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INFORMATION FOR ELDERLY PEOPLE:
A VITAL BUT MISSING LINK IN COMMUNITY CARE

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ABSTRACT

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The aim of this thesis has been to explore the interrelationship between elderly people and information. A case-study approach was adopted which examined whether the information needs of elderly people (consumers) in relation to community care had, in their perception, been addressed by the Information Strategy developed by the Social Services Department of one shire county (providers) in response to the Community Care Act 1990 to provide information about its services and how to access them.

Two key findings emerge from the research. Firstly, elderly people's information needs in relation to community care have not been addressed by the Information Strategy. Secondly, the Strategy has encountered a number of implementation problems, namely communication difficulties, interagency issues and the gatekeeping role of frontline staff in information provision.

The findings from the thesis suggest that a Community Care Information Strategy should be based on three key elements. It should acknowledge that elderly people are likely to comprise the largest single group in receipt of community care services. It should recognise that potential and current users of community care services are a heterogeneous group, with a diverse range of information and service needs. Finally, it should be based on an understanding of the information seeking behaviour of potential and current users of community care services and their preferred methods of information provision, and on an awareness of the likely barriers to information which may be in operation.

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AUTHOR'S DECLARATION

At no time during the registration for the degree of Doctor of Philosophy has the author been

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ABSTRACT

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AUTHOR'S DECLARATION

INTRODUCTION: THE INTERRELATIONSHIP BETWEEN ELDERLY PEOPLE AND INFORMATION

The United Kingdom in the last decade of the twentieth century is frequently described as an 'Information Society'. Martin (1988, p.36) indicates that "we live in age of information, a time when the destinies of people and nations are dependent as never before on a factor as elusive in concept as it is intangible in substance". During the past decade society has undergone an 'Information Revolution' which has resulted in an increase in both the information which is available and the means of accessing it. Moore and Steele (1991, p.1) believe that "two of the characteristics of developed societies are the extent to which information is used to manage and support organisational life and the degree to which citizens use information as an integral part of their daily lives".

Traditionally, information provision has been based predominantly on the printed word, yet this dominance has declined in recent years as a result of advances in information and telecommunications technology. Information is now available from a wide variety of sources including broadcast media, telecommunications and computers. However, such methods spawn according to Swerdlow (1995, p.8) "illiteracy among many people who are unwilling to read anything of substantive length requiring concentration. Brevity. Five-second sound bites. Channel surfing. Instant gratification. Fast moving images. Constant stimulation. Shorter attention spans. A world in which the worst sin is to be boring".

The role and status of information in society are continually growing because as Martin (1988, p.1) contends, "information has become a talisman, a symbol of political potency and economic prosperity". Furthermore, it supposedly enables people to make informed choices and decisions based on knowing who does what and where, and therefore goes some way to empowering people. The power of information according to Abell (1996, p.36) "is the way it

can be cut and sliced in numerous ways and enriched by the knowledge of the user". The demand for information is continuing to grow for a number of reasons including the ever changing array of services available, the speed and volume of legislative change, the move towards consumer centred services and the dramatic improvements in methods of supplying information.

Like other Western European nations, the United Kingdom as it approaches the end of the millennium has a higher proportion of elderly people than at the turn of the century, and is frequently described as an 'Ageing Society'. Quereshi and Walker (1989, p.2) point out that "the unique late twentieth-century phenomenon of an ageing population is common to all advanced industrial societies". However, the growing numbers of elderly people in the United Kingdom are regarded at best as a challenge to policy makers and at worst as an expensive burden on society. Elderly people frequently receive services which reflect society's patronising and negative view of old age, rather than a positive and dynamic perception which celebrates the achievements of those who have reached the third age.

Life expectancy is, according to the Central Statistical Office (1995, p.116), "increasing by about two years every decade". Thus, not only will we see an absolute growth in the number of elderly people but also a rise in the number of elderly people living to a very old age. According to the projected mortality rates for 1996 (CSO 1995, p.116) "the expectation of life will be over 74 for males and 80 for females, compared with less than 58 and 62 respectively based on the mortality experience of 1931". It would seem inevitable that the growing numbers of elderly people will have a whole range of information needs which will have to be met if they are to participate in the 'Information Society'. Otherwise, this expanding group of

potentially vulnerable people may be sentenced for the remaining years of their lives to information impoverishment, and thereby denied essential services and benefits.

Both the 'Information Society' and the 'Ageing Society' are in a state of flux, and in order to explore how they interact we will examine a piece of social policy legislation which is reflective of the 'Information Society' and directed towards the 'Ageing Society'. The National Health Service and Community Care Act 1990 may be regarded in part as a response to concerns about the cost of providing for a growing elderly population. The number of elderly people entering private residential care funded by the Department of Social Security rose rapidly during the 1970's and 1980's. It was generally considered that many of these would not have required residential care if their needs had been assessed and appropriate services had been provided in the community. The heart of the government's community care reforms therefore lay in enabling people to lead independent lives in the community wherever possible, and in providing them, through care management with a package of care to enable them to facilitate this.

The issue of consumer choice has also, according to Allen *et al.* (1992, p.310), "been in the forefront of Government policy on community care". Information is the lifeblood of consumerism and accessible, high quality information for users is seen as central to the successful implementation of this approach. It is part of a new emphasis on services being user centred and needs led, with a commitment to greater consumer choice. The National Health Service and Community Care Act 1990 therefore required Social Services Departments to provide information about their services and how to gain access to them, thereby enabling consumers to exercise choice and make informed decisions. Giarchi (1990b, p.1) contends that "there can be no community care strategy without the communication of information.

Whatever the merits of programme objectives, of the evaluation processes and the resources or budgets available, if there are no well planned information systems, the objectives of the White Paper *Caring for People* will not be achievable". Yet research (Roberts *et al.* 1991; Allen *et al.* 1992) has found little evidence to suggest that elderly people, who comprise the largest single group in receipt of community care services, operate as informed consumers of such services. Furthermore other studies (Epstein 1980; Tinker *et al.* 1993) suggest that, because information providers are generally unaware of elderly peoples information needs, information seeking behaviour and preferred methods of receiving information, the majority of elderly people do not receive information which meets their needs.

The aim of this thesis is to explore the interrelationship between elderly people and information. In order to do this we will adopt a case study approach, which will focus on the dynamics of the consumer/provider community care information equation in one shire county. In particular we will examine whether the information needs of elderly people (consumers) in relation to community care have, in their perception, been addressed by the Information Strategy developed by the Social Services Department of one shire county (providers) in response to the requirements of the Community Care Act 1990 to provide information about its services and how to access them.

Chapter one is a wide ranging review of the literature and is in six sections. Section one will introduce the concept of the 'Information Society' and section two that of an 'Ageing Society'. In sections three to five we will outline and assess the findings of research into elderly peoples' information needs, their information seeking behaviour, and the effectiveness of information provision methods to elderly people. Section six will examine the impact of 'consumerism' upon the public sector in general and Social Services Departments in particular. This is

followed by an examination of the National Health Service and Community Care Act 1990, and the information demands it makes of Social Services Departments.

Chapter two is in three Sections. Section one describes how the Department developed an Information Strategy which largely follows what Elmore (1979-80, p.603) terms a 'forward mapping' approach, in order to meet the requirements of the National Health Service and Community Care Act 1990. In section two we examine a number of problem areas that arose in relation to the implementation of the Information Strategy, namely communication problems, interagency issues and the gatekeeping role of frontline staff in information provision. In section three we interrogate the research literature on implementation analysis to seek insight into the various potential problems in the policy implementation process.

Chapter three focuses on the quantitative research methods employed in this thesis to explore firstly whether elderly peoples information needs in relation to community care have been addressed, and secondly whether the Information Strategy developed by the Department has been subject to the implementation problems to which it appeared vulnerable. It outlines the objectives and methodology for each of the four research components of the thesis which are the completion of a checklist of reception facilities, postal surveys of both groups of frontline information providers (administrative staff and care management staff) and a postal survey of information consumers (elderly people).

Chapter four is in two sections, and examines the provider side of the consumer/provider information equation. This involves analysing the findings from two surveys of the roles that frontline administrative and care management staff respectively play in the provision of information to elderly people. Section one examines the socio-economic and employment characteristics of frontline administrative and care management populations. The second

section examines the data from both surveys against a number of hypotheses connected to three principal areas of interest that arise from the research literature. These are communication problems, interagency issues and the gatekeeping role of frontline staff in the provision of information.

Chapter five switches our focus to the consumer side of the consumer/provider information equation. It is in two sections and concentrates on the findings from a survey of elderly people referred to the Department in the first quarter of 1994. The first section examines the socio-economic characteristics of the elderly population, and their caring and dependency relationships. The second section considers hypotheses around the three principal areas of interest which emerge from the research literature. These are elderly peoples' information needs, their information seeking behaviour, and the effectiveness of various methods of information provision.

In chapter six, the findings from the consumer and provider sides of the information equation are brought together in order to provide a picture of the integrity of the Information Strategy and its implementation to date. The chapter looks at two key issues. Firstly, we examine whether elderly peoples' information needs in relation to community care have been addressed by the Information Strategy. Secondly, we determine whether the Information Strategy has encountered the implementation problems to which it appeared in chapter two to be particularly vulnerable, namely communication problems, interagency issues and the gatekeeping role of frontline staff in information provision.

Chapter seven, section one, reiterates the rationale for undertaking this thesis and summarises each of the preceding chapters. Section two is in two parts. In part one we will speculate on what a Community Care Information Strategy for a large shire county should encompass,

given what we have learnt from the research literature and our empirical findings. In part two we will explore the likely consequences for the Department's Information Strategy given its unsuccessful implementation record to date, the organisational changes that have occurred since the research was undertaken and the numerous challenges that local government faces in the closing years of the millennium and beyond. In part one of section three we briefly speculate on the likely situation for Social Services Departments throughout England and Wales regarding the task of providing information on community care services. In part two we explore the likely consequences for the interrelationship between elderly people and information given firstly that the information needs of elderly people in relation to community care would appear generally not to have been addressed and secondly the many societal and technological changes that will occur in the twenty-first century.

CHAPTER ONE: THE RESEARCH LITERATURE

Introduction

This chapter will review the research literature covering the two main concepts which underpin this thesis. These are the 'Information Society' and the 'Ageing Society', and in particular this chapter explores research to date on the relationship between the two.

The chapter is in six sections. The first focuses on the notion that Britain in the last decade of the twentieth century is an 'Information Society', whilst the second highlights the fact that it is an 'Ageing Society'.

Section three is in four parts. The first part explores the concept of 'information need' in general, before moving on, in part two, to explore, the interrelationship between elderly people and information. Part three identifies sub-groups within the elderly population whose social circumstances may lead to them to be considered 'vulnerable' in terms of accessing information, and part four outlines elderly people's information needs in relation to Social/Community Care Services.

Section four explores elderly people's information seeking behaviour and identifies a number of barriers which may hinder or prevent them from accessing and using information, whilst section five examines the effectiveness of various methods currently used to provide information to elderly people. Section six explores the impact of consumerism on the public sector in general and on Social Services Departments in particular, then goes on to examine the National Health Service and Community Care Act 1990 and the requirements it places upon Social Services Departments to provide information to potential and current users of their services.

1. 0   An 'Information Society'

This opening section will briefly examine the role that 'information' plays in the UK today, which is often described as an 'Information Society'. First, however, we should explain what we mean by 'information', and by the term 'information society'. Information is a notoriously elusive concept. It is variously perceived in the research literature as facts, intelligence, data, news and knowledge. Moore and Steele (1991, p.113) indicate that, "there are many types of information. At the most basic there are data. At the other extreme there is wisdom. In between there is a wide range encompassing information, intelligence, expertise and knowledge". Martin (1988, p.1) suggests "information is that which adds to our awareness or understanding of some topic, problem or event". In the context of this research, however, the most appropriate definition is the one provided by Kocher (1989, p.13) who defines information as "data selected and organised to present sensible options for realising consumer needs".

The idea of the 'Information Society' is not entirely new. It has according to Lyon (1988, p.2) "its roots in the literature of 'post-industrialism', a popular social science notion of the 1960's and 1970's which heralded the end of the capitalist era and the arrival of a 'service' or 'leisure' society". The last three decades have witnessed something of an 'information explosion', the means of providing information having grown rapidly as a consequence of what is termed in the research literature (Masuda 1985; Martin 1988) the 'Second Industrial Revolution' or 'Information Revolution'. Feather (1994, p.2) argues that, "the steam engine was the motive power both literal and metaphorical, of the industrial revolution; the computer is driving the revolution of the late twentieth century".

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The term 'Information Society' is widely used in the research literature to describe an advanced, post industrial society of the type most commonly found in the West, such as the UK. Martin (1988, p.42) considers that, "one would define the information society as one in which the quality of life, as well as prospects for social change and economic development, depend increasingly on information and its exploitation". Feather (1994, p.156) contends that, "the Information Society can perhaps best be understood as a society which has developed technology and is learning to use it". Toffler (1980) introduced the phrase 'third wave' to describe the 'information society', which he saw as superseding both the 'second wave' - industrial society and the 'first wave' - agricultural society.

Information as a 'right of citizenship' and 'freedom of information' are values frequently associated with the concept of an 'Information Society'. According to Coopers and Lybrand (1985, para 1.1) "Successful participation in a complex, modern society depends to a significant extent on the provision and use of relevant, reliable and timely information". The National Consumer Council (1977) argued almost two decades ago that access to information and advice should be regarded as the fourth right of citizenship. If the freedom of information is a defining characteristic of democracy, then availability of information enabling people to lead independent lives of choice, must be a defining characteristic of citizenship. Darnborough (1993, p.2) contends that, "information is a basic right. It must be conveyed effectively, appropriately, and everywhere, from London to Budapest, Moscow to Rome... and beyond". Moore and Steele (1991, p.114) indicate that, "increasingly it is being recognised that information is an essential element of citizenship; without access to information people cannot play their full part as citizens, nor can they take advantage of the benefits which citizenship can offer".

As well as being both an indicator of opportunities for people to participate in society and a symbol of citizenship, the provision of information also fulfils an essentially practical function. Without information people will not receive the services to which they may be entitled, they will not be able to make effective use of those services and they will not be able to make choices. Hinkley (1992, p.5) suggests that "not having information about available services can be as detrimental as the non-availability of the services themselves". Increasingly, it is being recognised that information can be a source of empowerment because it enables people to make informed choices and decisions.

Information is to be found everywhere. It is available from all manner of sources and in a multitude of formats. As barriers to trade and communication with Europe are removed, increasing opportunities to learn from and to inform one another will emerge. Moore and Steele (1991, p.97) indicate that "telecommunications increasingly provide the means by which information services are delivered". The advances in the communication of information have created what is sometimes called a 'global village'. Gates (1995, p.5) points out that, "the world today has more than 100 million computers whose purpose is to manipulate information. They are helping us now by making it much easier to store and transmit information that is already in digital form, but in the near future they will allow us access to almost any information in the world". This continued expansion in information coupled with a growing range of information dissemination methods has led some writers (Ignatief 1989; Sternthal and Craig 1982) to conclude that society is suffering from a bombardment of information and hence pollution of its aural and visual world. It is ironic, according to Martin (1988, p.22), that "the very information technology that promised so much in the way of controlling information has in some respects succeeded in aggravating the problem". Kocher (1989, p.12) argues that, "what is important to realise is that people react to these

multitudinous images by being only superficially aware of them". A similar point is made by Walsh (1989, p.57), who tells us that "people are exposed to 1500 messages a day and they only hear nine".

The process of communicating with others in an age when we are all experiencing information overload is increasingly difficult. Research (Epstein 1981; Tester and Meredith 1987; Mullings 1989) reveal that written information is frequently ignored by people. Mullings (1989, p.3) stresses the importance of the timeliness of information giving, and advocates that "in discussing policies for the distribution of information the crucial question is who needs what, when?". Additional communication problems result, according to Lickiss (1988), from the fact that illiteracy is still a problem in Britain, where it is estimated that four million adults have considerable difficulties in reading and writing.

This section has shown Britain in the last decade of the twentieth century to be an 'Information Society'. It is also described as an 'Ageing Society', and the next section will explore this concept in more detail.

2. 0   An 'Ageing Society'

Tinker *et al.* (1993, p.3) indicate that, "like other industrialised nations, the United Kingdom (UK) has a higher proportion of elderly people in its population than formerly". The proportion of older people within the population has grown during the last decade as a result of a combination of increased longevity and declining birth rates. Hughes (1995,p.2) tells us that "the age structure of the population has changed from one in which young people predominated to a society in which people who are at the end of the life span constitute a substantial proportion of the total population". The numbers of people aged 65 and over have grown both in absolute terms and as a proportion of the United Kingdom population as a

whole. In 1991 18.4% of the population of England and Wales were over the official retirement age, compared with 4.7% in 1901 (Rolfe, 1993). There were 61,000 people aged 85 and over in 1901, representing 2% of the 60 plus population in the UK; by 1991 this figure had increased to 890,000, representing 7.5% of the elderly population (Askham *et. al.* 1992).

Demographic forecasts indicate that the proportion of elderly people will remain fairly constant over the next three decades. It is, however, predicted that there will be a 62% increase in the numbers of very elderly people, that is to say those aged 85 an over. By the year 2001 there will be over one million people aged 85+, and according to Abbot and Lankshear (1992) about half of these are likely to need assistance with some aspect of daily living. Care of the elderly relies heavily on informal carers, usually relatives, but the increasing number of elderly people is not matched by a similar increase in potential carers. Smaller family sizes, higher divorce rates and the increased participation of women in employment mean that fewer people are likely to be available to provide informal care in the future.

The growing numbers of elderly people in the UK are regarded at best as a challenge to policy makers, and at worse as an expensive burden on society; people aged 65 and over account for a high proportion of health and welfare spending. The projected increase in the numbers of elderly people, and especially the frail older elderly, will put increased pressure on resources which are already stretched. It seems inevitable that this expanding elderly population will have a wide range of information needs, and these will have to be met if they are to participate effectively in the increasingly complex 'Information Society' identified in section one above. The next section will explore the concept of 'information need' in general, and then specifically the interrelationship between elderly people and information.

3. 0 Elderly People's Information Needs

Kocher (1989, p.2) indicates that, "at any age the key to active citizenship depends on being able to make choices and decisions about what is best for oneself and one's family". Ward (1977, p.216) argues that "knowledge of services is an important enabling factor in the delivery and use of services of older persons". Similarly, Silverstein (1984, p.37) maintains that information is "an intervening variable between the aged and service utilisation". The Welsh Consumers Council (1993, p.11) contend that "for users of services, information is a means to an end, it enables access". Just like everyone else elderly people need information to exercise choice. Before we explore this issue in detail it is necessary to address two important definitional questions raised in the research literature by Tinker *et al.* (1993, p.10-11). These are 'what is information need ?' and 'do elderly people have distinctive information needs?' Each of these questions will be examined in turn.

3. 1 What Is Information Need?

To define clearly the concept of need is not straightforward. In his taxonomy of needs Bradshaw (1972) identifies four separate categories of social need. There is 'normative need' - what the expert defines as need; 'felt need' - what people feel they need; 'expressed need' - which is felt need expressed and demanded by people and 'comparative need' - a measure of need that is found by studying the characteristics of people in receipt of services and comparing them with those not in receipt of services. However, regarding 'information needs' there is according to Troup (1985, p.6) "no satisfactory theoretical model". Coopers and Lybrand (1988, para 2.12) indicate that "translation of models such as that developed by Maslow in 1954 in his hierarchy of needs to produce the consequent requirements for information is very complex and has been attempted by few people". Simpkins (1988,p.14) argues that, "since it is difficult to define 'information needs' it is difficult to ask about them

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directly". Similarly Epstein (1987, p.10) argues, that "it is extremely difficult for people even to make a distinction between service needs and information needs". Tester (1992, p.11) contends that "a need for something as intangible as information is difficult to define or measure objectively". Troup (1985), whilst acknowledging that there is an equivocality about the word "need" when used in relation to information, does nevertheless identify that there are two approaches to defining information needs, one prescriptive and the other descriptive. Both have advantages and disadvantages.

(a) Prescriptive Definitions of Need

A need for information according to Epstein (1980) is one that arises when the information people have is not sufficient to enable them to take full advantage of the opportunities available to them. However in her interviewing, the definition was implicitly narrowed by the questions she asked in order to establish the nature and extent of information elderly people had about welfare services and benefits and was therefore researcher derived. Troup (1985, p.7), considers that this is, "a prescriptive definition of information needs, the nature of the research defining the needs of older people as perceived by the author".

(b) Descriptive Definitions of Need

Frequently, needs are attributed to individuals or groups by other people rather than being identified by the individuals or groups themselves. Tester (1992, p.11) indicates that, "in discussion with people some 'felt need' for information may be volunteered and other needs elicited through questions by the interviewer". Troup (1985) in her Scottish project used quantitative and qualitative research methods to assess needs, which were defined retrospectively on the basis of a comparison of what the researcher was told spontaneously by older people themselves and with responses prompted by structured questioning. However, it

is important to bear in mind Troup's cautionary note in relation to her study (1985,p.8) which points out that, "this type of study which takes into account 'need' felt by older people is limited in two ways, first people do not always know what they need and second, the limited social horizons of the lower income groups restrict their demands".

Most of the research undertaken to date on elderly people 's information needs has, according to Tinker *et al.* (1993, p.11), "been based on researcher-defined 'needs' with very little research undertaken on elderly people's own perceptions of their 'information needs'. Troup (1985, p.8) suggests that the dilemma faced by the researcher, "is whose perspective to adopt?".

3. 2 Do Elderly People Have Distinctive Information Needs?

The second question that needs addressing is whether elderly people are sufficiently different from the rest of the population in terms of their information needs to warrant focusing solely upon them. There are according to Tinker *et al.* (1993, p.11) two important issues here. The first is the commonly held assumption that elderly people comprise a homogenous group. Horrocks (1993, p.15) suggests that "the term 'the elderly' evokes an image of decline, and dehumanises and homogenises a vast heterogeneous group, robbing them of their variety of experience". A similar point is made by Rolfe *et al.* (1993, p.8), who indicate that "many people are concerned that discussion of the needs of older people stereotypes them as unproductive members of society and characterises old age as a period of dependency". However, if one includes within the definition of elderly people all those aged 60 plus, then it has to be acknowledged that this will be a broad and disparate group of people with a wide range of interests, motivations and abilities. Cornwell (1989, p.14) reminds us that "age

differences within the population aged 65 and over are at least as significant as those between children and teenagers, or people in their twenties and those in their forties".

Mullings (1989, p.8) asserts that "it is individual need and not the need of the age group that counts". In addition, Coopers and Lybrand (1988) indicate that older people's information needs are only partly determined by the fact that they are old. Tester (1992, p.11) points out that, "the majority of people with disabilities are older people, thus the information needs of disabled people in general will be very relevant to older disabled people". Kocher (1989, p.4) maintains that "the 'elderly' are not an homogenous group but a mass of very varied people with different services and information needs and it is important therefore to identify the differences within the group so that people can be properly targeted for the information that is relevant to them". A distinction is often made in the literature (Rolfe *et al.* 1993, p.8) "between the 'young old' who have recently retired and are still active and the 'old old' who are more likely to be frail". Kocher (1989, p.7) identifies the following categories within the elderly age group:

(1)   Fit and active people in the 60-75 year age group.

(2)   Fit and active people 75 and over.

(3)   Frail elderly people in the above age ranges.
         Kocher goes on to divide frail elderly people into:

(4)   Frail elderly people (60 and above) who receive care in the community attending day
         centres etc.

(5)   Frail elderly people who are house bound.

(6)   Frail elderly people (60 and above) in institutions who may be physically frail or
         mentally frail or both.

The elderly population will also reflect the diversity of social class and ethnic groupings that exist in the United Kingdom today. Kocher (1989, p.7) reminds us that elderly people "come from every social class and lifestyle, and range from the Queen Mother and elderly members of the aristocracy, retired colonial administrators and bank managers to teachers, secretaries, council workers and gardeners". It follows that amongst the elderly population there will be some who are millionaires, others who have an occupational pension and savings, and those who are dependent on the state pension and other benefits.

Other research (Giarchi 1990a) reveals that older men and women have different information needs, and that different age groups within the elderly population seek different types of information. Epstein (1981) reported that the extreme difficulties that people suffer tend to come not when they are 60, but in later old age and consequently the 'old' elderly need information more than the 'young' elderly. Tester and Meredith (1987) discovered that an interest in preventive services was more common amongst those aged 85 plus. Kocher (1989, p.54) in her East Sussex study found that "finance was a concern just before retirement and for some time afterwards (with concern declining as people reached older age) and that concern about equipment in the home and transport increased with age (peaking in the 75-84 year age group)".

The second important issue raised by Tinker *et al.* (1993) is that elderly people as consumers have similar if not identical information needs to those of younger people. According to Hildrew (1990, p.2) the experience of the Citizens Advice Bureaux Services would suggest that "the advice needs of elderly people cover the same wide range of subjects as those of the general population, with age specific information needs representing a minority of the total enquiries generated by elderly people". Troup's (1985) analysis of enquiries made at a Scottish

Citizens Advice Bureau found that accommodation was the only major issue that was directly related to age.

A helpful way of tackling this question is provided by Mullings (1989) who suggests that in terms of 'information needs' what separates out elderly people from the general population is not their age *per se* but the life events which may well impact on their lives and which may in turn generate a specific need for information. Tester (1992, p.12) argues that "it is when people have limited access to such information at a time when their needs are increasing or when they are at a critical point that information becomes crucial". Mullings (1989) developed a 'life events' model of information seeking by elderly people which allows identification of those sub-groups among the elderly population, defined by specific circumstances at certain times in their lives, for whom there may be an information gap. According to Tester (1992, p.12) "such times include retirement, bereavement, sudden illness, diagnosis of a disability, moving into residential care, beginning to care for a dependant and after the death of a dependant". Furthermore, for many elderly people a growing need for information is accompanied, ironically, by a reduced ability to access that information, due for example to reduction of income, loss of social networks associated with the workplace, reduction in mobility or decline in health (physical or mental).

It may be helpful to look at the following examples from Mullings (1989, p.9):-

(i) A life event may initiate a search for information. The elderly person can still go and ask for information as they did when they were younger. The ability to search for information is equal to need. Here the problems of 'finding out' will be no different to that of the general population. (And let us be quite clear, depending on the locality, the general population may encounter many problems of access and incomprehensible literature).

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The next section will identify sub-groups within the elderly population whose social circumstances may lead them to have specific information needs, and which may result in them being disadvantaged in terms of accessing information.

3. 3   Vulnerable Sub-Groups in the Elderly Population

Various studies (Mullings 1989; Kocher 1989) indicate that there are vulnerable sub-groups of people within the elderly population whose information needs are likely to be of most concern. The research literature identifies specifically disadvantaged groups within the elderly population.

The first group of people identified as vulnerable in terms of information are those with poor mobility. Research (Abbot and Lankshear 1992) found that those most at risk of having a long-standing illness or disability are those over 85 years of age, primarily women. Many elderly people lose their mobility and become housebound because of arthritis, rheumatism and heart problems. Moore (1993, p.1) indicates that "disabled people face particular problems of access to information and that people who have mobility problems quite simply cannot access many information services". Martin *et al.* (1988) indicate that three quarters of the four million people with a mobility disability in England and Wales are over 60 years of age. Other research (Epstein 1980) discovered that people with poor mobility are especially likely to be poorly informed, largely as a result of the fact that information distribution systems depend on people's ability to get to central information points. Car ownership declines with age and married people are more likely to have a car, as a reflection of both age and income. Widowhood can result in the loss of private transport as a result of reduced household income, and also because many older women never learnt to drive. However, Epstein (1981) found that when information was presented directly to those with mobility problems via the

television, radio or newspaper, they reported seeing information at the same rate as those without mobility problems.

The second vulnerable group are those who are socially isolated. Factors that may lead to social isolation are according to Wenger (1994, p.54) "living alone, having no close relatives, receiving few visits, not having a telephone and spending a lot of time alone". Social isolation may accompany lack of mobility and as Coopers and Lybrand (1988) indicate, people who are housebound have little opportunity of picking up information through informal sources such as friends and neighbours. Troup (1985), in her Scottish study, found when looking at the provision of information and counselling that the less the elderly are isolated from other generations, the more likely they are to receive information and advice. Auslander and Litwin (1990, p.112) indicate that the "contribution of the informal interpersonal milieu, or social network, to one's general sense of well-being, as well as specific measures of social functioning is well established".

Thirdly, elderly people with sensory disabilities are identified as being a vulnerable sub-group in terms of information. Elderly people may have various conditions including deafness, blindness and problems with their speech which may affect their ability to access information. There are 1.7 million people in the United Kingdom with a visual disability, and the vast majority of these are over the age of 65 (RNIB 1990). Research (Epstein 1980; Moore 1993) reveals that elderly people with a visual impairment are less well informed than those without a visual impairment, a reflection of the concentration of information in leaflet form. Kocher (1989, p.16) asserts that "as one gets older problems with sight increase". The RNIB (1990, p.7) indicates that "for many people with a visual impairment, all that prevents them having access to information is the clarity and size of print". The predominance of information in

printed form means that many people with visual disabilities are excluded from accessing it. Whilst in recent years there has been an increase in the range of information formats aimed at people with visual disabilities, including Braille, audio cassette and large print, many nevertheless remain dependent on family and friends to read and interpret information for them. The RNIB (1990) survey found that only one per cent of older visually impaired people can read a book or magazine in Braille.

One in three people experience deafness according to the RNIB (1990). Within the elderly population who have hearing problems, there will be those who have never been able to hear and those who have lost their hearing as a result of the ageing process. Many of the former group may also be unable to speak, read or write and may be able to communicate only in sign language; these belong to what is known as the 'deaf community', which sees itself as a cultural and linguistic minority group. The RNIB (1990,p.19) indicate that it is deaf blind people who "face the greatest challenge of all in gaining access to information". Those who have lost their hearing as a result of the ageing process, whilst unlikely to experience the communication problems of the profoundly deaf, may nevertheless experience embarrassment and fear about not being able to communicate. Very few services provide loop systems, interpreters and staff who can converse in sign language in order to provide information about services to people with a hearing impairment.

Elderly people may also have speech problems which may affect their ability to communicate. Medical conditions which can affect elderly people's ability to speak include strokes, Parkinson's Disease, Motor Neurone Disease (MND), Multiple Sclerosis (MS), dementia and depression. These conditions may cause difficulty in the physical production of sounds and

words, due to weakness or lack of co-ordination of the speech muscles. Elderly people with such speech difficulties need to be given information in a format sensitive to their needs.

The fourth vulnerable group in terms of information needs are those living in rural areas. Research (The National Council for Voluntary Organisations 1984; Kempson 1985; Venner and Cotton 1986) found that rural areas are inadequately served in terms of information and advice services. Many elderly people rarely leave their village, thus city-based information services are of little use to them. Wenger (1984) believes that transport is the most serious problem facing rural elderly populations. Those living in rural communities frequently have to travel long distances to central city/town-based information agencies, and they may be dependent on infrequent public transport systems. Other elderly people can obtain advice and information only by making an expensive car journey or by making a costly telephone call to a service located outside the local charge area. Epstein (1980) discovered that elderly people living in cities were more likely to have seen pamphlets on keeping warm in winter than those living in towns who, in turn, received more information than people in rural areas.

Fifthly, those elderly from black and minority groups are identified as vulnerable. Recent estimates by Martin *et al.* (1988, p.3) suggest that the minority ethnic population of Britain grew by 80,000 per annum during the 1980's, with an estimated total in 1988 of 2.58 million. Five per cent of these were aged over 60. Speaking little English, many older people from black and ethnic minority groups are unable to make their needs known or to seek help and they frequently experience further problems because information available in foreign languages is transliterated rather than translated. Berry (1990) discovered that terms frequently used in leaflets are not helpful and describe roles that are unfamiliar to people from different cultures. Lickiss (1988) indicates that transliterated terms usually have no meaning in a minority

language, which serves a completely different culture and society. Moreover very few agencies employ staff who are able to interpret information for ethnic elders.

Norman (1985) indicates that elderly immigrants have grown up in countries with completely different social systems, and therefore have to cope with problems caused by both language and cultural barriers as well as by racist attitudes. Priestly (1994, p.29) argues that black people with disabilities face "a kind of 'simultaneous oppression' in accessing information and services both as black people in a racist society and as disabled people in a disabling society". Walsh (1989, p.8) maintains that for ethnic elders there "may be multiple barriers to service, with one compounding another; linguistic and cultural barriers may, in turn, create psychological barriers and as a result people from black and ethnic minority communities may feel alienated from statutory bodies". Mullings (1989) asserts that ethnic elders generally turn to their families for help rather than to the state. Research (Mcfarland *et al. 1989*; Atkin *et al.* 1989) found that elderly people from ethnic minorities were generally less knowledgeable about the range and nature of community services than were white elderly people. Norman (1985, p.45) contends that ethnic minority elderly people are in "triple jeopardy because they are old, because of the physical conditions under which they live and because services are not accessible to them". Ethnic elders have specific cultural and information needs which should be reflected in a comprehensive public information strategy.

Sixthly, 'old' elderly people are identified as being a vulnerable sub-group in terms of information. Research (Epstein 1980; Salvage 1986) found that understanding of the roles of Social Services and allied agencies declines with age. Tester and Meredith (1987) found from their survey of over 70's that the highest priority for information needs was among those aged over 80. The 'old' elderly need information more than the 'young' elderly because they

generally have a greater number of problems to deal with. Epstein (1980, p.27) argues that older elderly people are less likely to seek help because they "were socialised to a culture that stressed individualism. They began their working lives in the 1920's, survived an economic depression and a war, and lived most of their lives tolerating physical discomfort if not abject poverty".

The seventh sub group are elderly women. More elderly women than men are disabled. Martin *et al.* (1988, p.4) indicate that, "after the age of 75, the rate of disability amongst women is consistently higher than that of men and although women generally outlive men they do so in poorer health". Some elderly women also have gender related information needs and may be reluctant to seek information from a male or from a young person. A major problem amongst older women for example is incontinence, which may cause embarrassment, and on which information must therefore be provided in a sensitive and discreet manner. Elderly women are more likely than men to be involved in caring for partners and other relatives, both within and outside their own homes, and they may well therefore need carer related information. Research (Giarchi 1990a) discovered that elderly women have less information than do other groups.

This section has identified a number of sub-groups within the elderly population whose social circumstances, according to the research literature, contribute to them being considered vulnerable in terms of their information needs and their ability to access the information they need. The next section will examine what the research literature has to say in terms of elderly people's information needs in relation to social/community care services.

3. 4 Elderly People's Information Needs in Relation to Social/Community Care Services

In this section we will explore the type and range of information needs that the research literature suggests that elderly people may have in relation to community care. However, it is important to point out that the majority of studies (Epstein 1980; Tester and Meredith 1987; Kocher 1989) into elderly people's information needs predate the implementation of community care and most were not based on elderly people's own perception of their information needs.

Tester and Meredith (1987, p.7) tell us that elderly people may "need information because relevant services are provided by a diversity of agencies whose roles and systems are not well understood". For many people their first contact with personal social services is at a time when they are experiencing problems and as Moore and Steele (1991, p.127) indicate, "their need for help and information is therefore critical". Furthermore, many potential elderly users of Social Services may have no experience of them. This is particularly true, as Berry (1990) indicates, of elderly people from ethnic minority groups, for whom the notion of a Social Services Department may be quite alien or whose only experience may have been aspects of social work concerned with social control.

The research literature suggests that elderly consumers need information at both an individual and a collective level. At the individual level, elderly consumers need information about the range of services available to them, who makes decisions about what they get, and how to challenge judgements and plans that affect them. Kocher (1989, p.89) indicates that "information is the key to retaining control over one's own life and if you do not know your options you cannot choose". Coopers and Lybrand (1988) introduced the concept of 'Information Disability' to describe the situation where lack of ability is to a large extent

determined by lack of information". Potter (1988, p.153) contends that "information takes on an even greater importance in the public sector because the services at stake are likely to be crucial to consumers welfare and because the imbalance in information possessed by providers and consumers is so wide". However, once elderly people are given information they should, according to Allen *et al.* (1992, p.79), "be able to participate in discussions about the range of services and, in an ideal world, they should then be able to choose which services they feel would meet their needs and how much of these services they would like."

At the collective level, groups of elderly users and carers will need information in order to be meaningfully involved in planning and decision making in relation to social/community care services. Firstly, they will need information about the process, including simple information about when and where meetings are held and how to get to them; information about the organisational structure; information about what the group is being asked to do; and information about who makes the final decision. Bewley and Glendinning (1994, p.26) argue that "effective participation cannot take place without background information about services and organisations, the functions and powers of different committees and how any particular consultation fits into overall planning". Secondly, information is needed at the collective level about what decisions are based on, including information on budgets, prior commitments, limits and policies. Taylor *et al.* (1992) found that users and carer groups considered that it was essential for them to have information if they were to have any real involvement or control. Thirdly, information is needed at the collective level to provide a clear picture of what services currently exist. Kocher (1989, p.23) indicates that "informed decisions come from knowing who does what and where it is, and with this comes power".

This section has shown that elderly people need information at the both individual and collective levels if they are to have the knowledge to make informed choices about community care services. The next section will examine the methods by which elderly people access information, referred to in the research literature as 'information seeking behaviour', before going on to outline a number of barriers that may hinder or prevent elderly people's access to and use of information.

4. 0   Information Seeking Behaviour

Whilst some elderly people rely on their own initiative when looking for information, the majority turn to informal information sources. Research (Epstein 1981; Victor 1986; Kocher 1989; Roberts *et al.* 1991) reveals that elderly people when faced with problems initially turn for help to informal information sources such as families, friends and neighbours in preference to formal information sources such as social workers, doctors and nurses. Roberts *et al.* (1991) discovered this to be particularly true in the case of ethnic elders. However, information from informal sources is often filtered, sometimes intentionally and sometimes not. Relations and friends make assumptions about what a person wants to know, and in some cases judgements on what they should know. The Welsh Consumers Council (1993, p.20) argue that being "reliant on other people means that users and carers do not get an opportunity to have information presented to them directly and as a result information is third hand, sometimes ill advised and sometimes inappropriate".

Previous analyses of elderly people's information seeking behaviour (Epstein 1980; Kocher 1989; Tester 1992) discovered that while family, friends and neighbours are clearly the most preferred source, they often do not prove to be particularly satisfactory sources, because of the complexity of the information required. Epstein (1980, p.58) found that "informal contacts

are poorly rated as useful sources of information in areas such as housing and finance". Tester and Meredith (1987) discovered that elderly people only turn to formal information sources when they have found informal information sources unsatisfactory. When this happens elderly people turn to professionals with whom they are already familiar (like their home help or doctor), irrespective of whether these professionals represent the type of service or have access to the information that the elderly person may need. Other research (Silverstein 1984, p.12) found that "formal information sources were the best links to actual service use". However, as Tinker *et al.* (1993, p.20) assert "one must, of course, always bear in mind the evidence that informal sources of information are used far more frequently than formal sources - this fact has implications for the development of information services for elderly people".

This section has examined elderly people's information seeking behaviour and has identified that, when faced with problems they prefer to turn to informal information sources, for example family and friends. It has shown that elderly people only turn to formal information sources, usually in the shape of a professional with whom they are already familiar such as the doctor or home help, when they have found informal information sources to be unsatisfactory. The next section will examine a number of barriers that may hinder or prevent elderly people's access to and use of information.

4. 1 Barriers to Information for Elderly People.

Research (Coopers and Lybrand 1988; Mullings 1989) revealed that there are numerous barriers that may hinder elderly people's access to and use of information. Tinker *et al.* (1993) suggest that some of these barriers relate to the characteristics of elderly people themselves, whilst others are a result of either 'professional resistance' or the inhibitive characteristics of information agencies themselves.

4. 2   Barriers Relating to Characteristics of Elderly People Themselves

In this section we will examine a number of barriers that relate to various characteristics of elderly people themselves.

4. 2. 1   'Attitude/Belief' Barrier

Many elderly people do not access information and services because of their attitudes and beliefs. One of the best illustrations of the way in which attitudes/beliefs can act as a barrier is provided by the literature on the take up of welfare benefits. Tester and Meredith (1987) assert that knowledge, beliefs and attitudes are key concepts in studies of benefit take up. Tinker *et al.* (1993, p.16)   suggest that "however well-informed elderly people are about benefits available to them, if applying for them is in direct conflict with deeply established attitudes, it is unlikely that the information will be acted upon". Similarly, Tester (1992, p.14) argues that "people will be less likely to seek, or read or act upon, information if they do not see a real need for it, or if they have negative attitudes towards the particular topic, for example welfare benefits or residential care or towards the group targeted".

Kerr (1983) contends that elderly people's decisions about whether to apply for benefits are dependent on their beliefs that there are likely to be consequences in applying. Research (Todd 1985; Victor 1986; Tester and Meredith 1987) has found that many elderly people are concerned that they will be labelled 'spongers' and as a result are deterred from seeking information about benefits and services to which they may be entitled. Elderly people may, according to Allen *et al.* (1992, p.82) "feel there is a stigma in applying for benefits and they may fear rejection." It would appear that many elderly people are reluctant to claim benefits because of ingrained attitudes of self help and independence. Moen (1978) discusses a 'non acceptor syndrome' found among the elderly in which a striving for independence is associated

with a reluctance to admit or accept help, even with a denial of use. Glastonbury (1979, p.23) suggests that there could be "some hangover from earlier days, when the Statutory Service, the Poor Law, was expected to cope with the undeserving, while the volunteers looked after the deserving needy".

Many older people are also inhibited by the low value placed upon them in our society and by their own low expectations. Mullings (1989) argues that the way in which elderly people are perceived (and therefore treated) is likely to influence the way in which they see themselves, and consequently their attitudes towards seeking information. Many elderly people are socialised into passive roles and, accepting the problems they experience as an inevitable part of growing old do not actively seek help or information. Allen et al. (1992, p.298) suggest that "fears of old age, disability and death tend to combine to militate against active planning for one's own personal deterioration". Mullings (1989, p.43) contends that "this negative attitude is particularly pertinent to older women and ethnic minorities who have suffered from lack of recognition or discrimination for a long time".

4. 2. 2 'Problem Recognition' Barrier

Closely related to the 'attitudes/beliefs barrier' is another barrier, that of 'problem recognition'. Various models of information processing have been proposed (Coopers and Lybrand 1988; Mullings 1989; Kocher 1989) and all have 'problem recognition' as the first crucial stage. Elderly people have low expectations of receiving help and this in it itself may reduce the impact of information available about help. Tinker et al. (1993, p.16) argue that "where there is no recognition of need, an individual is unlikely to make use of benefits or services".

4. 2. 3 'Knowledge' Barrier

A lack of knowledge may also hinder many elderly people from accessing information and services. Research (Beresford and Croft 1986; Kocher 1989; Carne and Carne 1991), has produced very little evidence to suggest that elderly people comprise an informed consumer movement. Kocher (1989) found that there was a great deal of muddle over the functions of the Social Services Department and the Social Security Office, whilst Allen *et al.* (1992, p.79) discovered that "only 17°o of elderly people had been aware of services available when they had first had their service, and only 19% of the carers thought that they had known enough at that time". Victor (1986, p.213) in her study of the GLC benefits take up campaign, discovered that "uncertainty about eligibility was a substantial barrier to claiming benefits for all age groups, but particularly elderly people". A recent study of elderly people having major housing adaptations found many of them had experienced anxiety because of lack of prior knowledge of the service. Allen *et al.* (1992, p.79) argue "that there is not much point having a needs-led service if people do not know it exists".

4. 2. 4 'Past Experience' Barrier

People who have encountered negative experiences in applying for benefits or services in the past may be deterred from applying for them in the future. Research (Epstein 1980, p.53) suggests that "going to the wrong agency for information initially can discourage elderly people from seeking information and assistance in the future". Epstein (1987, p.15) also indicates that "consumers may too often feel they receive impersonal, uncaring service, sometimes downright rude, delivered in an 'authoritarian manner' and as if all consumers were 'des fraudeurs en puissance ' (potential cheats)". Some elderly people may well have had a bad experience through contact with public service staff who still retain prejudicial beliefs that there are 'deserving' and 'undeserving' poor.

4. 2. 5 'Literacy' Barrier

Many elderly people may encounter difficulties in accessing information and services as a result of literacy problems. There are a substantial number of people in Britain today who are illiterate or only partially illiterate. Kocher (1989, p.16) indicates that "most people are not natural readers of lengthy literature and certainly not academic literature, and it should be remembered by those who write information for and about statutory and voluntary bodies that the majority of people in the UK read the Sun". Lewis (1991) revealed that many documents and brochures produced by Social Services Departments are poorly written and use social work jargon which readers do not understand. Kelly (1994, p.14) contends "that jargon creates a cosy world for the professional. It also keeps others out. It is made richer by the liberal use of abbreviations and acronyms". A small survey by the SSI (1991) found that many users did not understand words and phrases frequently used in literature produced by the Social Services Department. 'Voluntary agency' for some meant 'people with no experience volunteers'; whilst the word 'eligibility' for many meant a 'good marriage catch'.

Research by Mcfarland *et al.* (1989, p.443) showed that many elderly people from ethnic minority groups have "had no need or opportunity to learn English, nor to learn to read". What is more, many older members of ethnic minority groups are not literate in their mother tongue. Elderly people with learning difficulties may experience communication problems, making it necessary to employ a range of different media to provide them with the information they need. Bridgewater (1993, p.3) indicates that many elderly people "who were born deaf have poor reading skills and rarely use spoken English fluently, though many have written English as a second language". The main method of communication for people who are born deaf is British Sign Language, which is a three dimensional language that does not translate

into the written word. Elderly people who have become deaf in later life generally do not have reading difficulties.

This section has identified five barriers to information that relate to characteristics of elderly people themselves. The 'past experience' barrier is particularly interesting in the context of this research, because the research literature suggests that elderly people who have had negative experiences in accessing information and services may be reluctant to seek out information and services in general.

4. 3 Barriers Relating to Professional Resistance

Tinker *et al.* (1993, p.17) indicate that, "apart from barriers presented by factors relating to elderly people themselves, those who provide information may prevent optimal access to it". In this section we examine a number of barriers that relate to professional resistance. Research (Roberts *et al.* 1991; Allen *et al.* 1992) has found that frontline workers such as social workers may, consciously or unconsciously, restrict the amount of information elderly people can obtain. According to Tinker *et al.* (1993) this may occur in at least three ways.

4. 3. 1 Withholding Information

Research (Epstein 1980, p.70) revealed that social workers were not "inclined to provide information to elderly people". Social workers have a whole range of duties to fulfil, and some of these may come into conflict with the provision of full information to their clients. The National Institute of Social Work (1988, p.10) indicated that "social workers are expected at one and the same time to act as agents for users and their families, as representatives of their employers and as custodian of resources". Various studies (Roberts *et al.* 1991; Allen *et al.* 1992) reveal that frequently professionals act as gate-keepers, rationing the amount of information they provided in order to prevent them from being swamped with requests for

services. Glastonbury (1979, p.82) contends that "the impact of keeping the flow of information at a low level is not only to create gaps in public awareness, but also to encourage legends, fantasies and half truths to spread through the community".

Allen *et al.* (1992, p.297) suggest that professionals withhold information because they consider that "there is not a lot of point in raising expectations of choice when rationing is the order of the day". In addition, frontline staff withhold or restrict information about specific services because of people's negative attitude towards them. Tester and Meredith (1987) express concern over this issue because any one of these workers may be the only person in contact with an elderly person who may require information about a number of services". Research (Allen *et al.* 1992, p.82) found that "professionals so often appeared to leave it to elderly people or their carers to learn as they went along, and did not seem to have gone out of their way to present people with a series of options in terms of the services or even to have told them about the range of services available". Epstein (1987, p.17) contends that "with the onus of finding out placed almost entirely on the client, those least able to help themselves will be most likely to lose out".

4. 3. 2   Reliance on the Oral Transmission of Information

The traditional oral culture of social work may contribute to restricting the amount of information elderly people can obtain. Research (Tester and Meredith 1987; Roberts *et al.* 1991) found that there is a tendency for care workers to have a preference for oral communication of information which they also store in their heads rather than write down. Roberts *et al.* (1991, p.35) indicate that for social care staff "there is a heavy reliance on oral communication and this fulfils the need for personal contact, repetition, discussion, advice and

recommendation, and helping to explore what the enquirer needs to know". However, this will only occur if the worker has the time, knowledge and inclination to do so.

4. 3. 3 Lack of Knowledge

Social workers, occupational therapists, nurses and other social care staff are in a prime position to pass on information to elderly people, yet often they do not do so. This may be because they do not have the information themselves. Frontline staff are generally regarded as experts by service users, yet many are in fact dependent on their own knowledge and contacts, both of which may be limited and out of date. This situation is rarely apparent to clients, and thus many may be under the false impression that they are receiving the complete picture. However, research (Tester and Meredith 1987; Steele 1990; Allen *et al.* 1992) demonstrates that generally frontline workers are ignorant about information resources both within and outside their own organisation. Tester (1992, p.13) argues that "professionals, working under increasing pressure, have little incentive or time to keep up to date with information since providing it has not been considered an important aspect of their work". Other research (Epstein 1981) found that workers in one agency did not consider it their job to know what another agency had to offer. Similarly, Tester and Meredith (1987, p.87) discovered that "workers like home helps and district nurses are not always aware of each others roles and functions, nor of the services provided by various agencies". The Welsh Consumers Council (1993, p.10) indicate that the "information flow between Health and Social Care Services is often poor, leaving users and carers lacking information and help at times when they need it most".

Allen *et al.* (1992, p.219) suggest that there is a "hierarchy of knowledge with workers being most confident about the traditional services provided by their own authority, but less

confident about new or less well used services such as family placement schemes, with a number of workers being really uncertain about the services provided by the health authority". Other research (The Welsh Consumers Council 1993, p.12) found that "generic social workers are sometimes poorly informed about rehabilitation and training services available for people who have recently become blind and deaf". The involvement of frontline staff in the provision of information to clients is variable, and as Roberts *et al.* (1991, p.9) argue "the disadvantage of over reliance on these methods is that inaccuracies and omissions go unchecked and the users access to information may become entirely dependent on a series of accidents that have determined how well informed their professional contact happens to be".

This situation according to Moore and Steele (1991, p.134), is "compounded by a lack of centrally managed information resources in most departments and clarity about the extent of the information service that staff in the various organisations are expected to provide". Further problems are caused because front line workers store information in their heads and as a result when they leave their knowledge goes with them. The Centre for Policy on Ageing (1990, p.20) recommends that "all care workers and care agencies involved in community care should have access to general information which may be of help to consumers so that they might, alongside their specific function, accordingly advise those for whom they are caring". Moore and Steele (1991, p.130) suggest that "any system set up to meet these information needs has to be a sophisticated one which can ensure that staff have access to accurate, comprehensive and usable information to pass on to enquirers".

This section has explored three barriers to information that relate to what is termed in the research literature 'professional resistance'. The literature suggests firstly that elderly people are unlikely to receive comprehensive service information from frontline workers, many of

whom are likely to withhold information from clients for a variety of what may be called 'gatekeeping reasons'. Secondly, it suggests that the oral culture of social work itself will affect the type of information a client may be given by a member of staff.

4. 4 Barriers Relating to the Inhibitive Characteristics of Agencies

In addition to barriers caused by the characteristics of elderly people themselves and by professional resistance, there are also a number of barriers that relate to inhibitive characteristics of agencies.

4. 4. 1 The 'Physical Access' Barrier

Epstein (1987, p.15) argues that, "public services are often remote in time and space". Research (Addison 1982) found that several Social Services offices were hard to reach from parts of the areas which they served and that there were few 'surgeries' or other forms of 'outreach' to compensate for this. Other research (Simes 1980; Kocher 1989) discovered that elderly and disabled people's access to information sources may be hampered because of several factors which may include steps up to buildings, heavy doors, lack of lifts, lack of toilet facilities, restrictive opening times, availability of public transport and disabled car parking facilities. It would also appear that access is frequently most difficult for those most in need. Kocher (1989, p.28) found that "many agencies providing information for elderly people had either poor wheelchair access or none at all". In addition, notices about facilities are, according to Lickiss (1988, p.14), "often difficult for wheelchair users to read because of the height at which they are displayed".

Elderly people's access to information sources may also be restricted because of the gatekeeping activities of receptionists employed by social care agencies, many of whom are ill-informed themselves. Also, many social care agencies have reception areas that are not

congenial and which do not facilitate the dissemination of information, with customers having to talk through hatches, sit on plastic chairs and reveal the reason for their visit in a public place. Such an approach to customers is rarely found in the commercial sector and as Oliver (1990, p.20) indicates "if one has only a single chance to make a first impression, most Social Services Departments are letting the chance slip through their fingers".

