

A Toolkit for Evaluating the Effectiveness of Information and Advice Provision

1 Introduction

This toolkit was prepared by the Institute of Public Care (IPC) for the South West Association of Directors of Adults Social Services (ADASS), as part of the wider project to support the implementation of the information and advice aspects of the Care Act and the Children and Families Act 'Local offer'.

Consultation with councils has highlighted a need for a robust methodology to evaluate the effectiveness of information and advice services, including ways to evidence its contribution towards the prevention agenda and corresponding impact on the wider care and support system.

2 Context

2.1 What is information and advice?

Information and advice is fundamental to enabling people to take control of, and make well-informed choices about, their care and support and how they fund it.

Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support. There have been numerous pieces of research and previous policy relating to the importance of the information and advice agenda. For example:

"As has been demonstrated time and time again, advice and information is critical to the workings - or failings - of our social care system. Without access to timely advice and information, people:

- don't understand what they are entitled to from the state*
- can't make the best decisions about funding care*
- are unable to choose the best quality care for the situation in which they find themselves."*

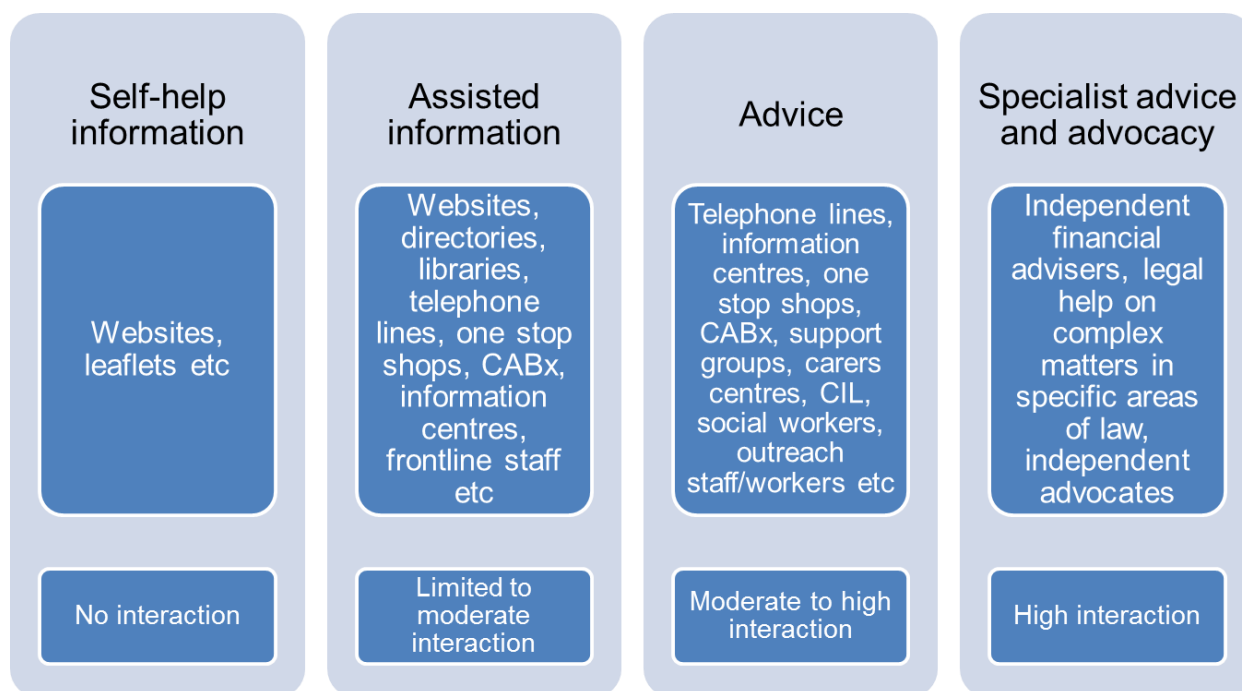
Getting over the Threshold for Advice, Independent Age, 2011¹

The availability and provision of information and advice, whether generic (eg information about the way the local system operates) or specific (eg personal advice for an individual), are essential building blocks to all of the reforms and many of the specific duties the Care Act introduces.

It can be difficult to unpick information, advice and advocacy services, since for many users of care and support, these three types of service provision overlap and are

¹ <http://www.independentage.org/news/getting-over-the-threshold-for-advice/>

inter-related². In order to access the right services and/or information, people may require support from each of these types of services. Also, these services do not always follow a linear progression (such as the person moving from a position of requiring information to advice and then advocacy).



