appeared to have lower than average numbers for Direct Payments users were: charity led schemes, voluntary group led, Local Authority led schemes and those led by Disability Organisations. However, when types of scheme were tested at country and regional level the effects were not as apparent. This might be because there are fewer overall cases at these levels than in the UK as a whole. At this point the preliminary analysis suggests that while support schemes and specific support scheme types do have a positive effect on Direct Payment take-up with some, such as CIL-led schemes, often appearing most successful, this is not always the case at the national or regional levels. Moreover, support schemes, their type and locality may be either a cause or an effect of higher numbers, and this needs to be qualified through further research. Table 10 gives the calculated differences in the average Direct Payment numbers by type of scheme at the UK level.

**Table 10: Average take-ups of Direct Payments by Support Scheme Type Across the UK**

Type of Scheme	Number of Known Schemes in the UK	Average Number of Direct Payment users by Scheme Type
CIL	28	72
User Led	43	67
Social Services Department	12	51
Charity	28	32
Voluntary	9	32
Disability Organisation	15	32
Local Authority	36	30

*Source: Adapted from NCIL figures and Direct Payments Scotland data*

*Notes: (1) Disability organisation represents the Rowan Organisation in England. This is a user-led scheme and employs advisors who work from home and are all direct payment users. It is defined as a Disability Organisation here, rather than user-led because this is how it defines itself. (2) While disability organisation, CILs and User-Led Schemes could all be identified as user-led, the distinctions between them are made here to achieve greater clarity.*

However, it is interesting to note that the top ten highest Direct Payment clusters for the UK return 70 percent user-led support schemes. Yet, when relevant authorities with support schemes, but without any Direct Payment receipts are examined just over 30 percent are user-led. These are also issues that might be important in both the spread and type of Direct Payment clusters by authority and by specific user groups. The final data section provides a preliminary analysis of the estimated spread and

clustering of specific user groups to identify key issues for particular user groups in the UK.

### **Preliminary Analyses of Estimated User Groups**

There are eight broad user groups including: those 65 and over, learning disability, mental health, physical and sensory impairment, carers, carers of disabled children, 16- to 17 year olds, and young carers. However, there are several issues that need to be taken into account in reading this section. First, Scotland is excluded from the analysis due to the lack of available local authority by user group breakdowns. Second, definitions for Northern Ireland and Wales data include the categories: 65 and over, learning disability, mental health and physical and sensory impairment only. The tests for types of support scheme did not show any strong associations with a greater or lesser number of any particular user group<sup>10</sup>, therefore support scheme types are not re-tested in any depth. The details given for the number of relevant authorities in this section might not correspond with the number of authorities by devolved area in some parts of this section. This is because a local authority that has more than one user group, as is often the case, will registrar more than once.

In this section several descriptive breakdowns are covered. First, the number of relevant authorities by user group take-up is provided to establish the widest spread of user groups at the UK level. Second, averages are given at the national and regional level for each user group with the range for each (i.e. the lowest grouping of Direct Payment receipts and the highest grouping of Direct Payment receipts). Third, the region with the highest and lowest percentage authorities per user group is given.

**Table 11: Numbers of Authorities by User Group**

<i>Local Authorities/Trusts</i>	<i>65+</i>	<i>Learning Disability</i>	<i>Mental Health</i>	<i>Physical and Sensory Impairment</i>
<b>Northern Ireland</b>	5	4	1	8
<b>Wales</b>	10	9	3	13
<b>England</b>	129	92	57	119
<i>Totals</i>	<b>144</b>	<b>105</b>	<b>61</b>	<b>130</b>

*Sources: Current NCIL data, DoH data, LGUDW, DHSSPS Notes: (1) excludes Scotland (2) Local Authorities or trust may exceed or be less than number by particular country. This is because the same local authority often has more than one user group and will therefore be counted more than once, but will not be counted if there are no users in a particular user group category.*

