

# Researching Implementation: Reflections on Studies of Payments for Social Care

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## Introduction

The pioneers of implementation studies provided a top down model easily useable for research in which difficulties in achieving a clearly identifiable dependent variable (policy goal) might be explained by independent variables (implementer behaviour). That has long been discarded in favour of models that recognise the validity of the bottom up critique of this perspective, in particular its stress on complexity and feedback, so that implementation cannot simply be seen as a separate stage in a linear development (Hill and Hupe, 2009). Notions of implementation 'gaps' or 'deficits' need to be questioned for their implicit assumptions about non-compliance by implementers in contexts in which there may be in practice reformulation of policy objectives. However, this revision of the way to think about implementation does not eliminate the fact that it may be possible to identify a legitimate policy input and raise questions about how actors responsible for implementation may act in ways that imply outputs (or perhaps outcomes) that modify the policy in action. In this case, however, there is a need to recognise the complexity of inputs. That implies a research model in which aspects of inputs need to be treated as independent variables. As such these may be complex and subject to modification over time.

This paper explores these issues through an examination of research in which the author was involved. In England there is a central government policy concerned to facilitate arrangements in which adults in need of social care can be given direct payments of cash to purchase services for themselves instead of being provided with services commissioned by local authorities. Whilst some local authorities were pioneers of this approach, central government then adopted the policy and put increasing pressure on local governments to implement it. However in doing so it acknowledged considerations that might make it difficult to put it into practice (in particular requirements that grants should be used for specific purposes and that where staff were to be hired there should be controls to prevent violations of labour law, employment of family members and employment of people who might be a danger to those they looked after). There also had to be arrangements for the use of 'agents' where recipients might have difficulty managing their own affairs. Hence we see an apparently clear policy goal modified by conditions, and therefore possibilities that implementers would have good reasons for varying in their enthusiasm in putting it into practice.

There were many implementing authorities (English counties and boroughs) and an identifiable output: numbers of payments made in a specific period (recalculated to take into account differences in population size). It is recognised here that this output may be equated with the notion of a goal of the policy. Noting Winter's warning about using 'goal achievement' to define output (2006, p. 59), the point here is that it would be inaccurate to see policy as simply about the maximisation of payments regardless of other circumstances. Indeed policy formulation activity occurred over a period of years, both before and after the date of the study, which influenced local authority performance.

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The research therefore sought to identify a range of factors affecting implementation

- Policy characteristics – features of the policy which affected implementation (such as the rules about preventing the misuse of direct payments).
- Layers in the policy transfer process – the mechanisms that govern central/ local government relationships (inspection, the collection of performance indicators etc.), including special grants that might assist implementation given in some but not all areas. These may also be seen as aspects of ‘policy’, influencing the context within which local governments were required to act.
- Horizontal inter-organization relationships – social care direct payments may require liaison between local authorities and the health service and these vary from place to place.
- Factors affecting responses by implementing agencies – the enthusiasm of politicians and senior officials, whether there was a ‘champion’ who pushed the scheme at the local level, whether street level workers found direct payments difficult to implement or felt that they upset standard operating procedures.
- Responses from those affected – local pressures groups in favour or against.
- Wider macro-environmental factors - since direct payments often involve the employment of service workers by individuals the local labour market may have an effect upon their availability.

## Methodology

The research involved:

- A joint postal survey of local authorities and support organisations conducted together with two other projects.
- Semi-structured telephone interviews with local authority leads and support organisation co-ordinators in a sample of 50 English local authorities between January and June 2005.
- Case studies conducted between July and September 2006 focussing on direct payment implementation for three under-represented adult care groups (i.e. services for older people, people with learning disabilities and mental health needs and carers for all three groups) and for people from black and minority ethnic groups.

The mixing quantitative and qualitative research methods was an important aspect of the research as a whole. However most of the evidence used in this paper derives from material from the first of the three approaches. Another of the projects (see Fernandez et al., 2007) mapped the range of variations in provision of direct payments and used some readily available measures of differences between local governments to suggest that ‘direct payment activity is significantly shaped by the attributes of local social care subsystems’ (p. 118). The project reported here aimed to go deeper by asking the responsible officers from each local authority to indicate factors (defined in terms of the list set out above) that they considered ‘aided’ or ‘hindered’ the development of direct payment provision. These factors were derived from a literature review of discussions of the prospects for the policy. (this literature is extensive, but Leece and Bornat, 2006, offers a good overview, including observations on schemes in other countries) They were asked to rate those they chose as ‘helpful’ (or unhelpful in the case of hindering factors), ‘important’ or critical’ (the factors are listed in the appendix).