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It may be helpful therefore to consider of a spectrum of information and advice 'activity' with overlaps between the groupings, as suggested in the table above. Four types of activity are identified: self-help information, assisted information, advice, and specialist advice and advocacy, along with examples of common delivery mechanisms for these activities and their likely associated level of interaction between the person needing information and advice and those providing it.

2.2 Lessons to learn

Much evidence exists about issues across the spectrum of information and advice activity. It is an area where practice has not always been consistent in the past and it now has a much greater focus in the Care Act 2014 and in the Children and Families Act 2014. Issues can best be summarised into eight main areas as shown below.

² Information, advice and advocacy for older people, Dunning A, Joseph Rowntree Foundation, 2005

³ Note CABx = Citizen's Advice Bureau, CIL = Centre for Independent Living

8 major problems with the information and advice available to those with social care needs:

1. The social care system is too complex and localised to comprehend.
2. Decisions are typically taken in a crisis.
3. There are problems with the quality and availability of information, advice and referral.
4. The availability and quality of council information services and assessments is patchy.
5. There is a lack of independent support for the assessment process.
6. There is a lack of joined-up advice covering care and housing/benefits options.
7. There is a lack of information about service availability and quality.
8. There is a lack of signposting to financial advice.

Advice and information needs in adult social care, Think Local, Act Personal, 2013

2.3 Information and Advice Requirements of the Care Act and the 'local offer' in the Children and Families Act

The Care Act received royal assent on 14 May 2014. Part 1 of the Act covers 'Care and Support', and part of this includes a requirement for each local authority (either independently, or combined with other authorities) to provide information and advice as follows:

"A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers"⁴

The Care Act guidance⁵ sets out:

- The duty to establish and maintain a service
- Who can provide information and advice
- What information and advice is required. Includes adult safeguarding and complaints, and financial information and advice
- Independent advocacy
- Who needs information and advice
- When information should be provided
- Proportionality
- Accessibility of the service and its content
- The requirement to develop a plan for information and advice services

⁴ Care Act 2014: DoH, 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

⁵ Care and Support Statutory Guidance, issued under the Care Act, June 2014, Department of Health

In addition, the Children and Families Act regulations⁶ set out the requirements for a 'local offer'.

Both sets of legislation bring a focus to information and advice and its role in the prevention agenda. Together with the lessons to learn, understanding the impact and quality of this provision locally is therefore an important activity.

3 The Toolkit

This toolkit is aimed at local authority commissioners, and offers a series of steps to take to evaluate information and advice services as follows:

- Step 1: Considerations before starting out
- Step 2: Set a focus for the evaluation
- Step 3: Collect customer contact details
- Step 4: Collect data:
 - Surveys / questionnaires
 - Focus groups
 - Case studies
 - Usability tests
 - Mystery shopper
- Step 5: Analyse the data
- Tools and resources

4 Step 1: Considerations before starting out

Being able to demonstrate the effectiveness of information and advice services (whether commissioned externally or provided in house) is important, including to a] ensure customers have a positive, person-centred, experience; b] to assess the impact of the service on the wider care system; and c] to justify the expenditure on this type of service. However, it is recognised that any evaluation of information and advice services will have inherent challenges, eg:

- **Do we know what “good” looks like?**
In order to be able to demonstrate that we are doing well and making a difference, we need to have clear, reasonable and agreed objectives which describe what we are seeking to achieve.
- **Can we “see” peoples’ experience?**
People will obtain information and advice in a number of ways, eg via the internet, printed material, telephone and face to face. We need to understand whether their experience of the service was satisfactory and met our objectives.
- **Do we know what people then do as a result of our service?**
We may not normally maintain contact with people who have received information and/or advice. But we need to understand what occurred as a result

⁶ Special Educational Needs (Local Offer) (England) Regulations 2014

of the provision of this service, and whether or not it made a tangible and beneficial difference to the person's situation.

- **Do we know what might have happened had the service had not been provided?**

It may be hard to predict accurately what would have happened had the service not been provided nor the ensuing action taken. However, having some of this type of information can be useful as part of an evaluation.

- **Can we be sure that any changes we can see are attributable to the service provided?**

It may be difficult to demonstrate conclusively that any changes/ trends across the wider care and support system are directly attributable to the service. Having a clear focus for the evaluation will help.

4.1 Resources

In addition to the above, any evaluation has to be achievable within the resources available to undertake it. There needs to be sufficient resources to see the process through from start to finish within a reasonable timeframe including : design, collect, collate, analyse, report on, present and publicise the evaluation to stakeholders, including sharing results with participants and service users.