4. 4. 2 The 'Fragmentation of Information Provision' Barrier

Research (Tester and Meredith 1987; Coopers and Lybrand 1988) indicates that in general there is a fragmentary and reactive approach to the provision of information which may be provided at local, regional and national levels by a multiplicity of agencies, but with few links between the levels to ensure comprehensive coverage and effective co-ordination of information provision. Tester and Meredith (1987, p.9), in an intervention study, found that "some elderly people were receiving good support from Health and Social Services but had no financial advice at all".   The Welsh Consumers Council (1993, p.17) indicate that "many voluntary organisations do not always seem to understand the importance of the information they provide, nor the power of effective local networks in providing help to people when they most need it".   Other research (Coopers and Lybrand 1988, para 2.29) discovered that "in some cases of information provision on topics of interest to elderly people, there is considerable competition between agencies and this does not always maximise quality of service and may serve to impair co-operation between agencies".

In addition, information providers contribute to the passivity amongst potential elderly users. They fail to take information to older people, and they expect them to know what information they need, where to get it from and how. Abrams (1985, p.18) includes as one of three priorities arising from his research "the need for information and information networks within

the whole world of informal care and between it and all sorts of formal agencies". Mullings (1989, pp.2-3) goes further and suggests that "the central paradox of information, the perception that information is a scarce commodity at a time when the supply of information is increasing rapidly is largely explained by the fact that too much attention has been paid to the quantity of information supplied to elderly people and too little to appropriateness and availability".

4. 4. 3 The 'Out of Date Information' Barrier

Various studies (Tester and Meredith 1987; Coopers and Lybrand 1988) have demonstrated that information available from agencies is quickly out of date. Coopers and Lybrand (1988, para 3.18) suggest that "the dynamic nature of information is unfortunately little recognised by information providers". The focus of effort is on the acquisition of information rather than on the maintenance, management and dissemination of it. Campbell (1989, para 5.4.9) makes the point that "advice that is incomplete or misleading, or based on out of date information, can often be worse than no advice at all". Tester (1992, p.20) recommends that "an efficient system is necessary for collating and updating information, whether in manual files or on computer".

This section has discussed several barriers which may prevent elderly people from acquiring the information they need, or which may hold them back from acting on the information they have. The next section will examine the effectiveness of various methods of information provision.

5. 0   The Effectiveness of Various Methods of Information Provision

Tinker *et al.* (1993, p.20) indicate that although it is not easy to compare the effectiveness of different methods of information provision in terms of such factors as utility and action taken,

there are, within the research literature, some indications of which methods might best meet the needs of elderly people.

5.1 Leaflets

The majority of public information provision relies on the written word, with millions of leaflets being distributed annually. Berry (1990, p.11) in her study of leaflets produced by Social Service Departments discovered a huge variation in the standards of production, with documents ranging from "the glossy, advertisement filled and sponsored tourist guide type to the photocopied, hand-written sheet". There are three types of leaflet. Firstly 'information leaflets', which provide information, for example alphabetical lists of groups/organisations. Secondly there are 'educational leaflets', designed to increase people's knowledge of a particular subject, and thirdly 'campaign leaflets', the objective of which is to gain support for a cause. Leaflet packs are, according to Bunch (1993, p.110) an increasingly popular way of making information available and may vary from a simple plastic cover to specially designed folders".

A review of the research literature suggests that there are two main advantages associated with leaflets; they are cheap to produce, and they are durable to the extent that they can be retained for further reference. Research by Epstein (1987, p.3) revealed "that elderly people with specific problems do make use of written material and that leaflets presented at an appropriate time are likely to be well used". Other writers however, (Tester and Meredith 1987; Kocher 1989), have expressed reservations about the value of leaflets for elderly people. Tester and Meredith discovered that leaflets in particular are considered by elderly people to be unhelpful, irrelevant and sometimes patronising. This was because the information was considered difficult to comprehend, not relevant to the individuals own circumstances, and

frequently it was misleading. Giarchi (1990a, p.367) goes further and suggests that "information in leaflets is dead and that it needs to come alive, be known and its language understood through a one to one explanation of the contents and a discussion of the implications".

Another disadvantage associated with leaflets according to Epstein (1981) is that the other major group of potential leaflet users, care workers, make little or no use themselves of leaflets, and because they consider them too difficult for clients to understand they rarely distribute them. Additional problems result from the fact that frequently elderly people are given leaflets, but not sufficient time either to look through or discuss them.

It is also easy unintentionally to overload elderly people with information, which may be stressful for some. Lickiss (1988 p19.) discovered that "if a quantity of written material was delivered it was likely to be ignored rather than sifted for any relevant items". A further disadvantage associated with leaflets is that their appearance and contents are frequently off-putting for many elderly people. Coopers and Lybrand (1988) indicate that such limited forms of information provision and the failure to recognise the characteristics/abilities of the target audience ensures that much information is wasted. Steele *et al.* (1993, p.42) indicate that "printed information is important but it should be considered only as one element in an information strategy".

This section has identified the advantages and disadvantages associated with the provision of information in leaflet form. The research literature suggests that elderly people do not generally find leaflets helpful, and they are often not given time to comprehend the leaflets nor to ask frontline staff questions about the information they contain.

5. 2 Oral Information

Research (Tester and Meredith 1987; Davies and Ritchie 1988; Moore and Steele 1991) makes clear that personal contact, advice and interpretation are important in the provision of information to elderly people. Giarchi (1990a) found that an Information Roadshow where personalised information was given by formal carers, together with leaflets, was a more useful method of information giving to elderly people than simply giving out leaflets. Troup (1985) discovered that information alone is not enough to generate action, and personal contact is a key element in this area of work. Moore and Steele (1991, p.132) indicate that "approaching a known and trusted individual for information is also likely to overcome the major disadvantages of written information; it rarely seems to relate to the individuals particular circumstances and there is still a need to discuss the problem with a knowledgeable person at the time when the problem arises". Other research (Norman 1985; Mcfarland *et al.* 1989) found that for older people from ethnic minority communities there is a basic need to know and trust the information giver, and therefore clubs and centres for ethnic elders have become important sources of information and advice.

In addition, talks by social care staff to groups and meetings of elderly people in the community, for example at day centres and luncheon clubs, are another effective way of providing information, because they provide the opportunity not only to tell people about services, but also to answer questions about them. Bunch (1993, p.126) argues that "it is important not to underestimate the power of the grapevine; you may only be talking to a handful of senior citizens, but they can pass the word on to a much wider circle".

However, there are also disadvantages associated with giving information orally. Social care staff are frequently under pressure and the oral communication of information, which is potentially time consuming for them, may well be rushed with the result that information will not be disseminated effectively. Another disadvantage with this method is that information may quickly be forgotten, especially if it is given at a time of great stress. Roberts *et al.* (1991, p.117) contend that, "only a fraction of information may be remembered by the recipient, and that information which is retained will not necessarily be the most important or relevant". Research (Lankshear and Giarchi 1994) found that many current recipients of Home Care Services could not remember being given any information about the service by their care manager. Both Troup (1985) and Midwinter (1989) suggest that in certain circumstances clients may find it useful to have some written information that reiterates what they have been told by staff, and which they can keep for further reference. Roberts *et al.* (1991, p.118) maintain that "printed and oral information both have advantages and disadvantages, and what is needed is a combination of both".

This section has identified the advantages and disadvantages associated with the oral method of information provision. The research literature, whilst stressing the value of oral information, nevertheless suggests that a combination of both oral and leaflet information is a very effective method of providing information to elderly people since each method reinforces the other and the elderly person has something they can keep for future reference. If this is the case, we would expect, that elderly people who receive a combination of verbal and written information are more likely to be satisfied with information provided by the Social Services Department than are elderly people who are not given this combination of information.

5. 3 Generalist Advice Agencies.

Various studies (Troup 1985; Greengross 1985) have suggested that Citizens' Advice Bureaux are an important source of information for elderly people. Kocher (1989) discovered that just under a fifth of elderly people in her East Sussex study had visited a Citizens' Advice Bureau in the previous year. Age Concern also provides information on a wide range of topics of interest to elderly people and their families through its network of local groups across the country. However, it is acknowledged that information provision which relies on a 'come-and-get-it' approach is less effective in disseminating information to elderly people because it is dependent upon their knowledge of, and ability to access, this type of service. Tinker *et al.* (1993, p.20) suggest that "an 'inverse care law' would appear to operate with those most in need of information being the least likely to be able to obtain it".

5. 4 The Media

Feather (1994, p.57) indicates that "99°o of the adult population watch television at some time during the week. Tinker *et al.* (1993, p.20) suggest that "television and radio would appear to be good means of communication with elderly people, if only because most elderly people own them". Furthermore, most modern televisions have a teletext facility, through which people can receive information services such as ORACLE and CEEFAX. The recent expansion of both the BBC and commercial radio networks means that most cities and a great deal of the countryside is served by one or more local radio stations. However, figures from the Broadcasting Audience Research Board (1989) reveal that whilst television viewing increases with age and reaches a peak among those aged 65, this is not the case with radio listening. Research Epstein (1980, p.65) discovered that "many elderly people said that their radio was on most of the time and that they did not pay a great deal of attention to it". Moreover, television is an expensive form of information provision and both radio and television have the

disadvantage of being unsuitable for imparting detailed information. Tinker *et al.* (1993, p.20) contend that "it would thus appear that neither media are particularly effective as a means of providing information to people".

Similarly, newspapers would also appear to be a good method of communicating with elderly people, because so many read them. Epstein (1987, p.7) revealed that" three-quarters of the British population read a daily newspaper". However, although many campaigns to get social information to people have been based on newspaper campaigns, their success according to Tinker *et al.* (1993, p.21) "as a way of distributing information is mixed, and part of the confusion stems from the fact that the press is not monolithic". Epstein (1987, p.8) indicates that "people do not read the newspapers; they read a particular newspaper, and people who read for example, The Times do not read The Sun". There is also an increasing range of magazines targeted at elderly people including 'Choice', 'Golden Age' and 'Yours'. However, it would appear that books and magazines are not a significant source of information for elderly people, research by Troup (1985, p.55) found that, "only 2°o of respondents said that they got most information from these sources".

5. 5 Telephone

Hildrew (1990, p.3) indicates that "the emergence of a population which takes the telephone for granted is relatively recent". Telephone services are of benefit to several groups, including people who are visually impaired, those with poor reading skills, people who live in rural areas and people with poor manual dexterity who may be unable to turn pages. The RNIB (1993, p.18) state that, "the telephone can provide an acceptable way of communicating with blind and partially sighted people; almost three quarters own one". However, telephone ownership is not universal and research by Age Concern (1992) found that in 1990, only 76% of

pensioners mainly dependent on state pensions and living alone had a telephone, compared to 87% of all households. Elderly people without telephones are disadvantaged because they have to use either neighbours phones or public call boxes; the former may not offer the privacy to ask personal questions, and the latter are frequently inconvenient because of location, continual use and telephones being vandalised. In addition, elderly people with hearing difficulties may find it hard to communicate on the telephone unless there are minicom facilities.

Various studies (Epstein 1980; Kocher 1989; Hinkley 1992) show that many elderly people see the telephone as an important and acceptable medium of information exchange, and with the addition of an answerphone, a service can provide a 24 hour, seven days a week service. Bunch (1993, p.86) suggests that a conference phone facility will also enable "three way link ups to be made and clients can be put in direct contact with a service that can help them". The provision of Freephone or 0800 numbers will also enable more people to use telephone services. Kocher (1989, p.97) found "that, given the names, addresses and telephone numbers of people to contact, elderly people would be happy to take on their own problems and do their own information searches". Many elderly people like the greater anonymity provided by the telephone. However, elderly people can experience frustration when trying to get through to services, finding lines constantly engaged or discovering that the staff they need to talk to are unavailable. Research (Birmingham Information Federation 1992) discovered that elderly and disabled people had a profound dislike of telephone answering machines. In addition, many elderly people are deterred from using telephones because they find it difficult to express themselves through this medium.

An increasingly popularised method of information giving with social and health care agencies is the telephone helpline, whereby staff are available at specific times to provide information and to answer questions about services. Help the Aged, for example, recently introduced 'Seniorline', a telephone information service providing a confidential enquiry line. Other agencies have set up 'Warmth in Winter' lines, aimed particularly at meeting the needs of elderly people by providing practical advice and assistance. Although helplines are used by elderly people, they do have their limitations; as Hildrew (1990, p.3) indicates "it is very difficult to give advice by telephone, and telephone helplines require a referral route to face to face assistance". Similarly, Bunch (1993, p.87) argues that one of the major weaknesses of the telephone method of information giving "is that it is not possible to pick up those non verbal signals which often help in assessing the true need of the client". Tinker *et al.* (1993, p.21) suggest that the "contribution made by the telephone is likely to be as a means of making initial contact with sources of information and assistance". The telephone is continuing to grow in importance as a medium of information exchange and as a result elderly people without access to a telephone are likely to become increasingly disadvantaged in terms of information seeking.

5. 6   Noticeboards/Displays/Exhibitions

People have an innate tendency to browse, picking up information in a casual fashion. Bunch indicates (1993, p.89) that an "information service can take advantage of this providing well-sited, attractive and interesting displays for putting over information to clients and passers-by". There are several different methods of displaying information including noticeboards, thematic displays, roadshows and window displays.

Noticeboards are commonly used to display information presented in poster or broadsheet form. The aim of a poster is to present a small amount of information with maximum impact. There are several different types of poster including 'events' posters, which give details of something that is going to happen on a particular date; 'service' posters, giving details of services available such as opening hours or eligibility criteria; 'information' posters, which give details of hard information such as benefit rates or legislative changes, and finally 'persuasive' posters which seek to change opinions or sell a product. 'Community Noticeboards', often located in market squares, shopping precincts and in supermarkets, are another useful medium for providing very local information to the community.

Thematic displays, exhibitions, information buses and roadshows are all useful means of drawing attention to information and presenting messages about services in a positive and non stigmatising way. Chenells (1994) discovered that a particularly useful method of targeting the elderly Asian population was via a roving exhibition set up in places where elderly Asians tended to meet, illustrating some of the services available and with Asian language speaking staff available to explain matters in more detail. Similarly, 'Age-Well' roadshows operated by local age concern groups have proved a useful way of taking information out to very local communities. Giarchi (1990a, p.369) argues that "bringing information to elderly people through a roadshow extends the benefit of a community care strategy in reaching parts of the area not usually reached, and in contacting the more isolated lower socio-economic older residents who are often 'out of sight' and 'out of mind' in both urban and rural deprived areas". Window displays are useful for providing information to casual passers-by, and valuable for providing essential information when an office is closed, such as telephone numbers of out of hours and emergency services. A more recent development has been the installation by public

organisations of micro computer driven hole in the wall information points, which scroll information and others of which are touch sensitive.

5. 7   Social/Health Care Staff

Tester and Meredith (1987, p.43) argue that "the most effective method for disseminating information is for staff, such as home care assistants, health workers, district nurses, occupational therapists and doctors to impart information as an integral part of their interventive roles". Allen *et al.* (1992, p.42) suggest that "if professionals provide information in person they are in a better position to assess the information needs of the elderly person and to offer encouragement". Research (Roberts *et al.* 1991, p.110) discovered that, for users of residential care and their carers there was "an 'importance of being in the system', that is, in contact with a professional who can provide access to other services and useful information". Similarly, Allen *et al.* (1992, p.43) found that, "contact with social workers or with social services had led to many elderly people being 'connected' with a network of community care services". Other research (Sinclair *et al.* 1990) revealed that, elderly people have a low priority status for many organisations and as a result they receive services that are provided by unqualified as opposed to qualified staff.

Whilst there is agreement in the research literature that social/health care staff are in an excellent position to provide information to elderly people, Tinker *et al.* (1993, p.21) argue "that such staff will need to be better informed themselves and more motivated towards pro-active information provision if they are to make a substantial contribution to meeting the information needs of elderly people". The provision of information to clients is one of the great do it yourself occupations and whilst nearly everybody does it, very few members of staff will have received specific training in relation to the provision of information. Currently,

the extent to which social/health care professionals provide information to elderly people appears to be influenced more by their personal inclination and interpretation of their job than by any formally recognised responsibility. Glastonbury (1979, p.83) maintains that "information giving as an activity is certainly not routine, nor an explicit part of the social workers task". A decade ago the Audit Commission (1986) recommended that training for information giving should be incorporated into a common basic training for all community care workers. The provision of multi-disciplinary training sessions and information checklists would enable workers to be more confident in identifying the information needs of the elderly people with whom they come into contact and would in turn encourage all agencies working with elderly people to give information dissemination a higher priority. Allen *et al.* (1992, p.228) contend that "if workers have access to this kind of information they may be better able to advise older people and their relatives about the options open to them".

Research (Hall 1974; Gosschalk and Hume 1989; Moore and Steele 1991) demonstrates that receptionists and other frontline staff play a critical role in the provision of information to the public. Frontline information providers, consciously or unconsciously, limit the amount of information that elderly people can obtain by withholding information, by relying on the oral transmission of information, and because of their own lack of knowledge. Gosschalk and Hume (1989, p.26) argue that, "first contact is vital and it can determine whether consumers get the right services and can avoid wasting everybody's time".

This section has highlighted the advantages and disadvantages associated with the method of providing information via social/ health care staff to clients as an integral part of their interventive role. The research literature suggests that contact with social/health care

professionals has led many elderly people to being connected with a network of community care services.

5. 8   Other Forms of Information Giving

Other effective methods of information giving include the use of standard letters and forms, which for many elderly people are their first and only contact with social care agencies and therefore provide an opportunity to disseminate factual information about the agency for example, address, telephone number and a contact name. In addition, many organisations are increasingly using audio tapes, teletext, videos and computers to provide information about services. However, these methods are generally used less frequently to convey information to elderly people. Research (Schuller and Bostyn 1992, p.60) found that, "very few elderly people have home computers and both their low average incomes and their comparative unfamiliarity with computer technology will probably ensure that this continues to be the case". However, video ownership by elderly people is on the increase and video is regarded as a useful method for delivering information to people of differing backgrounds and abilities.

Visits to and trial stays at day centres and residential/nursing homes are an effective way of conveying information to elderly people and are particularly useful as a method of providing qualitative information. Unlike print and contact with professionals, visits and trial stays provide a means of gaining information about quality and values that otherwise may be hidden from the potential service user for a variety of reasons. Another effective method of information giving is to send information to organisations for elderly people and to self help groups and for them in turn to disseminate the information to those elderly people with whom they are in contact.

Recently social and health care agencies have begun to contract with the voluntary sector to provide information and advice to specific groups of people, for example elderly people, and people with disabilities. Another recent development has been the 'One-Stop-Shop' approach to information provision where people can obtain information on a range of interrelated social and health care issues in one place, for example Elderly Advice Centres and Family Health Centres.

5. 9   Use of Multiple Sources

All forms of information have their advantages and disadvantages and as a result a multi-media approach to the provision of information to elderly people has been advocated (Troup 1985; Epstein 1987). Mullings (1989, p.15) recommends that, "there should be a duplication of information in different forms, for instance personal contact backed by a leaflet stating the same basic facts, or a television programme giving a name and address for further contact or written back up seems to be a good idea, especially for those in danger of being information deprived, such as ill, housebound and isolated people who, as we have seen, have restricted opportunities to use and obtain information". A strategy or policy to provide and disseminate information to elderly people may include one or more of the methods outlined above. However, as Mullings (1989, pp. 2-3) indicates "in discussing policies for the distribution of information, the crucial question is "who needs what, when?". Information strategies should also, according to Tinker et al. (1993, p.21), address the "question of what is the most appropriate format for the provision of information".

This section has examined the effectiveness of a growing variety of methods of information provision, ranging from traditional written information to more recently introduced media, such as video and computers, which have been employed by social care agencies to provide

information to elderly people. The demand for information continues to grow for many reasons including the complexity of service provision, the rapidity of legislative change and the move towards consumer driven services, especially in the public sector. Information is regarded as the lifeblood of consumerism and the next section will explore the impact of consumerism on the public sector in general and Social Services Departments in particular, before moving on to examine the National Health Service and Community Care Act 1990, which places explicit requirements upon Social Services Departments to provide information to potential and current users of their services.

6. 0   Consumerism and the Public Sector

During the last decade consumerism within the public sector has become a major preoccupation of successive Conservative governments committed to introducing the principles of the mixed economy and market place. Moore and Steele (1991, p.166) indicate that "there is an underlying belief that by opening up public services to the effect of consumer choice and influence, more responsive and better quality public services will be developed".

Beresford (1993, p.8) contends that, with the advent of the consumerist approach, service users/clients have been "conceived of as consumers, and issues are reframed in terms of market preferences, consumer rights and product developments, echoing the language and conceptions of the market economy from which they have been borrowed". Potter (1988, p150) indicates that "to shift the balance of power in favour of consumers, those representing their interests have isolated five key factors which provide a structural underpinning of consumerism". These are information, access, choice, redress and representation.

In the summer of 1991 the Citizens Charter was launched by John Major with the aim of making "public services answer better to the wishes of their users and to raise their overall

quality" (Prime Minister, 1991). The Citizens Charter according to Stewart and Walsh (1992, p. 44) sees "the citizen as a customer since its emphasis is upon the individual in receipt of a service, rather than on the citizen as an active participant in government". The Charter proposes seven principles of public service, one of which focuses on the provision of information, which should be full, accurate and in plain language. This has resulted in pressure being put on the providers of public services to become distributors of information to the public.

Local Authorities have consequently been making attempts to inform people about the services they provide but, as Moore and Steele (1991, p.72) indicate, "we are, however, a very long way from a situation where local authorities, as a matter of course, provide people with all the information they need to consume services in an informed way". Mobbs (1981, p.50) argues that "what clients and potential clients for public services need, therefore is the kind of information they have about private services and products: much better information about what services are available, where, when and under what conditions". Similarly, Epstein (1987, p.26) argues that "real consumer information tells people what to expect from a service and what to ask for if they do not get it". Whilst many of the above writers have clear ideas as to the information they consider consumers of public services need, what we do not have is the consumer's perception. This case study aims to address this shortfall by examing elderly people's perceptions of their information needs in relation to community care.

6. 1   Consumerism and Social Services Departments

Social Services Departments operate according to Moore and Steele (1991, p.120) on the principle of entitlement to the service by those who satisfy eligibility criteria, not on the principle of availability to those who choose to have them and pay for them". Consequently

the provision and dissemination of information to the public, has in most Social Services Departments, generally been the 'cinderella' of service provision. However, successive pieces of legislation including the Disabled Persons Act 1986, the Children Act 1989, and most recently the National Health Service and Community Care Act 1990 have required Social Services Departments to provide information.

6.2   The National Health Service and Community Care Act 1990

This Act gives recognition to the gradual growth in recent years of a more consumer oriented approach by Social Services Departments, based on the belief that users should have a much bigger say in the way services are provided. The aim underpinning the new community care arrangements according to the Department of Health (1991a, p.11) is "that users and carers are assisted less as supplicants and more as consumers of services". The provision of information is seen as playing a vital role in facilitating this transformation because individuals provided with information are likely to be more knowledgeable and better able to exercise choice. Moore and Steele (1991, p.137) contend that "the National Health Service and Community Care Act is a radical piece of legislation in terms of the requirements to inform the public".

The Act is based on an ideology of care in the community, with an emphasis on a mixed economy of social care provision. Hoyes *et al.* (1992, p.3) suggest that "all these reforms have one common feature: the introduction of quasi-markets into the delivery of welfare services". Allen *et al.* (1992, p.95) argue that, "the emphasis is on the choice of the individual to make demands on the services and to be provided with a series of options, rather than for the service providers to state what can be provided and to ration the access to the services to suit their needs rather than those of their users". Consumerism will be a challenge both to the way in

which Social Service Departments are currently organised and to the way professionals have traditionally operated. Cohen (1994, p.8) suggests that "the challenge of community care for social workers is to step back from a paternalistic role and give power to service users"

The Community Care Act 1990 extends the duties of Social Services Departments to provide information to their users and potential users. Policy guidance accompanying the Act gives specific directions as to the information which local authorities are required to provide. The areas covered include community care plans, care management and assessment arrangements, including the criteria and procedures for determining eligibility for services and how to make representations and complaints. The next section will focus in particular upon Social Services Departments' responsibilities in relation to providing information as an integral part of the care management process.

6. 3 Information and Care Management

Care management is one of the major innovations of the Community Care Act 1990. Guidance from the Social Services Inspectorate (1991b, p.31) states that "care management is about empowering users and carers enabling them not only to make choices about the services they receive but also to be more in control of the process through which they gain access to services". In addition, guidance from the Department of Health (1991b, p.7) suggests that information provision to potential and current users will play an important role in effective assessment and care management because it goes "some way to empowering them and as a result agencies should give this aspect of their work a high priority".

Currently, only local authorities are legally required to publish information; however, policy guidance from the Social Services Inspectorate (1991b, p.33) does indicate that, "it is hoped that other care agencies will follow suit as a matter of good practice". The importance of joint

assessment is also emphasised in the policy guidance, and both Social Services Departments and Family Health Service Authorities are exhorted to make sure that General Practitioners are able to make an effective contribution to community care. The advantages of pooling interagency resources and information will benefit the general public and assist practitioners in their work.

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Guidance from the Social Services Inspectorate (1990a, para 3.18) states that, "in order to enable users and carers to exercise genuine choice and participate in the assessment of their needs and in the making of arrangements for meeting those needs, Local Authorities should publish readily accessible information about their care services". By April 1993 Local Authorities were expected to have published information about their assessment arrangements. Policy guidance from the Social Services Inspectorate (1990a, para 2.5) indicates that, "this information should as a matter of good practice include:-

* the range of needs for which the agency accepts responsibility

* the aims, priorities and objectives of the agency, partly derived from the national objectives set out in the policy guidance

* the types of service available from all sectors, setting out the range of needs for which they cater

* the criteria determining access to resources

* the referral, assessment and review procedures within and between agencies

* the entitlement of users and carers to information, participation and representation, including provision for equal opportunities

* charging policies

* standards by which the agency will monitor its performance, including response times to referrals

*   complaints and feedback procedures

Guidance from the Social Services Inspectorate (1990a, para 2.9) indicates that "the challenge of communicating to the public their eligibility for assistance in terms of needs rather than services should not be underestimated, it is the essential starting point of a needs led service". Social Services Departments in providing information should therefore take account of the number of different audiences who may require it including the public, managers, practitioners, elected members and care agencies. Secondly, they should take account of linguistic and cultural differences, and the requirements of those with a sensory impairment or communication difficulty. Thirdly, they will need to target information at those most likely to require the services. Fourthly, authorities should consider a multi media approach to the provision of information and fifthly, they will need to be certain that they have an informed workforce who ensure that information intended for the public reaches them. Guidance from the Social Services Inspectorate (1991b) acknowledges that as a direct consequence of providing information to the public there will be an increase in demand for services, which are already under considerable pressure. However, the guidance (1991b, p.42) indicates "that it is preferable that services should be allocated on the basis of known need rather than be rationed on the basis of public ignorance". Cassam and Gupta (1992, p.95) indicate that "rationing through ignorance seems to be a recipe for political as well as personal distress".

Moore and Steele (1991, p.139) indicate "that until people have the information they require they will not be able to respond as active consumers and without active consumers much of the logic of the recent legislative changes will be lost". Guidance from the Social Services Inspectorate (1990a, para 2.22) indicates that there "is no substitute for an informed workforce able to relate information to needs and to provide the right amount of information,

in the right way, at the right time". The roles that various groups of staff are expected to play in relation to information provision is also outlined in guidance from the Social Services Inspectorate. The next section will explore the role to be played by administrative staff and by practitioner staff.

6. 4 Administrative Staff

Guidance from the Social Services Inspectorate (1991c) stresses the importance of an enquirer's first contact with the Department and thus the need, for reception staff, in particular, to be able to provide information. The priority at the time of initial enquiry should be to give information to the user rather than to collect information from them, otherwise it runs the risk according to the Social Services Inspectorate (1991c) of alienating the potential user and duplicating the assessment process itself. It is likely that, with the introduction of care management arrangements, administrative staff will carry an increased responsibility for disseminating information and undertaking an initial identification of need. Guidance from the Social Services Inspectorate (1991c) indicates that if the role of reception staff is to be expanded, the responsibilities of administrative and professional staff should be clearly understood. In addition the guidance suggests that administrative staff may well benefit from training in order to reinforce the importance of their role as an initial point of contact with the public.

Reception and administrative staff will need to provide an information and advice service, which according to guidance from the Social Services Inspectorate (1991c, para 2.3), "should be both proactive and informed". A proactive approach should enable enquiries to be resolved at the earliest stage, and the provision of information and advice may in some cases avoid the need for a referral. An informed approach will require receptionists/administrative staff to

know about the full range of community care services available, how these resources are accessed, how much they cost and the likely time for an assessment, thus enabling them to communicate with and assist users a good deal more effectively.

6. 5 Practitioners

Guidance from the Social Services Inspectorate (1991c, para 1.3) indicates that "it is the responsibility of the practitioner to ensure that published information reaches potential users and carers who are considering seeking assistance". Such staff will also be responsible for ensuring that users and carers understand the information which is given to them. Practitioners will need to provide clients with information about available resources so that they can exercise choice, albeit to a certain degree theoretically, over the services they receive as part of their care plan. Guidance from the Social Services Inspectorate (1991c, para 2.22) suggests that "the more comprehensive the practitioner's knowledge the more imaginative they can be in making relevant and cost effective use of available resources". Guidance from the Social Services Inspectorate (1991c, para 38) also indicates that information is an important element in the creation of partnership between the Social Services Department and its users, because "practitioners and their managers control access to resources, as a result the relationship will never be a truly equal but the present imbalance can be corrected in some way by sharing information more openly and by encouraging users and carers, or their representatives to take a full part in decision making".

This section has examined the roles that frontline administrative and practitioner staff are expected to play, according to the Social Services Inspectorate, in providing information to potential and current users of Social/Community Care Services, as an integral part of the care management process.

Conclusion

In this chapter we have reviewed the research literature, beginning with an examination of the two concepts which are central to this thesis, namely the 'Information Society' and the 'Ageing Society'.

Section three looked at the concept of 'information need' in general, and then explored in particular the interrelationship between elderly people and information We then identified sub-groups within the elderly population whose social circumstances may lead to them be considered "vulnerable" in terms of accessing information and outlined elderly people's information needs in relation to social/community care services.

Section four explored elderly people's information seeking behaviour and identified a number of barriers which may hinder or prevent their access to and use of information, whilst section five examined the effectiveness of various methods of information provision. Section six looked into the impact of consumerism on the public sector in general and Social Services Departments in particular, before going on to examine the National Health Service and Community Care Act 1990 and the requirements it places upon them to provide information to potential and current users of their services.

Chapter two will describe the Information Strategy which was developed by one Social Services Department to meet the requirements placed upon it by the National Health Service and Community Care Act 1990 to provide information to both potential and current users of services, and will then identify a number of problem areas which have arisen in relation to the Information Strategy. Chapter two will also seek to confirm or deny our suspicions in relation to these problem areas, by interrogating the body of literature on implementation analysis which both alerts us to and provides solutions for overcoming such problems.

CHAPTER TWO : A COMMUNITY CARE INFORMATION STRATEGY

Introduction

The Literature Review in chapter one identified three issues. Firstly, that Britain in the last decade of the twentieth century is both an 'Information Society' and an 'Ageing Society'. Secondly, that during the last decade social policy has become increasingly consumerist centred and consequently has emphasised the necessity of providing information to people to enable them to access and use effectively public services, since information is regarded as the lifeblood of consumerism. Thirdly, that the National Health Service and Community Care Act 1990, which typifies the current trend of consumerist social policy, makes explicit demands on local authority Social Services Departments to provide information to users and potential users about their assessment and care management arrangements.

This chapter is in three sections. The first describes chronologically and organisationally how the Social Services Department (hereinafter referred to as the Department) has developed an Information Strategy in order to meet the requirements placed upon it by the National Health Service and Community Care Act 1990 to provide information to both potential and current users of services. The second section highlights a number of problem areas that arise in relation to the implementation of the Information Strategy. Section three seeks to confirm or deny these suspicions by interrogating the body of literature on implementation analysis which both alerts us to, and offers solutions for overcoming these problems.

1. 0 Development of the Social Services Information Strategy

In order to respond to the requirement placed on it by the Community Care Act 1990 to provide information to their users and potential users, the Department set the following strategic objective which, after a period of extensive consultation, was approved by the Social

Services Committee;- 'To provide comprehensive information about public, private and voluntary services and so encourage individuals to make their own decisions about the best options open for them'.

To achieve this objective the Strategic Management Group (SMG) established an Information Working Party (IWG) headed by the Departmental Information Officer. The IWG comprised senior members of staff with a county wide responsibility for either provision of information to the public, information systems development or administration. The Information Strategy (hereinafter referred to as the Strategy) developed by the IWG comprised two interrelated elements. The first specified that information in the shape of Departmental literature should be given to potential and current users of the Department at various stages of the care management process, and that this should be accompanied where appropriate by a verbal explanation in order to meet what could be described as a pyramid of information needs (see Figure One).

Fig One: Pyramid of Information Needs   **Fig Two: Pyramid of Information Roles**
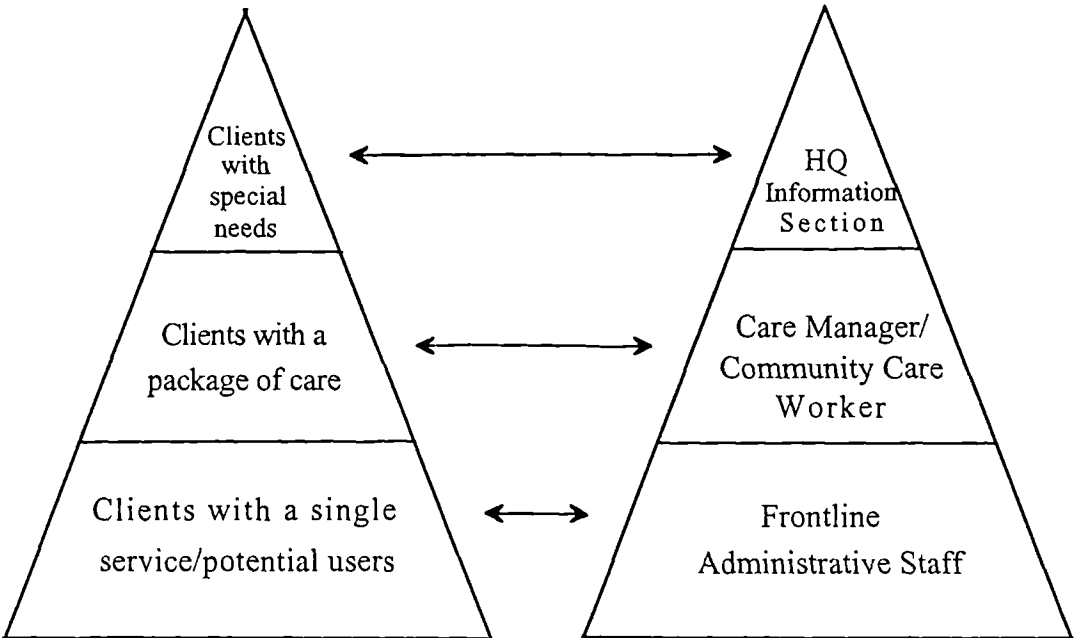
The second element specified the roles that various staff groups were expected to play in the provision of information, which could be described as a pyramid of information roles (see Figure Two). The arrows between the two pyramids indicate the particular group/s of staff who were given the primary responsibility for providing information to clients with particular service needs.

The next section will examine the first element of the Information Strategy, which is the provision of Departmental literature in order to meet the information needs of potential and current users of Social Services.

1. 1 Departmental Literature

In preparation for the implementation of Community Care from 1st April 1993, the Information Officer together with other colleagues from the IWG designed two new categories of information leaflet. The first category was designed for potential users and the second for current users. The leaflets incorporated recommendations on text and style that had arisen from previous consultations with members of the public, staff and referrers from other social care agencies.

District staff were instructed to display copies of all the new leaflets at all Social Services District offices, facilities permitting. In addition it was decided that whilst the leaflets were to be made available on cassette and in large print, Braille and translations into minority languages were only to be made available on request from the Information Section at County Hall. Provision was not made at this stage for informing people with learning disabilities.

The leaflets were approved for distribution by SMG on 17th March 1993. The next section will examine the information that was to be provided to potential and current users respectively.

1. 2   General Information for the Public

Within the category of general information for the public, two new leaflets were designed. The first contained information about the role of the Department and various other social care agencies. In particular it outlined ways in which the Department can help people and their carers, identified the Department's priority groups, listed other publications available from the Department, and provided names and addresses of local Social Services District offices. The IWG decided that the leaflet was to be distributed in three ways. Firstly, by the Information Section at County Hall as part of a County Council corporate public relations initiative to a wide range of establishments such as schools and libraries. Secondly, by the Information Section to key other agencies in the County notably the Benefits Agency, the Citizens Advice Bureaux and the Family Health Services Authority so that they could in turn distribute the leaflet to staff throughout their organisations. Thirdly, the leaflet was to be distributed at the local level by staff at District Social Services Offices. District staff were instructed by the Information Officer that distribution of the leaflet at the District level was to be based on local knowledge and was to be left to local discretion.

The second leaflet within the category of general information focused on the Department's new responsibilities in relation to residential and nursing care from April 1993. The leaflet was designed in conjunction with current residents and owners of residential homes, and with key voluntary agency representatives such as the National Carers Association and Age Concern. The IWG decided that this leaflet was to be distributed in two ways. The first was

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via the Information Section to other key agencies in the county, including the Benefits Agency, the Citizens Advice Bureaux and the Family Health Services Authority, and also to various voluntary agencies such as Age Concern and the National Carers Association, who would in turn distribute the leaflet throughout their organisations. Secondly, the leaflet was to be distributed locally by District staff, who were advised by the Information Officer that the leaflet should be given to all clients and their carers who were considering residential or nursing home care.

1. 3   Information for Clients

There were two new developments relating to information for clients; a general information leaflet for clients was designed, and a whole range of leaflets on quality standards were drafted.

The general information leaflet contained brief details of the Department's assessment and care management procedures, priority categories, and confidentiality and complaints policies, as well as listing other publications available from the Department. The IWG decided that the leaflet should be issued to all people becoming new clients of the Department from April 1993 and to all existing clients when their cases were reviewed. District staff were told that the leaflet should be given to clients by staff, and should be discussed with them to ensure that any questions arising from it could be answered. Care Managers were also advised that any clients who wished to make a complaint should be given the relevant leaflet.

Eighteen Quality Standards leaflets were developed, covering a wide range of service areas. The IWG decided that relevant 'Quality Standards' leaflets were to be given to all new clients of the Department, and to all existing clients when their cases were reviewed. District staff

were instructed to give clients in receipt of services the relevant quality standards leaflets and

to discuss the contents with them.

1. 4   Information Provision by Staff

The IWG decided that as well as developing a set of new Departmental information leaflets, it

was necessary to define the roles that various groups of staff were expected to play, in relation

both to the provision of the leaflets and to other information duties placed on the Department

by the National Health Service and Community Care Act 1990. Two major groups of staff in

particular were seen as having a key role to play in the provision of information to potential

and current users. The first, who were seen to have a direct role in provision of information to

potential and current users, comprised District Social Services frontline staff, whilst the

second group, who were regarded as having an indirect role in information provision,

comprised members of the Headquarters Information Section.

It should be noted the Department had been undergoing structural change. Firstly, the

Department had begun to separate out its 'purchaser' and 'provider' functions in order to

ensure a needs based assessment and allocation process. Secondly, new posts of Care

Managers and Community Care Workers were created within the purchaser function. These

staff were given responsibility for assessing the needs of clients and carers where appropriate,

and for putting together appropriate packages of care. Staff in Care Manager posts generally

had professional qualifications, such as CQSW, CSS, Dip.OT, whilst Community Care

Workers generally did not hold relevant professional qualifications and undertook work of a

less complex nature.

The IWG's Information Strategy indicated that the provision of information to potential and

current users was the first crucial task within the care management process. The IWG decided

that both frontline administrative and care management staff were to play a role in undertaking this task, and we will now examine their roles.

1. 5   District Administrative and Care Management Staff

The Information Strategy indicated that both frontline administrative and care management staff were to provide information to potential and current users because this was viewed as an integral part of the care management process. In order to introduce the newly developed care management procedures to the staff, SMG established a 'Community Care Taskforce' which comprised members of the Policy, Inspection and Training Units. The Taskforce's brief was to visit each of the nineteen Social Services Districts to present the newly introduced 'Care Management Pack' and, via a series of training exercises and simulations, to familiarise the relevant frontline administrative and care management staff and their respective line managers, with the new care management procedures.

Frontline administrative and care management staff were issued with a 'Care Management Pack' listing the twelve key care management tasks. The first task card in the pack was written by members of the IWG in conjunction with members of the Policy Unit and concentrated on the provision of information to potential and current users. The card advised staff on the Departmental literature (or its equivalent) which should be given to people when they first make contact with the Department and indicated that this should be accompanied, where appropriate, by a verbal explanation. The task card also indicated that staff should go through the leaflets with members of the public/clients to make sure that they understood them and so they could answer any queries. The card also made reference to the draft quality standards for the provision of information to clients which staff are expected to achieve.

The remaining eleven task cards covered the various other care management activities, from receiving a referral through to undertaking a review, and also sought to remind frontline administrative and care management staff of their role in providing information to clients throughout the care management process. The various task cards have been updated and incorporated into the 'Care Management Manual' which has been distributed to all staff in purchasing units.

1. 6   The Role of the Headquarters Information Section

The Information Strategy indicated that the major role for staff of the Headquarters Information Section would be to support District frontline staff in undertaking their information roles. However, Headquarters Information Section staff were also to be responsible for developing certain aspects of the Information Strategy, since they possessed the necessary skills such as desk top publishing and reprographic skills. In addition, SMG approved the IWG's recommendation that tasks with a County, rather than District, focus would be better developed centrally by the staff of the Information Section. An example is the co-ordination of the Department's in-house magazine, developed to inform staff throughout the Department about new policy initiatives including Departmental Green and White papers, Social Services Committee decisions, examples of good practice, findings from monitoring and evaluation exercises, and the movement of staff.

In this section the twin elements of the Information Strategy have been examined. The Department has developed an Information Strategy which should result in theory, in the provision of information by frontline staff to potential and current clients as an integral part of the Departments care management procedures. However, there would appear to be a number

of problem areas in relation to implementation of the Information Strategy, and the next section will outline these in more detail.

2. 0 Problem Areas in Relation to the Implementation of the Information Strategy

The previous section outlined the Information Strategy developed by the Department in order to provide information to potential and current users of social/community care services. The approach adopted by the Department in relation to developing the Information Strategy largely follows what Elmore (1979 - 80, p. 603) terms the forward mapping approach; "it begins with an objective, it elaborates an increasingly specific set of steps for achieving that objective, and it states an outcome against which success or failure can be measured". This section will outline a number of problem areas relating to the implementation of the Information Strategy. These have been grouped broadly under the following three headings; communication problems, interagency issues, and the gatekeeping role of frontline staff in information provision. Each of these will be examined in turn.

2. 1 Communication Problems

It would appear that there are a number of problem areas in relation to communication. Firstly the authors of the Information Strategy assume that the Strategy itself can be effectively communicated to, and understood by, the numerous frontline staff in the hundred plus care management teams within the nineteen Social Services Districts, when past experience would suggest that in reality this is improbable. Secondly, they would appear to assume that all care management teams have a common understanding of the roles their members are expected to play in relation to the provision of information as an integral part of the Department's care management procedures, and that they know staff of the Headquarters Information Section

can support them in providing information in specialist formats, whereas this is unlikely to be the case in practice.

Thirdly, the authors of the Strategy assume that both frontline administrative and care management staff know precisely which leaflets they are expected to provide to potential and current clients throughout the care management process, when this may not necessarily be so. They also assume that staff in the various Districts are both willing and able to display and distribute the new range of information leaflets, seen as one of the key elements of the Strategy, yet they may not have the resources to do this. Fourthly, the Strategy only indicates the roles to be played in information provision by members of staff of the Department's purchasing and business support functions. It does not indicate the role, if any, of staff of the Department's internal provider wing, in providing information to potential and current users, yet many of them, including home care assistants, meals on wheels organisers and day care co-ordinators, have in the past played a major role in the provision of information to clients.

2. 2 Interagency Issues

The Information Strategy developed by the IWG as indicated above, specifies only the role to be played by District frontline and headquarters information staff. Whilst the Strategy does say that other key agencies will be supplied with new Departmental leaflets to distribute to their staff, what it does not establish are the roles that staff in these key private, public and voluntary organisations are expected to play, in informing people about the range and availability of social and community care services.

Whilst a plethora of joint working agreements have been established between the Department and various other agencies, for example the two Health Authorities, the Family Health Services Authority (FHSA), and the various Community Health Trusts and Housing

Departments, defining the roles to be played by staff from the different agencies in care management at the local level, they do not indicate the role these staff should play in providing information to users of social and community care services. It would, therefore, seem quite possible that individual care management teams may develop local ad hoc arrangements with staff from various other social care agencies in relation to the task of providing information.

2. 3   The Role of Frontline Staff in Information Provision

There appear to be a number of problems relating to the gatekeeping role of District frontline staff in information provision. Firstly the Information Strategy does not build on information initiatives and roles that have already been established at Social Service District level, and this may result in two systems running in tandem, possibly to their mutual disadvantage. Secondly the Strategy does not clearly distinguish between the information roles that frontline administrative and care management staff are expected to play, and as a result of which there may be confusion and conflict at the local level as to precisely whose role it is to provide specific pieces of information. In addition the Strategy assumes that frontline staff will provide users with the new Departmental leaflets, when this may not be the case since, as the research findings in chapter one indicate, they tend to have a preference for oral communication of information.

A third problem is that the authors of the Strategy assume that such staff have accepted and adapted successfully to their new care management roles. It is quite possible that many social care professionals such as social workers and occupational therapists, used to local autonomy and professional discretion, felt threatened by having to become care managers and to follow procedures which sought to standardise practice across the Department. Moreover the majority of social care professionals will not have received training in information provision

techniques, financial assessment, contract negotiation or, budget maintenance, yet these are the skills they now require as care managers.

The final and most critical problem is that the Strategy's authors appear to assume that care managers and community care workers are able and willing to provide information to potential and current users of social and community care services, when this may not necessarily be the case. The research literature in chapter one indicated, for example, that in the past social care staff have acted as gatekeepers and have rationed the amount of information they have made available to clients in order to prevent them from being swamped with requests for services which they are unable to supply. It is quite likely that this gatekeeping behaviour will continue, if not actually accelerate under care management, since care managers operating within strictly defined budgetary constraints are unlikely to provide information about services that cannot be afforded. Indeed care managers may well feel threatened by knowledgeable clients who understand their rights, and are aware of the availability and cost of services.

This section has outlined what appear to be a number of problem areas relating to the implementation of the Information Strategy. The next section will attempt to confirm or deny these suspicions by interrogating the body of literature on implementation theory because it both alerts us to, and offers solutions for overcoming these problems.

3.0 Implementation Theory: A Review of the Research Literature

There are two clearly identifiable approaches to implementation analysis outlined in the research literature, both of which seek to offer explanations for and solutions to overcoming what Dunsire (1978) describes as an 'implementation gap' - the shortfall between theory and practice. Firstly, there is the 'policy oriented' approach to implementation analysis which is frequently referred to in the literature as a 'top-down' or 'forward mapping' approach. It

emerged in the early 1970's and takes as its starting point the premise that implementation is the process which follows on from policy making activity and focuses, according to Hasenfeld and Brock (1991, p.452), "on how the implementation process is structured to accomplish policy objectives". This approach according to Gill and Thrasher (1985, p.41) thus acknowledges "the traditional distinction between politics and administration". The logic of 'policy oriented' implementation analysis according to Elmore (1979-80. p,602) is that "it begins with an objective, it elaborates an increasingly specific set of steps for achieving that objective and states an outcome against which success or failure can be measured".

Research which follows the 'policy oriented' school (Pressman and Wildavsky 1973; Mazmanian and Sabatier 1983; Van Horn and Van Meter 1977) tends to follow a case study approach and focuses almost exclusively on tracing policies from their genesis down through the various administrative channels to the actual implementation of the policy at the lowest level, and attempts to identify those elements that have contributed to implementation failure.

Secondly, there is the 'actor oriented' approach to implementation analysis which evolved in the late 1970's in response to dissatisfaction with both the premise and methodology of the 'policy oriented' approach, and as its starting point takes according to Gill and Thrasher (1985, p.41) "the behaviour of individual implementers and the nature of their relationships with significant actors". The 'actor oriented' approach to implementation analysis, according to Hasenfeld and Brock (1991, p.452), "views implementation from the perspective of organisations and actors who are responsible for putting policy into practice".

Two approaches to actor-oriented implementation analysis can be identified in the literature firstly there is the 'bottom-up' approach (Elmore 1979-80; Hjern and Porter 1981; Hjern and Hull 1982; Thrasher and Dunkerley 1982) which does not assume according to Elmore

(1979-80, p.604) "that policy is the only or even the major influence on the behaviour of people engaged in the process". Instead it tends to focus on the interactions of individual implementers with others in their environment and seeks, according to Gill and Thrasher (1985, p.41) "to map those relationships and to discuss their function in the implementation process". Secondly, there is an approach based on organisational analysis, (Lipsky 1980, Weatherley 1979, and Prottas 1979) which tends to offer explanations as to why organisations do not work as structured and consequently, according to Gill and Thrasher (1985, p.41) "confronts problems about the relative power positions of implementers".

This section has briefly examined the 'policy oriented' and 'actor oriented' approaches to implementation analysis. The next section will indicate what the two approaches reveal in relation to communication problems, inter-agency issues and the gatekeeping role of frontline staff which were identified in the previous section as arising in relation to the Information Strategy.

3.1 Communication Problems

The 'policy oriented' approach to implementation analysis (Pressman and Wildavsky 1973; Mazmanian and Sabatier 1983; Van Horn and Van Meter 1977) provides us with the following insight into communication problems. Firstly, it indicates that one of the primary causes of implementation failure is the absence of clear policy objectives. Such researchers postulate that without clearly defined objectives, implementers are left to translate policy in their own ways and that this may result in unintended patterns of implementation. Kaufman (1973, p.2) suggests that "as messages pass through any communications network, distortions are likely to occur - producing contradictory directives, ambiguities, inconsistencies in instructions, and incompatible requirements". The Information Strategy, which has to be

communicated to over a hundred care management teams, may well therefore be subject to such communication problems. These problem can be conquered according to Sabatier and Mazmanian (1983) if policy makers are more careful in setting policy objectives. Browne and Wildavsky (1984, p.206) indicate that "the basic premise of forward mapping holds that the more explicit the policy, the more of its implementation can be controlled by those who mandated it, the elected or appointed officials at the top". Secondly, the 'policy oriented' approach indicates that even when implementers are given instructions, problems may still arise through their failure to understand what is expected of them.

Van Horn and Van Meter (1977, p.108) argue that "policy standards cannot be complied with unless they are communicated with sufficient clarity so that the implementers will know what is required of them". The Information Strategy may be subject to this sort of problem because it is based on the assumption that care management staff know precisely which leaflets they are to provide, and when in the care management process they should do this, and this may not necessarily be the case. Van Horn and Van Meter (1977, p.108) suggest that "whilst good communications will not necessarily contribute to a positive disposition on the part of implementers, variations in their support for the policy may often be explained partially in terms of their understanding and interpretations of the policy standards and the manner by which they are communicated". Recommendations about improving the implementation process arising from the policy oriented approach focus on remedying either perceived weaknesses of the organisational structure, or weak policy objectives.

The 'actor oriented' approach to implementation analysis (Hjern and Porter 1981; Hjern and Hull 1982; Thrasher and Dunkerley 1982) provides us with the following insight into communication problems. It indicates firstly that implementation is not a discrete linear

process. Barrett and Fudge (1981, p.29) suggest that implementation is "an interactive and negotiative process which takes place over time between those seeking to put policy into effect and those upon whom action depends". Elmore (1979-80, p.604) points out that "formal authority travels from top to bottom in organisations, but the informal authority that derives from expertise, skill and proximity to the essential tasks that an organisation perform travels in the opposite direction".

This approach also indicates that implementation activity is frequently characterised by politics, conflicts of interests, bargaining and negotiation, all of which undoubtedly affect who communicates what, and to whom. Hasenfeld and Brock (1991, p.254) believe that it is these power relations which in turn "determine the fate of the implementation process". Thrasher and Dunkerley (1982, p.366) suggest that "individual actors involved in the implementation of public policies possess resources and opportunities to transform a policy away from its original goals". Bardach (1977) introduced the notion of "implementation games" to describe the devices that administrators use to delay, divert and dissipate the effect of policies, and it seems possible that the Information Strategy may be subject to a number of such games. Elmore (1979-80, p.611) suggests that "unless the initiators of a policy can galvanise the energy, attention and skills of those affected by it, thereby bringing these resources into a loosely structured bargaining arena, the effects of a policy are unlikely to be anything but weak and diffuse". Gill and Thrasher (1985, p.41) indicate that "ironically it may be that those implementers occupying junior positions within an organisation are able to negotiate and bargain with others outside their organisation".

