

# **USING DIRECT PAYMENTS TO PURCHASE DAILY LIVING EQUIPMENT: WHY THE LACK OF TAKE-UP?**

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August 2008

Word count:: 15,066

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Submitted for the Degree of Master of Arts in Disability Studies

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## **Abstract**

Placing disabled people in control of financial resources offered a radical move away from the traditional service-led, rather than user-led, norms of social care services. This was as a result of years of campaigning by disabled people. However, the take-up of direct payments remains low both in the provision of direct payments for personal care support as well as for other aspects of social care such as the provision of daily living equipment.

Cambridgeshire's policy for offering direct payments for equipment was implemented in 2006 but since then only twelve service users have chosen to have a direct payment in order to purchase equipment themselves, rather than having it provided by the statutory community equipment service.

The focus of this study is on the reasons for this lack of take-up both from the point of view of disabled people, as well as the occupational therapy staff who are effectively the gatekeepers of this resource.

The study provides a background to the use of direct payments and the importance of equipment provision and goes on to link the two by presenting a snapshot of the current situation by means of two small-scale pieces of fieldwork.

To examine the lack of take-up from disabled people's perspective, a small number of interviews were carried out with people who had been in receipt of direct payments – either for personal support, or equipment, or both. Secondly, a survey, by way of a questionnaire, was undertaken with community occupational therapy practitioners working within Cambridgeshire's adult teams. This focused on their views of the direct payments agenda, to what extent they had embraced it, and what they felt were the barriers to take-up.

The views of both the disabled people and the OT practitioners were largely positive in relation to equipment provided via the statutory community equipment service and felt that direct payments had their place, most particularly, when people wanted equipment that was more aesthetically pleasing. However, the study highlighted that disabled people are not receiving the information they need in order to exercise this choice and may only discover the direct payment option by 'chance'.

The study also touches on issues in relation to cost effectiveness, access to retail outlets, and stimulation of the market in this growing area of technology.

In conclusion, direct payments for equipment are seen as a positive alternative option that needs to sit alongside 'direct provision' and that front line staff need training and support to ensure that the

direct payment option is promoted to all service users, so that they have the tools necessary to acquire quality services within the ethos of independent living.

The future of direct payments for equipment will also be dependent on the outcomes of more recent initiatives, yet to be tested, including individual budgets and the Transforming Community Equipment Services proposal.

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## **Chapter 1: Introduction**

### **1.0 Background**

Since June 2006 Cambridgeshire County Council have had a policy in place so that people can receive a direct payment enabling them to purchase daily living equipment rather than items being directly provided from the local authority's community equipment service. At the time of writing up this study (Summer 2008) only twelve people have chosen the direct payment option. This study examines some of the reasons behind this lack of take-up.

This chapter explores the campaigning by disabled people which ultimately led to the implementation of legislation, enabling disabled people to receive direct cash payments in lieu of directly provided social care services. The chapter goes on to examine this from a local perspective and also discusses the importance of daily living equipment. The aims and objectives of the study are identified and a summary is provided as to how the study was organised.

### **1.1 The Campaign for Direct Payments**

Direct payments, the term used to describe cash payments given in lieu of directly provided social care services, were established as a result of decades of campaigning by disabled people. It was in the 1960s that Paul Hunt, and other residents of Le Court Cheshire Home

in Hampshire, led the campaign for access to secure, community based alternatives to residential homes which they saw as a vital part of regaining citizenship for disabled people. This campaigning led to the creation of disabled people's organisations that could further these goals (Finkelstein, 1991). One of these organisations was the Disability Income Group (DIG) which focussed its efforts on the campaign for a national disability income. This led to the development of the Union of Physically Impaired Against Segregation (UPIAS) whose guidelines were based on a 'social oppression theory of disability' or, in Finkelstein's words, a 'social barriers model'. The later development of 'coalitions of disabled people' established new groups, at a local level and united within a national body, the British Council of Disabled People (BCODP). Disabled people established a number of centres for independent, or integrated, living (CILs). Not only were these the ongoing driving force behind the campaign to achieve full social integration, but they later campaigned specifically to legalise direct payments and offer support to people employing personal assistants (Hasler, 2006).

In the early nineteen eighties, the Derbyshire Centre for Integrated Living (DCIL) was particularly active in promoting the independent living philosophy by analysing all the elements that it involved. 'Independent living' describes the process of improving the



quality of life of disabled people by them having access to the help necessary for them to identify and pursue their own life choices (Davis, 1990). The work of the Derbyshire CIL resulted in the creation of the 'seven needs for independent living', which "put flesh on the social model of disability," (Davis, 1990: 7). The seven needs were identified as: information; counselling; housing; technical aids; personal assistance; transport and access. All of these needs should now be able to be met via the use of direct payments.

All this campaigning eventually resulted in direct payment legislation being passed in 1996, the Community Care (Direct Payments) Act. This meant that someone assessed as needing community care support could, if they so chose, be allocated an amount of money and have some choice over how to spend it (Bornat, 2006). Bornat points out that the intention, from the very start was that this could be used in a variety of ways for example to "eat out at a restaurant, buy helpful equipment...or simply buy help with basic tasks" (p. 1).

Therefore, the government's decision to introduce this important legislation was met with enthusiasm by the disability rights movement, as the pressure they had put upon government over a number of years had achieved its ambition. Interestingly, the disability rights campaigners received support from the then Conservative government

who were keen to demonstrate that they were committed to the independence agenda. However, the government were particularly keen to focus on the potential cost benefits of providing cash payments to service users (Zarb & Nadash, 1994). As will be discussed later, this cost effectiveness perspective does not necessarily apply to the provision of direct payments for equipment.

## **1.2 The Local Perspective**

At the time of writing, Summer 2008, the take-up of direct payments within Cambridgeshire, for personal social care support, is slightly higher than the national average at 500 direct payment recipients out of a total county population of around six hundred thousand. This assessment against the national average is based on information contained within the recent national survey carried out by the Direct Payments Survey group (Davey et al, 2007). This survey also highlighted two interesting factors which are also reflected within Cambridgeshire. Firstly, the majority of direct payment recipients are, most commonly, people with physical impairments, and secondly the provision of one-off payments is less common than other types of direct payment. Both of these issues are relevant when considering the provision of direct payments for equipment, as will be explored later.

In a study, commissioned by Scope, in 2003, it was concluded that there is a:

“...reluctance on behalf of social services departments to encourage a wider and more imaginative use of direct payments such as to purchase equipment.” (McMullen, 2003: 68)

It was with this in mind that the researcher was tasked by her director, in 2005, to lead a working group within Cambridgeshire County Council’s Adult Services to develop a policy that would enable direct payments to be used to purchase daily living equipment. As part of this work, the researcher was also involved in the re-writing of Cambridgeshire’s service user information booklet *Direct Payments in Cambridgeshire: Your Questions Answered* (Cambridgeshire County Council, 2007) to ensure that there was information available regarding the use of direct payments for equipment. This booklet is a public document and is therefore available to download from the County Council’s website.

Since the implementation of Cambridgeshire’s direct payments for equipment policy in June 2006, the take-up has been minimal. As will be seen in the subsequent literature review this scenario appears to be one that that is reflected across the country. The Government’s white paper *Our health, our care, our say* clearly reinforces the need to

increase the take-up of direct payments and introduce the individual budgets initiative (Department of Health, 2006). Individual budgets are intended to bring together a wider range of funding streams than are available through direct payments, including resources for equipment and housing adaptations. With this scheme on the near horizon, and with the knowledge that there has been limited take-up of direct payments for equipment, the researcher questions whether take-up will be any more successful via individual budgets? Therefore, by understanding some of the local issues regarding the lack of take-up of direct payments for equipment in Cambridgeshire, it is hoped that the information generated will help inform that agenda.

This, however, is not a comparative study about what other local authorities are doing and the difficulties of implementing policy - although this will be briefly mentioned. This research is more about a genuine desire to understand local people's views of direct payments and their use for equipment purchase within the 'Cambridgeshire system'. This is from both the point of view of disabled people, as well as those professionals who are effectively, through the social care assessment process, 'gate keepers' of direct payment resources.

### **1.3 Assistive technology and Daily Living Equipment'**

It is important to understand the varying terminology used in the area of equipment provision. 'Assistive technology' tends to be the modern day generic term used to describe a whole range of equipment that is now available to disabled people to assist with various aspects of their lives. This technology can range from the simplest tap turner through to monitoring devices that can detect if someone has fallen and automatically alert the emergency services - commonly referred to as 'telecare' equipment (Down et al, 2006).

Daily living equipment is one aspect of this assistive technology and, for the purposes of this project, the term 'daily living equipment' refers to the traditional range of mobile equipment, usually provided by local authorities as a result of occupational therapy assessment. Such items include bathing and toileting equipment, hoists and other items to assist with general activities of daily living. The researcher, and her colleagues within Cambridgeshire, prefer to avoid the use of the term 'aids' when referring to equipment, due to its obvious alternative associations. This term may, however, be used within this paper when making references to past literature on this subject.

This study is not able to consider the provision of direct payments for other items of assistive technology for example telecare and sensory equipment. The main reason for this is that the different

funding streams for each of these provisions, and the different professionals involved in the assessment process, mean that an alternative methodological approach would be required for each - another issue that is clearly ripe for future research! However, the provision of another area of 'assistive technology', namely wheelchairs, will be referred to briefly as there are similarities between direct payments and the NHS wheelchair voucher scheme (Sanderson and Place, 2001).

#### **1.4 Aims and Objectives of the Study**

By employing both qualitative and quantitative research methodologies, the primary aim of this small scale study was to identify some of the reasons behind the limited take-up, by disabled people, of direct payments for daily living equipment. It was hoped that this would thereby uncover other areas for further research and is therefore very much presented as a pilot project, identifying issues for future study and bearing in mind the subsequent work that will be required to develop, and scrutinise, the individual budgets scheme.

The fact that it is only six years since it became compulsory for local authorities to offer direct payments to disabled people supports the underlying ontological approach for this research that the reality for disabled people is that they have been, and continue to be,

discriminated against in all aspects of their lives. In acknowledging this perspective, the social model of disability provides the basis for the study's epistemology by accepting that most problems experienced by disabled people are created by the society in which they live and that discrimination is a daily occurrence (Barnes, 1991).

