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**CAN MANAGERS RESEARCH THEIR OWN SERVICES?
AN EXPERIMENT IN CONSULTING FRAIL, OLDER
COMMUNITY CARE CLIENTS**

By:

**Charles Patmore, Research Fellow, Social Policy Research Unit,
University of York**

ABSTRACT

This article describes the test of a method for consulting frail older people about the quality of Social Services and their unmet needs. The method, home interviews by senior Social Services managers, was prompted by advice from older Social Services clients about how best to obtain their views. Results from the interview programme are presented, together with benefits arising specifically from using managers as interviewers and comments on future application of this approach.

Keywords:

older people- home care - Social Services - quality - consultation - satisfaction

[3999 words]

Introduction

A challenge for managers of community care services is how to consult frail older people who live in their own homes. The latter often constitute a large proportion of service users, yet prove hard to consult on account of their frailties. Social Services Departments must include them in the surveys of service users' views which are requisite for Best Value Reviews (Department of the Environment, Transport and the Regions, 1999) and in the mandatory investigations of service users' satisfaction introduced by *Modernising Social Services* (Department of Health, 1998). Also, alongside such obligations, there are clear examples of how consulting service users can supply very useful information which can guide service development (Henwood *et al* 1998, Clark *et al* 1998). Indeed it can seem folly to fail to seek the views of service users when planning or appraising services. Over the last decade, however, Social Services home care provision has become increasingly concentrated on very disabled older people, who often do not suit the questionnaires, group meetings, panels or telephone methods commonly used to consult users of public services (Seargeant and Steele 1998). Many are unable to travel to focus groups or to consultation meetings or, indeed, to see or write well enough to complete written questionnaires.

The Social Policy Research Unit (SPRU) investigated older community care clients' own views on consultation methods during a multi-phase research study in one Metropolitan District Social Services Department (Patmore *et al* 2000). There was consensus that home interviews should be used. These were seen as much more accessible to frail older people than methods which required travel, like focus groups, or the sight and writing ability necessary for postal questionnaires. This research itself encountered difficulties in involving

people aged over 80 in focus groups, whereas they readily participated in home interviews. Asked who should conduct such interviews, older service users widely favoured senior managers of their own services. Their reasons are shown in Figure1. This preference surprised both researchers and Social Services; the latter had expected that an independent agency would be preferred.

Subsequently, Social Services and SPRU jointly undertook an experimental consultation programme, which tested these suggestions from older people. It sought to derive substantial guidance for service development, as well as appraisal of existing services. Thirty randomly selected older community care clients received in-depth, qualitative home interviews from senior local managers responsible for their services. From analysis of interview records, a report was produced. Subsequently an independent researcher at SPRU evaluated the managers' experience of conducting the interview programme. This experimental interview programme is now described.

Method

Selection of interviewees

Two Area Offices were involved, each serving a 90,000 population catchment. Stratified random samples of names of service users for each catchment were drawn by SPRU from a Social Services computerised database. These were to provide agreed quotas of the following: recipients of intensive Home Care (at least 10 hours service per week); people receiving single weekly Home Care visits; and people who received significant help from a family member as well as from Home Care. Each Area Office was given a target specification for an appropriate distribution of age, gender and duration of service among each of these

quotas, which reflected their respective base populations. The interviewers then consulted with Home Care Organisers (HCOs) to screen the supplied names to exclude anyone from whom interviews should not be sought, according to the criteria listed in Figure 2. From the names which HCOs had not excluded, interviewers identified sets of people who would match their Area Office's specifications for each quota of service user. Interviewers then wrote to these individuals, requesting an interview.

The interview schedule

A semi-structured interview schedule was developed. This was designed to collect information about older people's lives as a whole, as well as comment on existing services, so that it could generate ideas concerning service development. One section examined how satisfactory the interviewee found their current circumstances in the 12 areas of daily living listed in Figure 3. Interviewers recorded an interviewee's opinion on a rating scale, plus the reasons for their opinion and relevant sources of help in that area of life - be it Social Services, family, friends or neighbours. A second component was sets of questions concerning each specific service received by the interviewee plus some other topics, all listed in Figure 4. Services used were predominantly Home Care, though 13 people used day centres. A final component was a set of questions which the interviewer completed on their own after the interview, requiring them to evaluate what they had just heard.