The biggest surprise here might be that the number of relevant authorities with user groups of ‘65 and over’ exceeds the number of those authorities with ‘physical and sensory impairment’ user groups. A further issue might be that the number of relevant authorities including those with perceived learning disabilities is higher than expected. The ‘mental health’ user group has the lowest representation of the four user groups. Table 12 shows the breakdowns by Local authority for the six major English regions

<sup>10</sup> with two exceptions see page 19 for learning disability in Northern Ireland and page 21 for carers in the English regions

**Table 12: Number of Authorities serving Specific User Groups by English Region**

	<i>65+</i>	<i>Learning Disability</i>	<i>Mental Health</i>	<i>Physical and Sensory</i>	<i>Carers</i>	<i>Carers of Disabled Children</i>	<i>16 to 17 year olds</i>	<i>Young Carers</i>
<b>London</b>	25	20	10	26	1	10	3	-
<b>Midlands</b>	23	20	7	18	4	5	-	-
<b>North</b>	42	38	15	40	7	16	4	3
<b>E. Anglia</b>	6	5	4	4	2	5	-	-
<b>South West</b>	17	12	4	16	3	10	2	-
<b>South East</b>	16	15	7	15	1	10	1	-

*Sources: Current NCIL data, DoH, LGUDW, and DHSSPS data*

The Midlands, East Anglia, the South West and the South East all appear to have more local authorities with ‘65 and over’ groups, than physical and sensory impairment groups. The north has the highest number of local authorities serving each user group and appears to have the only local authorities that are including young carers in Direct Payment receipts. However, while all northern authorities are including the ‘65 and over’ user group, two northern authorities do not have ‘physical and sensory impairment’ user groups.

When the four key user groups are extended to eight, it is clear that less provision is being offered by English local authorities for young carers (3), 16-17 year olds (10), carers (18) and carers of disabled children (56), although the user group ‘carers of disabled children’ ranks the highest after the four main user groups. The differences may be explained by the timings of policy for particular user groups in Direct Payments.

The progress of local authorities and these particular user groups will become clearer in future releases of Direct Payment data from the DoH. It is also appears that neither Northern Ireland nor Wales have any Direct Payments for these groups. According to the figures released from the Scottish Executive 2 parents over 65, and 11 individuals between 16 and 17 years old were in receipt of Direct Payments at the time of the last statistical release. The distribution for 16 to 17 years olds included two users with physical impairments, six with perceived learning disability and three young carers. However, the receipts cannot be attributed to any particular authority because of the absence of detailed breakdowns from Scotland. Neither Northern Ireland nor Wales registered any Direct Payment receipts for young carers, 16-17 year olds, carers, or carers of disabled children in their most recent statistic releases.

User group for country and region were tested to establish which areas had the highest mean averages per user group. Table 13 shows the four major user groups by area and table 14 shows all groups by English region, all figures are given with the range for the specific area or region to establish the lowest Direct Payment receipts by area and the highest per user group and area.

**Table 13: Averages and Range for Estimated User Groups by Area**

	65+		<i>Learning Disability</i>		<i>Mental Health</i>		<i>Physical and Sensory Impairment</i>	
	<b>Average Number of Direct Payments per User Group</b>	<b>Range for User Group</b>	<b>Average Number of Direct Payments per User Group</b>	<b>Range for User Group</b>	<b>Average Number of Direct Payments per User Group</b>	<b>Range for User Group</b>	<b>Average Number of Direct Payments per User Group</b>	<b>Range for User Group</b>
<b>Northern Ireland</b>	3.6	1-10	13.7*	2-45	1**	-	6.2	2-15
<b>Wales</b>	2.2	1-6	2.9	1-4	1.3	1-2	8.3	1-43
<b>England</b>	8.9	1-100	7.5	1-83	3.2	1-29	41.3	1-425