To achieve these aims, the study will:

- Define what is meant by 'daily living' equipment and explain the reasons for the focus in this area and the exclusion of other types of assistive technology that might be used by disabled people.
- Provide a detailed overview of the use of direct payments by disabled people and the need to address the provision of direct payments for equipment separately from direct payments offered for other aspects of social care support.
- Explore the views of, and choices made by, disabled people who have received direct payments for equipment.
- Explore the views of disabled people who receive direct payments for other aspects of social care provision, and who have equipment needs, but who have not chosen to do so in relation to equipment provision. Why is this?

- Explore the views of occupational therapists in their 'gate keeping' role, to what extent they are promoting direct payments and how prepared are they for the plans for individual budgets?
- Describe and critically evaluate the barriers to take-up of direct payments for equipment.
- Generate recommendations for further research and development.

## **1.5 Organisation of the Study**

Chapter two includes a review of literature in relation to the importance of both direct payments and equipment provision and how these contribute towards facilitating 'independent living'. The role of occupational therapists is also explored and the chapter includes a focus on key issues particularly the availability of appropriate information and highlights current national initiatives, which will have an impact on how direct payments develop in the future.

Chapter three describes the design of the study including a summary of the ethics approval process and the methodological approaches that were utilised. The sample groups are explained, as is the method of data collection and analysis.

Chapters four and five provide detail of the research findings with chapter six presenting an analysis of these findings.



The final chapter concludes with a summary of the key themes and issues and offers suggestions as to how the take-up of direct payments for equipment might be improved.

## **Chapter Two: Literature and the Legislative Context**

### **2.0 Introduction**

This chapter explores how the offering of direct payments, by local authorities, became obligatory in 2001 as a result of the Health and Social Care Act. The importance of equipment being seen as an essential part of peoples 'packages of care' is also examined alongside the role of those professionals who both assess people's equipment needs and gate keep the access to direct payment resources. Literature relating to the use of direct payments for both personal support and equipment is identified with a particular focus on the importance of information for disabled people so that they may exercise choice and control. The chapter also provides some references that offer an introduction to the Individual Budgets initiative and other national projects that may have an effect on the future provision of direct payments for equipment.

### **2.1 Direct Payments: From 'power' to 'duty'**

The Community Care (Direct Payments) Act was passed in 1996 but simply gave local authorities the 'power', rather than the 'duty', to make cash payments to disabled people so that they could purchase their own social care support. Then, in 2001, the introduction of the Health and Social Care Act meant that the offer of direct payments,

following social care assessment, was no longer at the discretion of the local authority, but was an obligation (Bornat, 2006). However, the legislative links between direct payments and local authority responsibilities remain ambiguous in many areas, including that of equipment provision. Following a social care assessment, the resources allocated to service users are generally based on the costs of directly provided community care services (Glendinning, 2006), in other words, what it costs the local authority. However, official Department of Health guidance states that a direct payment must be:

“...sufficient to enable the recipient lawfully to secure a service of a standard that the council considers is reasonable to fulfil the needs for the service to which the payment relates”

(DH, 2003: 22).

As will be explored later, this has fundamental implications for equipment provision.

In 2005, the government published *Improving the life chances of disabled people* which made further calls for disabled people to live inclusively as full and equal members of society (Prime Ministers Strategy Unit, 2005). This strategy called for the development of individual budgets with the intention that resources could be used more flexibly to incorporate a number of different funding streams. As

will be discussed later this presents a new challenge, and at a time when direct payments are, themselves, far from perfect.

## **2.2 The Importance of Equipment**

It is estimated that, nationally, over four million people use daily living equipment, usually provided through local authority community equipment stores. The quality of equipment services that disabled people receive can make the difference between living an enriched, independent life or an unproductive and isolated existence (Audit Commission, 2000). This fundamental requirement was recognised for many years prior to the Audit Commission's *Fully Equipped* report. Barnes, in 1991, acknowledged the importance of 'technical aids and equipment' stating that their inadequate provision not only limits people's ability to participate in mainstream society but "heightens their dependence on others" (Barnes 1991: 147), thereby reinforcing the social model stance that it is society, and the lack of accessible environments, that contribute, along with other barriers, to the causes of disability.

A recent review, carried out on behalf of the government's Office of Disability Issues (ODI), reinforced that many of the barriers to achieving independent living could be solved by a greater investment in housing adaptations and equipment. This study concluded that

appropriately selected items of equipment can make a significant contribution to providing living environments that facilitate independence (Heywood and Turner, 2007). In addition to the benefits for disabled people themselves, Heywood and Turner's review also concluded that "when suitable equipment is supplied, there is improvement to physical and mental health of the carers" (p. 91). The importance of appropriate equipment provision cannot, therefore, be underestimated.

### **2.3 Occupational Therapy and the Gate Keeping Role**

As the law currently stands, people are only entitled to the provision of a direct payment if they have been assessed by the local authority social services department as having a social care need under the NHS and Community Care Act 1990. This need is then considered against the local authority's Fair Access to Care (FACS) eligibility criteria (Mandelstam, 2005). It is only once a person has passed through both of these bureaucratic hoops that they may be offered the choice of 'direct provision' of services, or a direct payment. With regard to equipment provision, it is occupational therapy (OT) staff who are the group of professionals effectively gate-keeping access to direct payments.

A number of writers have challenged the role of professionals in this gate-keeping and potentially 'rationing' role. Sim et al make reference to this in relation to The Community Care Act 1993:

"...the general objectives of current welfare policy is reflected by the language of community care, a language derived from the inherent themes of the Act. Terminology such as 'participation', 'user-led', 'user-needs', 'consumer choice' and 'mixed economy of care', are indicative of the desire to challenge and innovate traditional service driven practice". (Sim et al, 1998: 56)

Whilst this would appear to be a reasonably positive view of the potential benefits of welfare policy, in that it is at least acknowledging that there needs to be a shift of power and emphasis, Sim et al go on to say that confusion remains over the interpretation of this language. With regard to the term 'user-participation' for example, they suggest that, to disabled people, this means "empowerment" and an increased role in deciding and defining need and they go on to accuse welfare services of "entrenched paternalism" (p. 58). Ivan Illich, in his essay on 'Disabling Professions' (1977), talks about the 'experts' who "presume to diagnose and prescribe"; the "professional elite" and a "new kind of cartel". Mike Oliver wrote, in 1992, about professionals behaving as 'powerful experts' and Lipsky (1980) described "street level

bureaucrats” as “agents of social control” (p. 11). These are, for some, extreme images and Lipsky and Ilich’s texts are now over twenty five years old. However, they raise some important questions that possibly remain prevalent in today’s public sector services where professionals continue to make decisions about disabled people that affect their life chances.

It is interesting to note that an extensive search of the occupational therapists (OTs) professional journal, *The British Journal of Occupational Therapy* failed to identify any articles in relation to the provision of direct payments for equipment. Might this suggest an underlying lack of commitment to this agenda?

There is now an emphasis on ‘self assessment’ and ‘person-centred planning’. This means that people should be able to access support from a range of choices, focusing their own package of support on their own personal needs (Prime Minister’s Strategy Unit, 2005; Department of Health, 2005). As these initiatives becomes more main-stream, service users should no longer feel as though they are passive recipients of services controlled and designed by professionals but active citizens with rights to be actively involved in articulating their chosen lifestyle, able to achieve the best outcomes with the state resources available. In achieving this, social workers, and OT staff, need to recognise the transformation that needs to take

place so that they become 'care navigators' and 'service brokers' as opposed to 'care managers' (Glasby et al, 2006).

## **2.4 Direct Payments in Action**

Placing disabled people in control of financial resources offered a radical move away from the traditional norms of power and dependency and presented a new approach to the relationships between 'purchasers', 'providers' and 'service users'. However, ten years later, take-up of direct payments remains low and implementation varies across the UK (Priestley et al, 2007).

The use of direct payments by disabled people has tended to be narrow, focusing almost exclusively on the employment of personal support staff. It is acknowledged that this is likely to be due to disabled people's priorities when it comes to the availability of reliable and high-quality personal carers. This is, understandably, their first and foremost need (McMullen, 2003). Therefore, research in this area has tended to concentrate on the issues surrounding the employment of personal support staff such as recruitment, payroll and training.

The use of direct payment support services, usually commissioned separately by local authorities, are also available to disabled people to ensure that they receive adequate advice and information. These support organisations are seen as perhaps the



most fundamental aspect of a direct payment scheme (Hasler et al, 1999) and are referred to in a number of studies. However, the researcher was unable find any evidence of such services supporting people in relation to the acquisition of equipment.

A number of studies have found that take-up of direct payments has tended to be dominated by adults under sixty-five with physical impairments (Pearson et al, 2005). This is particularly interesting to note when considering the take-up of direct payments for equipment, as this group of people are high users of daily living equipment. Yet there does not appear to be a campaign for access to direct payments for equipment in the same way that there has been for personal support.

Although the take-up of direct payments by older people has been less obvious, this is not surprising when one acknowledges that it was not until February 2000 that the scope of the Community Care Direct Payments Act (1996) was extended to include people aged sixty-five and over (Clark, 2006). The exclusion of older people from this aspect of the 'choice and control' agenda was widely seen as discriminatory by organisations such as Age Concern. The number of older people in receipt of direct payments continues to represent a small proportion of all service users (Clark, 2006). However, in terms of equipment and direct payments, this service user group must not be

overlooked, as they are the largest group of service users that have community equipment needs (Audit Commission, 2000).

A few studies have certainly acknowledged that direct payments can be used to purchase daily living equipment and Frances Hasler et al are among the few who recognise some of the specific challenges and issues associated with this, namely the monetary value, or 'tariff' attached to the direct payment and the issues associated with value for money, ownership of the equipment, maintenance and repair arrangements. However, they state, in very simple terms, the fundamental philosophy behind this whole subject:

“The fact that the authority has a store full of one make of bath board should not preclude a user from opting for another make of bath board.” (Hasler, Campbell and Zarb, 1999: 60)

In relation to value for money, and the Department of Health guidance mentioned earlier, there is a potential conflict of interest that should be explained, even though this is not a central aspect of this study. Local experience shows that the bulk purchase price for a piece of equipment, which is able to be secured by the local authority community equipment service, bears no resemblance to inflated prices often found in the private retail sector. Cambridgeshire's adult services sought legal advice on this issue and it was deemed unreasonable to

provide a service user with a direct payment equivalent to the bulk purchase price, knowing full well that this would not secure them the equipment they needed when purchasing from a retail outlet.

