

Report to: **Adult Social Care Scrutiny Committee**

Date: **12 September 2006**

By: **Director of Adult Social Care**

Title of report: **Survey on the Image and Perception that Older People in a Health Care setting have of Social Services**

Purpose of report: **To report on the findings, outcomes and recommendations arising from the Image and Perception Survey.**

RECOMMENDATION

The Scrutiny Committee are recommended to note and endorse the findings and recommendations of the Image and Perception Survey as set out in para 3.2

1. Financial Appraisal

1.1 The costs incurred by the survey include staff time, travel and printing and are contained within the current Adult Social Care budget.

2. Background and Supporting Information

2.1 One of the recommendations arising from the Social Services and Health Scrutiny review which looked at the progress being made by the Social Services Department in improving the way in which users and carers were being involved in services, was to carry out a survey with older people in a health care setting on the part that the image and perception of Social Services plays in the apparent failure to take up services.

2.2 The survey was undertaken from March – May 2006. Adult Social Care staff interviewed older people at the Eastbourne District General Hospital and the Conquest Hospital, Hastings. The survey took the form of a semi-structured in-depth interview and there were six questions that covered the following areas:

- Myths about Social Services
- Perceptions (good/bad)
- Knowledge of Services
- Experience of Staff
- Ability to (or knowledge of how to) influence decisions or be involved

2.3 The interviews were taped and later transcribed and common themes were extracted. The attached report outlines the process and findings in greater detail.

3. Conclusion and Reasons for Recommendation

3.1 The issues raised by those who participated related to a lack of awareness and misconceptions about the services provided by Adult Social Care, including contact arrangements. Participants also identified a number of fears in relation to bureaucracy and losing their savings.

3.2 Having completed the survey report, there are several recommendations that need to be implemented, which we are able to link into existing work streams. These are:

- Ensure the survey results and actions are published in the local media in line with the County Council Communications steer.
- Better Care Higher Standards to be given to all people the department has contact with in hospital to provide information and services available from Health, Housing and Adult Social Care and to signpost them to other organisations which may be able to help.
- Ensure that the findings from the report are circulated to the Invest to Save (ISB) Project Board to highlight the issues and to identify whether the Board can consider access and information. (The ISB Project is a government initiative for better public services. BME people, Gypsies and Travellers will be more actively engaged in influencing the development and delivery of health and social care services to ensure people are able to access them on a more equitable basis)
- Explore options with the local Older Peoples Forums around their potential role in proactively disseminating information about Adult Social Care.
- Work with the Communications Manager within Adult Social Care to ensure that regular good news press releases are produced.
- East Sussex Local Area Agreement – the delivery of Target 8.1 (better access to information, services and choice in health, social care and related services) in partnership will also promote and improve access/information. In particular through indicator 8.1.1 (provision of tailor made methods to efficiently deliver information and services to different parts of the community in collaboration with partners, including electronic access)
- Work is underway to ensure consistency of service delivery across the Eastbourne District General Hospital and the Conquest Hospital, Hastings through joint line management and other methods.

KEITH HINKLEY
Director of Adult Social Care

Contact Officer: Melanie Clayton, Quality & Consultation Officer Tel No (01273) 481248

Local Member(s) *All*

BACKGROUND DOCUMENTS

Scrutiny Committee for Social Services & and Health - 17 March 2005

Cabinet – 6 April 2004

Scrutiny Committee for Social Services & and Health - 22 September

Scrutiny Committee for Social Services & and Health - 17 March 2004

Report by the Project Board - 20 February 2004.

