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## Effective Communication with the Physically Impaired


An Interactive Qualifying Project Report  
submitted to the Faculty of  
Worcester Polytechnic Institute  
in partial fulfilment of the requirements for the

Degree of Bachelor of Science

by

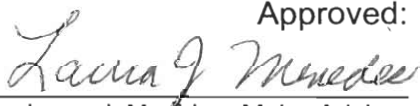
  
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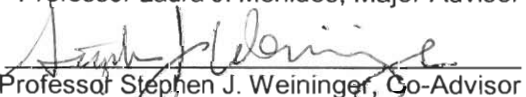
  
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## Abstract

The London Borough of Merton seeks to establish a constant dialogue with its physically impaired residents, especially its younger adults. This project, conducted for the adult division of the Housing and Social Services Department, examined the opinions of registered physically impaired individuals between the ages of fourteen and fifty-five. Data were primarily collected through a mail survey, which was followed up with telephone conversations with volunteer respondents. Case studies and interviews with Merton Council personnel and voluntary organisations supplied additional information regarding the current situation in the borough. Evolving technology will enhance communication; therefore, we investigated different ways to address communication gaps, for example, by making computers more widely available. The findings of this study addressed several communication gaps and offered recommendations for possible solutions in four categories: information distribution, communication with voluntary organisations, technology, and follow-up studies.

## Executive Summary

Communication gaps are a serious problem facing society today. Gaps between local government authorities and the community have the potential to hinder the development and establishment of service programmes that adequately fit the needs of the public. In this context, communication can be considered as both the distribution of information and the receiving of input concerning services. This project identified several communication gaps between a local London authority and its physically impaired residents. The gaps may exist because residents who are in need of services are not fully aware of the eligibility criteria and benefits regarding available services.

The London Borough of Merton Housing and Social Services Department is very concerned with the communication gaps that exist between the government and the local physically impaired population. This project was conducted with the Social Services for Adults division of the Merton Council in the spring of 2002. In the report, the team identified and described possible reasons for communication gaps and their potential solutions.

Several data collection methods were utilised in this project to identify communication gaps and their origins. We administered mail surveys as the primary source for data collection. These surveys were sent to all individuals between the ages of fourteen and fifty-five with a registered physical impairment in the Borough of Merton. The survey mainly examined the respondent's opinion on the adequacy of current services and distribution of information about services. Also, the survey collected ways in which the respondent would like to receive information in the future and suggestions for new services. The project team expanded upon information gathered by the mail survey through follow-up telephone conversations conducted by the team members. Respondents that volunteered for a follow-up conversation were asked questions about current services, information distribution and general community issues.

Information gathered from the mail survey and follow-up telephone conversations were supplemented by interviews with personnel that interact with the target population. We spoke with members of the Merton Council and representatives from Merton's three voluntary organisations geared towards the physically impaired. These interviews primarily provided information regarding the infrastructure of the

Merton Council and voluntary organisations. The team also explored possible reasons for communication gaps during these interviews. Furthermore, interviewees provided suggestions for solutions to the communication problems facing the Borough of Merton, such as creating a newsletter. Additionally, the team performed case studies examining models of good practice and found solutions for similar communication issues in other London boroughs.

As a result of our research, we have identified four major communication gaps. The main gap exists between Social Services and the younger physically impaired population. A likely cause for this gap is the loss of communication between Social Services and secondary school students. The younger physically impaired population does not have much contact with Social Services between the time they leave school and retirement. This may simply be because they are not in need of services during their working years or that more people acquire physical impairment at later ages.

A second gap we identified deals with departmental communication. Social Services experiences difficulties exchanging information with other departments. Merton Council personnel experience communication barriers such as unanswered faxes and unreturned telephone calls when contacting other departments. Additional gaps exist within the department. For example, the occupational therapists are not knowledgeable of other services provided by the department and therefore must refer clients to a social worker.

Third, communication gaps exist between voluntary organisations and Social Services. Interaction between these two groups is usually limited to funding and referrals. Social workers refer clients in need of a specific service to the organisations. For example, an individual in need of transport assistance would be referred to the Merton Association for Disabled Persons, which provides an extensive transport service. The gap lies in the amount of information regarding services that Social Services provides to the organisations. Merton's voluntary organisations have efficient communication with their members. If provided with the appropriate information, voluntary organisations would be willing to keep members informed of changes to services.

Finally, we identified a communication gap within the Welfare to Work agenda. This is a fairly new programme that involves several departments. The agenda has three elements: job training, placement and support; however, these sections of the agenda are not thoroughly interconnected. An individual seeking

assistance from this service must initiate contact with a new section of the Employment Service at the start of each step of the programme. This requirement may prevent prospective employees from benefiting from the agenda.

We also came to several conclusions based on the data collected from the mail survey and follow-up telephone conversations. First, the only relevant correlation between response and demographics was age range. It is significant that we did not find any correlation involving language or length of residence in Merton. The lack of variation in these fields indicates that information may not be reaching non-English speakers or new residents in the Borough. Respondents currently receive information concerning services from social workers, general practitioner surgeries or friends and family. These methods of information distribution would be problematic to new residents.

Second, we found that approximately half the respondents feel that Social Services provides adequate services. Concessionary travel was the most popular service being used by respondents. This correlates with the finding from the follow-up telephone conversations that physically impaired residents are actively involved in the community. A majority of respondents expressed a desire to see better road and pavement conditions for daily travel. Respondents would also like to see services to aid in day-to-day activities such as shopping and gardening. Finally, we found that the majority of unemployed respondents would like to find employment. Of the respondents that wanted further job training, a considerable majority wanted classes to improve computer and Internet skills.

Our research has resulted in a series of recommendations aimed towards improving communication. These recommendations are in the areas of information distribution, communication with voluntary organisations, technology and follow-up studies. A brief outline of these recommendations is listed below:

#### **Information Distribution**

- Educate other departments about services
- Distribute a community newsletter
- Conduct discussion sessions with the target population
- Create an information booklet
- Increase information distribution in other formats

#### **Communication with Voluntary Organisations**

- Co-ordinate information distribution efforts
- Improve referral system
- Create small, collaborative projects

### **Technology**

- Update the client database fields and records
- Enhance the website
- Offer computer training programmes

### **Follow-up Studies**

- Determine what happens to clients after they leave school
- Expand transition planning
- Conduct similar study for ethnic minorities
- Determine why services are not being used
- Create a video about services

Research still needs to be conducted on the communication issue in Merton. Due to time constraints we were not able to fully investigate all of the issues that came up in our research. We hope that further exploration into identifying and solving the problem of communication gaps will assist the Housing and Social Services Department in improving their services for the physically impaired. An initial step Social Services can take to address this issue could be to advertise their services to a larger population, in a manner that clearly identifies the service provider, eligibility guidelines and benefits.

In order for the physically impaired residents of Merton to benefit from the social services offered, communication is vital. Without adequate exchange, young adults with physical impairments may remain unaware of current and future services. Our project identified and described possible solutions to several communication gaps facing Social Services. The study also integrated aspects of technology with important social issues in establishing recommendations, such as forms of alternate communication, technical training and database management. Overall, Social Services would like to ensure that people with physical impairment are fully aware of available services and benefits so that these individuals can lead an active and full life.

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# Table of Contents

|                                                                                  |            |
|----------------------------------------------------------------------------------|------------|
| <b>ABSTRACT .....</b>                                                            | <b>I</b>   |
| <b>EXECUTIVE SUMMARY .....</b>                                                   | <b>II</b>  |
| <b>ACKNOWLEDGEMENTS .....</b>                                                    | <b>VI</b>  |
| <b>TABLE OF CONTENTS .....</b>                                                   | <b>VII</b> |
| <b>TABLE OF FIGURES .....</b>                                                    | <b>IX</b>  |
| <b>TABLE OF TABLES .....</b>                                                     | <b>X</b>   |
| <b>TABLE OF AUTHORSHIP .....</b>                                                 | <b>XI</b>  |
| <b>1. INTRODUCTION .....</b>                                                     | <b>1</b>   |
| <b>2. BACKGROUND AND LITERATURE REVIEW .....</b>                                 | <b>4</b>   |
| 2.1 UNITED KINGDOM AND COMMUNITY CARE .....                                      | 4          |
| <i>Welfare to Work</i> .....                                                     | 5          |
| <i>The New Deal</i> .....                                                        | 5          |
| <i>Joint Investment Plans</i> .....                                              | 6          |
| <i>Employer Benefits</i> .....                                                   | 6          |
| <i>Careers in Information Technology</i> .....                                   | 7          |
| 2.2 INDEPENDENT LIVING.....                                                      | 7          |
| 2.3 MERTON COUNCIL RESOURCES .....                                               | 9          |
| <i>The All Saints Day Centre</i> .....                                           | 9          |
| <i>Other Services in Merton</i> .....                                            | 10         |
| <i>Registering as Physically Impaired</i> .....                                  | 11         |
| <i>Merton Voluntary Organisations</i> .....                                      | 11         |
| <i>Nearest Neighbour Boroughs</i> .....                                          | 13         |
| 2.4 PATIENT SATISFACTION.....                                                    | 14         |
| <i>Adult Day Care Satisfaction Survey</i> .....                                  | 14         |
| <i>Measuring Medical Efficacy</i> .....                                          | 15         |
| <i>International Classification of Functioning, Disability, and Health</i> ..... | 15         |
| <i>EQ-5D, A Standard for Measuring Health-Related Quality of Life</i> .....      | 16         |
| 2.5 SUMMARY .....                                                                | 18         |
| <b>3. METHODOLOGY .....</b>                                                      | <b>19</b>  |
| 3.1 CONFIDENTIALITY AND CONSIDERATIONS.....                                      | 20         |
| 3.2 DATA COLLECTION.....                                                         | 20         |
| <i>Case Studies</i> .....                                                        | 21         |
| <i>Mail Surveys of Merton's Physically Impaired</i> .....                        | 22         |
| <i>Follow-up Telephone Conversations with Physically Impaired</i> .....          | 24         |
| <i>Interviews with Organisational Representatives</i> .....                      | 25         |
| <i>Materials</i> .....                                                           | 26         |
| 3.3 DATA COMPILATION.....                                                        | 26         |
| <i>Qualitative and Quantitative Examination of Collected Data</i> .....          | 26         |
| <i>Comparison and Analysis of Collected Data</i> .....                           | 27         |
| 3.4 SUMMARY .....                                                                | 28         |
| <b>4. DATA AND ANALYSIS OF CASE STUDIES AND INTERVIEWS .....</b>                 | <b>29</b>  |
| 4.1 CASE STUDIES .....                                                           | 29         |
| <i>Worcester, Massachusetts</i> .....                                            | 29         |



|                                                                                  |            |
|----------------------------------------------------------------------------------|------------|
| <i>Royal Borough of Kensington and Chelsea</i> .....                             | 32         |
| <i>London Borough of Camden</i> .....                                            | 35         |
| <i>London Borough of Enfield</i> .....                                           | 36         |
| <i>London Borough of Redbridge</i> .....                                         | 37         |
| <i>London Borough of Croydon</i> .....                                           | 38         |
| <i>London Borough of Sutton</i> .....                                            | 38         |
| <i>London Borough of Barnet</i> .....                                            | 40         |
| 4.2 COUNCIL INTERVIEWS.....                                                      | 41         |
| 4.3 VOLUNTARY ORGANISATIONS INTERVIEWS.....                                      | 42         |
| 4.4 SUMMARY.....                                                                 | 44         |
| <i>Case Study Results</i> .....                                                  | 44         |
| <i>Information and Communication Gaps</i> .....                                  | 45         |
| <i>Synopsis</i> .....                                                            | 48         |
| <b>5. SURVEY DATA AND ANALYSIS.....</b>                                          | <b>49</b>  |
| 5.1 RESPONSE RATE.....                                                           | 49         |
| 5.2 ANALYSIS OF MAIL SURVEY.....                                                 | 50         |
| <i>Excel Worksheet</i> .....                                                     | 50         |
| <i>Data Examination</i> .....                                                    | 52         |
| 5.3 ANALYSIS OF FOLLOW-UP TELEPHONE CONVERSATIONS.....                           | 62         |
| 5.4 RESULTS.....                                                                 | 65         |
| <i>Demographics Correlation</i> .....                                            | 65         |
| <i>Data Trends and Summary</i> .....                                             | 66         |
| <b>6. RECOMMENDATIONS AND CONCLUSIONS.....</b>                                   | <b>69</b>  |
| 6.1 SUMMARY OF FINDINGS.....                                                     | 69         |
| 6.2 RECOMMENDATIONS.....                                                         | 70         |
| <i>Information Distribution</i> .....                                            | 70         |
| <i>Communication with Voluntary Organisations</i> .....                          | 73         |
| <i>Technology</i> .....                                                          | 75         |
| <i>Follow-up Studies</i> .....                                                   | 77         |
| 6.3 CLOSING REMARKS.....                                                         | 79         |
| <b>WORKS CITED.....</b>                                                          | <b>81</b>  |
| <b>APPENDIX A: MERTON COUNCIL DEPARTMENT OF HOUSING AND SOCIAL SERVICES.....</b> | <b>88</b>  |
| <b>APPENDIX B: A PRIMER ON DISABILITY.....</b>                                   | <b>90</b>  |
| <b>APPENDIX C: EQ-5D.....</b>                                                    | <b>94</b>  |
| <b>APPENDIX D: RESEARCH PROTOCOLS.....</b>                                       | <b>98</b>  |
| <b>APPENDIX E: TASK CHART.....</b>                                               | <b>103</b> |
| <b>APPENDIX F: SUMMARY OF DAY CENTRE CONTACTS.....</b>                           | <b>104</b> |
| <b>APPENDIX G: PRELIMINARY INTERVIEW SUMMARIES.....</b>                          | <b>105</b> |
| <b>APPENDIX H: SURVEY NOTICE AND PROJECT INFORMATION.....</b>                    | <b>109</b> |
| <b>APPENDIX I: MAIL SURVEY AND COVER LETTER.....</b>                             | <b>112</b> |
| <b>APPENDIX J: ON-SITE INTERVIEW GUIDES AND SUMMARIES.....</b>                   | <b>119</b> |
| <b>APPENDIX K: TRANSITION TO ADULTHOOD.....</b>                                  | <b>132</b> |
| <b>APPENDIX L: TELEPHONE CONVERSATION RESPONSES.....</b>                         | <b>136</b> |
| <b>APPENDIX M: GLOSSARY AND ACRONYMS.....</b>                                    | <b>139</b> |

## Table of Figures

|                                                                                  |     |
|----------------------------------------------------------------------------------|-----|
| FIGURE 4.1: GAPS BETWEEN SOCIAL SERVICES AND OTHER DEPARTMENTS .....             | 45  |
| FIGURE 4.2: EXAMPLE OF INFORMATION GAP WITHIN SOCIAL SERVICES .....              | 46  |
| FIGURE 4.3: AGE AND EDUCATION-RELATED GAPS .....                                 | 46  |
| FIGURE 4.4: GAPS BETWEEN SOCIAL SERVICES AND LOCAL VOLUNTARY ORGANISATIONS ..... | 47  |
| FIGURE 4.5: WELFARE TO WORK RELATED GAPS .....                                   | 48  |
| FIGURE 5.1: EXCEL WORKSHEET, DATA ENTRY .....                                    | 50  |
| FIGURE 5.2: EXCEL WORKSHEET, DATA ANALYSIS .....                                 | 51  |
| FIGURE 5.3: EXCEL WORKSHEET, CHART INFORMATION .....                             | 51  |
| FIGURE 5.4: RESPONDENTS USING SERVICES .....                                     | 52  |
| FIGURE 5.5: ADEQUACY OF SERVICES .....                                           | 54  |
| FIGURE 5.6: MERTON'S INFORMATION DISTRIBUTION .....                              | 55  |
| FIGURE 5.7: ALTERNATE FORMATS FOR INFORMATION PROVIDED .....                     | 56  |
| FIGURE 5.8: RESPONDENT EMPLOYMENT STATUS .....                                   | 56  |
| FIGURE 5.9: EDUCATION STATUS .....                                               | 57  |
| FIGURE 5.10: JOB TRAINING INTEREST .....                                         | 58  |
| FIGURE 5.11: AREAS OF IMPROVEMENT .....                                          | 59  |
| FIGURE 5.12: RESPONDENT AGE RANGE .....                                          | 60  |
| FIGURE 5.13: RESPONDENT SEX .....                                                | 61  |
| FIGURE 5.14: NUMBER OF PEOPLE LIVING IN HOUSE .....                              | 61  |
| FIGURE 5.15: LANGUAGES SPOKEN .....                                              | 61  |
| FIGURE A.1: MERTON COUNCIL ORGANISATION CHART .....                              | 89  |
| FIGURE H.1: IMAGE OF WEB NOTICE .....                                            | 109 |
| FIGURE H.2: PROJECT BRIEF .....                                                  | 110 |
| FIGURE H. 3: NOTICE FLYER .....                                                  | 111 |

## Table of Tables

|                                                                       |     |
|-----------------------------------------------------------------------|-----|
| TABLE 2.1: VALUE DIFFERENCES .....                                    | 8   |
| TABLE 2.2: MERTON AND NEAREST NEIGHBOUR BOROUGHES .....               | 13  |
| TABLE 5.1: SURVEYS RECEIVED BY AGE RANGE .....                        | 49  |
| TABLE 5.2: SERVICES USED.....                                         | 53  |
| TABLE 5.3: SERVICE SATISFACTION RATINGS .....                         | 54  |
| TABLE 5.4: METHODS OF COMMUNICATION .....                             | 55  |
| TABLE 5.5: JOB TRAINING AREAS .....                                   | 58  |
| TABLE 5.6: ORGANISATIONS ATTENDED .....                               | 59  |
| TABLE 5.7: DESIRED SERVICES .....                                     | 62  |
| TABLE 5.8: BEST FORMS OF CONTACT .....                                | 63  |
| TABLE 5.9: IMPORTANT ISSUES .....                                     | 64  |
| TABLE 5.10: HOBBIES AND ACTIVITIES .....                              | 64  |
| TABLE B. 1: EXAMPLE OF A DAY CENTRE SCHEDULE .....                    | 92  |
| TABLE H.1: LIST OF CONTACTED VOLUNTARY AND COUNCIL ORGANISATIONS..... | 109 |
| TABLE L.1. ACKNOWLEDGED SERVICE TYPES .....                           | 136 |
| TABLE L.2: SOURCES OF SERVICE INFORMATION .....                       | 136 |
| TABLE L.3: SUGGESTIONS FOR SERVICES .....                             | 137 |
| TABLE L.4: SUGGESTIONS FOR CONTACT.....                               | 137 |
| TABLE L.5: COMMUNITY ISSUES .....                                     | 138 |
| TABLE L.6: ACTIVITIES AND HOBBIES.....                                | 138 |
| TABLE L.7: EMPLOYMENT OUTLOOK .....                                   | 138 |
| TABLE L.8: INDEPENDENT LIVING ARRANGEMENTS .....                      | 138 |

## Table of Authorship

| Section                                          | Primary Author | Primary Editor |
|--------------------------------------------------|----------------|----------------|
| <b>Executive Summary</b>                         | FMS, DKK       | ALL            |
| <b>Chapter 1</b>                                 | ALL            | ALL            |
| <b>Chapter 2</b>                                 |                |                |
| <i>(Initial Remarks)</i>                         | DKK            | FMS, JLB       |
| United Kingdom and Community Care                | JLB            | DKK            |
| Independent Living                               | JLB            | FMS            |
| Merton Council Resources                         | ALL            | ALL            |
| Patient Satisfaction                             | DKK, FMS       | JLB            |
| Summary                                          | JLB            | ALL            |
| <b>Chapter 3</b>                                 |                |                |
| <i>(Initial Remarks)</i>                         | DKK            | JLB            |
| Confidentiality and Considerations               | JLB            | ALL            |
| Data Collection                                  | FMS            | ALL            |
| Case Studies                                     | FMS            | DKK            |
| Mail Surveys of Physically Impaired              | FMS            | DKK, JLB       |
| Follow-Up Telephone Conversations                | FMS, DKK       | JLB            |
| Interviews with Organisational Representatives   | JLB            | FMS            |
| Qualitative and Quantitative Examination of Data | JLB            | FMS            |
| Comparison and Analysis of Collected Data        | FMS            | DKK            |
| Summary                                          | ALL            | ALL            |
| <b>Chapter 4</b>                                 |                |                |
| <i>(Initial Remarks)</i> and Case Studies        | FMS, JLB       | DKK            |
| Worcester, Massachusetts                         | JLB, FMS       | DKK            |
| Royal Borough of Kensington and Chelsea          | JLB            | FMS            |
| London Borough of Camden                         | JLB            | FMS            |
| London Borough of Enfield                        | JLB            | FMS            |
| London Borough of Redbridge                      | JLB            | FMS            |
| London Borough of Croydon                        | JLB            | FMS            |
| London Borough of Sutton                         | JLB, FMS       | DKK            |
| London Borough of Barnett                        | JLB            | FMS            |
| Council Interviews                               | FMS            | JLB            |
| Voluntary Organisation Interviews                | FMS            | JLB            |
| Summary                                          | JLB, FMS       | DKK            |
| <b>Chapter 5</b>                                 |                |                |
| Response Rate                                    | DKK            | FMS            |
| Mail Survey Analysis                             | DKK            | FMS            |
| Follow-up Telephone Conversation Analysis        | DKK            | FMS            |
| Results                                          | DKK            | FMS            |
| <b>Chapter 6</b>                                 |                |                |
| Summary of Findings                              | FMS            | DKK            |
| Recommendations                                  | JLB, FMS       | DKK            |
| Concluding Remarks                               | FMS            | DKK            |

|                                                           |                    |     |
|-----------------------------------------------------------|--------------------|-----|
| <b>Appendix A: Merton Council Social Services Dept.</b>   | DKK                | ALL |
| <b>Appendix B: Primer on Disability</b>                   |                    |     |
| Social Model of Disability                                | FMS                | ALL |
| Human Rights and Disabled Activism                        | FMS                | ALL |
| Disabled Communication Considerations                     | JLB                | FMS |
| What is a Day Centre?                                     | FMS                | ALL |
| <b>Appendix C: EQ-5D</b>                                  | N/A (see citation) |     |
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| <i>(Initial Remarks)</i> and Theories and Models          | FMS                | ALL |
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| <b>Appendix E: Task Chart</b>                             | ALL                | ALL |
| <b>Appendix F: Summary of Day Centres Contacts</b>        | FMS                | ALL |
| <b>Appendix G: Preliminary Interview Summaries</b>        | FMS, JLB           | ALL |
| <b>Appendix H: Survey Notice and Project Information</b>  | DKK                | ALL |
| <b>Appendix I: Mail Survey and Cover Letter</b>           | ALL                | ALL |
| <b>Appendix J: On-Site Interview Guides and Summaries</b> | ALL                | ALL |
| <b>Appendix K: Transition to Adulthood</b>                | JLB                | ALL |
| <b>Appendix L: Telephone Conversation Responses</b>       | DKK                | ALL |
| <b>Appendix M: Glossary and Acronyms</b>                  | JLB                | ALL |
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## Chapter 1: Introduction

Over the past decade, the British government has revised public policy regarding Social Services for the physically impaired. Recent provisions call for community care services to be handled within the boroughs themselves rather than through a nation-wide programme. In Merton, these services are administered through the Merton Council authority, which oversees the local government. Through the Housing and Social Services Department, the London Borough of Merton has created several services to comply with the localisation of services for physically impaired persons. One such service is the All Saints Day Centre, which provides social activities for persons with physical impairments. The success of services depends upon the quality of communications among those who plan community care services and the people they serve.

Current means of communication are not reaching all of the Borough's physically impaired citizens. Consequently, the opinions of the physically impaired about current services, day activities, and local social opportunities are difficult to ascertain. Social Services would like to re-establish the relationship with the physically impaired people of Merton to better understand their views and need-based requirements. Improved understanding could help the Borough of Merton increase participation of the impaired community in the services offered. The Merton Council is also interested in incorporating local voluntary organisations, schools, and employment services into its array of contacts to better assist its physically impaired citizens.

The primary focus of this project, performed by three students from Worcester Polytechnic Institute, was to help the reestablishment of communication between the Borough of Merton and its physically impaired citizens. The study limited the target population to non-sensory based physical impairments. Our project allowed physically impaired residents to assess the current services offered by the Department of Housing and Social Services.

Specifically, through our research, we developed a basic understanding of the wants and needs of Merton's physically impaired citizens. We also generated recommendations that will aid both Social Services and the physically impaired to improve existing services. Therefore, our recommendations include methods the

Borough of Merton can utilise to maintain a constant dialogue with its physically impaired residents.

An initial idea of how the physically impaired citizens of Merton view the services offered by Social Services was gained from interviewing Merton Council personnel. Next, surveying a larger population of the impaired community expanded this preliminary information. We also evaluated the relationship between local voluntary organisations and the physically impaired members of the community. The local voluntary organisations were a valuable resource to our project.

The remainder of this project report has been organised into five chapters. The next chapter, *Background and Literature Review*, focuses on background research concerning this project. Topics regarding community care, independent living, the resources of Merton, and patient satisfaction are examined.

*Methodology*, the third chapter, outlines the survey, interview, and case study methods implemented during our research. There are several forms of questioning involved, each of which is directed at a particular population. Data collected from each population built on our understanding of the wants and needs of the physically impaired community in Merton. Through these queries, we formulated several solutions to the main problem of diminished communication between the Borough of Merton and its physically impaired residents.

The fourth chapter, *Data & Analysis of Case Studies and Interviews*, presents our findings and collected data of non-survey based information. The case studies examined provide examples of both good and bad practice. Analysis of interviews and case studies provided vital background for our recommendations.

*Survey Data & Analysis*, chapter 5, examines the data collected from the mail survey and follow-up telephone conversations with the physically impaired. This chapter also presents results in a series of tables and charts that support our conclusions. A summary of findings from the surveys concludes the chapter.

Finally, the *Recommendations & Conclusions* chapter presents several suggestions that can be utilised by the Borough to improve communication with the physically impaired. The recommendations are divided into four sections: information distribution, communication with voluntary organisations, technology, and follow-up studies. Each section provides several detailed proposals for improving communication methods. The project's findings are summarised in the final section of the paper.

The concept of the Interactive Qualifying Project (IQP), utilised at Worcester Polytechnic Institute, acknowledges the relationship between technology and society. IQPs take into account the social implications, the role and methods of interdisciplinary research, and qualified methods of social research. These aspects of social science research will inevitably be required in any technical field. A connection between technology and society arose several times in the project. Our recommendations on increasing communication involve the use of contact databases, and website improvements. The Welfare to Work employment training involves computers and information technology to assist in occupational preparation. Although, initial communication improvements may not be heavily technological, as the communication improves so will the need for advanced technology.



## Chapter 2: Background and Literature Review

The Borough of Merton's Department of Housing and Social Services seeks to improve its method of communicating with its physically impaired residents. (A brief background of the department can be found in Appendix A.) In this chapter, we first examine ways in which the United Kingdom has implemented the concept of community care and the government policies regarding the Welfare to Work agenda. Second, we examine the concept of independent living, the response of the physically impaired to the traditional assistive, government-ordained services. Third, we describe services provided by the Merton government, such as day centres and direct payments. Finally, we explore measurements of patient satisfaction. This background information, accompanied by Appendix B, *A Primer on Disability*, provides a basis for understanding the current situation in the Borough of Merton and the methods required to assess the research problem.