The interview schedule incorporated substantial guidance notes. But otherwise minimal instruction was given. Interviewers met for one briefing session before undertaking a pilot interview, then a feedback session afterwards. There were 11 interviewers in total. At each Area Office these included a Home Manager, a Principal Care Manager and a Service

Development Manager. In one Area the Area Manager, who had overall responsibility, also participated.

The concept of the managers' interview programme

One influence on the design of the programme was the original consultations with older people, as mentioned. Figure 5 presents their views on interviews. Additionally the programme was influenced by McQuarrie's (1998) description of the interview programmes conducted by managers which developed in the American computer software industry since the late 1980s. Typically these involved small teams of managers undertaking programmes of semi-structured qualitative interviews with random samples of between 12 and 30 customers (representing firms which use computers) in each customer's workplace. The aim was to directly acquaint managers with customers' aspirations, preferences and current practical challenges so as to inspire the development of new or improved products. Random selection of customers was emphasised. Reports were produced at the conclusion of each interview programme. A rationale for using managers was that their practical knowledge made them more effective than independent researchers for understanding the issues raised by customers. Also, their authority within the organisation equipped them to personally investigate the issues raised, while insights from interviews could improve their everyday decision-making. Not least, the final report should carry particular conviction among managers - indeed, its audience would include the same managers who had undertaken the interviews. Some principles from these interview programmes in industry were applied to the Social Services interviews.

Findings

Interviewees

Table 1 presents key facts. The interviews succeeded in reaching very old and frail people. It proved possible to reach samples of interviewees which closely matched in age and gender the Home Care clientele which they represented. Half the interviewees were aged over 85 years. Many suffered serious disabling conditions. Mobility problems were widespread and some interviewees for years had never left their homes. Generally interviewees participated well in the interview procedure, though sometimes it needed to be shortened.

Information and recommendations from the interview programme

SPRU analysed interviewers' notes and wrote a report for Social Services. This contained 16 recommendations. Some of the report's conclusions concerned new orientations for services in response to evidence of unmet needs. Other conclusions concerned adjustments to existing services.

New orientations for services

Interviews confirmed the effectiveness of Social Services in meeting physical survival needs so that older people were able to remain living in their own homes despite severe disabilities. However, many interviewees were facing major emotional and social difficulties on account of these same disabilities and there seemed little systematic help for this. Many interviewees were facing circumstances known to create risk of depression - like disabling physical illnesses, especially for people who are also isolated (Prince *et al* 1998, Copeland *et al* 1999, Vetter *et al* 1986) . Many were experiencing mobility difficulties, which could stop them

visiting people, or loss of vision or manual dexterity, which hindered valued leisure activities like reading, knitting or needlework. A minority were isolated. Some interviewees appeared to triumph over such circumstances, whereas others did not. There seemed a case for help which specifically addressed the consequences of disabling health conditions - whether practical help, like help with mobility, or social support for isolated older people facing disabling illness on their own.

The Report proposed an experimental service to address quality of living for older people who suffer disabling health conditions and who feel trapped at home in loneliness or boredom. This service was to work with individuals, according to their aspirations, to improve access to rewarding activities either inside or outside their home. Belief that improvements could be made was partly inspired by the opportunities enjoyed by some interviewees whose morale seemed high in spite of their disabilities. For instance some interviewees much enjoyed regular car excursions from relatives, friends or Social Services staff, whereas others also desired this but lacked such help. It was also inspired by successful interventions made by interviewers on their own initiative after an interview to improve an interviewee's quality of life. For instance one interviewee, who was very depressed as a result of progressive arthritis, gained greatly from rehousing in a well-adapted ground floor flat. More prosaically, another interviewer arranged repair for the malfunctioning television of a very disabled interviewee, for whom TV was the principal pastime.

A related recommendation was that social support should be systematically provided for isolated older people who were either depressed or at risk of depression owing to disabling illness - noting research evidence on the importance of social support in prevention and

recovery from depression (Murphy 1982, Prince *et al* 1998 and Copeland *et al* 1999). Potential for providing this through existing workers was suggested by interviews which showed that sheltered housing staff could be well-placed to offer such support, though they were not used at all systematically for this purpose. The Report proposed joint work between Social Services and Housing to develop social care roles for sheltered housing staff. Social support roles for certain Home Care staff were also suggested. Some interviewees, who were isolated and in low spirits, wanted closer relationships with particular Home Care workers whom they liked and trusted. But the Home Care service was task-centred and not organised so as to provide social support.