Therefore direct payment tariffs, for the purchase of equipment in Cambridgeshire, were based on retail prices. Unfortunately for the local authority, this therefore means, in the current legislative context, that direct payments for equipment are not cost effective. Whilst this is not the focus of this research, it is felt important that this is acknowledged as the general claim for direct payments, as a whole, are that they are more cost effective than directly provided services (Zarb and Nadash, 1994). Interestingly however, the decision over direct payment tariffs for equipment has been left up to the local discretion of social services departments. This is therefore at risk of leading to a classic 'post code lottery' scenario whereby different local authorities set their direct payment for equipment tariffs at different levels.

Aside from the practical issues, some writers have indeed identified and acknowledged that it should be possible to receive a direct payment for equipment. Kate McMullen, in her research for Scope in 2003, found that two of the fifteen adults included in the survey would have liked to use their direct payment to purchase equipment or housing adaptations but their local authority "did not

permit direct payments to be used for these purposes or was still formulating their policy” (McMullen, 2003: 24). A national survey, carried out in 2006, found that, out of 202 local authorities, only five had provided such payments for the purpose of acquiring ‘aids and adaptations’ (Davey et al, 2007). An article in *Community Care* reported on one local authority where a self assessment pilot scheme had extended the ethos of direct payments by enabling service users to complete their own assessments of their needs for simple small items of equipment, for example tap turners. This had been deemed to be successful (Creasey, 2006). However, the challenge remains in extending this to the full range of, more complex, daily living equipment.

Caroline Glendinning, in her research, highlighted users’ frustrations with being unable to use direct payments for what are deemed ‘health’ interventions, such as special cushions (Glendinning, 2006). Unfortunately this, yet again, demonstrates the ambiguity in this area of provision due to the complexity and variety of funding streams for equipment, as mentioned earlier, and their tendency to be categorised in medical model terms as ‘health’ or ‘social care’ equipment. Because of their pressure relieving properties, special cushions are usually considered to be a ‘health’ item and therefore not

eligible for a direct payment. Heather Clark also highlights this issue citing that some older people:

“...would have liked to use their direct payment to purchase chiropody services. These, however, were deemed to be health rather than social care needs and were disallowed” (Clark, 2006: 89).

Another area of ‘health’ provision also reinforces this ambiguity, and that is in the provision of wheelchairs via local NHS wheelchair services. A similar system to direct payments, the wheelchair voucher scheme, has been in place since 1996. This scheme aimed to offer more choice and financial assistance to disabled people who wished to purchase their own wheelchair and, if necessary, contributing to the cost to secure a more expensive wheelchair of their choice (Sanderson et al, 2001). Sanderson et al’s evaluation of this scheme highlighted a number of factors which are also potential issues in the provision of direct payments for equipment, namely widespread local variation, take-up dependent on the core range of equipment provided by the statutory service and confusion amongst service users due to lack of information. They also found that professionals had reservations about the scheme that it was an administrative nightmare and that better use could be made of practitioners’ scarce time. Many

of the professionals also viewed the scheme as a two-tier service in which those who could afford to 'top-up' their voucher ultimately received a better service than those who could not (Sanderson et al, 1999). The action of 'topping-up' is also available within Cambridgeshire with regard to direct payments for equipment. This could be seen by some disabled people as 'charging by the back door' but is an area explored briefly with service users as part of this study and offers another subject for future research.

One of the key areas, highlighted by a number of writers, is the issue of training for front line staff. It has been noted that local authority staff are, at times, not fully committed to the use of direct payments. This uncertainty amongst staff has tended to be characterised by old fashioned attitudes towards capacity, consent and risk (Priestley et al, 2007) and have a tendency to emphasise difficulties rather than promoting the positive aspects of direct payments. A lack of training has been identified as a reason for this (McMullen 2003; Carlin and Lenehan, 2006). It is essential that staff promote direct payments and receive adequate training so that they understand the legal aspects, philosophical context and the practical aspects of offering direct payments. Most of the literature refers to the training of 'care managers' and social workers in their role of assessing people in relation to personal care support. However, in

relation to equipment provision, this training is essential for occupational therapists and yet reference to this was only found in one text - Glasby et al, 2006.

Some local authorities have designated direct payment posts and previous studies have found that, where these posts are in place, training in relation to direct payments has been more ingrained in social work and care management practice (Priestley et al, 2007). However, once again this demonstrates the emphasis on personal care support, finding no reference to posts of a similar focus in relation to OT and equipment.

It should also be recognised that the introduction of national key performance indicators has had a significant impact on the take up of direct payments (Priestley et al, 2007) and has a direct affect on the overall 'star ratings' for local authorities. Whilst it should be reiterated that this is not a focus of this research, there are implications and interesting issues associated with equipment provision. Direct payments for equipment are, by their very nature, 'one-off'. However, 'one-off' direct payments are not counted towards the key performance indicator. Could this therefore (coupled with the non cost effectiveness and tariff issue) be evidence of a bizarre disincentive in relation to the promotion, or not, of direct payments for equipment?

## 2.5 Information...Information...Information

The importance of access to information should not be overlooked. Virtually all of the literature reviewed highlighted the need for service users to receive clear guidance on all aspects of direct payments. Respondents from all groups in McMullen's study experienced difficulty in acquiring information from social services (McMullen, 2003). This is a concern when one considers the lack of information in relation to all aspects of social care, including equipment provision, which has been cited for many years by disabled people. Barnes referred to this specifically in relation to equipment back in 1991. He highlighted that the supply of equipment makes up the single most confused area of service provision for disabled people and that people's dissatisfaction with their situation is "at least in part, a reflection of the lack of knowledge people have about what sort of equipment is available" (Barnes, 1991: 154). A number of national and local voluntary information providers list 'technical aids and equipment' as high on their list of subject areas. The availability of this information from the non-statutory sector can have an empowering influence on people in enabling them to make their own choices about the equipment they may wish to acquire themselves, whether that is privately or via the direct payment route, so long as that option is made available to them.



Whilst not a major focus of this project, a number of organisations' websites were reviewed to specifically see what information might be available to disabled people on the use of direct payments for equipment. It was disappointing to find that although there was plenty of information on direct payments, it tended to focus almost exclusively on the use of direct payments for employing personal support staff. However, on a positive note, the *Independent Living* website had some guidance on the use of direct payments for purchasing telecare equipment (Independent Living, undated).

A small selection of centres for independent living (CILs) were also approached, directly by email, to ask what information they had on the subject of direct payments for equipment. Whilst the researcher acknowledges that this could be a research project in its own right, she felt it was important to begin to understand whether CILs are actively promoting the use of direct payments for equipment. Those that responded tended to direct the researcher to the local authority occupational therapy service; not exactly the independent advice the researcher was hoping to see evidence of!

## **2.6 From Direct Payments to Individual Budgets**

As was described earlier, the intention is that local authorities will begin to introduce a new system called individual budgets which is

seen as a progression from direct payments and will include a number of funding streams. As well as funding for personal support, these budgets might also include resources in relation to Access to Work, independent living funding, disabled facilities grant funding for housing adaptations, and funding for equipment. The ethos of individual budgets is that a person's needs are assessed according to set criteria, which in turn entitles them to a specified sum of money to spend on all their support needs. People should then be able to choose whether to spend this via direct services, voluntary or private provision, via direct payments or a combination of all three (Glasby et al, 2006). However, as Glasby et al admit, it is still early days for individual budgets and the experience, so far, of implementing direct payments suggests that there are still a number of challenges to be overcome. They conclude that :

“Tackling both the difficulties and the gaps in knowledge are absolutely essential if the visions...are to be effectively implemented.” (Glasby et al, 2006: 275)

At the time of writing up this study, the government is keen to introduce another initiative that would have major implications in the way that community equipment is supplied. The *Transforming Community Equipment Services (TCES)* programme, which is non-

mandatory for local authorities, is proposing to work more closely with the retail sector and introduce a system whereby people would be given a prescription which they would redeem at a retail outlet (Care Services Efficiency Delivery, 2008). This is in the very early stages of development and Cambridgeshire is not currently considering adoption of the model, and neither is it part of this study. However, consideration of these plans may need to be acknowledged when considering the future direction for direct payments.

## **2.7 Conclusion**

Disabled people have clearly benefited from being given more choice and control over the resources they receive, particularly in relation to their personal support. However, this literature review has uncovered a notable lack of regard for the importance of daily living equipment provision, which, after all should be part and parcel of people's 'packages' of care, and its link with direct payments. There is much rhetoric about the need for appropriate equipment, as has been mentioned but, in the most part, only a passing reference is made to whether or not direct payments are used for this particular aspect of social care support. Where it is acknowledged that there is a lack of take-up, there remains very little discussion on the reasons behind this. One could conclude that the take-up of direct payments continues

to be affected by differences in activism of disabled people, their relationships with purchasing authorities and professionals, and in relation to equipment, the quality of directly provided equipment services.

Many people continue to call for more flexibility in the use of direct payments to improve the quality of life of disabled people but there is very little evidence to support how this should be done in relation to equipment provision.

There also appears to be a lack of engagement from the field of occupational therapy where practitioners would appear to be at the stage care managers were at when the direct payment legislation was first introduced. The fact that the *British Journal of Occupational Therapy* contains no studies into this area is particularly noted. Many studies have found that where staff lack the knowledge and experience of direct payments they are less inclined to champion their application and benefits to service users. Equally, where disabled people are denied access to information regarding direct payments, they are less likely to explore the possibility of take-up.

It is acknowledged that a more thorough and comprehensive review of CILs and disabled people's organisations would need to be undertaken to ascertain to what extent they are championing this initiative.

Finally, the researcher would like to make reference to a conference that was held in 2003, jointly organised by the National Centre for Independent Living (NCIL) and the Disabled Living Centres Council (DLCC), now Assist UK. The researcher had not been aware of this conference but only heard of it through a colleague whilst researching material for this study. The conference was titled *From Paternalism to Consumerism: How can direct payments offer disabled people real buying power in the assistive technology market place?* Unfortunately, whilst the researcher was able to access a copy of the conference's unofficial report, it remains unpublished. In an email to the researcher, a colleague explained how, from her perspective, the conference had been far from successful as participants attended with an expectation of being told how it would work - rather than debating how it could and should work. It is acknowledged that this is purely anecdotal evidence. However, there are parallels with the formal published material in the reiteration of people's desire to have different options available to them and to be able to choose what equipment they receive. However, it also reinforces the fundamental task facing all of us employed in this field to ensure that we work through the practical issues to make this 'choice and control' a reality for disabled people.