Recognisably therefore the results reported here were the subjective judgements of factors responsible for implementation. They are alternatives to the direct measurement of factors, which would have been difficult and costly. Caution about interpretation is important, in the context of the study as a whole there was a certain amount of triangulation (a) because local voluntary agencies supporting direct payment provision were asked similar questions and (b) there were (as noted above) supplementary qualitative investigations. There were also, as noted above, parallel studies: that reported in Fernandez et al. and a UK wide study (see Priestley et al., 2010).

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## Findings

Over three quarters of all responding local authorities rated seven of the factors as positively aiding direct payment implementation:

- An effective direct payments support scheme (89%)
- Staff training and support (86%)
- National legislation, policy and guidance (82%)
- Leadership within the local authority (81%)
- Positive attitudes among staff (80%)
- Demand from service users and carers (78%)
- The provision of accessible information (78%)

In general, there were far fewer responses to the question on the factors that hinder implementation of direct payments. Two thirds of local authorities cited the following three factors:

- Concern about managing direct payments among service users and carers (68%)
- Resistance to direct payments among staff (65%)
- Difficulties with the availability of people to work as personal assistants (63%).

When these responses were related to local authority performance, as reflected in the statistics reported to the Department of Health, authorities that were doing more were found to be more likely to volunteer more aiding factors and less hindering factors, and vice versa in the authorities doing less. An examination of the items, using Spearman correlations, on which the main differences of response between ‘high’ and ‘low’ performing authorities occurred produced statistically significant results for the following aiding factors (correlation coefficients in brackets):

- Leadership within the local authority (0.189)
- Local political support (0.281)
- An effective direct payments support scheme (0.224)
- Training and support for front line staff (0.223)
- Direct payments development fund award (0.220)
- A positive attitude to direct payments among staff (0.192)
- Ring fenced budget (0.212)

Rather fewer hindering factors were highlighted in this way, with only lack of local authority leadership showing up as statistically significant (-0.202).

In the appendix all the aiding and hindering factors are set out, in order of salience, with some percentages that give some idea how the responses of the higher and lower achievers compared.

There are problems with data like this, about the inter-relationships between factors. Not surprisingly conventional regression techniques provided no help with disentangling variables. In retrospect it seems to me that use of ‘qualitative comparative analysis’ techniques (cluster analysis, crisp or fuzzy set analysis) might have been helpful (see use of this with very comparable data discussed in Blackman, 2012).

Nevertheless this analysis suggests the particular importance of overall local authority disposition and attention to issues about the management and support of direct payments for high performance by local authorities, with the influences from central government and factors that affect demand and the availability of personal assistants being of general concern for all authorities but not particularly important for affecting differences in performance.

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There is however one element in the list of significant factors that merits further mention in the light of concerns about the relationship between policy and implementation. This is a central government grant scheme to assist implementation (development awards). Since this is noted as an aiding factor it is appropriate to note that such awards were restricted to a limited number of local authorities. In this sense there was the deliberate stimulation of implementation in a specific group of authorities (regrettably I have no information on how this money was rationed).

The qualitative interviews highlighted some aspects of the difficulties local governments faced in effectively developing the direct payments scheme in the context of constraint in respect of the funds available, something dependent in a complicated way – which cannot be easily be explained here – on national controls over local government resources. It is interesting to note ‘ring fenced budgets’ identified as an aiding factor. These will have been the products of local decision making, but in other aspects of central-local relations in England there are examples of ring-fenced additional contributions from central government).

## Conclusions

Essentially the evidence from this research suggest that, in a context in which the policy originator is giving fairly clear guidance on its objectives but policy is nevertheless complex and requires a measure of creativity on the part of local implementers local ‘champions’ developing training and other policies to support implementation will be important but so too will committed staff.