### 2.1 United Kingdom and Community Care

Over the past century, the United Kingdom has taken steps toward increasing its services to impaired persons. In 1948, the National Assistance Act established the guidelines of social services for impaired people (Priestly 38-39). In 1970, the Chronically Sick and Disabled Persons Act directed social service departments to provide support to physically impaired persons when it was necessary (39). Reforms to the act suggested that assessments of services should be the duty of local governments. This regional responsibility became a requirement in 1990.

In 1988, Griffiths Report pushed for further decentralisation of disability services to the local communities. The report indicated that a centralised system could not effectively take in the needs of individual physically impaired people (40). Also, this report resulted in the more recent drive for the concept of "community care," which met with substantial negative reactions from scholars and organisations of physically impaired people. Its policy calls for localising the services offered rather than having a large central government system. While the reform attempts to help people with disabilities, it ignores the input of the impaired in policy decisions, as well as assumes that "disabled people are dependent and need 'care'" (43-44).

### WELFARE TO WORK

The Welfare to Work agenda is a plan the British government has developed to decrease an individual's dependency on government welfare (Benjamin, 13 Feb 2002). The Social Services Inspectorate recognises that "employment is an area where disabled people feel discrimination keenly." Moreover, "opportunities for employment have a major impact on the lives of disabled people in terms of self-fulfilment, income and interactions in society" (United Kingdom Making 2). By providing a means to assist in procuring employment, the government can aid both the disabled communities and the economy. Welfare to Work remains consistent with the ideology of community care because of its central focus on local services. In Merton, this scheme is fairly new and has not yet received complete funding. Currently, the Merton Council supports a Welfare to Work committee, which will decide if the programmes require a case worker within the next few months (Jones).

### THE NEW DEAL

A large portion of the New Deal strategy centres around the Welfare to Work plan, aimed at those who are unemployed but seeking new work. The programme "has been created to help unemployed people into work by closing the gap between the skills employers want and the skills people can offer" (United Kingdom New Deal). Physically impaired people are covered in a specific section, yet may also benefit from general programmes in their appropriate age ranges. The plan stresses the link between the Employment Service and local organisations, such as "employers, local authorities, training providers, Job Centres, environment groups, voluntary organisations and others." The Job Centres act as the branch offices of the Employment Service to aid people in finding work (United Kingdom New Deal).

If physically impaired persons lack adequate occupational knowledge, the success of the Welfare to Work programme for them is unlikely. Therefore, several United Kingdom agencies, along with the New Deal participants have made attempts to provide services of an employment-oriented manner. In Berkshire, for example, the Self Enhancement and Recruitment Techniques Project (SERT) provides free assistance to people with impairments through various workshops (Careers Advisory). Receiving guidance in writing curriculum vitas, searching for employment, helping complete applications, and practising the interviewing process are viewed as essential in preparing and retraining impaired persons for a work environment. During the

position or apprenticeship, the agencies may also provide support as an advising mentor. While many agencies not directly associated with the New Deal do not provide payment during the initial position, the government-related programme has paid subsidised jobs.

The New Deal programme begins with an interview between an advisor and the client. The advisor evaluates the client's current skills, past experiences, and job outlook. Encouragement is not limited to job training. Moreover, financial help is available for transportation to and from the work site and for assistive technology (United Kingdom New Deal).

### *JOINT INVESTMENT PLANS*

The British government has shown its strong interest in the Welfare to Work plan by funding the New Deal with £3.5 billion. The appropriation and distribution of responsibilities and financial obligations to local authorities and organisations are specified in documents called Joint Investment Plans (JIPs). These specifications outline the methodology to implement Welfare to Work and future interaction "to develop relationships across agencies, to gather and share information and to reach strategic agreements about how services will be developed" (United Kingdom New Deal). Co-ordination of these resources helps the Department of Social Services, the Employment Service, and the National Health Service make way for changes in workplaces and encourages the physically impaired to work (United Kingdom Joint Investment Plan).

### *EMPLOYER BENEFITS*

For increased co-operation, employers can obtain advice to make the company's location more accessible and in complying with the Disability Discrimination Act (DDA); in exchange, the physically impaired can receive assistance. Passed in 1995, the DDA established government guidelines that employers must follow. Employers with more than fourteen workers are legally bound "to consider making changes to the physical features of premises that they occupy" and to treat impaired employees as favourably as non-impaired workers, unless by justification of performance (United Kingdom DWP Act). The New Deal provides a subsidy for employers to cover extra job training and appropriate assistive technology modifications to make certain positions more accessible to impaired workers.

## CAREERS IN INFORMATION TECHNOLOGY

An increasing option for physically impaired employment is the expanding information technology field. Companies like OUTSET Limited offer specific training in personal computing and desktop applications, such as word processing, spreadsheets, and data entry ("Outset"). Accommodations can include "assistive devices, reassignment, modified work schedules, job modifications, relocation or a change in the physical plant." Assistive technology may involve computer interfacing, Braille, screen readers and teletypewriter equipment. In particular interest to physical mobility issues, the elevation of desks and tables should comfortably fit wheelchairs or be compatible with other assistive aids (San Antonio Reasonable).

### **2.2 Independent Living**

In recent years, a new paradigm regarding the physically impaired has emerged. The concept of independent and integrated living has increased in support as impaired persons have become more active in the community. Instead of treating people with impairments as medical cases or means for institutionalisation, the innovative concentration is on integration into mainstream society (Priestly 69, see also Appendix B, *A Primer on Disability*).

Independent living is the ability to live at one's home and lead one's life with minimal assistance. Independence refers not only to housing, but also to basic citizenship and belonging within the community. The significant factor of autonomy stresses that a person who is impaired does not need to be fully dependent on the government for the arrangement of services. Subsequently, the individual himself resolves the decisions regarding care. Rather than live with family or in a facility, a person may choose to live alone and if necessary have a personal assistant visit several times a week to help with household chores and transportation. The amount of assistance varies based on the degree of the physical impairment or general health of the person. The phenomenon of independent living is increasingly being incorporated into the services provided by the local authorities (Priestly 69-71).

The more traditional predecessor, the medical-rehabilitative model, focuses on providing services to impaired people with little input from the constituency (136). In many current systems, there is neither feedback nor incorporation of suggestions from

the physically impaired. This gap represents the strong need for the voice of impaired people in politics and decision-making regarding their care (161, 225). Methods that rely on “professional opinions” may not be fully responsive to the viewpoints of the impaired themselves. Enders brings up a valid point, in that medical professionals only see a small part of the physically impaired community regularly. Their contact is often limited to those with sickness or severe impairments (45). Likewise, Priestly criticises the current structure where disability is covered separately within the British welfare system. Given the “packages of care” associated with community care policy, some think that the “problem [is] within the body (rather than within the systems and structures of a disabling society)” (Priestly 219).

The response to community care by the physically impaired has emphasised the goals of independent living. Physically impaired residents of Derbyshire spearheaded the disabled people’s movement in Britain, creating the first coalition as well as the first independent living centre (75). The Derbyshire Coalition of Disabled Persons (DCDP) had concerns with the approaches being used by local authorities in response to community care plans. Manipulating the government circumstances, the group and the centre offered peer counselling services, equipment for home accessibility, housing and employment services, and funds for independent living. The DCDP also specified “seven needs” of physically impaired people as “information, counselling, housing, technical aids, personal assistance, transport and access” (71). These needs span the areas in which the physically impaired of Derbyshire felt the most need for change.

| <b>Traditional Policy</b> | <b>Independent Living</b> |
|---------------------------|---------------------------|
| Care                      | Participation             |
| Medicalisation            | Integration               |
| Segregation               | Self-help                 |
| Familism                  | Diversity                 |
| Normalisation             | Civil rights              |
| Charity                   | Self-determination        |

*(Adapted from Priestly 78)*

**Table 2.1: Value Differences**

As illustrated in Table 2.1, there is a conflict in values between traditional policy and the policy of independent-integrated living. Centres for independent living are places in which physically impaired people can learn the skills to integrate into society at-large. According to Priestly, teaching basic living skills, such as washing

clothing, bathing, cooking, and cleaning, the centres are able to better prepare the impaired to succeed. He notes, “Centres for independent/integrated living have demonstrated how disabled people can be actively engaged” in their lives (219). At

times, participants can find funding for assistive technology and modifications within the home to increase accessibility for those with long-term impairments. Besides just remodelling and accessibility issues, independent living focuses on communication and social interaction needs (220). Enders suggests that peer advice can help a person make adjustments needed to function. It is still important that an independently living person maintain adequate social “circles of support” and stimulus as well as just assistance with day-to-day activities. Centres can assist in finding employment and providing occupational training (47).

### **2.3 Merton Council Resources**

In this section we briefly introduce the services and organisations related to physical impairment within the London Borough of Merton. Boroughs are the local authorities within London. Responsibilities of boroughs include administering education services such as schools and libraries, social services, and managing housing, roads and development planning (Association "Boroughs").

#### **THE ALL SAINTS DAY CENTRE**

The All Saints Centre falls under the public day centre model. Background on day centres for the physically impaired can be found in Appendix B. This centre is publicly funded by the Borough of Merton and overseen by the Department of Housing and Social Services. The centre can facilitate a maximum of thirty participants per day, but provides care to approximately eighty individuals during the week. Additionally, the centre serves a heterogeneous population of physical impairments. The age range of centre participants is forty to sixty-five. In addition to computer courses and Internet access, traditional classes such as music, arts and crafts, and socialisation are offered. Alternatively, All Saints has sessions in physiotherapy, language skills, aromatherapy and floristry. (Benjamin, 31 Jan 2002; Carroll).

### OTHER SERVICES IN MERTON

In addition to the All Saints Day Centre, the London Borough of Merton provides several other services to its residents. These programs include employment assistance and transportation provisions (Merton Services). The Job Introduction Scheme is similar to New Deal programs, however the New Deal for People with Disabilities has not yet been implemented in Merton (S. Knight). This scheme arranges for impaired persons to work in a job for a trial period of six months and receive pay at a normal rate. To entice employers to try out the scheme, the Borough of Merton gives funds to the employer during the trial period to cover training expenses.

Likewise, the Supported Placement Scheme offered by the Borough assists those with life-long and more severe impairments. A Disability Employment Advisor helps an individual set up a work programme with an employer that allows the person to proceed at his or her own pace. Typically, the work is expected to last longer than six months. Free or reduced fare transportation, known as concessionary travel, is also available via the Freedom Pass, which covers buses, the Underground, and British Rail.

The Borough of Merton also provides direct payments, funds for adaptation, and in-home care options. The direct payment option provided by the Merton Housing and Social Services Department consists of money given to the impaired individual in lieu of welfare benefits (Merton Living-Caring). This money can be used for home care, respite care, and various support for independent living arrangements. The Borough of Merton encourages direct payments so that the physically impaired person may achieve “more independence, choice and control” concerning the care of a recipient. It is up to the individual to organise and maintain these services (Merton A Guide to Direct).

However, there is greater control over what services are used and when they are scheduled. Direct payments can be used to purchase services from personal assistants who can help with various needs around the house, as well as “services such as cleaning, shopping, cooking, night sitting and other personal assistance that help you live independently in the community” (Williams). Merton also offers grants and aid in finding resources to “provide facilities and adaptations in the homes of people with disabilities” (Merton A Guide to Direct). Wheelchairs, scooters, seating aids, and stair lifts are a few examples of such assistive technology. Although the Borough of

Merton as a whole recognises the movement towards independent living, the Social Services Department seeks to improve its current programmes regarding this concept.

### REGISTERING AS PHYSICALLY IMPAIRED

An individual must have a substantial and permanent impairment to be registered as physically impaired in the Borough of Merton. An occupational therapist determines the severity of an individual's impairment. A self-referral system or recommendation by social workers and medical facilities is used in the Borough to arrange appointments with the occupational therapy department. Definitions of substantial and permanent disability from the National Assistance Act of 1948 are given on the front page of the form:

**Substantial means** - the degree to which your disability affects daily living, i.e. if there is a significant effect on the ability to carry out essential activities.

**Permanent means** - your medical conditions is deemed to be life-long and unlikely to improve, and/or there is a likelihood of further deteriorations and/or the condition is terminal.

(Merton Occupational Therapy).

The form includes five pages of questions regarding the severity of the impairment, such as if the person is able to perform personal hygiene, cook or do housework. Responses to these questions are used by the Occupational Therapy team to determine the individual's qualification for an assessment. Eligible individuals are given an in-home assessment to determine whether or not the individual meets the criteria for registration (Blakemore).

### MERTON VOLUNTARY ORGANISATIONS

There are several voluntary organisations in Merton that provide services involving the physically impaired. Each of the three organisations described below provides a unique area of services. The Disability Alliance Merton (DAM) mainly deals with financial securities and job assistance. The Merton Phab Club offers courses and social activities for a wide range of participants. The Merton Association for Disabled People (MADP) offers a transportation service.



### *Disability Alliance of Merton (DAM)*

Membership consists of various organisations and affiliated clubs only, including both Phab and MADP. They supply information on social security benefit entitlement and services. DAM also conducts research projects to benefit the physically impaired. Additionally, DAM conducts research on the financial needs of the disabled and crusades for enhancement of current social services to meet these needs. Periodically, DAM sends out information about upcoming events and opportunities. The organisation is also attempting to set up a Welfare to Work service (S. Knight 22 Mar. 2002).

### *Merton Phab Club*

The Merton Phab Club is affiliated with Phab England, however remains independent in its activities. Phab stands for "Physically Handicapped and Able Bodied." The goal of Phab is "to promote and encourage opportunities where disabled and non-disabled people share experiences on an equal basis working towards an inclusive society" (Surrey Phab). The Merton Phab organisation offers a variety of activities, including sports, recreation facilities and holiday parties. Members also take trips to local restaurants, pubs and museums. Occasionally, the group schedules weekend day trips. Currently, Merton Phab has approximately forty members, most of which are in their thirties (Monkhouse).

### *Merton Association for Disabled People*

Transportation for people with a disability can often be a difficult matter to negotiate. An affiliate of the Greater London Action on Disability, the Merton Association for Disabled People (MADP) "provides a transport service for both groups and individuals." The organisation is run for and by disabled people through its membership and executive board. Volunteer drivers operate four fully accessible minibuses that are owned by the organisation (MADP). The service enables approximately 800 people a month to do such activities as weekly shopping, local club meetings and trips to the coast or respite resorts. For example, both the All Saints Centre and Merton Phab utilise the MADP minibuses to transport members. The MADP also sponsors various local clubs and tries to work in partnership with its affiliates and Merton Council services (Daly).

### *Insufficient Concern*

In 2000, the voluntary organisation Merton Mind published the report *Insufficient Concern* pertaining to employment and the impaired citizens in the Borough of Merton. The study collected and analysed data from perspectives of both the employers and impaired individuals. This report analysed the employment situation of the physically, sensory and mentally impaired (Rinaldi 1). Recommendations from the report focused on improving the communication between the individual seeking a job, the employer, and job placement agencies. Although the report recommended an improvement in communication, it did not provide any possible methods to better the situation (110-6).

### NEAREST NEIGHBOUR BOROUGHES

Merton compares itself with "National Nearest Neighbour Boroughs" (also referred to as "sister authorities") as specified by the District Audit consulting group. These boroughs are equivalent in size and economy to the London Borough of Merton. The criterion include population size, ethnic mix, area wealth, degree of business, amount of poverty, the area size of the authority, and if it is within Central London (Obumselu; District Audit). A listing of the ten most comparable councils is shown in Table 2.2.

| <b>London Borough Councils</b> | <b>Population Size</b> | <b>Budget 2001/02</b> |
|--------------------------------|------------------------|-----------------------|
| Merton                         | 182,000                | 167,292,000           |
| Enfield                        | 257,417                | 293,650,000           |
| Redbridge                      | 232,500                | 243,008,000           |
| Croydon                        | 337,500                | 308,649,000           |
| Sutton                         | 180,000                | 167,000,000           |
| Harrow                         | 220,000                | 191,835,000           |
| Bexley                         | 219,000                | 202,000,000           |
| Kingston                       | 144,000                | 128,726,000           |
| Hounslow                       | 205,000                | 236,919,000           |
| Barnet                         | 2,935,000              | 304,163,000           |
| Havering                       | 229,800                | 194,338,689           |

(V. White 560; Association of London Government *Statistical*). Most equivalent listed first.

**Table 2.2: Merton and Nearest Neighbour Boroughs**

## 2.4 Patient Satisfaction

An understanding of past studies involving the physically impaired was vital to our research. Reviewing previous research methods provided a reference for question wording and content. Also, analysis of prior studies offered a basic paradigm for content analysis of data collected from the target population. A strong background in medical patient satisfaction research has aided our data collection and analysis. A medical patient's satisfaction is dependent on past experience and emotions. Furthermore, satisfaction is a multifaceted continuous variable. The amount of patient satisfaction is also dependent on patient characteristics. Experience, expectation, and priorities determine which aspects of health care are important to a patient (Baker 202).

Patient satisfaction can be divided into two classes. The first class measures satisfaction with services offered by the programme in question. The second class measures a patient's satisfaction with his or her daily life. Common variables used in medical satisfaction research include demographic factors such as payment method, age, marital status and gender. The parallel between general health and medical patient satisfaction does not go beyond the demographic factors (Weissert 43-45).

### ADULT DAY CARE SATISFACTION SURVEY

In 1990, a survey of satisfaction with care received at Adult Day Care Centres throughout the United States was conducted (Weissert 46-47). Satisfaction of the surveyed population was measured using verbal surveys. The questions in this survey contained two possible responses: [1=satisfied], [0=partially satisfied or dissatisfied]. Participants were asked for their feelings regarding the centre in general, individual attention, dependability of the staff, accessibility, centre's hours, food, temperature, occupancy, and noise level. The demographic factors collected were age, whether the patient lived alone, marital status, race, and gender. The patient's satisfaction with life in general was also requested. Additionally, the patient's mental status was measured using a ten-question survey, which included basic tasks such as naming the date and day of the week.

The major conclusion from this study was the development of the three-day centre models discussed in Appendix B. The study also determined that the main goal of day centres was to avoid institutionalisation of the participants (97). Satisfaction with the centre was most influenced by age, health, living arrangements, and staff size

(98). Finally, the researches concluded that day care would continue to be a popular long-term care resource (103).

### MEASURING MEDICAL EFFICACY

Several factors must be taken into consideration when selecting a methodology for medically related research. First, the method, or "instrument", must apply to all relevant aspects of the programme being studied (Hedrick 945). For example, while studying a day centre, the primary goal should be to improve daily function, and subsequently, the participants' satisfaction. A common secondary goal would be to lessen the responsibilities of daily caregivers if personal time is needed.

Additionally, the characteristics of the population being surveyed must be taken into account. Since social services for adults provides care to a diverse population of impairments, the instrument needs to be formatted for a heterogeneous population. To accomplish this goal, questions should be formulated for a general physical impairment, not a specific condition. Also, a general audience instrument has the ability to report the overall effect of a physical impairment on an individual's every day life and contribution to society. Therefore, as Hedrick suggests, "functional ability rather than physiologic change is the outcome of interest to patients and society" (945)

Furthermore, the physical and mental condition of the subject must be considered. An ideal instrument should be applicable to all ranges of impairment. Additionally, to prevent a burden on the subject, the instrument should be flexible. The survey should be administered in a written, and if needed a verbal form. The response task should also be minimal to allow for communication difficulties. The amount of time required for the survey is also vital. Time causes the largest burden on physically and emotionally vulnerable individuals. Taking these aspects into consideration will aid in the efficacy of the study (Hedrick 945).

### INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY, AND HEALTH

The International Classification of Functioning, Disability, and Health (ICF) is the latest revision of a system originally developed by the World Health Organisation (WHO) in 1980. This classification system provides an international standard of language and an outline for use in describing health and health-related states. The WHO has produced a separate system known as ICD that focuses on disease-related

health conditions, while the ICF is concentrated on physical impairments and disabilities (Madden 1).

The ICF is divided into two main domains, the first of which concentrates on two main points of disability and functioning. It recognises a classification of body function and body structure, as well as an activities and participation section. The second domain presents environmental factors. The ICF perceives a person's level of disability as a correlation between his or her health, their environment, and personal factors (2).

As an international classification system, the ICF aims to attain several key points. The WHO hopes to provide a concrete, scientific system for use in health-related studies, so that organisations and clinics may gain a more specific understanding of various health issues. The WHO seeks to improve communication through the establishment of a common language between health care workers, researchers, people with disabilities, and everyone involved in this field. Another goal is to grant international parties the ability to easily compare data among countries. One final key point is to provide a systematic coding scheme for use in health information systems, so that specific conditions may be easily documented (World Health Organisation 5).

Over the past few years, there have been several studies that have used the ICF or the ICIDH (predecessor to the ICF) in their research. It has been used as a statistical tool for population studies or surveys in order to collect data. The ICF has also been used as a research tool, applied to measuring "health-related quality of life" or simply HRQOL. Additionally, it has been used as a clinical tool in order to match a patient's needs with his or her specific conditions. Another recent use has been as a sociological tool, involved in the planning of several social security and compensation systems (5).

#### *EQ-5D, A STANDARD FOR MEASURING HEALTH-RELATED QUALITY OF LIFE*

The EQ-5D, developed by the international research group EuroQol, is a standardised survey used for measuring HRQOL. A copy of this survey can be found in Appendix C. It has been explained as a function of pain, disability, disease activity and mood that illustrates how people rate different aspects of their health (Hurst et al. 551). The survey has been generalised so that it may be applied to a wide variety of physical and mental conditions. It generates a simple descriptive profile and a single

index value regarding one's health status that may then be used in clinical or public health studies. The form is simple and straightforward, designed for self-completion by the respondent in just a few minutes (Brooks 54-5). It is available as public domain and may be obtained in any one of over fifty different languages.

In the first component of the EQ-5D, respondents are asked to give a description of their current health status based on five main aspects: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. These aspects are rated on a scale of one to three; one meaning there is no problem, two meaning there is a moderate problem, and three meaning there is an extreme problem. These answers are then combined into a five-digit number that can be classified into one of 243 ( $3^5$ ) possible health states (Hurst 551). The second component of the EQ-5D involves a visual analogue scale. In this case a thermometer with values ranging from zero (worst possible health condition) to 100 (best possible health condition) is provided. Respondents are asked to gauge the current state of their own health on the scale (Brooks 55).

The first two components of the instrument are the only sections relevant to research on HRQOL; however, there are two additional components that are used for certain applications. The third section requires the respondent to give a value to fourteen health states known as the EuroQol common core, again using the visual analogue thermometer scale. The final section seeks background information on age, sex, marital status, occupational activity, education and qualifications, experience of illness, smoking habits, and housing (55).

The EQ-5D is a 'user friendly' instrument, short and simple, so as to allow for self-completion of the form. This characteristic reduces problems when researchers conduct surveys by mail. Several studies that have been conducted show the EQ-5D to be very reliable among survey groups (56). There have also been several studies performed, all of which suggest the instrument to be valid, but less sensitive than other studies. The EQ-5D cannot be viewed as a measure to determine a medical condition. Instead, the survey offers a reflection of how patients perceive their own health state. It is this perception that allows one to determine HRQOL, as opposed to clinical opinions.

Alternately, the EQ-5D relies on the respondent choosing his or her level of discomfort, but does not take personal perception of standard into account. For example, one person's claim of a moderate level of discomfort may be labelled as

extreme by a different individual. This lack of standards suggests that correlations between respondents may prove misleading. Nonetheless, the purpose of this instrument is to measure perceived health, a reading that will vary between respondents regardless of physical state (Hurst 558).

## 2.5 Summary

Over recent years, social service programmes have increased in diversity. Their offerings include daily activities for social involvement and occupational training. Independent living provisions allow impaired persons to live on their own, with minimal assistance, and better integrate into society at-large. The administration of social services by local government agencies has initiated a movement towards services and policies specific to the needs of individuals in a given area.

From an academic standing, knowledge of sociological methods helps in the interaction component of disability research. Understanding the appropriateness of surveying and interviewing can help fine tune methods of extracting the needs of a specific population. By examining other models of research, such as the ICF and EQ-5D, we were able to choose the appropriate information gathering technique to fit the requests of the Department of Housing and Social Services.

In summary, it is important to understand the issues pertaining to disability within the United Kingdom. With knowledge of the social construction of disability one can assess the current situation with better efficiency. Furthermore, strategic advice for improvement of communication can be developed through surveying the desires and needs of the impaired population. The research examined has aided our ability to assist the London Borough of Merton in its goal to increase communication between its disabled citizens and the local government.

## Chapter 3: Methodology

The purpose of this project was to help restore the lines of communication between the London Borough of Merton and its younger physically impaired citizens and to determine the communication needs and desires of Merton's physically impaired. The project focused on individuals in the age range of eighteen to forty-five. The utilised methodology consisted of case studies, a survey, and interviews. In order to obtain a general background on services for the physically impaired, we performed case studies concerning relationships between government and community-based agencies in the United States and the United Kingdom. In order to learn which types of communication and services would be beneficial, we surveyed physically impaired persons in Merton. While awaiting the survey results, we concentrated on gathering information from several voluntary organisations and Merton Council personnel in order to gain an understanding of the roles they play regarding the physically impaired residents.

Through our survey and interviews, we have answered several questions that have provided us with sufficient information to develop meaningful conclusions. These major questions include the following:

- What are the ways in which Social Services can better communicate with people with physical impairments in Merton?
- What Social Services can do to better advertise their offered services?
- What types of activities and assistance are desired by the physically impaired?
- What are the roles of voluntary organisations and other Merton Council departments in regards to services offered by Social Services?

The purpose of this chapter is to provide some insight into the methods that we have applied throughout our research. We used several different data collection methods to gain a better sense of the true feelings of our respondents. In the first section, we discuss confidentiality. The next section describes the various methods and procedures, listing for each the goals and purpose of the method, the intended population, and data collection procedures. A brief section on the materials required for the above procedures follows. The final section explains the ways in which we have combined our results into a usable form and is further conveyed in the data analysis of Chapters 4 and 5.



### 3.1 Confidentiality and Considerations

The issue of ethical responsibility arose while we were conducting the study, especially in regards to confidentiality. Interviews with people with physical impairments dealt with the personal views and opinions of participants. In our analysis and record keeping we therefore kept the views of respondents separate from their names. We made this decision because of ethical and legal reasons under the Data Protection Act, adhered to by the Merton Council. On these grounds, all surveys, contact forms and telephone conversation guides were destroyed after their usage.

The measures that we took to ensure participant confidentiality helped to maintain the ethical integrity of our research. By showing respect and sensitivity towards respondents we hoped to gain a better understanding of their concerns. Appendix D, *Research Protocols*, consists of a description of the issues of confidentiality, whilst Appendix B, *A Primer on Disability*, explains sensitivity issues that must be considered in order to facilitate communications between non-impaired and impaired individuals.

### 3.2 Data Collection

Our principal methodology was a mail survey. This survey requested information regarding the adequacy of current services and the distribution of information provided by the Borough of Merton. We also conducted interviews of local voluntary organisations in order to gain an understanding of the services offered by the organisation and to gain a sense of the communication relationship with Social Services. We interviewed Merton Council personnel as well, in order to obtain information on services and how they correspond internally. Our third methodology was case study research, which continued throughout the project in order to provide insight to other services and communication systems that the Borough of Merton could offer. For more information on the data collection scheduling, please refer to the task chart contained in Appendix E.