In summary, the following bullet points are presented as the key research questions for this study:

- In what ways have direct payments facilitated choice and control?
- Are disabled people aware of the option to receive a direct payment for the acquisition of equipment?
- What are the potential benefits of direct payments over direct provision of equipment?
- Are occupational therapy staff offering the option of direct payments - and if not, why not?
- Are disabled people and occupational therapy staff aware of the move towards individual budgets?
- What is the future of direct payments for equipment?

The following chapters describe the design, execution and findings from a small scale study examining the issues around the take-up of direct payments for daily living equipment in Cambridgeshire.

## **Chapter 3: Study Design**

### **3.0 Introduction**

This chapter explains the processes that the researcher undertook for the literature review and briefly describes the ethics approval process that was required for this study. The research approaches are discussed including the identification of sample groups, the methods of data collection and analysis and the timetable that was followed for this study.

### **3.1 Sources of Literature**

The lack of published literature on this specific subject necessitated a creative and open-minded approach to the literature review rather than purely relying on standard electronic databases. Material was therefore reviewed from a variety of sources, both academic and non-academic, including published material, books, academic and professional journals, websites and reports and publications from disabled people's organisations.

An initial search of electronic social sciences databases was completed utilising the Applied Social Sciences Index and Abstracts (ASSIA) database. The search terms 'direct payments' and 'equipment' were used to access appropriate literature. These search

terms were used both separately and combined so as to access as wide a range of material as possible.

The researcher was also able to draw on her own background as an occupational therapist and her current position as commissioner and budget holder for Cambridgeshire's community equipment service. Therefore she had a sound knowledge of the topic prior to commencing the review and was also fortunate in having a number of useful contacts with colleagues from within her own, and other, local authorities and from disabled people's organisations, most notably Scope and the National Centre for Independent Living (NCIL). Scope is a national disability organisation focussing on people with cerebral palsy. Their aim is to ensure that disabled people achieve equality within a society in which they are valued and have the same human and civil rights as everyone else (McMullen, 2003). NCIL is a national support organisation for disabled people (NCIL, undated). Contacts within these organisations proved invaluable in supplementing formal literature searches and had mainly been built up through attendance at conferences and national community equipment forums.

### **3.2 Ethical Approval**

Ethical approval to carry out this study was sought from the Cambridgeshire 3 Research Ethics Committee, a branch of the



National Research Ethics Service, part of the NHS National Patient Safety Agency (National Patient Safety Agency, 2007). This process was necessary because the OT teams in Cambridgeshire operate via integrated health and social care teams and are employed by Cambridgeshire Primary Care Trust (PCT). Whilst it is accepted that the assessments undertaken, in relation to direct payments for equipment, are effectively part of the 'social care' process, the fact that this is now provided through the PCT means that health ethics approval was necessary. Approval by this committee was also required as recruitment of service users was via the OT service. This process proved challenging due to its overwhelming focus on 'medical' ethics in such a way that it risked undermining the social research approaches the researcher was aiming to achieve (see 3.3). It was certainly an example of where ethics committees can, if one is not careful, control the rules of engagement of research participants (Mercer 2002). However, one positive aspect of the process is that it made the researcher plan the study well in advance, as all documents had to be submitted to the committee as part of the application.

See appendices 1 to 6 for examples of covering letters, participant information sheet, consent form, questionnaire, and semi structured interview questions.

### 3.3 Approaches

A mixed methodology approach was taken utilising both quantitative and qualitative approaches in order to enable comparisons to be made between data on the same topic but derived from different sources. The quantitative element of the study involved the use of a survey by way of a brief questionnaire to OT staff. This aspect of the study aimed to obtain some objective, standardized data which could be examined in a systematic and comparable way (Punch, 2005).

The qualitative element of the study involved undertaking semi-structured interviews with service users. In employing this approach, it was anticipated that the research would uncover “the insider’s perspective...the lived experience of people...including people’s meanings and purposes” (Punch, 2005: 238). Both elements of the research were ‘small scale’ but it was hoped that by combining the two approaches, the scope and power of the research would be increased.

Whilst acknowledging the principles of emancipatory approaches, the study more accurately reflects an interpretive approach. This is despite claims by some researchers who argue that interpretivist approaches fail to address which side they are on, “the world of the disabled or the world of the expert” (Bury, 1996). However, in applying this approach and facilitating informal, conversational interviews, it was anticipated that people would be able

to express themselves in their own words thereby presenting a more authentic picture of their reality (Taylor and Tilley, 1998). In a similar vein, the intention was that the project would also have a participatory element in that there was a commitment by the researcher to facilitate the education and empowerment of those service users participating in the interviews. The researcher was keen to share knowledge thereby avoiding research practice that can exacerbate inequality (Truman et al, 2000). The researcher was conscious that statutory sector agencies continue to be challenged in this regard when it comes to participation of service users in research projects. Truman et al describe very clearly how:

“An understanding of how communities work, and respect for those who are normally marginalised from the decision-making process, is crucial for those professionals who are trying to consult and involve local people. They must have a commitment to listening and learning as well as talking, and respecting views that may differ from their own.” (p: 99)

### **3.4 Sample Groups**

There were three sample groups for this study:

- i) Adults with physical impairments who have received direct payments for equipment.

- ii) Adults with physical impairments who receive direct payments for other aspects of social care support, and who have directly provided equipment (ie via the local authority community equipment service).
- iii) Occupational therapy staff working within the local PCT health and social care integrated community teams

The service user groups (i) and (ii) were chosen deliberately, a method known as 'purposive sampling' (Punch, 2005) whereby groups are chosen with a specific purpose or focus in mind. The service user groups were small. This was for two reasons. Firstly, the number of people in receipt of direct payments for equipment is very small (twelve in total, at the time of writing). Secondly, the time constraints of the small scale study meant that it was not possible to interview a large number.

For the quantitative element of the study, questionnaires were sent to sixty occupational therapy staff working within adult and older peoples' community teams within Cambridgeshire PCT.

### **3.5 Limitations of the study**

The research was undertaken as part of an academic project, and as such was subject to limitations in terms of time and resources,

particularly in relation to the lengthy ethics committee approval process.

It would be inappropriate to claim that the fieldwork undertaken for this study was user led. However, every effort was made to ensure that participants did not find the interview process oppressive and endeavoured to respect individual preferences and opinions.

The researcher had hoped to interview six people. However, some people who were approached did not consent to be interviewed and time constraints meant that it was not possible to secure the original number hoped for. This small group of interviewees could therefore suggest a potential of lack of objectivity. However, the study was principally explorative and, as such, highlighted emerging themes and issues which provide valuable perspectives for further research in this area.

### **3.6 Data Collection and Analysis**

In relation to the sample groups identified above, there were two data collection methods.

#### **3.6.1 Interviews with service users – groups (i) and (ii)**

Following initial approach, a letter, information sheet and consent form were sent to the service user inviting them to participate in the study. Semi-structured interviews were then carried out with four

service users. Unfortunately, due to time constraints, it was not possible to complete pilot interviews or provide an opportunity for respondents to validate transcripts. However, interviews were set up in locations chosen by the interviewees and appointments were made wholly at their convenience. Three of the participants chose to be interviewed at their place of work whilst the remaining participant chose to be interviewed at home. All the interviews were audio taped and then fully transcribed.

### **3.6.2 Questionnaires to occupational therapists**

A short questionnaire for occupational therapy staff was designed with the assistance of feedback from one of the OT managers in the PCT. In designing the questionnaire the researcher was mindful of the fact that, whilst not all the OT staff know her personally, many of them are aware that she led on the development of the policy for offering direct payments for equipment. She was therefore keen to design a survey that would facilitate a decent return rate with honest answers and minimise the affects of reactivity whilst being aware of issues of social desirability – would they tell her what they think she wants to hear, or what they think makes them look good (Punch, 2005). The anonymity of the questionnaires was therefore vital to ensure that the data was as valid and reliable as possible. The original intention had been to

distribute the questionnaires to qualified occupational therapists only but, in reviewing the survey at the design stage, the OT manager advised that OT assistants also carry out assessments of people's equipment needs and would be just as likely to be involved in offering direct payments as qualified staff.

The questionnaires were circulated via the PCT's occupational therapy manager, thereby maintaining the appropriate level of anonymity and confidentiality. The questionnaire was accompanied by a covering letter and information sheet and return of the completed questionnaire was deemed to be received consent.

### **3.6.3 Analysis**

The quantitative data, generated by the questionnaires was analysed using descriptive statistical approaches. An initial descriptive analysis of the data was completed, on a variable-by-variable basis. The questionnaire contained only nine questions, two of which were open questions.

The qualitative data from the semi-structured interviews was analysed using an interpretative approach. Cross-sectional indexing of the data identified common categories and themes for extraction and discussion.

In recognising the comparative sizes of the service user and OT groups, it could be argued that the study was weighted in favour of the OT staff. However, the questionnaire was brief and it was anticipated that the quality of data generated by the interviews with service users would complement the more objective nature of the results of the short questionnaire.

The analysis of the data generated by the semi-structured interviews required a greater commitment in order to retrieve the most salient points from the texts. This involved indexing the data in terms of common principles and themes. This facilitated a systematic overview of the data, provided a measured view of the whole data set and provided 'handles' on which to base comparisons and connections (Mason, 1996). It was acknowledged that this approach was likely to produce slices of data that would probably be treated as "unfinished resources" (Mason, 1996: 8) raising further questions for study, rather than pure in products in themselves.

The findings from the two data collection methods were checked against each other in an attempt to triangulate the findings, thereby hopefully enhancing their validity.