This section has identified that the 'policy oriented' and 'actor oriented' approaches to implementation analysis both suggest, albeit for different reasons, that communication

problems are likely to occur in the policy implementation process. The former school indicates that as a policy passes down through various levels of an organisation, it is likely to be miscommunicated and that it may also be subject to local implementers misunderstanding what is expected of them. The latter school suggest that implementation is not a linear process but that it is characterised instead by politics, bargaining and negotiation which will undoubtedly affect who communicates what, to whom. If this is the case in relation to the implementation of the Information Strategy, then we would expect that there will be differences in interpretation of the Strategy by the various Social Services Districts, by the different professionals groups and by staff with differing lengths of service.

3. 2 Interagency Issues

The 'policy oriented' approach to implementation analysis provides the following insight into interagency issues. It reveals that implementation failure is a direct result of the problems that arise from co-ordinating and controlling too many organisations. Pressman and Wildavsky (1973, p.87-124) were the first to observe the inverse relationship between the number of transactions required to implement a decision and the likelihood that an effect, any effect, would result. This situation can be compounded, according to Zuurmond *et al.* (1992, p.325), by the fact that "policies frequently affect several departments or levels of semi-autonomous organisations". Gill and Thrasher (1985, p.40) indicate that "frequently policy is entrusted to a multiplicity of organisations which fail to operate in the prescribed manner". The Information Strategy may be subject to this kind of problem since it involves a whole range of staff at various levels both within and outside the Social Services Department. Such a problem can be conquered according to Sabatier and Mazmanian (1983) by a reduction in both the number of organisations and hierarchical levels through which policy intentions need to be communicated.

The 'actor oriented' approach provides a different insight into interagency issues. It indicates that policy implementation may become the responsibility of an ad hoc arrangement between policy implementers from a range of different organisational agencies' backgrounds, rather than being undertaken by a single agency. According to Barrett and Fudge (1981, p.26) "we need to consider actors and agencies, not just in single roles as the makers of policies for others to implement or the implementers of someone else's policy (which tends to be the case when taking a policy-centred perspective or implementation), but in a combination of roles, including a third, that of interested parties affected by outcomes of policy made and implemented by themselves or others". Hjern and Porter (1981, p.26) argue that "almost no policy is fully implemented by a single organisation but rather by a cluster of parts of public and private organisations" and this led them to suggest that a multiorganisational unit of analysis, an 'implementation structure', should be used to describe and evaluate the implementation and administration of programmes. It is quite possible that such ad hoc arrangements will develop across the county between various members of staff, both within and outside the Social Services Department. Elmore (1979-80 p.610) suggests that thought should be given to "how to capitalise on discretion as a device for improving the reliability and effectiveness of policies at the street level".

This section has identified that the 'policy oriented' and 'actor oriented' approaches to implementation analysis both suggest, albeit for different reasons, that there are interagency issues which are likely to affect the policy implementation process. The former school suggests that policy implementation will be subject to a number of problems that arise from trying to co-ordinate and control the various levels of several independent organisations which may be involved in the policy implementation process. The latter school indicates that policy

implementation may become the responsibility of an ad hoc arrangement of local policy implementers from a variety of different organisations.

3. 3   The Role of Frontline Staff in Information Provision

The 'policy oriented' approach to implementation analysis does not provide us with an insight into the role of frontline staff in relation to information provision. However, the 'actor oriented' approach, and in particular the work of Lipsky 1980, Weatherley 1977 and Prottas 1979 does. Lipsky (1980,p.3) defines 'street level bureaucrats' as "public service workers who interact with citizens in the course of their jobs and who have substantial discretion in the execution of their work". Social Workers, Occupational Therapists and unqualified social care staff are excellent examples of street level bureaucrats who operate in what Prottas (1979 p.26) describes "as a very rule-bound and complex environment while doing a job that requires considerable exercise of judgement". Furthermore, these staff have a policy making role. Lipsky contends (1980, p.xii) that "the decisions of Street Level Bureaucrats, the routines they establish and the devices they invent to cope with uncertainties and work pressures effectively, become the public policies they carry out". Weatherley (1977, p.140) points out that "this street level policy delivered to the public is at variance with formal or official policy reflected in law, regulations, and procedures". Maynard-Moody *et al.* (1990, p.833) argue that "many Street Level Bureaucrats use their influence over policy implementation to serve their own interests; they change policy to make their work easier and safer or to thwart policy with which they do not agree".

Street level bureaucrats are able to undertake a policy making role because they exercise a high degree of discretion and because they occupy positions of relative autonomy from organisational authority. Prottas (1979, p.46) points out that the "Street Level Bureaucrat's

autonomy is a result of his control of the flow of information between the organisation and its clients. The bureaucrat is the clients major source of information about the rules and procedures of the agency. At the same time he is the agency's major source of information about the circumstances of individual clients". Lipsky (1980, p.viii) says "Street Level Bureaucrats are major recipients of public expenditures and represent a significant portion of public activity at the local level. Citizens directly experience government through them, and their actions are the policies provided by government in important respects".

Street level bureaucrats operate in a pressurised environment because according to Lipsky (1980, p.81), "they work with inadequate resources in circumstances where the demand will always increase to meet the supply of service". In order to deal with the potential problems created by an excess of need over demand, and because they work in an environment where there are conflicting and ambiguous goals, street level bureaucrats develop according to Lipsky (1980, p.82) "routines and subjective responses in order to deal with the difficulties and ambiguities of their jobs". One such coping device employed by street level bureaucrats is the rationing of access to and demand for services, and a major way of doing this is by giving or withholding information. Lipsky (1980) suggests that information is used as a rationing tool by both frontline administrative staff, whom he terms 'screeners' and by frontline professional staff, whom he terms 'street level bureaucrats'.

Street level bureaucracies employ frontline administrative staff, such as receptionists and clerks, whom Lipsky terms 'screeners', who sit behind imposing desks or screens and who act as a buffer between clients and Street Level Bureaucrats. The screener's role, according to Lipsky (1980, p.128), is "to provide information to clients, to determine the proper slot for clients when discretionary decisions are minimal, or to protect Street Level Bureaucrats from

inappropriate client pressures". According to Arber and Sawyer (1985, p.112) "receptionists

and secretaries in all types of organisations have boundary controlling functions which are

(relatively) non-routine and therefore require the use of judgement". Frequently, it is the

receptionist or the person who answers the telephone who makes critical decisions about who

is given information, and who receives what services. Screeners may assess clients on the

basis of what Goffman (1971) refers to as 'front' and what Deutscher (1968 p.46) terms

'demeanour' - the "person's dress, speech, manners, attitudes, and whatever he is able to

present about himself during the interview" - and this may affect how much information they

are given. Arber and Sawyer (1985, p.912) stress that "the receptionist should not be seen

merely as a 'colourless sounding board' or a passive agent but, as a critical team member".

However, few screeners undergo any formal training for their job, the majority of them picking

up the rules of the game from other screeners and street level bureaucrats.

Insights into the screener's role can be extracted from studies of receptionists in various public

agencies, for example Deutscher's (1968) study of access to public housing, Blau's (1963)

study of a New York State Employment Agency, Hall's (1974) work on reception in Child

Care Offices and Arber and Sawyer's (1985) study of the Doctors receptionist, all of which

demonstrate that screeners in the shape of receptionists exercise considerable discretion,

despite the specification of formal departmental procedures. Research (Hall 1974) found that

"far from performing only a passive function within the organisation, receptionists were

frequently operating very much in the area of professional judgement". Blau's (1963, p.87)

research found that 'screening' clients was preferred to other clerical tasks, despite the

difficulties it involved, because clerks exercised some authority in deciding which clients

should be interviewed and "the exercise of discretion enabled receptionists to derive

satisfaction from helping people". Over a period of time screeners are likely to pick up an

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extensive knowledge of what Arber and Sawyer (1985, p.912) term 'quasi formal verbal instructions' from street level bureaucrats, about for example how to deal with certain clients and or particular problems. However, this results in numerous gaps in their knowledge since their training is in no way systematic.

Street level bureaucrats according to Lipsky (1980), husband their own resources by transferring decision making responsibility for clients over to screeners who as a result may act as street level bureaucrats themselves, by determining people's eligibility for services and by generally exercising discretion in important areas of people's lives. Whilst screeners may have little formal power, they may nevertheless have substantial informal power; as Mechanic (1968, p.419) indicates, "to the extent that a person is dependent on another, he is potentially subject to the other person's power. Within organisations one makes others dependent by controlling access to information, persons and instrumentalities".

Insight into screeners acting as gatekeepers is provided in the work of Hall (1974) and Prottas 1979. Hall (1974, p.21) contends that "many of the rationing decisions about resource allocation may be made not by a Department senior or middle manager, or by a member of its professional social work staff, but by a clerical officer at the point of initial contact between the agency and the client". Prottas (1979, p.74) found that in the guise of "providing information the clerk informally rejects a few clients each day and while doing this the clerk approximates most closely the behaviour of other Street Level Bureaucrats".

Street level bureaucrats use information as a way of manipulating their caseloads, and research by Moore and Steele (1991, p.138) revealed that social workers withhold information from clients because they "fear that letting people know will open the floodgates of demand they could not cope with". Lipsky (1980, p.90) suggests that "at the bureaucratic level the giving

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and withholding of information is most obvious in examining how agencies manipulate their caseloads by distributing or failing to distribute information about services". Social care staff may manipulate both the amount and the type of information which is made available to clients, because this will affect the demands clients can make. Prottas (1979, p.137) argues that "when the Street Level Bureaucrat has a practical monopoly on a piece of information that is a necessary condition for obtaining a service, his distribution of information becomes tantamount to the distribution of service".

According to Lipsky (1980; p.90) clients experience the giving and withholding of information in two ways. "Clients experience the favouritism of street level bureaucrats who provide some clients with privileged information, permitting them to manipulate the system better than others and they experience it as confusing jargon, elaborate procedures and arcane practices that act as barriers to understanding how to operate effectively within the system". At one end of the scale are the few clients who receive from street level bureaucrats selective information that enables them to work the system in their favour, whilst at the opposite end are those clients from whom information about a particular service may be concealed. Lipsky (1980, p.65) suggests that "sometimes teaching clients how to work the system consists of favouring some clients by providing them with special information and sometimes teaching the system takes the form of discriminating against some clients by denying them information given to others". Prottas (1979, p.118) points out that street level bureaucrats "prefer clients whose demands can be translated into bureaucratic routines that are congruent with the bureaucrats personal interests and professional role".

A more subtle use of information according to Prottas (1979, p.138) "is to provide it in such a way as to fulfil one's formal responsibility while retaining effective control ... and this is done

by presenting information about a service in a way that makes it difficult to evaluate or understand that information". Evidence of such tactics is highlighted in studies (Mullings 1989; Lewis 1991) which discovered that information provided by Social Services Departments in the form of leaflets was off-putting for clients because of the prevalence of social work jargon contained in them. Similarly, Berry (1990) found that "frequently terms used in written materials are not helpful and describe roles unfamiliar to most people and in particular to people from different cultures".

For many people information is sought only once a crisis situation has arisen. Roberts *et al.* (1991, p.6) point out that "most people who come into contact with the complex world of social services do so when they are experiencing problems or difficulties that have serious implications for their lives and their need for help and information is crucial". However, the provision of information by street level bureaucrats may have a considerable impact on the psychological cost to the client of obtaining service. This occurs according to Prottas (1979, p.130) "in two ways: incomplete or confusing information about a process can cause a client to feel helpless, and anxious and, at the same time, characterisations about future aspects of the bureaucratic process can affect the anticipated personal costs of obtaining service".

However, problems also arise for people who are well informed about services and who know their rights, because they are frequently stigmatised by street level bureaucrats as fussy and manipulative. Lipsky (1980 p.viv) indicates that "the person who demands information is at risk of receiving a reputation as an unreliable troublemaker toward whom favourable treatment shouldn't be extended". Knowledgeable clients are perceived by street level bureaucrats as a threat. Prottas (1979, p.115) suggests that "just as aggression increases the predilection for making demands, knowledge increases the capacity and a client who is familiar with the rules

and categories of an agency is in a position to insist on the 'correct' and hence time-consuming treatment and moreover such a client can manipulate the information he provides with a view toward obtaining the most advantageous classification".

Lipsky (1980, p.91) argues that "if it is recognised that organisations normally ration services by manipulating the nature and quantity of information made available about services, then it is easily seen that demand levels are themselves a function of public policy". Client demand will be expressed according to Lipsky (1980, p.91) "only to the extent that clients themselves are aware that they have a social condition that can and should be administered to by public agencies". Other studies (Epstein 1980; Beresford and Croft 1986) discovered that there is a great deal of ignorance about the roles of the major bureaucracies. Epstein (1980) discovered that 40°o of elderly people could not name a function of the Social Services Department, whilst Beresford and Croft (1986) found that nineteen out of twenty people aged over 60 knew little or nothing about social services.

Deutscher (1968, p.39) contends that "because of his ignorance of such specialised bureaucracies, the common man often finds himself at the mercy of the ubiquitous gatekeeper". Lipsky (1980, p.91) indicates that "needs become manifest when the institutions that might provide assistance send out signals that they stand ready to assist". Research and monitoring activities undertaken over a considerable number of years (Goldberg and Conelly 1982; Troup 1985; Hales 1985) have recognised that information giving is essential if elderly people are to know their rights, have access to services, and claim benefits. Information Roadshows undertaken by Social Services Departments, where staff have gone out into the community to talk to local people about the services they provide have resulted in a corresponding increase in the number of elderly people contacting local Social Care Agencies.

Lipsky (1980, p.91) argues that "information about service is an aspect of service". It would, therefore, appear that withholding information depresses demand and conversely giving information increases demand.

This section has indicated firstly that according to the literature, frontline administrative staff ('screeners') and social care staff ('street level bureaucrats') play a key role in the provision of information to the public, albeit one of generally restricting the type and amount of information that is given to clients. Secondly, the section has identified that 'screeners' and 'street level bureaucrats' use information as a way of rationing access to and demand for services. Thirdly, it has looked at the various methods used by 'screeners' and 'street level bureaucrats' to ration information to clients including the use of jargon and elaborate procedures. If this is the case the Department's Information Strategy, which places considerable emphasis on the provision of information by frontline care management staff to potential and current users, is likely to fail.

3. 6   Implementation Problems

This section has reviewed the two key approaches to implementation analysis outlined in the research literature. The two approaches are very different, both in their focus and method of enquiry, yet their respective research findings can be summarised as an array of problems that may affect the implementation process. The 'policy oriented' approach to implementation analysis has indicated that there are likely to be problems in the implementation process if policy objectives are not clearly and unambiguously stated. In addition this approach has revealed that there are likely to be co-ordination and communication problems if a policy is consigned to too many organisations and levels within those organisations. Within the 'actor oriented' approach, backward mapping research has revealed the existence of 'ad hoc'

implementation structures whose existence and membership is not sanctioned by those formal organisations which have been identified as being relevant for administrative purposes. Finally, research that takes an organisational analysis approach has shown that frontline administrative 'screeners' and social care staff 'street level bureaucrats' use information as a method of rationing access to and demand for services.

Conclusion

Section one of this chapter examined the Information Strategy developed by the Department in order to meet the requirements placed upon it by the National Health Service and Community Care Act 1990 to provide information to both potential and current users of services. The approach adopted by the Department for developing the Information Strategy is one that largely follows what Elmore (1979-80, p.603) terms the forward mapping approach: "it begins with an objective, it elaborates an increasingly specific set of steps for achieving that objective, and it states an outcome against which success or failure can be measured". The Strategy comprised two interrelated elements, the first of which specified that information in the shape of Departmental literature should be given to potential and current users of Social Services at various stages of the care management process, whilst the second specified the roles that various staff groups should play in the provision of information.

Section two outlined what appeared to be a number of problem areas in relation to the implementation of the Information Strategy. These problem areas were broadly grouped under the following three headings - communication problems, interagency issues and the gatekeeping role of frontline District staff in information provision.

Section three interrogated the literature on implementation analysis, providing us with an insight into the various problems that may influence the implementation process. We examined

both the 'policy' and the 'actor' oriented approaches to implementation analysis, and these

provided us with different insights into policy design and implementation structures. This body

of knowledge also confirmed many of our suspicions regarding potential problem areas

relating to the Information Strategy.

The next chapter will outline the research methods that were used to examine the issue of

information provision from the perspective of providers (social services staff) and users

(elderly people).

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

Chapter two comprised three sections. The first described chronologically and organisationally how the Department had developed an Information Strategy in order to meet the requirements placed upon it by the National Health Service and Community Care Act 1990 to provide information to both potential and current users of services. The second highlighted three problem areas that arose in relation to implementation of the Information Strategy which were broadly grouped under the headings of communication problems, interagency issues and the gatekeeping role of frontline staff in information provision. The third consisted of an interrogation of the research literature on implementation analysis, which provided us with an insight into various problems that may influence the implementation process and confirmed many of our suspicions as to potential problem areas that arose in relation to the Information Strategy.

This chapter will outline the research methods that were used to explore firstly whether elderly people's information needs about community care have been addressed by the Information Strategy, and secondly whether the Strategy itself has been subject to the implementation problems to which it appeared to be particularly vulnerable.

1. 0 Research Components

In order to explore the issue of information provision from the perspective of both providers (social services staff) and consumers (elderly people), it was decided to employ quantitative rather than qualitative research methods. The latter methods were considered, but it was felt that their use in the context of this research could be problematic for a number of reasons. Firstly, the Social Services Department was likely to be subject to imminent change as a result

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of local government reorganisation. Thus there was a degree of urgency in undertaking and completing the fieldwork before the impact of this change was felt. Secondly, earlier qualitative research undertaken by the researcher as part of a Masters dissertation exploring elderly people's information needs suggested that problems would inevitably be encountered in accessing elderly people, because of both their geographical distribution and their frequently changing health/social circumstances. Thirdly, the above research had not provided a reliable insight into elderly people's information needs because they had generally tried to please the researcher rather than to think critically about their needs and how these could be best addressed. Furthermore, the elderly people were often anxious or wanted to talk about other issues; some easily lost concentration and became tired. The researcher felt that she had inadvertently 'burdened' some of the elderly people because of the interviews and did not want to repeat this in subsequent research. Finally the research was costly in terms of resources.

Quantitative research methods were therefore employed to collect and carefully measure a broad range of data (rather than 'get close' and collect in depth data) from a wide ranging group of respondents (both providers and consumers) in a relatively short period of time and at a relatively low cost. Babbie (1986, p.237) indicates that "survey research is probably the best method available to the social scientist interested in collecting original data for describing a population too large to observe directly". However, survey research does have a number of weaknesses. Firstly, it may because of requirements for standardisation result, according to Babbie (1986, p.254), "in the fitting of round pegs into square holes". Secondly, survey research is neither able to deal with the context of social life, nor can it measure social action. Thirdly, by examining a specific issue such as an attitude, survey research may actually affect it.

The four components of the research were as follows:-

(1) Visits to the reception point(s) of all West Area community based Social Services District offices to complete a checklist of facilities available.

(2) A postal survey of all West Area Social Services Districts frontline administrative staff ('screeners'), viz. receptionists and clerks in elderly/generic teams.

(3) A postal survey of all West Area Social Services Districts frontline Care Management staff ('street level bureaucrats'), viz. Community Care Workers and Care Managers.

(4) A 20% stratified survey of elderly people referred to West Area Social Services Districts in the first three months of 1994.

2. 0   Reception Visits/Checklists

The objective of this part of the research project was to investigate the following issues:-

(1) The accessibility of reception points in terms of their location within the communities they serve, parking, and facilities for people with disabilities.

(2) Office opening hours and whether there were signs conveying this information.

(3) The information available both in terms of leaflets and in other formats.

(4) The arrangements for staffing the reception point and for receiving personal and telephone callers.

(5) The type of reception area and the range of facilities available.

2. 1   Methodology

All the community based West Area Social Services Districts reception points were visited unannounced by the researcher during the Spring of 1994, and a reception checklist (see Appendix 1) was completed for each reception point. The checklist comprised five sections with thirty-four areas for checking. In addition it was possible at some reception points to

observe the receptionist receiving personal and telephone callers, which provided another insight into their role. Observations were also recorded on the individual checklists.

3. 0   Survey of Frontline Administrative Staff in Relation to the Role They Play in the Provision of Information to the Public

This part of the research project set out to investigate the following issues:-

(1) The role that frontline administrative staff considered information provision to elderly people played within the care management process.

(2) The role played by frontline administrative staff in the provision of information to elderly people.

(3) The methods and formats used by frontline administrative staff to inform elderly people both about the Social Services Department and about other Social/Community Care provision.

(4) The types and sources of information used by administrative staff.

(5) Biographical details of respondents.

3. 1   Methodology

The survey population for this part of the research was all 61 members of the frontline administrative staff, that is receptionists and elderly/generic team clerks, in the six Community Districts. The sampling frame used was the most recent personnel listings for each of the Districts. A sampling frame, according to Hoinville and Jowell (1977, p.69), "is (usually) a list of population elements from which a sample can be drawn".

However, it should be noted that we encountered a number of problems with the sampling frame. Firstly, it contained people who no longer worked for the Department, who had different jobs, who were on 'long term' sick leave or who were on maternity leave. Moser and Kalton (1971, p.156) use the term 'blanks or foreign elements' to describe the situation where

"an element is given a listing but is not a member of the survey population". Secondly, it did

not include people who had recently been appointed to the Department. Moser and Kalton

(1971, p.155) use the term 'missing elements' to describe the situation where "elements that

should be included in the population are not on the sampling frame". To overcome these

problems, it was necessary to check the personnel listings with the person in each District

responsible for line managing its administrative staff.

It is important to point out here that whilst we surveyed all members of the frontline

administrative population, we were aware that disaggregating the data would present

problems because of the small population figures. We therefore employed a postal

questionnaire (see Appendix 2) containing a number of open-ended questions in order to

obtain qualitative as well as quantitative data, thereby providing an insight into the 'screener'

mentality.

Recognised advantages of the postal questionnaire method, including its relative cheapness

and its suitability for a widely spread sample, made it particularly applicable bearing in mind

the logistics of this research project. de Vaus (1986, p.97) comments that "questionnaires

have the great advantage of generating a systematic variable by case matrix, of enabling

coverage of a large representative sample and of being relatively efficient". However, it is

equally valuable to note the disadvantages associated with this method, because of their

implications for the research. These include the major problems of non response, the

restriction of questions used, the lack of opportunity to supplement the respondent's answers

by observational data, and the lack of control over who completes the questionnaire.

The postal questionnaire contained nineteen questions, of which some were closed and others

open-ended. Both closed and open-ended questions have recognised advantages and

disadvantages which will now be examined briefly. Advantages of closed-ended questions according to Moser and Kalton (1971) include standard comparable answers, ease of coding, a frame of reference and they are useful for dealing with sensitive topics such as age and income. Disadvantages include the fact that it is very easy for a respondent who does not know the answer or who has no opinion to try to guess the answer, that there is no opportunity for a respondent to clarify their answers, and that differences in understanding of what was meant by a question go undetected. Advantages of open-ended questions are according to (Bailey 1978) that they can be used when all the possible answers are not known, they allow the respondent to answer in the amount of detail they feel necessary and that they are preferable for complex issues that cannot be condensed in a few small categories. Bailey (1978, p.107) indicates that open-ended questions "are preferred wherever accuracy, detail and exhaustiveness are more important than time or simplification of coding and data processing". Open-ended questions aim to elicit the respondents unique view by providing them with the opportunity to respond in as much detail as they wish. Disadvantages of open-ended questions include the fact that they can produce a collection of worthless and irrelevant material, answers are not standardised from person to person which makes comparison difficult and coding is often complex and subjective.

The questionnaire also contained a number of personal data/classification questions. In addition, we also took care to avoid asking double-barrelled, ambiguous, leading and prestige bias questions. Since the questionnaire was to be self administered, the questions were worded as simply as possible in plain language, and it was ensured that the frame of reference for each question was made sufficiently clear. The questions were placed in a logical order whilst trying to avoid establishing an acquiescent response set. Finally, instructions to

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respondents for answering were repeated, as Bailey (1978, p.118) recommends, "with each individual question".

It is acknowledged that piloting is one of the most important stages in questionnaire construction. However, the time scale of this research did not allow for systematic piloting of the questionnaire, so as a compromise it was briefly piloted with a five members of the frontline administrative staff with whom the researcher was already in contact. This resulted in some minor adjustments being made to the questions and instructions. The questions were pre-coded as far as possible and the Mercator SNAP (Survey Analysis Package) was used for subsequent data analysis. A covering letter was sent out with the questionnaire explaining why and by whom the survey was being undertaken. As Bailey (1978, p.124) indicates, "the introductory statement is essentially a selling or public relations job". Questionnaires were colour coded by District. Postal questionnaires were sent to all 61 administrative staff on the validated listings in May 1994 and 41 were returned, giving a response rate of 67.2%. Questionnaires were distributed and returned as follows:-

Table 3.1: Questionnaire Distribution and Response - Frontline Administrative Staff

DISTRICT	NOS SURVEYED	% DISTRICT RESPONSE
A	12	8 (66.6%)
B	8	4 (50.0%)
C	13	9 (69.2%)
D	10	7 (70.0%)
E	6	6 (100.0%)
F	12	7 (58.3%)
TOTAL	61	41(67.2%)

4. 0 Survey of Care Management Staff in Relation to the Role They Play in the Provision of Information to the Public

The objective of this part of the research project was to investigate the following issues:-

(1) The role that care management staff considered information provision to elderly people played within the care management process.

(2) The role played by care management staff in the provision of information to elderly people.

(3) The methods and formats used by care management staff to inform elderly people both about Social Services and about other Social/Community Care provision.

(4) The types and sources of information used by care management staff in the course of their work with elderly clients.

(5) The places visited by care management staff in the course of their work with elderly clients and the staff with whom they come into contact.

(6) Biographical details of respondents.

4. 1 Methodology

The survey population for this part of the research was all 102 members of the care management staff, such as community care workers and care managers in elderly and generic teams in all seven Social Services Districts. The sampling frame was the most recent personnel listings for each of the six Community Districts plus the personnel listings for the West part of the West/South Hospital Social Services District. As was the case for frontline administrative staff, the sampling frame for care management staff contained 'blanks or foreign elements' as well as 'missing elements'. It was therefore necessary to check the personnel listings for each District with the Team Manager responsible for line managing the care management staff.

As with the frontline administrative staff, all members of the care management population were surveyed. Once again however, we had small population figures and therefore employed a postal questionnaire with a high number of open-ended questions in order to obtain qualitative as well as quantitative data, with the aim of providing us with an impression of the 'street level bureaucrat' mentality.

The questionnaire (see Appendix 3) was sent out together with a covering letter, to all 102 care management staff. It contained twenty-one questions, a mixture of both closed and open-ended, nine of which were personal/classification questions. The questionnaires were again colour coded by District. The logistics of undertaking the survey of care management staff mirrored those of the survey of administrative staff outlined above. All 102 Care Management staff in adult/generic teams in West Area were sent a questionnaire and 55 were returned, producing a response rate of 53.9%. Questionnaires were distributed and returned as follows:-

Table 3.2: Questionnaire Distribution and Response - Frontline Care Management Staff

DISTRICT	NOS SURVEYED	% DISTRICT RESPONSE
A	12	5 (41.6%)
B	16	12 (75.0%)
C	16	5 (31.2%)
D	10	3 (30.0%)
E	10	4 (40.0%)
F	16	11 (68.7%)
G	22	15 (68.1%)
TOTAL	102	55(53.9%)

5. 0   Survey of Elderly People who had been Referred to the Department in the First Three Months of 1994

The purpose of this part of the research project was to investigate the following issues:-

(1) How elderly people had found out about and made contact with the Social Services Department.

(2) Why elderly people were in contact with the Social Services Department.

(3) Whether elderly people who had been referred to the Social Services had been provided with information by staff, and if so in what format it had been provided.

(4) Whether elderly people considered that the information that they had been provided with by the Department had enabled them to understand how the Department was able to help them, how it would deal with their request and how to make a choice about the services they received.

(5) Whether elderly people were satisfied or dissatisfied with the information provided by the Social Services Department.

(6) The preferences of elderly people in seeking/receiving information in terms of format and source of information.

(7) The places visited by elderly people and the social care staff with whom they come into contact.

(8) Whether and why elderly people found it easy or difficult to get information about where to go for Social/Community Care Services.

(9) Telephone, car and media usage.

(10) Basic demographic details.

5.1 Methodology

The survey population for this part of the research was elderly people (aged 65 and over) referred to West Area Social Services Districts in the first three months of 1994. It was decided to send a postal questionnaire to a 20% stratified sample, which would be systematically selected. A sample according to Hoinville and Jowell (1977, p.57) "is a small scale representation - a kind of miniature model - of the population from which it was selected and because it includes merely a part, not all, of the parent population, it can never be an exact replica of that population".

Data from all the referrals to the Department is recorded on a mainframe computer case records management system, and a program was written by the Departments Management Information Section in order to produce a sampling frame comprising a list of all elderly people referred to West Area Social Services Districts in the first quarter of 1994. A few problems were encountered with the sampling frame. One resulted from the fact that over the three month period some elderly people had been referred more than once to Social Services. Moser and Kalton (1971) use the term 'duplicate listing' to describe this situation, where elements appearing more than once on the sampling frame have a greater chance of being selected for the sample. A second problem was that the frame contained entries for people whose dates of birth were unknown, but which for Departmental purposes were recorded as 01.01.1900. Moser and Kalton (1971, p.156) use the term 'blank or foreign element' to describe such a situation, where an element is given a listing but is not a member of the survey population. To overcome the problems outlined above, it was therefore necessary to check the list of referrals of elderly people before selecting a sample.

It was decided to undertake stratified sampling which, according to de Vaus (1986, p.65), "is a modification of simple random sampling (SRS) and systematic sampling designed to produce more representative and thus more accurate samples". Moser and Kalton (1971, p.85) indicate that "one use of stratification is as a means of using knowledge of the population to increase the precision of the sample". The survey population was therefore divided into seven strata, using the Social Services District to which the person was referred as the stratifying variable. The function of stratification according to Babbie (1986, p.188) is "to organise the population into homogeneous subsets (with heterogeneity between subsets) and to select that appropriate number of elements from each". A 20% stratified sample was taken so that when it was broken down into subgroups such as age, gender and social class for analysis there would be sufficient numbers in each, because there is a need as de Vaus (1986, p.73) indicates "to look separately at different subgroups". Hoinville et al. (1977, p.61) recommend that "the smallest subgroup will need to have between fifty and a hundred members".

Separate sample sizes were chosen from each stratum proportionate to their populations; this procedure is referred to in the research literature as 'proportionate stratification'. The appropriate proportion of people from each of the seven strata was selected using the sampling fraction of 1/5. Hoinville et al. (1977, p.62) indicate that "by using proportionate stratification we ensure that we have selected the correct proportions from each stratum and thereby reduce the sampling error for survey variables to which the grouping is related". Every fifth person was selected after a random start, using the Fisher and Yates Random numbers tables. Hoinville et al. (1977, p.62) indicate that "like simple random sampling systematic sampling gives every member of the population the same chance of being selected". Stratified, systematic sampling provided the following sample:-

Table 3.3: Stratified Sample of Elderly People

DISTRICT	REFERRAL NOS.	% POP	SAMPLE
A	562	16.0	112
B	637	18.0	127
C	662	19.0	132
D	580	16.4	116
E	318	9.0	64
F	478	13.5	96
G	293	8.3	59
TOTAL	3,530	100	706

When the files of the selected 706 elderly people were checked on the computer it was found that twenty in the original sample had since died, and so a further twenty people who had been referred to the Department in the relevant quarter were systematically selected. In validating the case management records of the 706 people it emerged that twenty were registered as partially sighted and nineteen as blind. However, it is quite possible that there were other people in the sample with visual disabilities who did not know about registering or were in the process of doing so, or indeed who preferred not to be registered as partially sighted or blind.

A postal questionnaire was designed to survey the views of elderly people who had been referred to the Department in the first three months of 1994 (see appendix 4). It should be noted that recognised problems exist in relation to carrying out surveys among elderly people. Hoinville *et al.* (1983, p.223) indicate that "there are sampling problems; there is the need to allay fears, suspicions and anxieties; there is often the hurdle of over protectiveness by a third party to be overcome; and there are problems of comprehension, memory and senility". Another problem is that elderly people are generally reluctant to make negative comments and criticisms about services they receive. A further problem according to MacPherson *et al.* (1991, p.16) is that "in concert with many other age groups, elderly people may confuse

various services, particularly district nurses, health visitors and social workers" However, according to Hoinville *et al.* (1983, p.223) "these drawbacks are counterbalanced by positive attributes". One such positive attribute according to Hoinville *et al.* (1983, p.223) is that "the elderly identify themselves as part of a group more readily than other sections of our society". Other positive attributes include having more time to spare and generally having a high level of willingness to participate in surveys specifically about elderly people.

The postal questionnaire contained twenty-six questions, of which the majority were closed, and seven were personal data/classification questions. The questionnaire was carefully and clearly laid out, with bold type and with a bold front page design on coloured paper. The time scale of the research project did not allow for systematic piloting of the questionnaire, so as a compromise it was briefly piloted with a few elderly people with whom the researcher was already in contact, resulting in some minor adjustments being made to the questions and instructions. The questions were pre-coded as far as possible and the Mercator SNAP (Survey Analysis Package) was used for subsequent data analysis.

The questionnaires were sent out with a covering letter during the last week of May and first week of June 1994 to 704 of the elderly people in the sample, including twenty listed as registered partially sighted and seventeen listed as registered blind. The size of print used in the questionnaire made it suitable, according to sensory specialists in the Social Services Department, to send to people registered as partially sighted. In addition, the Care Managers and families of the nineteen people listed as registered blind had been contacted in advance to establish whether the questionnaire should be sent, and this was found to be acceptable for seventeen of them. For the remaining two registered blind people who did not have someone who acted as their 'regular reader', it was decided that the researcher would visit them instead

to go through the questionnaire. The questionnaires were colour coded by District, as were those sent to administrative staff and care management staff.

After two months, 387 questionnaires had been returned giving a response rate of 58.0%. Questionnaires were distributed and returned as follows:-

Table 3.4: Questionnaire Distribution and Response - Elderly People

DISTRICT	SURVEYED	% DISTRICT RESPONSE
A	112	59(52.6%)
B	127	69(54.3%)
C	132	74(56.0%)
D	116	81(69.8%)
E	64	34(53.1%)
F	96	49(51.0%)
G	59	21(35.5%)
TOTAL	704	387(58.0%)

Conclusion

Section one of this chapter briefly outlined the four components to the research. Sections two to five outlined in detail the objectives, methodology, sampling frames and questionnaires which were employed in relation to each of the four research components. These were the reception visits/checklist (section two), the survey of frontline administrative staff (section three), the survey of care management staff (section four) and the survey of elderly people referred to the Department in the first three months of 1994 (section five). The next chapter will examine the findings from the two surveys of the provider side of the consumer/provider information equation.

CHAPTER FOUR - SURVEYS OF FRONTLINE STAFF

Introduction

In chapter 3 we explained that quantitative research methods had been employed in order to explore whether elderly people's information needs in relation to community care had been addressed by the Information Strategy, and also whether the Strategy itself had been subject to the implementation problems to which it appeared vulnerable. This included visiting the reception point/s of all West Area community based Social Services Districts in order to complete a checklist of facilities available, and conducting postal surveys of the two groups of stakeholders, that is the consumers - elderly people (who had been referred to the Department) and the providers - frontline staff (both frontline administrative and care management staff).

This chapter will examine the findings from the provider side of the consumer/provider information equation. This involves looking at two surveys which examine the roles that firstly frontline administrative staff and secondly care management staff consider they play in relation to the provision of information to elderly people. In chapter 3 we indicated that a limitation of this approach was that, whilst both surveys involved sampling all members of their respective populations, disaggregating the data would be of limited value because of the small population figures. We therefore used postal questionnaires which asked a large number of open-ended questions in order to obtain qualitative as well as quantitative data, thus providing an impression of the 'Screener' and 'Street Level Bureaucrat' mentalities.

The chapter is in four sections. Section one profiles the socio-economic and employment characteristics of frontline administrative and care management staff, and examines the

working environment within which they operate. Sections two to four seek to establish whether the Strategy developed by the Department has encountered those implementation problems to which it appeared to be particularly vulnerable, according to the research literature.

In particular section two focuses on communication problems, section three on interagency issues and section four on the gatekeeping role of frontline staff in the provision of information.

1. 0   Characteristics of Respondents

This section will profile the socio-economic and employment characteristics of frontline administrative and care management staff, and will examine the working environment within which they operate.

1. 1 The Socio-Economic and Employment Characteristics of Frontline Administrative and Care Management Staff

In the methodology chapter we indicated that we surveyed all of the frontline administrative and care management staff who worked in adult/generic care management teams in West Area Social Services Districts about the role they play in the provision of information to elderly people/clients. The response rates for our surveys of frontline administrative and care management staff were 67 per cent and 53 per cent respectively. The socio-economic and employment characteristics of the respondents were as follows:-

Table 4.1: Socio-Economic and Employment Characteristics of Frontline Administrative and Care Management Staff

	% Administrative Staff (N = 41)	% Care Management Staff (N = 55)
Characteristic		
Gender		
Female	95.1	80.0
Male	4.9	20.0
Age		
21 - 30	26.8	10.9
31 - 50	46.3	63.6
51 - 65	24.4	25.5
Missing	2.4	0.0
Status		
Full Time	63.4	76.4
Part Time	36.5	23.6
Time In Post		
Less than a year	24.3	40.0
Over a year but less than 2 years	17.0	56.4
Over 2 years but less than 5 years	29.2	3.6
Over 5 years	29.2	0.0
Length of Service		
Less than a year	19.5	12.7
Over a year but less than 2 years	12.2	7.3
Over 2 years but less than 5 years	29.3	25.5
Over 5 years	39.0	52.7
Missing	0.0	1.8
District		
A	19.6	7.4
B	9.8	24.1
C	21.9	9.3
D	17.0	5.6
E	14.7	7.4
F	17.0	18.5
G	0.0	27.8

It is clear from Table 4.1 that the great majority of frontline administrative and care management staff were female, as the research literature would lead us to expect. Just under three fifths of the administrative population had been in their current post for at least two years, whereas the majority of the care management population had been in post for less than two years, largely as a result of several reorganisations of staff at this level during the last two to three years. In terms of length of service, just under two fifths of the administrative population had worked for the Department for more than five years, whilst over half the care management population had.

We asked both groups of staff to give their official job title and duties. The majority of the administrative population indicated that they were District Clerks, involved in a wide range of clerical and reception duties. Just over half the care management population indicated that they were in professional posts, such as Social Workers and Occupational Therapists, with the remainder in non professional posts, such as Community Care Workers. A crosstabulation was run to examine whether differences existed between the various Districts in terms of the professional background of their care management populations, and this was found to be so. At one extreme was District 'E', where all frontline care management staff were non professionals, whilst at the other extreme District 'C' had only a fifth of its care management population as non professionals. We also discovered that in two Districts there were no Social Workers in the care management population, and in another two Districts there were no Occupational Therapists in this population.

1. 2 The Working Environment of Frontline Administrative and Care Management Staff

In 1987 the Social Services Department underwent reorganisation and created a decentralised structure based on thirty-seven Districts, each of which had its own District Manager and

Management Team responsible for providing services to meet the needs of their local populations within the broad remit of centrally devised policy. Originally there were twelve Social Services Districts located in West Area, and over a period of time each District developed its own distinct culture, pattern of working and approach to service delivery to its local population. However in the last two years the Department has undergone further reorganisation, so that at the time of this research seven Districts were in operation in West Area.

This section will examine briefly the location and type of offices in which West Area frontline administrative and care management staff operate, firstly to provide an albeit superficial insight into their working environment which may in turn affect their roles as information providers, and secondly to help us appreciate the cultural and organisational backdrop against which policy implementation currently operates in an increasingly decentralised Department.

District A

District 'A' provides social services to five areas on the northern edge of the city which were developed after the Second World War. The District currently operates out of two offices, one of which has been established for a number of years and is located on the groundfloor of a building shared with the Probation Service near to a shopping centre and local library. This office has an open plan reception area. The other office, which has been established only recently, has a small reception point with a glass partition separating the frontline administrative staff from the public and is located on the ground floor of a very new building on a business park.

District B

District 'B' provides social services to five areas of the city, three of which are recognised as areas of multiple deprivation, whilst the other two are amongst the most affluent in the city. It operates out of two offices covering the two different localities. One office shares a reception point with District 'C'. This reception point has been established for a number of years and is on the ground floor of a crumbling Victorian building, formerly the local workhouse, near to the shops and a Jobcentre. It receives many personal callers, some of whom have a reputation for being violent. Frontline staff are frequently subjected to verbal and physical abuse from clients, and panic buttons have recently been installed in both the reception area and the interview rooms. The other office has only recently been opened. The reception area is well decorated with a glass partition separating the frontline administrative staff from the public, and is located on the ground floor of a very new building in a residential part of the locality.

District C

District 'C' also provides social services to five areas of the city, of which two are areas of multiple deprivation. There are two offices, both with reception points. One shares its reception point with District 'B' as mentioned above. The other office is situated on a large post war council housing estate and does not have a reception desk but a reception room, located on the groundfloor of a building which used to be a children's home. The reception room is not staffed, and visitors are instructed by a notice to ring a bell for attention.

District D

District 'D' provides social services to two large suburban areas. Two offices, each with a reception point, cover the two localities. One has been established for a number of years and the small reception point, with a glass partition separating the frontline administrative staff

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from the public, is on the ground floor of an old building, which is adjacent to a number of similar buildings occupied by County Council Departments in a residential part of the area. The other office, also established for many years, has a small reception point which is well decorated and open plan. This office is located on the ground floor of a 1960's building, adjacent to the local shopping centre.

District E

District 'E' provides social services to a small market town and its surrounding rural hinterland. The long established District office is on the ground floor of a building just outside the town centre. The large reception point is well decorated, and has a glass partition separating the frontline administrative staff from the public.

District F

District 'F' provides social services to five established areas close to the city centre, one of which is recognised as an area of multiple deprivation. The District office is located on the second floor of a multiply occupied building in the city centre. The reception point has recently been refurbished, is well decorated and has a glass partition separating the frontline administrative staff from the public. Frontline staff are frequently subjected to intimidation by clients, and a recent spate of incidents has led to the temporary employment of a security guard in the entrance to the building.

District G

District 'G' serves the hospital and outpatient population of four Hospitals situated across the city. The majority of staff are located at the main District Hospital which is five miles from the city centre. Unlike the six community based Social Services Districts, District 'G' does not have designated reception points; instead most of the work is done on the wards. The

administrative staff in this district are not in contact with the public, and were therefore excluded from the survey population.

Section one has demonstrated that both the frontline administrative and care management populations, were predominantly female and that they were heterogeneous in terms of age, length of service, and part/full time status. It has shown that both populations worked in a wide range of offices and locations, each with its own unique culture and ways of operating and that in some offices staff were frequently subjected to intimidation from clients whilst in others this was a rare event. With so many offices it is quite possible that the frontline administrative and care management populations, whilst having similar job descriptions covering a standard range of tasks, will in fact be undertaking very different roles in response to local circumstances. Bearing these findings in mind, it would seem unlikely that the Department's Information Strategy will be successfully implemented, since it recognises neither the diversity of roles that frontline staff currently undertake nor the fact that the actions it requires them to carry out in relation to information provision are likely to be subject to local interpretation.

In the next section we will examine the survey data for evidence to suggest that the Information Strategy has encountered the communication problems to which we indicated in chapter two that it appeared vulnerable.

2. 0 Communication Problems

The review of the research literature in chapter two identified that the 'policy oriented' and 'actor oriented' approaches to implementation analysis both indicate, for different reasons, that communication problems are likely to occur in the policy implementation process. The former approach suggests that as a policy passes down through various levels of an organisation it is

likely to be miscommunicated, and that it may also be subject to local implementers misunderstanding what is expected of them. The latter suggests that implementation is not a linear process but that it is characterised instead by politics, bargaining and negotiation, which will undoubtedly affect who communicates what, to whom. If this is the case in West Area in relation to the implementation of the Information Strategy, then we would expect that:

4. 1 THERE ARE LIKELY TO BE SUBSTANTIAL DIFFERENCES BETWEEN THE VARIOUS SOCIAL SERVICES DISTRICTS IN TERMS OF THE INFORMATION WHICH IS PROVIDED BY THEIR FRONTLINE STAFF TO ELDERLY PEOPLE/CLIENTS.

4. 2 THERE ARE LIKELY TO BE MARKED DIFFERENCES BETWEEN STAFF WITH DIFFERENT PROFESSIONAL BACKGROUNDS IN TERMS OF THE INFORMATION WHICH THEY PROVIDE TO ELDERLY PEOPLE/CLIENTS.

4. 3 THERE ARE LIKELY TO BE MARKED DIFFERENCES BETWEEN STAFF WHO HAVE RECENTLY JOINED THE DEPARTMENT AND MORE ESTABLISHED MEMBERS OF STAFF IN TERMS OF THE INFORMATION WHICH THEY PROVIDE TO ELDERLY PEOPLE/CLIENTS.

Before testing out the above hypotheses, we will outline the responses made by the frontline population to questions asking about the information they provide to elderly people. We asked them first whether they provide elderly people/clients with specific Departmental leaflets, and second whether they provide elderly people/clients with various pieces of verbal information about the Department.

2. 1 Provision of Social Services Department Leaflets to Elderly People/Clients

The Information Strategy outlined in chapter two indicated that two general information leaflets, 'Need Our Help' and 'Residential/Nursing Home Care', were to be distributed at the local level by frontline staff. However, it did not specify precisely which members of the District staff were required to provide these leaflets to elderly people/clients. The Information

Strategy did indicate that the two information leaflets for clients, namely 'Information For People In Touch' and the 'Quality Standards Leaflets', should be given to clients by care management staff, and should be discussed with them, to ensure that any questions about the information in the leaflets could be answered. However, the Strategy did not specify the role that frontline administrative staff should play in relation to provision of these two leaflets.

We asked the frontline administrative and care management staff whether they regularly provided elderly people who contact the Department with the leaflets 'Need Our Help', 'Information For People In Touch', 'Residential/Nursing Home Care' and 'Quality Standards', and their responses are summarised in Table 4.2 below.

Table 4.2: Provision of Social Services Departmental Information Leaflets to Elderly People/Clients

	%	%
	Administrative Staff (N=41)	**Care Management Staff (N=55)**
Leaflet		
Need Our Help		
Yes	24.6	47.3
No	65.9	52.7
Don't Know	9.8	0.0
Information For People		
Yes	14.6	34.5
No	68.3	65.6
Don't Know	14.6	1.8
Missing	2.4	0.0
Residential/Nursing Home Care		
Yes	26.8	65.5
No	68.3	34.5
Don't Know	4.9	0.0
Quality Standards		
Yes	22.0	36.4
No	68.3	64.6
Don't Know	9.8	0.0

Table 4.2 shows that only a minority of the frontline staff (25 per cent of administrative and 47 per cent of care management staff) were regularly providing elderly people/clients with one of the general information leaflets, namely 'Need Our Help'. Over twice as many members of the care management population as members of the administrative population indicated that they were regularly providing elderly people/clients with the other general information leaflet, 'Residential/Nursing Home Care'.

Table 4.2 also shows that only a minority of the care management population who were tasked with providing elderly clients with the two 'client specific' information leaflets were doing so. Just over a third of care management staff were regularly issuing the 'Information For People In Touch' and 'Quality Standards' leaflets. However, the table also shows that a small number of the administrative staff, who were not specifically tasked with providing the 'client specific' leaflets, were nevertheless doing so. Over a tenth of them were regularly providing elderly people clients with the leaflet 'Information For People In Touch', and just over a fifth with the 'Quality Standards' leaflets.

The respondents also made a variety of indicative comments which provide an insight into how frontline staff currently perceive their role in providing information both in general, and specifically in leaflet form, to elderly people/clients.

(i) Frontline Administrative Staff

Several members of the administrative population indicated that giving leaflets to elderly people/clients was not part of their job. One District Clerk commented:-

> *"Its not the job of administrative staff to give out leaflets - this should be done by care management staff".*

Another member of the administrative population made the following point, which was typical of many others that were made:-

> "I don't give leaflets to people, but they are on display in reception for people to help themselves".

Others indicated that they did not provide leaflets to elderly people, but to their relatives who enquired on their behalf. One District Clerk commented:-

> "Generally it is relatives who enquire, not elderly people themselves".

(ii) Care Management Staff

Several members of the care management population indicated that they did not know about all of the leaflets and that they were unclear about their function. The following two comments reflect many that were made:-

> "I was unaware of the existence of the first two leaflets".
>
> "I'm not sure which leaflet/s I should be giving to clients when they make contact with the Department".

Others indicated that the care management process was particularly demanding in terms of the amount of paperwork that requires completion and as a result the provision of information frequently takes a back seat. The following comment made by one Care Manager reflects this concern:-

> "With so much paperwork to deal with in care management giving information gets overlooked".

A number of the Care Management population commented that because they operate in a

pressurised environment they did not have time to impart information. The following comment by a hospital based Care Manager was typical:-

> *"All my work is crisis oriented, I do not have the time for clients to think over the options they may want for the future - decisions on options have to be made quickly".*

Some of the Care Management population expressed concerns about providing information in leaflet form:-

> *"I feel like a leaflet distributor".*

Others made comments about elderly people not liking to be given information in leaflet form:-

> *"Many don't like the hassle and won't bother with them and I do not have the time to explain what I would like".*

We also asked the frontline administrative and care management populations whether they thought that the Departmental leaflets were helpful, easy to understand, accurate and comprehensive. The majority of the frontline administrative population indicated that they did not know whether any of the four Departmental leaflets were helpful, easy to understand, accurate or comprehensive. They also made additional comments which suggested that many of them had not seen, let alone read the leaflets, whilst others commented that they had not bothered to read the leaflets because they were not responsible for giving them out to clients.

However, the majority of the frontline care management population indicated that they had found the two general information leaflets 'Residential/Nursing Home Care' and 'Need Our Help' helpful, easy to understand and accurate, whilst only a minority considered this to be the

case in relation to the two client specific leaflets, 'Information For People In Touch' and the 'Quality Standards'. It is interesting to note that only a minority considered that any of the Departmental leaflets were comprehensive. Additional comments made by the frontline care management staff indicated that the actual content of some of the leaflets had made them difficult for elderly people to understand, whilst others commented that the leaflets were dishonest because they did not paint an accurate picture of how difficult it was to obtain services in reality.

2. 2 Provision of Verbal Information About the Social Services Department to Elderly People/Clients

The Information Strategy outlined in chapter two indicated that staff who provide leaflets should go through them with clients to ensure that they understand them, and so that any questions which arise can be answered. It is worth reminding ourselves at this point that the research literature in chapter one revealed that frontline staff have a preference for the oral communication of information. This would suggest that the frontline administrative and care management populations will be more likely to provide verbal information than information in leaflet form to elderly people/clients. We asked respondents a number of questions about whether they provide elderly people with verbal information, and their responses are presented in Table 4.3 below.

Table 4.3 Provision of Verbal Information to Clients

Information	Provide Verbal Information	
	%	%
Information	Administrative Staff (N=41)	Care Management Staff (N=55)
The Assessment Process		
Yes	29.3	100.0
No	65.9	0.0
Don't Know	2.4	0.0
Missing	2.4	0.0
Services Provided by S.S.D.		
Yes	73.2	100.0
No	26.8	0.0
Don't Know	0.0	0.0
Services Provided by Other Agencies		
Yes	57.9	100.0
No	42.1	0.0
Don't Know	0.0	0.0
Cost of Services (Where Applicable)		
Yes	7.3	96.4
No	87.8	3.6
Don't Know	2.4	0.0
Missing	2.4	0.0

It is evident from Table 4.3 that there were marked differences between the care management and administrative populations in terms of the provision of verbal information to elderly people/clients. The provision of verbal information would appear to be a task which was primarily undertaken by members of the care management rather than the administrative population. The responses reveal that whilst all of the care management population provided elderly people/clients with verbal information about the assessment process and about services provided by the Department and other agencies, and whilst the great majority of them provided elderly people/clients with information about the cost of services, this was clearly not the case with the frontline administrative population. In fact Table 4.3 shows that less than a

third of the frontline administrative population provided elderly people with verbal information about the assessment process, under three quarters provided verbal information about services provided by the Department, less than three fifths gave verbal information about services provided by other agencies and less than a tenth provided elderly people/clients with verbal information about the cost of services.

This section has produced two key findings. Firstly, it has identified marked differences between the frontline administrative and care management populations in terms of their provision of information to elderly people/clients. The findings suggest that the provision of information to clients was a task undertaken primarily by care management staff; indeed, only a minority of administrative staff appeared to be undertaking this task in any way at all. This is particularly relevant because it would suggest that one of the key requirements of the Information Strategy, the provision of information by frontline staff to clients, was not occurring in practice. Secondly, the findings reveal, in line with previous research (Tester and Meredith 1987; Tinker *et al.* 1993), that frontline staff would appear to have a preference for the oral communication of information.

We will now analyse the survey data to establish whether substantial differences exist between the various Districts in terms of the information provided by their frontline administrative and care management staff to elderly people/clients.