## CASE STUDIES

### *Goals and Purpose*

We conducted case studies of services and facilities for the physically impaired. These included Social Services, Education departments, day centres, independent living centres and voluntary organisations responsible for services related to the physically impaired. We examined the services, activities and programmes offered in other London boroughs and by Worcester, Massachusetts. Additionally, these reviews provided the research team with an understanding of disability theory and background on infrastructure in other councils. An understanding of other services has provided us with the background necessary to help the London Borough of Merton improve their services.

### *Population*

We studied two main populations. First, we contacted Social Services and Education departments, voluntary organisations for the physically impaired and centres for independent living in other London authorities. These organisations provided us with an understanding of the relationship between Social Services and the physically impaired citizens in the London Borough of Camden, the Royal Borough of Kensington and Chelsea, and several “National Nearest Neighbour” boroughs (described in Chapter 2), including Enfield, Croydon, Sutton, Barnet and Redbridge. Information about the strengths and weaknesses of these centres gave us a basis for suggestions; specifically for improving communication methods to reach Merton’s physically impaired citizens. The second population we studied consisted of centres and services for the physically impaired in the area of Worcester, Massachusetts. These facilities provided us with an understanding of the services offered to physically impaired citizens of that city.

### *Data Collection*

We obtained the majority of our information from interviewing and archival research. We gathered information concerning area services from brochures, on-line materials and brief telephone interviews. Summaries of the telephone interviews with centres can be found in Appendix F, while Appendix G includes additional interviews with related personnel. Furthermore, background of each council authority has helped

us gain an understanding of the services, programmes and transportation availability offered in various locations.

### MAIL SURVEYS OF MERTON'S PHYSICALLY IMPAIRED

#### *Goals and Purpose*

Our research required an impersonal data collection method that provided access to a large population. Mail surveys were ideal because we surveyed a diverse and large population. Appendix D contains a more detailed description of surveying methods in general. Also, this type of survey provided us with easily conducted data collection methods. We used mail surveys to gain an understanding of the current needs and desires of the Borough of Merton's physically impaired population.

This survey method provided several benefits over face-to-face questionnaires. Primarily, mail surveys provided privacy to the respondent while they answered personal questions. The respondent was an anonymous donor of information because completion of the survey occurred in the absence of the project team. Therefore, the surveys were immediately separated from optional contact information upon return to the team (Salant 36). Additionally, bias introduced by the conductor was unlikely with the mail survey. During a verbal survey an interviewer may alter his or her vocal tone, even subconsciously, which could lead the respondent to answer a question in a particular way. Finally, mail surveys required less time to conduct. Fewer researchers are needed to conduct mail surveys because once the survey is finalised it is mailed to a prepared sample list.

Even though there were many advantages to mail surveys, several disadvantages of this method had to be considered. First, the population collected in the sample list may not have accurately reflected the target population. Second, upon receiving the survey the respondent had the opportunity not to respond. Non-response error could have caused severe bias of the collected data because only those individuals who held a strong opinion on the subject may have responded (Salant 37). As well, item non-response can become a problem if respondents did not complete the entire survey. Finally, the intended respondent of a given household may have allowed someone else to complete the survey or received assistance, for example, from a carer.

Although our survey results may have been affected by some bias, we feel that mail surveys were an appropriate and accurate method for our purposes. Additionally, in order to receive feedback regarding question format and clarity, we conducted a review of the mail survey questions at the All Saints Day Centre and with Social Services personnel. This pilot aided us in reducing potential non-response bias due to question clarity and usability.

### *Population*

The Department of Housing and Social Services provided us with the population for our mail survey from the SOSCIS records. This database contains a client index that provides basic information about the clients including what services they receive. The survey sample consisted of all persons with registered physical disability between the ages of fourteen and fifty-five. The resulting query provided seven hundred and thirty-six names and addresses.

In order to reach physically impaired people not officially registered as disabled, we created a notice stating that people could request a survey by telephone or electronic mail. The notice was posted at the All Saints Day Centre and Social Services field offices. We also contacted several organisations by telephone to explain the survey and sent a copy of the notice using a fax machine. Working with the MADP, we included a copy of the notice in its quarterly newsletter. The notice and the list of contacted voluntary organisations and services are included in Appendix H.

### *Data Collection*

We developed the questionnaire using advice from our liaison and advisors. A copy of the final survey can be found in Appendix I. The team revised the questions several times according to suggestions obtained from Social Services personnel. A legal representative of the Merton Council approved both the survey questionnaire and the methods by which names were collected (Cameron). The team signed necessary confidentiality statements under his direction.

On Wednesday 27 March 2002, we mailed the survey to the SOSCIS population. The team sent an additional survey due to a request during the following week. In total, seven hundred and thirty-seven surveys were mailed out. Additionally,

approximately twenty surveys were distributed to the All Saints Day Centre and the Merton Phab Club. The project team organised and tabulated these data from the 93 returned surveys (described in Chapter 5) by using specialised worksheets in Microsoft Excel. We also obtained a sample for follow-up telephone conversations from respondents who granted permission and information for further contact.

### FOLLOW-UP TELEPHONE CONVERSATIONS WITH PHYSICALLY IMPAIRED

#### *Goals and Purpose*

We conducted follow-up telephone conversations in order to learn more about the views of Merton residents with a physical impairment. These discussions provided additional information to the close-ended questionnaire. The semi-standardised interviews consisted of a set of predetermined questions formulated for flexibility.

#### *Population*

We spoke with a population gathered from voluntary respondents to the mail survey. Participants that completed the optional personal information section of the questionnaire were contacted. Approximately thirty people who completed the survey were willing to be contacted for an additional phone interview. Of these people, we reached twenty-four individuals. We attempted to contact the remaining six individuals, but received no answer to the telephone call.

#### *Data Collection*

Interview guides were the primary resource for our data collection. Copies of these guides may be found in Appendix J. We administered the standard questions from the interview guide in an established order that did not vary between interviews. The research conductor probed the interviewees for further information based on their responses to the standard questions (Berg 70). The structure implemented in our instrument ensured that the same basic set of questions had been presented to each interviewee. Also, structure prevented the administrator from unintentionally leaving out a question.

The predetermined interview guide consisted of twelve open-ended questions. The first set of questions concerned the current services the participant uses, how they learn about services and other opportunities in which they were interested. Another line of questioning focused on the broader community issues important to the respondent. Results from the telephone conversations are included in Chapter 5.

### INTERVIEWS WITH ORGANISATIONAL REPRESENTATIVES

#### *Goals and Purpose*

We interviewed two populations in order to obtain an understanding of the communication issues offered by local voluntary organisations and Social Services. Interviews helped us to determine how the Borough can improve its relationship with impaired people and provided information about current services. We chose standardised interviews with each population in order to emphasise facts.

#### *Population*

The liaison provided names and contacts for relevant voluntary organisations in the Merton area. This population consisted of Disability Alliance Merton (DAM), Merton Association for Disabled Persons (MADP), and Merton Physically Handicapped and Able Bodied (Phab) Club (see Chapter 2 for introductory information on these groups). Merton Council personnel that work with the physically impaired also took part in interviews. This population consisted of the manager of the All Saints Day Centre, the physical impairment service manager, fieldwork manager and an occupational therapist.

#### *Data Collection*

We conducted interviews throughout the term in order to maximise productivity. Each interviewee received a one-page project brief that outlined the project goals and methodology, which can be found in Appendix H, at the start of the interviews. We used a prepared interview guide for each interview, which is included in Appendix J. These guides consisted of relevant questions regarding with whom the individual interacts, which individuals make planning decisions, what services they provide and how they currently interact with the Merton Council government. Additional open-ended questions helped determine any suggestions the individual

might have had for the Borough of Merton to increase its support of the physically impaired.

For other voluntary organisations, team members telephoned the various offices, which were included in the "Directory of Community Organisations in Merton" (Merton Voluntary Service Council). We gave specific emphasis on contact to organisations that mentioned "disability" in their description as well as ethnic minority groups in the borough. The brief conversations consisted of determining whether the organisation works with any people with physical impairments and whether they are knowledgeable of any other related groups to contact.

### MATERIALS

All of our methods required basic stationery. However, several methods required extra materials. First, the mailing of our survey required two different size envelopes. The mailing included the cover letter, survey and a self-addressed prepaid postage envelope. The team stuffed the survey in the mailroom with mechanical assistance.

## **3.3 Data Compilation**

### QUALITATIVE AND QUANTITATIVE EXAMINATION OF COLLECTED DATA

We assessed all open-ended question data in a similar manner. The group compiled the summary guides from follow-up telephone conversations into relevant categories. After examining the guides, we tagged the answers of participants according to whether the statement was a positive answer, negative answer, or suggestion for change (Catterall 4.7). The data aided in shaping recommendations for the Department of Housing and Social Services. Also, we assessed information obtained from interviews in order to acquire a background of what services are offered. Categories for case study data included what types of services were offered, methods of creating information for the public and the relationship Social Services has with local voluntary disabled groups. When appropriately analysed, data from the various methods assisted in obtaining conclusive results through triangulation.

## COMPARISON AND ANALYSIS OF COLLECTED DATA

### *Case Studies*

The data collected from the case studies have been used by the team to consider good practices used by other local authorities that have a positive relationship with the physically impaired. By associating these examples with the results from the mail survey and Council interviews, we performed a comprehensive analysis of both satisfactory and deficient communication methods implemented by Social Services departments in other London boroughs. Furthermore, we have focused on several voluntary organisations within the boroughs for comparison between their activities and association with the local Social Services. The variety, length and appropriateness of the activities offered by the boroughs and organisations have been used to determine a basis for improvement of current Social Services activities.

### *Physically Impaired Population*

Information from the physically impaired population consisted of the mail survey and follow-up telephone conversations. Data comparison allowed a detailed understanding of the opinions of the population regarding services offered by Social Services and how individuals learn about these services. The team created a Microsoft Excel worksheet for data analysis, which enabled selection of data based on various categories. Survey analysis will be discussed in more detail in Chapter 5.

### *Organisational Representatives*

We organised the data collected from interviews with staff of voluntary organisations and the Merton Council into interview briefs. The project team then used these data to determine the roles of voluntary organisations in the Borough. The responses gathered from the voluntary organisations also gave us an understanding of whether or not the organisation felt that Social Services fostered adequate support and consultation. Data collected from Merton Council personnel provided a better understanding of the services offered by the Borough.



### **3.4 Summary**

In summary, we have gathered relevant and practical information regarding the opinions and needs of the physically impaired residents of the Borough of Merton. We organised these data in appropriate methods in order to properly display our findings. Results from our data collection and analysis led to the proposal of recommendations for the Social Services Department. These suggestions can be implemented to increase utilisation of social services and improve communication with the Merton physically impaired population.

## Chapter 4: Data and Analysis of Case Studies and Interviews

This chapter describes the data we collected in our case studies and interviews with Merton Council personnel and voluntary organisation representatives. Each section also includes a brief analysis of the data. Case studies are presented first and give information about good and poor practices in other London boroughs. The team acquired an understanding of communication approaches that Merton can take in regards to people with physical impairment. Furthermore, Council interviews and interviews with voluntary organisation representatives helped us to discover areas within current communication and interaction which need improvement. A summary of the data and a thorough analysis of the results are presented in the last section of the chapter.

### 4.1 Case Studies

The following sections present the case studies we performed. We began by collecting information about services and communication methods in Worcester, Massachusetts in the United States and then with several London boroughs. Our focus converged on several of the "Nearest Neighbour" boroughs similar to Merton, which are discussed in Chapter 2. These include Enfield, Redbridge, Croydon, Sutton and Barnet. In most authorities, the team made attempts to contact the local Department of Social Services, called "Community Services" in some areas, the Education Department, and prominent disability organisations.

#### WORCESTER, MASSACHUSETTS

The City of Worcester provides referral and information services through the Department of Human Resources. See Appendix G for preliminary interview summaries with Worcester personnel. The city does not allocate any funds specifically to its physically impaired residents. Instead, the city provides local

businesses and organisations with accessibility information concerning unblocked pathways, restroom facilities, parking, and building entrances.

Pertaining to communication with residents, the city sponsors a monthly advisory committee regarding programmes for the physically impaired. The committee consists of people with physical impairments who provide a basis of communication regarding success of current programmes. Worcester also accommodates both the Center for Living and Working and the Seven Hills Foundation, organisations that cater to the needs of disabled people and tend to focus on independent living, which Merton Social Services is currently examining. However, in Worcester there is little direct interaction with the local government.

#### *Center for Living and Working*

The Center for Living and Working (CLW), a voluntary organisation based in Worcester, provides services for people with disabilities. As an independent living centre, CLW specialists focus on skills training to teach people how to live more independently. In doing so, CLW acts as an advocacy centre throughout the Central Massachusetts region and can also assist in emergency intervention and general referrals. The areas of legal rights, education, employment, nutrition, housing, personal/self-help, recreation activities and daily living activities are covered. The state-wide "Mass Access" database is available, which highlights accessible housing and rates the housing according to ease of use.

Civil rights are included in the CLW provisions, such as "reasonable accommodation" in housing and the workplace and funding sources for home modification and adaptation. Another programme of Personal Care Attendant is facilitated to those with permanent disability that medically need help and assistance with "instrumental tasks" such as cleaning and shopping. Moreover, the Center for Living and Working maintains a disability awareness programme for younger children called Let Them Ask. Presented in local schools, the children can participate by asking questions about disabled people and learning about the lives of those with impairments (Putnam). Such educational presentations may enhance public understanding of disability issues.

### *Seven Hills Foundation*

The Seven Hills Foundation is a private organisation that provides a wide variety of services to individuals with developmental impairments. The mission of this organisation is to "promote and encourage the empowerment of people with significant challenges so that each may pursue their highest possible degree of personal well being and independence" (Seven Hills). Seven Hills emphasises the concepts of autonomy, community and choice through affiliated programmes including professional development, quality assurance, grant proposal writing and web site development. Independence is stressed by the foundation through programmes that build self-respect and self-determination. Teaching of basic day-to-day skills, utilising assistive technology, and encouraging participation in local government help build independence skills and confidence.

Community is also an essential aspect of the Seven Hills Foundation. Social events and support groups are arranged by the foundation to aid the building of personal relationships. Additionally, the organisation promotes the rights of the physically impaired through a community partnership of family, individual and legislative advocacy programmes. Seven Hills Community Services, Inc. provides individual support, community-based day services, and family support throughout the Commonwealth of Massachusetts.

Personal choice is emphasised by the Seven Hills Foundation through a variety of programmes designed to aid physically impaired individuals and their families with day-to-day needs. These programmes include home care, family support, recreation, respite care, day rehabilitation, adult day health, school support, Seven Hills Academy, and Career Source (Seven Hills). These programmes offer several choices of support, so that the type of support can be determined on a case-to-case basis, similar to the concepts behind direct payments in the United Kingdom.

### *Social Security in the United States*

American financial aid programmes for the physically impaired are administered differently than in the United Kingdom. The American equivalent to direct payments, Social Security Insurance, provides qualified candidates with only a minimum poverty level income. Another equivalent of direct payments is Disability Insurance. Only individuals who have contributed to the social security system

through prior employment can receive these payments. The amount of aid depends on the quantity of money the individual put into the system while employed (Worcester; Raymond).

### ROYAL BOROUGH OF KENSINGTON AND CHELSEA

#### *Council Services*

The Royal Borough of Kensington and Chelsea has a similar budget and population size as Merton; however, it is located closer to Central London (Association of London Government "Statistical"). The authority includes a variety of resources and services for disabled residents. As in most London boroughs, Kensington and Chelsea provide concessionary travel such as the Freedom Pass, Taxi Card and the Blue Badge parking scheme (formerly labelled orange and purple). A register of people with disabilities is kept in the Department of Social Services, as well.

The Publications Officer for Social Services, Miss Penny Richards, indicated that leaflets currently are undergoing revisions. The process for creating the leaflets on physical disability is extensive. Initially, Ms. Richards contacts social workers on what to include about services, and from that information, a draft is made. A steering group reviews the draft. These groups may include representatives from the local voluntary organisations, social workers, and any department listed in the booklet. Feedback from the steering group is used to finalise the literature. Good practice such as this consultation and interaction with local people to whom services are aimed may assist Merton in its communication needs.

The Physical Disability Team consists of social workers, also known as care managers, who work with people who have a permanent physical disability. Care managers can provide information about services in the Borough and surrounding communities as well as arrange services. Client literature describes what assessment involves, facilitating communication between Social Services, doctors and carers. Leaflets provided by the Physical Disability Team also contain contacts for local voluntary organisations, such as, Action Disability Kensington & Chelsea, housing and benefits advice services, and employment training.

Services and schedules are co-ordinated by the care managers and regularly reviewed. Home Care Assessment Teams can arrange for help with tasks such as housework, hygiene and shopping to "remain safely and independently in your own

home." Additionally, the managers co-ordinate support through the Direct Payment Scheme and the Independent Living Fund (Kensington Physical Disability Team). The team can be contacted via telephone, mail and e-mail.

Another key function offered in the Borough is the website. Information about local community organisations is incorporated into in a database. Currently, information regarding accessibility to the organisation offices or meetings is being collected for inclusion in the listings.

#### *Action Disability Kensington & Chelsea*

The Action Disability Kensington & Chelsea (ADKC) is a voluntary organisation in the Royal Borough of Kensington and Chelsea. This organisation oversees several projects for people with a variety of disabilities, including physical impairments. A general Advice Service is available by telephone or appointment with an Information Officer. Seminars, fact sheets and events concerning disability are organised. A free newsletter is sent to all members of ADKC and includes information about disability issues and is available in a variety of formats. Members tend to be on higher end of the age spectrum, but this may change due to restructuring of services for older people in the Borough.

The Young People's Project is geared towards the age range of fourteen to twenty five. The project provides a self-advocacy group to interested young people, which allows them to express their views regarding current services and to receive peer support. ADKC also provides a newsletter for the younger population through the Young People's Project. If problems arise, a meeting can be held with the young person and the service provider. The ADKC also has a Leisure Project, which organises activities both in and out of the centre, and a Holiday Project; however, due to budget issues, this is undergoing cutbacks. When funds are available, members decide activities during regular meetings (Mulchandani).

The ADKC offers a variety of other programmes in the areas of continuing education, independent living, and holiday planning (Action Disability Annual Report). The Lifelong Learning Project is available for members who would like to learn new skills, hobbies or training. Personnel can assist people in finding courses and funding, advise on sources of assistive technology, and arrange for a volunteer assistant in the class. Through the service, AKDC also provides Disability Equality

Training sessions and equipment information to education providers. Support when applying for direct payment and filing insurance and tax forms is available through the Independent Living Project. Advice is also available about locating personal assistance and about independent living in general.

The facilities at the AKDC centre are quite accessible. There are three accessible water closets, a loop system for hearing impairments, "minicoms" offering TDD services, a Braillewriter machine, and even selected colour schemes for the visually impaired. A kitchen is accessible as well, with movable counters and stove range, and a talking microwave. The centre can accommodate classes such as computers, massage, and reflexology therapy. AKDC receives approximately half of its funding from Social Services. Although, there may be some problems interacting with the office, AKDC still manages to be successful. Overall, the AKDC is a high-quality model of how voluntary organisations can provide services for and by disabled persons.

#### *Disabled Living Foundation*

The Disabled Living Foundation (DLF) focuses on providing information to encourage independent living. The charity provides impartial information about assistive technology and equipment, which can "mean the difference between relying on friends and carers, or remaining independent and in control of your own life" (Disabled Living Foundation [Our Mission](#)). They also work to acquaint clients on issues regarding independent living and personal choice in services (Disabled Living Foundation [Mission](#)). Trained healthcare professionals staff the help-line by advising and making necessary referrals. The Equipment Centre located at DLF is a substantial demonstration centre that allows visitors to try out equipment before they buy it from an outside supplier. Providing clothing and footwear is another area of services, as many disabled people have concerns about appropriate dress.

The foundation also provides information to disabled people concerning equipment, gadgets, and innovative techniques. The "DLF Data" is a complete database on services, equipment and organisations. The entries are kept up to date and subscriptions in either print, web-based or CD-ROM formats are used by various agencies, including the Kensington and Chelsea Department of Social Services. Moreover, a training and guidance programme for "healthcare professionals,

associated staff and carers" is also supplied by the Disabled Living Foundation. Courses are run by request on-site in accessible conference facilities (Disabled Living Foundation). Overall, DLF has a large share of information on equipment and its applicability to independent living.

### LONDON BOROUGH OF CAMDEN

#### *Council Services*

The London Borough of Camden has a similar population size yet larger budget than Merton (Association of London Government Statistical). Ms. Anne Hodgson acts as the Social Service's public information officer who creates leaflets about services in the authority. When preparing to create a new document, she confers with those people who will be using leaflets and several specialists in the field. Consultations with staff who work with the users and voluntary organisations result in recommendations of what the actual users think about the leaflet. Generally, leaflets take approximately six weeks to create, with two weeks each for initial research, revision, and printing. If the project takes a considerable amount of time, contacts and facts must be rechecked as changes might have occurred (Hodgson). Therefore, it is important to keep information in leaflets and on the website up-to-date, as Merton already accomplishes. As well, the Camden website includes both a section on independent living and an "A - Z Search" feature, which is a browseable directory of services and voluntary organisations.

#### *Disability in Camden*

The Borough of Camden has several voluntary organisations. Disability in Camden (DISC) has two offices that offer information services. In particular, free and confidential advice is available by appointment in advance or by telephone (Disability in Camden Advice). As expressed in the information leaflet, topics include financial and money problems, transport and mobility issues, and carer services in the home. Also, DISC Advice Workers can provide guidance about training for employment and housing opportunities. Specific Support Workers address issues of direct payments, and workability schemes.

If the staff cannot provide a direct answer, they refer the client to another agency. The staff will help facilitate referrals to the appropriate organisations by



distributing information through a database. This is important because “studies have shown that people rarely pursue a request for information if they do not receive any help during their first two attempts at finding it” (Disability in Camden Discovery 2).

The office is fully accessible and includes an induction loop for the hearing impaired. A free and informative newsletter, “Discovery,” is also sent out quarterly providing descriptions of the services in the agency, the community members, and the national news relating to disabled people. Additional DISC activities include sessions on osteopathy, reflexology, homeopathy, yoga, dance moves, and music. If interpretation services are needed, DISC can try to arrange for a British Sign Language interpreter as well. DISC makes an effort to be accessible to all impairments. At a recent general meeting, interpreters, palantypists, and other support staff were on hand to help with communication and access. Opportunities for suggestions and complaints are specifically addressed and pledged to not “jeopardise the service you receive” (1).

#### LONDON BOROUGH OF ENFIELD

The London Borough of Enfield is the main "Nearest Neighbour" which has attributes most similar to Merton. The first point of contact regarding services for people with physical impairments is Social Services Direct. This office helps direct persons to appropriate divisions in the department. The reception will direct enquiries to the appropriate personnel in the Disability Services office. That division works with people with hearing, visual and mobility impairments as well as health-related and persons with HIV/AIDS. Mr. Kahn, the Manager of Disability Services, stated that information distribution and collaboration with other departments is done on an individual basis. For students in special needs schools who are about to leave or reach eighteen years of age, a meeting is held quarterly to discuss the options. The Education department and Children's Services discuss daily living needs, placement and support for the young adult (Kahn). This is equivalent to the Transition Planning used in Merton, which is explained in Appendix K.

Ms. Emily Sault, the Public Information Officer for Enfield Social Services, handles information to the general public. She produces the leaflets and publicity. In the past, the Borough of Enfield has created a short video for the hearing impaired about Social Services, finding housing, making complaints, and other related

information. The video is available by loan from Disability Services and the local library. As well, in order to help shape services to comply with the Department of Health's *Better Care, Higher Standards* policy, a day event of focus groups was held with service users, carers, and representatives from voluntary organisations. The result consisted of suggestions the participants had for Enfield, mainly the need for documents explaining Social Services for disabled people and respite care.

Social Services took the suggestion for documents into consideration by working with the voluntary organisations Enfield Disability Action and the Occupational Therapy Action Group. The Enfield Disability Action group was attempting to create their own booklet about services and opportunities in Enfield, yet was not able to acquire the necessary funding. Social Services stepped in and funded the booklet as a local authority publication. The resulting "Essential Guide to People with Disabilities" is within accessible Royal Institute for the Blind guidelines, including Arial typeface, 12 to 14 point, and integrated black and white contrast, and contains information on finding advice, money, services, and what locations are accessible for leisure purposes (Sault).

#### LONDON BOROUGH OF REDBRIDGE

In the Borough of Redbridge, Social Services makes referrals regarding physical impairment to the Community Care Advice Centre (CCAC). The CCAC staff can provide information about services and make assessments of disabled individuals. There is no specific team that deals with physical impairment; however, sensory impairments, which the Redbridge authority considers to be "physical disability," are covered. Services related to physical impairment are mainly focused at persons affected by stroke or Parkinson's disease. In these situations, most contact by Social Services is with family members or carers, rather than the individual directly.

Social Services has a contract with the Sensory Impairment Team located at the Royal Institute for the Deaf, which deal with hearing and visual impairments. The client population mainly consists of people over sixty-five years old. The team does make referrals for older persons to the Redbridge Voluntary Care organisation for personal assistance and mobility help (CCAC).

Inter-department communication is similar to other boroughs, as there is a group that meets regarding school-leavers going to work. The Children with

Disabilities Team is the main participant in these discussions. Redbridge is working towards partnership with other departments; however, it is still under development (Alton).

### LONDON BOROUGH OF CROYDON

The Borough of Croydon is currently undergoing a "Best Value Review" on how the council works with its physically disabled residents. This study is a Council-wide endeavour, including Social Services, Housing, and other departments. Ms. Marjorie Edwards is the Manager for the Project Team in Social Services and is co-ordinating a study of how services are currently operating and highlighting needs for improvement. A portion of the project concerns how the Borough communicates with the physically impaired and if there is adequate access to services. Stakeholders including service users, voluntary groups, and staff members are being consulted. Working with representatives from the Croydon Voluntary Action group, which often has forums on disability, the team can assess what clients need and desire. In order to ensure data protection of members, Social Services is able to give the voluntary organisation leaflets on services and events, which the organisation then mails to clients. The outcome of the study will be a five-year action plan for improving services (Edwards). A similar direction strategy may be helpful for Merton to develop. However, a timeline rather than a full study may be more practical and allow for more immediate action.

The Education department contains a Special Needs Team. The staff members work with Social Services as students make a transition to further education. A monthly panel is run, which discusses specific needs for school-leaving children. Social Services members are included in the dialogue on what special colleges might be appropriate. There is a special school for impaired children up to the age of sixteen, but most of disabled children attend mainstream schools in the Borough.

### LONDON BOROUGH OF SUTTON

#### *Social Services*

From attempted contacts, Sutton Social Services demonstrates the gaps in communication often encountered by clients. The phone number for Social Services is not listed on the website, so our initial contact was with a local organisation to find

the telephone number for the main Sutton Council switchboard. The switchboard referred us to Social Services who in turn referred us to the "New Clients" section. This office referred us to the Stationary division, who in turn recommended we go back to the Social Services benefits office. Therefore, information concerning Sutton Social Services was not obtained due to this bad practice. In spite of this, the Sutton Council website does contain an "A to Z" directory of Council services and local voluntary organisations.