In seeking rigour, credibility and balance in the development of an evaluation methodology, it may be tempting to develop an exhaustive and comprehensive set of information. However the collection, organisation, analysis and presentation of data requires significant investment of time. A comprehensive evaluation methodology may appear robust, but will not support helpful conclusions if the capacity is not available to implement it. Consequently an evaluation methodology should be focussed on key questions, proportionate to the strategic significance of the project and realistic in terms of its delivery.

4.2 Timing

The timing of the evaluation, and the delivery of its results, will need to take into consideration the following:

- Planned changes to the service
- Staff training
- Local initiatives
- Contract renewal

4.3 Governance

All methodologies referred to in this toolkit should be conducted within the framework of existing local arrangements for governance and confidentiality.

5 Step 2: Set a focus for the evaluation

The evaluation should attempt to answer the following questions:

- **How good are we at making information and advice available?** - We need to establish that our processes for delivering information and advice work well and ensure a positive experience for service users.
- **Did the provision of information and advice make a difference?** - We need to establish that the provision of information delivers improved outcomes for service users, helps to reduce or delay demand for care and support services, and is cost effective for the organisations that commission and/or provide it.

In order to evaluate how successful a service or initiative is, we need to understand what we are trying to achieve. To provide focus, the evaluation exercise will need to 'test' one or more objectives (or hypotheses) for the service.

Examples of objectives might be:

- To increase the take up of a particular benefit
- To reduce the number of self funders entering residential care too early
- To reduce the number of self funders reaching the care cap

Examples of hypotheses might be:

- There are insufficient callers to the service than expected from particular communities
- Signposting in some circumstances leads to 'dead ends' for callers
- Information is difficult to find on the council website.

Further examples of service objectives are provided as Appendix 1.

6 Step 3: Collect customer contact details

6.1 Obtain contact details

Details of information and advice service users may not be routinely collected by call centres, third party services etc nor through use of websites. It will therefore be necessary to identify ways of offering people the opportunity to contribute to the evaluation, eg:

- Ask visitors to complete a "pop up" online form on the Council or service website.
- Arrange for frontline contact staff to ask people if they wish to take part and provide a way for contact details to be recorded.
- A request sent via email or mail to those known to services.

The number of volunteers/responses needed will depend on the type of evaluation activity being conducted – see section below for details.

Details of contacts made with individuals regarding evaluation activities should be recorded to avoid duplication / unplanned repeat requests.

7 Step 4: Undertake the evaluation

This section describes a range of methodologies which can be used to undertake the evaluation, together with the advantages of each and considerations to take into account.

Resources available for the evaluation overall will dictate how many of which types of activity can be conducted and how much data can be collected; an effective evaluation will require:

- A balance of qualitative (free text) and quantitative (numerical scoring) data:
 - **Quantitative indicators** are seen as objective and verifiable, for example, the number of calls received by an advice service. Quantitative indicators deal with outputs, are easier to define and to look for.
 - **Qualitative indicators** are seen as subjective; they probe the “whys” of situations and the contexts of people’s decisions, actions and perceptions. They focus on people’s own experiences.
- Sufficiently representative sample sizes where applicable – see sub-sections below for indications of these.

7.1 Usability testing

This is a technique used to evaluate a website by testing it out with users.

Methodology

- Usability testing is conducted on a one to one basis
- Allow half an hour per test
- Three tests will normally be sufficient to provide results
- Volunteers need to be carefully selected. Best results are achieved from those who have not visited the website before, and have no prior understanding of the care and support system.
- The volunteer is presented with a screen to start from eg the search engine screen (eg www.google.com) and given a scenario eg “you have a parent aged 85 living within the local authority area who is becoming increasingly frail, living in a house which needs some repairs and is becoming increasingly lonely and a bit forgetful.”
- The volunteer then narrates out loud their search for information, voicing all of their decision-making thought processes, whilst the facilitator takes notes.

Advantages

- It gives direct input on how real users use the system.

- It is a relatively quick and simple way to highlight website issues eg:
 - The website (or set of web pages) itself is difficult to find, either via Google or the Council website.
 - Within the site it is not clear for the user where they are.
 - Menu options are poorly named – the resulting content does not match the user’s expectations.
 - The content is meaningless or uses jargon which the visitor does not understand.
 - Content is arranged from a council or service perspective, not a visitor perspective.
 - It is not clear what features and functions are available.
 - Content is out of date.
 - There are ‘dead ends’ where the user is unsure what needs to happen next.
 - It is not clear how to give feedback or make contact with the service.

Considerations

- The facilitator must have a good understanding of what a usable website looks and functions like.
- You’ll need a quiet space and a computer with unrestricted web access (eg to play videos).
- Arranging for usability issues to be rectified can be problematic, particularly if the pages are part of the wider council website and amendments would affect the overall design.
- New volunteers are needed each time testing takes place.