2. 3 Provision of Information by Social Services Districts

In this section we will examine the survey data in relation to hypothesis 4.1 which proposes that there are likely to be substantial differences between the various Social Services Districts in terms of information provision to elderly people/clients. We will examine whether substantial differences exist between the various Districts in terms of firstly the provision of

information in leaflet form, and secondly the provision of verbal information by their frontline administrative and care management staff.

(i) Leaflet Information

We ran a number of crosstabulations in order to discover whether substantial differences exist between the various Districts in terms of the provision of the four leaflets by their respective frontline administrative and care management populations to elderly people/clients. The crosstabulation on administrative staff providing the leaflet 'Need Our Help' revealed that at one extreme just under three quarters of the administrative population in District 'A' were providing elderly people/clients with this leaflet, whilst at the other extreme none of the frontline administrative population in District 'C' were issuing it. The crosstabulation on care management staff providing the leaflet 'Need Our Help' revealed all the care management population in District 'D' providing elderly people/clients with the leaflet, whilst at the other extreme none of the care management population in District 'E' were. The crosstabulations we ran in relation to the leaflets 'Information For People In Touch' and 'Residential/Nursing Home Care' also revealed substantial differences between the various Districts in terms of the percentage of their respective administrative and care management populations who were providing elderly people/clients with these leaflets.

The crosstabulation of care managers providing 'Quality Standards' leaflets by Social Services District showed that in five Districts there were members of the care management population who provided elderly people with the 'Quality Standards' leaflets, whilst in two Districts this was not the case, despite the fact that the Information Strategy explicitly tasked them with responsibility for doing this. The crosstabulation of care managers providing 'Quality Standards' leaflets by Social Services District showed that in five Districts there were members

of the care management population who provided elderly people with the 'Quality Standards' leaflets, whilst in two Districts this was not the case, despite the fact that the Information Strategy explicitly tasked them with responsibility for doing this. The crosstabulation of administrative staff providing 'Quality Standards' leaflets by District indicated that in three Districts there were members of the administrative population who were providing elderly people/clients with leaflets, although the Information Strategy did not explicitly give them the responsibility for doing so.

(ii) Verbal Information

In order to discover whether substantial differences existed between the various Districts in terms of the provision of the four pieces of verbal information by their respective frontline administrative and care management populations to elderly people/clients, we again ran a number of crosstabulations. The crosstabulation on administrative staff providing verbal information about the assessment process by District did reveal substantial differences between the Districts. It showed that at one extreme we had just under three quarters of the frontline administrative population in District 'B' providing elderly people/clients with verbal information about the assessment process whilst at the other extreme we had only a tenth of their colleagues in District 'C' doing so. The other three crosstabulations we ran in relation to administrative staff providing verbal information to elderly people/clients about the services provided by the Department, about services provided by other agencies and about the cost of services also revealed substantial differences between the various Districts.

In Table 4.3 above we identified that all of the care management population provided elderly people/clients with verbal information about the assessment process, services provided by the Department and services provided by other agencies, and that 96 per cent of them provided

verbal information about the cost of services. It follows, therefore, that substantial differences did not exist between the various Districts in terms of the provision of verbal information to elderly people/clients by their respective care management populations.

Hypothesis 4.1, which proposed that there are likely to be substantial differences between the various Social Services Districts in terms of information provision to elderly people/clients, is supported in relation to the provision of information in leaflet form. The evidence revealed that there were substantial differences between the various Districts in terms of the provision of information in this format by their respective frontline administrative and care management populations to elderly people/clients. However, whilst there was evidence to support hypothesis 4.1 in relation to the provision of verbal information to elderly people/clients by frontline administrative staff, this was not the case in relation to care management staff. No substantial differences existed between the various Districts in terms of the provision of verbal information to elderly people/clients by their respective care management populations.

2. 4 Provision of Information by the Different Professional Groups

In this section we will examine the data in relation to hypothesis 4.2, which proposes that there are likely to be marked differences between staff with different professional backgrounds in terms of the information which they provide to elderly people/clients. We will examine this in relation to both leaflet and verbal information. We created a new variable using responses to a question which asked care management staff to indicate their official job title. The new variable divided them into three categories: non professionals, social workers and occupational therapists.

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(i) Leaflet Information

We ran four crosstabulations to see whether differences existed between staff with different professional backgrounds in terms of the provision of the four leaflets to elderly people/clients. The crosstabulations relating to the provision of the leaflets 'Need Our Help', 'Information For People In Touch' and 'Quality Standards' revealed no marked differences. The fourth crosstabulation, on the provision of the leaflet 'Residential/Nursing Home Care' by staff with different professional backgrounds, did reveal some differences between the groups of staff in terms of the numbers in each group who provided elderly people/clients with the leaflet 'Residential/Nursing Home Care. They were, however, slight rather than marked, as Table 4.4 below shows.

Table 4.4: Provision of "Residential/Nursing Home Care Leaflet" By Professional Background of Staff

	Give Leaflet	
	%	%
Professional Group	**Yes**	**No**
Non-Professionals (N = 25)	64.0	36.0
Social Workers (N = 19)	78.9	21.1
Occupational Therapists (N = 7)	57.1	42.9

(ii) Verbal Information

In Table 4.3 we showed that all of the care management population provided elderly people/clients with verbal information about the assessment process, services provided by the Department and services provided by other agencies, and all but 4 per cent of them also provided verbal information about the cost of services. Clearly, therefore, marked differences did not exist between staff with different professional backgrounds in terms of the provision of verbal information to elderly people/clients.

Hypothesis 4.2, which proposed that there were likely to be marked differences between staff with different professional backgrounds in terms of the information which they provide to elderly people/ clients is not supported by the evidence, which reveals that marked differences did not exist between such staff in terms of the provision of either verbal or leaflet information.

2. 5 Provision of Information by Staff with Different Amounts of Service

In this section we will examine the survey data in relation to hypothesis 4.3, which proposes that there are likely to be marked differences between staff who have recently joined the Department and more established members of staff in terms of the information which they provide to elderly people/clients. We will examine the survey data on both the frontline administrative and care management populations to determine whether marked differences existed between staff who had recently joined the Department and more established members of staff in terms of the leaflet and verbal information which they provided to elderly people clients. We created a new variable for each of the two survey populations to analyse their responses on how long they had worked for the Department.

(i) Leaflet Information

To discover whether marked differences existed between staff who had recently joined the Department and more established staff in terms of the provision of the four leaflets, we ran several crosstabulations. The first, on administrative staff's length of service by provision of information in leaflet form to elderly people/clients, revealed no marked differences between those with short and long periods of service. Another, on care management staff's length of service by provision of information in leaflet form to elderly people/clients, did however reveal

marked differences. The crosstabulation we ran in relation to provision by care management

staff of the leaflet 'Need Our Help' by length of service is detailed below in Table 4.5.

Table 4.5: Frontline Care Management Staff Providing 'Need Our Help' Leaflet By Length of Service
(Table excludes "no response")

	Give Leaflet	
	%	%
Length Of Service	**Yes**	**No**
Less than 2 Yrs (N=12)	27.3	72.7
More than 2 Yrs (N=28)	62.1	37.9

Table 4.5 reveals clear differences between care management staff who had recently joined the

Department and more established members of staff in terms of the numbers in each group who

regularly provided elderly people/clients with this particular leaflet. It shows that whilst over

three fifths of the more established members of care management population regularly

provided elderly people/clients with the leaflet 'Need Our Help', only just over a quarter of

those who had recently joined the Department did.

(ii) Verbal Information

In order to identify whether marked differences existed between staff who had recently joined

the Department and more established members of staff in terms of the provision of verbal

information, we again ran a number of crosstabulations. The crosstabulations, which were on

administrative staff's length of service by provision of the various pieces of verbal information

to elderly people/clients, revealed that marked differences did not exist between staff who

have recently joined the Department and more established members of staff.

In Table 4.3 we indicated that the entire care management population provided elderly people/clients with verbal information about the assessment process, services provided by the Department and services provided by other agencies, and that 96 per cent of them provided verbal information about the cost of services. It follows, therefore, that there were no marked differences between staff with short and long periods of service in terms of the provision of verbal information to elderly people/clients.

Hypothesis 4.3, which proposed that there are likely to be marked differences between staff who have recently joined the Department and more established members of staff in terms of the information which they provide to elderly people/clients is not supported by the evidence in relation to the frontline administrative population; marked differences did not exist between the administrative population with short and long periods of service in terms of the provision of either verbal or leaflet information to elderly people/clients. However, there is mixed support for hypothesis 4.3 in relation to the frontline care management population. Marked differences did exist between the care management population who had recently joined the Department and more established members of staff in terms of the provision of leaflet information to elderly people/clients, but not in terms of the provision of verbal information.

2. 6 Evidence of Communication Problems

Section two found evidence from the survey data to suggest that the Information Strategy developed by the Department has encountered a number of communication problems. Firstly, it revealed that the majority of the frontline administrative population were not providing elderly people/clients with Departmental information leaflets, even though they were required to by the Information Strategy. Evidence of communication problems was provided in the comments made by many members of the administrative population indicating that they were

either unclear about, or did not recognise their responsibility to provide elderly people/clients with information in leaflet form. This section also revealed that, whilst the frontline administrative population were generally doing a better job at providing elderly people/clients with verbal information, this too was happening in a largely piecemeal fashion.

Secondly, it is evident that whilst more of the care management than administrative population were providing elderly people with Departmental information leaflets, this was nevertheless only being undertaken by a minority of them, except for the leaflet 'Residential/Nursing Home Care' which two thirds regularly provided to elderly people/clients. Once again communication problems were reflected in the comments made by care management staff, who indicated they were unaware of several of the Departmental information leaflets and their function. However, the majority of the care management population were providing elderly people/clients with verbal information.

Further evidence that the Information Strategy has encountered communication problems emerges from the survey findings of marked differences between the various Districts in terms of firstly the provision of information in leaflet form to elderly people/clients by their respective frontline administrative and care management populations, and secondly the provision of information by their frontline administrative populations. Still more evidence of communication problems arises from the identification of marked differences between members of the care management population with short and long periods of service in terms of the provision of leaflet information to elderly people/clients.

3. 0 Interagency Issues

In chapter two we identified that the 'policy oriented' approach to implementation analysis suggests that policy implementation will be subject to a number of problems which arise from

trying to co-ordinate and control the various levels of several organisations which may be involved in the policy implementation process. Meanwhile the 'actor oriented' approach suggests that policy implementation may be become the responsibility of an ad hoc grouping of local policy implementers, from a variety of different organisations. If this is the case, in West Area we would expect there to be marked differences between frontline staff who operate in interagency environments and those operating in single agency environments in terms of the information they give to elderly people/clients, and in terms of their ability to access information about community care services. It is proposed that:

4. 4 SUBSTANTIAL DIFFERENCES WILL EXIST BETWEEN FRONTLINE STAFF WHO OPERATE IN INTERAGENCY AND SINGLE AGENCY ENVIRONMENTS IN TERMS OF THE INFORMATION WHICH THEY PROVIDE TO ELDERLY PEOPLE.

4. 5 FRONTLINE STAFF WHO OPERATE IN AN INTERAGENCY ENVIRONMENT ARE LIKELY TO FIND IT EASY TO ACCESS INFORMATION ABOUT A BROAD RANGE OF COMMUNITY CARE SERVICES WHILST FRONTLINE STAFF WHO OPERATE IN A SINGLE AGENCY ENVIRONMENT ARE NOT.

3. 1 Provision of Information by Frontline Staff Who Operate in Interagency and Single Agency Environments

We will analyse the data on both the frontline administrative and care management populations to see whether substantial differences existed between staff who operated in interagency and single agency environments in terms of the leaflet and verbal information which they provided to elderly people/clients. We created a new variable for each of the two survey populations based on the original Districts but dividing them into two groups, that is an interagency and a single agency group. We will look for differences in provision of information firstly in leaflet form and secondly in verbal form.

(i) Leaflet Information

To establish whether substantial differences existed between frontline staff operating in interagency and single agency environments in terms of the provision of the four leaflets by their respective frontline administrative and care management populations, we ran a number of crosstabulations.

Crosstabulations of administrative staff's agency environment by provision of information in leaflet form to elderly people/clients revealed no substantial differences between members of staff who operated in different agency environments. However, similar crosstabulations on care management staff's agency environment by provision of information in leaflet form to elderly people/clients did reveal substantial differences. A crosstabulation on the provision of the leaflet 'Need Our Help' by care management staff 's agency environment is summarised below in Table 4.6.

Table 4.6: Frontline Care Management Staff Providing 'Need Our Help' Leaflet By Agency Environment
(Table excludes "no response")

	Give Leaflet	
	%	%
Agency Environment	Yes	No
Single (N = 35)	57.1	42.9
Interagency (N=19)	31.6	68.4

Table 4.6 demonstrates the marked differences between care management staff who operated in single and interagency environments in terms of the numbers in each group who regularly provided elderly people/clients with this particular leaflet. It shows that whilst almost three fifths of those in a single agency environment regularly provided elderly people/clients with the

leaflet, this was the case with only just under a third of those operating in an interagency environment.

Similarly, the crosstabulation we ran in relation to leaflets 'Information For People In Touch', 'Residential/Nursing Home Care' and the 'Quality Standards' leaflets revealed substantial differences between care management staff who operated in single and interagency environments in terms of the numbers in each group who regularly provided these leaflets to elderly people/clients. All three crosstabulations revealed that whilst the majority of the care managers operating in a single agency environment regularly provided elderly people/clients with the Departmental information leaflets, this was the case with only a small minority of those who operate in an interagency environment.

(ii) Verbal Information

In order to discover whether such differences existed between frontline staff who operated in interagency and single agency environments in terms of the provision of verbal information, we again ran a number of crosstabulations. The crosstabulation we ran on frontline administrative staff providing verbal information about services provided by other agencies is outlined below in Table 4.7.

*Table 4.7: Frontline Administrative Staff Providing Verbal Information About Services
Provided by Other Agencies By Type of Agency Environment
(Table excludes "no response")*

	Give Verbal Information To Elderly People/Clients	
	%	%
Agency Environment	Yes	No
Single (N = 35)	68.6	31.4
Interagency (N = 6)	100.0	0.0

This table reveals that marked differences did exist between frontline administrative staff who operated in single and interagency environments in terms of the numbers in each group who provided elderly people with verbal information about the services offered by other agencies. All of the administrative population who operated in an interagency environment provided elderly people with verbal information about services offered by other agencies, compared with only two thirds of those operating in a single agency environment. A crosstabulation on provision of verbal information about the cost of services by frontline administrative staff's agency environment also revealed that more of those in an interagency environment than those in a single agency environment provided elderly people with this verbal information. Conversely, however, the other two crosstabulations on provision of verbal information about the assessment process and about services provided by the Department by frontline staff's agency environment revealed that more of those who operate in a single agency than those in an interagency environment provided elderly people with these two pieces of verbal information.

In Table 4.3 above we indicated that all of the care management population provided elderly people clients with verbal information about the assessment process, services provided by the Department and services provided by other agencies and that 96 per cent of them provided elderly people/clients with verbal information about the cost of services. It follows, therefore, that marked differences did not exist between care management staff who operate in single and interagency environments in terms of the provision of verbal information to elderly people.

Hypothesis 4.4, which proposed that marked differences would exist between frontline staff who operated in interagency and single agency environments in terms of the information which they provided to elderly people/clients, has mixed support from the evidence outlined above.

Whilst there were marked differences between members of the frontline administrative population who operated in single and interagency environments in terms of their provision of verbal information to elderly people, this was not the case in relation to the care management population. However, so far as the provision of Departmental information leaflets to elderly people is concerned, the opposite would appear to be true; whilst there were marked differences between members of the care management population who operated in single and interagency environments, this was not the case with the administrative population.

3. 2 Accessing Information About Community Care Services

We will now examine the survey data in relation to hypothesis 4.5, which proposes that frontline staff who operate in an interagency environment are likely to find it easy to access information about a broad range of community services, whilst frontline staff who operate in a single agency environment are not. Before testing the above hypothesis, we will detail the responses from the respective frontline administrative and care management populations to questions asking whether they found it easy or difficult to find out where/who to contact for information on a broad range of community care subjects.

Table 4.8: Accessing Information in Relation to Community Care

	Accessing Information							
	Administrative Staff (N = 41)				Care Management Staff (N = 55)			
	%	%	%	%	%	%	%	%
Information	Easy	Difficult	NotTried	Missing	Easy	Difficult	NotTried	Missing
Specific Disabilities	31.7	4.9	61.0	2.4	60.0	20.0	18.2	1.8
Benefits	41.5	4.9	51.2	2.4	76.4	20.0	3.6	0.0
Rehabilitation	29.3	2.4	61.0	7.3	69.1	20.0	10.9	0.0
Home Help	58.5	0.0	36.6	4.9	89.1	5.5	5.5	0.0
Meals	68.3	0.0	29.3	2.4	90.9	3.6	5.5	0.0
Mobility	36.6	14.6	41.5	7.3	72.7	20.0	7.3	0.0
Equipment	65.9	0.0	31.7	2.4	78.2	10.9	7.3	0.0
Adaptations	39.0	4.9	51.2	4.9	72.7	16.4	14.5	0.0
Housing	36.6	4.9	53.7	4.9	69.1	16.4	14.5	0.0
Residential/ Nursing Home	51.2	0.0	46.3	2.4	85.5	3.6	10.9	0.0
Advice	39.0	4.9	51.2	4.9	65.5	21.8	12.7	0.0
Respite	41.5	2.4	51.2	4.9	74.5	12.7	12.7	0.0
Carer Support	26.8	4.9	61.0	7.3	60.0	27.3	12.7	0.0

Table 4.8 reveals that more of the care management population than the administrative population had found it easy to access information on a wide range of services. However, this would appear to be not because the frontline administrative population had found it difficult to access such information, but because they had never actually tried to. It also shows that more of the administrative and care management populations had found it easy to find out about information about meals on wheels than about any other service. Also more of the administrative staff had found it difficult to access information about mobility than any other service, whilst more of the care management staff had found it difficult to access information about support for carers than any other service. It would appear, in line with previous research (Tester and Meredith 1987; Allen et al. 1992), that care management staff have a hierarchy of knowledge. They appear to be more confident of accessing information about

broad based services traditionally provided by the Department then about specialist services, such as rehabilitation, and new service areas covered by the Department such as carer support.

The respondents made a variety of indicative comments and these provide us with a valuable insight into how they perceive accessing community care information. Several members of the administrative population indicated that accessing information about community care services was not their job. The following comment made by one District Clerk was typical:-.

> *"Admin staff aren't responsible for finding information about services, this is done by the care managers and community care workers".*

However, others indicated that they did access information about community care services and that generally this was easy because of the helpfulness of colleagues. One District Clerk commented:-

> *"In all cases where I've asked Social Services staff in the office for assistance in getting information about these services I've had good support".*

Several members of the care management population indicated that having access to informed colleagues was essential. One Care Manager commented:-

> *"It all comes down to a good information resource within the team - we give a high priority to this as with community care, more emphasis is on using a range of community resources/services".*

Others indicated that whilst they did not experience difficulties in finding out where/who to contact in relation to community care services, they did, find it difficult to access information

about community care services which was accurate. The following comment made by one Care Manager reflects this concern:-

"I know where and who to contact but the answers are not always the same".

A number of the Care Managers commented that finding about where/who to contact in relation to community care services may be influenced by a persons professional background or by their length of service. The following two comments are representative of several that were made:-

"It depends on which profession you are i.e. Occupational Therapy or Social Work as each specialises in their own field and should continue to do so".

"Partly dependant on level of experience and range of work previously encountered its likely to be difficult for newly qualified staff".

Having produced this picture of the frontline population's confidence in accessing information about community care services, and having also identified community care areas which they seldom attempted to access, we will now examine the survey data to discover whether frontline staff who operate in an interagency environment are likely to find it easy to access information about a broad range of community services, whilst those operate in a single agency environment are not. To test this hypothesis we ran a series of cross-tabulations in relation to both the administrative and care management populations for each community care subjects listed in Table 4.8, by the type of agency within which they operate.

The crosstabulation of frontline administrative staff accessing information on where/who to contact in relation to help in the home by agency environment type is presented in Table 4.9 below.

Table 4.9: Frontline Administrative Staff Accessing Information on Help in The Home By Type of Agency Environment
(Table excludes "no response")

	Finding Out	
	%	%
Agency Environment	**Easy**	**Difficult**
Single (N = 33)	57.5	42.5
Interagency (N = 6)	83.3	16.7

Table 4.9 shows that more of the frontline administrative population who worked in an interagency environment than those in a single agency environment had found it easy to access information about who/where to contact in relation to help in the home. Over four fifths of the administrative population who operated in an interagency environment had found it easy to access information about who/where to contact in relation to help in the home, whilst less than three fifths of those in a single agency environment had. The two other crosstabulations of frontline administrative staff accessing information about where/who to contact about advice counselling and residential/nursing home care by agency environment also showed that more of those in an interagency environment than in a single agency environment had found it easy to access the required information. However, the other ten crosstabulations we ran on accessing information about specific disabilities, rehabilitation, mobility/transport, support to carers, equipment/aids, benefits/allowances, meals on wheels, housing/accommodation, adaptation to property and respite care did not indicate that frontline administrative staff operating in an interagency environment had found it substantially easier to access information than those in a single agency environment. The crosstabulation we ran in relation to care management staff accessing information on where/who to contact in relation to specific disabilities by the type of agency environment is presented in Table 4.10 below.

Table 4.10 Care Management Staff Accessing Information on Specific Disabilities By Type of Agency Environment
(Table excludes "no response")

	Finding Out		
	%	%	%
Agency Environment	Easy	Difficult	Don't Know
Single (N = 35)	51.4	22.9	22.9
Interagency (N = 19)	78.9	10.5	10.5

Table 4.10 shows that more of the frontline care management population who operated in an interagency environment than those in a single agency environment had found it easy to access information about who/where to contact in relation to specific disabilities. Just under four fifths of the care management staff in an interagency environment had found it easy to access information about who/where to contact in relation to specific disabilities, as had just over half those who operate in a single agency environment. Two other crosstabulations on accessing information about where/who to contact in relation to benefits/allowances and rehabilitation showed similarly that more of the frontline care management population in an interagency than in a single agency environment had found it easy to access information on these two community care services.

Conversely, five of the other ten crosstabulations on care management staff accessing information about where/who to contact in relation to various community care services revealed that more of the frontline care management population in a single agency than those in an interagency environment had found it easy to access information about where/who to contact in relation to mobility/transport, equipment/aids, adaptation, support for carers and respite care. However, the other five crosstabulations, which related to accessing information about help in the home, meals on wheels, housing/accommodation, residential/nursing home care and advice/counselling, failed to reveal any marked differences between those members of

the care management population who worked in a single agency environment and those in an interagency environment.

Hypothesis 4.5, which proposed that frontline staff who operate in an interagency environment are likely to find it easy to access information about a broad range of community services whilst frontline staff who operate in a single agency environment are not, would not appear to be supported by the evidence outlined above. The majority of crosstabulations relating to frontline administrative and care management staff accessing information about community care services, did not reveal that more of the administrative staff who operate in an interagency environment than those who operate in a single agency environment had found it easy to access this information.

3. 3 Evidence of Interagency Issues

Section three has found evidence which suggests that the Information Strategy developed by the Department has to some extent encountered implementation problems, such as interagency issues. There were, for example, marked differences between members of the frontline administrative population who operated in single and interagency environments in terms of the provision of verbal information to elderly people, and marked differences between members of the care management population operating in single and interagency environments in terms of the provision of leaflet information to elderly people. However, this section has also established that, contrary to our hypothesis, frontline administrative and care management staff who operate in an interagency environment were no more likely than their single agency colleagues to find it easy to access information about where/who to contact in relation to a broad range of community care services.

4. 0 The Gatekeeping Role Played by Frontline Staff in the Provision of Information

The review of the implementation literature in chapter two identified that the 'policy oriented' approach to implementation analysis does not provide an insight into the role that frontline staff play in the provision of information. In contrast, the 'actor oriented' approach to implementation analysis and in particular the work of Lipsky 1980, Weatherley 1977, and Prottas 1979, reveals that frontline staff play a key role in the provision of information to the public. Lipsky (1980) indicates that information is used as a rationing tool by both frontline administrative staff, whom he terms 'Screeners', and by frontline practitioner staff, whom he terms 'Street Level Bureaucrats'.

The review of the research literature, in chapter one, identified that frontline workers may restrict the amount of information elderly people/clients can obtain. According to Tinker *et al.* (1993, p.17) this may occur in at least three ways via withholding of known information, lack of knowledge or reliance on oral transmission of information. The review of the implementation literature revealed that the methods used by frontline administrative staff ('Screeners') to ration information mirror those used by frontline professional staff ('Street Level Bureaucrats'). If this is the case then the Information Strategy which places considerable emphasis on the provision of information by frontline staff to potential and current users of services, is likely to fail. It is therefore proposed that:

4. 6 FRONTLINE ADMINISTRATIVE STAFF WILL FREQUENTLY REDIRECT ELDERLY PEOPLE TO OTHER AGENCIES.

4.7 FRONTLINE CARE MANAGEMENT STAFF WILL NOT PROVIDE ELDERLY PEOPLE WITH INFORMATION ABOUT THEIR RIGHTS.

4. 8 FRONTLINE STAFF WILL PREFER TO GIVE VERBAL INFORMATION AS OPPOSED TO INFORMATION IN OTHER FORMATS TO ELDERLY PEOPLE.

4. 9 FRONTLINE STAFF WILL NOT KNOW HOW TO OBTAIN THE FULL RANGE OF DEPARTMENTAL INFORMATION MATERIALS WHICH ARE AVAILABLE.

4. 1 Redirecting Elderly People to Other Agencies

Before examining the survey data in relation to hypothesis 4.6, which proposes that frontline administrative staff are likely to redirect elderly people to other agencies, we will establish the amount and type of contact that they have with elderly people and also the frequency with which they have to clarify the initial enquiry made by or on behalf of elderly people.

Table 4.11: Contact With Elderly People

Characteristic	%
Approximate Number of Quick Telephone Calls (N =32)	
None	12.5
Under 20 a week	50.0
More than 20 a week	37.5
Approximate Number of Longer Telephone Calls (N = 31)	
None	48.4
Under 20 a week	48.4
More than 20 a week	3.2
Approximate Number of Letters (N = 30)	
None	76.7
Under 20 a week	20.0
More than 20 a week	3.3
Approximate Number of Visit/s to the Office (N = 33)	
None	9.8
Under 20 a week	63.4
More than 20 a week	26.8
Time Spent In Giving Information (N = 41)	
0 - 20 %	65.9
21 - 40 %	22.0
41 - 60 %	7.3
61 - 80 %	4.9
Clarifying Initial Enquiry (N = 41)	
Frequently	60.6
Occasionally	12.1
Infrequently	27.3

Table 4.11 indicates that the frontline administrative population was a heterogeneous group in terms of the type and amount of contact they had with or on behalf of elderly people. It shows firstly that whilst the vast majority of the frontline population dealt with quick telephone calls (less than five minutes), only just over half of them dealt with longer telephone calls (more than five minutes). The majority of the frontline administrative population had not dealt with any letters from or on behalf of elderly people, yet most dealt with personal enquiries to the office by or on behalf of elderly people. Whilst the majority of the frontline administrative population spent only a minority of their time giving information to elderly people, there were a small number who spent at least a fifth of their time doing so. Finally, the majority of the frontline administrative staff had to clarify the initial enquiry made by elderly people frequently.

We will now examine the survey data in relation to hypothesis 4.6, which proposes that frontline administrative staff will frequently redirect elderly people to other agencies. In response to a question asking how often they had to redirect elderly people to other agencies, just under a third of the frontline administrative population indicated that they did so frequently, just over a quarter occasionally, and just over two fifths infrequently. We ran two crosstabulations to discover whether marked differences existed, firstly between the various Districts and secondly between members of the administrative population with long and short amounts of service, in terms of the numbers of their respective populations who frequently redirected elderly people to other agencies.

The crosstabulation we ran on redirecting elderly people to other agencies by District did reveal marked differences between the Districts as to the numbers of their respective frontline administrative populations who frequently redirected elderly people to other agencies. At one

extreme just under three fifths of the frontline administrative population in District 'A' frequently redirected elderly people to other agencies, whilst at the other extreme none of the administrative staff in District 'B' did. Why this was the case was difficult to ascertain. It may be that Districts have developed their own local rules on redirecting specific clients to other agencies, or it may reflect the fact that certain Districts offices have other social care agencies within their proximity.

The crosstabulation on redirecting elderly people to other agencies by length of service also showed up marked differences between members of the frontline administrative population with short and long periods of service in terms of the numbers who frequently redirected elderly people to other agencies. Whilst just over two fifths of the frontline administrative population with a long period of service frequently redirected elderly people to other agencies, less than a quarter of their colleagues with a short period of service did so.

Hypothesis 4.6, which proposed that frontline administrative staff will frequently redirect elderly people to other agencies is not supported by the evidence in this section which reveals to the contrary that only a minority do so and we therefore reject this hypothesis. However, the section did reveal that there were marked differences both between Districts and frontline administrative population with short and long periods of services in terms of the numbers who frequently redirected elderly people to other agencies.

4. 2 Providing Elderly People with Information About Their Rights

This section will examine the survey data in relation to hypothesis 4.7, which proposes that frontline care management staff are unlikely to provide elderly people with information about their rights. We will consider this hypothesis in relation to the three rights which clients have,

which are that information kept about them is confidential, that they may see their records and that they have a right to complain.

Table 4.12: Providing Elderly People With Information About Their Rights
(Table excludes "no response")

	Provide Information		
	%	%	%
Rights Information	Yes	No	Don't Know
Confidentiality (N= 54)	88.8	7.4	3.7
Right to See Records (N = 53)	54.7	37.7	7.5
Right to Complain (N =53)	81.1	15	3.7

Table 4.12 shows that hypothesis 4.7 would not appear to be supported by the evidence. Over four fifths of the care management population provided elderly people with verbal information about the confidentiality of client information and about clients having a right to complain, and reveals over half provided verbal information about their right to see their records.

We also asked the frontline care management staff whether they thought that the information they gave to elderly clients enabled them to understand how to complain if they were not happy about their contact with the Department; the majority indicated that they did. The respondents also made additional comments which give a useful insight into how frontline staff perceived the task of providing clients with information about their rights. Some of the care management population indicated that they forgot about giving clients information about their rights. One Care Manager commented:-

> "I often forget about clients having a right to see their records".

Others stressed the importance of securing the clients permission before disclosing information about them to other professionals. The following comment made by one Care Manager reflects this concern:-

> "*I request the clients permission to discuss their personal information with others i.e. G.P./Counselling Services as necessary*".

Other members of the Care Management population commented that there was a need to be sensitive when providing elderly people with information about their rights. The following comment by a hospital based Community Care Worker was typical of many that were made:-

> "*With elderly people have to be careful about providing them with verbal information about their right to see their records and about having a right to complain*".

We ran crosstabulations to see whether marked differences existed between the care management staff of the various Districts, and between care management staff with long and short amounts of service, in terms of the numbers who provided elderly people with information about their rights. The crosstabulation of providing elderly people with information about their right to see their records by District revealed no marked differences. Three fifths of the frontline care management population in Districts 'C' and 'F' were providing elderly people with information about their rights to see their records, whilst at the other end of the scale only a quarter of their frontline care management colleagues in District 'E' were doing so. Two other crosstabulations, analysing the provision of verbal information to elderly people about their right to complain and the confidentiality of client information by Social Services District, also revealed substantial differences between staff in the various Districts in terms of the numbers who provided elderly people with information about their rights.

However, three crosstabulations on providing elderly people with information about their rights by amount of service did not reveal significant differences between members of the frontline care management population with short and long periods of services.

Hypothesis 4.7, which proposed that frontline care management staff are unlikely to provide elderly people with information about their rights, does not appear to be supported by the evidence and we therefore reject it. However, it is interesting to note that there were substantial differences between the Districts in terms of the numbers of their care management populations who provided elderly people with information about their rights. These differences may reflect the fact that Districts have developed their own local procedures for providing people with this type of information.

4. 3 Preferred Method/s of Information Provision to Elderly People

We will now examine the survey data to consider hypothesis 4.8, which proposes that frontline staff will prefer to give verbal information as opposed to information in other formats to elderly people. We asked both the administrative and care management populations how they prefer to give information and their responses are outlined in Table 4.13 below.

Table 4.13: Preferred Method/s of Information Provision
(Table excludes "no response")

Method	% Administrative Staff (N=39)	% Care Management Staff (N=55)
Leaflets	7.7	0.0
Verbally	20.5	27.3
Mixture Leaflets/Verbal	56.4	70.9
Other	10.4	1.8
Don't Know	5.1	0.0

Table 4.13 shows that hypothesis 4.8, is not supported by the evidence; only a minority of the frontline administrative population and care management population prefer to give verbal information to elderly people. In fact just under three fifths of the frontline administrative population, and over two thirds of the care management population, prefer to give a mixture of leaflet and verbal information. The respondents also gave a variety of reasons for why they preferred a particular method of information giving, and how they do this.

Preferred Method-Giving Information Verbally

> *"Because people cannot be bothered to read the information for themselves".*
> (District Clerk)
>
> *"I have found the elderly appreciative of having verbal contact so that any points they are not sure of can be explained".*
> (Community Care Worker)

How Information is Given Verbally

> *"I answer any questions they may have at the reception desk or get a duty social worker to do the same".*
> (District Clerk)
>
> *"Via a series of meetings, restating information and going over the various options".*
> (Care Manager)

Preferred Method-Giving a Mixture of Both Leaflet and Verbal Information

> *"Because it enables them to ask questions if the information is verbal but also to read and understand at their own pace via leaflets".*
> (District Clerk)
>
> *"It is best to use as many ways as possible to give as full a picture as possible".*
> (Care Manager)

How a Mixture of Both Verbal/Leaflet Information is Given

> "I give the appropriate leaflet with a verbal explanation in layman's terms, then they have the leaflets to refer to later".
> (District Clerk)
>
> "In the course of the interview/assessment bringing in the relevant information in context with what stage of assessment you are at ".
> (Community Care Worker)

We will now look at the survey data to establish whether marked differences existed between the various Districts, and between members of staff with long and short amounts of service, in terms of their preferred method/s of information provision to elderly people/clients. Taking the Districts first, we ran two crosstabulations, one in relation to the administrative population and the other in relation to the care management population

The crosstabulations did reveal marked differences between the Districts in terms of the numbers of their respective administrative and care management populations preferring a particular method/s for giving information to elderly people/clients. Only three Districts had administrative staff who preferred to give information in leaflet form, whilst four had administrative staff preferring to give information verbally and five had frontline administrative staff who preferred to give information as a mixture of leaflet and verbal information. The majority of Districts had members of their care management staff who preferred to give information verbally to elderly people, and whilst all had staff who preferred to give a mixture of both leaflet and verbal information, there were nevertheless marked differences between the various Districts as to the numbers of their frontline care management populations preferring these two methods.

We also examined the survey data to see whether there was any evidence of marked differences between staff with different amounts of service in terms of their preferred method/s of information provision to elderly people/clients. This was not found to be the case. The above findings and comments do not support hypothesis 4.8 which proposed that frontline staff will prefer to give verbal information as opposed to information in other formats to elderly people, and we therefore reject this hypothesis. This section did reveal, however, that there were marked differences between the Districts in terms of the numbers of their respective administrative and care management populations who preferred a particular method/s of information provision to elderly people/clients. It is possible that this reflects the local district culture in relation to information provision, or it may be the case that certain District offices did not have access to the full range of information materials when the research was undertaken.

4. 4 Obtaining Information in Other Formats

We will now examine the survey data in relation to hypothesis 4.9, which proposes that frontline staff will not know how to obtain the full range of Departmental information materials. We asked both the frontline administrative and care management populations whether they knew how to obtain information in other formats (for example Braille, audio cassettes, and minority ethnic languages) and their responses are outlined in Table 4.14 below.

Table 4.14: Obtaining Information in Other Formats
(Table excludes "no response")

	%	%
Obtain Information	Administrative Staff (N=39)	Care Management Staff (N=55)
Yes	35.9	41.8
No	56.4	50.9

Table 4.14 shows that only a minority of the administrative and care management populations knew how to obtain information in other formats. Respondents who did know how to obtain information in other formats were also asked how they usually obtain this information. This was in order to establish whether they were actually obtaining this information from the Information Section at County Hall, which was given the responsibility for organising the provision of information in other formats as part of the Departments Information Strategy. In fact only two members of the frontline administrative population, and seven members of the care management population, indicated that they had obtained information in other formats from County Hall. These findings suggest that the majority of frontline staff did not know that they could obtain information in other formats from the Information Section at County Hall, yet the Information Strategy clearly stated that this unit had the primary responsibility for doing this. At this stage it is important to ask why this should be the situation. Possibly the Information Strategy had not been communicated to frontline staff, or it may be that frontline staff did not properly understand it. A likely consequence of this shortcoming is that clients with specialist information needs, who are amongst the most vulnerable within the elderly population, will not have these needs met appropriately.

To establish whether marked differences existed between the various Districts, and between members of staff with long and short periods of service, in terms of knowing how to obtain information in other formats we ran two crosstbulations. The first revealed marked differences between Districts in terms of the numbers in their respective administrative and care management populations who knew how to obtain information in other formats. For example, just under three quarters of the administrative staff in District 'F' knew how to obtain information in other formats, whilst only just over a tenth of those in Districts 'A' and 'D' did so. We also discovered that three quarters of care management staff in District 'A' knew how

to obtain information in other formats, whereas just a quarter of care managers in District 'E' knew how to. The second crosstabulation, showed that more members of the frontline administrative and care management populations with a long period of service, than those with a short period of service, knew how to obtain information in other formats.

The evidence in this section has led us to support hypothesis 4.9, which proposed that frontline staff would not know how to obtain the full range of Departmental information materials which are available. The evidence also suggests that there were marked differences between the frontline administrative and care management populations in the various Districts, and also between staff with short and long lengths of service, in terms of the numbers who knew how to obtain information in other formats.

4. 5 Evidence of the Gatekeeping Role Played by Frontline Administrative and Care Management Staff in Information Provision

Section four has found evidence within the survey data to suggest that the Information Strategy developed by the Department has to some extent encountered implementation problems such as the propensity of frontline administrative and care management staff to use information as a way of rationing access to and demand for services. This section has established firstly, and contrary to our expectations, that only a minority of the frontline administrative population frequently redirected elderly people to other agencies. It has also demonstrated, however, that frontline administrative staff in some Districts were more likely than colleagues in other Districts frequently to redirect elderly people to other agencies, and that frontline administrative staff with a long period of service were more likely frequently to redirect elderly people to other agencies than were their frontline colleagues with a short period of service.

Conclusion

This chapter examined the findings from the provider side of the consumer/provider information equation. This involved analysing at the findings from two surveys of the roles that frontline administrative and care management staff respectively considered they played in relation to the provision of information to elderly people/clients.

Section one established that the frontline administrative and care management populations whilst both predominantly female, were nevertheless heterogeneous in terms of age, length of service and part/full time status. It also revealed that the frontline population, whilst having similar job descriptions covering a standard range of tasks, were undertaking very different roles in response to local circumstances. We therefore suggested that that the Information Strategy developed by the Department was unlikely to succeed because its authors had not recognised the *diversity of roles that frontline staff currently play*, nor that the roles the Strategy requires them to play were likely to be subject to local interpretation.

Section two examined the survey data for evidence to confirm the hypothesis that the Information Strategy developed by the Department would encounter implementation problems in the form of communication difficulties, and this was found to be the case. Our findings revealed that only a minority of frontline staff were currently undertaking the information roles that the Strategy required of them, and that the provision of information by frontline staff to elderly people/clients differed markedly across the various Social Services Districts.

The 'policy oriented' approach to implementation analysis suggests that as a policy passes down through the various levels of an organisation it is likely to be miscommunicated, and that it may also be subject to local implementers misunderstanding what is expected of them. Our findings suggest that the Department's Information Strategy had not been clearly

communicated down through the Department to the various Districts, and that it had been subject to each of the Districts interpreting the strategy, and the roles that frontline staff should play in the provision of information to elderly people, in a multiplicity of ways. However, the 'actor-oriented' approach to implementation analysis suggests that implementation is not a linear process but that it is characterised instead by politics, bargaining and negotiation which will undoubtedly affect who communicates what to whom. Our findings also suggest that this was happening in relation to the Department's Information Strategy because staff throughout the various levels of the organisation, and particularly at the District and care management team level, were negotiating the roles they were going to play in the provision of information to elderly people/clients.

Section three examined the survey data to establish whether there was any evidence to confirm the hypothesis that the Information Strategy would encounter a number of implementation problems in the form of interagency issues; the findings revealed mixed support for this being the case. On the one hand, it identified marked differences between frontline administrative staff who operate in single and interagency environments in terms of the provision of verbal information to elderly people and that there were marked differences between care management staff who operate in single and interagency environments in terms of the provision of leaflet information to elderly people. On the other hand however, the section established, contrary to the hypothesis, that frontline administrative and care management staff who operate in an interagency environment were no more likely than were their single agency colleagues to find it easy to access information about where/who to contact in relation to a broad range of community care services.

Section four looked for any evidence to confirm the hypothesis that the Information Strategy would be subject to the gatekeeping role played by frontline staff in the provision of information. There was mixed support for this hypothesis. We established that, contrary to our expectations, only a minority of frontline administrative staff frequently redirected elderly people to other agencies. However, we also found that the frontline administrative population in some Districts were more likely than colleagues in other Districts frequently to redirect elderly people to other agencies, and that frontline administrative staff with a long period of service were more likely to redirect elderly people to other agencies than were their frontline colleagues with a short period of service.

This section also established, contrary to our expectations that the majority of care management staff provided elderly people/clients with information about their rights. However, whilst there were marked differences between the various Districts in terms of the numbers of their respective care management populations who provided elderly people/clients with information about their rights, this was not the case between care manages with short and long periods of service. This section also established, again contrary to our expectations, that only a minority of frontline administrative and care management staff preferred to give verbal information to elderly people/clients rather than information in other formats. Nevertheless, there were marked differences between the various Districts in terms of the method/s preferred by their frontline administrative and care management staff for giving information to elderly people/clients. Only a minority of the frontline administrative and care management populations knew how to obtain the full range of information materials that were available which was in accordance with our expectations.

Finally this section demonstrated that frontline administrative and care management staff in some Districts were more likely than colleagues in other Districts to know how to obtain the full range of information materials, and also that frontline administrative and care management staff with long service were more likely to know how to obtain the full range of information materials than were those with a short length of service.

We will now move from an examination of the role that frontline staff play in the provision of information to elderly people/clients to an examination of the factors which might influence elderly peoples' information needs, their information seeking behaviour and the effectiveness of various methods of information provision.

CHAPTER FIVE - A SURVEY OF ELDERLY PEOPLE REFERRED TO THE DEPARTMENT

Introduction

The previous chapter examined the findings from the provider side of the consumer/provider information equation. This involved analysing surveys of the role that both frontline administrative and care management staff considered they played in the provision of information to elderly people. Our findings generally revealed that frontline staff were neither fulfilling the roles which the Information Strategy required them to, nor were they providing clients with the information it expected them to.

This chapter will examine the findings from the consumer side of the information equation, by looking at a survey of elderly people referred to the Department in the first three months of 1994. In particular this chapter will focus upon two key issues. The first is, whether elderly people were provided with the information which the Information Strategy indicated that they should have been given by frontline staff. The second is, whether the information needs of elderly people in relation to community care, as perceived by elderly people themselves, were addressed by the Information Strategy developed by one shire county. The chapter is in two sections; section one examines the socio-economic characteristics of respondents together with their caring and dependency relationships, whilst section two considers hypotheses connected to three principle areas of interest emerging from the survey data, viz. elderly people's information needs, their information seeking behaviour, and the effectiveness of different methods of information provision.

1. 0 Socio Economic Characteristics of Respondents and Their Caring and Dependency Relationships

Chapter 3 described how we undertook a 20% stratified survey of all elderly people (aged 65 and over) referred to West Area Social Services Districts in the first three months of 1994. Of the 706 questionnaires distributed, 387 were returned providing a response rate of 58%, which is well within the acceptable rate for this method. This section will examine the socio-economic characteristics of respondents, and their caring and dependency relationships.

Table 5.1: Socio Economic Characteristics of Respondents
(Table excludes "no response")

Characteristic	%
Gender (N = 381)	
Male	33.6
Female	66.4
Age (N = 382)	
65 - 74	37.9
75 - 84	38.8
85 +	23.3
Marital Status (N = 384)	
Married	45.1
Separated	1.3
Divorced	3.5
Single	3.6
Widowed	46.6
Social Class (N = 343)	
Middle Class	44.0
Working Class	56.0
Age Leaving Full Time Education (N = 330)	
14 and under	62.7
15 - 16	28.5
17 +	8.8

Table 5.1 shows that the elderly population was predominantly female. In terms of age, just under two fifths were 'young' elderly (65-74), a similar proportion 'middle' aged elderly

(75-84) and just under a quarter 'old elderly' (85+). In terms of marital status, slightly under

half were widowed, and a similar proportion married. The remainder were either single,

separated or divorced. Table 5.1 also reveals that the majority of respondents left school at

the age of 14 or younger.

We determined respondents socio-economic status based on their former occupation, using

the Registrar General's System of Classification. For practical reasons we described those

falling into categories A, B, C1 as 'middle class' and those in C2, D, E as 'working class'.

Table 5.1 shows that two fifths of respondents were middle class and three fifths working

class.

We ran a number of crosstabulations to examine the socio-economic characteristics of the

elderly population in more detail. The crosstabulation of marital status by gender is detailed in

Table 5.2. below.

'Table 5.2: Marital Status By Gender
(Table excludes "no response")

	Marital Status				
	%	%	%	%	%
Gender	Married	Separated	Divorced	Single	Widowed
Male (N = 128)	69.5	1.6	1.6	3.9	23.4
Female (N = 253)	32.8	1.2	4.3	3.6	58.1
Chi-squared value 49.4, there is a significant relationship at the 1% level.					

In accordance with previous research findings (Abbot and Lankshear 1992) this table

demonstrates significant differences between the elderly female and elderly male populations in

terms of marital status. Whilst over two thirds of the male elderly population were married,

under a third of the elderly female population were. Conversely, less than a quarter of the male

elderly population were widowed, whilst almost three fifths of the elderly female population were.

We ran another crosstabulation in order to establish whether there were significant differences between the various age groups within the elderly population in terms of marital status, and this was also found to be the case. It revealed that whilst over three fifths of the 'young' elderly population (65-74) were married, this was the case with only just over two fifths of the 'middle' aged elderly population (75-84) and one fifth of the 'old' elderly population (85+). A further crosstabulation, controlling for gender within age group by marital status, revealed that significantly more women than men in the 'old' elderly age group were widowed, whilst significantly more men than women within this same group were married.

Additional crosstabulations revealed the following interesting findings. Firstly, there were differences between the elderly female and elderly male populations in terms of social class background. Only just over a third of the male elderly population had a middle class background, whilst almost half the female elderly population did. Secondly, differences existed between members of the elderly population with a working class background and those with a middle class background in terms of the ages at which they had left full time education. Whilst over three quarters of the elderly population with a working class background had left full time education at the age of 14 years or younger, this was the case with less than half of those with a middle class background.

Table 5.3: A Profile of Caring and Dependency Relationships
(Table excludes "no response")

Characteristic	%
Carer (N = 374)	
Yes	14.7
No	85.3
Care For Whom (N = 51)	
Spouse	92.2
Children	3.9
Friend/Neighour	3.9
Dependent (N = 381)	
Yes	65.1
No	34.9
Dependent On Whom (N = 248)	
Spouse	41.4
Children	32.2
Informal Carers	11.3
Formal Carers	9.6
Mixture of In/Formal	5.4

Table 5.3 shows that the elderly population was largely dependent, with two fifths dependent on their spouse and just under a third on their children. The Table also shows that a small minority of the elderly population were carers, predominantly caring for their spouse.

We ran a number of crosstabulations to examine the caring and dependency relationships of the elderly population in more detail. The crosstabulation of caring by age group is outlined below in Table 5.4.

Table 5.4: Caring By Age Group
(Table excludes "no response")

	Carer	
	%	%
Age Group	Yes	No
65 - 74 (N = 141)	19.1	80.9
75 - 84 (N = 144)	16.0	84.0
85 + (N = 87)	4.6	95.4
Chi-squared value 9.5, there is a significant relationship at the 1% level.		

Table 5.4 reveals in accordance with previous research (Kocher 1989), that significant differences exist within the elderly population in terms of the numbers in each age group who care for another person/s. We discovered that more 'young' elderly than 'old' elderly were involved in caring for another person/s. A crosstabulation of dependency by age produced findings consistent with those of previous research (Abbot and Lankshear 1992; Rolfe 1993), with more 'old' elderly than 'young' elderly dependent on another person/s for their care. Two further crosstabulations revealed significant differences between the male and female populations, and between the various age groups within the elderly population, in relation to the person/s upon whom they were dependent. Both crosstabulations revealed, as had previous research (Giarchi 1990a), that more elderly men than elderly women, and more 'old' elderly than 'young' elderly, were dependent upon their spouse for care.

Section one has shown clearly that the elderly population, whilst predominantly female and containing a high proportion of people with a low level of education and people dependent on others for their care, was nevertheless a heterogeneous population in terms of age, marital status and social class, as the research literature in chapter one (Cornell 1989; Kocher 1989)

would lead us to expect. This section has also shown there was a small proportion of elderly people, such as the 'old' elderly, whose social circumstances may contribute to them being considered particularly vulnerable in terms of accessing information. This is consistent with previous research into elderly people's information needs (Mullings 1989; Kocher 1989). Building upon the above findings, the next section will examine a number of hypotheses around elderly people's information needs, their information seeking behaviour, and the effectiveness of methods of information provision which were derived from the research literature in chapter one.

2. 0 Elderly People and Information

This section is in three parts. Part one will examine the survey data in relation to a number of hypotheses regarding elderly people's information needs, and the position of those sub-groups within the elderly population whose social circumstances *contribute to them being* considered vulnerable in terms of their information needs. Part two will examine the survey data in relation to hypotheses on elderly people's information seeking behaviour, and part three explores hypotheses regarding the effectiveness of various methods of information provision.

2. 1 Elderly People's Information Needs

Research (Mullings 1989; Kocher 1989) has revealed that elderly people do not comprise a homogenous group in terms of information needs. Giarchi (1990a) and Tester and Meredith (1987) have identified the existence of various sub-groups within the elderly population, each with different information needs. Kocher (1989) indicated that the 'young' elderly are different from the 'old' elderly in terms of their information needs, whilst Giarchi (1990a) found women

to have different information needs from men. Kocher (1989) suggested that an elderly person's social class and educational background may affect their information and service needs. Mullings (1989) and Kocher (1989) identified various sub-groups within the elderly population, for example 'old' elderly people and elderly people with sensory disabilities, whose social circumstances contribute to them being considered 'vulnerable' in terms of their information needs and ability to access information. Based on the above research findings, we would expect to find that elderly men, elderly women, different age groups within the elderly population, and elderly people with different social class backgrounds all contact the Social Services Department for different reasons. In addition, we would expect that elderly people whose social circumstances contribute to them being considered 'vulnerable' in terms of their information needs will face marked problems in relation to meeting these needs. Therefore it is proposed that:

5 1   **MARKED DIFFERENCES WILL OCCUR BETWEEN THE 'YOUNG' ELDERLY (65-75) AND THE 'OLD' ELDERLY (85+) IN THEIR REASONS FOR CONTACTING THE DEPARTMENT.**

5. 2   **MEN WILL MAKE CONTACT FOR DIFFERENT REASONS FROM WOMEN.**

5. 3   **DIFFERENT REASONS FOR CONTACT WILL EXIST AMONGST ELDERLY PEOPLE WITH DIFFERENT SOCIAL CLASS BACKGROUNDS.**

5. 4   **ELDERLY PEOPLE WHO ARE VULNERABLE IN TERMS OF INFORMATION NEEDS WILL EXPERIENCE DIFFICULTIES IN HAVING THEM MET.**

Before testing out the above hypotheses, we will examine the reasons given by the elderly respondents for having contacted the Department.

Table 5.5: Reasons for Contacting the Social Services Department
(Table excludes "no response")

Reason For Contact (N = 382)	%
Equipment/Aids	59.9
Mobility Problems	46.9
Domiciliary Services	41.9
Life Problems	40.8
Information/Advice	21.5
Day/Accommodation Services	20.7
Financial Problems	12.3

Table 5.5 reveals that respondents had contacted the Department for a variety of reasons. It also shows that almost three times as many had contacted the Department for equipment/aids as for information/advice. One possible explanation for this finding is that people still associate Social Services primarily with the provision of traditional services such as equipment/aids and domiciliary services rather than with the provision of information/advice.

2. 1. 1 Age Differences and Contact Need

This section will examine the survey data in relation to hypothesis 5.1, which proposes that marked differences will occur between the 'young' elderly (65-75) and the 'old' elderly (85+) in their reasons for contacting the Department.