Scrutiny Committee for Social Services & and Health - 5 December 2003

Scrutiny Committee for Social Services & and Health -25 September 2003

**SURVEY ON THE
IMAGE AND PERCEPTION THAT
OLDER PEOPLE IN A HEALTH
CARE SETTING HAVE OF
SOCIAL SERVICES**

Full Report - 2006

1. INTRODUCTION

1.1 We are continually trying to improve the services we provide to the people of East Sussex. Information arising from the Scrutiny Review of Older People Services: User and Carer Involvement in Services¹ suggested that people have a limited understanding of the range of services and support provided by Social Services² and who are still reluctant to contact the Department. This is particularly the case of people who are on the cusp of receiving services. We were particularly keen to talk to older people in hospital who may need our services, but have not taken them up or made contact with the Department. This may be related to the image they have of Social Services and we were interested to obtain patients' views. The information provided will assist us in improving the way in which Social Services are designed and delivered.

2. BACKGROUND

2.1 The Social Services and Health Scrutiny Committee agreed at its meeting in July 2003 that a scrutiny review would be undertaken which looked at the progress being made by the Social Services Department in improving the way in which users and carers were being involved in services. One of the recommendations was to:

Carry out a survey with the people of East Sussex on the part that the 'image and perception' of Social Services plays in the apparent failure to take up services, and act upon its findings.

2.2 It was agreed that the survey would concentrate on older people in a healthcare setting. This group of people were chosen as they were potentially in need of support to live in the community but had not yet approached Social Services for help.

2.3 The proposal was that the survey would be carried out by December 2004 and recommendations produced by 31 March 2005. For a number of reasons, the decision was taken to defer the survey to March 2005, with a report on actions to Scrutiny Committee in June 2005. This would also take into account the timescales for the Local NHS Research Ethics Committee and Hospitals Trust approval.

2.4 The East Sussex NHS Research Ethics Committee considered our application on 25 January 2005, but as it was concerned about confidentiality issues and felt it may be more appropriate to approach participants once they had been discharged and were feeling better, did not approve the proposal. At the request of the Scrutiny Committee in March 2005, the Acting Director of Social Services wrote to the Chief Executive of the East Sussex NHS Hospitals Trust seeking her views on how we could progress this work.

As a result, a further application was submitted to the NHS Local Research Ethics Committee and final approval was given by them on 1 February 2006 and by East Sussex Hospitals NHS Trust on 30 January 2006.

¹ Scrutiny Review of Older People Services: User and Carer Involvement in Services - Report by the Project Board - 20 February 2004

² This documentation refers to "Social Services" rather than "Adult Social Care" as the department at that time incorporated Children's Services as well as Adults

3. METHOD

3.1 A literature search was undertaken which indicated that no similar research has been undertaken in this area. A Patient Information Sheet and Consent form (attached as appendices 1 and 2) were prepared and the survey was piloted.

3.2 A qualitative approach was undertaken. A team of three staff undertook semi-structured in-depth interviews (one-to-one) with older people who were in hospital to find out their perceptions of Social Services (good and bad) e.g. explore people's attitudes, the role of Social Services, resources, decision-making, etc. The topic list is attached as appendix 3. As we were looking specifically at older people, we included anyone over the age of 60.

3.3 22 people were interviewed from both the Eastbourne District General Hospital and the Conquest Hospital, Hastings (12 male patients and 10 female patients). All were white British; it was not possible to specifically include people from ethnic minority backgrounds as we were dependent upon who was in hospital on the day that the interviews were carried out. Five participants considered themselves to have a disability (one was registered disabled).

3.4 It was agreed that the interviews would take place at the patient's bedside as no confidential information was being sought and there were no other appropriate locations for the interviews to take place. The interviews were taped, later transcribed and common themes extracted.

3.5 At the end of every interview, a copy of Better Care, Higher Standards was given to each participant. The document outlines information and services available from Health, Housing, Adult Social Care and organisations representing users and carers in East Sussex. This was an opportunity to promote and distribute the charter and to help participants find out about services provided and how to contact these organisations.

3.6 Details of the process are attached as Appendix 4.

4. RESULTS

4.1 As described above, a list of topic areas was covered. For the purposes of this report, they are shown in question format in bold with a short summary of responses.

4.2 We were keen to understand people's myths about Social Services. The full list of responses to the question, "**when someone mentions Social Services, what do you think of?**" is attached as appendix 5. The responses ranged from, "*People who look after you*" and "*how good they are*" to "*snoopers*" and "*DHSS.*" However, no particular themes could be identified.