### 3.7 Timetable

The following timetable was followed in relation to this research project:

<b>Task</b>	<b>Date</b>
Development of questionnaires; covering letters; interview questions & submit application to Research Ethics Committee.	Dec 2007 / Jan 2008
Write up of full literature review & study design	Feb / March 2008
Obtain Research Ethics Committee approval	March 2008
Distribute questionnaires	March / April 2008
Conduct Interviews	May / June 2008
Analysis of data	June / July 2008
Write up	July / Aug 2008
Submit	1/9/2008

### 3.8 Conclusion

It was anticipated that the mixed methodology approach should enable a range of issues to be explored in relation to the topic whilst recognising that neither approach is superior to the other. Their combination is set against the circumstances, context, including professional concerns, and practicalities of the project (Punch, 2005). The following two chapters will explore and summarise the data derived from the interviews and questionnaire.

## **Chapter 4: Qualitative Research Findings**

### **4.0 Introduction**

This chapter provides information on the profile of the participants and summarises the findings of the interviews with service users. The key themes that emerged from the interviews are identified, namely the issues of choice and control, access to information, the direct provision of equipment versus direct payment and the future initiatives that will have an effect on both the provision of equipment as well as developments in the direct payments process.

### **4.1 Profile of Participants**

One male and three females took part in the interviews. All four were people with physical impairments and the ages of the interviewees ranged from 30 to 72 years. Two of the interviewees were long term users of direct payments for personal care support, and had equipment provided by Cambridgeshire's statutory community equipment service. The other two participants did not have personal care support but had equipment provided by both the community equipment service and via direct payments.

## 4.2 Summary of Findings

This section provides a summary of the interviews with service users. To protect identities, pseudonyms have been used when attributing direct quotations.

### 4.2.1 Choice and control

All of the participants described how direct payments had given them more control over their lives and had facilitated greater independence. This was particularly highlighted by the two participants who had been in receipt of direct payments for their personal care support for a number of years:

*“Well it seemed a sensible way of doing it really...it looked like there was some flexibility there if I wished to employ my own people.”* (Greg, interviewee)

They both explained how direct payments gave them the flexibility that is not always achieved with directly provided services:

*“I need to have somebody when I need them not when I’m stuck on a rota.”* (Julia, interviewee)

In relation to the provision of equipment, the two participants who had received direct payments for equipment reiterated the importance of choice and control in relation to the specific items they wanted to purchase.

*“I didn’t like the look of the one they were going to give me...I want what I want...I don’t want the bog standard stuff necessarily.” (Clare, interviewee)*

One of the participants had received a direct payment for a piece of equipment that she then had to have fixed to the wall. She reported that this had not been a problem and that she contacted a local plumber that she knew who fitted the item for her. She topped-up the direct payment to pay for labour costs associated with this.

#### **4.2.2 Information**

All of the participants commented on the importance of having access to appropriate information. Two of them were aware of the County Council’s information booklet *Direct Payments in Cambridgeshire: Your Questions Answered* (Cambridgeshire County Council, 2007). However, it was interesting that whilst they were aware that the booklet contained a section dedicated to equipment provision, neither of them had chosen to pursue this route to access the equipment that they needed.

Neither of the two participants, who had received direct payments for equipment, was aware of the booklet having only found out about the direct payment option when it was mentioned during

their occupational therapy assessment. One of the participants was particularly keen to stress the importance of information, not just in terms of direct payments but in equipment provision in general:

*“I didn’t know anything about it until she (the OT) came...I didn’t even know that you could get (piece of equipment) I didn’t know how you go about getting one...we didn’t know about direct payments, nobody said...I just thought you got what you were given.”* (Verna, interviewee)

#### **4.2.3 Equipment: direct provision vs direct payment**

All of the participants had equipment provided either directly via the OT service and community equipment store or via direct payments, or both. On the whole, all participants expressed satisfaction with items of equipment that had been directly provided by the community equipment service, following their OT assessment:

*“My experience of the joint equipment service is that it’s OK, you’ve got fairly standard items but they’ve got things that are necessary and do the job.”* (Greg, interviewee)

Two of the interviewees had come into contact with the community equipment service over a number of years being in receipt of equipment that required regular and ongoing maintenance, including

hoists and bath lifts. This was clearly an important issue for them and these two interviewees were particularly keen to understand how equipment would be maintained if they were to purchase it via the direct payment route; would they be responsible for it or would it be maintained by the local authority, as it is with directly provided equipment?

Three of the interviewees were either full time or part time wheelchair users and had some mixed experience of the NHS wheelchair voucher scheme. It was interesting that, without being asked, all three of them made comparisons between direct payments for equipment and the wheelchair voucher scheme, acknowledging that a direct payment could be 'topped-up' (like a wheelchair voucher) with their own funds in order to secure a more acceptable item. For those interviewees who had received a direct payment for equipment, this reflected exactly what they had done:

*"I'd have one like that you see...and she (the OT) said 'we wouldn't provide that'...I said 'I didn't think you would because it's more expensive'...it was £75 compared to what their limit was. But she said 'we would give you £45 towards the cost of it' ...I never expected I would get any money"* (Clare, interviewee).

The two interviewees who had received a direct payment for equipment were quite happy with the administration and nature of the one-off payment and reported that, on both occasions, the payment arrived in a timely manner.

The other two interviewees, who had not received a direct payment for equipment, expressed uncertainty regarding any advantages to choosing the direct payment route, both having had positive experiences of the directly provided community equipment service:

*“...if it works for you and you are happy with what you can get then...I can’t quite see the reasoning going with direct payments.”* (Julia, interviewee)

However, neither of them completely dismissed the option:

*“...but if I wanted something more fancy...I could...top it up.”*  
(Greg, interviewee)

Two of the interviewees said they felt the direct payment option might not be so appropriate for older people who may have more difficulty accessing retail outlets which are often ‘out of town’. One of the interviewees said she felt this might be a “hassle” and a “worry” for some older people who might not have easy access to transport.

However, one of the interviewees, who had received a direct payment for equipment, was herself an older person. She described how she had not only sourced her chosen piece of equipment on the internet but had followed that up with a phone call to a retail outlet and negotiated a discounted price, receiving the item in the post the next day.

#### **4.2.4 Individual budgets**

Whilst this was not a key aspect of the study, the researcher was keen to know whether the interviewees were aware of the individual budgets scheme as the potential progression from direct payments. The two interviewees who had been in receipt of direct payments for their personal care for some time were both aware of the initiative although unaware of the details of how it would work:

*“Yes I know that, for example, there’s been discussion with like appropriate use of disability living allowance mobility component for transport, that sort of money.”* (Greg, interviewee)

*“I haven’t really grasped the difference between individual budgets and direct payments.”* (Julia, interviewee)



Interestingly, discussion of the possible uses of individual budgets prompted three of the interviewees to describe their experience of having major housing adaptations including extensions to their property, installation of over-head tracking hoists and level access showers. It was explained to the interviewees that these provisions are not deemed to be 'equipment' and that therefore direct payment was not currently an option when it comes to major housing adaptations. However, all three expressed interest in the fact that individual budgets could potentially include funding streams for such adaptation work. In fact, this area of discussion became quite convoluted and reinforced the issue highlighted during the literature review that the supply of equipment makes up one of the most confused areas of service provision for disabled people (Barnes, 1991).

#### **4.2.5 Taking the direct payment route in the future**

Both of the interviewees who had received a direct payment for equipment said that they would certainly consider the option again in the future, but only if the standard item from the equipment service was unacceptable to them:

*“Yes, yes...if I'm not happy with it, direct payment is fine, yes”*

(Verna, interviewee)

This view was reinforced by the other interviewees who said they would consider the direct payment option if they wanted something “sooper dooper” or “fancy”. One of the interviewees commented:

*“...there’s not a kind of pulling point...there’s nothing to make people say yes that sounds a brilliant idea...unless they particularly want a certain thing”* (Julia, interviewee)

Two of the interviewees described in some detail the role of their occupational therapists and, in one case a district nurse, who had been instrumental in acquiring appropriate equipment for them through the community equipment service. In both cases, they spoke positively of the relationships with these professionals. However, one interviewee acknowledged that the transition to providing equipment via direct payments might require some level of culture change, particularly amongst occupational therapy staff who are used to having control over ordering equipment for service users from an established community equipment store:

*“I think you’ve got to have an OT that’s pretty up for it really!”*

(Julia, interviewee)

### 4.3 Conclusion and Key Points

The issues that emerged from the interviews were categorised into themes which are summarised in the bullet points below.

- Direct payments for both social care support, and equipment offer real choice and control and greater flexibility for disabled people.
- Information relating to direct payments for equipment should be more readily available.
- There is a general satisfaction with the standard equipment provided by the community equipment service.
- The option to 'top-up' was seen as an alternative and appropriate way of securing the equipment people might want.
- There are parallels with the wheelchair voucher scheme.
- There is a limited awareness of the individual budgets scheme.
- Direct payments for equipment would be pursued in the future if people wanted something more attractive or 'aesthetically pleasing'
- Occupational therapy staff are vital gatekeepers to the availability of direct payments for equipment.

As will be seen, in the findings of the quantitative data in the following chapter, some of the issues raised by the interviewees are

reflected by the occupational therapy practitioners particularly in relation to directly provided equipment and the access to information.

## **Chapter 5: Quantitative Research Findings**

### **5.0 Introduction**

This chapter details the findings from the survey of occupational therapy practitioners and identifies familiar themes to those resulting from the interviews with service users. The methodology is explained followed by the detailed findings of the survey's objective responses. This is followed by a summary of the comments given by the practitioners regarding the lack of take up of direct payments for equipment. Due to the wealth of data generated, these responses were categorised into themes covering lack of information, administrative processes, direct provision versus direct payment, access to retail outlets and cost effectiveness.

### **5.1 Methodology and response**

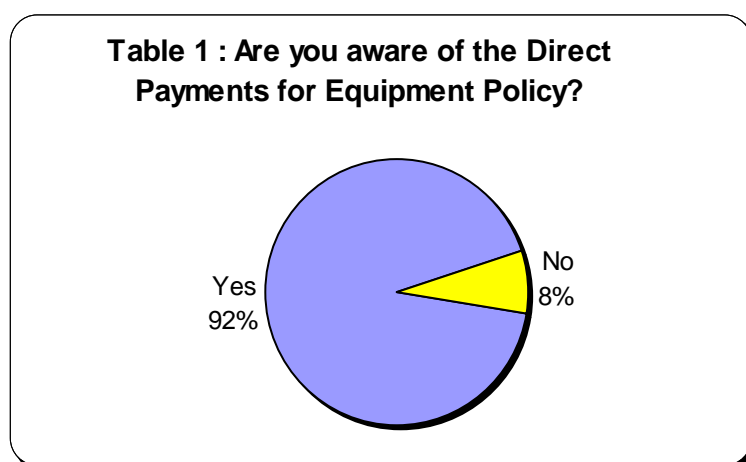
The survey focused on the respondents' experiences of offering direct payments for equipment as part of the occupational therapy assessment process and their thoughts on providing equipment in this way. The postal questionnaire consisted of nine questions, two of which were open questions, and was sent to both qualified OTs as well as OT assistants as both are involved in the assessment of people's equipment needs. Throughout this chapter, both staff groups are referred to collectively as 'practitioners'.