#### *Sutton Centre for Independent Living and Learning*

The Sutton Centre for Independent Living and Learning (SCILL) is a private institution located in the Borough of Sutton. The centre is funded by private charities and staffed by its own volunteer corps (See Appendix F, *Summary of Day Centre Contacts*). Although the organisation houses the Sutton Disability Association and the Sutton Association for the Blind, the primary focus of this centre is the skill centre for physical and sensory impairments. Individuals are referred to the skill centre by Disability Discrimination Act enforcement agencies. They offer a variety of courses to promote independent living, including gym, computers, art, pottery and sign language. Also, the Centre for Independent Living and Learning provides employment improvement opportunities through courses in curriculum vitae writing and job training (Sutton).

#### *Anton Crescent Day Centre for Disabled People*

The Anton Crescent Day Centre for Disabled People is a public institution in the Borough of Sutton. This centre provides services for over two hundred individuals of various learning abilities (See Appendix F for the interview summary). Even though this centre is geared towards individuals with learning disabilities, their diversity of programmes qualified the centre for review. The centre has a special care unit for individuals with profound impairments. Also, the centre has a separate division for those over fifty-five years. The main focus of the centre involves a training division in daily activities and job skills. General training is provided in literacy, math, computers, cooking, and independent living. Workshops are also offered in candle, jewellery, and leather making.

The centre also houses several businesses that provide retail skill training. The print shop produces invitations and stationary, while a coffee shop café is staffed and managed by centre participants and offers a catering service to the community. A horticulture park section contains a conservation voluntary unit that teaches gardening. As well, the centre houses a textile and wood working shop. Each of these businesses involves a specific industry.

This centre is a decent example of a successful programme similar to Welfare to Work. Job skills training, specifically retail skills, are emphasised in a variety of programmes available to individuals of most ability levels (Melonaski). Even though the centre is not specifically for people with physical impairments, it provides an example of possible activities for consideration should the Merton Council or voluntary organisations become interested in starting an independent living centre.

#### LONDON BOROUGH OF BARNET

The Borough of Barnet tends to have a much older population than other boroughs. Disability Action is a voluntary organisation, which provides services in the general areas of accessibility, independent living advice and counselling in the Borough. Additionally, a gardening project group performs minor yard work for disabled persons and an outreach service visits those people who are unable to leave their residence. Disability Equality Training is also performed for "small groups and large corporations in the U.K." (Disability Action).

Disability Action staff members describe the relationship that the voluntary organisation has with the local authority as "very good." On-going positive communication with the Social Services department includes almost daily conversation with social workers and occupational therapists. Referrals are received from Social Services as well as suggestions given for clients to contact occupational therapists and social workers. They also provide information about funding and grants not related to Social Services and interact with Education staff and Jobcentres as needed (Wilchin).

## 4.2 Council Interviews

In addition to case study research, we conducted interviews with Merton Council personnel to gain an understanding of the communication issues that face Social Services staff. During the interviews, which are summarised in Appendix J, the team explored the manners in which the Social Services Department communicates with the physically impaired. Also, the project group used information gathered during these interviews in order to determine communication gaps between Council departments and with the physically impaired.

Communication gaps between Council departments were both expressed during interviews and experienced by the team while researching. We had difficulty contacting both the Departments of Education and Employment. While attempting to arrange interviews with these departments we had problems in receiving return calls and being provided information. We did not receive any response from Disability Employment Advisors (DEA) or from the three Jobcentres in Merton, despite follow-up and visiting the Wimbledon Jobcentre in person. Several Social Services staff mentioned that the Employment Service might have a larger listing of people who receive assistance within the target ages of eighteen to forty-five. As well, the Insufficient Concern report mentions an existing "Access to Work" employment database (Rinaldi 30). The contact between Social Services and DEA officers appears minimal. Improvement of relations between these departments may increase the success of the Welfare to Work agenda. Social Service personnel commonly encounter these types of difficulties when contacting other departments.

Additionally, a communication gap exists between the main Social Services and Occupational Therapy divisions. The occupational therapist we spoke with stated that she had to refer clients to a social worker to learn about services or local groups. This lack of direct access concerned her because it would be simpler for the client if he or she could receive information from a resource they are already using, as opposed to having to wait even longer to initiate contact with a social worker.

The Social Services Department communicates with the physically impaired primarily through leaflets. Non-service users or individuals new to the community would most likely obtain information regarding services in this format. Leaflets are mainly distributed in the waiting areas of Social Services fieldwork offices and in the waiting area of Merton Link in the Civic Centre. A common comment amongst the

interviews regarding these leaflets was that the information pamphlets were not distributed well enough throughout the Borough. This results in new service users not being able to obtain information.

The major communication gap that worried Council personnel was the minimal contact with younger physically impaired individuals. Currently very few residents between the ages of eighteen and forty-five utilise Social Services. This gap appears to originate from a decrease in service usage after leaving school. Children that require special needs are provided services from the Department of Education but do not seem to want or require social services after they obtain their degree. This could possibly be caused by several factors. First, the individual may go on to college. While at university he or she may receive services from that institution, therefore not requiring services from the Borough. Second, the individual may move out of Merton. New graduates of other boroughs moving into the Borough may counteract this. Finally, the individual may begin work immediately.

The Borough of Merton would like to improve its communication with the younger physically impaired group to ensure that they are aware of services and their benefits. Council personnel would like to avoid the likely negative situation of a physically impaired individual housebound and lonely. The Social Services Department wants to ensure that this potential population is fully aware of services, such as day centres, which can be utilised for socialisation or job training. Our recommendations based on interview responses concerning how to improve communication with this population can be found in Chapter 6.

### **4.3 Voluntary Organisation Interviews**

We interviewed representatives from Merton's main voluntary organisations that provide services to the physically impaired. Summaries of the interviews are included in Appendix J. The main purpose of these interviews was for the project team to gain an understanding of the day-to-day workings of the organisation. Information regarding daily activities of each organisation was presented as background information in Chapter 2.

Another purpose of these interviews was for the project team to determine how the organisations interact with Social Services. In general, relations between Social Services and voluntary organisations appear to be limited to funding and referrals. We have found that voluntary organisations would like to improve their relationship with Social Services. Better interaction between these two groups would benefit both Social Services and the organisation members.

This population expressed similar trends in communication gaps as discussed for the Merton Council. All individuals interviewed conveyed concerns regarding the younger physically impaired population. Leaders of the voluntary organisations offered the same possible reasons as Council personnel for the communication gaps and proposed similar solutions to the problems. Representatives emphasized that both specialty and regular schools should be consulted to minimize the communication gap with the younger physically impaired. Social Services should have a regular contact with schools in order to remain aware of the needs and future plans of students leaving school.

Additionally, the DAM representatives explained gaps in the Welfare to Work programme to the team, including several communication breaks. First, the scheme is fairly new; therefore, information has not yet become readily available to the community. Second, individuals who receive job training are not provided with adequate job placement assistance. For example, the centre that supplies job training does not necessarily also offer jobs placement assistance. Finally, job support for individuals currently working is limited. Job support entails assistance from a third party regarding adaptation, discrimination, and general counselling. Reducing the gaps between the major divisions of the programme would increase the successful employment of clients.

Voluntary organisation representatives also expressed interest in becoming more knowledgeable about services. Organisations appear to be willing to inform members of services if Social Services were to provide appropriate information. The representatives that we spoke with would benefit from more detailed information than provided by leaflets. For example, Phab invited a Social Services representative to give a talk on direct payments. Future sessions that resemble this one would be more informative and beneficial than simply distributing pamphlets to an organisation. An increased understanding of services would allow the organisations to keep their members better informed of services.



## 4.4 Summary

### CASE STUDY RESULTS

A majority of the London Boroughs considered for case studies have similar methods of communication as Merton. For instance, all boroughs provide a variety of leaflets concerning the Social Services or Community Services in the local authority aimed at people with physical impairments. A main difficulty in collecting data continues to be information gaps, both within and between the departments.

Several Social Services departments contacted were either occupied or reception did not know to whom our enquiry should be referred. In such cases, we sent a faxed request, included in Appendix H, for information. However the response was minimal or none was received without extensive follow-up. Other problematic issues in obtaining information included the prevalence of holiday leave during the duration of our project. Also, reception officers would often refer the team to incorrect staff or a wrong number, refer enquiries back to another section previously contacted, or attempt to answer the questions themselves. In some cases, the reply was inadequate. The number of jumps to other offices and departments actively discourages those interested in services and current users from retrieving needed information. Situations such as the difficult interaction with Sutton Council departments should be avoided if possible or be kept at a minimum if Merton desires to offer efficient information about Social Services. With persistence, the team managed to gather the necessary data and noted the following features.

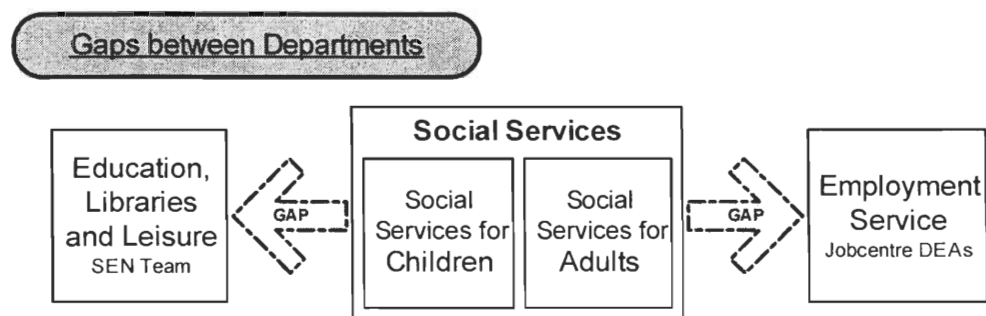
Predominantly, public information officers in the local Social Services departments provided a major source of information concerning communications and publications. These individuals often work closely with producing leaflets and videos associated with the entire department, but may have some form of contact with organisations related to physical impairments. Since leaflets and booklets are often forms of significant contact for people with impairments, the public information officers tend to acquire a better understanding of the desires of both social workers and the community population through their research.

The best examples of good practice that we encountered exist in the Borough of Enfield and the Royal Borough of Kensington and Chelsea. The use of focus groups and the increased interaction with voluntary organisations by Enfield has led

to improvements in communication. Likewise, Kensington and Chelsea lists its voluntary organisations on its website and incorporates feedback from a local voluntary organisation. By increasing the visibility of voluntary organisations and possibly helping increase membership through interaction, Merton can benefit in being able to contact more concentrated groups of the physically impaired than non-affiliated individuals scattered throughout the Borough. Additionally, Worcester, Massachusetts had more emphasis on road and pavement conditions, a topic of concern of the residents of Merton. Another good practice is the usage of disability equality training by local voluntary organisations, such as Disability Action in Barnet. These workshops tend to deal with independent living issues and emphasise the importance of recognising the social disability model.

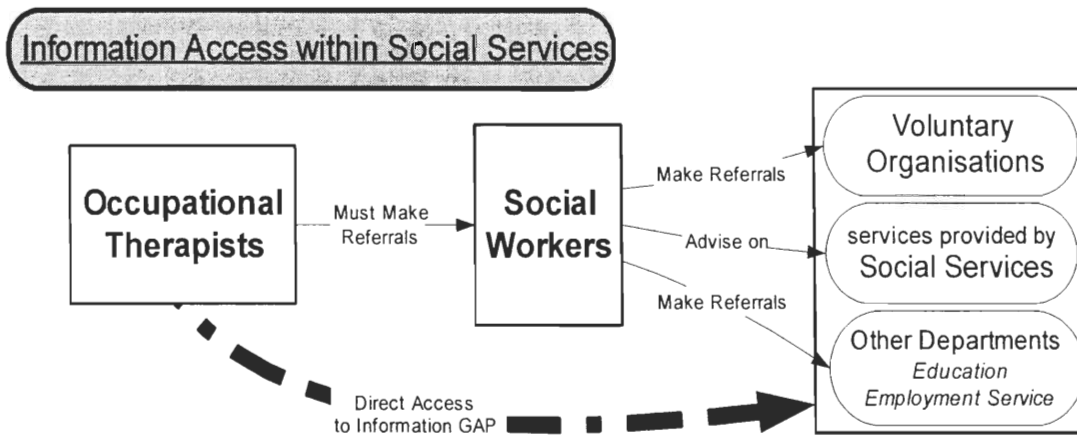
### INFORMATION AND COMMUNICATION GAPS

Furthermore, through our research we determined four main communication gaps. These disparities include information accessibility within Social Services and between other departments in Merton, low contact with voluntary organisations and young adults and employment-related services.



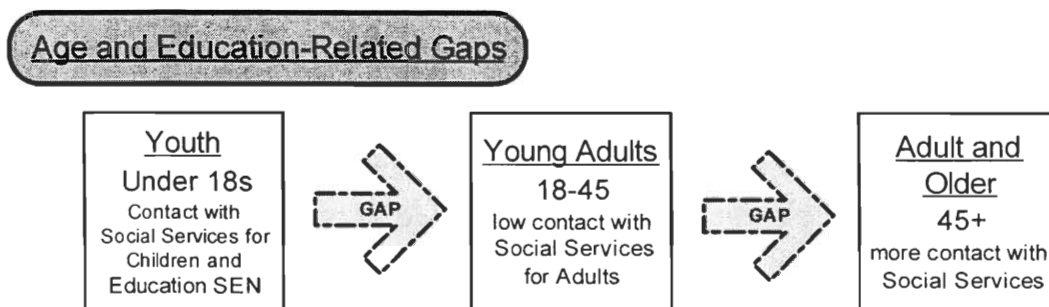
**Figure 4.1: Gaps between Social Services and Other Departments**

First, we identified a departmental communication gap. This gap exists in two forms. One type of gap is between the different Merton Council departments, shown in Figure 4.1. This gap prevents easy and efficient communication between the Social Services Department and other departments, such as the Education, Leisure, and Libraries Department, the National Health Service and the local Employment Service Jobcentres. A lack of communication between these departments affects the services offered to young adults with physical impairments.



**Figure 4.2: Example of Information Gap within Social Services**

The team noticed another form of departmental gap between different branches of Social Services. An illustration of this gap is shown in Figure 4.2 concerning the occupational therapists. If the staff of this branch of Social Services were more knowledgeable of other services offered and of local voluntary organisations, clients would be able to obtain information easier without being referred to a social worker or case manager. This is also similar to the interactions between Social Services for Children and Social Services for Adults and is explained further in Appendix K.



**Figure 4.3: Age and Education-Related Gaps**

The second major communication gap that we identified was between Social Services and the younger physically impaired population, depicted in Figure 4.2. Possible reasons for this gap are discussed earlier in this chapter in the Council Interviews section. Additionally, the situation might result from a lack of easy transition between children and adult services dealing with the Children with

Disabilities team in the Social Services for Children branch and the Special Education Needs team of the Education, Libraries and Leisure Department.

This break in contact is a major concern for the Social Services Department for several reasons. Mainly, the department is worried that this population, because it is not aware of services, is not integrating into the community. As well, Social Services staff cannot develop new services or revise old services unless they are aware of the needs and desires of the target population. Therefore, new programmes, such as the Welfare to Work agenda, will be successful only if people are interested and if residents are aware of the services.

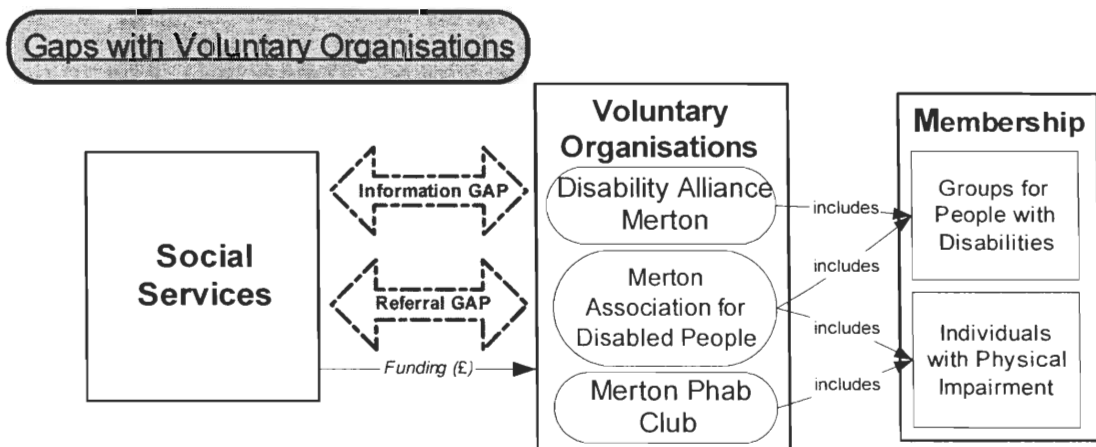


Figure 4.4: Gaps Between Social Services and Local Voluntary Organisations

A third communication gap exists between the Merton voluntary organisations and Social Services. Currently, voluntary organisations have limited interaction with Social Services, which usually does not go beyond funding. There is room for improvement in the areas of referrals and shared information. This is demonstrated in Figure 4.4, above. These organisations have the ability to be a useful resource for Social Services to distribute and collect information regarding services. Voluntary organisations regularly provide information to their members during meetings and via mailings. If these organisations were to have information that conveys a better understanding of services, then they could provide more detailed information to their members.

Through further networking, the members of an organisation may relate information to non-members, dispersing the information to a larger population. Additionally, feedback concerning the opinions the population have of services may be collected from voluntary organisations. If Social Services and a voluntary organisation could arrange regular discussion groups regarding services, a forum of dependable communication could be established.

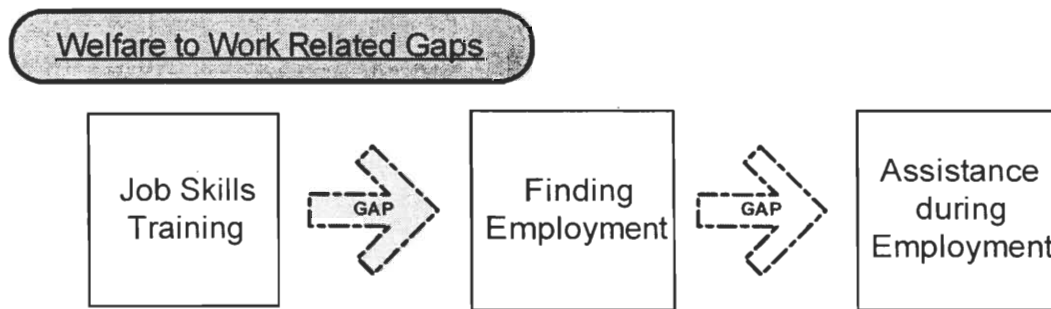


Figure 4.5: Welfare to Work Related Gaps

Finally, communication gaps in the Welfare to Work scheme (visualised in Figure 4.5 above) have been identified by the voluntary organisations. These gaps were discussed earlier. Currently, the scheme has three branches: training, placement, and support. These branches are not well linked and these breaks in communication may diminish the effectiveness of the scheme.

#### SYNOPSIS

In summary, we have used interviews with Merton Council personnel and voluntary organisation representatives to identify the four main communication gaps facing the Social Services Department. These gaps may hinder the successful distribution of information concerning current and new services offered by Social Services. Practices obtained from the case study results can offer insight on ways Merton can alleviate the problematic areas. The administrative supervisors would like to improve communication with the physically impaired residents of Merton. Along with data obtained from the mail survey, we kept these perspectives in mind when preparing our recommendations, which we discuss in Chapter 6, *Conclusions and Recommendations*.

## Chapter 5: Survey Data and Analysis

This chapter discusses the data, analysis, and results from the most significant sections of our project: the mail survey and follow-up telephone conversations. In the first section, we discuss the survey's response rate. Second, we review our methods of data analysis and present graphical representations of our data. Data are divided by question and relevant demographics. The third section discusses data collected from our follow-up telephone conversations. The fourth and final section consists of the results produced from the data discussed in this chapter.

### 5.1 Response Rate

The majority of our surveys (95%) were sent through the mail, but in some instances surveys were distributed in different manners. A complete copy of the mail survey can be found in Appendix I. Several surveys were left at the All Saints Day Centre, so that the participants there could voice their opinions. Another group of surveys was left with a co-ordinator of the PHAB organisation. In total, about 750 surveys were distributed to physically impaired residents of Merton. A total of 91 surveys were completed and returned, while 15 were returned due to out-of-date

| Age Range | Surveys Received |
|-----------|------------------|
| Under 18  | 4                |
| 18 to 25  | 2                |
| 26 to 45  | 43               |
| 46 to 65  | 41               |
| 66+       | 1                |

Table 5.1: Surveys Received by Age Range

address information. This gave us a response rate of over 13%. Table 5.1 shows how many surveys were received from each of the five age ranges. Moreover, out of the surveys returned, 30 respondents agreed to complete the optional *telephone interview* section. We were not expecting such a high response to this section, but the large response indicated that people felt strongly about the issues at hand.

Although we received ninety-one responses to the survey, we did encounter problems with a few of them. A small number of respondents skipped one or several questions. The majority of this was due to a problem encountered when the surveys were copied. The survey itself was supposed to be duplicated with all sheets being

double-sided. After having them photocopied, we noticed that the first page was single-sided, while the second page was double-sided. This created problems because some respondents skipped all of the questions on the reverse of the second page. In other instances, some respondents simply did not answer certain questions. In these cases, all the questions answered were still entered into the database, and unanswered questions had little or no effect on data analysis.

Another small problem was encountered with the optional telephone interview section. Several respondents indicated an interest in participating, but failed to write their telephone number on the form. With no method of contacting these persons, the forms were discarded. Fortunately, we received a considerable response to our survey, which enabled us to perform an adequate analysis of the data.

## 5.2 Analysis of Mail Survey

### EXCEL WORKSHEET

In order to save time and simplify the analysis of the data collected through the mail survey, we created an Excel worksheet containing all necessary formulas so that the data could be easily broken down by demographics. This worksheet consisted of three main sheets, each of which served its own special purpose. The first sheet contained all of the raw data taken directly from the mail survey. These data included respondent's answers as well as any comments they had written on the survey. The user-friendly format and efficient colouring of this sheet allowed for answers from an entire survey to be recorded in less than two minutes. An example of this sheet can be seen below in Figure 5.1.

| CATEGORIES           | CHOICES     | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
|----------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|
| Blue Badge           | 1           | 1  | 1  | 1  | 1  |    |    |    |    | 1  | 1  |    | 1  |
| Taxi Card            | 1           |    |    |    | 1  |    |    |    |    | 1  |    |    | 1  |
| Occupational Therapy | 1           |    |    |    | 1  |    |    |    |    |    |    |    |    |
| Physio Therapy       | 1           |    |    |    | 1  |    |    |    |    |    |    |    |    |
| Speech Therapy       | 1           |    |    |    |    |    |    |    |    |    |    |    |    |
| Other                | 1           |    |    |    |    |    |    |    |    |    |    |    |    |
| Other Services       | -           | -  | -  | -  | -  | -  | -  |    |    |    |    |    |    |
| Dial A Ride          | 1           |    |    |    |    |    |    |    |    |    |    |    |    |
| Befriending          |             |    |    |    |    | 1  |    |    |    |    |    |    |    |
| Spring Cleaning      |             |    |    |    |    | 1  |    |    |    |    |    |    |    |
| Shopping Aid         | 1           |    |    |    |    |    |    |    |    |    |    |    |    |
| Gardening Help       | 1           |    |    |    |    | 1  |    |    |    |    |    |    |    |
| Adequate Services    | A,DDK       | A  | A  | A  | A  | D  | D  | D  | A  | A  | A  | A  | D  |
| Satisfaction Rating  | -           | -  | -  | -  | -  | -  | -  | -  | -  | -  | -  | -  | -  |
| Meals on Wheels      | VG,Q,F,P,VP |    |    |    |    | F  |    |    |    |    |    |    |    |
| Home Care            | VG,Q,F,P,VP |    |    |    |    |    | VP |    |    |    |    |    | G  |
| Day Centres          | VG,Q,F,P,VP |    |    |    |    |    |    |    |    |    |    |    | G  |
| Respite Care         | VG,Q,F,P,VP |    |    |    |    |    |    |    |    |    |    |    |    |
| Travel Assistance    | VG,Q,F,P,VP |    |    |    |    |    |    |    |    |    |    |    |    |

Holidays for disabled persons and carer plus any children of 17yrs or younger at greatly reduces prices or lump sum payments to allow for this.

Survey Comment

Figure 5.1: Excel Worksheet, Data Entry



The second sheet was an *Analysis* page that broke down all of the information by age range, as defined in the *Demographics* section of the mail survey. As seen in Figure 5.2, the age range could be selected with a pull-down menu located on the top of the worksheet. After a project member selected an age range, all of the data on the page automatically updated to reflect only the results of respondents falling within that range. This format simplified the separation of data by demographics and could easily be applied to any of the other classifiers, such as *sex* or *language*.

| Information Sources         | HAVE LEARNED   |                | LEARN FROM |        |        |                     |
|-----------------------------|----------------|----------------|------------|--------|--------|---------------------|
|                             | # Times Chosen | % Total Ticked | who Ticked | Chosen | Ticked | % People who Ticked |
| Directory/Booklet           | 2              | 3.1%           | 5.1%       | 20     | 21.1%  | 51.3%               |
| GP Surgery/Doctor           | 12             | 18.8%          | 30.8%      | 11     | 11.6%  | 28.2%               |
| Leaflet, Pamphlet, or Flyer | 5              | 7.8%           | 12.8%      | 14     | 14.7%  | 35.9%               |
| Newspaper/Magazine          | 4              | 6.3%           | 10.3%      | 9      | 9.5%   | 23.1%               |
| Voluntary Organisations     | 7              | 10.9%          | 17.9%      | 2      | 2.1%   | 5.1%                |
| Day Centre                  | 5              | 7.8%           | 12.8%      | 6      | 6.3%   | 15.4%               |

Figure 5.2: Excel Worksheet, Data Analysis

The third sheet gathered data from the *Analysis* sheet and had two pull-down menus to regulate the criteria used in filtering the data. One of the menus allowed our group to select an age range, while the other menu could be used to select what type of data we wished to gather. The purpose of this sheet was to simplify the process of chart, table, and graph formation by compiling the data values and data headings for the selected category. An example of this sheet can be seen in Figure 5.3.

| Service              | Percentage |
|----------------------|------------|
| Day Centres          | 8%         |
| Respite Care         | 2%         |
| Employee Assitance   | 1%         |
| Direct Payments      | 4%         |
| Freedom Pass         | 28%        |
| Blue Badge           | 22%        |
| Taxi Card            | 9%         |
| Occupational Therapy | 11%        |
| Physiotherapy        | 5%         |
| Speech Therapy       | 1%         |
| Other                | 3%         |

Figure 5.3: Excel Worksheet, Chart Information



Initially, we had planned to create several different sets of sheets for each area of the demographics section. However, after receiving a majority of the survey responses and analysing our initial results, we found that there were no major correlations between most of these areas. In general, there was not a large difference between the views of male respondents and those of female respondents. However, several significant differences were found between the responses of those in the age ranges of 26 to 45 and 46 to 65. The majority of respondents spoke no languages other than English, and have lived in Merton for two or more years. In these two cases, there were not enough data from which to form significant correlations and conclusions.