Sources: Current NCIL data, DoH data, LGUDW, DHSSPS

Notes (1)\* Average is skewed by Armagh and Dungannon with 45 learning disability users based on current NCIL data (2)\*\*There is just one mental health user in Northern Ireland in the Down Lisburn health Trust(3) All averages are based on the mean average

As expected England has the highest average number of Direct Payment Receipts per user group and the widest ranges for each group. Key issues arise for Northern Ireland and Wales. Northern Ireland has the least number of physical and sensory impairment users, in the UK. The Trust with the lowest number of physical and sensory impaired Direct Payment receipts supports just two people, while the Trust with the highest number supports just 15 people. Armagh and Dungannon Trust heavily skew the average Direct Payment receipts for those with perceived learning disability with 45 from this user group. In this Trust the support scheme in operation is social service

department led and, in this case, the type of scheme may have had an effect on the number of learning disability users within the Trust. Northern Ireland has just one mental health user in all, in the Down Lisburn health Trust area according to currently available data. However, Northern Ireland has a higher average and slightly wider range in comparison to Wales when it comes to those 65 and over.

The highest average Direct Payment receipts for Wales are physical and sensory impairment. However, it is clear that this, and other user groups are low in comparison to the UK as a whole, with England skewing figures for Direct Payment receipts. The next table reviews user groups by English region.

**Table 14 Averages and Range for Estimated User Groups by English Region**

	65+		Learning Disability		Mental Health		Physical and Sensory Impairment		Carers		Carers of Disabled Children		16-17 year olds		Young Carers	
	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group	Average Number of Direct Payments per User Group	Range for User Group
London	5.3	1-34	3.6	1-14	2.2	1-8	29.6	4-80	4*	-	10	1-13	1.6	1-2	-	-
Midlands	8.8	1-33	4.6	1-12	1.1	1-2	44	1-116	8.5	1-27	4	1-10	-	-	-	-
North	7.3	1-38	8.5	1-61	5.4	1-10	23.2	1-91	7.8	1-28	9	1-61	2.7	1-6	1.6	1-2
East Anglia	30	6-76	25	3-83	9.7	1-29	133	24-388	12	11-13	31	11-66	-	-	-	-
South West	6.8	1-26	5.9	1-16	3	1-6	49.9	5-158	39	28-54	4.5	2-14	1.5	1-2	-	-
South East	12.7	1-100	9.8	1-50	5.4	1-18	72.8	4-425	2**	-	6.7	1-40	2***	-	-	-

Sources: Current NCIL data, DoH data, LGUDW, DHSSPS

Notes: (1)\*This represents just one local authority with 4 users in Kingston Upon Thames. (2)\*\*This represents just one local authority with 2 users in Hampshire (3)This represents just one local authority with 2 users in South-End-on Sea, all three L.As have CIL led schemes.

Table 14 indicates that there is an uneven spread of user groups across regional local authorities in England. The sections below provide a brief review of all user group averages, clusters and ranges in more detail.

### **65 and Over**

For the 65 and over user group the highest averages are in East Anglia, which is largely due to it having just 6 local authorities. It is Hampshire in the South East that has the highest cluster of 65+ users per local authority with 100 users supported by a CIL scheme.

### **Learning Disability**

East Anglia has the highest clusters and the highest averages of users with perceived learning disability with the local authority of Essex being the highest and supporting 83 people in this user group. The lowest averages are in London. London has a mean average of just 4 users. The largest grouping of 14 users is in Hounslow, although a support scheme is operation in this local authority, its type has not been determined. The Midlands has the authority with the lowest number of direct payment receipts for this user group at just 12 for Birmingham local authority.

### **Mental Health Users**

The Midlands also has the lowest average and range for mental health users with just two mental health users in the highest-ranking local authority of Worcester. This authority is supported by a voluntary group scheme. The Midlands has 6 other local authorities with mental health users, but each of these has just one mental health user, of these 2 are supported by CILs, 3 by user-led groups and 1 by a voluntary organisation. East Anglia has the highest mean average for mental health users and the local authority. However, the largest cluster of 29 users is in Essex, supported by a user-led scheme.