Of the 60 questionnaires despatched, 38 were returned, giving a response rate of 63%.

## 5.2 Summary of Findings

### 5.2.1 Awareness of the direct payments for equipment policy

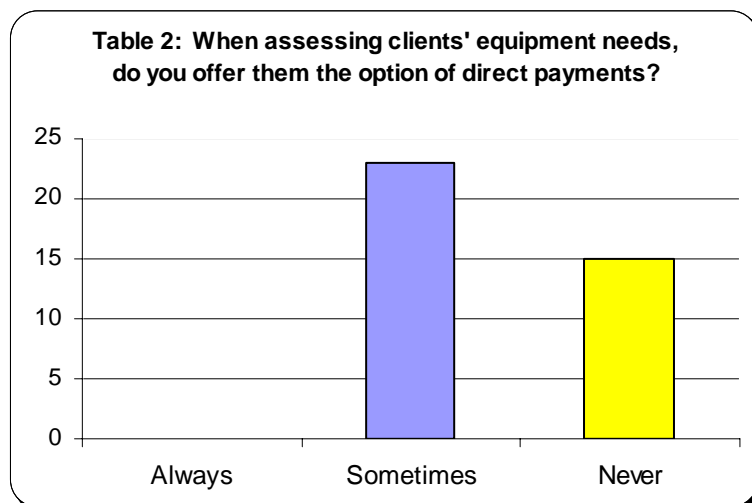
Practitioners were asked if they were aware of the policy and procedure for offering direct payments for equipment. The majority of staff were aware of the policy, see *Table 1*.



### 5.2.2 Offering the direct payment option at assessment

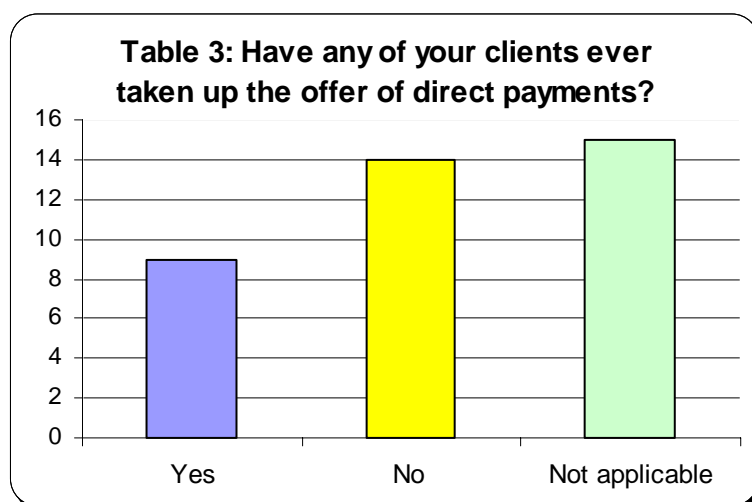
Practitioners were asked how often they offered the option of direct payment during the assessment process as opposed to directly providing equipment from the community equipment service. Most

respondents said that they 'sometimes' offered this option. However, none of the respondents said that they 'always' offered this choice.



### 5.2.3 Offer of direct payments taken up?

Practitioners were asked if any of the people they had assessed had ever taken up the offer of direct payments for equipment. For some respondents this was not applicable as they had not offered direct payments as part of their assessment in the first place. However nine respondents (24%) said that their clients had shown interest in taking up this offer (Table 3).



#### 5.2.4 Did people ultimately receive a direct payment?

Of the nine service users that initially took up the offer of direct payments, five actually pursued this option and received a direct payment for equipment.

#### 5.2.5 Independent requests for direct payments

Practitioners were asked if any of the people that they had assessed had ever independently requested a direct payment for equipment. None of the respondents reported this to have been the case.

#### 5.2.6 Comments on lack of take-up

Questions 7 and 8 on the questionnaire were open questions asking practitioners why they felt the direct payment option had not



been pursued and asked them for any further general comments regarding the offering of direct payments for equipment. Key themes from these responses are summarised here:

- **Lack of information**

Although 35 (92%) of the respondents had previously indicated that they were aware of the direct payments for equipment policy, some commented that there was a lack of information for practitioners in relation to the actual process and procedure for acquiring a direct payment for equipment. Comments included:

*“Very limited information on this.”*

*“More information about this would be helpful.”*

*“They (direct payments) would probably be mentioned / used more if therapists had information to give to clients – leaflets etc.”*

- **Administration**

Seventeen of the respondents (45%) cited complicated administrative processes, exacerbated by pressures of work and waiting lists, as comments on why they were not inclined to offer the direct payment option:

*“Complicated lengthy process requiring increased input for therapist when already struggling to see patients in a timely manner.”*

*“I find it a very complicated procedure. This puts me off offering it to every client.”*

*“Can be time consuming to research products with client to ensure they (the equipment) will meet their needs as well as be what the client wants.”*

*“It is quicker for us to supply equipment...they just want the equipment as soon as possible.”*

*“Less hassle for the OT to provide standard stock.”*

*“An additional piece of work for us and requires paperwork ++.”*

*“The client was not happy to sign forms and then provide receipt of purchase to OT”*

*“Not attractive re: paperwork involved”*

However, two respondents commented more positively on the process:

*“It is client centred – therefore good to be offered...Is there any way of speeding this up?”*

*“I found the Direct Payments process straight forward for equipment.”*

#### ▪ **Direct provision vs direct payment**

Sixteen of the respondents (42%) commented that they felt the provision of equipment via the community equipment service

generally provided the necessary equipment for people and, on the whole, met people's needs:

*"Clients are generally happy with the standard equipment."*

*"I feel patients are more than happy for me to arrange delivery of equipment that I recommend."*

*"As long as it meets their needs, they are not fussy about what they have."*

*"On the whole I think most clients are grateful to be supported with equipment and are not too concerned about appearances."*

*"...client preference for someone else to be responsible for ordering."*

Three of the respondents stated that they worked in the palliative care field or in 'rapid response' type services where speedy acquisition of equipment is obviously a high priority:

*"It is not always appropriate to discuss direct payments with clients who are at 'end of life' stage."*

*"Equipment...is required urgently in the community for palliative care."*

Four of the respondents commented that they felt there might be a risk in people purchasing inappropriate equipment that might not reflect what the practitioner had advised:

*“It is a good idea but difficult for the therapist to be involved in helping to choose the equipment as clients may prefer to purchase what they want rather than what meets their needs.”*

However, a number of respondents commented positively that direct payments offered more choice and control to disabled people:

*“I think that it is good to have the option but...often people do not know what equipment is.”*

*“Good option for items that are non-standard (have used this route in other locations).”*

*“I think it does have its place when client wants aesthetically pleasing equipment...and good to provide choice.”*

*“I think direct payments for equipment give clients a wider choice and control over the equipment in their homes.”*

- **Access to retail outlets**

Eleven of the respondents (29%) commented that they did not feel it was appropriate for some older people to have to purchase equipment themselves following assessment. Added to this, a few respondents pointed out that some areas of Cambridgeshire consist of rural communities where access to retail outlets is limited:

*“The clients I see are mainly elderly and would have no way of purchasing their own equipment.”*

*“...clients are elderly and need someone to deliver the equipment.”*

*“Service users are elderly and don’t want the hassle.”*

*“I think that most clients are more than happy not to do direct payments. I think it is because they live in rural areas.”*

#### ▪ **Cost effectiveness**

Only two respondents commented on any specific financial aspects of the direct payments process acknowledging that choosing direct payments may not be as cost effective as providing equipment directly from the community equipment service:

*“Too expensive to buy one-offs.”*

Another respondent commented on the fact that direct payments may need to be topped-up with people’s own private resources and that disabled people might take issue with this:

*“Client did not want to pay the difference in price.”*

### **5.3 Conclusion and Key Points**

In general, practitioners felt that people’s needs are adequately met by ordering equipment directly from the community equipment

service. In contrast, some respondents acknowledged that the offering of direct payments gives people more choice over the equipment they need.

Aside from the apparent satisfaction with provision via the community equipment service, three key issues emerged as the reasons practitioners gave for the lack of take-up:

- Lack of awareness amongst service users and lack of information to pass onto them
- Complicated and long winded administrative process
- Lack of easy access to retail outlets – particularly for older people

In the next chapter, the above issues and themes are analysed along with the findings of the interviews with service users.

## **Chapter 6: Analysis of Research Results**

### **6.0 Introduction**

This chapter analyses the issues and themes that emerged as a result of the interviews and survey, presented in the previous two chapters, and in relation to the wider context of the review of literature and legislation. The key themes of statutory equipment provision, access to information, choice and control and the occupational therapy role are explored and discussed.

### **6.1 Provision of Equipment from the Statutory Community Equipment Service**

Both the interviewees, and the OT practitioners, felt that, in general, the community equipment service provides the equipment that meets people's assessed needs. It was interesting to note that the service users raised the issue of maintenance of equipment (which is automatically provided when equipment is supplied through the equipment service) whereas this was not specifically mentioned by the OT practitioners. Ensuring that equipment is adequately maintained is, of course, a fundamental issue for people who rely on that equipment. The interviewees, to whom this applied, were keen to express their satisfaction with the maintenance contracts that are set up via the community equipment service.

*“If it (a hoist) goes wrong, I phone up the joint equipment service and they come within a couple of days...the battery is off, there’s a new one on there, job done” (Greg, interviewee).*

The researcher was able to reassure the interviewees that this option would still be available even if equipment were purchased with a direct payment.