However, the objective here is not to elaborate that but rather to discuss lessons for the study of implementation. In doing so, the aim will not be to justify the way this research was conducted but rather to explore the extent to which it offers a model upon which others may build.

The study reported can be regarded as broadly positivist in character, using a dependent and some independent variables and reporting statistical data. My position is certainly not, however, to argue that this is the only way to do implementation research. Rather, the particular issue – a comparatively clear policy objective, a measurable output and implementation by a relatively large number of organisation – can be explored in this way. Many issues cannot. However, even in this context a distinction can be drawn between this project and its sister project, the research quoted in the article by Fernandez and his colleagues, where measurement and statistical analysis leaves us only with suggestions that there are reasons why implementers differ. The use of a rather softer, and less objective, approach, asking actors for their views of aiding and hindering factors enables efforts to be made to dig rather deeper into what was going on. The qualitative interviews supplemented that, though unfortunately the research was not operationalised in ways that enabled quantitative and qualitative material to be put together. There seems here to be a need to use the latter to highlight issues from the qualitative analysis – exploring more the characteristics of leading or laggard authorities (particularly where there seemed to be incompatibilities between stressed aiding factors and actual performance). As noted above, the project would have benefitted from the use of alternative analytical techniques of the kind advocated by Blackman and others.

Points about the more specific aspects of the design amplify those general observations. In terms of the old distinction between top-down and bottom-up research this was very much a top-down project. Such an approach is unexceptional from a methodological point of view but it has been argued that bias may enter into such research because of its identification with the goals of actors at the top. That is part of the case against the use of goals as the dependent variable. However, it may be argued that the use of a clear cut output variable in this case meant that, notwithstanding its association with the goals of top actors, it was possible to carry out an empirical study unbiased by that association. The concern was to explain *differences* in outputs, with no suggestion that there were *deficits*. Despite that

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it could be argued that the output variable was performance data reported to the Department of Health, that there were some problems about measurements inasmuch as direct payments included both long-run grants and single payments and that there may have been incentives both explicit and implicit to manipulate the output variable.

The approach used for the identification of the independent variables broadly accords with the model used in Hill and Hupe (2009) which owes a great deal to Van Meter and Van Horn’s model (1975). What was involved therefore was considerable attention to variables which dealt with the links between policy formulation and implementation. Two elements that featured in the variable list were ‘policy characteristics’ and ‘layers in the policy transfer process’. Some aspects of the former were mentioned above, highlighting that the policy objective was making direct payments but within a context of a variety of constraining rules. These might have been very much more complicated (note for example the case of policies aiming to increase the number of children with learning difficulties included in mainstream education in Hupe, Nangia and Hill, forthcoming). What seems important here is to acknowledge that a conventional model to explain a dependent variable can contain independent variables which are in fact qualifications of the meaning of the dependent variable.

However, these need to be taken in conjunction with the issues about the policy transfer process. One of the criticisms of the mathematical ‘chain’ model used in Pressman and Wildavsky’s classic (1984) is that what is actually being looked at is a relationship in respect of which there will be multiple interactions (Bowen, 1982). In the study reported here direct payment implementation is embedded in a very complex relationship between a central government department and many local governments. Without going into a long digression about central- local relationships in England it may be said in short that the latter have legal obligations to comply with many of the demands of central government, that their financial resources are largely controlled by it and that therefore interaction between the levels of government are almost daily phenomena. In this respect some writers on local government in England today have talked of it being merely local administration. But against that last view are arguments that there is still a need to pay attention to politics between the two levels (both with a big and a small P) and that there are situations in which some or all of the local governments will combine together to argue with central government. In this respect Rhodes once used exchange theory to characterise central/local relations, stressing the centre’s dependence on local action (1981, 1988). The point here is that the explanation of implementation may imply a need to delve into the context of a policy transfer process. In the study reported here respondents saw some of the aspects of this – central performance monitoring and inspection – as low (perhaps taken for granted) aspects of the implementation system. Arguably a different methodology might have explored these further. Of course, it may be argued that in a relationship between a single central government and multiple local authorities the transfer relationship is not ‘variable’, but that is challengeable. Central government may treat different local governments differently (for example favouring those politically more compatible with it).