The next section of the report consists of the tables, charts, and graphs resultant from the analysis of our data. Due to the fact that the only significant correlations our team found were between age ranges, relevant results are divided into three consequent subsections: *All Ages*; *Ages 26 to 45*; and *Ages 46 to 65*. Results that did not show any correlation between age ranges will not be divided into subsections.

#### DATA EXAMINATION

The first question of the survey asked respondents to declare whether or not they were currently using services offered by the Borough of Merton, or if they did not know. As seen in Figure 5.4, 11% of respondents said that they were not currently using any of these services. The second question listed the current services being offered. Analysis shows that 80% of the people who earlier stated they were not using any services went on to select a service from question two. This indicates that approximately 9% of the people currently involved with services being offered by the Borough of Merton are not actually aware of their service provider.

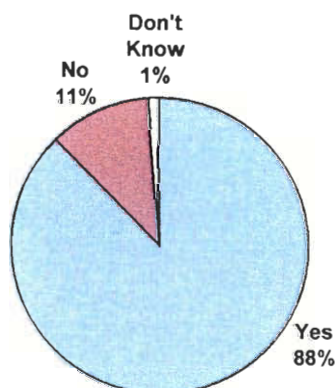


Figure 5.4: Respondents Using Services

As previously stated, the second question provided respondents with a list of services currently offered. Respondents were asked to tick the boxes next to all of the services they were currently receiving. Table 5.2, below, lists the services in the descending order of selection. The table lists services in order of occurrence, with the items chosen most frequently appearing at the top of the lists.

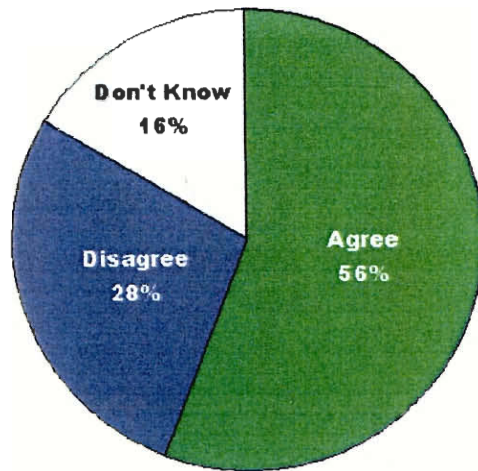
From the table, it is obvious that the most popular services among respondents were the Freedom Pass, Blue Badge, and Taxi Card. These three services are collectively referred to as “Concessionary Travel”. Further examination of the data shows that Concessionary Travel accounts for almost 60% of service use within the Borough of Merton.

| Services Used |                      |
|---------------|----------------------|
| 1.            | Freedom Pass         |
| 2.            | Blue Badge           |
| 3.            | Taxi Card            |
| 4.            | Occupational Therapy |
| 5.            | Home Care            |
| 6.            | Day Centres          |
| 7.            | Physiotherapy        |
| 8.            | Other                |
| 9.            | Meals on Wheels      |
| 10.           | Respite Care         |
| 11.           | Direct Payments      |
| 12.           | Speech Therapy       |
| 13.           | Employee Assistance  |

**Table 5.2: Services Used**

For the third question, respondents listed any other services that they would like to have available to them. Top responses to this question included gardening help and spring-cleaning assistance. Other suggestions ranged from Dial-A-Ride services to shopping help to vacation discounts.

The fourth question asked respondents to either *agree* or *disagree* with the suggestion that "the Borough of Merton provides adequate services for the physically impaired." Figure 5.5 shows the responses to this question. Due to the fact that responses displayed little fluctuation between age ranges, responses are given for *All Ages* only. These percentages show that many people in the Borough are not happy with the services currently offered to them. These data may also show that many people are simply not aware of the services currently available to them.



**Figure 5.5: Adequacy of Services**

The next question required respondents to rate the current services being offered by the Borough. Most respondents rated only the services they currently used, but some respondents also rated services that they had used in the past. Responses to this question may be found in Table 5.3. As you can see from the table, most people using Concessionary Travel were happy with this service.

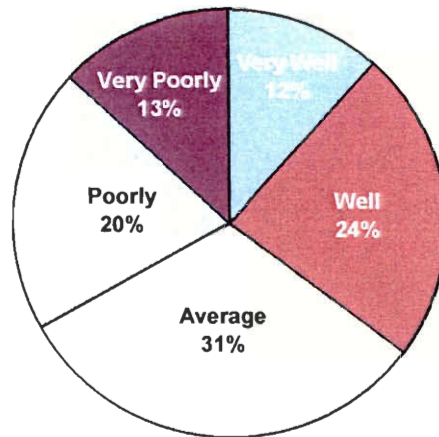
| Service                     | Rating* |
|-----------------------------|---------|
| <b>Concessionary Travel</b> | 4.4     |
| <b>Day Centres</b>          | 4.2     |
| <b>Home Care</b>            | 3.9     |
| <b>Meals on Wheels</b>      | 3.8     |
| <b>Respite Care</b>         | 3.8     |
| <b>Physiotherapy</b>        | 3.6     |
| <b>Occupational Therapy</b> | 3.3     |
| <b>Direct Payments</b>      | 3.2     |
| <b>Speech Therapy</b>       | 2.7     |
| <b>Employee Assistance</b>  | 2.6     |

*\*Respondents originally selected a satisfaction rating of Very Good, Good, Fair, Poor, or Very Poor. Each of these choices was then assigned a number value from 1 to 5, with 1 corresponding to Very Poor and 5 corresponding to Very Good.*

|           |   |      |   |           |
|-----------|---|------|---|-----------|
| 1         | 2 | 3    | 4 | 5         |
| Very Poor |   | Fair |   | Very Good |

**Table 5.3: Service Satisfaction Ratings**

The sixth question asked the respondents to determine how well they felt the Borough of Merton provided information regarding offered services. The pie chart in Figure 5.6 shows the survey responses for *All Ages*. There was not a large difference in results between age ranges. Responses to this question were evenly distributed, but the graph does show that a significant number of people think that the Borough can improve on its methods of information distribution.



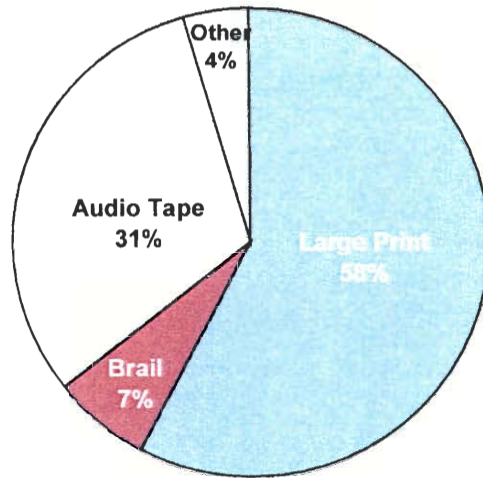
**Figure 5.6: Merton's Information Distribution**

The next two questions dealt with ways in which respondents have learned about services provided, as well as ways in which they would like to learn about services in the future. Table 5.4 gives the results of these two questions. The tables list communication methods in order of occurrence, with the items chosen most frequently appearing at the top of the lists.

| Former Communication Methods | Methods for Future Communication |
|------------------------------|----------------------------------|
| Social Worker                | Directory or Booklet             |
| GP Surgery / Doctor          | Mail                             |
| Friend or Family             | GP Surgery or Doctor             |
| Voluntary Organisation       | Leaflet, Pamphlet, or Flyer      |
| Leaflet, Pamphlet, or Flyer  | Social Worker                    |
| Day Centre                   | Newspaper or Magazine            |
| Directory or Booklet         | Day Centre                       |
| Mail                         | Internet or Email                |
| Newspaper or Magazine        | Voluntary Organisation           |
| Internet or Email            | Friend or Family                 |

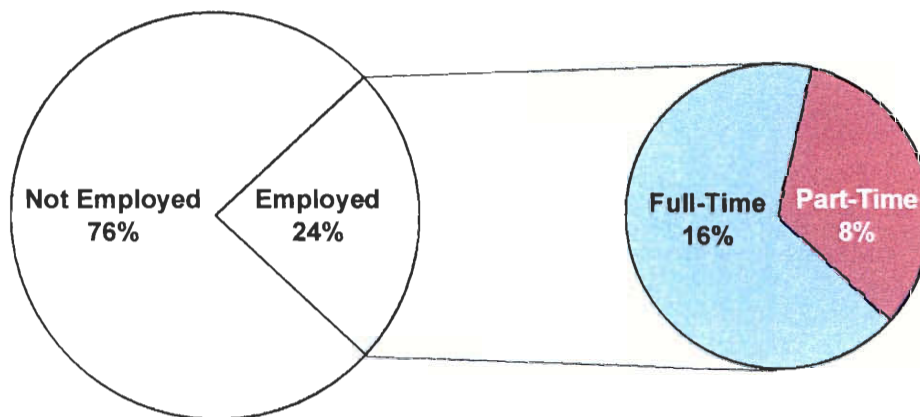
**Table 5.4: Methods of Communication**

Question nine offered respondents the chance to express whether or not they wanted to see information distributed in any other forms. They were given three main options to choose from, including large print and audiotape. The graph in Figure 5.7 values each response. From the graph, you can see that respondents felt the most helpful form for information would be large print, followed next by audiotape, and then Braille.



**Figure 5.7: Alternate Formats for Information Provided**

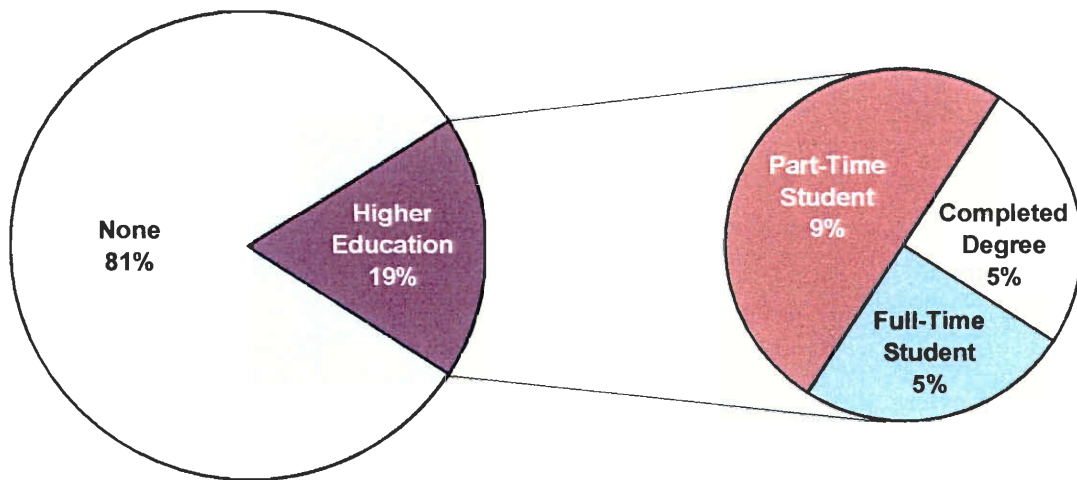
The following group of questions in the survey referred to employment and education practices. In question ten, respondents indicated whether or not they were currently employed, and if so, specified whether they worked full-time or part-time. The majority of respondents were not employed; however, about two-thirds of those who were employed worked full-time jobs. Results from this question can be seen in Figure 5.8.



**Figure 5.8: Respondent Employment Status**



Question eleven asked whether respondents were currently enrolled in higher education. Responses from this survey question appear in the pie graph seen in Figure 5.9. From examination of the pie chart, one can see that the majority of respondents are not enrolled in any type of education.



**Figure 5.9: Education Status**

The next two questions related to job training services. The first of the two questions asked whether or not respondents were interested in job training. The second question expanded on this topic, asking respondents to specify areas in which they would like to receive further training. Results from these two questions may be seen below in Figure 5.10 and Table 5.5, respectively. Tables are listed in order of interest, meaning that items appearing on the top of the list were chosen most frequently by respondents. Job training interests did not change between age ranges; therefore, Table 5.5 lists data gathered from *All Ages*.

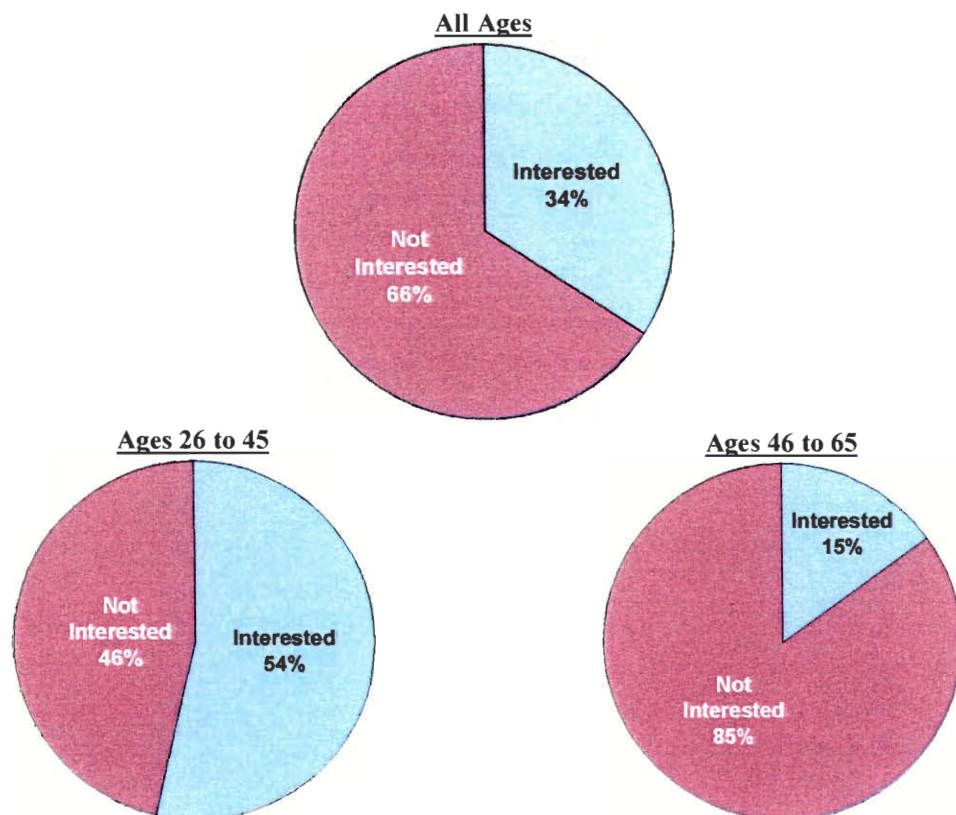


Figure 5.10: Job Training Interest

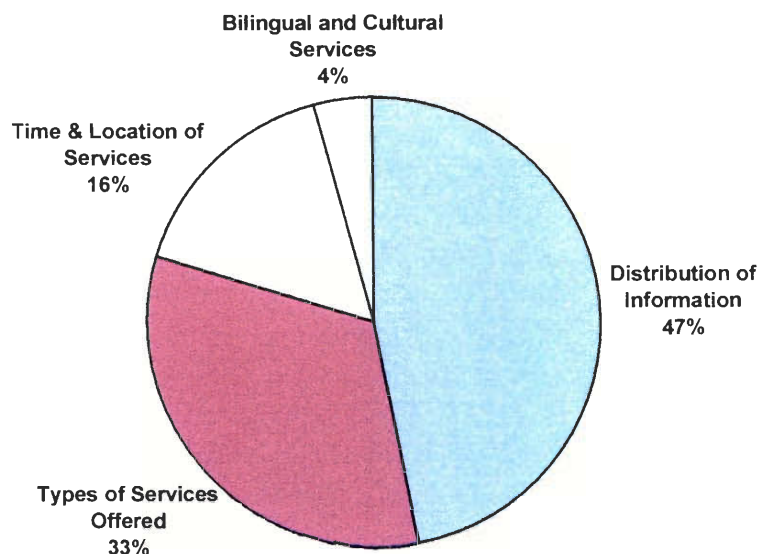
| Job Training Areas              |
|---------------------------------|
| 1. Computer / Internet Training |
| 2. Math Skills                  |
| 3. Literacy & Reading           |
| 4. Writing Skills               |
| 5. Retail Skills                |
| 6. CV / Resume Development      |
| 7. Other                        |

Table 5.5: Job Training Areas

The largest difference between age ranges is apparent in the data from this question. A large percentage of people under the age of 46 are interested in some type of job training. Over half of the people interested in job training said they would like to improve their computer and Internet skills.

These data suggest that a large percentage of the survey population is interested in computers and the Internet, but may not have sufficient resources available to them.

Question fourteen asked respondents if there were any areas that they felt the Borough of Merton could improve upon. The pie chart in Figure 5.11 shows the responses to this question. It is obvious that the majority of people feel that the Borough needs to improve the ways in which it distributes information.



**Figure 5.11: Areas of Improvement**

The following question was open-ended and asked respondents if there was anything else they would like to comment on regarding Social Services or other services provided by the Borough of Merton. The most common responses to this question dealt with the amount of time it took for people to receive services once they requested them. Respondents were curious why it was so difficult to obtain services when, in fact, the services were supposed to make things easier for them.

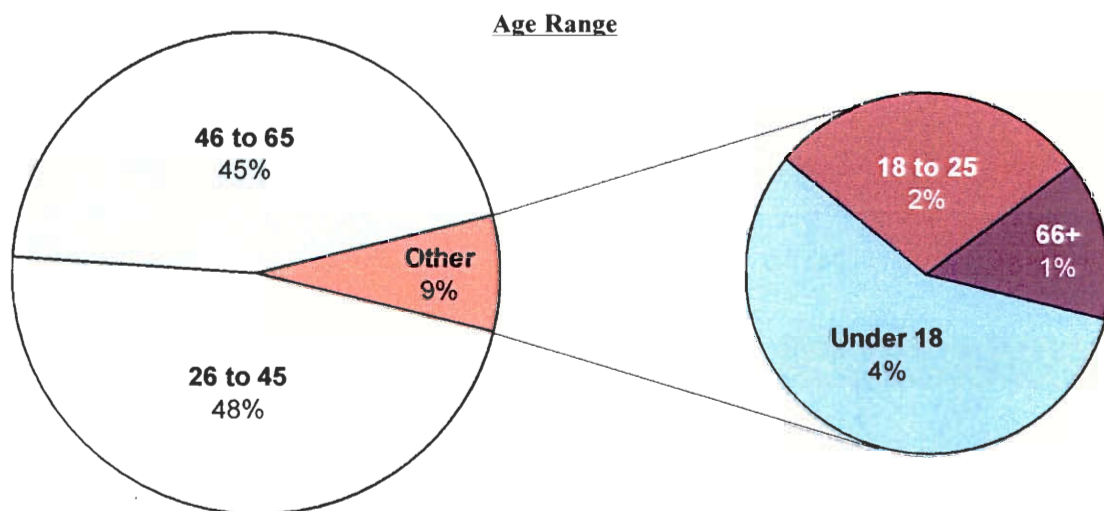
The final question in the main section of the survey asked respondents to list any organisations that they were currently affiliated with. Table 5.6 shows a list of the top five groups respondents mentioned. This list is ordered by frequency, with the item on top of the list being given the most often by respondents.

| <b>Organisations Attended</b>                    |
|--------------------------------------------------|
| 1. Merton Association for Disabled People (MADP) |
| 2. Physically Impaired, Able Bodies (PHAB)       |
| 3. MS Society                                    |
| 4. Scope                                         |
| 5. Hemophilia Society (London)                   |

**Table 5.6: Organisations Attended**



The second section of the survey was concentrated on demographic information. In this section, respondents were asked a total of five questions regarding their age, sex, years of residency in Merton, the number of people living in their home, and languages spoken. The responses to four\* of these questions are shown in Figures 5.12 through 5.15. As apparent in the *Age Range* pie chart, the vast majority of respondents were between the ages of 26 and 65. Approximately half of the respondents were female, and half were male. The number of people living with each respondent was evenly distributed among given choices, while most respondents spoke only English.



**Figure 5.12: Respondent Age Range**

*\*A pie chart for the question regarding years of residency has been excluded because only 2% of respondents had been living in Merton for less than 2 years.*

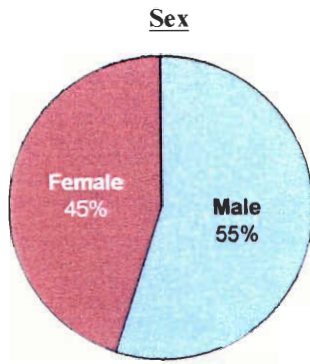


Figure 5.13: Respondent Sex

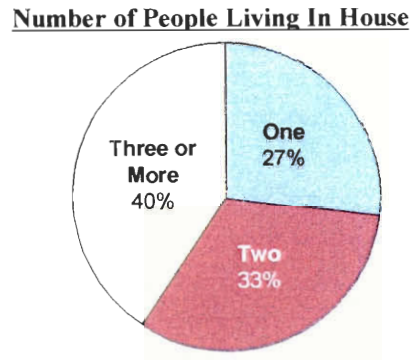


Figure 5.14: Number of People Living In House

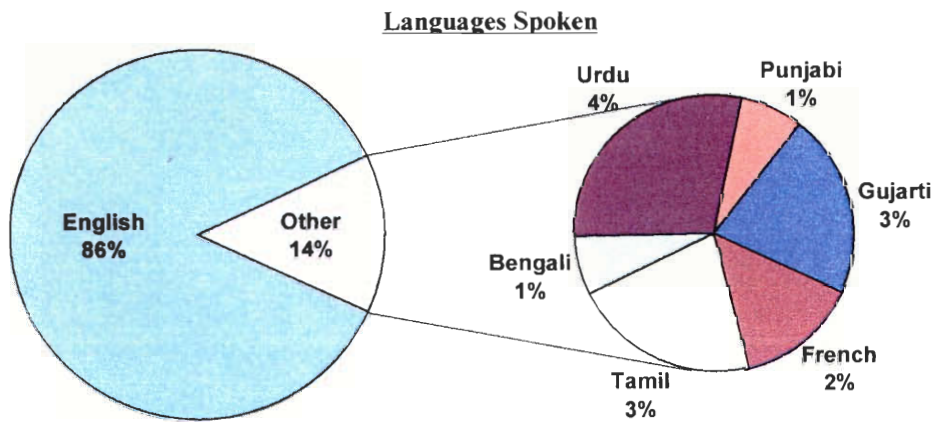


Figure 5.15: Languages Spoken

The demographics section concluded the question-answer portion of the survey. The third section consisted of an optional form respondents could fill out if they wished to participate in a follow-up telephone conversation. We received a large response to this section, and had originally planned on making contact with everyone who was interested. However, due to time constraints, we could not contact everyone. Fortunately, we did manage to contact 80% of the people who were willing to speak with us. The next part of this chapter discusses, in detail, the data collected from these telephone conversations.

### 5.3 Analysis of Follow-Up Telephone Conversation

After receiving most of the survey responses, we began conducting our follow-up telephone conversations. The form used as a guide for us to conduct these conversations can be found in Appendix J. Some of the questions asked closely related to the questions asked in the mail survey. To avoid repetition, these questions will not be discussed unless the answers given over the telephone differed from those given in the mail survey. Most of the information gathered in these conversations was much more difficult to analyse than was the data collected from the mail survey. It was also rather difficult for us to extract quantitative results from these data, so most of our analysis involves discussions of common responses. Tables listing complete responses to all questions can be found in Appendix L.

The first question for which we received answers different from those seen in the mail survey dealt with services that residents would like to see made available. Please refer to Table 5.7, below, for a list of responses. A trend could be seen in several responses that dealt with day-to-day activities. These activities ranged from gardening assistance, to grass cutting, to shopping assistance.

| Services Desired                                                 |
|------------------------------------------------------------------|
| Better definitions of eligibility guidelines                     |
| Minibus services                                                 |
| Better accessibility (Parking)                                   |
| More public toilets                                              |
| Fitness classes (Free)                                           |
| Travelling Social Services representative to talk about services |
| Keep GP's more informed of local contacts                        |
| Gardening                                                        |
| Grass cutting                                                    |
| Help with day-to-day activities                                  |
| More day centres                                                 |
| Counselling                                                      |
| Clear sidewalks (Keep trees & bushes out of the way)             |
| Sporting facilities                                              |

Table 5.7: Desired Services

The next question asked respondents the best way to contact them regarding new services. For a list of responses, see Table 5.8. Many respondents thought that advertising in a local newspaper would be an efficient way of reaching people. Respondents also agreed that the Internet would not be a good means of communicating, as many people do not have access.

| <b>Forms of Contact</b>           |
|-----------------------------------|
| G.P. Surgery, Doctor, or Hospital |
| Mail                              |
| Libraries                         |
| Social Worker                     |
| Local Paper                       |
| Not email                         |
| Bus Stops                         |
| Post Offices                      |
| Phone                             |
| More Notices in Civic Centre      |
| Directory of Services             |
| Magazines                         |
| Pamphlets                         |
| Audio Cassette                    |
| Group Meetings                    |
| Billboards                        |

**Table 5.8: Best Forms of Contact**

The following question asked what issues in Merton were important. Respondents were first given some examples, such as accessibility, pavement and road conditions, transportation, or work skills. Table 5.9 contains a list of common responses. Most people seemed to be highly concerned with the cleanliness of the Borough, as well as with road and walkway conditions. Some respondents stated they were more concerned about travel on streets and sidewalks than they were about travel on bus and tube services.

| Important Issues             |
|------------------------------|
| Cleanliness                  |
| Pavement / Road Conditions   |
| Accessibility                |
| Personal Safety              |
| Parking                      |
| Wheelchair Transportation    |
| Dial-A-Ride                  |
| Courtesy                     |
| Slippery Surfaces            |
| More Facilities for Children |
| Seating at Public Offices    |
| Information Distribution     |
| Street lighting              |
| Support Groups               |

**Table 5.9: Important Issues**

| Hobbies and Activities      |
|-----------------------------|
| Music or Concerts           |
| Theatre or Cinema           |
| Interest Groups             |
| Swimming                    |
| Walking                     |
| Going out for food or drink |
| Artwork                     |
| Fitness Classes             |
| Reading                     |
| Tutoring                    |
| Vacationing                 |
| Computer & Internet         |
| Arts & Crafts               |
| Cricket                     |
| Bowling                     |
| Horseback Riding            |
| Cooking                     |
| Stitching                   |

**Table 5.10: Hobbies and Activities**

Respondents were then asked to tell of any hobbies or activities that they took part in. The goal of this question was to try and determine what people enjoyed doing in their free time. Responses from this question, outlined above in Table 5.10, helped to determine whether people were having fun and participating in things that they enjoyed doing, and getting out of the house. From the tables, it is apparent that most of the people who we spoke with during these telephone conversations were actively participating in pleasurable activities.

Respondents were also asked a set of questions pertaining to independent living. When asked if they were familiar with the notion of independent living or Direct Payments, 46% of the survey group said they were. It was then noted that 8% of respondents also had personal carers. Although these values may appear low, it should be noted that several individuals had no need for assistance. Importantly, after being given a brief description of Direct Payments, respondents who had previously not heard of the service did express interest in it.

The final relevant group of questions dealt with the Welfare to Work programme. Of the 24 telephone conversations conducted, 58% were familiar with the Welfare to Work programme, but only 17% were interested in employment assistance. Several respondents stated that they heard of the Welfare to Work programme on the television, but were under the impression that it was only for single mothers.