7.2 Surveys and Questionnaires

Surveys or questionnaires offer a relatively simple and straightforward approach to finding out about individuals’ experience and also their perception of the impact of the service provided.

Methodology

A variety of approaches are available:

- ‘Pop-up’ website surveys
- Online surveys can be run using free/low cost software such as Survey Monkey www.surveymonkey.com
- Postal surveys. Research⁷ has shown that the following characteristics encourage higher response rates:
 - Using brown envelopes (as opposed to white)
 - Recorded delivery
 - Shorter rather than longer forms
 - Offering monetary incentives

⁷ Source: Increasing response rates to postal questionnaires: systematic review, BMJ 2002;324:1183

- Providing interesting questionnaires

Obtaining sufficiently representative sample sizes will support the robustness of the evidence. See appendix 2 for a table which details sample sizes required for different size populations. For example if a service has received telephone calls from 1000 people, then feedback from 286 of those callers would provide a sufficiently representative sample size to collect.

Advantages

- Can be designed in such a way as to provide both quantitative and qualitative data
- Can be made available to all (or a large number) of recipients of the service and therefore can offer statistical credibility.
- A way to reach large numbers of people.
- Can be used to assess people's experience of using the service.
- Questionnaires can be constructed in such a way as to give numerical "scores" to a service user's experience, facilitating quantitative analysis.
- Can be used to assess whether people feel that the provision of information and advice supported them to make decisions and/or take action which produced positive outcomes.
- Free text sections can provide material for illustrative purposes.
- They can be used to identify individuals who would be prepared to participate in more in depth interviews and/or focus groups.

Considerations

- Responses can be affected by the characteristics of the respondent, their level of buy-in to the issues raised, their memory, or indeed in the case of care needs, their capacity to respond.
- Postal surveys may elicit a low response rate, especially if they are not particularly well targeted, publicised or clearly described.
- Participants may not understand specific questions, or not answer them seriously and the researcher may not pick up on this. Testing out the questions with people outside of the sector beforehand will help avoid this issue.

For questionnaires and surveys, in order to obtain a sufficiently representative sample of service users, it will be first be necessary to know the number of visitors or callers overall.

A Service User Questionnaire Template is available as Appendix 3.

7.3 Focus Groups

Focus groups share many common features with interviews, but there is more to them than merely collecting similar data from many participants at once.

Methodology

- A framework of questions is prepared beforehand.
- It may help the facilitator to have someone to take notes.
- Participants will need to be briefed beforehand about:
 - What the focus group seeks to achieve
 - How the group will be run
 - What contribution will be expected
 - How the disclosure of personal information and confidentiality will be handled.
- A record of key points from the meeting should be kept and circulated to focus group attendees
- Transport should be provided.

A variety of guidance exists on running effective focus groups, such as:

<http://www.rowan.edu/colleges/chss/facultystaff/focusgrouptoolkit.pdf>

Advantages

- Focus groups generate information on collective views, and the meanings that lie behind those views.
- They are also useful in generating a rich understanding of participants' experiences and beliefs.
- An open and collective discussion can be creative and add new insight to service design. Groups of service users (and other stakeholders) may be helpful in finding solutions to identified issues and problems.

Considerations

- The individual/s running the focus group will have to be suitably knowledgeable about the information and advice service and have an awareness of the issues that are being considered in the group meeting
- The individual/s running the group will need to be suitable trained and experienced at facilitating groups, especially where individuals may need to discuss personal and sensitive information.

7.4 Interviews

Interviews can be used to explore the views, experiences, beliefs and motivations of individual participants.

Methodology

- Interviews can be conducted one to one or with couples.

- Each should last no more than 45 minutes.
- Draw up a framework of questions beforehand.
- Can be undertaken on the telephone or in person.
- Could use 'peer interviewers' – for example if there is an older peoples' user group who might like to get involved.

Advantages

- Detailed insight to specific issues can be developed
- Potential solutions to identified problems can be explored
- Individuals can be encouraged and supported to reflect on the effect the provision of information and advice had on their decisions and actions
- Individuals can be encouraged and supported to explore what might have happened had the information and advice not been available.
- They can provide information that can be presented as a Case Study.

Considerations

- Interviewees may have sensitive personal issues/circumstances and interviewers will need to be suitably trained to deal with these appropriately
- Interviewees should be informed clearly about the purpose of the evaluation survey and should be made aware of how the information will be held, used and publicised. If their circumstances or "story" is to be used for illustrative purposes, even if anonymised, written permission should be sought.