### **Physical and Sensory Impairment**

The South East has the greatest clusters of users with physical and sensory impairments with Hampshire local authority supporting 425 users. The lowest mean average for users with perceived physical and sensory impairments is in the north, with the local authority of Manchester having the most users at 91. The lowest clusters for this user group are in the north and the Midlands. The north has 1 user in the local authority of York and 1 in the South Tyneside, and the Midlands have just 1 user in Rutland.

### **Carers**

The South East has just 2 carers in the local authority of Hampshire and the lowest average of all English regions for this user group. London has just 4 carers in Kingston-on Thames supported by a CIL scheme. The region with the highest average for carers is the South West. This region also has the highest clusters of carers per local authority with 28 at the lowest end of the scale in Portsmouth, and 54 in Devon both of these authorities are supported by a social service department scheme, the other local authority in the South West with 35 carers is Dorset and is supported by an Local authority led scheme. It may be that the scheme types and clusters of high user groups for carers are significant, additionally there might be a strong level of carer

advocacy in this region. However, this does not seem to be supported by the figures for Direct Payment receipts for the carers of disabled children, which does not identify the South West region as significant.

### **Carers of Disabled Children**

East Anglia has the highest mean average for users, who are carers of disabled children, and the largest clusters per local authority. However, just three local authorities are supporting carers of disabled children through Direct Payments in this region, they include: Norfolk with 11 users, Suffolk with 16 users and Essex with 66 users who are carers of disabled children. Both Norfolk and Essex are supported by user-led schemes, and Suffolk is supported by a local authority led scheme. The north has the second highest clusters of carers of disabled children per local authority with 16 local authorities having some carers of disabled children. The highest of these is Cheshire with 61 users supported by the user led Rowan Organisation.

### **Young Carers**

The north is the only region with young carers in receipt of Direct Payments. However figures are low with 1 user in Manchester, 2 in Hartlepool and 2 in North Lincolnshire. Both Manchester and North Lincolnshire have user-led support schemes in place, and Hartlepool has a local authority led support scheme.

## Key Points

- According to the 2001 census impairment or disability in the UK is estimated to affect 10.9 million people, including those with a long-term illness. Wales has the highest percentage defined with long-term illness and disability at just over 23 percent and Northern Ireland has just under 23 percent of its population defined in this way. Scotland percentage rate stands at just over 20 percent of the population, and England has the lowest percentage rate at just over 18 percent, but the highest number of those with long-term illness and disability in the UK.
- The figures for Direct Payment receipts do not reflect the population patterns of the 2001 census data. Currently available data on Direct Payment receipts estimates that just 9,536 people are in receipt of Direct Payments across the UK. England has 8,661 people in receipt of Direct Payments comprising 90 percent of all Direct Payments in the UK. Scotland has an estimated 571 people receiving Direct Payments (6 percent of the UK). Wales has 185 Direct Payment receipts or just over 2 percent of the UK total. Northern Ireland have the least Direct Payment receipts at just over 1 percent covering 120 people.
- Direct Payment receipts have increased in the UK since the year 2000 to varying degrees. Northern Ireland has increased its Direct Payment receipts by the greatest percentage with Direct Payments rising by 74 percent from 2000 to 2003, with the greatest increases occurring for those in the 'learning disability' user group. Northern Ireland is the only area identifying Direct Payments for the employment of a Personal Assistant. Direct Payment receipts for the employment of a Personal Assistant increased from 26 in 2000/1 to 55 in 2003.
- England's Direct Payment receipts have increased for the 18-64 age grouping by 54 percent, but increased by 81 percent for those who are 65 and over between 2000 and 2003. Figures for Wales are available from 2001 to 2003 only. They show a 25 percent rise in all Direct Payment receipts, with the biggest rises for those 65 and over at 70 percent. Figures from the Scottish Executive and the NCIL estimates indicate that Direct Payments have increased by almost 64 percent in Scotland.
- Direct Payment support schemes have a positive effect on Direct Payment receipts, and can increase the take-up of Direct Payments by up to 80 percent when tested at the UK level. However, Northern Ireland has just 6 known support schemes, Wales has 18, Scotland has 19 and England has 136. At the UK level the types of support scheme show a positive effect on Direct Payment take-up with CILs, user led and Social Service department led support schemes returning above average numbers of Direct Payment users. At country and regional levels the effects are not always so apparent. However, when the top authorities with the highest Direct Payment receipts are identified, 70 percent of these have a support scheme that could be described as user-led.
- The top ten authorities with the highest receipts of Direct Payment users are all in England, with 90 percent in the south or Midlands, of these 70 percent are affiliated