Table 5.6: Reason for Contacting the Social Services Department By Age Group
(Table excludes "no response")

	Age Group	
	Young Elderly (N = 144)	Old Elderly (N = 85)
Reason For Contact	%	%
Domiciliary Services	30.6	57.6
Equipment/Aids	67.4	54.1
Financial Problems	9.7	18.8
Illness/Accident	41.0	35.3
Information/Advice	25.7	14.1
Mobility Problems	54.9	36.5
Day/Accommodation Services	13.9	24.7

Table 5.6 reveals that there were marked differences of contact need between the 'young' elderly (65-74) and the 'old' elderly (85+), which supports previous research findings (Kocher 1989). It shows that more of the 'young' elderly respondents had contacted the Department regarding equipment/aids (67 per cent) followed by mobility problems (54 per cent), whilst more of the 'old' elderly respondents had made contact about domiciliary services (57 per cent) followed by equipment/aids (54 per cent). The table shows that almost twice as many 'young' elderly than 'old' elderly respondents had contacted the Social Services Department for information/advice, whilst almost twice as many 'old' elderly than 'young' elderly respondents had made contact regarding domiciliary services, financial problems and day/accommodation services.

The evidence in this section has led us to support hypothesis 5.1, which proposed that marked differences will occur between the 'young' elderly and the 'old' elderly in their reasons for contacting the Department.

2. 1. 2 Gender Differences and Contact Need

In this section we will examine the survey data in relation to hypothesis 5.2, which proposes that men will make contact for different reasons from women.

Table 5.7: Reason for Contacting the Social Services Department By Gender
(Table excludes "no response")

	Gender	
	Male (N=128)	Female (N=253
Reason For Contact	%	%
Domiciliary Services	32.8	46.8
Equipment/Aids	59.4	60.9
Financial Problems	10.2	13.3
Illness/Accident	41.4	41.1
Information/Advice	21.9	21.8
Mobility Problems	49.2	45.6
Day/Accommodation Services	18.8	21.4

Table 5.7 shows, contrary to previous research findings (Giarchi 1990a), that the elderly male population did not have different contact needs from the elderly female population, except in relation to domiciliary services. Similar numbers of male and female elderly respondents had contacted the Department in relation to the remaining six areas of contact need.

At this stage it is important to ask why our findings differ from those of Giarchi (1990a). It is possible that since Giarchi's research there has been an erosion of traditional male and female roles, and a concomitant decline in the differences between men and women in terms of their contact needs. In recent years we have seen, for example, the recognition of elderly men as carers, a role previously associated almost exclusively with elderly women. More elderly women than elderly men, however, had contacted the Department in relation to 'domiciliary services', including Home Care and Meals on Wheels. Further research is required to establish

whether elderly men and women have different perceptions of what the range of services termed 'domiciliary' comprises.

Hypothesis 5.2, proposing that men will have different contact needs from women, is not supported by the evidence from this section which suggests that, except in relation to domiciliary services, men and women have similar contact needs. However, before rejecting this hypothesis we will examine the survey data in greater detail to discover whether differences of contact need exist between firstly the 'old' elderly male and 'old' elderly female populations, and secondly the 'young' elderly male and 'young' elderly female populations. We created a derived variable that combined respondents' answers regarding to their age and gender. The crosstabulation we ran on contact needs by gender, controlling for age, is outlined in Table 5.8 below.

Table 5.8: Reason for Contacting the Social Services Department Controlling for Age and Gender
(Table excludes "no response")

	Young elderly		Old elderly	
	Male (N = 53)	Female (N = 90)	Male (N = 30)	Female (N = 54)
Reason For Contact	%	%	%	%
Domiciliary Services	24.5	32.2	46.7	63.0
Equipment/Aids	64.2	66.7	50.0	55.6
Financial Problems	5.7	10.0	13.3	20.4
Illness/Accident	41.5	40.0	43.3	31.5
Information/Advice	18.9	28.9	23.3	14.8
Mobility Problems	58.5	50.0	40.0	35.2
Day/Accommodation Services	17.0	12.2	26.7	22.2

Table 5.8 reveals a number of marked differences between the 'young' elderly male and 'young' elderly female population, and between the 'old' elderly male and 'old' elderly female population in terms of contact need. More of the 'young' elderly female population than the

'young' elderly male population contacted the Department regarding a financial problem or for information/advice, whilst more of the 'young' elderly male population than the 'young' elderly female population contacted them about a mobility problem. It also shows that more of the 'old' elderly female than 'old' elderly male population contacted the Department about domiciliary services and financial problems, whilst more of the 'old' elderly male than 'old' elderly female population made contact in relation to illness/accident.

The evidence in this section does not provide support for hypothesis 5.2, which proposed that men will make contact for different reasons from women. However, it does suggest that differences in contact need exist between 'old' elderly men and 'old' elderly women, and also between 'young' elderly men and 'young' elderly women

2. 1. 3   Social Class Background and Contact Need

In this section we will examine the survey data in relation to hypothesis 5.3 which proposes that differences of contact need will occur amongst elderly people with different social class backgrounds. The crosstabulation we ran in relation to contact needs by social class background is outlined in Table 5.9 below.

Table 5.9: Social Class Background By Reason for Contacting the Social Services Department
(Table excludes "no response")

	Social Class Background	
	Middle Class (N = 149)	Working Class (N = 189)
Reason For Contact	**%**	**%**
Domiciliary Services	40.3	42.3
Equipment/Aids	65.8	58.7
Financial Problems	16.1	8.5
Illness/Accident	42.3	38.6
Information/Advice	23.5	18.5
Mobility Problems	55.0	41.3
Day/Accommodation Services	20.8	20.1

Table 5.9 shows firstly that more members of both social class groups had contacted the Department regarding equipment/aids than for any other reason (just under two thirds of the elderly population with a middle class background, and just under three fifths of those with a working class background). It reveals that a similar number of elderly people in both social class groups contacted the Department regarding domiciliary services, equipment/aids, illness/accident, information/advice and day/accomodation services. However, it also indicates differences between elderly people with middle and working class backgrounds, in terms of the numbers of their respective populations who had contacted the Department in relation to mobility problems and financial problems. Twice as many of the elderly population with a middle class background as those with a working class background had contacted the Department about financial problems. One possible explanation for the latter finding is that elderly people with a middle class background are likely to have established a higher standard of living than those with a working class background, and may find it hard to adapt to living on a reduced income in retirement. Also, women with a middle class background are likely to encounter financial problems on the death of a partner since frequently their pension dies with

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them. These findings suggest that it may be necessary to identify the information needs of groups of people who might not otherwise be viewed as vulnerable sub-groups. A lack of recognition of these needs could result in these people's problems being compounded.

Hypothesis 5.3, which proposes that differences of contact need will occur amongst elderly people with different social class backgrounds, is not supported by the evidence in this section which suggests that, except in relation to financial problems, elderly people generally had similar contact needs, whether they had a middle class or working class background. However, before we reject the hypothesis we will examine the survey data in greater detail for evidence of differences of contact need between the following sub-groups within the elderly population; 'female' , 'male', 'old' elderly and 'young' elderly.

Two derived variables were created, the first combining responses on age and social class and the second responses on gender and social class. The first crosstabulation, of contact needs by social class controlling for age, revealed that, except in relation to financial and mobility problems, there were no marked differences between the 'young' elderly population with a middle class background and those with a working class background in terms of contact need. However, the crosstabulation did reveal marked contact need differences between the 'old' elderly population with a middle class background and those with a working class background. It showed that almost three times as many of the 'old' elderly population with a middle class background as those with a working class background had contacted the Department for information/advice. The crosstabulation is shown below in Table 5.10.

Table 5.10: Reason for Contacting the Social Services Department Controlling for Gender and Social Class

(Table excludes "no response")

	Male		Female	
	M/C (N = 41)	W/C (N = 78)	M/C (N = 108)	W/C (N = 110)
Reason For Contact	%	%	%	%
Domiciliary Services	26.8	34.6	45.4	48.2
Equipment/Aids	61.0	61.5	67.6	56.4
Financial Problems	14.6	7.7	16.7	9.1
Illness/Accident	34.1	43.6	45.4	35.5
Information/Advice	22.0	17.9	24.1	19.1
Mobility Problems	53.7	44.9	55.6	38.2
Day Accommodation Services	14.6	21.8	23.1	19.1

Table 5.10 reveals differences between the male population with a middle class background and the male population with a working class background in terms of the proportions who had contacted the Department regarding five of the seven areas of contact need, namely domiciliary services, financial problems, illness/accident, mobility problems and day accommodation services. Twice as many members of the male population with a middle class background as those with a working class background had contacted the Department in relation to a financial problem. Similarly Table 5.10 shows that there were marked differences between the female population with a middle class background and those with a working class background in terms of numbers who had contacted the Department about five of the seven areas of contact need, namely equipment/aids, financial problems, mobility problems, illness/accident and information/advice. As with the male population, almost twice as many females with a middle class background as those with a working class background had contacted the Department in relation to a financial problem.

The evidence in this section does not provide support for hypothesis 5.3, which proposed that differences of contact need will occur amongst elderly people with different social class backgrounds. However, it does suggest that differences in contact need will occur between elderly people with a middle class background and those with a working class background within the following sub-groups:- 'old' elderly, elderly men and elderly women.

2. 1. 4 Vulnerable Sub-Groups in the Elderly Population

This section will examine the survey data in relation to hypothesis 5.4, which proposes that elderly people who are vulnerable in terms of information needs, namely 'old' elderly people, elderly women and elderly people with visual disabilities, will experience difficulties in having them met. In order to test this hypothesis we ran three crosstabulations, one for each of these vulnerable groups, in relation to obtaining information on where to go for Social/Community Care Services. The crosstabulation on obtaining information about where to go for social/community care services by gender is outlined below in Table 5.11.

Table 5.11: Getting Information About Where to go for Social/Community Care Services By Gender
(Table excludes "no response")

	Gender	
	Male (N = 121)	Female (N = 227)
Getting Information	%	%
Easy	38.8	55.9
Difficult	46.3	28.6
Don't Know	14.9	15.4
Chi-squared value=11.7, there is a significant relationship at the 1% level -		

Table 5.11 reveals, contrary to previous research (Giarchi 1990a), that the vulnerable population, in this case elderly women, did not appear to have problems in relation to meeting

their information needs. It shows that over half the female elderly population had found it easy to get information about where to go for social/community care services, whilst this was the case for less than two fifths of the male elderly population. Table 5.11 also reveals that whilst only just over a quarter of the elderly female population had found it difficult to get information about where to go for social/community care services, this was so for almost half the elderly male population.

The crosstabulation on getting information about where to go for social/community care services by age group revealed that the vulnerable population, in this case 'old' elderly people, did not appear to have problems in meeting their information needs. It revealed that similar numbers of the 'young' elderly population and the 'old' elderly population had found it easy (45 per cent of the 'young' elderly and 47 per cent of the 'old' elderly) and had found it difficult (37 per cent of the 'young' elderly and 38 per cent of the 'old' elderly) to get information about where to go for social/community care services. Similarly, the crosstabulation on getting information by visual disability revealed that the vulnerable group did not appear to have problems in meeting their information needs. The crosstabulation revealed that similar numbers of those with and without a visual disability had found it easy (46 per cent of the elderly people with a visual disability and 50 per cent of the elderly population without), and had found it difficult, (29 per cent of the elderly people with a visual disability and 34 per cent of the elderly population without) to get information about where to go for social/community care services. Several members of the elderly population also made additional comments which provide us with a valuable insight into how they perceived the ease of accessing information about social/community care services.

(i) Easy to Get Information About Where to go for Social/Community Care Services

Several members of the elderly population indicated that if they wanted information about where to go for social/community care services they would ask social/community care staff with whom they were already in contact. The following comments are typical of many that were made:-

> *"Anything I want to know I ask my warden and if she does not know she will find out for me"*. (Woman 85+)
>
> *"I ask for information when I go to the Day Centre"*.
> (Woman 75-85)
>
> *"I can always ring my social worker"*.
> (Man 65-75)

Others indicated that they would turn to informal information sources, for example family and community network, if they wanted information in relation to social/community care services. The following two comments reflect many others that were made:-

> *"My daughter is a nurse and would know who to contact if I needed anything"*.
> (Man 85+)
>
> *"Just ask my son to contact you"*.
> (Woman 65-75)

Other members of the elderly population said that they already had information on where to go for social/ community care services. The following comment was typical of many that were made:-

> *"Having been supplied with useful addresses and telephone numbers contact is made easy".*
> (Woman 75-79)

(ii) Difficult to Get Information About Where to go for Social/CommunityCare Services

Several respondents considered that it was difficult to obtain information about where to go for social/community care services, because they did not know whom they should contact. The following comments were typical :-

> *"Do not know where to make the initial contact".*
> (Woman 85+)
>
> *"It seems that if anything is needed, we have to do the chasing. Nobody seems to volunteer up to date information and help".*
> (Man 65-69)

Some thought it was difficult to get information about where to go for social/community care services because the information itself was not available in a format that meets their needs. The following two comments were particularly indicative:-

> *"I have difficulty in reading and often forget what people have told me."*
> (Man 85+)
>
> *"Many leaflets are no use to me because I'm partially sighted."*
> (Woman 75-84)

Other members of the elderly population said that they had experienced difficulty getting information because of problems of physical access. One elderly man commented:-

> *"Because I can't walk and most buildings don't have ramps for wheelchairs".*
> (Man 65 - 69)

Still others said that they had experienced difficulties in getting information because they were unable to access social/community care staff. The following comments were typical of many that were made:-

> *"Staff are never in the Office when you ring, they seem to always be in meetings".*
> (Woman 85+)
>
> *"You ring the office, only to find that your care manager is either on a course or not in the office until next week. Staff seem to be reluctant to take messages and to pass these on to care managers".*
> (Woman 65-69)
>
> *"My social worker seems to be 'off sick' a lot when ever I phone the office and nobody else seems able to help".*
> (Man 75-85)

The evidence in this section does not provide support for hypothesis 5.4, which proposed that elderly people who are vulnerable in terms of information needs will experience difficulties in having them met. It demonstrates, contrary to previous research (Kocher 1989; Giarchi 1990a) that vulnerable sub-groups within the elderly population such as 'old' elderly people, elderly people with visual disabilities, and elderly women have not had problems in relation to meeting their information needs. Indeed, the evidence suggests that it was elderly men rather than elderly women who comprised the vulnerable sub-group in terms of getting information about where to go for social/community care services. One possible explanation for this is that elderly women are thought to have more extensive informal information networks than do elderly men, and are consequently presented with a greater number of opportunities for

acquiring information. Another possible explanation is that women and men give and receive information differently. It is conceivable that, with the social care workforce being predominantly female, male clients may find themselves inadvertently disadvantaged in the information exchange arena. Further research is needed to explore this issue.

2. 1. 5 Elderly People's Information Needs

This section has examined the survey data in relation to elderly people's information needs and has found firstly, in accordance with previous research (Kocher 1989; Giarchi 1990a), that the elderly population comprised a heterogeneous group of people in terms of contact need. Secondly, again in accordance with the above research findings, it has found that different age groups within the elderly population had different contact needs.

Thirdly, and contrary to previous research (Kocher 1989; Giarchi 1990a), marked differences in contact need were not evident between elderly men and elderly women, nor between elderly people with a working class background and elderly people with a middle class background. It would appear that by themselves, factors such as gender and social class background do not have a great impact on elderly people's contact needs. However, when we take together gender and age group, social class and age group, and social class and gender, substantial differences of contact need emerge between various subgroups within the elderly population. Elderly people's information needs appear, therefore, to reflect the interplay between such factors as age range, gender and social class background, and very possibly others not explored in this survey such as ethnic origin and sexual orientation.

Finally this section has found, contrary to previous research (Mullings 1989; Kocher 1989), that vulnerable sub-groups within the elderly population, including 'old' elderly people, elderly people with visual disabilities and elderly women, did not have substantial problems in relation

to meeting their information needs. Such findings may suggest that information provision to vulnerable groups has improved since the earlier research, possibly as a result of targeting information at them, but equally they may reflect the emergence of other vulnerable sub-groups within the elderly population, such as elderly men.

2. 2 Elderly People's Information Seeking Behaviour

Previous analysis of elderly people's information seeking behaviour (Epstein 1981; Victor 1986; Kocher 1989) has identified that, elderly people prefer when faced with problems to turn to informal information sources, for example family and community network, rather than to formal sources, such as social workers or doctors. The research literature (Epstein 1980; Tester and Meredith 1987) found that elderly people turn to formal information sources only when they have found informal sources unsatisfactory. When this happens elderly people turn to professionals with whom they are already familiar, like their home help or family doctor, irrespective of whether these professionals represent the type of service or have access to the information that the elderly person may need.

Other research (Mullings 1989; Coopers and Lybrand 1988) identified that there are numerous barriers that may hinder elderly people's access to and use of information. Tinker *et al.* (1993) indicate that there are five barriers to information provision which relate to the characteristics of elderly people themselves and one of these, the 'past experience' barrier, is particularly interesting in the context of this research, because the literature (Epstein 1980; Epstein 1987) suggests that elderly people who have had a negative experience in accessing information and services may be reluctant to seek out information and services in general.

Tinker *et al.* (1993) identify three further barriers to information provision relating to what they describe as 'professional resistance' and two of these, 'the withholding of known

information by frontline workers' and their reliance on 'the oral transmission of information', are particularly relevant to this research, since the research literature (Roberts *et al.* 1991; Allen *et al.* 1992) suggests that such factors will affect the type of information a client may be given by a member of staff. Given this, it appears likely that:

5. 5 **ELDERLY PEOPLE ARE MORE LIKELY TO FIND OUT ABOUT SOCIAL SERVICES FROM INFORMAL AS OPPOSED TO FORMAL INFORMATION SOURCES.**

5. 6 **ELDERLY PEOPLE WILL PREFER TO GET INFORMATION FROM INFORMAL AS OPPOSED TO FORMAL INFORMATION SOURCES.**

5. 7 **ELDERLY PEOPLE PREFERRING TO GET INFORMATION FROM A SPECIFIC FORMAL INFORMATION SOURCE ARE LIKELY ALREADY TO BE IN CONTACT WITH SUCH A SOURCE.**

5. 8 **ELDERLY PEOPLE WHO HAVE HAD A NEGATIVE EXPERIENCE IN ACCESSING INFORMATION WILL ANTICIPATE DIFFICULTIES IN OBTAINING INFORMATION IN GENERAL.**

5. 9 **ELDERLY PEOPLE WILL NOT BE PROVIDED WITH COMPREHENSIVE SERVICE INFORMATION BY FRONTLINE WORKERS.**

5.10 **ELDERLY PEOPLE WILL BE PROVIDED ONLY WITH VERBAL INFORMATION BY FRONTLINE STAFF AS OPPOSED TO BEING PROVIDED WITH INFORMATION IN OTHER FORMATS.**

2. 2. 1 Finding Out About Social Services

This section will examine the survey data in relation to hypothesis 5.5, which proposes that elderly people are more likely to find out about Social Services from formal as opposed to informal information sources. To test this hypothesis we created a derived variable which arranged the data on how respondents had originally found out about the Department, into five new groupings, namely formal sources, informal sources, media, other and don't know. We then ran the frequency table presented below.

Table 5.12: Finding Out About the Social Services Department
(Table excludes "no response")

Source (N = 385)	%
Formal	69.7
Informal	18.2
Media	5.9
Other	3.6
Don't know	2.5

Table 5.12 reveals contrary to previous research (Epstein 1980; Victor 1981; Kocher 1989), that more of the elderly population had found out about the Department through a formal information source, for example doctor or hospital, than through an informal information source such as family or community network. The Table shows that over two thirds of the elderly population had found out about Social Services through a formal information source, whilst just under a fifth had found out through an informal source, and only five per cent via a media source, such as leaflet, local television or local radio.

We ran a number of further crosstabulations to examine whether elderly people's socio-economic characteristics affect the way they had originally found out about the Social Services Department. The two crosstabulations relating to finding out about the Department by gender and by social class did not reveal marked differences between men and women, or between members of the population with a working class background and those with a middle class background, relating to their source of information about the Department. However, the crosstabulation we ran in relation to finding out about Social Services by age group, presented below at Table 5.13, did in fact reveal marked differences between the 'young' elderly population and the 'old' elderly population in relation to their source of information about the Department.

Table 5.13: Finding Out About Social Services By Age Group
(Table excludes "no response")

	Source				
	%	%	%	%	%
Age Group	Formal	Informal	Media	Other	Don't Know
65 - 74 (N =131)	75.3	14.5	7.5	0.0	2.7
75 - 84 (N = 138)	72.6	16.0	7.2	3.3	0.9
85 + (N = 83)	55.4	28.9	7.2	3.6	4.8
Chi-squared value 15.2, there is a significant relationship at the 10% level.					

Table 5.13 shows that more of the 'young' elderly population than the 'old' elderly population had originally found out about Social Services from a formal source (for example doctor, or hospital), whilst more of the 'old' elderly population than the 'young' elderly population originally found out about the Department from an informal information source (for example family and community network). It reveals no substantial differences between the various age groups in terms of the proportion who had originally found out about the Department from a media source, for example leaflet, local television or local radio.

The evidence in this section does not support hypothesis 5.5, which proposed that elderly people are more likely to find out about Social Services from informal as opposed to formal information sources. In fact this section has revealed that, contrary to previous research (Epstein 1980; Victor 1981; Kocher 1989), the elderly population had generally found out about the Department through formal rather than informal information sources.

One possible explanation for the difference from the earlier research is that elderly people's access to and use of informal information networks may be on the decline as a consequence of demographic change. An alternative explanation is that elderly people may consider contact with formal sources to be more likely to result in the provision of information that is reliable.

That said, the evidence in this section does suggest that as they become older, elderly people are increasingly likely to find out about the Department via informal information sources, although this may well be due to the decrease in mobility with advancing age.

2. 2. 2 Elderly People's Preferred Information Sources

This section will examine the survey data in relation to hypothesis 5.6 which proposes that elderly people will prefer to get information from informal rather than formal information sources. In order to test this hypothesis we had to create a derived variable which arranged data on how respondents would prefer to get information about social/community care services, into four new groupings, viz. formal sources, informal sources, media and buildings. The resulting frequency table is presented below.

Table 5.14: Preferences for Accessing Social/Community Care Information
(Table excludes "no response")

Preferred Source (N = 351)	%
Formal	80.6
Informal	27.9
Media	64.7
Buildings	73.8

The evidence in table 5.14 clearly fails to support hypothesis 5.6. It reveals, contrary to previous research (Epstein 1981; Victor 1986; Kocher 1989), that informal information sources (for example family, friends or neighbours) were the respondents least favoured sources of social/community care information. It also shows that most respondents expressed a preference for obtaining information from a formal information source (for example doctor, social worker, home help, vicar/priest or district nurse), followed by from buildings (for example Post Office, Social Services Office) and then various media forms (such as leaflets, or local newspapers). There are various possible explanations as to why our findings differ

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from those of Epstein 1981, Victor 1986, and Kocher 1989. One is that demographic changes have resulted in an increasing number of elderly people not having access to informal sources, hence their preference for formal information sources. Another is that elderly people's preferences in terms of information sources may well have changed because of advances in the information society. Elderly people may perceive that information from formal information sources will be more accurate that information obtained from informal sources, since the latter may inadvertently have been filtered.

We ran further crosstabulations to examine in more detail elderly people's preferences for obtaining information about social/community care services. We ran two crosstabulations on preferences for accessing community care information by gender and by social class, but these revealed no marked differences either between the male and female populations or between people with working class and middle class backgrounds. However a crosstabulation on preferences by age group, presented below in Table 5.15, did reveal marked differences between the 'old' elderly and 'young' elderly in terms of how they preferred to obtain information about social/community care services.

Table 5.15: Preferences for Accessing Social Community Care Information By Age Group (Table excludes "no response")

	Age Group	
	%	%
Preferred Source	Young Elderly (N = 134)	Old Elderly (N = 81)
Formal	74.6	84.0
Informal	20.1	40.7
Methods	73.9	49.4
Buildings	79.1	60.5

Table 5.15 shows that marked differences do exist between the 'young' elderly and the 'old' elderly populations in terms of their preferred source for getting information about social/community care services. It also shows that more members of the 'young' elderly population expressed a preference for getting information from a place (for example Post Office, Social Services Office) than from any other source of information, whilst more of the 'old' elderly population expressed a preference for a formal information source (for example doctor, social worker, home help, vicar/priest or district nurse) than for any other. This finding may reflect the fact that 'young' elderly people generally have a greater degree of mobility than do 'old' elderly people. Table 5.15 also reveals marked differences between the 'old' elderly and 'young' elderly population in terms of numbers who expressed a preference for getting information via 'methods', for example leaflets, local newspapers (just under three quarters of the 'young' elderly population compared with less than half of the 'old' elderly population). It is possible that this reflects the fact that 'young' elderly' people have greater access to and use of a broad range of information methods, which may be indicative of the fact that they have more disposable income.

Table 5.15 reveals that there were also marked differences between the 'old' elderly and 'young' elderly populations in terms of the numbers in their respective groups who expressed a preference for getting information about social/community care services from an informal information source. This could be because 'old' elderly people may experience physical frailty, and consequently are more likely to be dependent on informal information sources. Another possible explanation is that the 'old' elderly population may not have embraced the information society to the same extent as 'young' elderly people. The evidence in this section does not provide support for hypothesis 5.6, which proposed that elderly people will prefer to get information from informal as opposed to formal information sources. It has demonstrated

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contrary to previous research (Epstein 1980; Victor 1981; Kocher 1989) that elderly respondents expressed a preference for obtaining information about social/community care services from formal rather than informal information sources.

2. 2. 3 Elderly People's Preferences for Formal Information Sources

This section will examine the survey data in relation to hypothesis 5.7, which proposes that elderly people preferring to get information from a specific formal information source are likely already to be in contact with such a source. We will examine hypothesis 5.7 in relation to five formal information sources namely the Doctor, the Social Worker, the District Nurse, the Home Help and the Vicar/Priest.

Table 5.16: Preferred Information Source By Contact with that Information Source
(Table excludes "no response")

	Contact with Information Source	
	%	%
Preferred Source	Yes	No
Doctor (N = 191)	97.4	2.6
District Nurse (N = 98)	74.5	25.5
Home Help (N = 56)	92.9	7.1
Social Worker (N = 125)	60.0	40.0
Vicar/Priest (N = 11)	100.0	0.0

Table 5.16 reveals, in accordance with earlier research (Epstein 1980; Tester and Meredith 1987), that the majority of the elderly people who expressed a preference for obtaining information about social/community care services from a specific formal information source were already in contact with such a source. However, the extent to which this was the case varied across the five professional groups. The table shows that whilst all respondents who expressed a preference for getting information about social/community care services from a

vicar/priest were already in contact with one, only three fifths of those expressing a preference for getting information from a social worker were in touch with one.

The evidence in this section provides support for hypothesis 5.7. It has also revealed that whilst those respondents who expressed a preference for getting information about social/community care services from a Doctor, Home Help or Vicar/Priest were almost invariably already in contact with such professionals, this was not the case with the elderly respondents who favoured a District Nurse or Social Worker. This may suggest that elderly people, irrespective of whether or not they are in contact with a District Nurse or a Social Worker perceive them as having a key role in the provision of information about social/community care services, whilst only those elderly people who are already in contact with a Doctor, a Home Help or a Vicar/Priest perceive the latter as having such a role.

2. 2. 4 The 'Past Experience' Barrier

This section will examine the survey data in relation to hypothesis 5.8, which proposes that elderly people who have had a negative experience in accessing information will anticipate difficulties in obtaining information in general. However before we do this, we will briefly outline the responses made by the elderly population to two questions, the first of which asked whether they were satisfied with the information provided by the Department, and the second whether they considered that it was easy for people like them to get information about where to go for social/community care information. We collapsed the responses to the first question into a three point scale and ran a frequency table which revealed that three fifths of them were satisfied or better with the information provided, a fifth were neither satisfied or dissatisfied and just under a fifth were dissatisfied or worse. In response to the question asking whether they considered it was easy for people like themselves to get information about where to go

for social/community care information, half the respondents indicated that it was easy, just over a third that it was difficult, and the remainder that they did not know whether it was easy or difficult. In order to test out hypothesis 5.8 we ran a crosstabulation of getting information about where to go by satisfaction with information provision by the Department. The results are outlined below at Table 5.17.

Table 5.17: Getting Information About Where to go for Social/Community Care Services By Satisfaction with Information Provision (Table excludes "no response")

Getting Information	Satisfaction With Information Provision		
	%	%	%
	Satisfied Or Better (N = 195)	Neither Satisfied/ Dissatisfied (N = 70)	Dissatisfied Or Worse (N = 70)
Easy	63.1	32.0	31.4
Difficult	25.1	52.0	48.6
Don't Know	11.8	16.0	20.0
(Chi-squared value 30.2, there is a significant relationship at the 1% level)			

Table 5.17 reveals, in line with previous research (Epstein 1980; Epstein 1987), that almost twice as many of the respondents who were dissatisfied as those who were satisfied with the information provided by the Department considered that it would be difficult to get information about where to go for social/community care services. It shows that whereas three fifths of the respondents who were satisfied with information provided by the Department considered that it would be easy to get information about where to go for social/community care services, this was the case with only just under a third of the respondents who were dissatisfied with information provided by the Department.

We ran a number of further crosstabulations controlling for age, gender and social class background within satisfaction in order to examine whether any of these factors, when

coupled with dissatisfaction with information provision by the Department affected, the elderly population's perception as to whether it would be difficult to obtain information in general. The crosstabulations we ran on obtaining information about Social/Community Care Services by satisfaction with information provision, controlling firstly for age and secondly for social class background, did not reveal that dissatisfaction with information provision by the Department when coupled with either of these factors affected the elderly population's perception as to whether it would be difficult to obtain information in general. However, the crosstabulation on getting information about social/community care services by satisfaction with information provision, controlling for gender, did reveal that dissatisfaction with information provision when coupled with gender affected the elderly populations' perception as to whether it would be difficult to obtain information in general. In fact it revealed that twice as many of the male as female respondents who were dissatisfied with information provision by the Department considered that it would be difficult to get information in general.

The evidence in this section provides support for hypothesis 5.8, which proposed that elderly people who have had a negative experience in accessing information will anticipate difficulties in obtaining information in general. It suggests also that elderly men who have had a negative experience in accessing information are more likely than elderly women who have had a similar negative experience to foresee difficulties in obtaining information in general.

2. 2. 5 The 'Withholding of Information' Barrier

This section will examine the survey data in relation to hypothesis 5.9, which proposes that elderly people will not be provided with comprehensive service information by frontline staff. To test this hypothesis we created a derived variable which incorporated the responses to a series of questions which asked respondents whether they have been given leaflet·and verbal

information by a member of staff since contacting the Department. The frequency table is shown below.

Table 5.18: Information Provision
(Table excludes "no response")

Information (N = 385)	%
Given Verbal and Leaflet Information	16.6
Given Verbal But Not Leaflet Information	47.3
Given Leaflet But Not Verbal Information	4.9
Not Given Verbal or Leaflet Information	31.2

Table 5.18 reveals, in accordance with previous research (Epstein 1980; Roberts et al. 1991; Allen et al. 1992), that the majority of the elderly respondents had not been provided with comprehensive service information (for example both leaflet and verbal information) by a member of staff since contacting the Department. This finding suggests that frontline staff, despite having been issued with guidance instructing them to provide comprehensive service information to all new clients, were not doing so. It is possible of course, that respondents had in fact been provided with comprehensive information by frontline staff but did not recall this.

In addition, we ran a number of crosstabulations to examine whether there were marked differences between various sub-groups within the elderly population in relation to the information they have been given since contacting the Department. The crosstabulation of information provision by gender did not reveal marked differences between members of the male and female populations in terms of information they had been given by a member of staff since contacting the Department. The crosstabulation of information provision by age group, however, showed that almost twice as many 'old' elderly as 'young' elderly respondents had been given comprehensive information since contacting the Department, and the

crosstabulation of information provision by social class background revealed that almost twice as many of the elderly respondents with a working class as middle class background had not been given either leaflet or verbal information from a member of staff since contacting the Department. The crosstabulation of information provision by Social Services District is outlined below in Table 5.19.

Table 5.19: Information Provision By Social Services District
(Table excludes "no response")

	Information Given			
	%	%	%	%
District	Verbal & Leaflet	Verbal Only	Leaflet Only	Neither Verbal /Leaflet
A (N = 59)	20.3	50.8	5.1	23.7
B (N = 69)	20.3	42.0	2.9	34.8
C (N = 74)	9.5	45.9	9.5	35.1
D (N = 81)	14.8	54.3	2.5	28.4
E (N = 32)	21.9	53.1	6.3	18.8
F (N = 49)	22.4	42.9	6.1	28.6
G (N =21)	4.8	33.3	0.0	61.9

Table 5.19 reveals that there were substantial differences between the various Districts in terms of the information given to their respective elderly populations by frontline staff. It shows that whilst over a fifth of respondents in District 'F' had been given both leaflet and verbal information by a member of staff since contacting the Department, this was the case with less than five per cent of the elderly respondents in District 'G'. It also shows that whilst less than one fifth of the respondents in District 'E' had been given neither leaflet nor verbal information since contacting the Department, this was the case with over three fifths of respondents in District 'G'.

The evidence in this section provides support for hypothesis 5.9 which proposed that elderly people will not be provided with comprehensive service information by frontline staff. The evidence also indicates that an elderly person's age, their social class background, and the Social Services District in which they live may affect whether they will be given comprehensive service information by a member of staff. Such findings suggest that there may well be a proportion of frontline staff throughout the Districts who were involved in gatekeeping activities, either by limiting the amount and type of information they provided to clients or by not providing information at all.

2. 2. 6 The 'Reliance on Oral Transmission of Information' Barrier

In this section we examine the survey data about hypothesis 5.10, which proposes that elderly people will be provided with only verbal information by frontline staff, as opposed to information in other formats. In order to test this hypothesis we referred to Table 5.18 above which revealed, in accordance with previous findings (Tester and Meredith 1987; Roberts *et al.* 1991), that more elderly respondents had been provided by frontline staff with verbal information only than with information in any other format/s. It reveals that just under half the respondents had been provided only with verbal information by a member of staff, whilst less than a fifth had been provided with both verbal and leaflet information, just less than 5 per cent had been provided only with a leaflet and just under a third had been given neither verbal nor leaflet information.

In addition, the crosstabulation we ran on information provision by District shown at Table 5.19 above revealed substantial differences between the Districts in terms of the percentage of their elderly clients who had been provided only with verbal information by a member of staff. Table 5.19 reveals that whilst over half of the respondents in Districts 'B', 'D' and 'E'

been provided only with verbal information by a member of staff since contacting the Department, this was the case with just a third of the elderly population in District 'G'.

The evidence in this section provides support for hypothesis 5.10, which proposed that elderly people will be provided with only verbal information by frontline staff as opposed to information in other formats. It also suggests that the Social Services District within which an elderly person lives will affect the likelihood that they will be given only verbal information by a member of staff. It is possible that the different methods of information provision employed by the various Districts reflects the type and volume of work faced by staff. It would seem likely that staff working in particular busy environments such as hospitals, will be unable to provide clients with such comprehensive information as their counterparts in less pressured settings.

2. 2. 7 Elderly People's Information Seeking Behaviour

This section has examined the survey data about elderly people's information seeking behaviour and has discovered, contrary to previous research findings (Epstein 1980; Victor 1981; Kocher 1989), that respondents had generally found out about the Department through formal as opposed to informal information sources and that they expressed a preference for getting information about social/community care services from formal rather than informal information sources. The evidence in this section suggests that as they become older, elderly people are increasingly likely to find out about, and to prefer to get information about, social/community care services from informal information sources. It is quite likely that this increased preference for informal information sources as people move into the 'old' elderly age group is directly related to declining mobility, and increasing dependency on informal carers. This section has also found, in accordance with previous research (Epstein 1980; Tester and

Meredith 1987), that elderly people who expressed a preference for getting information about social/community care services from a specific formal information source (for example doctor, or home help) were generally already in contact with such a source.

The section has examined the survey data in relation to barriers to information provision and has found evidence of what Tinker *et al.* (1993) term the 'past experience' barrier. We found, as has previous research (Epstein 1980; Epstein 1987), that elderly people who have had a negative experience in accessing information will anticipate difficulties in obtaining information in general. Our data also suggests that elderly men who have had a negative experience in accessing information are more likely than elderly women who have had a similar negative experience to anticipate difficulties in obtaining information in general.

This section has also found evidence of what Tinker *et al.* (1993) term the 'professional resistance' barrier. We discovered, in accordance with previous findings (Epstein 1980; Roberts *et al.* 1991; Allen *et al.* 1992), that frontline staff appear to have been involved in withholding known information from clients, because the majority of clients indicated that they had not been supplied with comprehensive information by frontline staff, who have been given the responsibility for providing such information to clients in accordance with the Department's Information Strategy. We also discovered in line with the above research that frontline staff appear to rely on the oral transmission of information to clients, since more clients had been provided only with verbal information by frontline staff than had been provided with information in other formats. Furthermore, this section has revealed that just under a third of elderly respondents have received neither leaflet nor verbal information from a member of staff since contacting the Department. Such findings suggest that frontline staff

are either unaware that they should be providing information to clients, or are involved either directly or indirectly in gatekeeping activities.

2. 3 The Effectiveness of Various Methods of Information Provision.

Previous analysis of the effectiveness of various methods of information provision to elderly people has highlighted the advantages and disadvantages associated with the methods currently employed by social/community care agencies to inform elderly people about their services. The research literature (Tester and Meredith 1987; Kocher 1989) indicates that elderly people do not generally find leaflets helpful because frequently they are given insufficient time to comprehend the leaflets or to discuss them with frontline workers and to ask questions about the information contained in them. However, the literature (Troup 1985; Midwinter 1989) suggests that the provision of information using a combination of both oral and leaflet methods is a very effective method of providing information to elderly people firstly because each of the two methods reinforces the other, and secondly because it gives the elderly person something they can keep for future reference.

Previous research (Epstein 1987; Tinker *et al.* 1993) also suggests that the value of the media, for example television, radio and newspapers, as methods of informing elderly people is currently somewhat limited. It has also been indicated (Roberts *et al.* 1991; Allen *et al.* 1992) that the provision of information by social/community care professionals to clients with whom they are in contact can be an effective method of information provision to elderly people. If the findings of previous observers are correct we would expect to find that:

5. 11 **ELDERLY PEOPLE WILL PREFER NOT TO BE GIVEN INFORMATION IN LEAFLET FORM.**

5. 12 **ELDERLY PEOPLE WHO HAVE NOT BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT LEAFLETS THEY HAVE BEEN GIVEN WILL BE DISSATISFIED WITH THIS INFORMATION PROVISION.**

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5. 13 ELDERLY PEOPLE WHO ARE GIVEN BOTH ORAL AND PRINTED INFORMATION ARE MORE LIKELY TO BE SATISFIED WITH THE INFORMATION PROVIDED THAN ARE THOSE ELDERLY PEOPLE WHO ARE NOT PROVIDED WITH THIS COMBINATION.

5. 14 BROADCAST MEDIA ARE OF NO ASSISTANCE TO ELDERLY PEOPLE IN THEIR SEARCH FOR OFFICIAL INFORMATION.

5. 15 NEWSPAPERS ARE OF NO ASSISTANCE TO ELDERLY PEOPLE IN THEIR SEARCH FOR OFFICIAL INFORMATION.

5. 16 ELDERLY PEOPLE WHO ARE IN REGULAR CONTACT WITH SOCIAL/HEALTH CARE PROFESSIONALS ARE MORE LIKELY TO FIND IT EASY TO OBTAIN OFFICIAL INFORMATION THAN ARE ELDERLY PEOPLE WHO ARE NOT IN REGULAR CONTACT WITH SUCH STAFF.

2. 3. 1 The Provision of Information in Leaflet Form

This section will examine the survey data regarding hypothesis 5.11 which proposes that elderly people will prefer not to be given information in leaflet form. In order to test this hypothesis we ran the frequency at Table 5.20 below.

Table 5.20: Preferred Method/s of Information Provision (Table excludes "no response")

Method/s (N = 366)	%
Leaflet	13.1
Verbal Information By a Member of Staff	31.4
A Mixture of Both Verbal/Leaflet Information	51.6
Other Methods	1.4
Don't Know	2.5

Table 5.20 reveals, in accordance with previous research (Troup 1985; Midwinter 1989), that more respondents would prefer to receive a mixture of both leaflet and verbal information than to receive information in any other format. It also shows, in accordance with previous studies (Tester and Meredith 1987; Kocher 1989), that only just over a tenth of the respondents indicated that their preferred method of information provision was a leaflet, whilst just under a

third indicated that their preferred method was the provision of verbal information by a member of staff.

In addition, we ran a number of crosstabulations to examine whether there were substantial differences between various sub-groups within the elderly population in their preferred method of information provision. The crosstabulations on the preferred method of information provision by gender, age group and social class revealed no substantial differences between male and female respondents, between the 'young' elderly and 'old' elderly populations, or between members of the elderly population with a working class and a middle class background. in terms of their preferred method of information provision.

A crosstabulation on preferred method of information provision by Social Services District, however did reveal marked differences between the elderly populations in the various Districts. Whilst only 5 per cent of the elderly respondents in District 'G' had expressed preference for the provision of verbal information by a member of staff, this was so with over two fifths of respondents in District 'F'. It also revealed that whilst three fifths of respondents in District 'G' expressed a preference for being given a combination of both leaflet and verbal information, this was the case with only a third of the elderly respondents in District 'F'. This difference may reflect the likelihood that clients whose initial contact with the Department was via a hospital based District were, because of their state of health, less likely to remember verbal information and therefore preferred to be given a mixture of both verbal and leaflet information.

The respondents also made a variety of useful additional comments as to why they preferred a particular method/s and these are examined below.

(i) Preferred Method - Leaflet Form

Several members of the elderly population indicated that they preferred written information because it provided a useful reference. The following comments are typical of many others that were made:

> *"Can always refer to information as and when you need it".*
> (Woman, 65-75)
>
> *"Family/Carers can also read".*
> (Partially Sighted Man 85+)
>
> *"Because of poor memory".*
> (Man, 80-84)

Others indicated that they preferred written information because of a communication difficulty.

> *"I am deaf so need to have information written down".*
> (Woman, 65-75)
>
> *" Have had a stroke and find it difficult to talk. Leaflets are helpful to me".*
> (Man, 85+)

(ii) Preferred Method - Verbal Information by a Member of Staff

Several respondents indicated that they preferred verbal information because it is easier to comprehend. The following comments are typical of many that were made:-

> *"I understand it better".*
> (Woman, 85+)
>
> *"More direct".*
> (Man, 80-84)
>
> *"It gives a much friendlier contact, I usually dispose of all leaflets"*
> (Woman, 75-79)

Others indicated that they preferred verbal information because of a visual disability.

> *"Because I am unable to see to read."*.
> (Woman, Registered Blind 65-69)
>
> *"I often find it difficult to read leaflets because the print is very small"*.
> (Woman, Partially Sighted)

(iii) Preferred Method - a Mixture of Both Leaflet/Verbal Information

Several members of the elderly population indicated that they preferred a mixture of both

leaflet and verbal information because the two methods complement each other. The following

comments are typical of many others that were made:-

> *"In order to get maximum information"*.
> (Man, 65-69)
>
> *"Because sometimes leaflets can be confusing; I would like the backup on a one to one basis"*. (Woman, 70-74)
>
> *"Because I prefer to have something printed to refer back to and verbal information often expands or clarifies the printed details"*.
> (Woman, 80-84)

Others indicated that they preferred a mixture of both leaflet and verbal information because

they have a disability. One elderly man commented:-

> *"Because I am stone deaf and partially sighted"*.
> (Man, 80 - 84)

We also asked the respondents to make suggestions as to how the Department could keep

people better informed and a wide range of responses were received. The following selection

reflects the broad range of suggestions that were made.

> *"Regular for example, monthly visits, not just twice a year if one is lucky as of now".*
> (Woman, 70-74)
>
> *"When people reach the age of 80 information should be got to them as to what assistance is available to them".*
> (Man, 80-84)
>
> *"To let people know what help is available. I was told to decide what I need first and then they will help but how can you say exactly what is needed if you don't know what is available".*
> (Woman, 70-74)
>
> *" Encourage Health Centres and Doctors to be more forthcoming with information as they are usually the ones who know the home and family situation and can inform you of what is available for your circumstances".*
> (Woman, 80-84)
>
> *"Send out leaflets once a year to all OAP's with yearly statement of pension received".*
> (Woman, 65-69)
>
> *"Social Workers should come and visit and have time to explain what they think you may be entitled to. I lost out with mobility allowance etc, because I did not know how to find out".*
> (Woman, 65-69)

The evidence in this section supports hypothesis 5.11, which proposed that elderly people will prefer not to be given information in leaflet form. It suggests that elderly people will prefer to be given a combination of both verbal and leaflet information than information in any other format/s. The evidence also suggests that an elderly persons preferred means of receiving information may be influenced by the District with which they are in contact.

2. 3. 2 The Opportunity to Ask Questions About the Leaflets Provided

In this section we will examine the survey data relating to hypothesis 5.12, which proposes that elderly people who have not been given the opportunity to ask questions about leaflets which they have been given will be dissatisfied with this information provision.   First,

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however, we will examine the responses to a question which asked respondents whether a member of staff checked whether they had any questions concerning the information in the leaflets. Over three fifths indicated that this had been checked whilst just over a third indicated that it had not.

We ran a number of crosstabulations to examine whether there were marked differences between various sub-groups within the elderly population in terms of having an opportunity to ask questions about leaflets which they had been given. The crosstabulations of having been given an opportunity to ask questions about the leaflets by gender, age group and social class did not reveal any marked differences between members of the male and female respondents, between the 'young' elderly and the 'old' elderly populations or between members of the elderly population with a working class and middle class background in terms of having an opportunity to ask questions about the leaflets. In contrast, the crosstabulation of being given an opportunity to ask questions about the leaflets by District did reveal marked differences between the elderly populations in the various Districts. It indicated that whilst over four fifths of respondents in Districts 'E' and 'F' were given an opportunity to ask questions about the leaflets this was the case with only two fifths of respondents in District 'D'.

In order to test out the hypothesis we ran a crosstabulation of opportunity to ask questions about the leaflets, by satisfaction with the information provided. The results are outlined below at Table 5.21.

Table 5.21: Opportunity to Ask Questions About the Leaflets Which They Have Been
Given By Satisfaction with Information Provision
(Table excludes "no response")

	Opportunity To Ask Questions	
	%	%
Satisfaction	Yes (N = 45)	No (N = 27)
Satisfied or Better	82.3	77.7
Neither Satisfied/Dissatisfied	8.9	11.1
Dissatisfied or Worse	8.9	11.1

Table 5.21 reveals, contrary to previous studies (Tester and Meredith 1987; Kocher 1989), that substantial differences did not exist between members of the elderly population given the opportunity to ask questions about the leaflets and those members of the elderly population who had not, in terms of the numbers in their respective populations who indicated that they were satisfied or dissatisfied with the information provided.

The evidence in this section does not provide support for hypothesis 5.12, which proposed that elderly people who have not been given the opportunity to ask questions about leaflets which they have been given will be dissatisfied with this information provision.

2. 3. 3 Satisfaction With Information Provision

This section will examine the survey data in relation to hypothesis 5.13, which proposes that elderly people who are given both oral and printed information are more likely to be satisfied with the information provided than are those elderly people who are not provided with this combination. To test this hypothesis we ran a crosstabulation of information provision by satisfaction with information, presented below in Table 5.22.

Table 5.22: Information Given By Satisfaction With Information Provision
(Table excludes "no response")

	Information Given		
	%	%	%
Satisfaction	Combination Verbal/Leaflet (N = 66)	Verbal Only (N = 183)	Leaflet Only (N = 11)
Satisfied or Better	80.3	75.8	81.9
Neither Satisfied/Dissatisfied	10.6	16.4	0.0
Dissatisfied or Worse	9.0	7.6	18.2

Table 5.22, shows contrary to previous research (Troup 1985; Midwinter 1989), that substantial differences do not exist between the respondents who had and had not been given a combination of verbal and leaflet information, in terms of the numbers in their respective populations who were satisfied or dissatisfied with the information provided. However, Table 5.22 does show that twice as many of the elderly respondents who had been given only a leaflet were dissatisfied with the information provided as those who had been given either a combination of leaflet/verbal information or those who had only been given verbal information.

The evidence in this section does not provide support for hypothesis 5.13, which proposed that elderly people who are given both oral and printed information are more likely to be satisfied with the information provided than are those elderly people who are not provided with this combination. In fact the evidence has revealed that substantial differences did not exist between the elderly population who had and had not been given a combination of verbal and leaflet information in terms of the numbers in their respective populations who indicated that they were satisfied or dissatisfied with the information provided.

2. 3. 4 The Value of Broadcast Media

This section will examine the survey data in relation to hypothesis 5.14 which proposes that broadcast media are of no assistance to elderly people in their search for official information.

In order to test hypothesis 5.14 we had to create a derived variable that analysed responses regarding usage of broadcast media. The frequency table of the derived variable showed that just under half of the elderly respondents had both watched local television and listened to local radio, just over two fifths had watched local television but had not listened to local radio, three per cent of them had listened to local radio but not watched local television, and five per cent had watched local television but not listened to local radio.

A number of crosstabulations were run to establish whether there were any marked differences between the various sub-groups within the elderly population around the usage of broadcast media. Two crosstabulations relating to usage of broadcast media by gender and social class background did not reveal marked differences between the male and female respondents or between members of the elderly population with a working class and middle class background in terms of usage of broadcast media. However, a crosstabulation of the usage of broadcast media by age group did reveal differences between the 'young' elderly and 'old' elderly respondents in terms of their usage of broadcast media. It indicated that whilst over half the 'young' elderly population had both watched local television and listened to local radio, this was the case with only just over a third of the 'old' elderly population. The crosstabulation also revealed that twice as many members of the 'old' elderly population as members of the 'young' elderly population had listened to local radio but had not watched local television.

To test hypothesis 5.14 we ran a crosstabulation of usage of broadcast media by getting information about where to go for social/community care information. The results are shown at Table 5.23.

Table 5.23: Usage of Broadcast Media By Getting Information About Where to go for Social/Community Care Services
(Table excludes "no response")

Getting Information	Usage of Broadcast Media			
	%	%	%	%
	Radio/TV (N = 162)	Radio Only (N = 12)	TV Only (N = 154)	Neither TV/Radio (N = 14)
Easy	58.0	50.0	44.2	35.7
Difficult	26.5	8.3	42.2	64.3
Don't Know	15.4	41.7	13.6	0.0
Chi-squared value=23.3, there is a signficant relationship at the 1 per cent level)				

Table 5.23 shows, contrary to previous research (Epstein 1987; Tinker *et al.* 1993), that whilst just under three fifths of respondents who had both watched local television and listened to local radio considered that it would be easy to get information about where to go for social/community care services, this was the case with only just over a third of those who had neither watched local television nor listened to local radio. Furthermore, the table shows that more than twice as many respondents who had neither watched television nor had listened to local radio as respondents who had watched television and listened to local radio considered that it would be difficult to get information about where to go for social/community care services.

The evidence does not therefore provide support for hypothesis 5.14, which proposed that broadcast media are of no assistance to elderly people in their search for official information. Indeed, it would suggest that the opposite may be true, since it was those members of the elderly population who made the greatest usage of broadcast media (for example those who watched local television and listened to local radio) who were most confident that it would be easy to get official information.

2. 3. 5 The Value of Newspapers

This section will examine the survey data in relation to hypothesis 5.15, which proposes that

newspapers are of no assistance to elderly people in their search for official information.

However, before we examine the survey data in relation to hypothesis 5.15 we will outline the

replies to the question asking whether respondents regularly read a local newspaper. Just

under three fifths indicated that they read a local newspaper and just over two fifths indicated

that they did not. We ran crosstabulations to examine whether there were differences between

the various sub-groups within the elderly population in terms of local newspaper readership.

However, the three crosstabulations of local newspaper readership by gender, age group and

social class background revealed no marked differences between male and female respondents,

between 'young' elderly and 'old' elderly respondents or between members of the elderly

population with a working class and middle class background in terms of local newspaper

readership.

To test the hypothesis we ran a crosstabulation of local newspaper readership by getting

information about where to go for social/community care information, which is presented

below in Table 5.24.

Table 5.24: Local Newspaper Readership By Getting Information About Where to go for
Social/Community Care Services
(Table excludes "no response")

	Local Newspaper Readership	
	%	%
Getting Information	Yes	No
Easy	51.6	41.2
Difficult	32.1	45.4
Don't Know	16.3	13.4

Table 5.24 shows, unlike previous research (Epstein 1987; Tinker *et al.* 1993), that whilst over half of the elderly respondents who had read a local newspaper considered that it would be easy to get information about where to go for social/community care services, this was the case with only just over two fifths of those who had not read a local newspaper. The table also shows that whilst less than a third of elderly respondents who had read a local newspaper considered it would be difficult to get information about where to go for social/community care services, this was the case with well over two fifths of those who had not read a local newspaper.