The interviews suggested that clients' morale substantially affected all aspects of the Home Care role. If interviewees were depressed, distressed or had low morale, it seemed hard for them to experience benefit from standard types of Social Services help which other interviewees found satisfactory. Interviewees with low morale or depression tended to rate many aspects of their circumstances and services as unsatisfactory. It seemed difficult for them to develop the positive relationships with Home Care staff which seemed to come so readily for most clients. Serving such individuals appeared a challenge. For a variety of reasons it seemed important to improve ways of responding to Home Care clients who are depressed or clearly at risk of depression. Recommendations included guidance and training for all Home Care staff on responding to clients with depression or low morale - for instance guidance for everyday relationships with such individuals, support for staff who find particular Home Care visits stressful, and guidance on seeking help from other workers, including Health staff. Concerning Health staff, there is evidence that many depressed older people, including Home Care clients, do not receive appropriate medical treatment (Banerjee

& Macdonald 1996, Copeland *et al* 1999, Denihan *et al* 2000).

Feedback about existing services

Unexpectedly pronounced differences emerged between the two catchments from which interviewees were drawn. Ratings by interviewees on a six-point scale presented one catchment's services as clearly more satisfactory than the other's. This assessment was repeated by the ratings made by interviewers themselves immediately after each interview. This is notable considering that global ratings of older service users' satisfaction have been criticised as uninformative because they often produce fairly uniform ratings of satisfaction about all services (Bauld *et al* 2000). In this study the clear contrast between services was expressed through majority use in one catchment of a muted expression of satisfaction, "Moderately satisfactory", whereas all the other catchment's interviewees used "Very satisfactory" or "Fully satisfactory". Interviewees refrained from using the ratings which stated dissatisfaction explicitly. Therefore, if discrimination between services is sought, it would seem worth including a range of qualified ratings of satisfaction.

Explanations for the differences in ratings seemed complex. In one catchment ratings of satisfaction were lower for many aspects of life, as well as for help from Social Services. There were signs that help from family and friends was less plentiful there, and that expectations and burden on Social Services were greater. Also there were more interviewees whose morale appeared markedly low. However, numbers were small: statistical confirmation of these differences would require a larger study.

Clear differences concerning catchments also emerged from open questions about dissatisfactions and interviewees' preferences. In one catchment, desire for improvements centred around more extensive house-cleaning - for instance dusting of ornaments or cleaning of curtains. In the other catchment there was satisfaction with cleaning. This seemed to reflect both more use of independent sector cleaners, to whom this Area Office alone introduced older people who wanted them, and more help from family members. In the latter catchment the prominent call for improvement concerned later bedtime services .

Feedback about existing services inspired various recommendations, including the following. Concerning housecleaning, there was a recommendation that all Areas should follow the policy, already practised by the Area Office where satisfaction was high, whereby Home Care clients were helped to find independent sector cleaners if they wished extra cleaning. Another recommendation urged a similar policy for helping older people to find reliable services for household repairs or gardening. Other recommendations reflected feedback on day centres and bathing. Some users of day centres wished more organised, stimulating activities. Concerning bathing, there were signs of widespread variation in access to Social Services help. Also, interviews had shown how installation of a shower could prolong an individual's ability to care for themselves but that major delays were occurring if showers were sought from statutory agencies. Accordingly a recommendation proposed a programme to install showers promptly.

Besides recommendations, the report presented many other findings which could assist managers. For instance, it revealed widespread differences among Home Care clients in their attitudes to receiving service from many different staff. While some definitely disliked this, as

widely conveyed elsewhere (Henwood *et al* 1998), there were others who actually enjoyed variety among their service-givers. Concerning shopping, the interviews communicated high levels of satisfaction with current arrangements. There was feedback about specific establishments - about problems with alarms or security systems at particular sheltered housing complexes, for instance, and that one particular residential unit provided highly enjoyable short stays. Last but certainly not least there was widespread praise and appreciation for Social Services Home Care staff - for the quality and reliability of the care they provided and for the way they had treated interviewees. Repeatedly interviewers encountered instances where a very disabled older person described very thoughtful, caring service from Home Care staff and affirmed great benefit. Some interviewers later commented how proud this had made them feel about Social Services.