In relation to this question, participants were asked what were the best things and the worst things they had heard about Social Services and their responses are attached as appendix 6. The best things included, "*I think what they do for people is wonderful*" and "*free housing.*" The worst things included, "*vast bureaucracy*" and "*care homes closing down.*" 45% responded that they have not heard anything bad

4.3 Responses to the question, "**what type of services do you think Social Services is responsible for?**" are attached as appendix 7. These included meals on wheels, free bus service and disabled/older people. 27% replied that they did not know what Social Services provides

Interestingly, 55% of participants did not know the differences between what services were provided by Social Services and those provided by the other agencies. 36% thought that all the services were linked and only 9% thought there was a clear distinction.

4.4 Participants were asked, "**have you or your friends and family had experience of Social Services and/or its staff?**" 64% of participants responded yes and this ranged from home help (experience quite good), meals on wheels, care homes and nursing homes.

55% of the participants had been in hospital previously and of these, 20% had required help when discharged. Several of the participants did not require help from Social Services as assistance was provided by family members and one person's partner was a registered carer.

4.5 Participants were asked, "**if you need to contact Social Services, do you know how?**" 50% of participants said that they did know how to contact Social Services; 27% said that they would use the phone book/Yellow Pages, one person said they would telephone the police, and one person said they would contact the Citizens Advice Bureau. 41% did not know how to contact Social Services. Several of the patients were not aware that there was a Social Services team based in the hospital.

4.6 We asked participants, "**if you wanted to make some suggestions for improvements to Social Services, do you know how to go about this?**" 18% replied that they would know.

4.7 In response to, "**if you were the Director of Social Services for a day, what would your priorities be to improve services?**" the following topics were raised (in no particular order):

(a) Bureaucracy

The perception of some of the participants is that there is too much bureaucracy and red tape. Comments included:

- *"Social Services need to make sure that people who need help get it."*
- *"The Government is pouring money into anything and everything and it is not going to the right places."*
- *"People managing the money don't know how to manage it. Inexperience I would say or lack of knowledge. They don't know where to push the money around into the right places."*
- *"Stop asking people to fill out so many forms"*
- *"The stack of paper sent nowadays is frightening...."*
- *"Try and reduce the bureaucratic side of it and have more of the money available and target where the expense goes."*

(b) 'Abusing the System'

Some participants saw the issue of tackling fraud and people abusing services such as housing, as a priority.

(c) Fear/Personal Finances

Several participants' perception was that older people feel they are treated unfairly if they have savings. They think it would be better if they had no money and then Social Services would step in and help them.

Some of the participants we spoke to thought that the best thing is to keep people in their homes. It upsets older people if they have kept their homes specifically so that their children benefit. For some, it is heartbreaking to sell their home and use all the money on

care provision. Older people would rather go without themselves so that their children's inheritance is protected.

Other comments included:

- *"If they (people) have worked all their lives, normal decent life, like yourself or me hopefully, then they should be given the same....."*
- *".....you hear about all these tax credits and things and I have no idea what they're all about. I've been brought up to take care of myself and save for my old age. I do appreciate that so many people need the assistance. I do think that people could be more aware of their situations and could do more for themselves. It depends how they were brought up..... I would like more encouragement from the government for people to save, to receive tax credit and benefit by saving. I feel that is the way forward, I don't know what people receive. I don't really know what you do."*
- *"I think I would make myself known about what Social Services is there for. People shouldn't be shut away. If people don't know who they are, they should go out and let people know. I can't express enough that people are scared about Social Services you shouldn't come across like that."*
- *"Social Services go into your business and want to know everything."*
- *"When you see older people sitting around in a care home doped up to the eyeballs, they should have people stimulating them, to get them to do something because at the time, all you are ready for is death. Quality is so bad."*
- *"If doctors were more aware of the services on offer, they would advise people and point them in the right direction. If people don't want to approach Social Services because they have a bad perception of them then the doctor may be able to put them at ease most people have no idea of what Social Services really do. They think they're there to take their money and spy on them."*

One participant raised an issue relating to loan funding. They suggested that perhaps a loan/insurance company could buy an equity share in a person's property. One third of the value could be given to older people to spend as they like. When the house is sold, the Council/insurance Company takes their part and what is left is for the children.