A Service User Interview Template is at Appendix 4.

7.5 Case Studies

This is a research method involving an up-close, in-depth, and detailed examination of a subject of study (the case), as well as its related contextual conditions.

Methodology

A case study can be drawn up following a one to one interview.

Advantages

- Case studies can be used to illustrate the role of information and advice as part of the overall customer journey, showing issues, problems or benefits for a particular type of person/set of circumstances.
- Case studies can be particularly powerful when presented as tangible human stories to show the value of the information and advice service, and the difference it can make.

Considerations

- As identified above, anyone who's "story" is being recorded for an illustrative case study must be fully briefed about the future use and distribution of the case study and written permission to use the information should be secured.
- Case studies should be anonymised so that the individual cannot be recognised from the content.

A Case Study Template is provided at Appendix 5.

7.6 Mystery Shopper

'Mystery shopper' is a tool used to measure the quality of a service, or to gather specific information about services.

Methodology

- The mystery consumer's specific identity and purpose is generally not known by the services being evaluated.
- Mystery shoppers perform specific tasks such as seeking a service, asking questions, registering complaints or behaving in a certain way, and then provide detailed reports or feedback about their experiences.

A variety of guidance exists on approaches to mystery shopping, such as:

http://www.esomar.org/uploads/public/knowledge-and-standards/codes-and-guidelines/ESOMAR_Codes-and-Guidelines_MysteryShopping.pdf

Advantages

- Service users, especially those who have agreed to take part in an evaluation, may be reluctant to appear critical. A mystery shopper exercise can provide an impartial, clear and authentic picture of the kind of response being offered by information and advice providers.
- It is especially suitable to assess issues such as information and advice staff approach, manner and customer focus.
- Useful as an approach to test specific concerns.
- Staff or volunteer service users may undertake mystery shopping exercises.

Considerations

- Mystery shopping and conclusions that may be drawn from such exercises may be experienced by staff as "underhand". Staff should be fully briefed about the possibility and engaged constructively in assessing the key messages coming from such an exercise.
- Mystery shoppers should be suitably trained and their approach discussed and agreed before any exercise is undertaken.

7.7 Desk research

Desk research should play a key part in the evaluation particularly around establishing the impact of the service. Some relevant data may already be available for the evaluation and this would need to be established early on.

Methodology

- Identify potential information sources. Identifying stakeholders may help with this task. Examples include:
 - National research. A list of research and key resources in the area of information and advice can be found at appendix 6.
 - Website visitor statistics
 - Telephone call statistics
 - Statistics re visitors arriving in person
 - Complaints
 - Previous service user consultations
 - Social care activity data
 - GP and emergency services data
 - DWP Tabulation tool for benefits data

In the context of the information and advice service, it is expected that specified datasets would be compared over time to assess the likely impact of the service on the requirement for other services and/or other indicators of health and wellbeing.

Measures of increase or decrease in service uptake or use can be linked to budgetary information to evidence estimated costs and savings associated with the implementation of an information and advice service.

Advantages

- Can be used to obtain a picture of the wider care system and the impact of the provision of information and advice.
- There may be data already collected which can be made use of.

Considerations

- There is a risk that the research task may become too wide; ensure that the focus of the evaluation in terms of objectives/hypotheses (as outlined above) is retained.
- Trends over time (to demonstrate impact/improvements) will be needed.
- Indicators can be identified but the causal relationship between service provision and impact complex and could be influenced by a number of factors. For example, a good information and advice service should make older citizens aware of the availability and potential benefits of independent financial advice. We might expect to see uptake of financial products increase over time as a result. However a parallel promotion exercise, or a change in societal attitudes may be taking place and therefore it may not always be possible to attribute service provision directly to impact.

The extent to which quantitative information is reliable and attributable to the information and advice service may be hard to establish. However taken together with illustrative qualitative information and, importantly with accurate and honest caveats made, it is an important component of the evaluation.

Example quantitative indicators are provided at Appendix 7.

8 Tools and resources

The resources supplied in this toolkit can be used in different combinations and/or supplemented/adapted to evaluate specific objectives or hypotheses which are developed locally.