Managers as interviewers

The managers proved effective interviewers. Their experience of frail older people helped them to handle confidently some unexpected situations. They were also able to make judgements and explore issues where an independent researcher might have lacked background knowledge.

At the end of the interview programme these managers received telephone interviews from a SPRU researcher, who was independent from the interview programme, to evaluate their experience. All expressed willingness to conduct further interviews. This was despite widespread initial reservations that they could not afford the time. All had enjoyed conducting their interviews. One factor was that random selection of interviewees had meant they met some clients who praised Social Services. Normally, some managers commented, staff of

their seniority only met clients when services were failing or being criticised. These interviews showed them their successes as well. Some managers felt the interviews had helpfully reminded them of everyday realities among their services' users. Some had gained important insights.

A noteworthy consequence of using managers as interviewers was the interventions which some made on their own initiative as a result of an interview. It had been agreed that, while information gathering was the purpose of the interviews, the interviewers could nevertheless intervene if ever they felt their managerial responsibilities required this. Interventions often concerned referrals for additional services or investigations into problems. A third of the interviews prompted interventions which delivered definite benefits. A third of the interviews prompted investigations or referrals which did not produce the benefits anticipated. A third of the interviews prompted no interventions.

Most interesting were certain interventions which seemed likely to benefit many other service users besides the interviewees who had prompted them. For instance an intervention concerning safety measures at a sheltered housing complex would cover all residents, not just the interviewee who had complained. Likewise examinations of the quality of Meals on Wheels from a particular kitchen or a day centre's activity programme could benefit many service users besides the interviewees who prompted them. Had the interviewers not been managers senior enough to investigate any Social Services resource or to approach other agencies, like housing providers, such direct interventions would be most unlikely.

Discussion

A surprise from this experiment was the sheer volume, diversity and complexity of the information which could be translated from interviewers' notes to the Report to Social Services. Initially it had been anticipated that the interview programme might appraise the main services, perhaps raise a few suggestions for some service development during the next year, and that maybe this procedure would prove worth repeating annually. Instead, a single interview programme generated ideas sufficient for many years of service development. This raises two issues.

Firstly, the reporting process, which communicated so much information, was very time-consuming. It had initially been hoped that the interview programme could become a simple, routine method of self-regulation for Social Services - possibly operated by each Area Office using only its own resources. But, unquestionably, this would require simpler, swifter methods for analysis and reporting. Just how these would affect the resulting report cannot be known without undertaking the exercise. For instance comparisons between Area catchments might be harder to make. Is it preferable to invest substantial time in drawing so much from the interviewers' notes, as did SPRU with the exhaustive analysis and report described here?

This touches the second issue: that Social Services Departments may simply not be able to utilise such comprehensive, detailed and development-oriented information as the Report supplied. It might sound like a treasure trove of guidance from service users, such as progressive service planners proclaim they dream of. But, in practice, Departments may feel heavily burdened by many concurrent demands for changes and improvements required by the agendas of central government. They may feel they simply cannot respond to additional calls

for the sort of wide-ranging improvements which emerged from this interview programme.

Thus some different directions for development of these interview programmes can be envisaged. If Social Services definitely wish the sort of comprehensive information obtained from this interview programme, a similar procedure could be replicated. This would require research staff who could undertake the substantial role in co-ordination, analysis and reporting which SPRU undertook. Possibly a Social Services' central research unit could fulfil this role. As mentioned, such an exercise should furnish guidance for years of development so annual repetition would hardly be useful.

Alternatively a shortened version of the interview programme could be developed, perhaps to check a service's performance and make limited changes in consequence - and to keep managers in touch with service users' realities. One step could be to shorten the interview schedule, as many interviewers desired. A major simplification, which would much reduce analysis, would be to concentrate on services already provided - the topics in Figure 4 rather than Figure 3. However this could seem to waste the opportunity for a holistic understanding of interviewees. A second simplification would be to devise a very simple analysis and reporting procedure which the interviewers could operate themselves. In the study just described, this would have been more practicable if fewer interviewers had been used - perhaps four interviewers per Area, each interviewing four service users. Also interviews should have been conducted over a shorter period, perhaps three months, so they were all fresh in interviewers' minds when producing the report.