Respondents were generally satisfied with the services they received, but we did encounter differing views towards services. Several individuals were aware of a range of services and were pleased with the selection; however, all of these individuals regularly met with social workers. On the other hand, some respondents were annoyed at the amount of paper work and long waiting periods required in order to begin receiving services. A number of respondents were also not aware that services such as the Freedom Pass, occupational therapy, or day centres were provided by Social Services.

## 5.4 Results

The purpose of this section is to examine the data analysis from the previous sections of this chapter and then form and discuss conclusions based on these data. Results are separated by focus into two main parts. The first part deals with demographic correlations, while the second examines data trends. Data trends are further divided by topic, such as *Services* and *Life and Leisure*.

### DEMOGRAPHICS CORRELATION

As briefly discussed earlier in the chapter, there were no major correlations found between most areas of demographics. The only relevant correlations found were between the age ranges of *26 to 45* and *46 to 65*. No correlations were seen between sexes, nor were any significant differences observed when analysing data sectioned by the number of people living in one's house. The other two areas of demographics did not contain enough variety of responses to form correlations. Only 2% of survey respondents had been living in Merton for less than two years. Additionally, only 14% of respondents spoke a language other than English. These

suggest that there may be communication problems with certain groups of physically impaired living in Merton.

Residents who have been living in Merton for less than two years may not know where to obtain information regarding services offered by the Borough. The top three ways that respondents said they have learned about information in the past were a *Social Worker, GP Surgery or Doctor*, and *Friends or Family*. A new resident of Merton may not have any friends or family in the area, may not know which doctor to go to, or may not know how to contact a social worker. Without these information sources, it may prove very difficult for a new resident to learn of and obtain services.

The other area of concern was problems with communication as a result of language barriers. All respondents to the survey could either speak and/or read English, or had someone translate for them as they completed the survey. We are not sure how many persons in our sample population were unable to speak English, but we are aware that a percentage of them may have not been able to complete the survey due to language barriers. This obstacle will be discussed later in the *Recommendations* section.

## DATA TRENDS AND SUMMARY

### *Services*

After examination of the data from the mail survey and telephone conversations, it is apparent that the most popular services are those known collectively as *Concessionary Travel*. These services were used by almost 60% of the survey population, and received higher satisfaction ratings than any other service. Concerning services in general, 56% of respondents felt that the Borough of Merton provided adequate services. The majority of respondents felt the Borough could improve upon the types of services provided, and also upon methods of information distribution. Respondents who felt that the Borough could improve upon the types of services available also gave suggestions for new services, the majority of which revolved around assistance with day-to-day activities (shopping, spring cleaning, gardening).

Several other survey questions focused on improving information distribution. We have already discussed ways in which most respondents have learned of services in the past. This information shows which methods of communication are effective,

but we also need to consider ways in which the physically impaired would like to be contacted in the future. Most respondents said that a directory or booklet would be the most effective way of spreading information regarding services. A significant number of respondents also felt that the mail would be an effective means of communication. Responses gathered from telephone conversations gave a wide variety of suggestions, from newspaper advertisements to billboards. We were hoping to find a single means of effective communication, but it seems that one may not currently exist. It is best to communicate with this population by using many different methods. In order to effectively contact the physically impaired and keep them informed of current services, several different approaches will have to be taken. Included in these approaches are three different forms of information that many respondents felt would be helpful: large print, audiotape, and videotape. These ideas will be discussed later in Chapter 6.

#### *Life and Leisure*

Another area of concern was respondents' satisfaction with daily life. A question in the telephone conversation asked respondents which central issues in Merton were important to them. The purpose of this question was to determine what concerns, regarding matters other than services, respondents held. The majority of the survey population agreed that sidewalk and road conditions were very important issues, while cleanliness was also a prevalent concern. Several individuals complained of tree branches and litter obstructing sidewalks and pathways, hindering an otherwise simple journey. These travel concerns may often be overlooked, but they are indeed important and should be addressed.

A further aspect of daily life that was examined was hobbies and activities. Results from this question allowed us to determine that the majority of people we spoke with were getting out of the house and participating in recreational activities. The majority of respondents had a positive attitude towards this question and spoke fondly of the activities in which they participated. We did, however, encounter some individuals who spoke of activities they once enjoyed, but now, as a result of their impairment, were unable to partake in. Although these persons only made up a small percentage of our survey population, their numbers may have been much larger had



our survey been extended to those not currently involved with services. In any case, this concern should not be dismissed.

### *Education and Employment*

The final areas that we investigated concerned higher education and employment status. Our mail survey determined that there were no unusual trends concerning respondents' education status. The majority of individuals under the age of 26 were enrolled as full-time students. Results also showed that many respondents were interested in some form of job skill training, but the age range of 26 to 45 displayed the most interest in this area. These data suggest that a large portion of respondents may desire help in obtaining a job. Of the respondents interested in job training, 83% selected the area of computer and Internet skills. It is significant to note this area of interest, as it may eventually lead to more efficient and effective forms of communication.

Only a small percentage of respondents were currently employed. Data from all age ranges show that almost 75% were not employed, while only 15% were employed full-time. However, results concerning job training suggest that a substantial percentage of those not employed may desire jobs. This gives support to the Welfare to Work programme and shows that much of the physically impaired population is interested in employment.

This section marks the conclusion of Chapter 5, which has presented all of the data and results obtained from our mail survey and telephone conversations. The next chapter, *Recommendations and Conclusions*, will go on to discuss the outcomes of this research.

## Chapter 6: Recommendations and Conclusions

### 6.1 Summary of Findings

Our research uncovered several communication issues currently facing Social Services. We identified four communication gaps that may affect the ability of Social Services to adequately relay and receive information with the physically impaired. Minimal contact between Social Services and the younger physically impaired population was the major concern of both Merton Council personnel and voluntary organisations. This gap has many possible causes and solutions, which should be continually investigated to maintain a constant dialogue with the target population. We have addressed several reasons for the gap, and suggest several possible solutions in the following *Recommendations* section of this chapter.

The majority of our findings were based on the results of the mail survey and follow-up telephone conversations with the physically impaired. Data collected in this format provided insight into respondents' opinions of services and suggestions for improvement. Primarily, we found that attitudes regarding services correlate with age of the individual. Also, we did not find any significant variation among language or length of residence. This finding implies additional communication gaps which were not within the scope of this project.

Survey results also showed that approximately half the respondents were satisfied with services, but that many respondents would like to see services providing aid with daily activities such as shopping or gardening. We also determined that the physically impaired actively participate in the community. Many of the respondents we spoke with are involved in activities outside of their home, and take advantage of concessionary travel. Also, our results indicate that respondents would like to receive information from different sources. Currently, respondents obtain information mostly from social workers, GP surgeries, or friends and family. We found that the physically impaired would prefer to acquire information from booklets or in the mail.

Additionally, our results show that respondents would not like to obtain information via email. This may be due to a lack of information technology among the target population. A majority of the respondents who wished to receive job training expressed an interest in computer and Internet classes. This implies that in

the future technology has the potential to play a prominent role in information distribution. The next section of this chapter describes the recommendations our data have produced. The recommendations are divided into four categories and all focus on ways in which Social Services can maintain a dialogue with the physically impaired residents of Merton.

## **6.2 Recommendations**

### ***INFORMATION DISTRIBUTION***

- **Educate other departments about services**

Currently, social workers are the key source of information for clients already receiving services. For example, once the occupational therapy division registers an individual as physically impaired, the client must be referred to a social worker for further information. If more general information on eligibility for services or local voluntary organisations could be provided by the occupational therapist, some clients may not have to meet with a social worker. Depending on the individual's level of impairment a client may not need to meet with a social worker on a regular basis. Informing other divisions of services could decrease the dependency of clients on social workers.

- **Distribute a community newsletter**

Newsletters are a practical form of communication, which have the ability to distribute information to a large audience. Information regarding services offered by several departments can be collected and published biannually. Our survey found that popular information distribution methods are directories, booklets, and mailings. A community newsletter containing information regarding services from several departments would embody each of these distribution methods. Services discussed in the newsletter could list information regarding the service and contact information. The newsletter could be mailed to the Merton community and be made available in regularly visited institutions such as the post office, library, doctor's office, grocery store, and Merton Link in the Civic Centre.

Newsletters could present information in two ways. First, each department could include a list of their specific services. For example, Social Services could

have information regarding services such as Direct Payments and the Freedom Pass. Eligibility for the services and any recent changes or additions could be discussed. The contact information for the appropriate Social Services personnel should also be included. A second way of presenting information could be combining information from several departments based on the types of services. For example, the Welfare to Work agenda involves services from the Social Services Department and the Employment Service. Information about Welfare to Work in Merton could be combined into one section with the appropriate contact information provided for each department. Day centres are another example. Since both Social Services and the National Health Service provide day centres, information about all local centres could be combined. Therefore, a community newsletter would be a useful resource to the Borough of Merton because it would provide a wide variety of information to residents.

- **Conduct discussion sessions**

Open discussion concerning an issue provides an informative form of communication. Discussion sessions, such as focus groups, allow participants to express their views in an informal format. Vital information regarding how clients view current services can be collected from discussions. Common problems encountered by clients, and suggestions for improvement can also be identified. For example, a common problem may be that an individual has trouble arranging transportation to the fieldwork office. A solution to this problem may arise from discussions of transportation services offered in Merton. If held regularly, discussion sessions can provide a dependable form of communication between Social Services and its clients. For example, the Borough of Enfield had a successful day event of focus groups. This activity resulted in the Borough creating an informational booklet based on the discussions.

Discussion sessions can also be used to inform clients of services. Social Services could hold a “Coffee Morning” in the Civic Centre’s Coffee Shop once a month. This programme could include a brief talk about services, a question and answer session, and an open discussion about specific issues, such as accessibility. Also, each table could have several Borough residents and a member of Social Services staff. This would allow the staff member to be involved in a conversation with clients. Issues covered during the programme would not have to

be limited to services; community concerns, such as cleanliness, accessibility, and transportation could also be discussed. This type of forum would provide Social Services with a sense of the overall concerns, needs, and desires of the clients.

- **Create an Informational Booklet**

Information concerning social services for adults is primarily provided through leaflets. Combining information from the leaflets into a booklet would present all the information regarding services in one source. A booklet available either via mail, at Social Services' fieldwork offices, or at the hospital would be beneficial to either a new resident of Merton or an existing resident with a newly acquired disability. The booklet could be organised similar to *Stepping Out*, which is given to young adults leaving foster care. This booklet provides a wide variety of practical information on services from various departments and on living in the area.

According to our survey results the most convenient information distribution method was directory/booklet. Therefore, a booklet explaining services, eligibility, any possible costs, a list of contacts, and information about local voluntary organisations would be a useful resource for the physically impaired in Merton. This population would most easily access the booklet if it were available at doctor's offices, hospitals, or by mail upon request.

- **Increase information distribution in other formats**

Currently, Social Services provide leaflets available in several formats. Our survey results show that residents of Merton would like information available in large print or on audiotape. Social Services could better advertise that the information is already available in these formats. For example, a sign could be placed where the leaflets are available stating in large print that the information contained in the leaflets is also available in large print, audiotapes, or Braille. Also, leaflets in different formats could be displayed together so clients do not have to request information in large print or audiotape.

## COMMUNICATION WITH VOLUNTARY ORGANISATIONS

- **Co-ordinate information distribution efforts**

Both the Social Services Department and the voluntary organisations would like to present information to the community in a clear, concise, and available manner. Also, both groups would like to ensure that the physically impaired residents of Merton are receiving all the help they need and desire. Given that the voluntary organisations have either publications or regular meetings, they are an invaluable resource to the Borough. Social Services would be able to distribute information efficiently if they co-ordinated with the voluntary organisations. Information regarding services could be distributed in newsletters published by the organisations. Also, Council personnel could give talks at meetings about services. Voluntary organisations have a population of physically impaired individuals that may or may not be registered with Social Services. This is an important reason to distribute information through these organisations, so that Social Services can reach individuals not currently receiving services. Members of voluntary organisations can also spread information via word of mouth to friends and family that may not be involved in a voluntary organisation or registered with Social Services.

- **Improve referral system**

Merton's voluntary organisations do not have a large physically impaired membership. Less than half of our survey respondents are actively involved in voluntary organisations. Social workers refer interested clients to the organisations on a case-to-case basis. The referral system should be improved to increase interest and participation in the voluntary organisations. One possible method for revising referrals would be a leaflet for a social worker or occupational therapist to distribute to clients. This leaflet could include information about the organisation, membership fees, meeting times and location, application for membership, and contact information. Stronger voluntary organisations in the Borough would allow the Social Services to better communicate with the physically impaired via the methods discussed above.

- **Create small, collaborative projects**

Small projects, including input from both Social Services and voluntary organisations, could help strengthen ties with individuals with disabilities who are not registered with Social Services. Since several survey respondents listed newspapers as a source of information, a series of news advertisements in local newspapers may increase the distribution of service information. Also, Social Services could provide the local paper with a press release when a new service becomes available. This press release could contain information and feedback from the voluntary organisations. Advertising services would also function in letting people know that the services they receive are from the Social Services Department. Many survey respondents were not aware that services such as concessionary travel are provided by Social Services.

Another small project could involve volunteer work with local schools. Projects integrating student groups with individuals with impairments can help raise understanding, as well as assist the impaired individuals. After attending an appropriate programme in school, such as disability awareness or equality training, students could help with small tasks, including shopping assistance, do-it-yourself house projects, yard work and gardening. Several survey respondents requested such general assistance, which is not provided by a personal carer. Furthermore, it can involve voluntary organisations if a small project needs to be done. A school volunteer project could be both educational and functional, while incorporating disability issues into the community.

Although Social Services currently offers direct payments, the usage of the service is not very prevalent. Several voluntary organisations in other boroughs have a strong interest in independent living; therefore, it would be beneficial for Social Services to acquaint the Merton community with those issues as well. Knowledge of the social model of disability and independent living issues are pertinent to working with people with a physical impairment. In particular, Merton voluntary organisations may begin to work more with independent living concepts in the future. A joint project could include creating a disability equality training programme for local schools, community groups and employers.

Social workers, staff who work directly with clients and voluntary organisations could collaborate on designing the training, which should stress independent living and the social model of disability. Acting as a learning

opportunity, training could give examples of good and bad practices to use when working with people with an impairment. This exchange of ideas could build a mutual and improved understanding between both groups, as well as educate others in the process. Merton could examine programmes such as those offered by the Center for Independent Living in Worcester, Disability Action in Barnet and ADKC in Kensington and Chelsea for more depth on possible workshops and facilitators.

### TECHNOLOGY

- **Update the client database**

Many of the fields for contact information in SOSCIS contain incorrect information, particularly with addresses. In the United Kingdom, there are several forms for addresses and the usage depends on individual preference. For example, an address can consist of a property identification number, a street number, a building or house name, the village, town, or subdivision, the county, and the postal code. The order of the listing can vary, as well as have a combination of the different parts. Preference in addresses and the confusion associated with the appropriateness or necessity of certain residences often causes disorder in recording and reading the information. Records are often kept in an assortment of fields, which causes difficulty in database management.

As well, SOSCIS is likely to have several entries concerning people who are deceased or no longer living at the address listed. When Social Services switches to the new database, CareFirst, the department should make an effort to update information and fix the fields. Also, clarifying restrictions on relationships within the database may make data entry an easier task and less prone to mistakes. For example, defining guidelines for the address fields to hold the information they are meant to contain will aid in entering addresses with fewer mistakes.

Additionally, it would be beneficial to keep a database of physically impaired persons, regardless of their disabled registration status. Not all of the physically impaired persons in Merton are registered with Social Services for various reasons. For example, an individual's impairment may be in the early stages before he or she needs assistance, or the individual may be working and not



require assistance. A database of individuals with non-severe impairments could serve as a population for new services to be provided, and would allow the Borough to maintain a list of physically impaired residents not currently receiving services.

- **Enhance the Website**

The Merton Council website provides information to the community about council services and departments within the Borough. Currently, Social Services has several of its leaflets available online in Adobe Portable Document Format. Since Internet access and local telephone usage are expensive in the United Kingdom, it may be beneficial to have a concise, small file available as well. This option would involve including information about all the services in the leaflets in a single document, preferably with a small file size for swift downloading. This would enable users to download the file while online and then read through the leaflets while offline.

One prominent website section that the Royal Borough of Kensington and Chelsea and the Borough of Sutton include is the "A to Z" style listing of local voluntary organisations. By integrating information contained in the Merton Voluntary Service Council directory in the website, Merton has attempted to offer this service. However, the data are not readily available. To retrieve the contact information, users must perform a search under the "Community - Clubs and Societies" page. Also, the listings include only the MADP, and do not have listing for either Merton Phab or DAM.

If it would not be feasible to convert the entire directory listing then those organisations related to physical impairment or disability, such as MADP, DAM, and Merton Phab, could be listed with the Social Services sections of the website. Some "Living" sections of the website include information about related voluntary groups; however, the "Disability" page only lists centres for the sensory and learning impaired, explains employment schemes and provides possible sources for external funding. Accessibility information such as the nearest Underground Station or Bus Stop and whether the location has wheelchair accessible water closets, a loop system, and other assistive technology would also aid the physically impaired users. This inclusion would be a kind gesture towards

voluntary organisations and may be recognised as a positive step in increasing communication.

- **Offer computer training programmes**

Our survey results show a low interest in receiving information via e-mail. This implies that many survey respondents are not familiar with computers or the Internet. Basic computer training may increase interest in e-mail based information distribution. If the target population were comfortable with the Internet, the Borough would be able to communicate via email. A programme involving a distribution of computers at low prices or a loan to disabled persons might also help encourage training and usage. Such improved computer skills may increase an individual's ability to work in a computing or information technology field. A vast majority of the respondents that wanted job training would prefer it in the form of improved computer skills.

#### FOLLOW-UP STUDIES

- **Determine what happens to clients after they leave school**

The Social Services Department has a significant communication gap with the younger physically impaired residents of Merton. This population includes individuals between the ages of eighteen and forty-five and appears to result from the loss of communication with clients once they leave school. Both specialty and mainstream schools should be considered when Social Services tries to identify the target population. Other useful contacts would be the Children's Disability Team, transition social worker, doctor and general practitioner offices, and the Department of Education. Once the target population is identified, a survey can be conducted of their needs and desires to determine if the Social Services Department is providing services that aid this population.

- **Expand Transition Planning**

Currently, the Borough provides transition planning for fourteen-year-old students with a disability. In approximately the ninth year of school, a meeting is conducted with a disabled youth, his or her parents, educators, and Social Services personnel. Attendance of a social worker or other member of Social Services is

not mandatory. Also, this programme appears to be primarily geared towards students with a learning disability, who may also have a physical impairment.

We discovered this service in the final weeks of the project, and therefore were not able to fully research the programme. Our preliminary research and understanding of the programme can be found in Appendix K. A list of possible contacts is included, which can be used as a starting point for the project. A future study could expand on the introductory research to determine if increased Social Services involvement can decrease the communication gap with the younger physically impaired community. Expanding the transition programme may provide a way to determine the needs and desires of the younger physically impaired population. This may include helping bridge the gap between Children and Adult services from the user-end, helping implement Welfare to Work for disabled youth in Merton desiring skilled professions, and obtaining accessible housing and accommodation. Alternatively, this programme may not be helpful to physically impaired students. Further research should be done in this area in order to investigate any possible advantages of expanding Social Services for Adults involvement in the programme.

- **Conduct similar study for ethnic minorities**

Our study correlated collected data according to age. A similar study may be beneficial to correlate data according to ethnicity. Since Merton is a fairly diverse borough, it is possible that some individuals are not receiving services due to language or cultural barriers. A follow-up study concentrating on ethnicity may identify further solutions for communication gaps between Social Services and the physically impaired. For example, a survey addressing similar issues could be distributed at the Ethnic Minority Centre, language schools or to local voluntary organisations. This study could determine the best way for Social Services to distribute information and initiate contact with different ethnic groups.

- **Determine why services are not being used**

Further research should be done to identify the reasons why specific services are not being used. From our telephone conversations we found the following reasons: individuals do not need the services, the services are not adequate, or the individual does not know of the services. Since this information was collected from a small sample, the data should be expanded to the entire population. Results of this study would be beneficial in revising and creating services. A study of this nature could also expand on the information distribution data collected in our project.

- **Create a video about services**

Videos concerning services are not a format currently being used by Social Services to distribute information. A possible future IQP could be to research services and voluntary organisations to then present the information in a video that can be distributed as an alternative to leaflets. The video could also be shown periodically in the Merton Link waiting area in the Civic Centre. The London Borough of Enfield currently utilises this data distribution format. Feasibility and interest in this information format should also be considered.

### **6.3 Closing Remarks**

Determining the cause of communication gaps is essential to the successful transfer of information from the local authority to its residents. Once the cause of a communication gap is known, future gaps can be prevented. Also, it is easier to repair a gap after its cause has been identified. Therefore, our project has presented several communication gaps currently facing the Housing and Social Services Department in the London Borough of Merton. We hope that the identification and purposed solutions to these gaps will aid Social Services in maintaining a constant dialogue with the physically impaired residents of Merton.

This project has emphasised problems with relaying and receiving information to the younger physically impaired population. Through surveys and interviews we

have collected and analysed data that reflect the opinions of this population. We have found that the physically impaired residents of Merton would like to be informed of services via booklets and mailing. Also, we discovered that many clients are not aware that the services they receive are provided by Social Services.

Once this population becomes fully informed of services, a method of constant dialogue can be established. Research into this topic should continue to ensure that Social Services communicates with the community to its full ability. As information technology grows and evolves, so will the desire of the physically impaired community to obtain information from the Internet. This is one of the many reasons why methods for communication should continually be investigated.

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## Appendix A: Merton Council Department of Housing and Social Services

- **Name of Sponsor:** Department of Housing and Social Services
- **Location:** Merton Civic Centre, London Borough of Merton
- **Who They Serve:** Merton Community
- **Organisation Chart:** *See Below*

The Merton Council is the local government of Merton. This group mandates local laws and regulations within the Borough, and is divided into five main departments:

- Chief Executive's Department
- Education, Leisure and Libraries
- Environmental Services
- Financial Services
- Department of Housing and Social Services

The following information about Social Services was gathered from the official website of the London Borough of Merton (<http://www.merton.gov.uk>):

### **Key Values:**

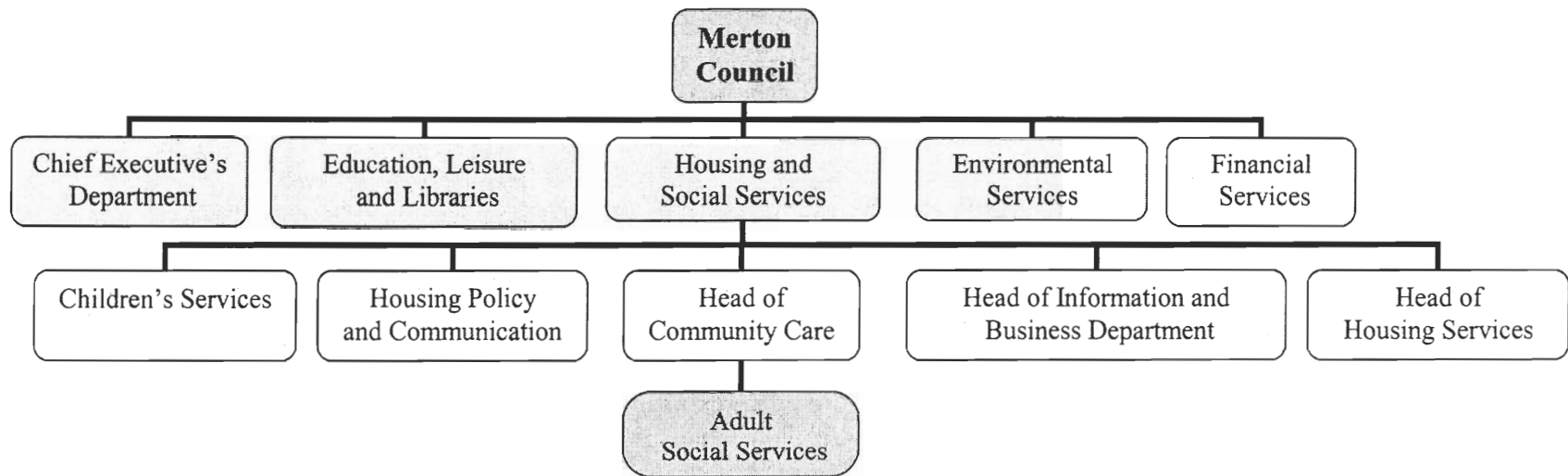
- Working with the community to meet needs and involving the community in everything
- Respecting our staff and listening and learning from them
- Encouraging creativity and becoming a learning organisation
- Working as a team with a common purpose
- Managing performance and setting tough but attainable targets
- Fostering leadership throughout the department and sharing knowledge and authority, empowering all staff

### **Key Priorities:**

- Developing fast, fair and convenient services
- Improving the overall health of the population through effective partnerships and tackling social exclusion and inequalities
- Developing comprehensive community services and supported housing that focus on the disadvantaged
- Caring for vulnerable people by implementing the national service frameworks
- Raising standards and modernising services
- Encouraging sustainable home ownership
- Raising the standard and quality of social housing and increasing the choices available to citizens

### **Services Provided:**

- Social Services For Adults
- Social Services For Children
- Social Services For Older People
- Affiliated with Voluntary Organisations
  - Disability Alliance, Merton (DAM)
  - Merton Association of Disabled People (MADP)
  - Merton PHAB Club



**Figure A.1: Merton Council Organisation Chart**  
 (adapted from <http://www.merton.gov.uk>).

## **Appendix B: A Primer on Disability**

*(including: Social Model of Disability, Human Rights and Disabled Activism, Disabled Communication Considerations, What is a Day Centre)*

There are many different values and connotations associated with the term disabled. These concepts differ among people and among countries. An understanding of the social concept of disability is required to adequately survey the needs of a physically impaired population. Communication is a vital device for interacting with other groups. It is necessary to have a common ground of speech for communication. Priestly mentions the importance of terminology that is politically and socially accepted by the disabled community (7-8). Usage of unacceptable terminology or inappropriate assumptions based on a person's physical abilities could quickly cause alienation of the disabled person from the remainder of society. There has been much internal controversy over which words should be used to describe individuals; however, a basic model has been formed from a general consensus.

The particular conflict has been over the custom of using the terms "impaired," and "disabled" as synonyms. To many, these terms have varied meanings and levels of appropriateness. British disability organisations, such as the Union of the Physically Impaired Against Segregation and the British Council of Disabled People (BCODP), as well as the United Nations, have made efforts to define the words and explain how the terms fit into society (Priestly 7-8). According to the BCODP, the terms "disability" and "impairment" are not equivalent (Morris 2). Impairments are physical characteristics that break established society norms. These characteristics can involve appearance, mental or physical limitations, and a diminished capacity to communicate. In contrast, disability refers to the limits put on an impaired person by society. Society removes an impaired person from actively participating in daily life because of discrimination against the impairment. Therefore, "disabled people are those people with impairments who are disabled by society" (2). British sociologists tend to take a more accepting and aware stance regarding the topics of disability and impairment. Recognition has been given to those persons with physical, mental, and sensory impairments by British society (Barnes 5).