- Appendix 1 – Example Service Objectives
- Appendix 2 – Sampling Tables
- Appendix 3 – Service User Questionnaire Template
- Appendix 4 – Service User Interview Template
- Appendix 5 – Case Study Template
- Appendix 6 – Research and key resources for information and advice
- Appendix 7 – Example Quantitative Indicators

9 Appendix 1: Example Service Objectives

9.1 Service Provision Objectives

Example service provision objectives:

- It is easy for citizens to find out where to go to get information
- It is easy for citizens to find information for themselves
- A comprehensive range of up to date information is available
- Information and advice is clear and easy to follow
- Citizens' experience of seeking information and advice is a positive one
- We respond to requests for information and advice quickly
- We guide citizens to the most appropriate information
- We signpost citizens to appropriate sources of support where appropriate
- We will check to make sure the issue is resolved

9.2 Service Impact Objectives

Example service impact objectives:

- Citizens live healthier lives
- Citizens improve and maintain the quality of their housing
- Citizens avoid poverty
- Citizens avoid loneliness and social isolation
- Citizens resolve problems quickly avoiding the need for emergency unplanned care
- Citizens can avoid the need for specialist and long term care and support
- Citizens who provide care for others can be supported in this role
- Citizens make best use of their personal finances to pay for care and support

10 Appendix 2: Sampling tables⁸

A sample size calculator is available at:

<http://www.nss.gov.au/nss/home.nsf/pages/Sample+size+calculator?OpenDocument>

Table 1. Sample size for $\pm 3\%$, $\pm 5\%$, $\pm 7\%$ and $\pm 10\%$ Precision Levels Where Confidence Level is 95% and $P=.5$.

Size of Population	Sample Size (n) for Precision (e) of:			
	$\pm 3\%$	$\pm 5\%$	$\pm 7\%$	$\pm 10\%$
500	a	222	145	83
600	a	240	152	86
700	a	255	158	88
800	a	267	163	89
900	a	277	166	90
1,000	a	286	169	91
2,000	714	333	185	95
3,000	811	353	191	97
4,000	870	364	194	98
5,000	909	370	196	98
6,000	938	375	197	98
7,000	959	378	198	99
8,000	976	381	199	99
9,000	989	383	200	99
10,000	1,000	385	200	99
15,000	1,034	390	201	99
20,000	1,053	392	204	100
25,000	1,064	394	204	100
50,000	1,087	397	204	100
100,000	1,099	398	204	100
>100,000	1,111	400	204	100

a = Assumption of normal population is poor (Yamane, 1967). The entire population should be sampled.

⁸ Source: <http://edis.ifas.ufl.edu>. Institute of Food and Agricultural Sciences (IFAS), University of Florida, Gainesville 32611

Table 2. Sample size for $\pm 5\%$, $\pm 7\%$ and $\pm 10\%$ Precision Levels Where Confidence Level is 95% and $P=.5$.

Size of Population	Sample Size (n) for Precision (e) of:		
	$\pm 5\%$	$\pm 7\%$	$\pm 10\%$
100	81	67	51
125	96	78	56
150	110	86	61
175	122	94	64
200	134	101	67
225	144	107	70
250	154	112	72
275	163	117	74
300	172	121	76
325	180	125	77
350	187	129	78
375	194	132	80
400	201	135	81
425	207	138	82
450	212	140	82

11 Appendix 3: Service User Questionnaire Template

Ourplace Information and Advice Service Survey

Ourplace Council has a legal duty to make sure our local residents can get good information and advice about:

- The local care and support system and how it operates;
- The types of care and support available;
- The choice of providers;
- How to access care and support;
- How to access independent financial advice
- How to raise concerns about yourself or others.

We want to evaluate how well our current arrangements work. To help us with this, please tell us about your experience of using the service.

About the Questionnaire

We will ask you for some information about yourself. This is to help us understand the range of people that use our information and advice service and the kinds of

circumstances that led you to need it. All the information you give us will be kept confidential.

Some parts of the questionnaire will ask you to what extent you agree or disagree with certain statements. This helps us to analyse and report yours and other people's experience.

In other parts of the questionnaire, we've left space for you to tell us about your experience of the service in your own words.

Please be very honest. If your experience has been good and if the service has helped you, of course we'd be pleased to hear that. However, if your experience has been less satisfactory, it's important for us to find out about that so that we can try and improve.

In your own words:

1. Describe briefly how the provision of information and advice helped you
2. Has anything changed in your life as a result of receiving information and advice?
3. What would have happened if you had not been able to get the information and advice that was provided?