(d) Equalities

Two participants raised the issue of equality - if people want something, people should have equal chance. The perception is that immigrants/ethnic minorities receive preference. Other comments included:

- *"..... we have gone too bureaucratically and racially mad"*
- *"People with learning disabilities/mental health/physical disabilities should be given 100% support. There should not be a limit on funds, it is not their fault."*
- One participant raised the issue of the rates for home help and comparison for with the average wage

(e) Knowledge of Social Services

Responses included:

- *".....we probably pay scant respect to Social Services. Unless you have a problem, you don't take it on board."*
- *"...Look at the basic structure of how Social Services relates to other agencies. Without understanding that, you can't proceed and you are just living in your own little box."*
- *"make the initial contact quicker in the hospital to find out what needs we have, the uncertainty of going home and when."*

- It was also perceived that there is a lack of communication in the hospital itself.
- In relation to staffing, ...*"each department should employ a spare person to cover people off sick, etc....., instead of employing temps. This would be much more cost-effective over the year - 'floating' staff."*
- *"It would be good to have an address, a one-stop shop where you can go to meet one person to tell you which service you need instead of thinking about which service you should phone.....by the time you go round the houses, what might have been an emergency is no longer an emergency. I don't mean centralisation, just clarification - Get rid of the jargon....."*
- One discussion was about the importance of community services such as minibuses and village events and the importance of engaging with communities and community representatives. The participant thought that information about Social Services could be better publicised in the community via community halls, village halls, at events, and in newsagents. *"Need to be careful not to make people feel like they are accepting charity."*

One participant said that if they were Director for a day they would approach people and ask if there's anything they could do to get help and encourage them to do so.

None of the participants interviewed had seen a copy of Better Care, Higher Standards.

5. CONCLUSION

5.1 The issues raised by those who participated related to a lack of understanding of the range and type of services provided by Social Services and how to contact the department. In addition, participants raised concerns relating to bureaucracy and information they had seen and heard in the media. Specifically:

- There appears to be a combination of a lack of awareness/knowledge and misconceptions about what Social Services are. For example, not many participants realise that Social Services provides services for children as well as older people.
- The results show a lack of understanding about contact arrangements for Social Services. Some of the participants were not aware that there are social work teams based in the hospitals.
- People do not read or hear good news stories about Social Services. The worst things people had heard varied significantly and often related to media stories. The good things tended to relate more to the individual's personal experience, rather than the news.
- The survey acknowledged that participants identified a number of fears which related to money being taken off them and also around form filling and bureaucracy.

6. RECOMMENDATIONS

Having completed the survey report, there are several recommendations that need to be implemented, which we are able to link into existing work streams. These are:

6.1 Ensure the survey results and actions are published in the local media in line with the County Council Communications steer.

6.2 Better Care Higher Standards to be given to all people the department has contact with in hospital to provide information and services available from Health, Housing and Adult Social Care and to signpost them to other organisations which may be able to help.

6.3 Ensure that the findings from the report are circulated to the Invest to Save (ISB) Project Board to highlight the issues and to identify whether the Board can consider access and information. (The ISB Project is a government initiative for better public services. BME people, Gypsies and Travellers will be more actively engaged in influencing the development and delivery of health and social care services to ensure people are able to access them on a more equitable basis)

6.4 Explore options with the local Older Peoples Forums around their potential role in proactively disseminating information about Adult Social Care.

6.5 Work with the Communications Manager within Adult Social Care to ensure that regular good news press releases are produced.