The evidence in this section does not support hypothesis 5.15, which proposed that newspapers are of no assistance to elderly people in their search for official information. In fact it suggests that the opposite may be true, because it was the members of the elderly population who had read a local newspaper who were most confident that it will be easy to get official information.

2. 3. 6 Social/Health Care Staff

In this section we will examine the survey data against hypothesis 5.16, which proposes that elderly people who are in regular contact with social/health care professionals are more likely to find it easy to obtain official information than are elderly people who are not in regular contact with such staff. We will examine the hypothesis in relation to elderly people's contact with three different groups of social/health care staff, namely the doctor, home help and district nurse. A crosstabulation was run of obtaining information about where to go for social/community care information by each of the three groups of social/health care staff. The results are combined in Table 5.25, shown below.

Table. 25: Getting Information About Where to go for Social/Community Care Services
By Contact with Social/Health Care Staff
(Table excludes "no response")

	Getting Information		
	%	%	%
Contact	Easy	Difficult	Don't Know
Doctor			
Regular (N =142)	53.5	36.6	9.9
Occasional (N = 188)	48.4	32.4	50.0
Never (N = 14)	35.7	50.0	24.3
Home Help			
Regular (N =87)	50.6	36.8	12.6
Occasional (N = 18)	44.4	27.8	27.8
Never (N = 223)	50.2	35.9	13.9
District Nurse			
Regular (N =61)	50.8	39.3	9.8
Occasional (N = 111)	55.9	27.9	16.2
Never (N = 154)	44.2	39.6	16.2

Table 5.25 shows contrary to previous research (Roberts *et al.* 1991, and Allen *et al.* 1992), that no marked differences exist between the elderly respondents who were in regular contact with a doctor, home help or district nurse and those who were not, in terms of the numbers in their respective populations who consider that it would be easy or difficult to get information about where to go for social/community care services.

The evidence in this section does not provide support for hypothesis 5.16, which proposed that elderly people who are in regular contact with social/health care professionals are more likely to find it easy to obtain official information than are elderly people who are not. In fact the evidence in this section would suggest that elderly people who are in regular contact with social/health care professionals are no more likely to consider it is easy to get official information than are elderly people who are not in regular contact with such staff.

2. 3. 7   The Effectiveness of Various Methods of Information Provision

This section has examined the survey data in relation to the effectiveness of various methods of information provision to elderly people and has found firstly, in accordance with previous research (Troup 1985; Midwinter 1989), that elderly people preferred to be given a combination of both verbal and leaflet information than to be given information in any other format/s. The evidence indicates that elderly people whose initial contact with the Department was via a hospital based Social Service District were likely to prefer different methods of information provision from elderly people whose contact with the Department was via a community based Social Services District. It is quite possible that these differences reflect either the state of health of elderly people whose initial contact with the Department was via a hospital based Social Service District, or the methods traditionally used by staff working in this type of environment to provide information to clients, or indeed a combination of both these factors.

Secondly, the evidence in this section revealed, unlike previous studies (Tester and Meredith 1987; Kocher 1989), that substantial differences did not exist between members of the elderly population who had the opportunity to ask questions about leaflets which they were given and those who had not had this opportunity, in terms of the numbers in their respective populations who indicated that they were satisfied or dissatisfied with the information provided.

Thirdly, the section demonstrated, contrary to previous research findings (Troup 1985; Midwinter 1989), that marked differences did not exist between members of the elderly population who had and had not been given a combination of verbal and leaflet information, in terms of the numbers in their respective populations who indicated that they were satisfied or

dissatisfied with the information provided. This finding may indicate that information given via a combination of verbal and leaflet does not differ substantially in content from that given through a single method such as a Departmental information leaflet. On the other hand it is possible that elderly people were reluctant to make negative comments about anything connected with the Department because they have an intrinsic fear of losing the help that they receive. Thornton and Tozer (1995, p.18) suggest that "some older users will be dissatisfied but may worry that their dissatisfaction will be relayed to the person about it".

Fourthly, the evidence in this section revealed, in contrast to previous research (Epstein 1987; Tinker *et al.* 1993), that members of the elderly population who had made the greatest usage of broadcast media (for example had both watched local television and listened to local radio) and those who read a local newspaper were more likely to consider that it would be easy to get official information than those who had made no use of broadcast media and those who had not read a local newspaper. It is quite possible that the survey findings differ from previous studies because we focused on the usage of local as opposed to national broadcast media and readership of local as opposed to national newspapers. In fact the findings suggest that local broadcast media and local newspapers may be effective methods of providing information to elderly people.

Finally, this section revealed, contrary to previous research analysis (Roberts *et al.* 1991, and Allen *et al. 1992*), that elderly people who were in regular contact with social/health care professionals were no more likely to consider that it was easy to obtain official information than are elderly people who were not in regular contact with such staff. The findings may differ from those above because the last couple of years have witnessed dramatic changes in the roles played by social care professionals. Such staff are increasingly faced with acute

budgetary restrictions and it is likely, therefore, that they will not provide clients with information about services which theoretically are available but which are unlikely to be supplied because their cost is prohibitive.

Conclusion

This chapter has examined the findings from the consumer side of the consumer/provider information equation. This involved looking at the findings from a survey of elderly people in West Area referred to the Department in the first three months of 1994.

Section one established that the elderly population, whilst predominantly female, and containing a high proportion of people with a low level of education and people who were dependent on another person/s for their care was nevertheless a heterogeneous population in terms of age, marital status and social class, which accords with previous research (Cornell 1989; Kocher 1989). It also established that within the elderly population there were a number of elderly people whose social circumstances, according to previous research analysis (Mullings 1989; Kocher 1989), may contribute to them being considered particularly vulnerable in terms of accessing information, for example 'old' elderly people and elderly women.

Section two considered hypotheses connected to three principle areas of interest arising from the survey data, vis elderly people's information needs, their information seeking behaviour and the effectiveness of methods of information provision. In relation to elderly people's information needs, this section revealed in accordance with earlier research findings (Kocher 1989; Giarchi 1990a), that the elderly population comprised a heterogeneous group of people in terms of contact need. Secondly, again in accordance with the above research findings, different age groups within the elderly population had different contact needs. Thirdly, and

contrary to previous research findings (Kocher 1989; Giarchi 1990a), marked differences in contact need had not occurred between elderly men and elderly women, or between elderly people with a working class and middle class background. It would appear that, by themselves, factors such as gender and social class background do not have a great impact on elderly people's contact needs, but when gender and age group, social class and age group and social class and gender are taken together we get significant differences of contact need emerge between various sub-groups of people within the elderly population. Elderly people's information needs would appear, therefore, to reflect the interplay between factors such as age group, gender and social class background, and probably also many other factors not explored in this survey such as ethnic origin and sexual orientation.

Finally in relation to elderly people's information needs, this section revealed contrary to previous studies (Mullings 1989; Kocher 1989), that elderly people whose social circumstances contributed to them being considered 'vulnerable' in terms of their information needs and ability to access information, for example 'old' elderly people, elderly people with visual disabilities and elderly women, had not encountered problems in meeting these needs. Furthermore, the data collected would suggest that elderly men rather than elderly women are the vulnerable sub-group in terms of obtaining information about where to go for social/community care services. Such findings may suggest that information provision to vulnerable groups has improved since earlier analysis of elderly people's information needs, possibly as a direct result of targeting information at vulnerable sub-groups. Alternatively, they may suggest the emergence of other vulnerable sub-groups within the elderly population, for example elderly men.

In relation to elderly people's information seeking behaviour, this section revealed that contrary to previous research (Epstein 1980; Victor 1981; Kocher 1989), that the elderly population had generally found out about the Department through formal (for example doctor or hospital) rather than informal information sources (for example family or community network). In addition, it revealed, contrary to the above research findings, that the elderly population preferred to get information about social/community care services from formal as opposed to informal information sources. One possible explanation for the difference from previous research is that elderly people's access to and use of informal information networks may have declined in recent years as a consequence of demographic change. Another explanation could be that elderly people may consider that contact with formal sources is more likely to result in the provision of information that is reliable.

This section also found, in accordance with previous findings (Epstein 1980; Tester and Meredith 1987), that elderly people who had expressed a preference for getting information about social/community care services from a specific formal information source (for example doctor, or home help) were generally already in contact with such a source. However, the evidence suggests that with advancing age, elderly people are increasingly likely to find out, and prefer to get information, about social/community care services from informal sources. This increasing preference for informal information sources as people move into the 'old' elderly age group may be directly related to declining mobility and increasing dependency on informal carers.

In relation to barriers to information for elderly people, this section provided evidence of what Tinker *et al.* (1993) term the 'past experience' barrier, which is to say that elderly people who had a negative experience in accessing information anticipated difficulties in obtaining

information in general. We also found evidence of what Tinker *et al.* (1993) call the 'professional resistance' barrier, which is to say that staff in contact with elderly people had, consciously or unconsciously, restricted the type and amount of information they gave them. We found, in accordance with previous findings (Epstein 1980; Roberts *et al.* 1991; Allen *et al.* 1992), that frontline staff appear to have been involved in the withholding of known information from clients, since the majority of the elderly respondents indicated that they had not been supplied with comprehensive information by members of frontline staff, who had been given the responsibility for providing such information to clients in accordance with the Department's Information Strategy. This finding is particularly interesting in the context of this research because it suggests that a key part of the Information Strategy developed by the Department, which was the provision of comprehensive information by frontline staff to clients, was in fact rarely happening. This section has also shown, in accordance with the above research findings, that the frontline population appear to have been relying on the oral transmission of information to clients, since more of the respondents had been provided with verbal information by frontline staff than information in other formats. We discovered too that just under a third of the elderly respondents had received neither leaflet nor verbal information from a member of staff since contacting the Department. This finding, coupled with the previous one suggests that there were serious problems in relation to the implementation of the Departmental Information Strategy. This issue is examined in greater detail in the next chapter.

In relation to the effectiveness of various methods of information provision, this section revealed firstly, in accordance with previous research (Troup 1985; Midwinter 1989), that the elderly respondents preferred to be given a combination of both verbal and leaflet information than information in any other format/s. Secondly, and contrary to previous studies (Tester and

Meredith 1987; Kocher 1989), elderly people who were given an opportunity to ask questions about leaflets they had been given were no more satisfied with the information provided than those who were not given this opportunity. Thirdly, and again contrary to previous findings (Tester and Meredith 1987; Kocher 1989), elderly people who were given a mixture of both leaflet and verbal information were no more satisfied with the information provided than those who were not given this combination of information. This finding may indicate that information given as a combination of verbal and leaflet information was not substantially different in content from that given through a single method, such as Departmental information leaflet. On the other hand this, may reflect a reluctance by elderly people to make negative comments about anything connected with the Department because they have an intrinsic fear of losing the help they receive. Thornton and Tozer (1995, p.18) suggest that "some older users will be dissatisfied but may worry that their dissatisfaction will be relayed to the person about it".

Fourthly, this section revealed in relation to the effectiveness of various methods of information provision contrary to the expectations in the research literature (Epstein 1987; Tinker *et al.* 1993), that broadcast media and newspapers did appear to be of assistance to elderly people in their search for official information. In fact we found that members of the elderly population who had made the greatest usage of broadcast media (for example had both watched local television and listened to local radio) and those who had read a local newspaper, were more likely to consider that it will be easy to get official information than were those who had made no use of broadcast media and those who had not read a local newspaper. It is quite possible that the survey findings differ from the above research findings because we focused on the usage of local as opposed to national broadcast media, and the reading of local

rather than national newspapers. In fact the evidence suggests that local broadcast media and local newspapers may be effective methods of providing information to elderly people.

Finally, this section indicated, contrary to previous research findings, that elderly people who were in regular contact with social/health staff, for example doctor, home help, or district nurse, were no more likely to find it easy to get official information than were elderly people who were not in regular contact with such staff. These findings may differ from those of earlier research because the last couple of years have witnessed dramatic changes in the roles played by social care professionals. Such staff are increasingly faced with acute budgetary restrictions and it is possible therefore, that they will not provide clients with information about services which theoretically are available but which are unlikely to be supplied because their cost is prohibitive.

We now move from an examination of the factors which might influence elderly people's information needs, their information seeking behaviour and the effectiveness of various methods of information provision, to an examination of what the findings from the surveys of both the consumer and provider sides of the information equation reveal about the integrity of the Strategy itself and its implementation to date.

CHAPTER SIX: INFORMATION FOR ELDERLY PEOPLE - A VITAL BUT MISSING LINK IN COMMUNITY CARE

Introduction

The National Health Service and Community Care Act 1990 required Social Services Departments to provide information about the services available and ways of gaining access to them, thereby enabling consumers to exercise choice and make informed decisions. In order to respond to this requirement the Department developed an Information Strategy comprising two interrelated elements. The first element specified that Departmental literature should be given to potential and current users of Social Services at specific stages of the care management process, and that this should be accompanied where appropriate with a verbal explanation. The second defined the roles that various groups of staff are expected to play in the provision of information to potential and current users. Previous analysis of elderly peoples' information needs (Troup 1985; Midwinter 1989) revealed that they prefer to be given a combination of leaflet and verbal information by social/health care staff. It might therefore be assumed that the Strategy will lead to elderly people being provided with information via their preferred format.

In chapter six we will examine what the findings from the surveys of both the consumer (elderly people who had been referred to the Department) and provider (frontline administrative and care management staff) sides of the information equation reveal about the integrity of the Strategy itself, and its implementation to date. In particular we will focus on two issues. Firstly, we will examine whether elderly peoples information needs in relation to community care have been addressed by the Information Strategy. Secondly, we will examine whether the Strategy has encountered those implementation problems to which we suggested in chapter two that it appeared to be particularly vulnerable. These included communication

problems, interagency issues and the gatekeeping role of frontline staff in the provision of information.

1. 0   Elderly People's Information Needs

Examination of the Information Strategy developed by the Department reveals on the one hand that it does not explicitly cater for the information needs of elderly people, even though they comprise, according to Barnes (1990, p.127) "the largest single group receiving help from Social Services". On the other hand it reveals that one of its twin elements, the provision of a combination of leaflet and verbal information to users by social/health care staff as an integral part of the care management process is, coincidentally, what the research literature in chapter one reveals to be elderly peoples' preferred method of information provision. In theory the Information Strategy would appear, albeit inadvertently, to cater to some degree for the information needs of elderly people. The findings from the survey of elderly people suggest, however, that in practice this was not the case for a number of reasons.

Firstly we discovered, in line with previous research (Mullings 1989; Kocher 1989), that the elderly population comprised a heterogeneous group of people in terms of information need. It would appear from our research that elderly people's information needs reflect the interplay between factors such as age group, gender and social class background. It follows that the information needs of elderly people in relation to community care will not be met by information strategies/policies which fail to recognise that they comprise a diverse group of people with a broad range of information and service needs. Steele *et al.* (1993, p.39) suggest that an "understanding of the local population in terms of demographics and potential need is essential when drawing up priorities".

Secondly, unlike previous studies (Epstein 1980; Kocher 1989) we found that the majority of the elderly population learned of the Department via formal information sources such as the doctor or hospital, rather than informal sources such as the family or community network. One possible explanation for our findings differing from those of earlier research is that we focused on elderly people's information needs and information seeking behaviour in relation to a very specific area of information, community care, whereas previous studies had focused predominantly on broader areas of information. Another possible explanation is that the information role played by informal sources may have diminished since previous studies were undertaken, because of the impact of demographic changes in society. We also discovered that only a very small proportion of our elderly population had found out about the Department via either the television or the radio.

The findings also revealed, again unlike the previous research outlined above, that elderly respondents expressed a preference for obtaining community care information from formal rather than informal information sources. It is possible that our findings differ from those of earlier research because demographic changes have resulted in an increasing number of elderly people not having access to informal sources, hence their preference for formal sources. An alternative explanation could be that elderly people may consider that information from formal information sources is likely to be more accurate than that obtained from informal sources, which may inadvertently have been filtered. The Information Strategy developed by the Department does not recognise the relative importance of the above sources of information for elderly people. It is ironic, given our findings that health care staff were a major information source for elderly people whereas the media were not, to note that the Information Strategy outlines a role for local radio in the provision of information about community care services yet does not do so for health care staff. Steele *et al.* (1993, p.39) indicate that "it is important

to diagnose people's real information needs as well as understanding how they usually find out about personal social services".

Thirdly, the study discovered that at least two barriers to information provision for elderly people were present. We found evidence of what Tinker *et al.* (1993) term the 'past experience' barrier, whereby elderly people who had had a negative experience in accessing social/community care information anticipated difficulties in obtaining information in general. We also found evidence of what Tinker *et al.* term the 'professional resistance' barrier, where staff in contact with elderly people had consciously or unconsciously restricted the type and amount of information they had given to them. It follows that the information needs of elderly people relating to community care will not be met by information strategies/policies which fail to recognise that a number of barriers to information provision may exist and that these are likely to impede elderly people's access to and use of information.

Fourthly, the findings showed that elderly people preferred to be given a combination of both leaflet and verbal information than to be given information in any other format/s, which corresponds with the findings from previous research (Troup 1985; Midwinter 1989). However, unlike the above findings, we found that elderly people who had been given a combination of leaflet and verbal information were, in fact, no more satisfied with the information provided than were those who had not been given this combination. This finding may suggest that information given using a combination of speech and leaflet does not differ substantially in content from that given via a single information provision method, such as a Departmental leaflet. This finding may have emerged because elderly people felt that neither method provided them with the information they considered they needed. On the other hand, this may reflect the fact that elderly people are reluctant to make negative comments about the

Department because they have an intrinsic fear of losing the help which they receive. Thornton and Tozer (1995, p.18) suggest that "some older users will be dissatisfied but may worry that their dissatisfaction will be relayed to the person about it".

Our findings also differed from previous research (Roberts *et al.* 1991; Allen *et al.* 1992) by revealing that elderly people in contact with social/community care professionals were no more likely to find it easy to get information than were those not in regular contact with such staff. This difference may be because during the last couple of years we have witnessed dramatic changes in the roles played by social care professionals. Such staff are increasingly faced with operating under acute budget restrictions, and it is likely therefore that they may not provide clients with information about services that are available but which cannot be supplied because their cost is prohibitive.

Finally, our findings revealed in relation to the effectiveness of various methods of information provision, contrary to the expectations in the research literature (Epstein 1987; Tinker *et al.* 1993), that broadcast media and newspapers were of assistance to elderly people in their search for official information. It is likely that our findings differ from earlier research because we focused on the usage of local rather than national broadcast media, and on the *readership* of local, not national, newspapers. The evidence would suggest that local broadcast media and newspapers may be effective methods of providing information to elderly people. Thus information strategies/policies designed to meet elderly people's information needs should, at the very least, be premised on an understanding of what methods are likely to be most effective given the local circumstances.

It is clear from the various findings outlined above that the Information Strategy developed by the Department has failed to address the information needs of elderly people. The findings

suggest that there is a serious mismatch between the consumer and provider sides of the community care information equation, for three interrelated reasons. Firstly, the Strategy recognises neither that elderly people are major consumers of community care services, nor that they are a heterogeneous group with a broad range of information and service needs. It also fails to recognise that there are a number of vulnerable sub-groups within the elderly population whose social circumstances are such that their information needs may warrant priority attention. Cornwell (1989, p.2) indicates that "one of the most constant complaints of elderly people and their carers - often elderly themselves - is that they are lumped together in a stereotyped and often threatening mass - 'the old', 'the over 60's'". Secondly, the Information Strategy is premised neither on an understanding of elderly people's information seeking behaviour nor on an awareness of barriers to information for elderly people. Tester (1992, p.16) argues that an Information Strategy should "take account of the special needs of the target audience, for example those who have mobility problems or sensory impairments, do not read English, or are socially isolated". Thirdly, the Information Strategy is not based on an understanding of what constitute effective methods of information provision to elderly people.

2.0 Implementation Problems

A closer examination of the Information Strategy developed by the Department led us to suggest in chapter two that it may be subject to a number of implementation problems and a review of the implementation research literature confirmed that this was likely to be the case. The implementation problems to which we thought the Information Strategy appeared to be particularly vulnerable were communication difficulties, interagency issues and the propensity of frontline administrative and care management staff to use information as a way of rationing

access to, and demand for, services. We will now examine what our survey findings reveal about each of these three problem areas.

2. 1 Communication Difficulties

In chapter two we suggested that the Information Strategy may be subject to a number of communication difficulties and a review of both the 'policy oriented' (Pressman and Wildavsky 1973; Mazmanian and Sabatier 1983; Van Horn and Van Meter 1977) and the 'actor oriented' (Hjern and Porter 1981; Hjern and Hull 1982; Thrasher and Dunkerley 1982) approaches to implementation analysis indicated, albeit for different reasons, that this was likely to be the case. The former school indicates that as a policy passes down through various levels of an organisation it is likely to be miscommunicated, and that it may also be subject to local implementers misunderstanding what is expected of them. The latter school indicates that implementation is not a linear process but that it is characterised instead by politics, bargaining and negotiation, which will undoubtedly affect who communicates what, and to whom. Consequently, we proposed that the Information Strategy was likely to be subject to marked differences in interpretation throughout the Social Services Department, and the findings from our surveys confirmed that this was the case in relation to key aspects of the strategy.

2. 1. 1 The Provision of Departmental Information Leaflets

The Information Strategy developed by the Department made clear that both frontline administrative and care management staff had a responsibility for providing people/clients with Departmental information leaflets as an integral part of the care management process. However, the findings from the surveys of information providers (frontline administrative and care management staff) and consumers (elderly people referred to the Department) revealed that this was generally not occurring in practice.

Our survey of frontline administrative staff revealed that the majority of them were not providing elderly people/clients with Departmental information leaflets, despite the fact that they were required to by the Strategy. Evidence of communication difficulties was reflected in the comments made by many of our frontline administrative staff, who indicated that they were either unclear about, or did not consider it their responsibility, to provide elderly people/clients with the Departmental information leaflets. In fact several believed that it was care management rather than administrative staff who were responsible for the provision of Departmental information leaflets to elderly people/clients.

However, the survey of frontline care management staff revealed that whilst more care management than administrative staff were meeting the Strategy's requirement to provide Departmental information leaflets to elderly people, only a minority were doing so. Again, evidence of communication difficulties was provided by the comments of the care management staff, who said that they were unaware of several of the Departmental information leaflets and their function. Our survey of elderly people referred to the Department suggested that the provision of Departmental information leaflets by frontline staff was not taking place; only a minority indicated that they had been given a leaflet by a member of staff since contacting the Department. Further evidence to support our hypothesis that the Information Strategy would be subject to communication problems comes from the surveys of information providers. These reveal marked differences between the various Districts, and between established and recently appointed care management staff, in terms of the proportion of their respective populations who provide elderly people with Departmental information leaflets.

2. 1. 2 Provision of Verbal Information

The Information Strategy also stated that the provision of Departmental information leaflets to the general public/clients by both frontline administrative and care management staff should be accompanied where appropriate by a verbal explanation. However, the findings from the surveys of information providers revealed that this seldom took place. We have already established that only a minority of frontline administrative and care management staff provided elderly people/clients with information leaflets, so it was not surprising to find that very few provided a combination of leaflet and verbal information. The survey of elderly people referred to the Department confirmed that the provision of a combination of leaflet and verbal information was not occurring; only a minority had been given information in this way by a member of staff since contacting the Social Services Department.

The survey of information providers showed that whilst only a minority of them provided elderly people clients with the combination of leaflet and verbal information as prescribed by the Information Strategy, the majority of frontline administrative and all care management staff gave elderly people clients verbal information about services provided by the Social Services Department and by other agencies. The findings from the consumer survey confirmed that the majority had been given verbal information by a member of staff since contacting the Social Services Department. Previous studies (Tester and Meredith 1987; Roberts *et al.* 1991) indicate that frontline staff have a preference for oral communication of information, and our research findings provide support for this proposition.

2. 1. 3 Evidence of Communication Difficulties

The surveys of both the consumer and provider sides of the information equation revealed that the Information Strategy developed by the Department had encountered a number of

communication problems. The roles to be played by frontline administrative staff in providing information as an integral part of the care management process were defined reasonably well in the Information Strategy, yet they were not being performed in practice. The 'policy oriented' school of implementation analysis indicates that as a policy passes down through various levels of an organisation it is likely to be miscommunicated, and that it may also be subject to local implementers misunderstanding what is expected of them. This would certainly appear to have happened in the case of the Information Strategy. Browne and Wildavsky (1983, p.220) indicate "the greater the distance from the top of the decision domain to the bottom of the operators' domain, the greater the number of opportunities for undesigned consequences to occur". Our findings suggest that the Strategy developed by the Department had not been clearly communicated down through the various organisational tiers to staff at the public interface who were largely responsible for its implementation. Frontline staff in general, and administrative staff in particular, did not clearly understand the roles they were expected to play in relation to the provision of information to elderly people/clients.

Traditionally, administrative staff have been regarded as support workers to fieldwork staff in Social Services Departments rather than as having a direct role to play in the provision of services to the general public/clients. Consequently, they have generally received very little formal training on new Departmental policies/procedures which have a client rather than administrative focus. It is quite possible, therefore, that many administrative staff were not invited to, or did not attend, presentations where staff were introduced to the new care management procedures, and to their responsibilities for provision of information to the public/clients. If this is so, then it would go some way to explaining why the majority were unclear about their role in information provision. Steele et al. (1993, p.23) suggest that "as

reception and frontline staff take on more information related functions, their induction and training needs will increase".

Implementation is not a linear process according to the 'actor oriented' school of implementation analysis, but is characterised instead by politics, bargaining and negotiation. The findings from the surveys of frontline staff suggest that the Information Strategy had been subject to staff throughout the Department, and particularly at District level, negotiating their roles in the provision of information to the public. This situation is compounded by the fact that until recently information provision has been the 'cinderella' of service provision in Social Services Departments. Consequently, it has been viewed as a task to be undertaken by administrative and unqualified staff rather than qualified staff such as social workers and occupational therapists.

The importance of providing information to the public/clients has been elevated by successive pieces of recent social policy legislation including the Disabled Persons Act 1986, the Children Act 1989 and most recently the National Health Service and Community Care Act 1990 which requires Social Services Departments to provide information to consumers of services so that they can exercise informed choice. It would seem likely that this task will be subject to a certain amount of cultural and organisational hiatus as members of staff at the local Social Services District level work out their respective roles.

2. 2 Interagency Issues

In chapter two we suggested that the Information Strategy would be subject to a number of interagency issues and a review of both the 'policy oriented' and the 'actor oriented' schools of implementation analysis indicated, for different reasons, that this was likely to be the case. The former school suggests that policy implementation will be subject to a number of

problems that arise from trying to co-ordinate and control the various levels of several organisations that may be involved in the implementation process. The latter indicates that policy implementation may become the responsibility of an arrangement of local policy implementers from a variety of different organisations. Consequently, we proposed that there would be marked differences between frontline staff who operate in interagency and single agency environments in terms firstly of the information that they give to elderly people/clients, and secondly their ability to access information about community care services. However, the findings from our surveys revealed mixed support for these propositions.

2. 2. 1 Provision of Information by Frontline Staff who Operate in Interagency and Single Agency Settings

The surveys of information providers revealed marked differences between frontline staff who operate in interagency and single agency settings in terms of the information which they had given to elderly people/clients. In particular, we discovered that more care managers in single agency settings than in interagency settings provided elderly people with the Departmental information leaflets. It is quite possible that staff working in an interagency setting may be reluctant to provide Social Services Departmental information leaflets if they consider them inappropriate to their local setting and mode of operation. This would apply particularly to those interagency settings where Social Services staff have developed local arrangements with staff from other social care agencies, such as doctors or nurses, regarding particular aspects of the care management process such as providing information to elderly people/clients.

It is also possible that care management staff operating in certain types of interagency environment such as hospitals may have agreed, in conjunction with other social/health care colleagues that information leaflets are unsuitable for elderly people who are ill. Care management staff operating in a hospital environment may well be more likely to give verbal

information to patients, and to give information leaflets to carers rather than to the elderly people themselves. However, our survey of consumers reveals that the majority of elderly people who were in contact with the South and West Hospital District had been given neither leaflet nor verbal information by a member of staff since they had been in contact with the Department. This suggests that some of the potentially most vulnerable elderly people were not being given any information about the services which were available from the Department, which in turn begs the question how were they able to make an informed choice about the type of service/s they received on leaving hospital?

2. 2. 2   Accessing Information About Community Care Services

The findings from the surveys of information providers showed that in both single and interagency settings, more care management staff than administrative staff were involved in accessing information about community care services. However, they revealed that no marked differences between frontline staff who operate in interagency and single agency settings in terms of their ability to access information about a broad range of community care services

2. 2. 3   Evidence of Interagency Issues

The findings from the surveys indicated that the Information Strategy had to some extent been subject to interagency issues. The 'policy oriented' school of implementation analysis indicates that policy implementation will be subject to a number of problems which arise from trying to co-ordinate and control the various levels of several organisations which may be involved in the implementation process. Our findings suggest that this was happening to some extent in relation to the Department's Information Strategy, because we discovered that a wide range of staff at various levels of the organisation had not adopted the roles they were required to play by the Information Strategy. Coopers and Lybrand (1988, p.18) indicate that "the complexity

and multi-dimensional nature of information needs is further complicated by the nature of service provision". However, it would seem inevitable that a county wide strategy will encounter problems of co-ordination and control, given the geographical area covered by most shire counties and the plethora of joint working arrangements that are likely to exist between Social Services Departments and allied agencies. Furthermore, it is quite possible that problems of co-ordination and control will be endemic in interagency settings such as hospitals and health centres because a wide range of staff from a number of different organisations may be involved, either directly or indirectly, in policy implementation.

Policy implementation may become, according to the 'actor oriented' school of implementation analysis, an arrangement of local policy makers from a variety of different organisations. Hjern and Porter (1981, p.216) indicate that "programmes are implemented by a cluster of parts of public and private organisations, i.e. implementation structures" and the findings suggest that this is happening with the implementation of the Department's Information Strategy. Various hybrid arrangements have been devised at local level by staff from the District and from various other social/health care agencies to deal with the task of information provision. It would seem inevitable that such arrangements will occur where social care staff from a variety of organisations are working alongside each other.

2. 3   The Gatekeeping Role Played by Frontline Staff in the Provision of Information

In chapter two we suggested that the Information Strategy would be subject to the gatekeeping role played by frontline staff in the provision of information, and a review of the 'actor oriented' approach to implementation analysis indicated that this was likely to be the case. The 'actor oriented' approach to implementation analysis, and in particular the work of Weatherley 1977, Prottas 1979 and Lipsky 1980, reveal that frontline staff play a key role in

the provision of information to the public. Lipsky (1980) indicates that information is used as a rationing tool by both frontline administrative staff, whom he terms 'Screeners' and by frontline practitioner staff, whom he terms 'Street Level Bureaucrats'. Tinker *et al.* (1993, p.17) contend that frontline staff may restrict the amount of information elderly people can obtain in at least three ways. This may include the withholding of known information, lack of knowledge and reliance on the oral transmission of information. Consequently, we proposed that frontline administrative staff will frequently redirect elderly people to other agencies and that frontline care management staff will not provide elderly people with information about their rights. We also proposed that frontline staff will prefer to disseminate information verbally and that they will have only a limited knowledge of the range of information materials that are available. However, the findings from the surveys revealed mixed support for these propositions.

2. 3. 1   Redirecting Elderly People to Other Agencies

The survey of frontline administrative staff revealed, contrary to our expectations, that only a minority of them frequently redirect elderly people to other agencies. However, it is important to set this finding in context. We discovered that the majority of frontline administrative staff generally had only minimal contact with elderly people, and hence were presented with few opportunities to redirect them to other agencies. Nevertheless, our findings did reveal that there were marked differences between Districts and between established and recently appointed members of the administrative staff in terms of the proportion of their respective populations who frequently redirected elderly people to other agencies.

The findings suggest that the role played by administrative staff in redirecting elderly people to other agencies reflects the local district culture, administrative staffing arrangements and

proximity to other social care agencies. Established members of the administrative staff were more likely to approximate the gatekeeping behaviour of street level bureaucrats than their more recently appointed administrative colleagues. Lipsky (1980, p.xiii) argues that the "decisions of Street Level Bureaucrats, the routines they establish and the devices they invent to cope with uncertainties and work pressures effectively, become the public policies they carry out" and this certainly appears to have happened in the Department.

2. 3. 2 Providing Elderly People With Information About Their Rights

The findings from the survey of frontline care management staff revealed, contrary to our expectations, that only a minority of them did not provide elderly people with verbal information about their rights, for example to confidentiality. Nevertheless, there were marked differences between the Districts in terms of the proportion of their respective populations who provided elderly people with information on their rights. Unfortunately, we cannot confirm whether this was happening in practice, because we did not ask the elderly consumers whether they had been given verbal information about their rights. However, we did ask whether the Department had given them information that enabled them to know what to do if they were unhappy about their contact with Social Services, and only a minority indicated that this was the case. The research also revealed marked differences between the various Districts in terms of the proportion of their elderly consumers who knew how to complain.

It would appear on the face of it that only a minority of care management staff were involved in the gatekeeping activity of not providing elderly people with information about their rights. However, more detailed analysis of the data reveals a discrepancy between the information on rights which our care management staff say they provided, and the information which our

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elderly people say they actually received. For example, whilst over four fifths of care management staff indicated that they provide elderly people with information about their right to complain, only just over a quarter of the elderly people said that they had been given this information. This discrepancy may indicate that care management staff were surreptitiously involved in the gatekeeping activity of not providing elderly people with information about their rights, or it may simply reflect the fact that providers and consumers of information have different perceptions as to what precisely constitutes information. Further research is required to explore this dimension of the consumer/provider information equation.

2. 3. 3 Preferred Method of Information Provision

The surveys of information providers showed again contrary to our expectations, that only a minority preferred to give verbal information to elderly people. In fact the majority of frontline staff preferred to give a mixture of leaflet and verbal information to elderly people, which is precisely what the survey of elderly consumers revealed to be their preferred method of receiving information. Thus initially it would appear that we have an ideal consumer/provider match in terms of preferred method of information provision, which should result in the provision of a combination of leaflet and verbal information to elderly people by frontline staff. However, the survey of elderly people revealed that only a minority of them had been given this combination of information. We discovered that more had been given verbal information than had been given information in any other format, which was what we had originally suspected would be the case. Once again there would appear to be a discrepancy between what our information providers indicate to be their preferred method of information provision and the methods they employ in practice. This discrepancy may reflect the fact that frontline staff, whilst having a preference for providing a combination of leaflet and verbal information, nevertheless have not changed their information provision behaviour accordingly and are

continuing to provide verbal information to clients, as has been traditional practice in social work settings. It would appear that frontline staff may have responded according to what they thought the researcher wanted to hear, rather than what they did in reality. On the other hand, the discrepancy may be due to the fact that elderly people had been given this combination of information but did not recall it or it may be that care management staff had given information to carers rather than to elderly people themselves.

2. 3. 4 Obtaining Information in Other Formats

The surveys of information providers revealed, in line with our expectations, that frontline staff did not know how to obtain the full range of Departmental information materials which were available. Moreover, there were marked differences firstly between the frontline administrative and care management populations in the various Districts, and secondly between established and recently appointed members of staff, in terms of the proportion of their respective populations who knew how to obtain information in other formats. Only a very few members of the frontline staff knew that they could obtain information in other formats from the Information Section at County Hall, which had been given responsibility for organising the provision of information in other formats, as part of the Departments Information Strategy.

Since only a minority of the frontline staff were aware that the Information Section at County Hall was able to supply them with information in a broad range of formats, this in itself would appear to be evidence of communication difficulties. In addition, the findings suggest that the majority of frontline staff would be unable to provide elderly people/clients with the full range of information materials such as Braille, audio cassettes and minority ethnic languages. Their lack of knowledge of the full range of information materials contributes, albeit inadvertently,

to restricting the type and amount of information elderly people can obtain. Consequently some of the most vulnerable elderly people such as those with sensory disabilities who may need information in a specialist format like Braille, may be denied the information they need.

2. 3. 5   Evidence of the Gatekeeping Role Played by Frontline Staff in the Provision of Information

The findings from the surveys of both the consumer (elderly people who have been referred to the Department) and provider (frontline administrative and care management staff) sides of the information equation reveal that the Strategy has been subject to some extent to the gatekeeping role played by frontline staff in the provision of information. Frontline workers are likely according to the 'actor oriented' school of implementation analysis to use information as a way of rationing access to and demand for services. The findings suggest that this was happening to some extent in relation to the Department's Information Strategy, because we discovered that both the frontline administrative and care management staff restricted the information elderly people could obtain, either directly or indirectly. Lipsky (1980, p.191) indicates that "through street-level bureaucracies the society organises the control, restriction and maintenance of relatively powerless groups".

Tinker *et al.* (1993, p.17) suggest that frontline staff may restrict the amount of information elderly people can obtain in at least three ways, via the withholding of known information, lack of knowledge and reliance on the oral transmission of information, and our findings suggest that a sizeable proportion of the frontline population were involved in such gatekeeping activities. The findings also revealed that more of the frontline staff in some Districts than in others were involved in the various gatekeeping activities. They suggest that the role played by frontline staff providing information to elderly people/clients and the methods they use to do this were affected primarily by the District within which they work.

Maynard-Moody *et al.* (1990, p.833) indicate that "many Street Level Bureaucrats use their influence over policy implementation to serve their own interests; they change policy to make their work easier and safer or to thwart policy with which they do not agree rather than to serve the needs of clients or the public". It would seem inevitable that this was happening to varying degrees in the various Social Services Districts.

Conclusion

In this chapter we examined the findings from our surveys of both the consumer and provider sides of the information equation in order to discover what they revealed about the implementation of the Information Strategy to date. In particular we focused on two key issues.

First we examined whether elderly people's information needs in relation to community care had been addressed by the Information Strategy and this was generally found not to be the case. In fact we discovered a serious mismatch between the consumer and provider sides of the community care information equation for three interrelated reasons. Firstly, the Information Strategy recognised neither that elderly people comprise a heterogeneous group nor that there are vulnerable sub-groups within the elderly population, such as those from minority ethnic groups, whose information needs should be addressed as a priority. Secondly, the Strategy was premised neither on an understanding of elderly people's information seeking behaviour nor on an awareness of barriers to information for elderly people. Thirdly the Information Strategy was not based on an understanding of what constitute effective methods of information provision to elderly people.

Secondly, we explored whether the Information Strategy had encountered the implementation problems to which it appeared particularly vulnerable, namely communication problems, interagency issues and the gatekeeping role of frontline staff in relation to information provision. We found that whilst the Information Strategy had encountered implementation problems in the form of interagency issues and the gatekeeping role of frontline staff in the provision of information, it has primarily been subject to a number of communication problems. These had arisen because the Strategy appears to have been premised on four naive assumptions. Firstly, that implementation is hierarchically controlled, with policy determined at County Hall and implemented at the Social Services District level. Secondly, that the Strategy is capable of being effectively communicated to and understood by the numerous frontline staff around the Department. Thirdly, that staff will have a common understanding of the roles required of them and will undertake them accordingly, and fourthly that staff will provide potential and current users of Social Services with specific Departmental literature at the appropriate stages of the care management process. However, the evidence from our research reveals on the contrary that frontline staff were generally unclear as to precisely who is responsible for providing what information, by what means and to whom.

The magnitude of the above communication problems at this stage of the Strategy's implementation has meant that other problems in the form of interagency issues, and the gatekeeping role of frontline staff in the provision of information, have been difficult to measure since they have been largely overshadowed. It follows therefore that the Strategy cannot be delivered in a number of important respects. The authors of the Strategy have assumed that they are in control of what Elmore (1979-80, p.603) terms "the organisational, political and technological processes that affect implementation", when this is clearly not the

case. In chapter seven we will examine whether these implementation problems are likely to

persist, and if so what the outlook for the Information Strategy is likely to be.

CHAPTER SEVEN: CONCLUSIONS

Introduction

This final chapter is in three sections. The first reiterates the rationale for undertaking the thesis, and summarises the preceding six chapters.

The second section is in two parts. In part one we will speculate on what a Community Care Information Strategy for a large shire county should encompass, given what we have learnt from the research literature and our empirical findings. In part two we will explore the likely consequences for the Department's Information Strategy given its unsuccessful implementation record to date, the organisational changes that have occurred since the research was undertaken, and the numerous challenges facing local government in the final years of the millennium and beyond.

The third section is in two parts. In the first part we will speculate briefly on what is likely to be the situation for Social Services Departments throughout England and Wales in relation to the task of providing information about community care services. In part two we will explore the likely consequences for the interrelationship between elderly people and information given firstly that the information needs of elderly people in relation to community care would appear generally not to have been addressed, and secondly the many societal and technological changes that will occur in the twenty-first century.

1. 0 Rationale and Summary of Preceding Chapters

Both the 'Information Society' and the 'Ageing Society' are in a state of flux, and the aim of this thesis has been to explore the interrelationship between elderly people and information. We adopted a case-study approach, which focused on the Information Strategy (hereinafter referred to as the Strategy) developed by the Department in order to meet the requirements

placed upon it by the National Health Service and Community Care Act 1990 to provide information about the services available, and ways of gaining access to them. We examined whether the information needs of elderly people, as they perceive them, have been addressed by the Strategy. In particular, our case-study focused on elderly people who had been referred to the various Social Services Districts in the West Area of the Department in the first quarter of 1994.

The first section of the literature review in chapter one revealed that the United Kingdom in the last decade of the twentieth century is an 'Information Society' and the second section highlighted that it is also an 'Ageing Society'. In section three we explored the concept of 'information need' in general before moving on to explore, in particular, the interrelationship between elderly people and information. We indicated that there are a number of sub-groups within the elderly population whose social circumstances may lead them to be considered 'vulnerable' in terms of accessing information. We also indicated that elderly people are likely to have a broad range of information needs in relation to social/community care. In section four we outlined the methods by which elderly people access information, referred to in the research literature as 'information seeking behaviour', and we also identified a number of barriers which may hinder elderly peoples' access to and use of information. In section five we outlined the effectiveness of various methods used currently to provide information to elderly people. In section six we examined the impact of consumerism on the public sector in general and Social Services Departments in particular, and then looked at the National Health Service and Community Care Act 1990 and the demands it makes upon Social Services Departments to provide information to potential and current users of their services.

In the first section of chapter two we described how the Department developed an Information Strategy in order to comply with the requirements placed on it by the National Health Service and Community Care Act 1990. We outlined how the approach adopted by the Department in developing the Strategy largely followed what Elmore (1979-80, p.603) terms the 'forward mapping' approach:- "it begins with an objective, it elaborates an increasingly specific set of steps for achieving that objective, and it states an outcome against which success or failure can be measured". We indicated that the Strategy comprised two interrelated elements. The first specified that information, in the form of Departmental literature, should be given to potential and current users of Social Services at various stages of the care management process, whilst the second set out the roles that various staff groups were expected to play in the provision of information. In section two we highlighted three problem areas which arose in relation to implementation of the Strategy, grouping them broadly under the headings of communication problems, interagency issues, and the gatekeeping role of frontline staff in information provision. In section three we interrogated the research literature on implementation analysis, thereby gaining an insight into the various problems which may influence the implementation process. This body of knowledge also confirmed many of our suspicions about potential problem areas relating to implementation of the Strategy.

In chapter three we outlined how quantitative research methods were employed to explore whether elderly peoples information needs in relation to community care had been addressed, and whether the Strategy itself had been subject to the implementation problems to which it appeared particularly vulnerable. We described the four components to the research. The first included visiting the reception points of all West Area Community based Social Services District offices to complete a checklist of facilities available and to gather details of the accessibility of local offices, their opening hours, the information available, reception staffing

arrangements and facilities. The second and third components were postal surveys of frontline information providers, namely administrative staff and care management staff, which examined respectively the roles they considered they played in relation to the provision of information to elderly people. The fourth component was a postal survey of information consumers, namely elderly people who had been referred to Social Services in the first quarter of 1994, which examined how they had found out about and made contact with the Department and what information they had subsequently been given by staff.

In chapter four we examined the provider side of the consumer/provider information equation. This involved looking at the findings from two surveys which examined the roles that frontline administrative and care management staff respectively play in the provision of information to elderly people. The first section examined the socio-economic and employment characteristics of the frontline administrative and care management populations and discovered that both, whilst predominantly female, were nevertheless heterogeneous in terms of age, length of service and part/full time status. We also learned that the frontline population, whilst having similar job descriptions covering a standard range of tasks, were likely to be undertaking very different roles in response to local circumstances.

In the second section of chapter four, we examined the data from our two surveys of frontline staff against a number of hypotheses connected to three principal areas of interest from the research literature. These were communication problems, interagency issues, and the gatekeeping role of frontline staff in the provision of information. Our analysis revealed a number of interesting findings:-

Firstly, we discovered evidence to support our hypothesis that the Strategy developed by the Department would be subject to communication problems. Our findings revealed, as we had

expected, that only a minority of frontline staff were undertaking the roles which the Strategy required of them, and that the practice of information provision to elderly people/clients by frontline staff differed markedly across the various Social Services Districts.

Secondly, we found mixed support for our hypothesis that the Strategy would be subject to interagency issues. On the one hand, our findings confirmed our expectations that there would be marked differences between frontline administrative staff who operate in single and interagency environments in terms of the provision of verbal information, and also between care management staff who operate in single and in interagency environments in terms of the provision of leaflet information. On the other hand our findings revealed, contrary to our expectations, that frontline administrative and care management staff who operate in an interagency environment were no more likely than were their single agency colleagues to find it easy to access information about where/who to contact regarding a broad range of community care services.

Thirdly, our hypothesis that the Strategy would be subject to the gatekeeping role of frontline staff in the provision of information had mixed support. We found as expected, that only a minority of frontline staff knew how to obtain the full range of information materials that were available. We were surprised to find, however, that only a minority of frontline administrative staff frequently redirected elderly people to other agencies, that the majority of care management staff provided elderly people/clients with information about their rights, and that only a minority of frontline staff preferred to give verbal information to elderly people/clients as opposed to information in other formats.

In chapter five we examined the consumer side of the consumer/provider information equation by analysing a survey of elderly people who had been referred to the Department in the first three months of 1994. In the first section of the chapter we looked at the socio-economic characteristics of our elderly population and discovered that, whilst predominantly female and containing a high proportion of people with a low level of education and people dependent on another person/s for their care, they were nevertheless a heterogeneous population in terms of age, marital status and social class.

In the second section we examined the survey data in relation to a number of hypotheses connected to three principal areas of interest arising from the research literature, namely elderly peoples' information needs, their information seeking behaviour, and the effectiveness of various methods of information provision. The data provided several interesting findings:-

In terms of elderly people's information needs, we discovered firstly, in accordance with our hypothesis and previous research (Kocher 1989; Giarchi 1990a), that elderly people comprise a heterogeneous group in terms of contact need, and that different groups within the elderly population have different contact needs. Secondly, contrary to our hypothesis and the above research findings, marked differences of contact need were not evident between elderly men and women, nor between elderly people with a working class and middle class background. Thirdly, again contrary to our hypothesis and previous studies (Mullings 1989; Kocher 1989), elderly people whose social circumstances contributed to them being considered vulnerable in terms of their information needs and ability to access information such as 'old' elderly people, had not encountered problems in meeting these needs.

In terms of elderly peoples information seeking behaviour we discovered contrary to our hypothesis and previous studies (Epstein 1980; Victor 1989; Kocher 1989), that elderly people

had found out about the Department and preferred to obtain information about social/community care services from formal information sources (for example doctor or hospital) rather than informal information sources (for example family or community network). We also found, in support of our hypothesis and previous research (Epstein 1980 ; 1987), that elderly people who had had a negative experience in accessing information anticipated difficulties in obtaining information in general. Thirdly, in accordance with our hypothesis and previous research (Epstein 1980; Roberts *et al.* 1991; Allen *et al.* 1992), frontline staff had indeed been involved in withholding of information from clients; the majority of elderly people had not been supplied with comprehensive information.

In terms of the effectiveness of information provision methods we discovered, as proposed by our hypothesis and identified by previous studies (Troup 1985; Midwinter 1989), that elderly people preferred to be given a combination of both verbal and leaflet information. Contrary to our hypothesis and previous research (Tester and Meredith 1987; Kocher 1989), elderly people who had been given an opportunity to ask questions were no more satisfied with the information provided than were those elderly people who had not been given this opportunity. Also contrary to our hypothesis and the above research findings, elderly people who were given a combination of both leaflet and verbal information were no more satisfied with the information provided than were those who were not given this combination. Again contrary to our hypothesis and previous studies (Epstein 1987; Tinker *et al.* 1993), broadcast media and newspapers did appear to be of assistance to elderly people in the search for information. Finally, and once again contrary to our hypothesis and previous research (Tester and Meredith 1987), elderly people who were in regular contact with social/health care staff such as a doctor, home help or district nurse were no more likely to find it easy to get official information than were elderly people who were not in regular contact with such staff.

In chapter six we investigated what the surveys of both the consumer and provider sides of the information equation revealed about the integrity of the Information Strategy and its implementation to date, focusing in particular on two key issues. First, we examined whether elderly peoples' information needs in relation to community care had been addressed by the Strategy, and our findings demonstrated that this was generally not the case. In fact we discovered a serious mismatch between the consumer and provider sides of the community care information equation for three interrelated reasons. The first is that the Strategy recognises neither that elderly people are a heterogeneous group with a broad range of information needs, nor that there are a number of sub-groups within the elderly population whose social circumstances are such that their information needs may warrant priority attention. The second reason is that the Strategy is premised neither on an understanding of elderly peoples' information seeking behaviour nor on an awareness of barriers to information for elderly people. The final reason is that the Strategy is not based on an understanding of what constitutes effective methods of information provision to elderly people.

Secondly, we examined whether the Strategy has encountered the implementation problems to which it appeared in chapter two to be particularly vulnerable, that is communication problems, interagency issues and the gatekeeping role of frontline staff in information provision. We found that generally this was indeed the case.

Section one has reiterated the rationale for undertaking this thesis, and has summarised each of the six preceding chapters. In the next section we will consider how a community care information strategy for a large shire county might best be developed, and look at the bleak future for the Information Strategy which has been the subject of our case study.

2. 0   The Information Strategy

This section is in two parts. In part one we will speculate on what a community care information strategy for a large shire county should encompass, based on what we have learnt from the research literature and our empirical findings. In part two we will explore the likely consequences for the Department's Information Strategy given its unsuccessful implementation record to date, the organisational changes that have occurred since the research was undertaken, and the numerous challenges that local government faces in the closing years of the millennium and beyond.

2. 1   A Community Care Information Strategy for a Shire County

The findings from this thesis suggest that a Community Care Information Strategy for a shire county should be based on three key elements. It should be based on an understanding that elderly people are likely to comprise the largest single group in receipt of community care services. It should recognise that potential and current users of community care services are a heterogeneous group, with a diverse range of information and service needs. Finally, it should be based on an understanding of the information seeking behaviour of potential and current users of community care services, their preferred methods of information provision and an awareness of the likely barriers to information which may be in operation. An ideal community care information strategy should be built on a partnership between potential and current users of community care services, carers and with other local agencies working in the community care arena. It should incorporate the following recommendations:-

(1)   That potential and current users of community care services should be consulted locally, for example at the Social Services District office level or its equivalent, in order to identify their information needs, information seeking behaviour and preferred

methods of information provision. This should be undertaken routinely, because each of the above areas are likely to change as new people join the population of community care users, and as different methods of information provision and dissemination become available.

(2)   That the information needs of vulnerable sub-groups within the population of potential and current users of community care services, should be addressed as a priority.

(3)   That where possible, information should be made available in formats which suit users needs, for example in print, by telephone and in appropriate minority languages.

(4)   That all information materials to be disseminated are piloted with both potential and current users of community care services to ensure that they are suitable in terms of format and content. The effectiveness and value of information provision should be routinely monitored and evaluated; direct users of community care services should play a major role in such exercises.

(5)   That a standard for the provision and dissemination of information should be developed and regularly monitored in order to ensure that all information materials provided by the Social Services Department are accurate, comprehensive, relevant and up-to-date.

(6)   That Social Services offices should be accessible to the local population, and that they should become the focus for a two way communication of information between the Department and the public.

(7)   That the Social Services Department should also undertake outreach information work with elderly people and their carers at the local office level, because not all users of

community care services are willing or able to visit or contact the Social Services Department. This could involve:-

(i)   Visiting users of community care services in their own homes, going to clubs and organisations used by them, undertaking household leaflet drops and using the local media.

(ii)   Putting information in places where community care users and their carers routinely go, for example the doctors surgeries, post offices and local pharmacies.

(iii)   Organising information days, roadshows and exhibitions to inform people about the different ways in which the Department may be able to help them.

(iv)   Involvement in specific information campaigns such as the 'Warmth in Winter' campaign.

(v)   Building partnerships and networking with other local social/community/health care agencies and informal carers who are in personal contact with users of community care services in order to maximise opportunities for the effective dissemination of information to older people.

(8)   That the Social Services Department should undertake a training programme which focuses on the issue of information provision and dissemination to the public by staff, and which includes the following:-

(i)   Ageism and disability awareness training.