One of the OT practitioners mentioned the issue of ‘special orders’:

*“I have so far not come across the need for alternative equipment to that which is provided as standard or which we can get by special order.”*

‘Special orders’ are non-stock, bespoke items that can be ordered from the community equipment service but still provided in terms of meeting people’s assessed needs. Direct payments for equipment were seen by both the interviewees and the practitioners as a step on from ‘special orders’ whereby something more aesthetically pleasing might be what people would prefer. However, it is only when they are made aware that there are alternatives to direct provision from the community equipment service, that people are able to exercise this choice. This was also noted in the Audit Commission’s report, referred



to earlier, highlighting that “users do not always get appropriate equipment of a reasonable quality” (Audit Commission, 2000:8).

Community equipment stores may well offer basic equipment that meets assessed needs but that equipment may not necessarily be representative of all the equipment that is available in the wider market place and that, given the choice, people would opt for.

## **6.2 The Need for Information**

Both the interviewees and the OT practitioners raised the issue of the importance of information but two specific requirements emerged. Firstly, the availability of information for disabled people was cited by both groups as an area that needed attention. The service users who were experienced recipients of direct payments for their personal care support were aware of the County Council’s information booklet, whereas the people who had only received a direct payment for equipment had only found out about the direct payment option by chance when it was mentioned during their occupational therapy assessment. Neither they, nor the OT staff (although this was not a specific question on the survey) seemed to be aware of the booklet.

Secondly, the survey of OT practitioners revealed a frustration with the procedure and administrative process; that it was complex and long-winded. These comments tended to be from practitioners

who had not actually pursued the direct payment route for any of their clients and could therefore be judged as a perceived assumption that had not actually been tested. In contrast, one of the practitioners commented that the process was “straight forward”. This was also reinforced by the interviewees that had received a direct payment for equipment, who both reported that they had received the payment within an acceptable timeframe.

Nevertheless, the overwhelming message from the OT staff was that more information about the process is necessary to enable them to become more confident in offering the direct payment option. This reinforces the points highlighted in the literature review regarding education and training of practitioners and the importance of promoting the positive aspects of direct payments (Carlin and Lenehan, 2006; McMullen, 2003; Priestly et al, 2007;).

### **6.3 Choice and Control for Disabled People**

The provision of daily living equipment is an obvious example of ‘practical’ assistance that should contribute towards making independent living a reality for disabled people. As Frances Hasler points out:

“For people who need regular practical assistance in their lives, direct payments offer both choice and control in the way that

assistance is delivered. But direct payments will only help people to achieve independent living if they are administered within a system that supports independent living values.” (Hasler, 2006: 286)

Whilst Hasler’s paper was concerned with the provision of direct payments for personal care support, there are clear parallels with direct payments for equipment.

All the interviewees in this study gave examples where, through the use of direct payments, they are able to exercise this choice and control. Two of the interviewees gave examples of where they had used the internet to acquire equipment – one of them in relation to a direct payment, but the other example given was where the interviewee had purchased equipment independently rather than as a result of an OT assessment. This raises another important point that there are, of course, many people who go nowhere near statutory services and access equipment quite independently through the internet, or from an increasing number of retailers now selling ‘disability’ products. These include *B&Q*, *Argos*, a number of mail order firms and ‘mobility stores’. Whilst it is acknowledged that this may only apply to those people who have the resources to pay privately for equipment (just as people may choose to pay privately for personal

care support) it is still important to appreciate the wider implications so that people who access statutory services for equipment are not met with discrimination in the range of equipment they may choose. The use of direct payments is certainly an example of how this can be facilitated.

It should also not be assumed that older people may not want to exercise choice when it comes to equipment provision. Only one of the interviewees was an 'older person' so this can hardly be argued to be representative of all older people, but some of the points she made, particularly about access to information, reinforce that having access to clear and timely information is fundamental to ensure that older people are able to make choices about direct payments (Clark 2006). A number of the OT practitioners seemed to suggest, in their responses to the open questions in the survey, that direct payments are not necessarily an appropriate option for older people, one of them stating, *"80% of our referrals are for over 65s. I think younger people may be more likely to go for direct payments."*

#### **6.4 The Gatekeepers**

The response rate, in relation to the OT questionnaire, of 63% was particularly welcomed by the researcher and confirmed that the review of the questionnaire, by one of the OT managers, in the

planning stage had been worthwhile. This rate of response also suggests that the results of the survey and the themes generated were representative and valid. In addition to this, it was particularly noted that all but one of the respondents had taken time to answer the open questions (7 and 8) with free text. This provided an unexpected wealth of data that was able to be coded so as to identify themes in a similar way to the process for analysing the service user interviews.

The overwhelming feeling from the results of the survey was that very few OT staff currently see any benefits to offering disabled people a direct payment to purchase equipment as they generally feel that the standard equipment provided by the community equipment service meets people's needs. Many of the comments suggest a rather paternalistic approach to their work and resulted in comments such as: "most patients are happy"; "they are not fussy about what they have" ; "they never asked for an alternative". The immediate challenge to this is, of course, that had their clients known there was an alternative option, they may have been even 'happier'! As Lipsky states:

"Street level bureaucrats are often expected to be more than benign and passive gatekeepers. They are also expected to be advocates, that is, to use their knowledge, skill, and position to secure for clients the best treatment or position."

(Lipsky, 1983: 72)

## **6.5 Other Issues**

Both the interviewees and the OT practitioners raised two other issues that they felt might affect the take-up of direct payments.

Access to retail outlets, particularly by older people, was cited as one of these. This is unfortunately the reality within Cambridgeshire, and whilst some urban parts of the county are well served by retailers, the more rural communities not only lack these kinds of outlets but have the added problems of lack of regular, appropriate and accessible transport. However, it should also be acknowledged that there are increasing numbers of mail order firms and, of course, the internet which is becoming increasingly accessible.

Another issue raised by the OT staff was that of the need to provide equipment for people in the terminal stages of life. This perspective should certainly be acknowledged and, of course, people's priorities may be different in those circumstances and, in terms of equipment provision, one has to agree, that 'time is of the essence'. If provision of equipment from the community equipment service is timely then this is, in almost every case, likely to be the best option.

## **6.6 Conclusion**

In general, equipment provided from the statutory community equipment service meets people's assessed needs. However, it is vital

that people are aware of alternative options that might be available to them should they wish to acquire an alternative product with a direct payment. This choice and control is dependent on the OT practitioners' approach to this policy and their role as advocates for disabled people. The following chapter will provide further comment on these issues and offer some recommendations for the future.

## **Chapter 7: Conclusion**

### **7.0 Introduction**

This final chapter brings together the themes and issues from the previous chapters to present an evaluation of the use of direct payments for acquiring daily living equipment, and some suggestions as to how the take-up might be improved. Comments are also made in relation to national initiatives, both current and proposed, that will also have an effect on the equipment and direct payment agenda.

### **7.1 Direct Provision or Direct Payment: does it matter?**

Since the introduction of formal direct payment legislation under the 1996 Community Care (Direct Payments) Act, considerable progress has been achieved. Direct payments were pioneered by disabled people and were only implemented as a result of longstanding, sustained campaigning from the independent living movement. The provision of direct payments for personal social care support has now become mainstream across more user groups. However a degree of caution is advocated by some in assuming that direct payments will, or should, become the preferred option for *all* people (Glasby et al, 2006). This cautionary note is pertinent to equipment provision as well as personal care support.



In the most part, equipment ordered by the occupational therapy practitioners and directly provided from the community equipment service seems to meet people's assessed needs. All of the service users interviewed for this study had received equipment in this way and were quite content that it did indeed meet their assessed needs. However, two of them found out, by chance, that there was another option available that meant they could have an item of equipment that both met their assessed needs and was more aesthetically pleasing to them. The fundamental point here is the element of 'chance'. It should not be as the result of 'chance' that disabled people find out about the services available to them. Therefore it does indeed matter that a range of options are available to disabled people and that these are promoted in the ethos of independent living. By health and social care organisations being more supportive of the independent living movement, direct payments would then become more embedded in the local culture (Hasler, 2006).

The success of direct payments has also contributed to the transformation of policy 'think-tanks' and debate in a more vital way. It has focussed attention on the distinction (central to the social model of disability) between impairment and disability and has ensured that it is the societal and environmental barriers that are the core issues. The availability of direct payments, whether they are for personal

assistance, or other aspects of social care, is therefore a fundamental right of citizenship (Glasby et al, 2006).

For the professionals involved it is about taking 'risks' and moving away from, as Frances Hasler calls it, a 'custodial model of care'. She states that :

“Despite plenty of rhetoric to the contrary the instinct of many community care professionals is to limit the risks taken by (and thus the autonomy of) disabled people” (Hasler, 2006: 285)

This is no more clearly demonstrated than by one of the comments made by an OT practitioner:

*“It is a concern that clients will not buy the recommended equipment or will not use the money for equipment and just see it as a bonus payment for their disability.”*

In summary then:

“Only when the balance of power surrounding services required by disabled people in their homes is changed, and users design and produce their own support services, will dependency be reduced and the number of disabling barriers to full citizenship be removed” (Carmichael & Brown, 2002: 806)

## 7.2 “I didn’t know”

The above heading is a direct quote from one of the service users interviewed as part of the study. Not only was she unaware of direct payments, she was not aware that there existed equipment that could help her be more independent, and in less pain. Support from centres for independent, or integrated, living must provide a way forward so that information about equipment and the profile of direct payments (for all aspects of social care) can continue to be raised and promoted.

Cambridgeshire was recently successful in receiving a government grant to set up a ‘user led’ CIL which, at the time of writing, is still in the planning stage. However, the challenge remains in ensuring that all disabled people, not just service users, know how to access such support so as to avoid the classic situation for many people: ‘they don’t know what they don’t know’.

Fundamentally, people need information in order to make the choices about the services they receive. In relation to the provision of direct payments for equipment in Cambridgeshire, the researcher takes some responsibility in this regard, as it is clear from the results of the research, that information on this area of service provision, whilst available, is not ‘user friendly’. This is clearly an area that needs to be addressed. Information on direct payments for equipment needs to be

separated out from the general information on direct payments for social care support, so that it can be offered to people at the time of OT assessment. Cambridgeshire's current direct payment information booklet, referred to earlier, is fifty-three pages long – is it surprising that it would appear that it goes largely unused by both service users and professionals?