### **Social Model of Disability**

The social model of disability explains that a person with impairment does not have to be disabled and, in effect, isolated and oppressed from society. Foremost, the model states that quality of life should not depend on the capability of one's body or mind. The physical condition must be disconnected from society's opinion of the condition. Furthermore, disabling barriers can be overcome by taking advantage of the appropriate technology. Disability can be distinguished as the prejudice, which isolates an impaired person from society (Morris 2-3).

Independence can be examined in terms of the social disability model. Independence becomes the ability and control over required assistance for daily life. According to this view, the physically impaired population does not need to be self-sufficient in everyday care as long as they have an active voice regarding their care. This voice restores an impaired citizen's place in society and protects their rights as individuals in a society (13).

## **Human Rights and Disabled Activism**

Each individual that is part of society possesses the basics rights of humanity. John Locke defined the universal rights of mankind as "life, liberty, and property" (Kunze). When applying these three rights, it is noticeable that disabled individuals are easily segregated. "Life" can be suppressed because a disabled person may not be able to find a job or raise children. "Liberty" is restrained when a person is denied the right to make choices that directly affect his or her everyday activities. Finally, the right of "property" can be hindered because a disabled person may not be able to afford or maintain a home.

Additionally, in 1948 the United Nations declared universal human rights as the following:

All human beings have an equal right to live, to eat adequately, to housing.... to a basic standard of health... to privacy, to education, to work... have children... state an opinion, to participate in decisions which affect their lives, to share fully in the social life of their community and to contribute to the well being of others to the full extent of their capabilities (Morris 15)

According to this perspective, the services and health care provided by the government should not impose on impaired individuals' human rights. The physically impaired easily lose these rights because health care programmes do not allow individuals to make decisions regarding their own care. Because of this, Morris proposes that an "ethics of care" should be adopted by society. Such ethics are vital to society because "to deny the human rights of our fellow human beings is to undermine our own humanity" (Morris 15). In order to avoid this negative development of society, people with impairments need to have their own voice and opinion regarding care. Maintaining the basic rights of impaired individuals will reflect positively on society because these individuals will improve their contribution to the community.

Disability rights activists build on the separation of disability from impairment to argue their beliefs. The main argument of activists embodies the theory that independence is an individuals right to choose his or her care. This choice removes the dependency of an impaired individual on society. Additionally, independence evolves from the right to have the necessary equipment for daily life. A subsequent point asserted by activists is that disabled parents have a natural right to care for and raise their children. Although a person may receive daily assistance, "the need for help with daily living tasks does not undermine your ability to love and care for your child" (8).

## **Disabled Communication Considerations**

Maintaining respect and staying knowledgeable of issues that a person with a physical impairment may face continues to be important in order to prevent divisions in communication. In working with physically impaired persons in wheelchairs, Van Dyke suggests sitting at equal eye level while having a discussion. It is also strongly advised to not push a wheelchair without permission or to lean on the chair. A person's physical space is his or her own and is not to be encroached lightly. Suggestions also include remaining relaxed, non-patronising, and taking into account



the effects the impairment may have dealing with accessibility, such as restrooms, staircases and water fountains (San Antonio "Reception").

Similar advice is offered for interacting with the visually and hearing impaired. Using a normal tone of voice is accommodating, as well as introducing people with their relative locations, using vocal cues and speaking to the person directly instead of their sign translator or communicator. To offer aid to a visually impaired person, lightly nudge their arm after expressing the offer of assistance. If the person desires help, they will take hold as needed. This allows the person to lead rather than be pushed along (Van Dyke; San Antonio "Conversation").

**What is a Day Centre?**

Adult day centres are generally an outpatient service for individuals who require assistance with daily activities. These centres provide a social environment for rehabilitation and instruction in job skill related areas (Weissert 14). Additionally, individuals enrolled in a day centre are less likely to exploit hospital and respite care assistance (Forster 840). The day centre becomes intermediary between the caregiver and the medical treatment. Persons attending day centres are generally more satisfied with their care than individuals in a nursing home (837).

Day centres offer a range of social activities including arts, crafts, and music, as well as courses on computers and the Internet (Weissert 15). Most centres will also schedule rehabilitation therapy into their programme. Furthermore, typical day centres are open approximately eight hours a day, with six hours of the day consisting of scheduled activities. An example of a common schedule is shown in Table B.2.

|                |                                                    |
|----------------|----------------------------------------------------|
| 8:30-9:15 AM   | Early arrivals/coffee/visiting                     |
| 9:15-9:45 AM   | More arrivals/reality orientation/current events   |
| 9:45-10:45 AM  | Late arrivals/exercise/therapies/health monitoring |
| 10:45-11:45 AM | Arts and crafts                                    |
| 11:45-1:00 PM  | Lunch/rest                                         |
| 1:00-2:00 PM   | Visiting speaker/musician/movie                    |
| 2:00-3:00 PM   | Games/individual activities/early departures       |
| 3:00-3:30 PM   | Snack/departure                                    |

*(Adapted from Weissert 15)*

**Table B. 1: Example of a Day Centre Schedule**

Traditionally, day centres have been structured around the concepts of community care. The newer generation of independent living centres caters more to the idea that people with disabilities can care for themselves (Benjamin 13 Feb).

*Day Centre Models*

In general, adult day care centres can be classified into three distinct models. The first model applies to day centre's with physically dependent, elderly and mentally competent individuals (Weissert 21). These centres are associated often with another long-term respite care facility and are supported by private and charitable funds. Transportation is usually provided, and the day activities include various therapies and social services. Centres classified in the second model are affiliated with a hospital or housing and social services. Many of the patients that attend these

centres are only slightly dependent on care for day-to-day life. Most of these individuals are females with a mental impairment. These centres are publicly funded and include transportation, counselling, and health care. Finally, there are special purpose centres with various activities intended for specific impairments. Each of these three centre models serves a uniform population (22).

Appendix C: EQ-5D

**EQ - 5D**

Health Questionnaire

English version for the UK  
(validated for use in Eire)

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

**Mobility**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**Self-Care**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Pain/Discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Anxiety/Depression**

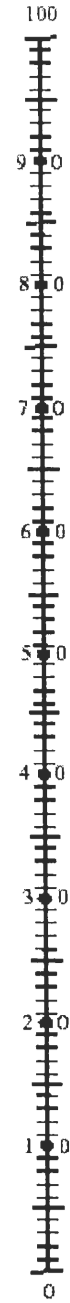
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today**

Best  
imaginable  
health state



Worst  
imaginable  
health state

Because all replies are anonymous, it will help us to understand your answers better if we have a little background data from everyone, as covered in the following questions.

- |                                          |                          |                          |                                     |
|------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Have you experienced serious illness? | Yes                      | No                       | PLEASE TICK<br>APPROPRIATE<br>BOXES |
| <i>in you yourself</i>                   | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <i>in your family</i>                    | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <i>in caring for others</i>              | <input type="checkbox"/> | <input type="checkbox"/> |                                     |

2. What is your age in years ?

- |             |                          |                          |                                   |
|-------------|--------------------------|--------------------------|-----------------------------------|
| 3. Are you: | Male                     | Female                   | PLEASE TICK<br>APPROPRIATE<br>BOX |
|             | <input type="checkbox"/> | <input type="checkbox"/> |                                   |

- |                  |                          |                                   |
|------------------|--------------------------|-----------------------------------|
| 4. Are you:      |                          | PLEASE TICK<br>APPROPRIATE<br>BOX |
| a current smoker | <input type="checkbox"/> |                                   |
| an ex-smoker     | <input type="checkbox"/> |                                   |
| a never smoker   | <input type="checkbox"/> |                                   |

- |                                                                    |                          |                          |                                   |
|--------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|
| 5. Do you now, or did you ever, work in health or social services? | Yes                      | No                       | PLEASE TICK<br>APPROPRIATE<br>BOX |
|                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                   |

If so, in what capacity? .....

- |                                                              |                                |                                   |
|--------------------------------------------------------------|--------------------------------|-----------------------------------|
| 6. Which of the following best describes your main activity? |                                | PLEASE TICK<br>APPROPRIATE<br>BOX |
| <i>in employment or self employment</i>                      | <input type="checkbox"/>       |                                   |
| <i>retired</i>                                               | <input type="checkbox"/>       |                                   |
| <i>housework</i>                                             | <input type="checkbox"/>       |                                   |
| <i>student</i>                                               | <input type="checkbox"/>       |                                   |
| <i>seeking work</i>                                          | <input type="checkbox"/>       |                                   |
| <i>other (please specify)</i>                                | <input type="checkbox"/> ..... |                                   |

- |                                                                      |                          |                          |                                   |
|----------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|
| 7. Did your education continue after the minimum school leaving age? | Yes                      | No                       | PLEASE TICK<br>APPROPRIATE<br>BOX |
|                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |                                   |

- |                                                                   |                          |                          |                                   |
|-------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|
| 8. Do you have a Degree or equivalent professional qualification? | Yes                      | No                       | PLEASE TICK<br>APPROPRIATE<br>BOX |
|                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |                                   |

9. If you know your postcode, would you please write it here

## Appendix D: Research Protocols

*(including: Theories and Models, Confidential versus Anonymous, Case Study Classification and Design, Survey Question Format, Semi-standardised Interviews, Analysis Methods)*

When conducting social research, there are several key points one needs to keep in mind. These points are not a guarantee for success, but are merely a set of guidelines designed to help increase the validity and reliability of one's research. Each of these techniques is based on various cases of failure and success from past projects that dealt with the disabled. They should only be viewed as what one may "expect to find in a 'good' ... design" (Kerr 111).

First of all, one should aim to obtain more information from fewer respondents. It is suggested that all questioning should be conducted as face-to-face interviews rather than surveys one has to fill out. Interviews are more personal; therefore, one can determine more about what the respondent actually feels. It is also advised to keep questions open-ended, so that the respondent is not bound to a predefined set of choices (112).

Secondly, surveys and interviews must provide a full, accurate, and unbiased account of the answers given by the respondent. It is recommended that interviews be recorded using some form of media. This allows the interviewer to pay closer attention to the respondent's answers. Also, when administering pen and paper or mail-in questionnaires it is essential to include a full range of options for the respondent, both positive and negative (113).

A final point to remember is that, when reporting findings from a research project all data must be included. One should not dismiss cases that seem unusual so that obtained results will appear uniform. The most useful answers usually stem from the process of determining what factors differentiate the unusual case from the most frequently occurring one (117).

The above points are specific to disability research. Next, general research models and methods that will be applied in this study are discussed. The methods that will be discussed are question format, data organisation, theoretical models, and focus groups.

### Theories and Models

Ideally, social research is based on an applicable theory. Theories play several roles in the design and analysis of a study. First, a researcher should be able to examine a situation based on a well-developed theory. The theory should also formulate possible outcomes of the study and account for the collected data. At the conclusion of a study, a well thought-out theory can create new hypotheses based on the results of the research. Currently, academic literature does not provide such a theory for measuring patient satisfaction. Difficulty in developing a theory for patient satisfaction arises from disparity between expectations and satisfaction. Conversely, a model can be developed when a suitable theory is unavailable. Models analyse data through a comparison of a select set of characteristics of the target population (Baker 201)

### Confidential versus Anonymous

The most important aspect for a researcher to realise is the difference in meaning between "anonymous" and "confidential." Anonymity signifies that the responses of an individual cannot possibly be linked with the identity of the participant (Salant 9). Confidentiality means that the researchers choose not to correlate a response to a specific individual. It is also suggested that "interviewers should never discuss any particular respondent with someone not related to the project" (167). If some sort of list is kept which correlates a participant's identity with their responses, this record should remain concealed. Any identifying information should be destroyed as soon as it is possible in the study. In order to ensure trust in respondents who reveals their identity, a statement of confidentiality and participation should be used. Through consent, the respondent has agreed to be involved in the study.

### Case Study Classification and Design

Case studies can concentrate on either a broad or specific aspect of society. This method requires data-gathering measures rather than techniques. Information is logically gathered about a particular feature of the area of interest. Extensive, in-depth, and often personal research is collected using case studies. Since case studies can link specific programmes based on common features they are used to "bridge the gap between foundational studies and practice" (Berg 225). Case study classifications and designs are described below.

Organisational case studies can be conducted to determine the manner in which an organisation runs its daily activities (233). These studies can focus either on the organisation as a whole or a specific division. Studying the activities of an entire organisation provides the researcher with an insight into the ways each division of an establishment work together to achieve a common goal. In contrast, a case study that focuses on a specific division of an organisation only provides information concerning the goals and routine of a particular sub set. Organisational case studies research the connection between attitudes and goals of an institution.

There are three main classes of case studies: intrinsic, instrumental, and collective. Intrinsic case studies focus on a specific, unique case because it is exceptional and interesting. These studies are not used to construct a theory concerning a specific population or to investigate a theory. In contrast, instrumental case studies are conducted to gain a better understanding of the population being researched. The specific case provides detailed, in-depth background concerning a particular issue and should be representative of the population of interest. Finally, collective case studies combine the results of multiple instrumental case studies (229). These studies provide the researcher with the appropriate information needed to compose a broad theory concerning a population.

Case studies can also be designed using three different systems: exploratory, explanatory, and descriptive. Exploratory studies are conducted before the main research question is formulated. Explanatory case studies involve pattern-matching to correlate a case to a specific theory. Finally, descriptive case studies are based on identifying a descriptive theory and population for analysis prior to developing the



research question. Creating a descriptive case study requires the researcher to have a complete understanding of the questions proposed, theory, population, linkage of data to theory, and method for analysis (229-231).

### **Survey Question Format**

When developing any type of survey, it is important to determine which type of question will generate the most useful data. Open-ended and closed-ended are the two major categories of question format. The type of question one should use depends upon the type of information that being to be collected. As Dillman states, “each question structure requires respondents to engage in a different kind of response behaviour and has certain advantages and disadvantages” (87).

#### ***Open Ended***

The characteristic that classifies a question as open-ended is that they do not provide the respondent a list of choices from which to choose an answer. Instead, the respondents must construct an answer using their own words (Salant 79-80). Generally, this type of question is the easiest to write, but there are several downsides that must be considered. Developing an answer to an open-ended question can prove to be very time consuming for the respondent. Also, due to the diversity of the collected data, analysis becomes much more difficult. Some answers may be short thoughts, while others may be entire sentences or paragraphs.

However, open-ended questions should not be viewed as a useless form. There are several situations in which open-ended questions prove very helpful in collecting data and clarifying points. First, these questions are useful if the person conducting the survey does not know a good deal about the topic of the survey. Asking these types of questions in a preliminary survey can help to clarify the topic so that closed-ended questions, which will be discussed shortly, may later be developed (81).

Secondly, an open-ended question that directly follows a closed-ended question may provide the surveyor with extra insight to why respondents chose certain answers (Dillman 87). Third, open-ended questions allow the respondent a chance to express their feelings and opinions. Salant offers the following example, “... at the end of a survey, respondents might be asked, ‘Is there anything else you would like to tell us about the subjects addressed in this questionnaire?’” Finally, another kind of open-ended question is one that is used when asking respondents things like the state they live in, or the make of car they drive. Since most people are familiar with this type of information, it is not necessary to list every state or car manufacturer (81).

#### ***Closed Ended***

The other main category of questions is the closed-ended question. This format presents the respondent with a selection of choices from which to answer. There are three basic subcategories of closed-ended questions, which are closed-ended with ordered responses, closed-ended with unordered responses, and partially closed-ended questions (Salant 79). The first subcategory, closed-ended with ordered choices, presents the respondent with a complete array of possible answers. As Dillman states, the presented answers must be “gradations of a single concept.” He also offers an example question regarding the respondent’s age, for which several age ranges are offered as possible answers (90). Generally, these types of questions are the least demanding of the respondent, and also simplify data analysis.

The second subdivision is the closed-ended question with unordered choices. This type of question asks the respondent to look over possible answers and to choose the one that “best reflects their situation” (Salant 83). It is suggested that this method only be used when the surveyor is comfortable enough with the topic so that he or she may offer useful answer choices. The final category is the partially closed-ended question. This method is a compromise between open and closed-ended formats, allowing for the respondent to formulate their own answers where they see fit (Dillman 92). Surveys that use this method avoid forcing a respondent into choosing an answer that does not fit their feelings or situation.

### **Semi-standardised Interviews**

Semi-standardised interviews consist of a combination of predetermined questions and questions which will be shaped during the discussion for flexibility. The standard questions are administered in an established order that does not vary among interviews. The administrator probes the interviewee for further information based on their response to the standard question (Berg 70).

Such flexibility aids when there is a strong need to explore the reasoning behind the opinions held by a particular population. Simply summarising quantitative information may not obtain a true understanding of attitudes and views of the interviewee. Probing questions provide a method that could easily be manipulated depending on the needs of an individual interview. As well, structure is needed in our instrument to ensure that the same basic set of questions is presented to each interviewee. Also, structure prevents the administrator from unintentionally leaving out a question.

A useful document to create beforehand is an interview guide. This establishes the basic ground rules for the session so that the conversation will be less likely to get out of hand. The guide also maps the main questions or topics to cover and is stratified according to the importance or significance of the line of questioning (121-2).

### **Analysis Methods**

#### ***Interviews***

Initial analysis of interview data should begin soon after the session has concluded. McNamara suggests that directly after the session has ended, the facilitators verify, clarify and complete notes taken during the course of the session, and note any relevant observations pertaining to the interactions and amount of interviewee participation. Key points from the discussion can be highlighted so that topics may be analysed separately. The data gathered from personal interviews tends to be qualitative and needs to be treated as such (Berg 4-6, 111). Qualitative data focuses on the quality of things, rather than the “counts and measures” of quantification. Therefore, rather than finding a numerical correlation the actual meaning of the concepts presented should be determined.

#### ***Index Sheets***

In order to analyse data it must be organised in a convenient manner, which allows a researcher to quickly locate the appropriate data. Index sheets are a

traditional and dependable method to accomplish easily accessible data. This system involves placing each major topic on a separate piece of paper. The major topic is then broken down into several subtopics. Each entry onto the sheet includes a way to identify the specific transcript and page number of the response. Entries should also include a brief quote from the interviewee regarding his or her opinion on the main topic. Additionally, the characteristics a response needs in order to be placed under a specific sub theme should be established by at least two individual researchers (Berg 103-4). When executed correctly, this system produces reliable and accurate data organisation.

### *Short Answer Sheets*

Short answer sheets provide a quick reference for the response of a particular individual to a specific question. These sheets are most easily compiled by simplifying responses to yes, no, or unclear. A one-sentence summary of the response can be added to the simplified response for clarification. Short answer sheets provide another system to cross-reference summarised data. These sheets can either be kept with the interview transcript or filed in their own section (Berg 105).

## Appendix E: Task Chart

|                                             | Week 1 |   |   |   |   | Week 2 |   |   |   |   | Week 3 |   |   |   |   | Week 4 |   |   |   |   | Week 5 |   |   |   |   | Week 6 |   |   |   |   | Week 7 |   |   |   |   |   |   |   |   |   |
|---------------------------------------------|--------|---|---|---|---|--------|---|---|---|---|--------|---|---|---|---|--------|---|---|---|---|--------|---|---|---|---|--------|---|---|---|---|--------|---|---|---|---|---|---|---|---|---|
|                                             | M      | T | W | R | F | M      | T | W | R | F | M      | T | W | R | F | M      | T | W | R | F | M      | T | W | R | F | M      | T | W | R | F | M      | T | W | R | F | M | T | W | R | F |
| <b>Orientation to Agency</b>                |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Develop Survey</b>                       |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Case Studies</b>                         |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Pilot and Revise Survey</b>              |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Interviews (Merton Council)</b>          |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Interviews (Voluntary Organisations)</b> |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Conduct Mail Survey</b>                  |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Telephone Interviews</b>                 |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Data Analysis</b>                        |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Write Report</b>                         |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Presentation Preparation</b>             |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |
| <b>Final Presentation</b>                   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |        |   |   |   |   |   |   |   |   |   |

## Appendix F: Summary of Day Centre Contacts

*(conducted from Worcester, MA, USA)*

### London Borough of Sutton

#### **Sutton Centre for Independent Living and Learning - 11 Feb 2002**

*Phone: 020 8770 4056*

This institution provides a skill centre to individuals with physical and sensory impairments. The DDA refers physically impaired citizens to this charity organisation. The centre offers a variety of courses including the following subjects: gym, computers, art, poetry, games, sign language, and skill centre. Additionally, job training and curriculum vitae development training courses are offered through the employment services division. The centre maintains its own volunteer staff in addition to housing the Disability Association and Sutton Association for the Blind (Sutton).

#### **Anton Crescent Day Centre for Disabled People - 11 Feb 2002**

*Phone: 020 8641 4275*

We spoke with Anne Melonaski. This centre is a public institution that primarily provides education services to people with learning disabilities. The approximately two hundred participants of the centre have an age range of 18-80. The centre has a Special Care Unit for individuals with a profound disability. Also, training in the following fields is offered: further education, computer assistance, cooking, literacy, math, food, hygiene and independent living. Additionally, the centre offers several employment-training opportunities for retail skills. The centre houses a coffee shop and cafe that provides a catering service. This business is run and employed by the centres participants. A print shop for invitations and stationery is also housed by the centre and managed by the participants. Additionally, the centre houses a conservation voluntary unit, which contains a horticulture park and holds gardening classes. Finally, the centre offers workshops in the following areas: candles, jewellery, leather, crafts, textiles, and woodworking (Melonaski).

### London Borough of Waltham Forest

#### **Wyemeald Centre - 11 Feb 2002**

*Phone: 020 8496 2500*

We spoke with Mr. Alex Peacock. He informed us that the Department of Social Services of Waltham Forest had recently decided to close the centre because of budget problems (Peacock). The programmes offered by the centre were either cancelled or are in the process of moving to the Disability Resource Centre (DRC). Mr. Peacock offered to help us find additional information concerning day centre programmes. We provided him with our contact information

## Appendix G: Preliminary Interview Summaries

*(conducted in Worcester, MA, USA)*

### **1. Summary of Holly Ault Interview - 8 Feb. 2002**

*WPI Professor of Mechanical Engineering*

*Conducted by D. Kohler, F. Saccoccio and J. Bufanda.*

The current goals and understanding of project background were explained to Professor Ault. She suggested that we determine the location of the All Saints Day Centre with respect to the Civic Centre. Professor Ault then suggested examining the programmes for the physically impaired in the Boroughs of Westminster and Haringey. We also discussed possible accessibility problems the All Saints Day Centre may face. Professor Ault suggested we consult the British DDA laws for appropriate background. Additionally, it was suggested that we further research the demographics of the day centre population and the other programmes offered by the Social Services Department (Ault). Finally, Professor Ault provided us with the following contact information:

- a) Michelle E. Harris, Community Systems Director, Department of Mental Retardation, Gavin Regional Center, 214 Lake St, Shrewsbury, MA 01545. (508) 845-9111 (x121). michelle.harris@dmr.state.ma.us-Resource person for programmes geared towards the physically impaired.
- b) Scott Putnam, Outreach Co-ordinator and Webmaster for Centre for Living and Working. (508?) 336-1226 (x114). scottputnam@yahoo.com-Mr. Putnam is a quadriplegic who uses a head pointer-speech device for communication, therefore response delays should be expected during a phone conversation. Additionally, Mr. Putnam employs a personal care assistant for travel and personal needs.
- c) MATP (Massachusetts Assisted Technology Partnership)
- d) Easter Seals
- e) Resna.org

This interview provided us with several new approaches to our research, a list of useful contacts, and an increased need for project clarification.

As follow up, we contacted both Michelle Harris and Scott Putnam. Miss Harris said that she deals mainly with persons with "mental retardation." Mr. Putnam was willing to have a face-to-face interview; however, as the focus shifted from day centres to general services for the physically impaired, we declined to study more information pertaining to such services.

## **2. Summary of Interview with JoAnn Van Dyke - 30 Jan. 2002**

Co-ordinator of WPI Office of Student Disability Services

Conducted by J. Bufanda.

Upon meeting with JoAnn Van Dyke, an explanation of the project and our current research focus was given. At this time, there was some confusion about the types of persons whom use the All Saints Day Centre. Van Dyke explained that without a good knowledge of the All Saints Day Centre participants and their abilities, it is difficult to find appropriate information. She also mentioned that given the age ranges there might also be some cognitive impairment issues as well as physically impairments.

Ms. Van Dyke suggested first contacting the Worcester Visiting Nurses Association (VNA), but upon examining the phone book we could not locate the local chapter's number. The VNA may be able to provide more information as to day centre services in the Central Massachusetts area and also rehabilitative and occupational programs in the area. Another alternative is to call the Social Services Department in Worcester, MA or the Family Health and Social Services Centre for names of accommodating facilities.

A good resource, which Van Dyke is knowledgeable of, is the topic of relations with disabled persons. She gave several tips in regards to ways in which to speak with mobility impaired and visually impaired persons. These included respectful acts like remaining at the eye-level of the person by either kneeling or sitting, not pushing a wheelchair or leading a blind person without permission, and maintaining the individual's personal space. She gave two handouts on "Reception Etiquette" and "Conversation Etiquette" from the City of San Antonio. The sheets contain other considerations to keep in mind. After the interview, I went to the Disability Etiquette Handbook website. There were several other pages of suggestions dealing with working with people with disabilities and the Americans with Disabilities Act.

Van Dyke followed up with an email specifying other contacts with phone numbers that we could try to reach. We decided that interviewing the one student with physical impairments would not be necessary. As well, the focus of the research changed from specific day centres to a more broad approach of services for the physically impaired (Van Dyke).

### **3. Summary of Interview with Claire Benjamin - 13 Feb. 2002**

*Project Liaison and Social Services Planning and Commission Officer  
Conducted by: F. Saccoccio.*

We primarily discussed the focus of the project. The All Saints Day Centre is an example of the unpopular services offered by the Borough of Merton (Benjamin 13 Feb 2002). Currently, the population utilising this centre is forty-five and over, even though the centre was designed for the eighteen-retirement age population. This point concerns the Borough because younger people with disabilities may need services provided by the centre, but they are obviously not interested in receiving aid in this format. Other Boroughs have concentrated their programmes for the physically impaired in the form of independent living. The theory of independent living appears to encompass the view of physically impaired citizens. Part of the project should investigate this assumption and how the Social Services Department can implement independent living programmes. Additionally, the welfare to work programme was discussed. This programme offers services to help people access employment.

Ms. Benjamin would like us to contact the physically impaired residents of Merton and determine: what they want to do during the day, the local opinions of current social services, how social services can aid their integration into the community. She will provide us with a list of names and addresses of physically impaired residents compiled from the Social Services Department, local education and employment services. The All Saints Day Centre will be used as a useful resource and background information. Additionally, she would like us to determine if All Saints meets the needs of its participants and what can be improved. She suggested that we focus our background research on ideas of good practice, especially concerning the Welfare to Work programme and independent living.

### **4. Summary of Interview with Larry Raymond - 21 Feb. 2002**

*Assistant Director of Human Resources and ADA Co-ordinator, Worcester, MA.  
Conducted by J. Bufanda.*

Mr. Raymond provided clarification about the relation between the local government of Worcester and its physically impaired residents. The City of Worcester has an office regarding Disability Rights through Human Resources. The office provides referrals and information, but no direct funds are allotted for specific services.