(ii)   Training frontline administrative and care management staff to be sensitive to the needs of users of community care services, to provide appropriate initial information to enquirers, and to redirect requests which are not appropriate to them.

(iii)   Interagency training with care workers from other social/community/health care agencies who are in frequent contact with users of community care services, such as doctors, housing officers and voluntary agency workers, so that they perceive information provision to be an integral part of their caring role.

(9)   That appropriate care workers should be given an information pack based on an interagency resources database, which will allow them to provide information about a variety of community care services. Initially this could be piloted with GP practices since they are such an important source of referrals to the Social Services Department of people who are considered to be in need of community care services.

(10)   That pilots should be undertaken of different approaches to the provision and dissemination of information to potential and current users of community care services, which might include independent information brokers and 'One Stop Community Care Information shops'.

Furthermore, there is a need for author/s of community care information strategies to recognise that such strategies are likely to encounter a number of implementation problems, and that various courses of action may be necessary in order to minimise or overcome these problems.

2. 2 The Future for the Department's Information Strategy

The results detailed in this thesis shows that to date the Department's Strategy has failed, both because it has not addressed adequately the information needs of elderly people who comprise the largest group in receipt of community care services, and because it has been subject to a number of implementation problems namely communication problems, interagency issues and the gatekeeping role of frontline staff in information provision. It follows therefore that the Strategy cannot be delivered in a number of important respects. The authors of the Strategy have assumed that they are in control of what Elmore, (1979-80, p.603) terms the "organisational, political and technological processes that affect implementation" when this is clearly not the case. It is highly unlikely that these implementation problems will vanish of their own accord and, indeed, the likelihood is that they will intensify. In fact the outlook does not look encouraging for the Strategy for a variety of reasons.

Firstly, the Strategy would appear to have been based on the assumption that potential and current users of community care services comprise a homogenous group, when the opposite is clearly true. In fact, the population of potential and current users of community care services is likely to increase in terms of both numbers and heterogeneity because of the impact of various demographic and societal factors, such as an increase in the numbers of people from minority ethnic populations and the growth in multiple and reconstituted families. During the first decade of the next century, people born in the post second World War baby boom years will join the elderly population, traditionally the largest single group in receipt of community care services. This new cohort of elderly people have grown up within a welfare state (albeit in recent years, a diminishing one) and they are generally better educated than their predecessors. Consequently, they are likely to have different expectations and information needs from earlier cohorts within the elderly population.

Secondly, it appears to have been based on the assumption that a homogenous method of information provision, for example the issue of Departmental information leaflets (accompanied where appropriate by a verbal explanation), will meet the diverse information needs of the mixed group of people who comprise potential and current users of community care services, whereas the research literature (Tester and Meredith 1987; Kocher 1989) indicates that this is unlikely to be the case. Furthermore, it is quite possible that in the near future the provision of information in leaflet form may be superseded by the increasing range of interactive methods of information provision which are becoming available through advances in communication and information technology. The growth in ownership of telephones, videos and computers, the development of multi-media facilities and the information super highway, coupled with an increasingly information technology literate population, may result in forthcoming generations of elderly people preferring to access information in a radically different way from their predecessors. Consequently, it is likely that an Information Strategy which is based predominantly on the provision of information in leaflet form will become increasingly redundant.

Thirdly, it appears that the Strategy relies on an assumption that frontline staff will provide information to potential and current users of Social Services via a homogenous method of information provision, when previous studies (Roberts *et al.* 1991; Allen *et al.* 1992) indicate that this is unlikely to be the case. During the next few years we are likely to witness a growth in the numbers of frontline administrative and care management staff who are able to use a broad range of communication and information technology facilities such as computers and video cameras and they may well prefer to provide information to potential and current clients using these new methods, because they provide the opportunity for staff to tailor the

information to both their own needs and those of the local population. Elmore (1979-80, p.610) suggests that "standardised solutions, developed at great distance from the problem are notoriously unreliable; policies that fix street-level behaviour in the interest of uniformity and consistency are difficult to adopt to situations that policy makers fail to anticipate".

Fourthly, the Strategy will continue to be subject to the impact of changes in the structure of the workforce. The last two years have seen the Department undergo a metamorphosis whereby it has begun to adopt a quasi-market approach to service delivery, with the result that the workforce has been divided up into four divisions known as purchasers, providers, business and policy support, and registration and inspection. Staff in all four divisions have traditionally been involved to some degree in the provision of information to potential and current clients, yet the Strategy outlines only the roles to be played by purchasing staff and by those in the business and policy support unit. Yet it is inevitable that staff in the provider and registration and inspection divisions will continue to provide potential and current clients with information. It is likely therefore that the provision of information by staff will remain a largely capricious exercise.

Fifthly, the Strategy will continue to suffer repercussions stemming from the stringent cuts in the Department's budget which occurred in the summer of 1995. These have resulted in cutbacks in services and the loss of just under a hundred middle management posts. The impact of the budget reduction exercise on the Strategy has been fourfold.

(1) The post of Departmental Information Officer, which was instrumental in developing and overseeing the implementation of the Strategy, was deleted when the postholder opted for voluntary redundancy as part of the budget reduction exercise. The duties previously undertaken by the Information Officer and the

Information Section at County Hall have subsequently been allocated either to the Public Relations Section or to the Policy Unit or have been put on hold. A manager within the Policy Unit now holds responsibility, albeit nominally, for supporting the implementation of the Strategy and for making any changes as a result of new guidance. This manager has many other responsibilities and it is difficult to conceive how they will be able to address and overcome the many problems that the Strategy has encountered to date.

(2) The money available for the production and distribution of information materials has been sharply reduced as a result of the budget cuts. One of the twin elements of the Strategy included the provision of Departmental information leaflets to potential and current users as an integral part of the care management process, yet many of these are now over three years old and their contents are increasingly out of date and inaccurate. However, there are two factors which make it unlikely that the leaflets will be revised and updated at this stage. Firstly, the staff in the Headquarters Information Section who were given responsibility for designing and overseeing the production and distribution of the current leaflets have been relocated to a different unit, and are thus unlikely to be able to undertake any further work in support of this task. Secondly, the cost of designing and producing new Departmental information leaflets is likely to be prohibitive in the current financial climate.

(3) The purchasing function of the Department has undergone reorganisation as a result of the budget reduction exercise. This has led to a decrease in the number of Social Services Districts from nineteen to fifteen. In West Area, the focus of

this research, there has been a reduction from seven to four districts during the last few months, and consequently frontline staff have been regrouped into new teams and are having to adapt to new team managers, colleagues and patterns of working. The approach adopted by the various new merged Social Services Districts towards providing information to potential and current users may well take some time to establish, as the various staff groups negotiate the roles they are going to play in relation to this task. In the interim period the provision of information is likely to be relatively haphazard.

(4) The Department has been forced to tighten its eligibility criteria for services and to redefine its activities, which has meant that frontline staff are being faced increasingly with the task of rationing access to and provision of services. Many current clients are having their level of service reduced, and only people who are assessed as falling in the top priority group are likely to become new recipients of service. It would seem inevitable that frontline staff operating under such pressure will use information as a way of rationing access to and demand for services.

Sixthly, the Strategy will remain subject to the changing nature of the employment of social care professionals. With the introduction of the care management policy and procedures into the Department in 1993, frontline social care staff have had to adopt different, often unwelcome roles, and this set against the backdrop of a sceptical media and public. Many social care professionals have felt disenchanted because their professional autonomy has been threatened by the introduction of care management procedures which seek to standardise many of the activities they undertake in relation to clients. The care management procedures

are widely viewed by social care staff as being overly mechanistic and restrictive, since they provide few opportunities for them to exercise their professional judgement.

The introduction of care management procedures into the Department also brought about a change in the designation of its social care staff. Those with relevant professional qualifications such as Social Workers and Occupational Therapists became Care Managers, and unqualified social care staff became Community Care Workers. Consequently many Care Managers are feeling de-skilled and this situation is compounded by the fact that the last eighteen months has seen an increase in the number of Community Care Workers employed by the Department, particularly in adult care management teams. In theory, clear demarcations exist between the roles and responsibilities of Care Managers and Community Care Workers, but in practice this is not necessarily the case. For example all care management staff, irrespective of their professional status, have a responsibility to provide information to potential and current clients as an integral part of the care management process. Yet it is clear from this research that many Care Managers are not doing this, which may be because information provision to the public has been regarded traditionally as a task performed by ancillary rather than professional staff. It is inevitable that the Strategy will be subject to the knock on effects from the negotiations and decisions made by the various staff groups at District level over the roles they will play in the provision of information to potential and current clients.

Seventhly, the Strategy is likely to be increasingly subject during the next eighteen months to the impact of local government reorganisation, the effects of which are likely to be at least threefold.

(1) It is very likely that frontline staff currently working in those areas of the County

which will be served by the new unitary authorities will feel vulnerable in terms of

their job security and working arrangements. These staff may well view current

county wide policies and procedures as increasingly irrelevant. In terms of the

Strategy, frontline staff may consider that the roles it expects them to play and the

tasks it requires them to undertake are no longer pertinent.

(2) Frontline staff currently working in those areas of the County which will remain

within the remit of the Department are also likely to feel vulnerable in terms of their

job security. They may fear that they will be reorganised into new Districts or

teams, and that new policies and procedures will be introduced. In terms of the

Strategy, these staff are increasingly likely to see that there is very little point in

providing clients with leaflets which relate to an organisation which has almost

reached its sell by date.

(3) The resources available centrally to support the Strategy are likely to be

inadequate. The Department has already lost its post of Information Officer and

staff who have, to date, played an information role at headquarters have been

relocated to the Public Relations Unit. These staff are now faced with the

possibility of losing their jobs, because the services they provide may be subject to

compulsory competitive tendering. However, in the meantime, it is likely that the

focus of their work will be in support of various public relations activities relating

to promoting the 'New Department', rather than supporting a Strategy which starts

to look increasingly archaic.

Section two has considered how a community care information strategy for a large shire county might ideally be developed, and has examined what has happened in relation to the Strategy since our fieldwork was undertaken. Our empirical findings suggest that the Department's Information Strategy is at the present time some way removed from the ideal. In the next section we will speculate firstly on what is likely to be happening in the rest of England and Wales in terms of the provision of community care information by local authorities, and secondly on the future for the interrelationship between elderly people and information.

3. 0   The Provision of Community Care Information

This section is in two parts. In part one we will speculate on the likely situation for Social Services Departments throughout England and Wales regarding the provision of information about community care services. In part two we will explore the likely consequences for the interrelationship between elderly people and information given that the information needs of elderly people relating to community care would appear generally not to have been addressed, and bearing in mind the many societal and technological changes that the twenty first century will inevitably bring.

3. 1   The Provision of Community Care Information by Social Services Departments

This thesis has discovered that the Information Strategy developed by one shire county in order to comply with the National Health Service and Community Care Act 1990 by providing information about the services available and ways of gaining access to them has failed, for two reasons. Firstly, it has not addressed the information needs of elderly people, who comprise the largest single group in receipt of community care services. Secondly, it has failed because it has been subject to a number of implementation problems, namely communication problems,

interagency issues and the gatekeeping role of frontline staff in the provision of information. At this point it is worth posing the question, if this is the case in one shire county is it also likely to be the picture across the rest of England and Wales?

It would seem quite possible that the majority of Social Services Departments across England and Wales will have encountered difficulties in meeting the various requirements placed upon them by the National Health Service and Community Care Act 1990. It is likely, given the short timescale Social Services Departments had to prepare for the implementation of Community Care and the organisational and cultural changes this required, that many of them will have had neither the financial nor the human resources available to respond, other than in a piecemeal way, to the specific requirements in the Act to provide information about services available and ways of gaining access to them. In 1993 the *Department of Health sought* feedback on the provision of Community Care information by setting up a national consultative panel of users and carers, and commissioning KPMG Peat Marwick to undertake research in this area. The findings from both these exercises revealed that Social Services Departments were making only slow progress in informing users about Community Care, and that users and carers were generally poorly informed. KPMG Peat Marwick (1993,p.5) indicated that "Local authorities do need to think through the information task more strategically and create better opportunities for users and carers to participate and be involved in information creation, publication and dissemination". Hence it would appear reasonable to conclude that the provision of community care information in the County that we looked at is broadly typical of the picture countrywide. The likelihood remains, moreover, that for some local authorities the picture may be even bleaker. This is likely to be the case in Departments where geographic, demographic and organisational factors have complicated the task of developing and implementing an Information Strategy which addresses the information needs

of the diverse group of people who comprise potential and current users of community care services.

3. 2   The Future for the Interrelationship between Elderly People and Information

This section will explore the likely consequences for the interrelationship between elderly people and information, given that the community care information needs of elderly people would appear generally not to have been addressed, and taking account of the many societal and technological changes that will occur in the twenty-first century. The results detailed in this thesis suggest that a Social Services Department with an Information Strategy which follows a 'top-down' approach will fail, because it is unlikely to have addressed the information needs, the information seeking behaviour or the preferred methods of information provision of elderly people, who comprise the largest single group of consumers of community care services. Steele *et al.* (1993, p. 12) indicate that, "it is essential to understand what information people actually need and not to assume that you already know what information people require - there is no substitute for going and talking with people who are representative of your target audience". Our findings also suggest that such an Information Strategy will encounter implementation problems which may result in information provision being undertaken in a largely piecemeal fashion.

The research findings suggest that elderly people are generally not well informed, nor are they able to exercise choice over the community care services they receive. This mismatch between the consumer and provider sides of the community care information equation is unlikely to disappear, and may well in fact become a more complex issue to solve as societal and technological changes take place in the next century. As Coopers and Lybrand (1988, 3.10) point out "information needs change as expectations change in society as a whole". The

outlook does not look promising for the interrelationship between elderly people and information, for a variety of reasons.

Firstly, for the vast majority of elderly people the likelihood of being provided with the information they need about community care by a member of a Social Services Department's frontline staff will probably remain something of a lottery, with the outcome being dependent primarily on where they happen to live. It is also likely that elderly people will continue to be prevented from accessing information because of the patronising and negative attitude that society in general, and certain social care staff in particular, harbour towards older people. Hobman (1994, p.1) contends that "at the moment too many older people are still patronised by those who have experienced too little of the ageing process for themselves, infantilised by those who should care for them, manipulated by those who want to politicise them, ignored by those who should serve them, exploited by those who want to capitalise and disregarded by those who govern us". Thornton and Tozer (1995, p.7) suggest that the "stereotypes held by younger people about older people - dependent, in physical decline, passive and living a marginal existence - shape assumptions about what is possible". Thus it would seem probable that elderly people will continue to receive services which reflect society's negative view of old age, rather than services based on a positive and dynamic image which celebrates the achievements of those who have reached the 'Third Age'.

Secondly, we are unlikely to witness in the short term an appreciation by the Department that elderly peoples' information needs in relation to community care are heterogeneous. Yet within the elderly population there will exist people with widely differing information needs, ranging, according to Thornton and Tozer (1995, p.7), "from those who are involved in community care matters because they are looking ahead to the time when they might become users, to

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those who are already heavy users of services". Furthermore, it would seem inevitable that the information needs of vulnerable elderly people, such as those whose social circumstances may lead them to have specific information needs, will remain largely unmet because the information strategy is premised on the provision of generic rather than specific and tailored information to potential and current clients. Bruce (1994, p 65) indicates that "research studies in community and health care have consistently documented how lack of information, and confusing or conflicting information, can compound the difficulties which people face". This situation could lead to a considerable growth in the numbers of elderly people with what Coopers and Lybrand (1988) term an 'Information Disability', in that their lack of ability is largely attributable to a dearth of information.

Thirdly, in the closing years of this century and well into the next we will witness a growth in both the 'Ageing Society' and the 'Information Society'. In terms of the 'Ageing Society', we will see an increase in the population of elderly people both in absolute terms and as a percentage of the country as a whole. Our life expectancy is, according to the Central Statistical Office (1995, p.116) "increasing about two years every decade". Thus we will see not only a growth in the elderly population, but also a rise in the number of people living to a very old age. According to the projected mortality rates for 1996 (CSO 1995,p.116) "the expectation of life will be over 74 for males and 80 for females, compared with less than 58 and 62 respectively based on the mortality experience of 1931". However, since disability increases with age, there is also likely to be a growth in the number of people who are housebound and dependent on others for help.

In terms of the 'Information Society', we will see an expansion in the methods of information provision that will be readily available, for example computers, faxes, videophones and

integrated multi media systems. The United Kingdom is currently having one of the world's most progressive cable systems installed with fibre optic links everywhere. Wood (1995, p.659) indicates that "these will enable people at home to call up large amounts of information and data". We are increasingly able to communicate instantly with people throughout the world because as Swerdlow (1995, p.6) indicates the "Internet pushes life beyond the old physical barriers of time and space".

The advent of electronic mail systems (E.Mail) has, according to Willson (1995, p.19), "the ability to affect more people than other methods of communication; the audience for a message could be comparable to the readership of a mass circulation newspaper or magazine". Gates (1995, p.9) suggests that "the information highway will transform our culture as dramatically as Gutenberg's press did the middle ages". The introduction of 'Web Servers' has made surfing the Internet simple and gratifying. Wood (1995,p.658) indicates that "it is now child's play to locate and download the information you need, whether it is a magazine article or the stock market data".

Projected advances in telecommunications and information technology and their impact on society currently read like a science fiction novel, yet as Crichton (1994, p.67) writes "for the customer in the near future armed with cellular phone, built in fax modem, and hand held computer, it will be increasingly irrelevant where in the world he or she is and where the information is coming from". White (1995,p.2) goes further and suggests that our personal lives will be transformed by the "wallet PC, a combination of purse, credit card, universal entry ticket and best friend: we will no longer need to carry keys, cash, cameras, concert tickets, cellular phone - all will be contained in one small computer". Gates (1995) suggests that

numerous exciting possibilities will result from the ability to navigate the information super-highway.

It is not impossible to foresee a day before too long, when community care information will be available via the Internet and when all that those who are linked up to the Internet will need to do in order to obtain information about, for example, their local community care services, will be to point their mouse at an icon representing their local Social Services office. They will then be able to travel through the office summoning extra information such as cost and availability on the services which interest them, and with the use of virtual reality they may even be able to experience what a particular Community Care service, such as a residential home, is like.

However, whilst it is clear that both the 'Ageing Society' and the 'Information Society' are in a state of flux, far from clear are the likely consequences arising from this for the interrelationship between elderly people and information. We will explore this issue with specific regard to information relating to community care, since this has been the focus of the thesis; nevertheless, it is likely that there will be many parallels between this particular category of information and information in general.

An optimistic view of the future would be that the imbalance of power between elderly consumers and providers of community care information which presently favours the latter, will be gradually eroded as elderly people become an increasingly articulate and powerful consumer force. Such a view would suggest that we will witness a positive transformation in peoples attitudes towards elderly people. Hobman (1994, p.1) argues that the "breakthrough when it comes, will be when politicians, social administrators, professionals and traders in the

high street begin to see older people as valuable customers whose patronage needs to be won, rather than objects of pity or, worse still, described as a burden".

One factor which may well contribute to an improvement in elderly people's status in society is the likelihood that during the next decade or so a growing number of those joining the elderly population will be well educated, knowledgeable and assertive. Another factor is that forthcoming cohorts of elderly people are projected to be more financially secure than their predecessors, because they own their own homes and have occupational pensions. It is also likely that these people will be increasingly familiar with and have access to a broad range of information provision methods such as teletext, videos and computers. Elderly people are already surfing the Information Super-Highway, and the development of video-phone technology and easy to use 'Smart Card Systems' will enable a greater number to have access to and play an active role in the Information Society. These are important developments since as Kinrade (1993, p.6) points out, "information is the key to knowledge and knowledge is the key to empowerment".

A pessimistic view of the future would be that the present imbalance of power between consumers and providers of community care information will persist, or increasingly favour the latter. Allen *et al.* (1992, p.84) contend that 'there is really not much chance of exercising a great deal of choice about services if professionals hold the key to the information, not to mention the access to the services". It is quite possible that whilst there will be a growth in the numbers of people joining the elderly population who are able readily to access community care information, they will nevertheless remain in the minority. The majority of elderly people will probably be prevented from accessing the community care information they need because

of the numerous barriers to information provision which will continue to exist, if not grow in numbers during the next decade or so.

We may see a situation where people who live in an increasingly information dependent society but who do not have access to the new range of information technology will be placed in a disadvantageous position when it comes to accessing information. Gill (1995, p.2) points out that "anyone who cannot use telecommunication services will find it hard to gather information, make arrangements, maintain social contacts etc.". Peters (1995, p.114) contends that "access to communication networks and digital resources will be as important to economic and social well-being in the twenty-first century as access to transportation routes and natural resources have been in the twentieth and nineteenth centuries". Consequently, we may see the emergence of a minority group of people who could be described as 'information rich', whilst the majority will fall into the ranks of the 'information poor'. According to Feather (1994, p. 90) "the 'information rich' is taken to mean a country, an organisation or an individual with the information which is needed to carry out the task in hand. 'Information poor' can then be defined in opposite and negative terms to describe those who lack the information".

Whilst it is difficult to predict what the reality will be for the majority of elderly people in terms of accessing community care information, it is inevitable that we will find people within the elderly population at both ends of the 'information rich/information poor' continuum. It is possible that vulnerable elderly people, such as those with sensory disabilities, will find themselves in the latter group and will remain deprived, to a lesser or greater extent, of the information they need in order to maximise their access to and utilisation of community care services. Many of the improvements in access to information which will arise from

developments in the Information Society may fail to reach those who have special needs because, as Gill (1995,p.2) indicates, the devices that such people will need in order to access the new world of information provision "tend to be obsolete, non competitive and difficult to maintain". Swerdlow (1995,p.11) indicates that "high costs are splitting us into information haves and have-nots". Gates (1995, p.256) expresses the concern that "the Information Society should serve all of its citizens, not only the technically sophisticated and economically privileged".

Consequently, there will remain a sizeable group within the elderly population whose information needs are unlikely to be met by the many advances that will occur in the Information Society. The information needs of these people will have to be addressed urgently if we are to avoid the marginalisation of some of the most vulnerable people in society, because as Allen *et al.* (1992, p.82) indicate, "if people are to use services or to exercise choice over whether they might use services or not, they have to be aware that services exist". There are a number of different ways in which this could be enabled to happen.

One way would be to develop a community care information brokerage, staffed by people whom Coopers and Lybrand (1988) term 'Information Brokers' who are independent, free from organisational constraints, and who can direct elderly people to all kinds of information without discrimination. In some cases elderly people may have to rely on citizen advocates who can help to empower them. Only then, as Boyd (1994, p.8) suggests, "will elderly people be afforded the dignity of having accurate information and making their own decisions".

Another way of facilitating this would be to build partnerships with informal information and communication networks in order to reach those elderly people who would otherwise remain largely outside the 'Information Society' because as Quereshi and Walker (1989, p.269) point

out "at present it is rare for the formal and informal sectors to co-operate, let alone interweave". Information provided by word of mouth is an extremely common way for people to find out about local community care services and information providers should seek to harness this informal network. Midwinter (1989, p.29) suggests that there should be "some kind of professional lay dialogue at all levels". Whilst Tinker *et al.* *(*1993, p.*56*) *argue* "that it is important to address the information needs of family carers and professionals as it is to address those of elderly people themselves".

Another initiative which would empower elderly people is the introduction of 'community care' passports, which elderly people could carry around with them. Hobman (*1994*, p.14) indicates that "this would allow elderly people to become participant in decisions about their lives, because of course, information is a most important source of power". It would also force the professionals to discard the protective barriers of jargon with which they surround themselves. Another potentially effective method for providing *information to elderly people, and* particularly those who live in isolated rural areas, is siting 'telecottages' in existing community facilities such as local post offices, village halls or doctors surgeries. A 'telecottage' according to Hurn (1994, p.5) is "a community resource where members of the public can get training and access to the new telecommunication techniques used by industry, media such as computers, electronic mail systems and fax machines. They could revolutionise the opportunities ordinary people have to get involved with world concerns and to give and receive information".

Conclusion

The findings from this thesis suggest that a Community Care Information Strategy should be based on three key elements. Firstly, it should be based on an understanding that elderly

people are likely to comprise the largest single group in receipt of community care services. Secondly, it should recognise that potential and current users of community care services are a heterogeneous group with a diverse range of information and service needs, and that there are likely to be a number of vulnerable subgroups within the community care user population, such as elderly people from minority ethnic groups, whose information needs are likely to be of most concern and should be addressed as a priority. Thirdly, it should be based on an understanding of the information seeking behaviour of potential and current users of community care services, knowledge of their preferred methods of information provision, and an awareness of the likely barriers to information which may be in operation.

Also, the author s of a Community Care Information Strategy should recognise that it may well encounter a number of implementation problems, and that various courses of action may be necessary to minimise or overcome these problems. The body of knowledge on implementation analysis would appear to be of particular importance here because it both alerts us to, and offers solutions for overcoming, various implementation problems.

The findings from this thesis also suggest that a Community Care Information Strategy will need to be regularly reviewed because of the ever changing nature of peoples' information needs, their information seeking behaviour and the methods of information provision available.

It is likely that the information needs of potential and current users of community care services will change, for a number of reasons. Firstly, the population of users of community care services will change as a result of demographic and societal factors. Secondly, their lives are likely to change as a result of ill health, physical decline and changing social circumstances. Thirdly, users of community care services will need updated and new information as existing policies and procedures change and new ones emerge.

It is also likely that their information seeking behaviour will change because of the factors listed above, and as different methods of information provision and dissemination become available. Authors of Information Strategies will need to be aware that new barriers to information provision may well evolve with the introduction of new methods of information provision, unless they are freely available and accessible to those who need them.

It is inevitable that there will be a growth in the range of potential methods for providing community care information. However, is not inevitable that these new developments will prove any more effective than existing methods. Swerdlow (1995, p.5) indicates that "to know where information technologies are taking us is impossible. The law of unintended consequences governs all technological revolutions". Whilst it is clear that many benefits will arise from the 'Information Revolution' including the availability of immediate, up-to-date and accurate information, there is also a down side, because access to information is increasingly dependent on possession of financial and technical resources. Hence the paradox of the 'Information Revolution'. Feather (1994, p.156) suggests that "at one level , the computer is an empowering tool, which gives unprecedented access to information and to communications; at another it might be seen as an implement of control, giving unlimited power to those who control the information it stores". The challenge for the 'Information Society' as we approach the new millennium will be how to resolve this issue.

| DISTRICT:
| OFFICE:

SOCIAL SERVICES DISTRICT OFFICES: RECEPTION CHECKLIST

ACCESS: COMMENTS

    (a) Near Bus Stop/other transport   YES/NO

    b) Parking easy   YES/NO

    (c) Off Shopping Precinct/High Street   YES/NO

    d Steps up to entrance   YES/NO

    e Handrails   YES/NO

    f Disabled Access e.g. ramps/wide door YES/NO

    g Disabled Parking available   YES/NO

OPENING HOURS:

    a Open From   To

                                 COMMENTS

    b Opening Hours displayed on   YES/NO
       exterior of office

INFORMATION AVAILABLE: WHICH ONES?

    a Departmental leaflets on display   YES/NO

    b Other leaflets on display   YES/NO

    (c Other media available   YES/NO

    d Posters on display   YES/NO

    e Exhibitions   YES/NO

    (f Answerphone/message - out of hours YES/NO

RECEPTION AREA: COMMENTS

    (a)   Is there a receptionist?   YES/NO

    (b)   Is reception area open plan?   YES/NO

    (c)   Is there glass partition/grill YES/NO
           between public/staff?

    d   Is there a bell/buzzer to call YES/NO
           receptionist?

    e   Are there notices/instructions YES/NO
           for the public?

    f   Are Social Services information YES/NO
           materials available in Braille,
           tape, ethnic minority language?

    g   Are there any aids to facilitate YES/NO
           communication for people with
           sensory disabilities?

    h   Are there chairs?   YES/NO

    1   Carpet/lino?   YES/NO

    j)   Toilet/toilet suitable   YES/NO
           for wheelchair user?

    k)   Facilities for privacy?   YES/NO

    (l)   Facilities e.g. magazines/   YES/NO
           toys etc?

    (m)   Is reception area tidy?   YES/NO

    (n)   Is reception area welcoming? YES/NO

    (o)   Other observations

<u>RECEPTION STAFF:</u>

(a) How many staff are employed as receptionists? _____

(b) How many work at any one time? _____

                                              COMMENTS

(c) Is reception staffed at all   YES/NO
     times?

d) Do reception staff answer   YES/NO
    telephone as well as handling
    personal callers?

e   Are reception staff welcoming   YES/NO
     to clients?

f   Other observations

<u>OTHER OBSERVATIONS:</u>

QUESTIONNAIRE: FRONTLINE ADMIN. STAFF
(E.G. RECEPTIONISTS,
INFORMATION OFFICERS ETC)

FINDING OUT ABOUT HOW YOU
INFORM ELDERLY PEOPLE ABOUT
SOCIAL/COMMUNITY CARE SERVICES

	OFFICE USE ONLY

Q1. DO YOU CONSIDER THAT THE PROVISION OF INFORMATION TO ELDERLY PEOPLE IS AN ESSENTIAL PART OF THE CARE MANAGEMENT PROCESS? (Please tick <u>one</u> box only)

☐ YES   ☐ NO   ☐ DON'T KNOW   ☐

WHY IS THAT?   (Please state) _____   ☐

_____   ☐

_____

_____

_____

Q2. HOW MANY ENQUIRIES DO YOU DEAL WITH APPROXIMATELY EACH WEEK EITHER FROM OR ON BEHALF OF <u>ELDERLY</u> PEOPLE?

(a) QUICK TELEPHONE CALLS (LESS THAN FIVE MINUTES)   _____ *(Please state number)*   ☐

(b) LONGER TELEPHONE CALLS (LONGER THAN FIVE MINUTES)   _____ (Please state number)   ☐

(c) LETTERS   _____ (Please state number)   ☐

(d) VISITS TO THE OFFICE   _____ (Please state number)   ☐

Q3. HOW OFTEN DO YOU HAVE TO CLARIFY THE INITIAL ENQUIRY MADE BY ELDERLY PEOPLE?   (Please tick <u>one</u> box only)

☐ VERY FREQUENTLY   ☐ INFREQUENTLY   ☐

☐ FREQUENTLY   ☐ VERY INFREQUENTLY

☐ NEITHER FREQUENTLY NOR INFREQUENTLY   ☐ DON'T KNOW

Q4. HOW FREQUENTLY DO YOU HAVE TO REDIRECT ELDERLY PEOPLE TO OTHER AGENCIES?   (Please tick <u>one</u> box only)

☐ VERY FREQUENTLY   ☐ INFREQUENTLY   ☐

☐ FREQUENTLY   ☐ VERY INFREQUENTLY

☐ NEITHER FREQUENTLY NOR INFREQUENTLY   ☐ DON'T KNOW

Q5. HOW MUCH OF YOUR TIME IS SPENT IN GIVING INFORMATION TO ELDERLY PEOPLE?   (Please tick <u>one</u> box only)

☐ 0 - 20%   ☐ 61 - 80%   ☐

☐ 21 - 40%   ☐ 81 - 100%

☐ 41 - 60%

Q6. DO YOU REGULARLY PROVIDE ELDERLY PEOPLE WHO CONTACT THE
DEPARTMENT WITH ANY OF THE FOLLOWING LEAFLETS?
(Please tick all relevant boxes)

TITLE OF LEAFLET/S

NEED OUR HELP   ☐ YES ☐ NO ☐ DON'T KNOW   ☐

INFORMATION FOR PEOPLE IN TOUCH   ☐ YES ☐ NO ☐ DON'T KNOW   ☐

RESIDENTIAL/NURSING HOME CARE   ☐ YES ☐ NO ☐ DON'T KNOW   ☐

QUALITY STANDARDS   ☐ YES ☐ NO ☐ DON'T KNOW   ☐

ANY COMMENTS   (Please state) _____   ☐

_____   ☐

_____

_____

Q7. DO YOU THINK THAT THE LEAFLETS ARE:-
(a)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Helpful				
Unhelpful				
Neither				
Don't Know				

(b)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Easy to understand				
Difficult to understand				
Neither				
Don't Know				

Q7. Continued.
DO YOU THINK THAT THE LEAFLETS ARE:-
(c)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Accurate				
Inaccurate				
Neither				
Don't Know				

☐
☐
☐
☐

(d)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Comprehensive				
Not comprehensive				
Neither				
Don't Know				

☐
☐
☐
☐

ANY COMMENTS (Please state) _____

_____

_____

_____

☐
☐

Q8. DO YOU PROVIDE ELDERLY PEOPLE WITH <u>VERBAL</u> INFORMATION ABOUT ANY
OF THE FOLLOWING:- (Please tick <u>all</u> relevant boxes)

(a) The Assessment Process ☐ YES ☐ NO ☐ DON'T KNOW ☐

(b) Services provided by the
Department ☐ YES ☐ NO ☐ DON'T KNOW ☐

(c) Services provided by
other agencies ☐ YES ☐ NO ☐ DON'T KNOW ☐

(d) The cost of services
(where applicable) ☐ YES ☐ NO ☐ DON'T KNOW ☐

(e) That information kept about
clients is confidential ☐ YES ☐ NO ☐ DON'T KNOW ☐

(f) That clients have a right
to see their records ☐ YES ☐ NO ☐ DON'T KNOW ☐

(g) That clients have a right
to complain ☐ YES ☐ NO ☐ DON'T KNOW ☐

(h) Other (Please specify)

_____

_____

_____

☐
☐
☐
☐
☐
☐
☐

☐

	OFFICE USE ONLY

Q9. HOW DO YOU PREFER TO GIVE INFORMATION TO ELDERLY PEOPLE?
(Please tick <u>one</u> box only)

☐ VIA LEAFLETS

☐ VERBALLY

☐ A MIXTURE OF BOTH THE ABOVE

☐ DON'T KNOW

☐ OTHER   (Please state) _____

_____

_____

_____

(b) WHY IS THAT?   (Please state) _____

_____

_____

_____

(c) HOW DO YOU DO THIS? (Please state) _____

_____

_____

_____

Q10. DO YOU KNOW HOW TO OBTAIN INFORMATION IN OTHER FORMATS
(E.G. BRAILLE, AUDIO CASSETTES, ETHNIC MINORITY LANGUAGES ETC)
(Please tick <u>one</u> box only)

☐ YES   ☐ NO   ☐ DON'T KNOW

IF YES, HOW DO YOU USUALLY OBTAIN INFORMATION IN OTHER FORMATS?

(Please state) _____

_____

_____

_____

Q11. DO YOU THINK THAT THE INFORMATION YOU GIVE TO ELDERLY PEOPLE
ENABLES THEM TO:-   (Please tick <u>all</u> relevant boxes)

(a) Understand whether the Department is able to help them   ☐ YES ☐ NO ☐ DON'T KNOW

(b) Understand how the Department will deal with their request   ☐ YES ☐ NO ☐ DON'T KNOW

Office use only boxes: ☐ (Q9), ☐ ☐ (b), ☐ ☐ (c), ☐ ☐ (Q10), ☐ ☐ (Q11 a,b)

	OFFICE USE ONLY

Q12. ANY SUGGESTIONS ABOUT HOW YOU THINK (a) THE SOCIAL SERVICES DEPARTMENT AND (b) FRONTLINE ADMIN STAFF (E.G. RECEPTIONISTS, DISTRICT INFORMATION OFFICERS ETC) COULD KEEP PEOPLE BETTER INFORMED?

(a) SOCIAL SERVICES DEPARTMENT (Please state) _____

☐
☐

_____

_____

_____

(b) FRONTLINE ADMIN STAFF (Please state) _____

☐
☐

_____

_____

Q13. HOW EASY OR DIFFICULT HAS IT BEEN FOR YOU IN THE COURSE OF YOUR WORK WITH ELDERLY PEOPLE TO FIND OUT WHERE/WHO TO CONTACT FOR INFORMATION ON THE TOPICS BELOW?
(Please tick <u>all</u> relevant boxes)

				OFFICE USE
Specific Disabilities	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Benefits/Allowances	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Rehabilitation	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Help in the Home	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Meals on Wheels	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Mobility/Transport	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Equipment/Aids	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Adaptation to Property	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Housing/Accommodation	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Long-term Residential/ Nursing Home Care	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Advice/Counselling	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Respite Care/Sitting Services	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Support for Carers	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐

Others (Please specify) _____

☐
☐

_____

_____

_____

	OFFICE USE ONLY

Q14.ARE THERE ANY SOURCES OF INFORMATION WHICH YOU FIND PARTICULARLY
(a) HELPFUL AND (b) UNHELPFUL? (Please tick one box only)

(a) HELPFUL

☐ YES   ☐ NO   ☐ DON'T KNOW

IF YES, PLEASE INDICATE SOURCE/S _____

_____

_____

(b) UNHELPFUL

☐ YES   ☐ NO   ☐ DON'T KNOW

IF YES, PLEASE INDICATE SOURCE/S _____

_____

_____

Office use boxes: ☐ ☐ ☐ ☐ ☐ ☐

Q15.YOUR OFFICIAL JOB TITLE AND THE MAIN TASKS YOU UNDERTAKE?
(Please state briefly)

TITLE _____

TASKS _____

_____

_____

Office use boxes: ☐ ☐ ☐

Q16.ARE YOU IN A FULL OR PART-TIME POST?   (Please tick one box only)

☐ FULL-TIME   ☐ PART-TIME

Office use box: ☐

Q17.HOW LONG HAVE YOU BEEN IN YOUR CURRENT POST?   (Please state)

_____ Years   _____ Months

Office use box: ☐

Q18.HOW LONG HAVE YOU WORKED FOR DEVON SOCIAL SERVICES DEPARTMENT?
(Please tick one box only)

☐ LESS THAN A YEAR   ☐ OVER 2 YEARS BUT LESS THAN 5 YEARS

☐ OVER A YEAR BUT LESS THAN 2 YEARS   ☐ OVER 5 YEARS

Office use box: ☐

Q19.GENDER   (Please tick one box)

☐ MALE   ☐ FEMALE

Q20.AGE (Please tick one box)		OFFICE USE ONLY
☐ 16 - 20	☐ 41 - 50	
☐ 21 - 30	☐ 51 - 60	☐
☐ 31 - 40	☐ 61 +	
Q21.IS THE OFFICE WHERE YOU WORK IN:- (Please tick one box only)		
☐ CITY CENTRE ☐ SUBURBS ☐ SMALL TOWN		☐

```
┌──────────────────────────────────────┐
│  MANY THANKS FOR YOUR TIME AND HELP   │
└──────────────────────────────────────┘
```

PLEASE RETURN AS SOON AS POSSIBLE (BUT CERTAINLY BY THE END OF APRIL)

TO: H. MAY
      POLICY EVALUATION UNIT
      SOCIAL SERVICES DEPT
      FLOOR 10
      CIVIC CENTRE
      PLYMOUTH PL1 2EW

QUESTIONNAIRE:
CARE MANAGERS/COMMUNITY CARE WORKERS

FINDING OUT ABOUT HOW YOU
INFORM ELDERLY CLIENTS ABOUT
SOCIAL/COMMUNITY CARE SERVICES

Q1. DO YOU CONSIDER THAT THE PROVISION OF INFORMATION TO ELDERLY CLIENTS IS AN ESSENTIAL PART OF THE CARE MANAGEMENT PROCESS? (Please tick one box only)

☐ YES   ☐ NO   ☐ DON'T KNOW

WHY IS THAT? (Please state) _____

_____

_____

_____

Q2. DO YOU REGULARLY PROVIDE ELDERLY CLIENTS WITH ANY OF THE FOLLOWING LEAFLETS? (Please tick all relevant boxes)

TITLE OF LEAFLET

NEED OUR HELP   ☐ YES ☐ NO ☐ DON'T KNOW

INFORMATION FOR PEOPLE IN TOUCH ☐ YES ☐ NO ☐ DON'T KNOW

RESIDENTIAL/NURSING HOME CARE   ☐ YES ☐ NO ☐ DON'T KNOW

QUALITY STANDARDS   ☐ YES ☐ NO ☐ DON'T KNOW

ANY COMMENTS (Please state) _____

_____

_____

_____

—

Q3. DO YOU THINK THAT THE LEAFLETS ARE:-

(a)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Helpful				
Unhelpful				
Neither				
Don't Know				

(b)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Easy to understand				
Difficult to understand				
Neither				
Don't Know				

Q3. Continued.
DO YOU THINK THAT THE LEAFLETS ARE:-

(c)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Accurate				
Inaccurate				
Neither				
Don't Know				

☐
☐
☐
☐

(d)

	Need Our Help	Information For People In Touch	Residential/ Nursing Home Care	Quality Standards
Comprehensive			.	
Not Comprehensive				
Neither				
Don't Know				

·☐
☐
☐
☐

ANY COMMENTS (Please state) _____

_____

_____

_____

☐
☐

Q4. DO YOU PROVIDE ELDERLY CLIENTS WITH VERBAL INFORMATION ABOUT ANY OF THE FOLLOWING:- (Please tick all relevant boxes)

(a) The Assessment Process ☐ YES ☐ NO ☐ DON'T KNOW ☐

(b) Services provided by the Department ☐ YES ☐ NO ☐ DON'T KNOW ☐

(c) Services provided by other agencies ☐ YES ☐ NO ☐ DON'T KNOW ☐

(d) The cost of services (where applicable) ☐ YES ☐ NO ☐ DON'T KNOW ☐

(e) That information kept about clients is confidential ☐ YES ☐ NO ☐ DON'T KNOW ☐

(f) That clients have a right to see their records ☐ YES ☐ NO ☐ DON'T KNOW ☐

(g) That clients have a right to complain ☐ YES ☐ NO ☐ DON'T KNOW ☐

(h) Other (Please specify)

_____

_____

_____

☐
☐

Q5. (a) HOW DO YOU PREFER TO GIVE INFORMATION TO ELDERLY CLIENTS?
    (Please tick one box only)

    ☐ VIA LEAFLETS

    ☐ VERBALLY

    ☐ A MIXTURE OF BOTH THE ABOVE

    ☐ DON'T KNOW

    ☐ OTHER (Please state) _____

    _____

    _____

    (b) WHY IS THAT? (Please state) _____

    _____

    _____

    (c) HOW DO YOU DO THIS? (Please state) _____

    _____

    _____

Q6. DO YOU KNOW HOW TO OBTAIN INFORMATION IN OTHER FORMATS
    (E.G. BRAILLE, AUDIO CASSETTES, ETHNIC MINORITY LANGUAGES ETC)
    (Please tick one box only)

    ☐ YES   ☐ NO   ☐ DON'T KNOW

    IF YES, HOW DO YOU OBTAIN INFORMATION IN OTHER FORMATS?

    (Please state) _____

    _____

    _____

    _____

Q7. DO YOU THINK THAT THE INFORMATION YOU GIVE TO ELDERLY CLIENTS
    ENABLES THEM TO:- (Please tick all relevant boxes)

    (a) Understand whether the   ☐ YES ☐ NO ☐ DON'T KNOW
        Department is able to
        help them
    (b) Understand how the   ☐ YES ☐ NO ☐ DON'T KNOW
        Department will deal
        with their request
    (c) Make a choice about the   ☐ YES ☐ NO ☐ DON'T KNOW
        services they receive
    (d) Understand how to complain   ☐ YES ☐ NO ☐ DON'T KNOW
        if they are not happy about
        their contact with the
        Department

OFFICE
USE
ONLY

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	OFFICE USE ONLY

Q8. ANY SUGGESTIONS ABOUT HOW YOU THINK (a) THE SOCIAL SERVICES DEPARTMENT AND (b) CARE MANAGEMENT STAFF COULD KEEP ELDERLY CLIENTS BETTER INFORMED?

(a) SOCIAL SERVICES DEPARTMENT   (Please state) _____

☐
☐

_____

_____

_____

_____

(b) CARE MANAGEMENT STAFF   (Please state) _____

☐
☐

_____

_____

_____

Q9. HOW EASY OR DIFFICULT HAS IT BEEN FOR YOU IN THE COURSE OF YOUR WORK WITH ELDERLY CLIENTS TO FIND OUT WHERE/WHO TO CONTACT FOR INFORMATION ON THE TOPICS BELOW:-
(Please tick all relevant boxes)

Topic				Office
Specific Disabilities	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Benefits/Allowances	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Rehabilitation	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Help in the Home	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Meals on Wheels	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Mobility/Transport	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Equipment/Aids	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Adaptation to Property	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Housing/Accommodation	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Long-term Residential/ Nursing Home Care	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Advice/Counselling	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Respite Care/Sitting Services	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐
Support for Carers	☐ EASY	☐ DIFFICULT	☐ NOT TRIED	☐

Others   (Please specify) _____

☐
☐

_____

_____

_____

Q10. ARE THERE ANY SOURCES OF INFORMATION WHICH YOU FIND PARTICULARLY (a.) HELPFUL AND (b) UNHELPFUL?   (Please tick one box only)

OFFICE USE ONLY

(a) HELPFUL

☐ YES   ☐ NO   ☐ DON'T KNOW   ☐

IF YES, PLEASE INDICATE SOURCE/S _____   ☐

_____   ☐

_____

(b) UNHELPFUL

☐ YES   ☐ NO   ☐ DON'T KNOW   ☐

IF YES, PLEASE INDICATE SOURCE/S _____   ☐

_____   ☐

_____

Q11. PLEASE LOOK AT THE LIST OF PLACES BELOW AND DECIDE HOW OFTEN YOU VISIT THEM IN THE COURSE OF YOUR WORK WITH ELDERLY CLIENTS? (Please tick all relevant boxes)

OFTEN   .... (AT LEAST ONCE A MONTH)
SOMETIMES   .... (AT LEAST ONCE EVERY SIX MONTHS)
RARELY   .... (ROUGHLY ONCE A YEAR OR LESS)
NEVER   .... (HAVEN'T VISITED)

	OFTEN	SOMETIMES	RARELY	NEVER	
DOCTORS SURGERY/HEALTH CENTRE	☐	☐	☐	☐	☐
LOCAL CHEMIST	☐	☐	☐	☐	☐
COMMUNITY CENTRE	☐	☐	☐	☐	☐
POST OFFICE	☐	☐	☐	☐	☐
CHURCH	☐	☐	☐	☐	☐
LOCAL SHOPS	☐	☐	☐	☐	☐
TOWN CENTRE SHOPS	☐	☐	☐	☐	☐
SUPERMARKET	☐	☐	☐	☐	☐
LIBRARY	☐	☐	☐	☐	☐
DAY CENTRE	☐	☐	☐	☐	☐
HOUSING DEPARTMENT	☐	☐	☐	☐	☐

Q12. HOW OFTEN DO YOU HAVE CONTACT WITH THE FOLLOWING PEOPLE IN THE COURSE OF YOUR WORK WITH ELDERLY CLIENTS? (Contact includes speaking to the person on the telephone or face to face). (Please tick all relevant boxes)

OFTEN .... (AT LEAST ONCE A MONTH)
SOMETIMES .... (AT LEAST ONCE EVERY SIX MONTHS)
RARELY .... (ROUGHLY ONCE A YEAR OR LESS)
NEVER .... (HAVEN'T HAD CONTACT)

	OFTEN	SOMETIMES	RARELY	NEVER
GP	☐	☐	☐	☐
DISTRICT/COMMUNITY NURSE	☐	☐	☐	☐
HOME HELP	☐	☐	☐	☐
HEALTH VISITOR	☐	☐	☐	☐
OCCUPATIONAL-THERAPIST	☐	☐	☐	☐
PHYSIOTHERAPIST	☐	☐	☐	☐
DAY CENTRE STAFF	☐	☐	☐	☐

OTHER PROFESSIONALS (Please state) _____

_____

_____

Q13. WHAT IS YOUR OFFICIAL JOB TITLE? (Please state)

_____

Q14. ARE YOU IN A FULL OR PART-TIME POST? (Please tick one box only)

☐ FULL-TIME   ☐ PART-TIME

Q15. HOW LONG HAVE YOU BEEN IN YOUR CURRENT POST? (Please state)

_____ Years   _____ Months

Q16. WHAT WAS YOUR LAST POST PRIOR TO MOVING INTO THIS CARE MANAGEMENT TEAM? (Please state)

_____

Q17. HOW LONG HAVE YOU WORKED FOR DEVON SOCIAL SERVICES DEPARTMENT? (Please tick one box only)

☐ LESS THAN A YEAR   ☐ OVER 2 YEARS BUT LESS THAN 5 YEARS

☐ OVER A YEAR BUT LESS THAN 2 YEARS   ☐ OVER 5 YEARS

OFFICE USE ONLY

		OUO
Q18.GENDER (Please tick)		☐
☐ MALE	☐ FEMALE	

Q19.AGE   (Please tick one box)

☐ 16 - 20   ☐ 41 - 50

☐ 21 - 30   ☐ 51 - 60   ☐

☐ 31 - 40   ☐ 60 +

Q20.PROFESSIONAL QUALIFICATIONS   (Please state)

_____   ☐

_____   ☐

_____   ☐

Q21.IN WHICH OF THE FOLLOWING PLACES DO YOU USUALLY CARRY OUT MOST
OF YOUR WORK?   (Please tick all relevant boxes)

CITY CENTRE ☐   LARGE VILLAGE   ☐   . ☐

SUBURBS   ☐   SMALL VILLAGE   ☐   ☐

TOWN   ☐   ISOLATED RURAL AREA ☐   ☐

MIXTURE OF PLACES ☐   ☐

```
MANY THANKS FOR YOUR TIME AND HELP
```

PLEASE RETURN BY AS SOON AS POSSIBLE (BUT CERTAINLY BY THE END OF APRIL)

TO: H. MAY
     POLICY EVALUATION UNIT
     SOCIAL SERVICES DEPT
     FLOOR 10
     CIVIC CENTRE
     PLYMOUTH PL1 2EW

QUESTIONNAIRE

FINDING OUT ABOUT
HOW YOU FIND OUT ABOUT
SOCIAL/COMMUNITY CARE SERVICES

Q1. FROM WHICH <u>ONE</u> OF THE FOLLOWING LIST DID YOU ORIGINALLY FIND OUT ABOUT SOCIAL SERVICES? (Please tick <u>one</u> box only) ☐ LEAFLET ☐ HOSPITAL ☐ FAMILY DOCTOR/GP ☐ NEIGHBOUR ☐ FAMILY ☐ DON'T KNOW ☐ LOCAL RADIO ☐ FRIEND ☐ OTHER ☐ LOCAL TV (Please state)	OFFICE USE ONLY ☐
Q2. WHO FROM THE FOLLOWING LIST ORIGINALLY CONTACTED SOCIAL SERVICES? (Please tick <u>one</u> box only) ☐ MYSELF ☐ FRIEND ☐ FAMILY DOCTOR/GP ☐ FAMILY ☐ HOSPITAL ☐ OTHER ☐ NEIGHBOUR ☐ DON'T KNOW (Please state)	☐
Q3. WERE SOCIAL SERVICES CONTACTED BECAUSE YOU NEEDED?:- (Please tick as many boxes as are relevant) ☐ HELP IN THE HOME ☐ INFORMATION ☐ MEALS ON WHEELS ☐ RESPITE CARE ☐ EQUIPMENT/AIDS ☐ RESIDENTIAL CARE ☐ ADAPTATION TO PROPERTY ☐ ORANGE BADGE ☐ HELP ON LEAVING HOSPITAL ☐ DAY CARE ☐ HELP WITH MOBILITY PROBLEM ☐ ADVICE ☐ HELP WITH FINANCIAL PROBLEM ☐ DON'T KNOW ☐ HELP BECAUSE OF ILLNESS/ ☐ OTHER (Please state) ACCIDENT	☐ ☐ ☐ ☐ ☐ ☐
Q4. SINCE YOU'VE BEEN IN CONTACT WITH THE DEPARTMENT, HAS ANY MEMBER OF STAFF GIVEN YOU ANY <u>VERBAL</u> INFORMATION ABOUT THE SERVICES AVAILABLE FROM THE DEPARTMENT? (Please tick <u>one</u> box only) ☐ YES ☐ NO (GO TO Q5.) ☐ DON'T KNOW (GO TO Q5.) IF YES (a) WHAT VERBAL INFORMATION WERE YOU GIVEN AND (b) BY WHOM? (a) VERBAL INFORMATION GIVEN (Please state) _____ _____ _____ (b) BY WHOM (Please state) _____ _____ _____	☐ ☐ ☐ ☐ ☐

	OFFICE USE ONLY

Q5. SINCE YOU'VE BEEN IN CONTACT WITH THE DEPARTMENT, HAVE YOU BEEN GIVEN ANY OF THE FOLLOWING LEAFLETS?
(Please tick <u>all</u> relevant boxes)

<u>TITLE OF LEAFLET/S</u>

NEED OUR HELP ☐ YES ☐ NO ☐ DON'T KNOW ☐

INFORMATION FOR PEOPLE IN TOUCH ☐ YES ☐ NO ☐ DON'T KNOW ☐

RESIDENTIAL/NURSING HOME CARE ☐ YES ☐ NO ☐ DON'T KNOW ☐

QUALITY STANDARDS ☐ YES ☐ NO ☐ DON'T KNOW ☐

IF YOU ANSWERED 'YES' TO ANY OF THESE, GO TO Q6.
IF YOU ANSWERED 'NO' OR 'DON'T KNOW' TO ALL OF THESE, GO TO Q7.