6.6 East Sussex Local Area Agreement – the delivery of Target 8.1 (better access to information, services and choice in health, social care and related services) in partnership will also promote and improve access/information. In particular through indicator 8.1.1 (provision of tailor made methods to efficiently deliver information and services to different parts of the community in collaboration with partners, including electronic access)

6.7 Work is underway to ensure consistency of service delivery across the Eastbourne District General Hospital and the Conquest Hospital, Hastings through joint line management and other methods.

Melanie Clayton
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August 2006

TOPIC LIST

The aim was to have five or six questions that cover the following areas:

- Myths about Social Services (worst/best)
- Perceptions (good/bad – examples could be time, money, decisions etc)
- Services (knowledge of)
- Staff (experience of)
- Ability to (or knowledge of how to) influence decisions or be involved

1. When someone mentions Social Services what do you think of?

Prompts

- 1a. how have you formed these views? (Read in paper/ personal experience/ second-hand)
- 1b. What is the best thing you have heard about Social Services?
- 1c. What is the worst?
- 1d. Is this particular to East Sussex do you think? (i.e. what is the difference between East Sussex and the rest of the country?)

2. Have you or your friends and family had experience of social services and/or its staff?

Prompts

- 2a. Has anyone they know used home helps, day care, residential care?
- 2b. Have you been in hospital before?
- 2c. What was your experience of being discharged on that occasion?
- 2d. When did this happen?

3. What type of services do you think Social Services is responsible for?

Prompts

- 3a. What does SSD do for adults/children/families?
- 3b. What are the differences between between Health, Housing and Social Services (Benefits/JobCentre Plus)

4. If you were the Director of Social Services for a day, what would your priorities be to improve services?

Prompts

- 4a. How would you want to change things? (cost neutral)
- 4b. What would your top priority be?

5. If you wanted to make some suggestions for improvements to Social Services, do you know how to go about this?

Prompts

- 5a. influencing decisions, complaints, compliments

6. If you need to contact Social Services, do you know how?

7. Would you like us to come back to you with the results of the survey? If so, can you please provide us with a contact address? If not, the results will be published in on the East Sussex County Council website and in the free 'Your County' newspaper

To be Completed by the Interviewer

To which of the following groups does the interviewee belong?

Black or Black British

- Black Caribbean
Black African
Other Black Background

White

- British
Irish
Irish Travellers
Travellers
Gypsy/Romany
Other White Background

Dual Ethnicity

- White & Black Caribbean
White & Black African
White & Asian
Other Dual Background

Asian or Asian British

- Indian
Pakistani
Bangladeshi
Other Asian Background

Chinese

Other Background

Male

Female

Age

Disability?

Where does the interviewee live?

(Town/Village)

Full Postal Address if interviewee would like a copy of the final report:

PROCESS

1. Eastbourne District General Hospital - 22 March, 29 March, and 26 April 2006

Interviewers: Judi Dettmar, Quality & Consultation Manager, Melanie Clayton, Quality and Consultation Officer. Bianca Byrne, Contracts Support Officer assisted on 26 April 2006.

The Discharge Co-ordinator, employed by the Health Trust, identified patients to take part in the survey the day before the interviews were scheduled to take place. Staff from the social work office then visited the patients on the list and asked whether they would be prepared to take part. Patients were given a copy of the Patient Information Sheet and if happy, some signed the consent form at that stage.

One of the problems that arose with this method was that when the interviewers arrived the next day to carry out the survey, some of the patients had already been discharged, felt too unwell to take part, had changed their minds about taking part, were in the middle of physiotherapy/at X-Ray or had visitors and did not want to talk to the interviewers at that time. Because of these issues, the interviewers required three visits to Eastbourne District General Hospital to obtain enough participants to take part in the survey.

2. Conquest Hospital, Hastings - 28 April and 17 May 2006

Interviewers: Judi Dettmar/Melanie Clayton/Bianca Byrne. Steve Haines, Senior Practitioner assisted on 28 April 2006.