Another development of interview programmes by managers would be to promote structured interview programmes on other, specific topics as a routine method whereby managers of services investigate issues for themselves. Managers might benefit from instruction how to design interview schedules or select interviewees methodically, so that they could create for themselves interview programmes to suit different purposes. Whatever information such programmes obtained, it seems probable that there would also be gains like those described here through insights from meeting clients and through the interventions which interviewers would sometimes make afterwards.

There is a principle from McQuarrie's model which deserves attention in any development of the managers' interview programme. This is to involve the most senior managers in the interviews. Arguably this should make it more likely that the programme's recommendations can compete with other priorities facing the most senior managers for implementation. In the present study, only one of the two most senior managers for these catchments participated in the programme - and for only one interview. Pressures to devolve responsibility for interviewing should be anticipated and resisted if the key principle of involving influential decision-makers is to be retained. McQuarrie also argues that senior managers should participate in equal numbers of interviews to other interviewers. If they undertake fewer, they risk being excessively influenced by one or two interviewees.

Comparisons can be made between this interview programme and other recent strategies for consulting very old people about community care. Age Concern has pioneered two contrasting systems, both of which involved people similar in age and frailty to the project described here. The Fife User Panels involved on-going panels of frail older people who met regularly to

discuss common concerns, including local services (Barnes & Bennett 1998). Periodically managers of community care services were invited to discussions with a panel - an alternative way of providing older people with direct communication with senior managers. Age Concern's 'Talk Back' project in Wakefield involved periodic home visits by volunteers to older people to record their comments on everyday living, services and any unmet needs during the period since their previous visit, rather like a diary (Willis 1999). Collated, these comments generated recommendations to community care managers which have some similarities to the managers' interview programme - like a service to assist disabled older people to get out of their homes, a shower installation programme, and accessing suitable tradesmen for household repairs and gardening.

The managers' interview programme is probably quicker and easier to organise than the other two projects, despite the time-costs of analysis and Report production. There is no need to service meetings or organise transport for participants, like the Fife Panels, nor to recruit and organise volunteers like 'Talk Back'. Unlike the other two projects, little work was required to find interviewees, owing to the use of a computerised service database. Computerised records make it easy to reach representative samples of service users, or to select groups who merit particular attention.

Each of these three methods seems to have its own element of added benefit, additional to communicating service users' views to Authorities. For the Fife User Panels, this was the effects on Panel members themselves from meeting other older people, discussing personal concerns, and feeling more empowered by Panel membership (Barnes & Bennett 1998). Extra benefit from the Age Concern 'Talk Back' project seems to be the relationship which an

interviewee developed with their volunteer over, typically, four to seven meetings.

Added benefit from the managers' interview programme was, for interviewees, the direct interventions sometimes made by interviewers to resolve problems identified in the interview. Also, there was the continuing impact on some manager / interviewers of heightened awareness in their everyday work about what mattered to clients and about the achievements of services. These benefits seem what is really distinctive about the managers' interview programme.

[ENDS]

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References

- Banerjee S. & Macdonald A. (1996) 'Mental Disorder in an Elderly Home Care Population: Associations with Health and Social Service Use' *British Journal of Psychiatry*, **168**, pages 750 - 756
- Barnes M. & Bennett G. (1998) 'Frail bodies, courageous voices: older people influencing community care', *Health and Social Care in the Community*, **6**, 102-111.
- Bauld L., Chesterman J., & Judge K. (2000) 'Measuring satisfaction with social care amongst older service users: issues from the literature.' *Health & Social Care in the Community* **8** (5) 316 - 324
- Clark H., Dyer S. & Horwood J. (1998) *That Bit of Help: the high value of low level preventative services for older people*. Bristol: University of Bristol, Policy Press.
- Copeland J., Chen R., Dewey M., McCracken C., Gilmore C., Larkin B., Wilson K. (1999) 'Community-based case-control study of depression in older people', *British Journal of Psychiatry*, **175**, 340 - 347
- Denihan A., Kirby M., Bruce I., Cunningham C., Coakley D. & Lawlor B. (2000) 'Three year prognosis of depression in the community-dwelling elderly' *British Journal of Psychiatry*, **176**, 453-457
- Department of the Environment, Transport and the Regions (1999) *Implementing Best Value - a Consultation Paper on Draft Guidance*. London: DETR Free Literature
- Department of Health (1998) *Modernising Social Services*. Cm 4169. The Stationery Office, London.
- Henwood, M., Lewis, H. & Waddington E. (1998) *Listening to Users of Domiciliary Care Services*. Leeds: University of Leeds, Nuffield Institute for Health, Community Care Division.
- McQuarrie E. F. (1998) *Customer Visits*. Sage Publications
- Murphy E. 'Social Origins of Depression in Old Age' *British Journal of Psychiatry* 1982, **141**, 135 - 142
- Patmore, C., Qureshi, H. & Nicholas, E. (2000) Consulting older community care clients about their services: some lessons for researchers and service managers. *Research Policy and Planning* **18** (1) 4-11.
- Patmore, C. (2000a) *Learning from older community care clients*. Research Works Series, University of York, Social Policy Research Unit