conservative areas, with a majority of conservative MPs per authority. Five areas in Scotland have support schemes, but no Direct Payment receipts and Wales has just 4 authorities with known support schemes, but without any Direct Payment receipts. Authorities without known support schemes or Direct Payment users include 5 in Scotland, 2 in Northern Ireland and 1 in England. The majority of authorities without any Direct Payment users were Labour led.

- Eight potential user groups are now entitled to Direct Payments. They are categorised as: 65 and over, learning disability, mental health, physical and sensory impairment, carers, carers of disabled children, 16 to 17 year olds and young carers. When the user groups were assessed across the UK, 144 authorities included 1 or more Direct Payment receipts for the '65 and over' user group, 105 authorities registered 1 or more Direct Payment receipts for the learning disability user group, 61 authorities included 1 or more receipts for the mental health user group and 140 authorities included 1 or more receipts for the physical and sensory impairment user group. Data for Wales and Northern Ireland was limited to the main 4 user groups, and there was a lack of detailed breakdowns for Scotland by local authority and user group. However, Scotland has eleven 16 to 17 years olds in receipt of Direct Payments.

- In the English regions, the numbers of 'young carers', '16 to 17 year olds' and 'carers of disabled children' are low, with young carers served by just 3 local authorities, 16 to 17 year olds by 10 local authorities and carers by 18 authorities. The number of local authorities including the 'carers of disabled children' user group was slightly higher and involved 56 local authorities. The Midlands, East Anglia, the South West and the South East all have more local authorities with Direct Payment receipts for the 65 and over user group than the physical and sensory impairment user group, and the north is the only region to include Direct Payment receipts for young carers based on currently available data from the DoH and NCIL.

- The lowest numbers of Direct Payment receipts for Northern Ireland were for the 'mental health' user group and for those 65 and over. Wales has a greater number of physical and sensory impairment users than Ireland, but less than Scotland.

- Hampshire has the highest number of '65 and over' user groups in England. East Anglia has the highest number of the 'learning disability' group in the authority of Essex. The lowest mean average for this user group is in the London authority of Hounslow. East Anglia has the highest mean average for the 'mental health' user group. However, the largest cluster is in the local authority of Essex with 29 Direct Payment receipts for this user group. Hampshire has the highest cluster of Direct Payment receipts for the 'physical and sensory' user group; the lowest clusters are in the north and the Midlands. For the 'carers' user group, the highest clusters are in the South West and include the authorities of Portsmouth, Devon and Dorset. East Anglia has the highest averages for Direct Payment users who are 'carers of disabled children', and the north is the only region with Direct Payment receipts for 'young carers'.