Q6. HAS A MEMBER OF STAFF CHECKED WHETHER OR NOT YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION IN THE LEAFLETS?
(Please tick <u>one</u> box only)

☐ YES   ☐ NO   ☐ DON'T KNOW   ☐

Q7. DO YOU FEEL THAT THE DEPARTMENT HAS GIVEN YOU THE INFORMATION TO ENABLE YOU:- (Please tick <u>all</u> relevant boxes)

A. TO UNDERSTAND WHETHER THE DEPARTMENT IS ABLE TO HELP YOU? ☐ YES ☐ NO ☐ DON'T KNOW ☐

B. TO UNDERSTAND HOW THE DEPARTMENT WILL DEAL WITH YOUR REQUEST? ☐ YES ☐ NO ☐ DON'T KNOW ☐

C. TO MAKE A CHOICE ABOUT THE SERVICE/S YOU RECEIVE? ☐ YES ☐ NO ☐ DON'T KNOW ☐

D. TO KNOW WHAT TO DO IF YOU ARE UNHAPPY ABOUT YOUR CONTACT WITH SOCIAL SERVICES (E.G. HOW TO MAKE A COMPLAINT)? ☐ YES ☐ NO ☐ DON'T KNOW ☐

Q8. OVERALL ARE YOU SATISFIED OR DISSATISFIED WITH THE INFORMATION PROVIDED BY THE SOCIAL SERVICES DEPARTMENT?

1. 😊 2. 🙂 3. 😐 4. 🙁 5. 😠 _____ (Please write number)   ☐

Q9. HOW WOULD YOU PREFER TO BE GIVEN INFORMATION?
(Please tick <u>one</u> box only)

☐ IN LEAFLET FORM

☐ VERBAL INFORMATION BY A MEMBER OF STAFF

☐ A MIXTURE OF BOTH LEAFLET/VERBAL INFORMATION

☐ NONE OF THE ABOVE

☐ DON'T KNOW

WHY IS THAT? (Please state) _____

_____

_____

					OFFICE USE ONLY

Q10. ANY SUGGESTIONS ABOUT HOW YOU THINK THE SOCIAL SERVICES DEPARTMENT COULD KEEP PEOPLE BETTER INFORMED ABOUT WHAT IT DOES?

    (Please state) _____

☐

_____

☐

_____

_____

Q11. PLEASE LOOK AT THE LIST OF PLACES BELOW AND DECIDE HOW OFTEN YOU VISIT THEM. DO YOU VISIT THEM?:-
(Please tick all relevant boxes)

OFTEN .... (AT LEAST ONCE A MONTH)
SOMETIMES .... (AT LEAST ONCE EVERY SIX MONTHS)
RARELY .... (ROUGHLY ONCE A YEAR OR LESS OFTEN)
NEVER .... (HAVEN'T VISITED)

	OFTEN	SOMETIMES	RARELY	NEVER	
DOCTORS SURGERY	☐	☐	☐	☐	☐
LOCAL CHEMIST	☐	☐	☐	☐	☐
COMMUNITY CENTRE	☐	☐	☐	☐	☐
LOCAL POST OFFICE	☐	☐	☐	☐	☐
POST OFFICE IN TOWN CENTRE	☐	☐	☐	☐	☐
CHURCH	☐	☐	☐	☐	☐
SOCIAL SERVICES	☐	☐	☐	☐	☐
LOCAL SHOPS	☐	☐	☐	☐	☐
TOWN CENTRE SHOPS	☐	☐	☐	☐	☐
SUPERMARKET	☐	☐	☐	☐	☐
LIBRARY	☐	☐	☐	☐	☐
DAY CENTRE	☐	☐	☐	☐	☐
HOUSING DEPARTMENT	☐	☐	☐	☐	☐
HOSPITAL	☐	☐	☐	☐	☐

OTHER (Please state) _____

☐

_____

☐

	OFFICE USE ONLY

Q12. HOW OFTEN DO YOU HAVE CONTACT WITH THE FOLLOWING PEOPLE? (CONTACT INCLUDES SPEAKING TO THE PERSON ON THE TELEPHONE OR FACE TO FACE). (Please tick all relevant boxes)

OFTEN .... (AT LEAST ONCE A MONTH)
SOMETIMES .... (AT LEAST ONCE EVERY SIX MONTHS)
RARELY .... (ROUGHLY ONCE A YEAR OR LESS OFTEN)
NEVER .... (HAVEN'T HAD CONTACT)

	OFTEN	SOMETIMES	RARELY	NEVER	
FAMILY DOCTOR/GP	☐	☐	☐	☐	☐
DISTRICT/COMMUNITY NURSE	☐	☐	☐	☐	☐
HOME HELP	☐	☐	☐	☐	☐
HEALTH VISITOR	☐	☐	☐	☐	☐
OCCUPATIONAL THERAPIST	☐	☐	☐	☐	☐
VICAR/PRIEST ETC.	☐	☐	☐	☐	☐
PHYSIOTHERAPIST	☐	☐	☐	☐	☐
SOCIAL WORKER	☐	☐	☐	☐	☐
COMMUNITY CARE WORKER	☐	☐	☐	☐	☐
DAY CENTRE STAFF	☐	☐	☐	☐	☐
HOUSING OFFICIAL	☐	☐	☐	☐	☐

OTHER PROFESSIONALS (Please state) _____ ☐

Q13. CAN YOU GET TO A TELEPHONE?
(Please tick one box only)   ☐ YES   ☐ NO   ☐

IF YES, IS IT? (Please tick)

☐ YOUR OWN   ☐ NEIGHBOURS   ☐ CALL BOX   ☐

Q14. WHEN YOU GO OUT, DO YOU USUALLY HAVE THE USE OF A CAR?
(Please tick one box only)   ☐ YES   ☐ NO   ☐

Q15. DO YOU REGULARLY READ A LOCAL NEWSPAPER?
(Please tick one box only)   ☐ YES   ☐ NO   ☐

IF YES, WHICH? _____   ☐
(Please state)

Q16. DO YOU REGULARLY READ A FREE NEWSPAPER?
(Please tick one box only)   ☐ YES   ☐ NO   ☐

IF YES, WHICH? _____   ☐
(Please state)

	OFFICE USE ONLY
Q17a. DO YOU REGULARLY LISTEN TO THE <u>LOCAL</u> RADIO? (Please tick <u>one</u> box only) ☐ YES ☐ NO IF YES, WHICH STATION MAINLY? _____ (Please state)	☐ ☐
Q17b. DO YOU REGULARLY WATCH A LOCAL NEWS PROGRAMME ON TELEVISION? (Please tick <u>one</u> box only) ☐ YES ☐ NO IF YES, WHICH STATION MAINLY? _____ (Please state)	☐ ☐
Q18. DO YOU THINK THAT IT IS EASY OR DIFFICULT FOR PEOPLE LIKE YOU TO GET INFORMATION ABOUT WHERE TO GO FOR SOCIAL/COMMUNITY CARE SERVICES? (Please tick <u>one</u> box only) ☐ EASY ☐ DIFFICULT ☐ DON'T KNOW WHY DO YOU SAY THAT? (Please state) _____ _____ _____ _____	☐ ☐ ☐
Q19. WOULD YOU PREFER TO GET INFORMATION ABOUT SOCIAL/COMMUNITY CARE SERVICES FROM:- (Please tick up to <u>six</u> boxes) ☐ DOCTOR ☐ POST OFFICE ☐ TELEPHONE ☐ SOCIAL WORKER ☐ LIBRARY ☐ TELEVISION ☐ FAMILY ☐ CAB ☐ RADIO ☐ HOME HELP ☐ DIAC ☐ LEAFLETS ☐ FRIEND ☐ CIVIC CENTRE ☐ LOCAL NEWSPAPER ☐ VICAR/PRIEST ☐ TOWN HALL ☐ TELEPHONE HELPLINE ☐ NEIGHBOUR ☐ LOCAL SHOP ☐ CEEFAX ☐ DISTRICT NURSE/ HEALTH VISITOR ☐ SOCIAL SERVICES OFFICE ☐ OTHER _____ (Please state)	☐ ☐ ☐ ☐ ☐ ☐ ☐

	O.U.O.
Q20. GENDER (Please tick) ☐ MALE ☐ FEMALE	☐
Q21. AGE (Please tick) ☐ 60-64 ☐ 75-79 ☐ 65-69 ☐ 80-84 ☐ 70-74 ☐ 85+	☐
Q22. MARITAL STATUS (Please tick) ☐ MARRIED ☐ SINGLE ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED	☐
Q23. WHAT WAS YOUR OCCUPATION? _____ (Please state) IF YOU ARE A MARRIED WOMAN OR A WIDOW, PLEASE ALSO GIVE YOUR HUSBAND'S OCCUPATION/PREVIOUS OCCUPATION _____ (Please state)	☐ ☐
Q24. WHAT AGE WERE YOU WHEN YOU LEFT FULL-TIME EDUCATION? _____ (Please state)	☐
Q25. DO YOU LOOK AFTER SOMEONE WHO IS ILL OR DEPENDENT ON YOU? (Please tick <u>one</u> box only) ☐ YES ☐ NO ☐ DON'T KNOW IF YES, WHO? _____ (e.g. Husband, wife, child, neighbour, friend)	☐ ☐
Q26. DO YOU DEPEND ON SOMEONE TO LOOK AFTER YOU? (Please tick <u>one</u> box only) ☐ YES ☐ NO ☐ DON'T KNOW IF YES, WHO? _____ (e.g. Husband, wife, child, neighbour, friend)	☐ ☐

THANK YOU VERY MUCH FOR YOUR CO-OPERATION

WHEN YOU HAVE COMPLETED THE QUESTIONNAIRE,
PLEASE RETURN IT IN THE STAMPED ADDRESSED ENVELOPE.

BIBLIOGRAPHY

Abell, A.(1996) 'Ready to move centre stage?', The Library Association Record 98(5) May 1996 pp.35-36.

Abbot, P. and Lankshear, G. (1992) Care Needs of Older People in Devon, Plymouth, University of Plymouth.

Abrams, P. (1985) Policies to Promote Informal Social Care 'Some Reflections on Voluntary Action, Neighbourhood Involvement and Neighbourhood Care', in M.Bulmer (ed). Ageing and Society 5.1.1985 pp.1-18.

Addison, C. (1982) 'A Defence Against the Public? Aspects of Intake in a Social Services Department', British Journal of Social Work 1982, 112, pp.605-618.

Age Concern England (1992) Older People in the UK: Some Facts, England, Age Concern.

Allen, I., Hogg, D., and Pearce, S. (1992) Elderly People Choice Participation and Satisfaction, London, Policy Studies Institute.

Allen, I. and Perkins, E.(1995) The Future of Family Care for Older People, London, HMSO.

Arber, S. and Sawyer, L. (1985) 'The Role of the Receptionist in General Practice: A Dragon Behind The Desk', Social Science Medicine, Vol.20, No.9, pp.919-921.

Askham, J., Barry, C. , Grundy, E.(1992) Life After 60: A Profile of Britain's Older Population, Gerontology Data Service, London, Age Concern Institute of Gerontology.

Association of County Councils (1990) Effective Communication: A Guide to Public Relations in Local Government, London, Longman.

Atkin, K., Cameron, E., and Badger, F. (1989) 'Asian Elders Knowledge and Future Use of Community Social and Health Services', New Community, 15(3), pp.439-445.

Audit Commission (1986) Making a Reality of Community Care, HMSO.

Audit Commission (1993) Putting Quality on the Map: Measuring and Appraising Quality in the Public Service, OCC Papers, No.18, March 1993.

Auslander, G.K. and Litwin, H. (1990) 'Social Support Networks and Formal Help Seeking:Differences Between Applicants to Social Services and a Non-applicant Sample', Journal of Gerontology Vol.45. No.3 pp.112-119.

Babbie, E. (1986) The Practice of Social Research, California, Wadsworth.

Bailey, K.D. (1987) Methods of Social Research, London, Prentice-Hall.

Bardach, E. (1977) The Implementation Game, Cambridge. MIT Press.

Barnes, M. (1989) 'The Right to Know', Insight, 27.9.1989, pp.16-17.

Barnes, M., Prior, D., and Thomas, N. (1990) 'Social Services', in N. Deakin and A. Wright (editors) Consuming Public Services.

Barnes, M. (1993) 'Why Involve Users in Community Care', Update, Jan/Feb.1993, pp.1-4.

Barrett, S. and Fudge, C. (1981) Policy and Action, London, Methuen.

Barrett, S.M. (1992) 'Information Technology and Organisational Culture: Implementing Change', International Review of Administrative Sciences, Vol.58, No.3, Sept. 1992, pp.363-374.

Barton, J. (1994) 'One Stop Shopping for European Citizens', Library Association Record 96(3), March 1994, pp.146-147.

Bell, L. (1990) 'Social Services Departments: Preparing for the 1990s', Public Money and Management, pp.23-25.

Beresford, P. and Croft, S. (1986) Whose Welfare! Private Care or Public Services. Lewis Cohen, Urban Studies Centre.

Beresford, P. and Croft, S. (1988) 'Language for Service Users' in Social Work Today, 11.8.89, pp.20-21.

Beresford, P. and Croft, S. (1993) A Practical Guide for Change, London, Macmillan.

Berman, Y. (1989) 'The Structure of Information in Organisational Frameworks: The Social Services Department', British Journal of Social Work, 19, pp.479-489.

Berry, L. (1990) Information for Users of Social Services Departments. National Consumer Council and National Institute for Social Work.

'Better Information Needed For Visually Impaired' (1992) L A Link Digest, October, p.7.

Bewley, C. and Glendinning, C. (1994) Involving Disabled People in Community Care Planning, Joseph Rowntree Foundation.

Bewley, C. and Glendinning, C. (1994) 'The Right Remit', Community Care 7.4.94 pp.26-27.

Birmingham Information Federation (1992) The Literature on Persons with Disability, Birmingham, BIF

Blake, B. (1983) 'Information Service Models: Some options, some choices', ASLIB Proceedings Vol.35, No.3, March 1983, pp.138-153.

Blau, P.M. (1963) The Dynamics of Bureaucracy, London, University of Chicago Press.

Boyd, P. (1994) 'Clients get the mushroom effect', Care Weekly, 10.3.94, p.8.

Boyd, P. (1994) 'Relative poverty', Care Weekly, 12.5.94, p.12.

Bradshaw, J. (1992)) 'The Taxonomy of Social Need' in G. McLachlan (ed) Problems and Progress in Medical Care, Oxford, OUP.

Brewster, B. (1993) 'Blow Away the Cobwebs', Care Weekly 4.3.93, p.10.

Bridgewater, S. (1993) 'No Need to Shout: Library Services to the Deaf Community', Community Librarian, No.11, Spring 1993, p.3.

Broadcasting Audience Research Board (1989) Figures cited in Schuller and Bostyn, 1992 p.60.

Browne, A. and Wildavsky, A. (1984) 'Implementation as Mutual Adaptation', in Pressman, J.L. and Wildavsky, A. (eds), Implementation. Berkley, CA : University if California Press

Bruce, I., Mckennell, A. and Walker, E. (1991) Blind and Partially Sighted Adults in Britain: The RNIB Survey, London, HMSO.

Bunch, A. (1993) The Basics of Community Information Work, Library Association London, Publishing .

Bytheway, B. (1995) Ageism, Bucks, Open University Press.

Campbell, A. (1989) Housing Advice for Elderly People: The Scottish Experience, Age Concern, Scotland.

Carne, E. and Carne, R. (1991) 'Freedom of the Home', Social Work Today, 23.5.91, pp.28-29.

Carpenter, M. (1994) Normality is Hard Work: Trade Unions and the Politics of Community Care, London: Lawrence and Wishart.

Cassam, E. and Gupta, H. (1992) Quality Assurance for Social Care Agencies: A Practical Guide, London, Longman.

Centre for Policy on Ageing (1990) Health and Welfare Services for Older People : An Information Pack for those who work with Older People in the Cripplegate Foundation Area, Centre for Policy on Ageing, London.

Chadwick, B.A. (1984) Social Science Research Methods, London, Prentice-Hall..

Chapleski, E.E. (1989) 'Determinants of Knowledge of Services to the Elderly: Are Strong Ties Enabling or Inhibiting?' The Gerontologist Vol.29, No.4 1989 pp.539-545.

Chennells, P. (1994) 'Public Relations', Community Care 1994, 14.4., p.20.

Clements, L. (1994) 'Squeezed Out', Community Care, 25.8.94, pp.22-23.

Clode, D. (1992) 'Let Users In', Community Care, 10.12.92, pp.18-20.

Cohen, P. (1994) 'More Power to the User' Community Care, 14.05.94, pp.8-9.

Cohen, P. (1994) 'Low pensions for UKs Over 65s', Community Care, 3.2.1994, p.5.

Collins, D., Tank, M. and Abdul, B. (1993) Concise Guide to Customs of Minority Ethnic Religions, London, Arena.

'Community Care Countdown' (1992) L A Link Digest, September, p.7.

'Community Care is failing to meet public expectations', Care Weekly, 2.6.95, p.1

'Complaint Confusion', Community Care, 27.10.94, p.2

Connor, A. and Black, S. (1994) (Eds) Performance Review and Quality in Social Care, London, Jessica Kingsley

Conolly, N. (1991) 'A Community Care Role for Citizens Advice Bureaux', Caring for People No.7, 1991, p.5.

Coombes, R. (1995) 'Director Blocks Union Rights Advice Letter', Care Weekly, 26.1.95, p.3.

Coopers and Lybrand (1988) Information Needs of Disabled People, Their Carers and Service Providers. DHSS, Priority Care Division.

Cornwell, J. (1989) The Consumers View: Elderly People and Community Health Services, London, Kings Fund Centre.

Croft, S. and Beresford, P. (1990) From Paternalism to Participation.

Courtenay, F., Hedges, N., and Lynn, P. (1994) 'Monitoring Transitions to the Labour Market', Survey Methods Centre Newsletter, Vol.14, No.1, pp.14-21.

Davies, C. and Ritchie, J. (1988) Tipping the Balance - a study of non-take up of benefits in an inner city area. DSS Research Report 16, HMSO.

Davies, R.W. (1994) 'Authorities told to improve performance in four areas', Care Weekly 13.1.94, p.3.

Deakin, N. and Wright, A. (eds) (1990) Consuming Public Services, London, Routledge.

Department of Health (1989) Caring For People: Community Care in the Next Decade and Beyond, London, HMSO.

Department of Health (1990a) Caring for People: Community Care in the Next Decade and Beyond, Policy Guidance, HMSO.

Department of Health (1990b) The Government's Plans for the Future of Community Care. HMSO Cmnd 1343, 1990. Department of Health (1991) The Patients Charter, London, HMSO.

Department of Health (1991a) Getting the Message Across, Social Services Inspectorate, London, HMSO.

Department of Health (1991b) Care Management and Assessment: Managers' Guide, London, HMSO.

Department of Health (1991c) Care Management and Assessment: Practitioners' Guide, London, HMSO.

Department of Health (1991d) Getting It Right for the Carers: Setting Up Services for Carers: A Guide for Practitioners, London, HMSO.

Department of Health (1992a) Inform 92: Meeting the Information Needs of Disabled People, London, HMSO.

Department of Health (1992b) Implementation of the Health Information Services, HSG (92) 21.

Department of Health (1993a) Progress on the Right to Complain: Monitoring Social Services Complaints Procedures 1992/3, London, Social Services Inspectorate.

Department of Health (1993b) Information on Community Care Post April 1993, London, HMSO.

Department of Health (1993c) Analysis of a Sample of Community Care Plans 1993/94, Leeds, Dept of Health.

Department of Health (1993d) Assessment Special Study, Leeds, Dept of Health.

Department of Health (1994a) Information on Community Care Post April 1993: The Concerns of Users and Carers, London, Dept of Health

Department of Health (1994b) A Framework for Local Community Care Charters in England, London, HMSO.

Deutscher, J. (1968) The Gatekeeper in Public Housing Among the People: Encounters with the Poor (Edited by Deuscher, J. and Thompson, E.J. Basic Books, Newjohn.

De Vaus, D.A. (1986) Surveys in Social Research, London, Unwin Hyman.

Devon County Council (1991) District Inspection Consumer Feedback Questionnaire County Analysis, Social Services Department.

Devon County Council (1992) Devon Clients Speak, Devon County Council Social Services Department.

Devon County Council (1993a) Devon Clients Speak Again: A Consumer Survey in Honiton/Sidmouth and Paignton and Brixham Districts, Devon County Council Social Services Department.

Devon County Council (1993b) Community Care in Devon 1993-4: Progress Report and Plan for the County, Devon County Council Social Services Department.

Devon County Council (1994a) Community Care and Children's Services in Devon 1994-5: Progress Report and Plans for the County, Devon County Council Social Services Department.

Devon County Council (1994b) The Provision of Information to the Public, Exeter, Devon County Council.

Devon County Council (1994c) Quality Standards Audit - A sample audit of service provision focusing on Quality Standards, Exeter, Devon County Council Social Services Department.

Devon County Council (1994d) Care Management for Children and Families: A Report on the Implementation Process and Monitoring Exercise, Exeter, Devon County Council Social Services Department.

Dilman, D.A. (1978) Mail and Telephone Surveys, New York, John Wiley and Sons.

Dobson, R. (1994) 'Caught in the Middle', Community Care, 2.6.94, pp.4-5.

Dobson, R. (1995) 'Only the lonely', Community Care, 29.6.95, p.10.

Dolan, M. (1994) 'Relay Team for Europe Sprints Ahead', Library Association Record, 98(6) August 1994, p.441.

Doulton, A. (1993) Exchanging Information with the Public, Shropshire, Dragonflair.

Downey, R. (1995) 'Survey Reveals Effect of Community Care on Staff', Community Care, 30.3.95, p.1.

Downey, R.C. (1994) 'Impersonal Services', Care Weekly, 10.3.94, p.6.

Downey, R. C. (1995) Old People Excluded from Community Care Services, Community Care, 20-26.7 1995, p.1.

Dunsire A. (1978) Implementation in a Bureaucracy: The Execution Process

Edwards, K. (1993) 'Guidelines for the Future', LA Link Digest, May 1993, p.4-8.

'Elderly People Left in the Dark over Care Procedure', Care Weekly, 22.9 1994, p.4.

Elmore, R.F. (1978) 'Organisational Models of Social Program Implementation', Public Policy, Vol.26, No.2 Spring (1978), pp.185-225).

Elmore, R.F. (1979-80) 'Backward Mapping', Implementation Research and Policy Decisions', Political Science Quarterly, Vol.94, No.4 Winter 1979-80, pp.601-617.

Elmore, R.F.C. (1988) 'Forward and Backward Mapping: Reversible Logic in the Analysis of Public Policy', in K, Hanf and TAE Toonen Policy Implementation in Federal and Military Systems (pp 33 - 70) Dordrececht : Matinus Nijhoff.

Enals, S. (1990) 'Doctors and Benefits', BMJ, 301(8), pp.321-322.

Epstein, J. (1980) Information Needs of the Elderly, Research Institute for Consumer Affairs.

Epstein, J. (1981)Informing the Elderly, Information Design Journal Vol.2 pp.215-235.

Epstein, J. (1990) Public Services: Working for the Consumer, Dublin: European Foundation for the Improvement of Living and Working Conditions.

Essex County Council Working Group (1992) Information for Users of Social Services, London, PSI.

European Foundation For The Improvement of Living and Working Conditions (1985) Providing Information about Urban Services, Dublin, European Foundation for the Improvement of Living and Working Conditions.

Feather, J.(1994) The Information Society: A Study of Continuity and Change, London, Library Association.

Fedorico, D. (1991) Public Relations for Local Government, London, Longman.

Ferns, C. and Geller, P. (1989) 'Could Do Better', Community Care, 22.9.89, pp.24-25.

Finister, G. (1993) 'Cash from Computers', Care Weekly, 2.12.93, p.12.

Fleming, G. (1992) 'OAPs to get a Cash Guide', Western Evening Herald, 21.8.92, p.21.

Freemantle, D. (1992) Incredible Customer Service, London, McGraw-Hill.

Frissen, P.H.A. (1992) 'Informatization in Public Administration: Introduction', International Review of Administrative Sciences, Vol.58, No.3, Sept.1992, pp.307-310.

Gallimore, A. and Connor, D. (1994) 'Europe: a local issue', Library Association Record, August 1994, p.442.

Gates, B. (1995) The Road Ahead, London, Viking.

General Household Survey 1986 (1989) London, HMSO.

George, M. (1994) 'Network First', Community Care 7.4.1994, p.8

George, M. (1994) 'Getting Past the Gatekeeper', Community Care 30.4.1994, pp.36-37.

Giarchi, G.G. and Chakrabarti (1988) Communicating Information About Older People, Plymouth, Plymouth Polytechnic.

Giarchi, G.G. (1990a) 'Bringing Information to Older People', Care of the Elderly, Vol.2 No.9, pp.366-369.

Giarchi, G. (1990b)Information Systems within a Caring for People Strategy paper: Bristol Society of Gerontology.

Gill, J.(1995) Smart Cards Meeting the Needs of Elderly and Disabled People. London, RNIB

Gill, J. (1195) The Forgotten Millions, Luxembourg, The European Commission.

Gill, M. and Thrasher, M.C. (1985) 'Problems in Administering Community Policing', Policy and Politics, Vol.13, No.1 (1995), pp.37-52.

Gilley, M.(1990) 'An Eye for the Facts', Health Service Journal, 1st November, pp.164-55.

Glastonbury, B. (1979) Paying the Piper and Calling the Tune, London, BASW.

Glendenning, F. and Pearson, M. (1988) The Black and Ethnic Minority Elders in Brittain: Health Needs and Access to Services, London, Health Education Authority.

Goddard, M. (1990) 'Putting Them in the Picture', Health Service Journal, 9th August 1990, p.1186.

Goldberg, E.M.and Connelly,N. (eds) (1982) The Effectiveness of Social Care for the Elderly. Heineman.

Goodwins, R. 'Internet Web stretches around the globe', Independent, 19.6.95, vii.

Gosschalk, B. and Hume, C. (1989) 'Making Contact', Local Government Chronicle, 8.12.89, p.26.

Gosschalk, B. (1993) 'Performance Management The New Chartists', Municipal Journal 26.11.93, pp.20-21.

Gordon, D.C. (1986) Social Care Needs of Elderly People and Informal Carers: Notes on Research Techniques, Edinburgh, Age Concern, Scotland.

Gravell, C. (1995) 'Mission Impossible', Care Weekly, 27.4.95, p.9.

Greengross, S.C. (1985) Ageing: An Adventure in Living Sovenir Press, London

Griffiths, R. (1988) Community Care Agenda for Action. HMSO.

Hales, C. (1985) 'How Should the Information Needs of the Ageing Be Met? An A Delphi Response', The Gerontologist, 25.2.1985, pp.172-176.

Hall, A.S. (1974) The Point of Entry: A Study of Client Reception in the Social Services, National Institute Social Services Library No.27, London, George Allen and Unwin.

Hambleton, R. (1988) 'Consumerism, Decentralisation and Local Democracy', Public Administration, Vol.66, 1988, pp.125-147.

Hambleton, R. and Hoggett, P. (1990) Beyond Excellence: Quality Local Government in the 1990s, Working Paper 85, Bristol, SAUS.

Hasenfeld and Brock (1990) Implementation of Social Policy Revisited. (Vol. 22, No. 4, pp.451 - 479)

Hayes, L., Means, R., and Le Grand, J. (1992) Made to Measure? Performance Measurement and Community Care, Bristol, SAUS.

Hepworth, M. (1990) 'Mobilising Information Capital in Local Government', Local Government Policy Making, 16(4), pp.42-48.

Heron, J. (1990) Helping the Client: A Creative Practical Guide, London, Sage.

Hicks, A. (1991) 'Pick It Up With The Shopping', Health Service Journal, 101, 5243, 24.

Hildrew, P. (1990) Access to Information and Advice through Technology: The Impact of Technology Resource Papers / Resource Paper ITJ, Age Concern England, London

Hinkley, P. (1992) Health Information Services for Senior Citizens, Policy Studies Institutes, London.

Hjern, B. and Porter, D.O. (1981) 'Implementation Structures: A New Unit of Analysis', Organisational Studies, pp.211-227.

Hjern, B. and Hall, C. (1982) 'Implementation Research as Empirical Constitutionalism', European Journal of Political Research 10, 2, pp 105 - 115.

Hobman, D. (1994) More Power to Our Elders.

Hoinville, G. (1977) Survey Research Practice, London, Heinemann.

Hoinville, G. (1983) 'Carrying out surveys among the elderly:some problems of sampling and interviewing' Journal Market Research Society 25, pp. 223-37.

Holland, A. (1993) Evaluation of the Northamptonshire Disability Information Project Signposting Scheme Part 1 Northampton, Northamptonshire County Council.

Homer, S. 'System with a touch of magic', Independent, 19.6.95, p.1.

Homer, S. 'Added extras to keep you at cutting edge', Independent, 19.6.95, p.11.

Horrocks, G.J.C. (1993) 'Elderly, old, senior, pensioner: labelling terminology and information provision', Baseline, Journal of the British Association for Service to the Elderly 1993 October No.53, pp.14-21.

'Hounslow trains Asian elderly people to advise community',Care Weekly, 21.7.94, p.5.

Hudson, B. (1993) The Busy Person's Guide to Care Management, Sheffield, Joint Unit for Social Services Research.

Hudson, B. (1994) 'Sink or Swim', Community Care, 14.05.94, pp.24-25.

Hudson, H. (1994) 'Needs led assessment: nice idea, shame about the reality', Health and Social Care, pp.115-123.

Hurn, E, (1994), 'Low-Rise, High-Tech - The Telecottage Initiative', Innovations in Information, March 1994, No. 2, p5.

'Ignorance is no cop-out for staff', Care Weekly, 1 April 1993, p.8.

Jones, L. and Pullen G. (1990) 'Doing Deaf Research', Cash and Care, Spring 1990 pp.1-2.

Jordan, B. (1994) 'Poverty Trap', Community Care, 28.7.1994, pp.26-27.

Jowell, R. (1987) British Social Attitudes: The 1987 Report, Gower.

Kaufman, H. (1973) Administrative Feedback, Washington D.C. Brooking Institute

Kelly, D. (1994) 'If You Can't Beat 'Em ...', Care Weekly 17.02.94, p.14.

Kempson, E. and Bryson, A. (1994) Information and Advice about Benefits, London, Policy Studies Institute.

Kempson, E. (1985) Rural Information and Advice Services, Information Development (3) 158 - 163.

King, J. (1992) 'Raising Profiles', Community Care, 3.12.92, pp.23-25.

Kinrade, D. (1993) 'Any Questions', Innovation in Information, April 1993, p 6.

Knapp, M. and Forder, J. (1993) 'Dilemma', Community Care, 2.12.93, p.23.

Kocher, P.C. (1989) Information and Advice Project, Lewes, Age Concern.

KPMG Peat Marwick (1993) Community Care : Informing Users and Carers, London KPMG Peat Marwick

La Fontaine, J. (1987) 'Keeping the Elderly in the Community', Health Service Journal 1987, Feb.26, Vol.97, No.5039, p.248.

Lankshear, G. and Giarchi, G.G. (1993) Choice with Care: Community Care and Residential Care Choice in Devon, Plymouth: University of Plymouth.

Lankshear, G. and Giarchi, G.G. (1994) Home Care Services: Reasons for Refusals, Plymouth: University of Plymouth.

Lankshear, G., Giarchi, G.G. and Debenham, M. (1994) Meals on Wheels Study, Plymouth, University of Plymouth.

Lareau, L. (1983) 'Needs Assessment of the Elderly': Conclusions and Methodological Approaches', The Gerontologist, 23(5), 1993, pp.518-26.

Leicestershire County Council Social Services Dept (1991) Caring For People in Leicestershire, Social Services Department.

Lester, J.P., Bowman, A.O.M., Goggin, M.L., and O'Toole J. (1987) 'Public Policy Implementation, Evaluation of the Field and Agenda for Future Research' , Policy Studies Review, Autumn 1987, Vol.7, No.1, pp.200-216.

Lewis, D. (1991) An Information Design Audit of Information about Residential Care (Information Policy Working Paper 2). Policy Studies Institute.

Lickiss, R.M. (1988) Providing Information About Public Services, Brighton, Lewis Cohen Urban Studies Centre..

Likert, R.(1961) New Patterns of Management, New York, McGraw-Hill.

Lipsky, M. (1980) Street-Level Bureaucracy: Dilemmas of the Individual in Public Services, New York, Russell Sage Foundation

Lishman, J. (1994) Communication in Social Work, London, Macmillan.

Local Government Training Board (1985) Has Marketing a Role in Local Government: A Discussion Paper, Local Government Training Board.

Local Government Training Board (1987) Getting Closer to the Public, Luton, Local Government Training Board.

Locker, D. and Dunt, D. (1978) 'Theoretical and Methodological issues in Sociological Studies of Consumer Satisfaction with Medical Care', Social Science and Medicine 1978, Vol.12, pp.283-292.

London Group On Race Aspects of Community Care (1992) Black Communities: Who Cares, London.

'Loud and Clear' (1990) Social Work Today, 19.4.90, pp.17-19.

Lucas, J. (1992) 'Piece of Mind', Social Work Today, 19.11.92, pp.14-15.

Lyon, D.(1992) The Information Society: Issues and Illustrations, Cambridge, Polity Press.

MacPherson I., Hunter, D.J., and McKeganey (1991)Interviewing Elderly People : Some Problems and Challenges, Aberdeen, University of Aberdeen

Mahony, C. (1992) 'Find Clients' real needs, says Report', Care Weekly, No.249, 22.10.92, p.2.

Mahony, C. (1994) 'Charity Claims Community Care Bias Against Elders', Care Weekly, 6.5.94, p.5.

Mcfarland, E., Dalton, M., and Walsh, D. (1989) 'Ethnic Minority Needs and ServiceDelivery: The Barriers to Access in a Glasgow Inner City Area', New Community, 15(30), pp.405-415.

Mcglone, F. *(1992) Disability and Dependency in Old Age, London, Family Policy Studies Centre.*

Marchant, C. (1995) 'Care Managers Speak Out', Community Care, 30th March 1995, pp.16-17.

Margetts, H. and Willcocks, L. (1992) 'Information Technology as Policy Instrument in the UK Social Security System: Delivering an Operation Strategy' in International Review of Administrative Sciences, Vol.58, No.3, Sept.1992, pp.329-348.

Martin, J., Meltzer, H., and Elliot, D. (1988) The Prevalence of Disability among Adults, OPCS Surveys of Disability in Great Britain Report 1, London, HMSO.

Martin, W.J. (1988) The Information Society, London, ASLIB.

Maslow (1954) Motivation and Personality.

Masuda, J.(1985) ' Computopia' in The Information Technology Revolution, ed. T.Forrester, Oxford, Blackwell, 1985, pp.620-35.

Maynard-Moody, S., Musheno, M., and Palumbo, D. (1990) 'Street Wise Social Policy' Resolving the Dilemma of Street Level Influence and Successful Implementation, The Western Political Quarterly March 1990, pp.833-848.

Mayo, J. (1992) 'Older People and Telephone Helplines', Inform 92 (1992), Department of Health, London, HMSO.

Mazmanian, D.A and Sabatier, P.A. (1983) Implementation and Public Policy, Glenview.

Mechanic, D.C. (1968) Medical Sociology, Freepost, New York

Meredith, B. (1993) The Community Care Handbook: The New System Explained, London, Age Concern.

Midwinter, E. (1989)'Community Care: The Information Key', Assignation 7(1) October 1989, pp.28-29.

Midwinter, E. (1990) 'Practical Guide', Social Work Today, 28.6.90, pp.20-21.

Minchinton, M. (1993) 'Caring for Carers', Devon Link Summer 1993, p.4.

Mitchell, D. (1994) 'Race Action Plan', Community Care, 17.02.94, p.10.

Mobbs,T. (1981) 'Local Government Information: Who Needs What?', Local Government Studies, pp.47-55.

Moen, E. (1978) 'The Reluctance of Elderly to Accept Help', Social Problems, 25, pp.293-303.

Moore, N. and Steele, J. (1992) Information Intensive Britain, London, Policy Studies Institute.

Moore, N. (1993) 'Information for Disabled Citizens', National Disability Information for Disabled Citizens Issue No.5, p.1.

Morrison, G (1988) 'Consumerism - Lessons from Community Work', Public Administration, Vol.66, 1988, pp.195-213.

Morton, J. (1993) (Ed) Recent Research on Services for Black and Minority Ethnic Elderly People, London, Age Concern Institute of Gerontology.

Moser, C.A. and Kalton, G. (1971) Survey Methods in Social Investigation, London, Heinemann.

Mullings, C., Francis, G.M., and Wilson, T.D. (1981) A Manual for the Investigation of Local Government Information Needs, Boston Spa, The British Library.

Mullings, C. (1989) Famine Among Plenty; the Paradox of Information Use by the Elderly, Bath, University of Bath.

Murphy, A. (1994) Working With Elderly People, London, Souvenir Press.

National Consumer Council (1977) The Fourth Right of Citizenship, London, NCC.

National Consumer Council (1986) Measuring Up - Consumer Assessment of Local Authority Services, London, NCC.

National Consumers Council (1987) Advice Agencies, What they do and who use them, NCC.

National Council for Voluntary Organisations (1984) At Your Convenience? Report of the Rural Advice and Information Committee NCVD, London.

National Health Service And Community Care Act 1990 (1990) London, HMSO National Health Service Training Directorate (1993) Developing Managers for Community Care, Bristol, NHSTD.

National Information Forum (1993), 'Ten suggested Principles for the Development of Information Initiatives', Innovations in Information, April 1993, p.9.

National Institute for Social Work (1988) Residential Care : a positive choice, London, HMSO.

Norman, A. (1985) Triple Jeopardy: Growing Old in a Second Homeland, London, Centre for Policy on Ageing.

Norman, A. (1987) Aspects of Ageism: A Discussion Paper, London, CPA.

Oliver, J. (1990) 'The Customers Perspective', Social Work Today, 5.4.90, pp.20-21.

Open University (1986) Block 4 Data Collection Procedures DE304, Milton Keynes, Open University Press.

OPCS (1990) General Household Survey 1988, London, HMSO.

Opit, L. and Pahl, J. (1993) Institutional Care for the Elderly People. Can We Predict Admissions? Research, Policy and Planning, Vol.10, No.2.

Owen, B. (1994) Barriers to Information, Plymouth, Devon Disability Information and Advice Federation.

Oxford Regional Health Authority (1992) Heard It Through the Grapevine, Oxford, Oxford Regional Health Authority.

Pahl, J. (1992) 'The Impact of Feminist Research on Community Care Policy', Community Care Research and Community Care Policy Working Papers No.106, pp.73-88.

Palumbo, D.J., Maynard-Moody, S. and Wright, P. (1984) 'Measuring Degrees of Successful Implementation: Achieving Policy versus Statutory Goals', Evaluation Review, Vol.8, No.1, February 1984, pp.45-74.

Pierson, J .(1996) ' Hitch a ride', Community Care 11.4.96, pp.24-25.

'Pilot scheme for Asian elders', Community Care, 21.7.94, p.10.

Policy Studies Institute (1991) Information for Users of Social Services Departments: Summary of Legislation and Guidance, London, PSI.

Policy Studies Institute (1993)Information for Users of Social Services, The Community Care Plan - Consultation and Publicity: A Report to Lewisham Social Services Department, London, PSI.

Potter, J. (1988) 'Consumerism and the Public Sector - How well does the coat fit', Public Administration, Vol.66, 1988, pp.149-64.

Powell, M. (1993) 'Carers Impact', Caring for People No.13, pp.6-8.

Pressman, J.L. and Wildavsky, A. (1973) Implementation, Berkley, University of Chicago Press.

Priestly, M. (1994) 'Blind Prejudice', Community Care, 3.2.94 pp.28-29.

Prime Minister (1991) The Citizens Charter: Raising the Standard, CM1599, HMSO.

Prottas, J. M. (1979) People-Processing, Toronto, Lexington.

'Public Access', Library Association Record, 96(8) August 1994, p.4,15.

Quereshi, H. and Walker, A. (1989) The Caring Relationship: Elderly People and Their Families, London, Macmillan.

Raison, B. and Lupton, C. (1992) The Consumerism Project: User Involvement: The View from Service Users, SSRIU Occasional Paper No.23, Portsmouth, University of Portsmouth

Rao, N. (1991) From Providing to Enabling Local Authorities and Community Care Planning, York, Joseph Rowntree Foundation.

Research Institute For Consumer Affairs (1984) Aids for People with Disabilities - A Review of Information Services, RICA.

Richards, D.C. (1990) 'Benefits to Health', Social Work Today , 26.7., pp.18-19.

Richardson, K. (1994) 'Care Management, The Users View', Communicare 1994, No.5, pp.4-5.

Rickford, F. (1994) 'Elderly Shocked By Means Testing', Community Care, 12..10.94, p.8

Roberts, S., Steele, J., and Moore, N. (1991) Finding Out About Residential Care: Results of a Survey, Policy Studies Institute.

Robinson, J. and Yee, L. (1991) A Practical Guide to Planning and Delivering Community Care Services.

Rolfe, S., Mackintosh, S., and Leather, P. (1993) Age File '93, Oxford, Anchor.

Rose, S. (1992) 'Information Strategies for Community Care', Community Care Update, Nov/Dec 1992, pp.1-3.

Rotherham Family Health Services Authority (1991) Rotherham Health Advice Centre Annual Report 1990/91, RFHSA.

Rowe, M.J. (1991) 'An Information Centre for the Elderly', Care of the Elderly, Jan. 1991, Vol.3 No.1, pp.33-36.

Rowley, J.E. and Turner, C.M.D. (1978) The Dissemination of Information, London, Andrew Deutsch Ltd.

`Royal National Institute For the Blind (1990) Making Print Legible 'Basic' Guidelines,London, RNIB.

Royal National Institute For The Blind (1993) See It Right: New Approaches to Information for Blind and Partially Sighted People, London, RNIB.

Sabatier, P.A and Mazmanian, D. (1980) 'The Conditions of Effective Implementation: A Guide to Accomplish Policy Effectiveness', Policy Analysis 1979, Vol.5, pp.481-504.

Sabatier, P.A and Mazmanian, D.A. (1983) 'Implementation and Public Policy', Chicago : Scott Foresman and Co.

Sabatier, P.A. (1987) 'Top down and bottom up approaches to implementation research. A critical analysis and suggested synthesis', Journal of Public Policy, Vol.6, pp.21-48.

Salvage, A.V. (1983) Attitudes of the over 75's to Health and Social Services, Research Team for the Elderly. University of Wales, College of Medicine.

Salvage, A.V. (1988) Warmth in Winter, Evaluation of an Information Pack for Elderly People, Research Team for the Care of the Elderly, University of Wales, College of Medicine.

Satyamurti, C. (1981) Occupational Survival, Oxford, Blackwell.

Scheepers, A.W.A. (1992) 'Information and Changing Perceptions in Street Level Contacts' in International Review of Administrative Sciences, Vol.58, No.3, Sept. 1992, pp.349-362.

Schuller, T. and Bostyn, A.M. (1992) Learning: Education, Training and Information. Carneige Inquiry into the Third Age, Centre for Continuing Education, University of Edinburgh.

'Services fail to reach deaf community', Community Care, 22-28.9.94, p.6.

Shaw, I. (1976) 'Consumer Opinion and Social Policy': A Research Review" Journal of Social Policy, 5, 1976, pp.19-32.

Shiers, J. (1989) 'Information, Decentralisation and Customer Care', Going Local, No.14, November 1989, pp.13-15.

Silverstein, N. (1984) 'Informing the Elderly about Public Services. The Relationship between Sources of Knowledge and Service Utilisation', Gerontologist, 1984, 24, pp.37-40.

Simes, M.C. (1980) Do Books Still Matter. The Library and Information Needs of the Elderly in Community Day Centres. Leeds Polytechnic, School of Librarianship, Leeds

Simpkins, R. (1994) Researching the Information Needs of Disabled People, London, Policy Studies Institute.

Sinclair, I., Parker, R., Leat, D. and Williams, J. (1990) The Kaleidoscope of Care: A Review of Research on Welfare Provision for Elderly People, HMSO, London.

Skelcher, C. (1992) Managing for Service Quality, Longman/Local Government Management Board.

Smale, J. (1985) Information Exchange: Swamp or Desert? Practice and Development Exchange, National Institute for Social Work.

Smale, G. and Tuson, G. With Biehal, N. and Marsh, P. (1993) Empowerment, Assessment, Care Management and the Skilled Worker, London, NISW.

Smith, H.W. (1981) Strategies of Social Research: The Methodological Imagination, London, Prentice-Hall.

Smith, J.C. (1994) 'Shopping for the Right Stuff', Care Weekly, 10.3.94, p.9.

Smith, N.J. (1985) Social Welfare and Computers: A General Outline, Cheshire, Longman.

Smith, R. and Harrison, L. (eds) (1992) Community Care Research and Community Care Policy Working Paper 106, Bristol, SAUS.

Social Policy Research Unit (1990) Poor Connections: The Telecommunication Needs of People Who Are Deaf, York, University of York.

'Social Services 'Arrogance', Care Weekly, 4.3.93, p.5.

Social Trends 19, (1989) London, HMSO.

Steele, J. (1990) Information about Residential Care: the Underlying Issues, (Information Policy Working Paper 1).London, Policy Studies Institute.

Steele, J. (1991) Information Management in Advice Centres, London, Policy Studies Institute.

Steele, J., Hinkley, P., Rowlands, I. and Moore, N. (1993) Informing People About Social Services, London, Policy Studies Institute.

Steele, J. (1994) Health Information for Older People, London, Policy Studies Institute.

Stevenson, O. and Parsloe, P. (1993) Community Care and Empowerment, York, Joseph Rowntree Foundation.

Stewart, J. and Walsh, K. (1992) 'Change in the Management of Public Services', Public Administration, Vol.70, Winter 1992, pp.499-518.

Stinchcombe, A.L. (1990) Information and Organisations, Oxford, University of California Press.

Stone, L. and Young, M. (1992) Competitive Customer Care: A Guide to Keeping Customers.

Streathfield, D. and Wilson, T. (1980) The Vital Link: Information in Social Services Departments, Joint Unit for Social Services Research, Sheffield University.

Sunmono, Y. (1994) 'Silent Screen', Community Care, 22-28.9.94, p.10.

Swerdlow, J.C. (1995) 'Information Revolution', National Geographic, October 1995, pp 5-11.

Taylor, J.A. (1992) 'Information Networking in Public Administration', International Review of Administrative Sciences, Vol.58, No.3, Sept.1992, pp.375-389.

Taylor, M., Hayes, L., Lart, R. and Means, R. (1992) User Empowerment in Community Care: Unravelling the Issues, Bristol, SAUS.

Tester, S. and Meredith, B. (1987) Ill-informed? A Study of Information and Support for Elderly People in the Inner City, Policy Studies Institute.

Tester S. (1992) Common Knowledge: A Co-ordinated Approach to Information Giving, London, Centre for Policy on Ageing.

The Citizens Charter:Raising the Standard (1991), London, HMSO.

'The Life Project', Community Librarian, Winter 1994/95, p.1.

Thistlethwaite, P. (1994) Good Practice in Commissioning Social Care, London, Association of County Councils.

Thornton, P. (1995) 'Listen and Learn', Community Care, 27.5.95, p.20-21.

Thorton, P. and Tozer, R. (1995) 'Having A Say In Change, York, Joseph Rowntree Foundation

Thrasher, M. and Dunkerley, D. (1982) 'A Social Exchange Approach to Implementation Analysis', Social Science Information 21.3 (1982), pp.349-382.

Thrush, R. (1994) People Like Us: A Research Project into the Needs of Carers, Plymouth, University of Plymouth

Tinker, A., McCreadie, C., and Salvage, A. (1993) The Information needs of Elderly People - An Exploratory Study, Age Concern Institute of Gerontology.

Tinker, A., McCreadie, C., Wright, F., and Salvage, A. (1994) The Care of Frail Elderly People in the United Kingdom, London, HMSO.

Todd, H. (1984) 'The Information Needs of Recently Retired People', Health Libraries Review 1984, I, p.32.

Toffler, A. (1980) 'The Third Wave', London, Pan

Troup, G. (1985) Information and Older People in Scotland. Needs and Strategies, Scottish Community Education Council.

Twigg, J. (1990) Carers and Services: A Review of Research, London, HMSO.

Ungerson, C. and Baldock, J. (1994) Becoming Consumers of Community Care, York, Joseph Rowntree Foundation.

Van Horn, C.E. and Van Meter, D.S. (1977) 'The Implementation of Intergovernmental Policy in Policy Studies', Policy Studies Review Annual, 1977, Vol.1, pp.97-120.

Venner, D.G. and Cotton, S. (1986) Information for a Rural Community Library Information, Research Report 40 British Library, London.

Victor, C.R. (1986) 'How Effective are Benefits Take-Up Campaigns with Elderly People?' Chapter 16 in Phillipson et.al (eds), Dependency and Interdependency in Old Age, Theoretical Perspectives and Policy Alternatives, Beckenham.

Wagner, G. (1988) A Positive Choice. Report on the Independent Review of Residential Care, London, National Institute of Social Work.

Walker, A. (1995) 'Failing our Older People', Care Weekly, 26.1.95, p.9.

Walsh, K. (1989) Marketing in Local Government, London, Longman.

Warburton, W. (1990) Developing Services for Disabled People. Results of an Inspection to Monitor the Operation of the Disabled Persons (Services, Consultation and Representation) Act 1986. The SSI of the Department of Health.

Ward, L. (1994) 'Learning to ask for the services you want', Community Care, 27.10.94, p.30.

Ward, R. (1977) 'Services for Older People: An Integrated Framework for Research', Journal of Health and Social Behaviour, 1977, 18, pp.61-70.

Ward, R., Sherman, S.R. and Lagory, M.C. (1984) 'Informal Networks and Knowledge of Services for Older Persons', Journal of Gerontology, 1984, Vol.39, pp.216-223.

Warnock, M. (1987) 'Ethics, Decision Making and Social Policy', Community Care, 5.11.87.

Watts, S. (1993) 'Hospital Social Workers in the Cold', Care Weekly, 28.1.93, No.260, p.3.

Weatherley, R.A. (1979) Policy Implementation from State Level to Street Level, London, MIT.

Welsh Consumers Council (1990) Putting People First, Cardiff, Welsh Consumers Council.

Welsh Consumer Council (1993) Published Information for Users and Carers and The General Public, Cardiff, Welsh Consumer Council

Wenger, C.G. (1984) The Supportive Network - Coping with Old Age, London, Allen and Unwin.

Westland, P. (1992) 'Choice Remarks over a Myth, Action', Care Weekly, 8.10.92, p.8.

White, I., Devennney, M., and Bhoduri, R. (1987) Hearing the Voice of the Consumer, London, Policy Studies Institute.

White, L. (1995) 'the road ahead', Sunday Times 12.1195, pp 1 - 2

Whiteley, P. (1994) 'Agencies Divided over Charter Plans', Community Care, 11-17 August, p.1.

Whiteley, P. (1995) 'State pension may fall to almost nothing', Community Care, 27.7.95, p.9.

Whittingham, P. (1992) 'Integrating Care', Community Care, 30.1.92, p.18.

Wiggin, C. and James, J. (1994) 'Learning Tools', Community Care, 4.8.94, p.30. Williams, E.I. and Fitton, F. (1990) 'General Practitioner Response to Elderly Patients Discharged from Hospital', 300, pp.159-161.

Wilson, J. (1995) 'Open Doors in Cyberspace' LA Record Technology Supplement, 20.11.95, Vol 97 (11) pp. 19 - 20

Wolstenholme, L. (1992) 'The FHSA Manager', Communique (4), 16.12.92, p.2.

Wolstenholme, L. (1992) 'The Community Pharmacist and Community Care', Communique (4), 16.12.92, p.2.

Wood, M.C. (1995) 'Heading the Charge or Holding the Fort?' Library Association Record Vol 97 C12 pp. 658 - 659.

Woodford, D. (1993) 'Towards a Perception of a 'Hearing Culture' and its Relationships with a 'Deaf Culture', Deafness, Issue No.3, Vol.9, 1993, pp.13-15.

Worth, A. (1994) 'Quicker and Sicker', Care Weekly, 28 July 1994, p.13.

Wynn Davies, R. (1994) 'Authorities Told to Improve Performance in Four Areas', Care Weekly, 13 January 1994, p.3.

Wynn Davies, R. (1995) 'New Staffers to Tackle Resourcing Head-On', Care Weekly, 23.2.95, p.1.

Young, M. (1993) 'Sharing ideas on how to get information to disabled people',
Innovations in Information April 1993, pp.1.

Zuurmond, A., Seef, P., and Gooren, W. (1992) "Acceptance and Implementation of
Information Policy' in International Review of Administrative Sciences, pp.311-328.