Were we helpful? Please tick one box for each statement

Finding information	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
It was easy for me to find out where to go to get information						
It was easy for me to find information on your website						

Finding information	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
It was easy for me to get information over the phone						
It was easy for me to find information at [customer service point]						
A comprehensive range of up to date information is available						
Information and advice is clear and easy for me to follow						

Our staff	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Staff are helpful and friendly						
Staff have a “can-do” attitude						
My request for information and advice was met with a quick response						
The person I spoke to was sensitive and understood what led me to make contact						
I was helped to find the most appropriate information						
I was directed towards other sources of support						
If you were directed towards another organisation, was this the right thing to do?						
Someone contacted me to make sure my issues had been resolved						

Did we make a difference? Please tick one box for each statement

Question	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
The information and advice provided answered my queries						
The information and advice given informed my subsequent decisions and actions						

The information and advice given helped me to (tick all that apply):

- Make contact with other services which provided me with support (if so please give details)
- Access education
- Find information about healthy living
- Access welfare benefits
- Sort out problems with my home
- Access legal advice
- Access independent financial advice
- Try a new social activity
- Make new friends

Have you any suggestions about how we could improve the information and advice service?

About you

1. Are you: **Male** **Female**

2. How old are you?

Under 65 **65-74** **75-84** **85 or older**

3. Do you provide a significant amount of unpaid care on a regular basis for a member of your family or a friend?

Please tick appropriate box

Yes

No

4. Do you live? Please tick appropriate box

Alone	
With partner/spouse	
With friend or family	
Other	

5. Which of the following best describes your ethnic origin?

Please tick appropriate box

White	
Asian or Asian British	
Black or Black British	
Mixed Ethnicity	
Chinese or Other Ethnic Group	

Please return in the FREEPOST envelope as soon as possible. If you have completed this questionnaire on a computer, please email it to us at officer@Ourplace.gov.uk.

Many thanks for your help.

12 Appendix 4: Service User Interview Template

Introduction

My name is and I work for Ourplace Council. We're doing some work to look at the way we provide information and advice services.

I understand you've used that service quite recently and then agreed to complete a questionnaire about your experience, and that you'd be available for a follow up telephone conversation.

Is that correct?

The conversation should take about 15 – 20 minutes. Is now a convenient time to have that conversation? (...or would you like me to call you back another time?)

Thanks

Before we start, I'd like to reassure you that any information you give me is confidential and won't be attributed to you by name. If there is anything specific that you don't want us to record or report to anyone, I'll respect that – just tell me.

It would be helpful for us sometimes to use quotes from people in our reports, and sometimes even case studies. These will always be anonymised.

Would you be prepared to let us quote you in reports?

Yes

No

Would you be prepared to let us describe your circumstances and the way the information and advice service was able to help in a case study?

Yes

No

The Interview

- Use the spaces to record the key points from the interviewee's answers. If the interviewee has confirmed their willingness to be quoted, note particularly useful quotes. Read the quotes back to the interviewee.

- Feel free to ask supplementary questions. If necessary record these and the key points from the response.

Please could you tell us a little bit about the circumstances that led you to seek information and/or advice from Ourplace Council?

**What sort of things did you feel you needed information and advice about?
Please could you tell me a bit about how you went about finding that information and/or advice.**

How did you end up coming to Ourplace Council to get that information?

Did you speak to any of our staff?
■ Did you find them to be helpful?

Did you use our website?
■ Was it easy to work your way around?
■ Did everything work (links etc)

Did the information and advice service answer all the questions you had?

What happened afterwards?

What do you think might have happened had you not been able to get the information and advice we gave you?

What aspects (if any) of the information and advice service worked particularly well?

**What aspects of our information and advice service do you think could be improved?
Have you any suggestions about how we could make those improvements?**

That's the end of my list of questions. Is there anything else you'd like to ask me, or tell me about the service you received?

Thank you very much for all that feedback. It's been really useful.

Before I go, please could I just confirm that you are/are not happy for me to quote from this conversation in any reports that we makeand that we may use the scenario you described as a case study. In all cases we won't use your name.

Lastly, you've made some really helpful observations. In the future, we may arrange for a "focus group". This will be a small group of no more than 10 people which we would organise to discuss aspects of our service in more detail. We would pay for, or arrange your transport to the meeting.

Would you be prepared to take part in a group like that if we were to organise one?

Thanks one again for your contribution, it has been really helpful to our analysis.

13 Appendix 5: Case Study Template

The following overall structure is suggested for the content of case studies:

- **Background**
 - Brief description of the subject of the case study (eg age/gender/home circumstances)
- **Issues**
 - Changing circumstances that led to the need to access the information and advice service
 - What precipitated the request for information?
- **Service received**
 - What happened? How did the individual seek information?
 - What information and advice was provided, in what format?
- **After the service was received**
 - What actions did the individual take that were directly prompted by the provision of information and advice?
 - Was a referral made to another group/organisation?
 - What happened next? What happens now?
- **What might have happened (if relevant)**
 - What might have happened had the information/advice not been provided?
 - How might the individual's needs escalated?
 - What services might have been required had the information/advice not been provided and the resolution achieved?
- **What is the longer term impact of having received the service?**
 - What improvements have been seen?
 - Longer term benefits

14 Appendix 6: Research and key resources for information and advice

Age UK (2013) Information and advice for older people: Evidence Review.
<http://www.ageuk.org.uk/professional-resources-home/services-and-practice/information-and-advice/>

BCD Care Associates (2011) Research Report Number 1 'At the click of a mouse' Searching council websites for information about residential care for older people.
<http://www.bcdcareassociates.org/wp-content/uploads/2012/05/FINAL-At-the-click-of-a-mouse-1.pdf>

Simon Bottery and James Holloway (2013) Advice and information needs in adult social care. Think Local Act Personal.