Prince M., Harwood R., Thomas A., & Mann A. (1998) 'A prospective population-based cohort study of the effects of disablement and social milieu on the onset and maintenance of late-life depression. The Gospel Oak Project VII', *Psychological Medicine*, **28**, 337-350

Seargeant J. & Steele J. (1998) *Consulting the Public: guidelines and good practice*. London: Policy Studies Institute

Vetter N., Jones D., Victor C., & Philips A. (1986) 'The measurement of psychological problems in the elderly in general practice' *International Journal of Geriatric Psychiatry* **1**, 127-134.

Willis J. (1999) *Consultation: a myth or a reality? The views of frail elderly people within Wakefield Metropolitan District 1996-1999*. Wakefield Age Concern.

Table 1: *Facts about interviews*

Number of interviewees	30
Number of women	21
Age range	66-95 years
Mean age	83 years
Range of Home Care hours per week	15 minutes - 33 hours
Mean Home Care hours	8 hours 48 minutes
Living alone	24 people
In sheltered housing	15 people
Range of lengths of interview	25 minutes - 1 hour 50 minutes
Mean length of interview	1 hour 7 minutes
Number of interviewers	11 managers

Figure 1: *Why older people wished senior managers to be their interviewers*

- Older people would thus reach the real decision-makers and could show them, in their own homes, their everyday problems.
- This would educate managers whose seniority insulated them from the realities of service users' everyday lives
- It would show care and concern if senior managers troubled to investigate personally the outcomes of the services which they headed.
- If senior managers invested their time in the interviews, this showed it was not a token consultation

Figure 2: *Criteria for exclusion from interview*

- Too ill for interview and likely to remain so for the next three months.
 - Away from home or moving home during the next three months.
 - Has now moved to residential or nursing care.
 - Distressed by a recent traumatic event, like a bereavement.
 - Severe speech or hearing problems such as would prevent communication.
 - Depressed to the point that interview would be distressing (or suffering similarly from any other functional mental disorder)
 - Communication very difficult owing to dementia or other mental confusion
- .

Figure 3: *12 areas of daily living investigated in each interview*

- Meals / refreshment
- Shopping
- Laundry
- House cleaning
- Household repairs / decoration / gardening
- Access to help in emergency
- Feeling safe from crime and nuisance
- Managing with money, bill, pensions, benefits and legal matters
- Personal care
- Getting out of the house
- Social life
- Sources of interest in everyday life

Figure 4: *Enquiries made in each interview about services received*

- Home Care
- Day centres
- Other significant social care services
- Care following any recent hospital discharges
- Views of any family carer present
- Any additional help sought from Social Services, other Council Services or Health Service
- Rating of satisfactoriness of help received from Social Services

Figure 5: *Desirable consultation methods, according to older service users*

- Interviews at home, rather than groups, phone interviews or written questionnaires
- Senior managers of the interviewees' own services would be preferred as interviewers
- Interviewees should get time and space to communicate what they view as important
- Open-ended questions, so interviewees can express themselves in their own words
- Plenty of notice before the interview, so that interviewees can prepare their thoughts
- Preferably a written outline of questions sent in advance - in large font
- Some women would appreciate an offer of a woman interviewer
- Inform interviewee at the outset that they can decline any question.
- No probing if the interviewee does not answer directly.
- Feedback on any consequences of the interviews - for instance any action taken.