### **7.3 Training Issues**

As has been indicated, a number of the OT staff cited complicated administrative processes as one of the reasons for not offering direct payments for equipment. Once again, the researcher has to 'take this on the chin' as it was she that led on the development of the policy and procedure for offering direct payments. However, it is the researcher's view that this is a perceived fear amongst the OT staff as the vast majority of them have never completed the process, and that the issue therefore is about training and support. Cambridgeshire, like many other local authorities, employs a dedicated person available to promote and support social workers and care managers in the uptake of direct payments for personal support. No such post currently exists in relation to equipment.

## 7.4 Retail Therapy

As was alluded to earlier, the fact that a local authority has a store full of one make of bath board should not preclude someone from opting for another make of bath board. It has to be said, daily living equipment is not particularly 'sexy'. On the whole, as one interviewee put it "it does the job". However, if professionals, and service users alike, continue to remain complacent over the range of equipment available we will forever accept that 'a bath board...is a bath board...is a bath board'. Unless we, as society, stimulate the market for more aesthetically pleasing items of equipment (as we have done for other items of technology) people will continue to be forced to accept products whose design has changed little in the last twenty years – NHS wheelchairs being a particular case in point.

It is the expectation of many people who work in this field that we will begin to see more and more 'disability equipment' available on the high street. Whilst this might worry the risk-averse practitioners, it is likely to be the reality and will, no doubt, be welcomed by many, including disabled people and their carers. 'Going shopping' is something highlighted, by some in this study, as a problematic issue for older people, yet Heather Clark's research into the take-up of direct payments amongst older people, found that "it was also important to the older people to choose their purchases themselves" (Clark, 2006:

86). Those of us currently working in the field will, one day, be older people. We are unlikely to so readily accept equipment that just “does the job”.

We are increasingly living in a ‘marketised system of care’ and Zarb and Nadash’s research in 1994 highlighted the importance of understanding the cost implications of direct payments (Pearson et al, 2005). As has been alluded to earlier, there would appear to be different implications in relation to the cost effectiveness of direct payments for equipment. However, this potential barrier must be overcome within the ‘Cambridgeshire system’ if direct payments for equipment are to become one of the integral tools for independent living.

As was found during this research, some disabled people are more than willing to top-up a direct payment with their own resources if it means they might be able to have a piece of equipment more, as one interviewee put it, “sooper dooper”!

## **7.5 The Future**

*Improving the Life Chances of Disabled People* (Prime Minister’s Strategy Unit, 2005) is largely seen as landmark policy likely to shape the future progression of direct payments. Amongst other proposals, this strategy document called for the introduction of ‘individual budgets’

made up from a number of different funding streams. The intention is that this will enable more flexible and individualised support for people and will entitle them to a specified sum of money to spend on all their support needs (Glasby et al 2006). We are already beginning to see the emergence of new language in this field with an emphasis on the 'personalisation' agenda. The resources, currently available for equipment are one of the funding streams that will be included in individual budgets. Cambridgeshire is in the early stages of implementing Individual budgets alongside the single assessment process. This presents some significant challenges, and at a time when the government is also proposing a revolutionary shift in the way community equipment is provided as a result of the TCES initiative referred to in Chapter 2. But it will be imperative that all these initiatives, including direct payments and individual budgets, become an integral part of training for front-line staff, not just social workers and care managers but occupational therapy staff also to ensure that the ideals of independent living for disabled people are realised.

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**Appendix (i)**

Dear (Service user)

As a recipient of direct payments, you are being invited to take part in a research study looking at the use of direct payments to purchase daily living equipment. This study is being conducted by Diana Mackay, Commissioning & Performance Manager from Cambridgeshire County Council.

Enclosed is an information sheet regarding the study and a consent form for you to complete, should you wish to take part.

If you are interested in taking part in this study, please complete the attached consent form and return to Diana in the enclosed, pre-paid envelope. Please be aware that, should Diana receive more responses than required, she will select a random sample from those who have responded. If you choose to take part, you will receive a letter confirming whether or not you will be included in the study.

Yours sincerely

Diana Mackay

Encl: Participant Information Sheet  
Consent form

**Appendix (ii)**

Dear (OT practitioner)

I am writing to you to invite you to take part in a small scale research study. I am conducting a study to explore some of the reasons behind the lack of take-up of direct payments for equipment.

I would be grateful if you would complete the enclosed questionnaire and return it to me in the stamped addressed envelope by .... The questionnaire should take no more than 10 minutes to complete. All responses are completely anonymous.

This study forms part of a Masters degree that I am undertaking at Leeds University (Distance Learning). As part of the study I will also be interviewing some service users who have received direct payments. My research is being supported by Cambridgeshire County Council, Adult Services and has been approved by the Cambridgeshire Research Ethics Committee.

I would like to thank you in advance for completing the questionnaire.

Yours faithfully

Diana Mackay

Encl: Questionnaire

**Appendix (iii)****Participant Information Sheet (Service user interviews)****Direct payments for daily living equipment:  
why the lack of take-up?**

**Date:** 15<sup>th</sup> May 2008

**Name of researcher:** Diana Mackay

**Supervisor:** Mr Geof Mercer, School of Sociology and Social Policy, Leeds University.

You are being invited to take part in a small scale research study. Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and talk to other people about the study if you wish.

**What is the purpose of the study?**

The purpose of the study is to explore some of the reasons behind the lack of take-up of direct payments for daily living equipment. For the purposes of this study, the term 'daily living equipment' refers to the traditional range of mobile equipment, usually provided as a result of occupational therapy assessment. Such items include bathing and toileting equipment, hoists and other items to assist with general activities of daily living.

This research is being undertaken as part of a Masters degree programme at Leeds University (Distance Learning).

**Why have I been chosen?**

You have been invited to take part as you are someone who has either:

- Received a direct payment for equipment
- Receive direct payments for other aspects of your care but you have had equipment directly provided by the community equipment service

**Do I have to take part?**

Participation is entirely voluntary. It is completely your decision as to whether you wish to take part or not. If you agree to take part, you should keep this information sheet and sign the enclosed consent form which should be returned in the enclosed, pre-paid envelope. You are free to withdraw at any time and without giving any reason.

**What will happen to me if I take part?**

It is proposed that the interviews will take place during April / May 2008.

If you agree to take part, a mutually agreeable interview time and venue will be arranged between yourself and the researcher. The interview will last approximately 45 minutes – 1 hour. It will involve you talking through your experiences of receiving direct payments. You are welcome to have another person with you during the interview, for example a relative, friend or carer. If you should need interpreting services, these can be arranged for you and you will be reimbursed for any costs incurred.

**Will my taking part in this study be kept confidential?**

The interview will be recorded and transcribed. There will be no identifying details applied to the tape and the transcriptions will be anonymised. Please be reassured that confidentiality and anonymity will be maintained at all times. Following completion of the study, all recordings will be destroyed. However, written data will be stored in line with NHS directives. Comments made during the interview may be quoted anonymously in the final dissertation. You may be asked to clarify issues during the data analysis process to confirm accuracy and interviewer interpretation.

**What are the possible benefits of taking part?**

There are unlikely to be any benefits to you from taking part in the study. However, it is hoped that the outcome of the research will contribute towards developments in the direct payments scheme. There is no financial reward offered for participation. However, should you wish to be interviewed at a location that means you will incur travel costs, these will be reimbursed.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this by contacting Clare Skinner, Faculty of Medicine and

Health Research Manager, Room 10.110, Level 10, Worsley Building,  
University of Leeds, Leeds, LS2 9JT.

**What will happen to the results of the research study?**

The study will be submitted as a degree dissertation as mentioned above. It may be published via a conference or journal publication. It is also likely to be available to download free of charge from the Leeds University archive website.

**Who is organising and funding the research?**

This work is being undertaken as part of a dissertation for a Master of Arts degree in Disability Studies at Leeds University.  
The research is being funded by Cambridgeshire County Council.

**Who has reviewed the study?**

The study has been approved by the Cambridgeshire 3 Research Ethics Committee.



**Appendix (iv)****Participant Consent Form – Interviews****Direct payments for daily living equipment:  
Why the lack of take-up?**

- Please  
initial each  
box**
1. I have read and understood the information sheet for the above study. I have had the opportunity to consider the information and have had questions answered satisfactorily.
  2. I understand my participation is voluntary and that I can withdraw my consent at any time without giving a reason.
  3. I understand that the interviews will be audio recorded and then transcribed.
  4. I understand that the results of the study including quotations will be used in the write up of this project but all comments will be anonymised.
  5. I agree that the sponsor of the research (Leeds University) may view the interview data for audit and monitoring purposes.
  6. I agree to take part in the study.

Name of participant	Date	Signature
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I confirm that consent was checked orally at the time of the interview.

Name of researcher	Date	Signature
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**Appendix (v)**

**DIRECT PAYMENTS FOR EQUIPMENT**  
**Questionnaire to Occupational Therapy staff**

1.	Please indicate your KSF banding.	
2.	Are you aware of the policy and procedure for offering direct payments for equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	When you are assessing clients' equipment needs, in the community, do you offer them the option of direct payments?  <i>If 'Never', go to question 5.</i>	Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/>
4.	Have any of your clients ever taken up this offer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Have any of your clients ever independently requested a direct payment for equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	If you answered 'yes', to either question 4 or 5, did your client ultimately receive a direct payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	If you answered 'no' to question 4, or 6, please say why you feel the direct payment option was not pursued. ..... ..... .....	
8.	Please use this space below to record and comments you would like to make about the offering of direct payments for equipment. ..... ..... ..... .....	
9.	Are you aware of the Individual Budgets initiative	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Appendix (vi)****Semi-structured interview questions / themes for discussion**

- How did you first hear about direct payments?
- How did you first hear about direct payments for equipment?
- What is your experience of direct payments?
- What do you feel are the strengths and weaknesses of direct payments?
- How have direct payments enabled you to have choice and control over your daily life?
- Are you aware of the county council's information booklet on direct payments?
- What pieces of equipment do you have at home that support you to be independent?
- Who provided these? (OT / private purchase / direct payment / other)
- What are your experiences of the community equipment service?
- Why did you choose to receive a direct payment for equipment rather than having it provided by the community equipment service?
- Were you / would you be happy to top-up a direct payment with your own funds if necessary?
- Would you consider the direct payment option in the future?
- Carer issues?
- Comparisons with wheelchair voucher scheme (if appropriate)
- Issues around maintenance of equipment (if appropriate)
- Any questions?