At Hastings, Steve Haines personally visited each of the relevant wards once the interviewers had arrived on site. He liaised with the ward sisters to identify potential participants and then spoke to the patients to see if they were happy to take part. If so, he then introduced the patients to the interviewers. He continued to identify other participants once the interviews had started.

At both locations, the interviews were taped and were later transcribed. If the patient did not feel comfortable with the interview being taped, the interviewer asked their permission to take some notes. Common themes from the interviews were extracted.

At the end of every interview, a copy of Better Care, Higher Standards was given to each participant. This was an opportunity to promote and distribute the charter and to help participants find out about services provided by Health, Housing and Adult Social Care.

"When Someone Mentions Social Services What do You Think of?"

- People to look after you
- Caring for people in their homes
- Looking after people who can't look after themselves either money wise or health wise
- The aged
- They mostly are a lifeline - when nothing else happens you can ask Social Services what you can do about things
- How good they are
- Attendance allowance
- Equipment
- Rent and council tax
- Means tested for people who have not looked after their money. Illness, housing and things like that
- Asking people to claim for pensions
- Unemployment
- DHSS, people that can help you out in certain circumstances
- "Lifeline" system
- Big organisation and we think it deals with things that go wrong in the home
- "Snoopers"
- Leaning on someone and asking for help
- Tax credits
- I was brought up to save for myself
- I don't think Social Services are a good thing, although they do a lot of good.
- It's been a good thing
- Helping people when out of hospital, finding accommodation if they need special homes.
- Someone that's on a borderline and can't cope with things.....
- Child Protection

Appendix 6

Best Thing You Have Heard about Social Services (41% did not know/had no comment)

- The health care assistant is marvellous - couldn't be better
- Free housing
- Generous care allowance
- I think what they do for people is wonderful
- Cash payment
- The staff are absolutely charming in Bexhill
- Keep people in their own homes
- Social Services finding a suitable care home for relatives
- That I can get some help to go home - I have my own home and like to be in it
- People working in Social Services seem to want to go that extra mile to help and put themselves out more than one would expect as part of their duty.
- That they come to help people at all
- We have always been copers, so don't know a lot
- Social Services helped my disabled wife a lot - Disability Living Allowance and equipment
- If it is good news, they don't print it because it is not news - it is only bad news if you read it in the papers.
- How good they are
- Wonderful thing - do such a lot free for people

Worst Thing You Have Heard about Social Services (45% responded that they have not heard anything bad. 14% did not know or had no comment)

- Misinformation
- Only what you read the paper
- Vast bureaucracy
- Being taken for a ride by fraudsters/taking money without a worthy cause.
- Moved from pillar to post
- I don't think Social Services has a very good name
- Child abuse - there seems to be a lack of communication between services.
- Nasty reports hit the headlines, but don't usually match the truth.
- In the papers, children being taken into care by mistake on wrong information.
- Children being let down
- Children being abused - Social Services don't seem to get on top of it until it is too late.
- Old people just being left to die who don't get any help.
- Do read and hear a lot about them which probably gives the wrong idea.
- Care homes closing down.
- Slow service initially in terms of contact
- Most people have no idea of what Social Services really do - they think they're there to take their money and spy on them - people feel they are losing control.
- You always hear in the newspapers or television when things have gone wrong...
- Social Services have a very bad name due to stories that get out/bad press - Social Services work in isolation.

"What Type of Services Do You Think Social Services Is Responsible For?"

- Meals on wheels (two participants)
- Day-care
- Helping people who have insufficient income/money
- Housing benefit/expenses
- Victim support
- Free bus service
- People who need assistance who don't know how to get themselves
- Responsible for seeing that people get food
- Help with cleaning (two participants)
- Elderly/disabled
- Help with children
- Housing
- People with a learning disability
- Care in the home (two participants)
- Equipment
- Not letting people get lost through the system. Too many systems to look after people who have severe physical and mental problems
- Disability living allowance
- A vast array of things but perhaps not made plain enough
- Carers allowance
- People whose marriages split up
- Help in the garden
- Disabled and older people
- Anything relating to the home: families, children and how they get onto housing

Adult Social Care

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Appendix 1

March 2006

PATIENT INFORMATION SHEET

The Image and Perception of Social Services from Older People

We are continually trying to improve the services we provide to the people of East Sussex. We would very much like to talk to you as we are really interested in the views you have of the image of Social Services. We are particularly keen to talk to older people in hospital who may need our services, but have not taken them up or made contact with the department. Please can you help us by answering a few questions - this should only take about 20 minutes. The information you provide will help us to improve the way in which social services are designed and delivered.

Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. You will be given a copy of this information sheet and a signed consent form to keep.

Thank you for reading this - your views are important.

Purpose of the study

East Sussex County Council undertook a review which looked at the progress being made by Social Services in improving the way in which its customers were being involved with service development. The review found that there is still, for some older people, a stigma in receiving social services. They therefore recommended a survey to be carried out to find out the part that the 'image and perception' of Social Services plays in the apparent failure to take up services, and act upon its findings. The survey results and actions will be published in the local media. A copy of the results will be sent to all participants and a summary will be on the council's website. At no point will any information be attributable to individuals.

Why have I been chosen?

In the original review the investigators were concerned about the lack of information provided to older people on discharge from hospital. It was agreed that this survey would therefore concentrate on older people in a healthcare setting. We are wanting to talk to people, like yourself, who may need support to remain independent within the community, about their views of Social Services.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive.



INVESTOR IN PEOPLE



What do I have to do?

We are asking you to agree to be interviewed by a member of staff from Social Services, this should take between 20 and 30 minutes. The interview will be taped but no personal details will be recorded. If you do not feel comfortable with the interview being taped, the interviewer can, with your permission, take some notes.

The interviewer will ask you about

- What you think about social services and what you think they provide;
- your experiences of social services and those of your family and/or friends, and
- what your priorities for social services would be.

No comments made will be attributed to you in any report from the research. This is not a test and there are no right or wrong answers, we are simply interested in your perceptions of Social Services. The results from this initial survey will also inform the development of more focused research in this area.

What are the possible benefits of taking part?

The information we get from this study will help us to understand why people fail to take up social services. There are no immediate benefits for individual participants but Social Services will improve in response to the issues raised.

Will my taking part in this study be kept confidential?

If you agree to take part in the research, we will only ask for your name, age, ethnic background and the area where you live. If you would like to hear about the results from this research we will also need your name and address so we can send you a copy of the report. We hope to include quotes from participants in our final report, these will not be attributable to any particular individual and any comments made about individuals will be anonymous.

Who is organising and funding the research?

The research is being carried out by the Adult Social Care Department, East Sussex County Council on behalf of the Adult Social Care Scrutiny Committee (an elected members' forum).

Complaints

If you have any comments or complaints you wish to raise about this particular exercise, please contact Janette Lyman, Complaints Officer (Social Care), County Hall, St Anne's Crescent, Lewes, BN7 1SW (01273) 481156.

Who has reviewed the study?

Brighton & Mid Sussex and East Sussex Local Research Ethics Committee have reviewed the study.

Contact for Further Information

Melanie Clayton, Support Services Manager,
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East Sussex County Council, County Hall, St Anne's Crescent,
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Thank you for taking part in this study

Adult Social Care

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Director of Adult Social Care

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St. Anne's Crescent
Lewes
East Sussex BN7 1SW
Tel: 01273 481000
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Appendix 2

Centre Number:
Patient Identification Number for this trial:

Study Number:

CONSENT FORM

Title of Project: East Sussex County Council Social Services – Image and Perception Survey

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet dated March 2006 for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I understand that the interview will be taped and later transcribed. The tape will then be destroyed

4. I agree to take part in the above study

Name of Patient

Date

Signature

Name of Person taking consent
(if different from researcher)

Date

Signature

Researcher

Date

Signature

1 for patient; 1 for researcher; 1 to be kept with hospital notes