<http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9553>

David Boyle (2013) The Barriers to Choice Review: How are people using choice in public services? Cabinet Office. <https://www.gov.uk/government/publications/barriers-to-choice-public-services-review>

Anna Dixon, et al (2010) Choosing a high-quality hospital: the role of nudges, scorecard design and information. The Kings Fund

<http://www.kingsfund.org.uk/publications/choosing-high-quality-hospital>

Melanie Henwood and Bob Hudson (2008) Lost to the System? The Impact of Fair Access to Care. Commissioning for Social Care Inspection.

<http://www.melaniehenwood.com/perch/resources/cscifacslottothesystem.pdf>

Melanie Henwood and Bob Hudson (2009) People who fund their own care and support: A review of the literature and research into the existing provision of information and advice. Putting People First.

<http://www.thinklocalactpersonal.org.uk/Browse/Self-funders/?parent=8609&child=8104>

Melanie Henwood and the Institute of Public Care (2011) People who pay for care: An analysis of self-funders in the social care market. Putting People First.

<http://ipc.brookes.ac.uk/publications/index.php?absid=646>

Institute and Faculty of Actuaries (2014) How pensions can help consumer needs under the new social care regime <http://www.actuaries.org.uk/research-and-resources/documents/how-pensions-can-meet-consumer-needs-under-new-social-care-regime-f>

Local Government Association (2014) LGA Adult Social Care Efficiency Programme: The final report. http://www.local.gov.uk/web/guest/productivity/-/journal_content/56/10180/3371097/ARTICLE

Lorna Easterbrook (2011) Getting over the threshold for advice: Issues arising from the Care Quality Commission's unpublished review of English social services' response to people's 'first contact' for information, advice, help or support. Independent Age.

http://www.independentage.org/media/172750/getting_over_the_threshold_for_advice_1312111.pdf

Social Care Institute for Excellence Guide 33 (2013) Fair Access to Care Services (FACS): prioritising eligibility for care and support.

<http://www.scie.org.uk/publications/guides/guide33/>

Think Local Act Personal (2013) Making it Real for Carers.

<http://www.thinklocalactpersonal.org.uk/BCC/Latest/resourceOverview/?cid=9483>

Think Local Act Personal (2013) Principles for the provision of information and advice. <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9554>

Think Local Act Personal *Information, advice and brokerage* Available at <http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/> (no date) (Accessed: 16 July 2014).

Think Local Act Personal *Information and advice strategies* Available at <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=8052> (20/01/2011) Accessed: 16 July 2014).

Cathie Williams, et al (2009) Transforming adult social care: access to information, advice and advocacy. Improvement and Development Agency.
http://www.local.gov.uk/web/quest/home/-/journal_content/56/10180/3510975/ARTICLE

Karen Windle, et al (2010) Measuring the outcomes of information and advice services: final report. Personal Social Services Research Unit.
<http://www.pssru.ac.uk/archive/pdf/dp2713.pdf>

15 Appendix 7: Example Quantitative Indicators

- Website visitor statistics including: numbers of visitors; location of visitors; bounce rates; length of stay
- Telephone call statistics including: numbers of calls, call waiting times, hangups, and calls received which are not relevant to the service
- Statistics for visitors arriving in person: numbers, waiting times
- Signposting – numbers signposted to which organisations, eg:
 - Community groups (by type)
 - Carers support groups / services
 - Housing related support services
 - Equipment / Adaptations
 - GP
 - Falls prevention schemes
 - Adult education programmes
 - Volunteering
- Numbers referred to statutory services
- Complaints
- Numbers of initial contacts and assessments in social care including with carers
- Number of admissions to residential care including those who self-fund
- Numbers of GP visits; requests for a social care assessment; numbers of emergency calls eg to the fire service (as indicators of social isolation)
- Benefit take up including:
 - Pension credit
 - Accessing free bus travel
 - Free prescriptions
 - Winter fuel payment
 - Carers allowance
- Uptake of community services