## Appendix

*Table 1: Sensory Impairment User Groups*

<b>Authority</b>	<b>Number</b>
<a href="#">BARNET</a>	3
<a href="#">BLACKPOOL</a>	2
<a href="#">BRENT</a>	1
<a href="#">CAMDEN</a>	1
<a href="#">COVENTRY</a>	4
<a href="#">DERBYSHIRE</a>	5
<a href="#">DURHAM</a>	2
<a href="#">EAST SUSSEX</a>	5
<a href="#">GLOUCESTERSHIRE</a>	2
<a href="#">HACKNEY</a>	1
<a href="#">HAMMERSMITH AND FULHAM</a>	1
<a href="#">ISLE OF WIGHT</a>	2
<a href="#">KINGSTON UPON THAMES</a>	3
<a href="#">LANCASHIRE</a>	3
<a href="#">LEEDS</a>	5
<a href="#">LEICESTERSHIRE</a>	2
<a href="#">LIVERPOOL</a>	5
<a href="#">MANCHESTER</a>	8
<a href="#">MIDDLESBROUGH</a>	1
<a href="#">NORTHAMPTONSHIRE</a>	1
<a href="#">NOTTINGHAMSHIRE</a>	1
<a href="#">OLDHAM</a>	2
<a href="#">PETERBOROUGH</a>	2
<a href="#">POOLE</a>	2
<a href="#">PORTSMOUTH</a>	3
<a href="#">RICHMOND UPON THAMES</a>	2
<a href="#">SANDWELL</a>	3
<a href="#">SEFTON</a>	3
<a href="#">SHEFFIELD</a>	4
<a href="#">SHROPSHIRE</a>	3
<a href="#">SOMERSET</a>	12
<a href="#">SOUTH GLOUCESTERSHIRE</a>	1
<a href="#">SOUTHAMPTON</a>	7
<a href="#">SOUTHWARK</a>	2
<a href="#">STAFFORDSHIRE</a>	4
<a href="#">TAMESIDE</a>	2
<a href="#">TELFORD AND WREKIN</a>	3
<a href="#">TORBAY</a>	2
<a href="#">WANDSWORTH</a>	1
<a href="#">WARWICKSHIRE</a>	2
<a href="#">WEST SUSSEX</a>	10
<a href="#">WIGAN</a>	1

**Table 2: HIV user Groups**

**E.Anglia- none**

**London**

Croydon=5

Enfield=1

Greenwich=2

Kensington and Chelsea=3

Richmond on Thames=1

Waltham Forest=1

**Total= 13**

**Midlands**

Nottingham=9

**Total=9**

**North**

Manchester=3

Newcastle-on Tyne=2

Northumberland=1

**Total=6**

**South East**

West Sussex=1

**Total=1**

**South West**

Bournemouth=1

Plymouth=1

**Total=2**

**Total HIV=31**

## Sources

### Direct Payment Data

Community Care Statistics ‘Statistics release, Direct Payments 2003’ (21<sup>st</sup> October 2003) available at

<http://www.scotland.gov.uk/stats>

Data Administration Branch: Department of Health Social Services and Public Safety, Belfast

Department of Health: Direct Payments performance Indicators England AOC51

Department of Health :Ccstats2003-spn

Department of Health :Dpsdohautumnstatement2002 microsoft excel worksheet

All available at:

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/DirectPayments/fs/en>

Local Government Data Unit Wales (Personal and Social Services)

National Centre of Independent Living:

<http://www.ncil.org.uk/>

Direct Payments Scotland

<http://www.dpscotland.org.uk>

### Census Data

National Statistics Online

<http://www.statistics.gov.uk/census2001/profiles/45UB.asp>

Northern Ireland Statistics and Research Agency

<http://www.nisra.gov.uk/census2001/output/>

Scotlands Census Results Online

<http://www.scrol.gov.uk/scrol/common/home.jsp>

Wales Census

<http://www.wlga.gov.uk/index3e.htm>

## **General Data**

A to Z of UK Local Authorities Online

<http://www.ukonline.gov.uk/Home/Hompage/fs/en>

Northern Ireland Statistics and Research Agency 'Personal and Social Services related Statistics 2003' available at

<http://www.dhsspsni.gov.uk/index.html>

UK Parliament Directories

<http://www.parliament.uk/directories/directories.cfm>

All websites were accessed between Jan 1<sup>st</sup> and February 20<sup>th</sup> 2004