These issues can then be related to horizontal inter-organisation relationships. The empirical material reported here gave little attention to this issue, it was not very well integrated into the quantitative study. It was however featured in the qualitative studies, the key issue being the very close connections between adult social care and health care. This was an important source of complications with direct payments for people with mental health problems where implementation might depend upon a decision process involving health service workers as well as social care workers. The way this issue links back to vertical integration concerns the fact that both systems come under the oversight of the same central government department, but are organised and funded separately. Again a digression into the much researched and much debated questions about the relationship between health and social care in England would not be appropriate, the point here is merely to note another set of interlocking relationship that do affect implementation.

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The considerations explored in the last few paragraphs may be summed up in terms of a concern that it should be recognised that to explain implementation it is often necessary to go back to questions about policy formulation and issues about the inter-relationships between those organisations (like the English Department of Health) which design policy and those required to implement it, even in the context of a comparatively top-down context. Interesting questions then emerge about the extent to which it is possible to operationalise these phenomena for a quantitative study. It is acknowledged that the approach described in this paper – using the understandings of these phenomena by those responsible for implementation – has considerable limitations. It is presented here as pointing a useful way forward. Going beyond it poses difficult and expensive research problems

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**Appendix**

**Aiding factors by whether LAs had performances above or below the median**

	<b>(n= 97)</b>		
	<b>Rank*</b>	<b>HP%</b>	<b>LP%</b>
Effective direct payments support scheme	<b>1</b>	94	90
Training and support for front line staff	<b>2</b>	93	86
National legislation, policy and guidance	<b>3</b>	87	82
Leadership within the local authority	<b>4</b>	89	78
Positive attitude to direct payments among staff	<b>5=</b>	89	77
Demand from service users and carers for direct payments	<b>5=</b>	83	78
Accessible information on direct payments for service users carers	<b>7</b>	83	78
Local political support for direct payments	<b>8</b>	83	53
Central government performance monitoring	<b>9</b>	68	69
Targeted support within the direct payments support service	<b>10</b>	60	55
Direct payments development fund award	<b>11</b>	68	47
Availability of people to work as personal assistants	<b>12</b>	62	51
Strong local voluntary sector	<b>13=</b>	62	47
Flexibility of commissioning strategy	<b>13=</b>	53	49
Support from the national centre for independent living	<b>15</b>	43	41
Inspection and regulation of local authority services	<b>16</b>	40	43
Ring-fenced budget for direct payments	<b>17</b>	34	16
Support of public sector trade unions	<b>18</b>	15	8

\*Factors were ranked according to the frequency with which they were mentioned.

†Percentages refer to the proportion of local authorities that cited the item as either ‘critical’, ‘important’ or ‘helpful’

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**Hindering factors by whether LAs had performances above or below the median**

	<b>(n=102)</b>		
	<b>Rank*</b>	<b>HP%</b>	<b>LP%</b>
Concern about managing direct payments	<b>1</b>	73	72
Resistance to direct payments among staff	<b>2</b>	69	70
Lack of availability of people to work as personal assistants	<b>3</b>	60	76
Lack of demand from service users and carers for direct payments	<b>4</b>	44	42
Inadequate training and support for front line staff	<b>5=</b>	44	38
Competing priorities for policy implementation	<b>5=</b>	35	43
Lack of accessible information	<b>7</b>	35	34
Incongruence of direct payments policy with other local authority duties	<b>8</b>	26	37
Weak local voluntary sector	<b>9</b>	27	32
Lack of targeted support within direct payments support service	<b>10</b>	33	22
Underdeveloped direct payments support scheme	<b>11</b>	19	34
National legislation, policy and guidance	<b>12</b>	27	22
Inflexibility of commissioning strategy	<b>13=</b>	22	16
Lack of ring-fenced budget for direct payments	<b>13=</b>	19	22
Insufficient leadership within LA	<b>15</b>	12	22
Lack of local political support for direct payments	<b>16</b>	10	16
Lack of support from the national centre for independent living	<b>17</b>	9	9

\*Factors were ranked according to the frequency with which they were mentioned.

†Percentages refer to the proportion of local authorities that cited the item as either ‘critical’, ‘important’ or ‘helpful’