An advisory committee of people with physical impairments convenes on a monthly basis and makes recommendations to the city to make sure that impaired people are included in programmes. The office also makes referrals about physical access (i.e.: repairing sidewalks and curbs). For example, if a corporation were to ask about how to make a building accessible, Mr. Raymond would give an overview of modifications that could be done. Specific emphasis is on paths of travel and restroom facilities, as well as parking, travel, building entrances, and office spaces. Raymond



also mentioned that independent living centres exist in Massachusetts, but act as a place for help in arranging personal care attendants and paying for services.

After hearing the focus of the project on communication, Raymond suggested that local governments should do a "needs assessment," as specified by the American Disability Act. In the United States, local governments have "to review their facilities, their programmes, and services; and, list out those areas not accessible to people with disabilities." Then, the local authority should make recommendations and a timetable of the changes that need to be addressed. Finally, the people with disabilities in the community will review the recommendations and specify which areas need prioritisation. This feedback from the physically impaired community is a key component of involvement. In conclusion, Raymond discussed other WPI projects involving disabilities in the past (Raymond).

## **5. Summary of Interview with First Call for Help - 21 Feb. 2002**

*Worcester United Way*

*Conducted by J. Bufanda.*

A help-line volunteer was helpful in locating information about social services and independent living. According to the assistant, the concept of British Social Services in Merton may correlate with the American Social Security system (rather than "Social Services"). Social Security Insurance (SSI) is a monthly payment that physically impaired persons may receive if qualified; however, the funds are only at the minimum poverty level of around 614 USD per month. Another option is the Disability Insurance for those persons whom have worked, set aside social security payments, and then became physically impaired. These persons receive money depending on how much they put into the social security system (Worcester United Way).

In regards to independent living, there is a centre in Worcester, MA where people can go for assistance with budgeting and finding referral services. The space is "not for congregation;" however, it may be possible for users to find information about social opportunities. The local independent living centre is the Centre for Living and Working (508.363.1226, ext.411).

## Appendix H: Survey Notice and Project Information

We contacted the following organisations and offices about the survey and, for those with fax machine capabilities, sent the notice about the questionnaire.

|                  | Name of Organisation                                                     | Name of Organisation                             |
|------------------|--------------------------------------------------------------------------|--------------------------------------------------|
| Faxed and Called | African Culture Promotions                                               | African Community Involvement Association (ACIA) |
|                  | Pearl of Africa Federation                                               | Merton Adult College                             |
|                  | Northeast Mitcham Community Centre                                       | Merton African-Caribbean Organisation (MACO)     |
|                  | Merton Somali Community (MESCO)                                          | Care Connect                                     |
|                  | Unity Network                                                            | South London Congolese Association               |
|                  | London Southwest Chinese Community                                       | Citizens Advice Centre (Mitcham and Wimbledon)   |
|                  | Merton and Morden Guild of Social Services                               | Deen City Farm Ltd                               |
|                  | Employment Service Jobcenter DEAs (Wimbledon, Colliers Wood and Mitcham) |                                                  |
| Called           | Asian Diabetic                                                           | Merton Youth Services                            |
|                  | Merton Youth Awareness Programme                                         | Pollan Hill                                      |
|                  | Ethnic Minority Centre                                                   | Merton Racial Equality Partnership               |
|                  | Bengali Association of Merton                                            | British Muslim Association of Merton             |
|                  | Pakistan Welfare Association (UK)                                        | Asian Elderly Group of Merton                    |

**Table H.1: List of Contacted Voluntary and Council Organisations**

HOME SITEMAP SEARCH LEGAL HELP ACCESS CONTACT

merton living working community neighbourhood learning leisure visiting your cou

### community RESEARCH

London Borough of Merton's Department of Housing and Social Services is currently conducting a survey of physically impaired residents. The results of this study will be used to determine efficient methods to distribute information about services offered by the Borough of Merton. Additionally, the study will help develop a system that will enable physically impaired people to express their feelings and opinions about the services that the Borough provides. This survey will be mailed to any physically impaired persons who currently have a care plan with Social Services. We are also very keen to find out the views of people who do not currently use our services. If you would be willing to help please email us at the address given below to request a survey.

Surveys can be requested between 18 March and 1 April 2002 by emailing [hsstudents@merton.gov.uk](mailto:hsstudents@merton.gov.uk), or by calling 020 8545 3776. Please include your name and the address where you would like the survey sent.

Last updated 27 March 2002 by [web.team@merton.gov.uk](mailto:web.team@merton.gov.uk)

- ASYLUM AND IMMIGRATION ISSUES
- ETHNIC MINORITY PEOPLE
- CARERS
- COMMUNITY PLAN
- COMMUNITY GROUPS
- DISABLED PEOPLE
- FAITH ORGANISATIONS
- LESBIAN, GAY & BISEXUAL
- OLDER PEOPLE
- OUTREACH SERVICES
- PARENTS

**Figure H.1: Image of Web Notice**

<<http://www.merton.gov.uk/disabled/research.asp>>.

Figure H.2: Project Brief



## **Research Project Brief with the Physically Impaired**

*for the Department of Housing and Social Services, London  
Borough of Merton*

We are conducting a study regarding activities for the physically impaired in the Borough of Merton. The purpose of this project is to improve the communication between the Department of Housing and Social Services and the physically impaired residents. Primarily, we will determine the current needs and desires of this population through a mail survey. The distribution and analysis of this survey are under strict time constraints. We also plan on conducting focus groups with physically impaired residents of Merton to expand upon survey topics. In addition, we plan on determining the role of voluntary organisations concerning information and service distribution. Case studies will be performed to collect data on services offered by other Boroughs. Our major research questions are:

- How can Social Services better communicate with the physically impaired population of Merton?
- What can Social Services do to improve their programmes?
- What types of activities and assistance are desired by physically impaired people?
- What are roles do voluntary organisations have in regards to the benefits and programmes offered by Social Services?

### **Data Collection Methods**

- **Case Studies**

Information regarding services and organisations offered by other London Boroughs will be gathered.

- **Mail Survey**

A mail survey will be the primary data collection method. Current services, Welfare to Work, Independent Living, and information distribution are the main topics of the survey. The population for this survey will be obtained from Social Services. The survey will be tested at the All Saints Day Centre Monday 18 March 2002. We plan on mailing this survey out the week of 25 March 2002. The survey contains close-ended questions with an option to fill in additional information. All responses will be kept anonymous. A section requesting contact information for an optional telephone interview will also be included in the survey. Willing respondents will include their name and phone number, which will be kept confidential, and disposed of after interviews have been conducted.

- **Telephone Interviews**

We will conduct telephone interviews with a random population of survey respondents. The interview will expand on the topics discussed in the survey. These interviews will be optional and all information will remain confidential.

- **Interviews with Organisational Representatives**

Interviews will be conducted with representatives of the local voluntary organisations and personnel of the Merton Council. These interviews serve two purposes. First, survey topics and wording will be discussed. Second, information regarding services offered will be gathered.

## **MERTON DISABILITY SERVICES**

The **Borough of Merton** is currently conducting a survey among residents with a **physical impairment**.

The survey will be used to assess the **current views of services** offered by Merton, ways in which the Borough **distributes information** regarding services, and ways in which the Borough consults with people to **find out what services they need**.

This survey is being mailed to physically impaired people currently involved with services offered by Merton. We would also like to find out the views of people who do not currently use services.

*If you are willing to help...*

### **Request a survey:**

Email: [hsstudents@merton.gov.uk](mailto:hsstudents@merton.gov.uk)

Phone: 020 8545 3776

Surveys may be requested between  
**18 March and 1 April 2002**

Please include your name and the address where you would like the survey to be sent.

Figure H. 3: Notice Flyer

## Appendix I: Mail Survey and Cover Letter



London Borough of Merton  
Social Services Department  
Merton Civic Centre, 3<sup>rd</sup> Floor  
London Road  
Morden, Surrey SM4 5DX  
Attn: Claire Benjamin

Dear Sir or Madam,

We are American students on secondment conducting a research study with the Department of Housing and Social Services in order to find out the best way to communicate with and inform residents of its services for disabled people. The results of this study will be used to determine efficient methods to distribute information about services offered by the Borough of Merton. Additionally, the study will help develop a system that will enable disabled people to express their feelings and opinions about the services that the Borough provides.

Your input is important to this study. We are asking for your views to help us find out what you think about services. You can assist us in determining more convenient methods for service users to obtain and relay information. Your response will remain anonymous.

We will also be conducting optional telephone interviews regarding the topics discussed in this survey. If you would be willing to participate in an interview, please complete the contact information portion of the survey. These interviews will remain confidential.

Thank you very much for your time and consideration. If you have any questions, comments or concerns regarding this questionnaire please feel free to contact us at the address above.

Please direct any questions or comments to 020 8545 3776.

Sincerely,

Frances Saccoccio

Dan Kohler

Joseph Bufanda

## Part 1. Social Services and Disabled People

Please answer the following questions to the best of your ability.

*Are you currently involved with any services being offered by the Borough of Merton?*

- YES
- NO
- DON'T KNOW

*Which of the following services do you currently use?*

*(Please tick all that apply.)*

- MEALS ON WHEELS
- HOME CARE (PERSONAL CARE ASSISTANCE)
- DAY CENTRES
- RESPITE (TEMPORARY) CARE
- EMPLOYMENT ASSISTANCE
- DIRECT PAYMENTS
- FREEDOM PASS
- BLUE BADGE
- TAXI CARD
- OCCUPATIONAL THERAPY
- PHYSIOTHERAPY
- SPEECH THERAPY
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_

*Are there any other types of services that you would like to see offered?*

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Do you agree that the Borough of Merton provides adequate services for the physically impaired?

- AGREE
- DISAGREE

Please circle the appropriate rating of your satisfaction for the following services provided in Merton. If you do not use the service, then do not circle a rating.

| <u>Services</u>       | <u>Satisfaction Rating</u> |             |             |             |                  |
|-----------------------|----------------------------|-------------|-------------|-------------|------------------|
|                       | <b>VERY GOOD</b>           | <b>GOOD</b> | <b>FAIR</b> | <b>POOR</b> | <b>VERY POOR</b> |
| Meals on Wheels       | VG                         | G           | F           | P           | VP               |
| Home Care             | VG                         | G           | F           | P           | VP               |
| Day Centres           | VG                         | G           | F           | P           | VP               |
| Respite Care          | VG                         | G           | F           | P           | VP               |
| Employment Assistance | VG                         | G           | F           | P           | VP               |
| Direct Payments       | VG                         | G           | F           | P           | VP               |
| Concessionary Travel  | VG                         | G           | F           | P           | VP               |
| Occupational Therapy  | VG                         | G           | F           | P           | VP               |
| Physiotherapy         | VG                         | G           | F           | P           | VP               |
| Speech Therapy        | VG                         | G           | F           | P           | VP               |

*In your opinion, how well does the Borough of Merton provide information regarding their services?*

- VERY WELL
- WELL
- AVERAGE
- POORLY
- VERY POORLY

*Where have you learned about the services provided?  
(Please tick all that apply.)*

- DIRECTORY / BOOKLET
- GP SURGERY / DOCTOR
- LEAFLET, PAMPHLET, OR FLYER
- NEWSPAPER / MAGAZINE
- VOLUNTARY ORGANISATION
- DAY CENTRE
- FRIEND OR FAMILY
- CARER/PERSONAL ASSISTANT
- INTERNET / EMAIL
- SOCIAL WORKER
- MAIL
- OTHER: \_\_\_\_\_

*How would you like to be informed about services in the Borough of Merton? (Please tick all that apply.)*

- DIRECTORY / BOOKLET
- GP SURGERY / DOCTOR
- LEAFLET, PAMPHLET, OR FLYER
- NEWSPAPER / MAGAZINE
- VOLUNTARY ORGANISATION
- DAY CENTRE
- FRIEND OR FAMILY
- CARER/PERSONAL ASSISTANT
- INTERNET / EMAIL
- SOCIAL WORKER
- MAIL
- OTHER: \_\_\_\_\_

*In what other forms would you like information to be available, if any? (Please tick all that apply.)*

- LARGE PRINT
- BRAILLE
- AUDIO TAPE
- OTHER: \_\_\_\_\_

*Are you currently employed?*

- FULL-TIME
- PART-TIME
- NOT EMPLOYED

*Are you currently in enrolled in higher education?*

- FULL TIME STUDENT
- PART TIME STUDENT
- COMPLETED DEGREE
- NOT ENROLLED

*Are you interested in job training services?*

- YES
- NO



*If interested in job-related services, in which areas would you like to receive further training? (Please tick all that apply.)*

- COMPUTER AND INTERNET SKILLS
- MATH AND NUMERACY SKILLS
- RETAIL
- LITERACY AND READING SKILLS
- WRITING SKILLS
- CV AND RÉSUMÉ DEVELOPMENT
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_

*Are there any areas that you feel the Borough of Merton can improve upon? (Please tick all that apply.)*

- DISTRIBUTION OF INFORMATION
- TYPES OF SERVICES OFFERED
- TIME AND LOCATION OF SERVICES
- BILINGUAL AND CULTURAL SERVICES
- OTHER: \_\_\_\_\_

*Is there anything else that you would like to add regarding Social Services or other services provided by the Borough of Merton?*

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*Are there any organisations for people with disabilities of which you are a member or participant? If so, then which? (i.e.: British Council of Disabled People, Merton Phab, MADP, Disability Alliance Merton, Stroke Association, MS Society, et cetera)*

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## Part 2. Demographic Information

*In order to assist in our study, please provide the following information.*

*What is your age range?*

- UNDER 18
- 18 TO 25
- 26 TO 45
- 46 TO 65
- 66+

*What is your gender?*

- MALE
- FEMALE

*How long have you lived in Merton?*

- LESS THAN 1 YEAR
- 1 TO 2 YEARS
- MORE THAN 2 YEARS

*Including yourself, how many people currently live in your household?*

- 1
- 2
- 3+

*Which languages are used in your household? (Please tick all that apply).*

- ENGLISH
- FRENCH
- TAMIL
- SPANISH
- CHINESE
- BENGALI
- URDU
- PUNJABI
- SOMALI
- GUJARATI
- OTHER: \_\_\_\_\_

## Part 3: Optional Interviews

We are interested in your participation in a telephone interview. This opportunity may allow you to better express your views and needs concerning the services offered for disabled people. Information given in the interview will be anonymised before use. If you are willing, please sign the participation statement below and list convenient calling times. Time constraints may restrict the number of telephone interviews that will be conducted.

Interviews will be conducted Monday through Friday between the hours of 10:00 and 15:00. Please indicate if you will require any special communication methods, assistance, or interpretation.

### Statement of Confidentiality

By signing, you consent to the maintaining of confidentiality during the interview. This information will be used only in assessing the services for physically impaired individuals provided by the London Borough of Merton.

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Best Time(s) to contact you: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**Thank you for your time in completing this survey.**  
Please return it in the postage paid envelope provided by:

*8 April 2002*

London Borough of Merton  
Merton Civic Centre  
London Road  
Morden, Surrey SM4 5DX  
Attn: Claire Benjamin

## Appendix J: On-Site Interview Guides and Summaries

### 1. Merton Council Services

The following interviews were conducted in the London Borough of Merton. Participants include employees of Social Services.

- I.1. Susan Hitchen, *Services Manager for Physical Disability*
- I.2. John Carroll, *Director of All Saints Centre*
- I.3. Maïke Blakemore, *Occupational Therapist*
- I.4. Vernon Jones, *Field Work Manager for Physical Impairments*

### 2. Merton Voluntary Organisations

This section includes interviews with representatives of local voluntary organisations that work heavily with physical impairment issues.

- II.1. Sheila Knight, *Disability Alliance Merton (DAM)*
- II.2. Jenny Knight, *Disability Alliance Merton (DAM)*
- II.3. Tracey Waterman, *Merton Association of Disabled People (MADP)*
- II.4. Christine Monkhouse, *Physically Handicapped Able Bodied (Phab)*

### 3. Telephone Interview with Survey Respondents Guide

This final section includes the interview guide template used during telephone interviews with physically impaired survey respondents. The team utilised the following guidelines during the recording of the interview data:

- BE CLEAR AND MAKE SURE THEY UNDERSTAND THE QUESTION!
- RECORD ALL INFORMATION IN CORRECT CELLS!
- RECORD ONLY RELEVANT INFORMATION!
- TRY TO STAY ON TRACK WITH THE QUESTIONS... ORDER IS NOT IMPORTANT, BUT DON'T LET THEM TALK TOO MUCH ABOUT UNIMPORTANT ISSUES!
- USE WORDING SUCH AS "*That's unfortunate. One of the reasons behind this survey is to help Social Services figure out how to better find out about these types of issues/problems...*" OR "*So, what suggestions do you have in order to / about / for / etc...*" IN ORDER TO CHANGE OFF-TOPIC SUBJECTS.

## I.1. Interview with Susan Hitchen

|                  |                                                                       |                         |                |
|------------------|-----------------------------------------------------------------------|-------------------------|----------------|
| <b>Title:</b>    | Services Manager for Physical Impairment                              |                         |                |
| <b>Location:</b> | Social Services (Ages 65 and Over)                                    |                         |                |
| <b>Borough:</b>  | Merton                                                                | <b>Type:</b>            | Merton Council |
| <b>Address:</b>  | Gifford House,<br>97C St. Helier Avenue,<br>Morden, Surrey<br>SM4 6HY | <b>Nearest<br/>Bus:</b> | N/A            |
| <b>Date:</b>     | 15 Mar. 2002                                                          |                         |                |

### Introductions and project explanation.

-Ms. Hitchen would like our project to determine a) How many young people with disabilities are not using social services b) Are the young integrated and working? or are there no disabled young people? c) Are they at home and lonely-would the day centre help?

### Comments on survey:

- Add the following services: Blue Badge, Taxi Card, Occupational Therapy, Physiotherapy, and Speech Therapy. Otherwise good and helpful.
- Try to get contacts in education to get information on the 14-16 population and determine needs as they leave school.

### Are you aware of any newsletters concerning services for the physically impaired? If so, who publishes it and how often.

-No, but the Guardian has a page for the blind. Also, social services publishes a staff newsletter. DAM might have a newsletter (Ask Shelia Knight).

### What kind of technology is involved in occupational therapy? (i.e. types of equipment)

-They provide simple equipment that is free. Also, Merton offers income support.

### For our survey population, how can we gain access to the database of people 18-65 that use occupational therapy services? Freedom Pass (not registered blind persons)? --All info is in SOSCIS database

### Can you suggest any one else for us to speak with regarding our research?

- Jenny Knight - Vestry Hall, DAM, x6565
- Shelia Knight - Welfare to Work info (all ready have contact info)
- Maïke Blakemore - Occupational Therapist at Russell Road (younger clients)
- Fran Hibbert - Guardian Centre for sensory impairments- 020 8540 544  
67 Clander Road, Colliers Wood
- Vernon Jones - Physical Impairment Field Work Manager x4506
- John Richards - disable employee at Gifford House x4426
- Jed Mc Andrew - Children with Disabilities Impairment Team, Westford House (Mitcham)  
call admin assistance x4200
- Helen Linkan - Head of children services
- Sam Williams - Head of Community Care
- Chapel Orchard - day centre for mental health in Mitcham

### Other information:

- Day centre - ideally range of activities that meets many needs - use as a base when you need help, then move on. In principle, the day centre should be for temporary or respite care, and meet individual needs.
- Clients receive services, day centre has members
- Concessionary travel: a) Freedom pass (free tube and bus travel) b) Taxicard (pays for some cab rides) c) Blue Badge parking

## I.2. Interview with John Carroll

|                  |                                                   |                          |                 |
|------------------|---------------------------------------------------|--------------------------|-----------------|
| <b>Title:</b>    | <i>Director of All Saints Day Centre</i>          |                          |                 |
| <b>Location:</b> | All Saints Day Centre                             |                          |                 |
| <b>Borough:</b>  | Merton                                            | <b>Type:</b>             | Merton Council  |
| <b>Address:</b>  | 44 All Saints Road<br>South Wimbledon<br>SW19 1BX | <b>Nearest Tube/Bus:</b> | South Wimbledon |
| <b>Date:</b>     | 18 Mar. 2002                                      |                          |                 |

### **Do you have any suggestions regarding the wording or layout of our survey?**

-Services instead of programmes, respite care could be confused with residential care, specify day services, social services does not advertise on television or radio, most people find out about services from the social worker, remember communication issues-respondent may not be able to post letters back or talk on the phone, transport is a key issue.

### **Do you have any suggestions regarding how to contact the younger physically impaired population?**

-Go to the voluntary organisations and ask where to meet people; Care Connect has information about everyone; Vernon Jones deals with people of all age groups; younger physically impaired are mostly congenital conditions.

### **Are you aware of any newsletters concerning services for the physically impaired? If so, who publishes it and how often.**

-MS Society and Stroke Association publish news letters; MADP has one for older population (All Saints Day Centre members are the youngest in this group)./

### **Schedule (Details or sample):**

-A sample schedule is being emailed to the project team.

### **Can you give us information on the computer and Internet classes? How many people participate?**

-Distance learning at a college, very simple skills in Paintshop Pro, Microsoft Excel spreadsheets and Access databases.

### **What Welfare to Work programmes (or job training) are offered and how many people participate?**

-None, he is not on the welfare to work committee, the centre has the capacity for the programme but is not involved

### **What kinds of transportation options are offered to and from the centre?**

-Very limited and on a small scale, 3 big coaches, MADP supports transportation for day trips

### **Do you work with any voluntary organisations?**

-The MS Society meets at the All Saints Centre. Mr. Carroll commented that the Stroke Association, MADP and DAM tend to have the same membership. Also, the Guardian Centre for the blind and the Cerebral Palsy Association work occasionally. Only a few contacts with PHAB have been made, but the Phab membership tends to be small and includes mostly people with learning disabilities.

### **Other contacts:**

GLAD-transportation issues Bob Wilcox, MS Society and Stroke Association-  
Mr. Carroll requested that he speak with these organisations before we do.

### I.3. Interview with Maike Blakemore

|                  |                                                                          |                     |                |
|------------------|--------------------------------------------------------------------------|---------------------|----------------|
| <b>Title:</b>    | <i>Occupational Therapist</i>                                            |                     |                |
| <b>Location:</b> | Social Services Department ( <i>Adults with Disabilities- under 65</i> ) |                     |                |
| <b>Borough:</b>  | Merton                                                                   | <b>Type:</b>        | Merton Council |
| <b>Address:</b>  | 42-44 Russell Road,<br>Wimbledon CR4 3UD                                 | <b>Nearest Bus:</b> | Bus 93         |
| <b>Date:</b>     | 25 Mar. 2002                                                             |                     |                |

**What is occupational therapy (OT)?**

-The goal of OT is to facilitate people to integrate into the community and make life as independent as possible. OT's work with the permanently and substantial disability as defined in the National Assistance Act of 1943. Work on a self-referral system and give advice, functional assessments, teaching/training, and adaptive equipment. OT's work with all age groups.

**What criteria are used to determine if an individual is eligible to be registered physically impaired?**

-Criteria are given on the self-referral form and are listed in the National Assistance Act. A formal registry used to exist but was ended six years ago.

**How do you interact with other departments?**

-OT's use a self-referral system to give people more choice. When a referral form comes in it is reviewed and designated either priority 1 (urgent) or priority 2 (waitlist). They also work with OTs in hospitals for difficult cases. They do not have a lot of access to about services offered in the Borough (refer to Social Services).

**Do you have any suggestions about how to contact the younger physically impaired population?**

-Education-children get statement of special needs and this information is kept in a register. Also, make leaflets more attractive and distribute them in schools, GP offices, or Internet.

**Are you aware of any newsletters for the physically impaired? If so, who publishes it and how often? --NO**

**Do you know of any agencies that provide job training?**

- Remploy provides retraining -may not exist anymore
- Disabled Living Foundation (DLF)-Harrow, has information on disability equipment-087 0603 9177 or 020 7289 6111

**Other contacts:**

- Cross Roads - support network for carers - 020 8685 9206
- St Anne's School - 020 8648 9737
- St. Giles School in Croyden but takes Merton children - 020 8680 2141
- Morden Hall Medical Centre - 020 8540 0585
- Jo French- OT at Queen Mary's Hospital for Children
- Queen Mary's Hospital (different from above, have a spina bifida and limb surgery unit) - 020 8789 6611

#### I.4. Interview with Vernon Jones

|                  |                                                                          |                     |                |
|------------------|--------------------------------------------------------------------------|---------------------|----------------|
| <b>Title:</b>    | <i>Field Work Manager for Physical Impairments</i>                       |                     |                |
| <b>Location:</b> | Social Services Department ( <i>Adults with Disabilities- under 65</i> ) |                     |                |
| <b>Borough:</b>  | Merton                                                                   | <b>Type:</b>        | Merton Council |
| <b>Address:</b>  | 42-44 Russell Road,<br>Wimbledon CR4 3UD                                 | <b>Nearest Bus:</b> | Bus 93         |
| <b>Date:</b>     | 22 Mar. 2002                                                             |                     |                |

**What criteria are used to determine eligibility to be registered as disabled?**

-Self assessment by OT for permanent and substantial physical impairment (i.e. how far they can walk, functional mobility), amputees, and uncontrolled epilepsy, get document about registration from OT's

**Any suggestions regarding how to contact the younger physically impaired population?**

-Very new database of clients in transition from children to adult services, children with disabilities team, education department

**Are there any services specifically geared toward the younger population?**

-People eligible for assessment tend to fall into broad frameworks but usually get assistance in housework, personal assistance, respite care, day care, and residential home care

**How often do the social workers meet with a physically impaired individual?**

-As needed on a case-to-case basis-have a referral system, initially they get an assessment from a duty system; only the complicated cases get put on social workers case load

**How much interaction do social workers have with the voluntary organisations?**

-Not much, he is on committee of MADP, little contact with DAM-both on managerial level, very little to do with PHAB-just give out contact information and people access them directly

**How do the social workers interact with other departments? (i.e. Department of Education, employment agencies)**

-Need lead basis, give referrals as needed, loose liaison with each other, very well defined system

**Are social workers involved with the Welfare to Work programme?**

-He is on committee for Welfare to Work, still in its early stages, political idea but no money yet, in six months they will make a decision whether or not to get a social worker for the programme, voluntary organisations handle Welfare to Work-in the fringe, not easy to get to employment services might have list of organisations and businesses, normal route would be the disability employment advisor

**What are common recommendations made by social workers (i.e. client should attend the day centre)?**

-Holistic assessment-need and want based, some things are more needs than wants

**Are you aware of any newsletters for the physically impaired? If so, who publishes it and how often? --- NO**

**Other contacts:**

|                                                                     |                                                            |
|---------------------------------------------------------------------|------------------------------------------------------------|
| Trevor Cooks - Dept of Edu.<br>Team admin site manager for Edu Dept | Debbie West (SEN) 8288 8254<br>Koulla (DEA) 8700 8100/8156 |
|---------------------------------------------------------------------|------------------------------------------------------------|



## II.5. Interview with Sheila Knight

|                  |                                                                                                                       |                     |              |
|------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|--------------|
| <b>Title</b>     | <i>Merton Councillor, Director of Merton MIND, Chair on Welfare to Work, and Chair of Disability Alliance Merton.</i> |                     |              |
| <b>Location:</b> | <b>DAM (Disability Alliance Merton)</b>                                                                               |                     |              |
| <b>Borough:</b>  | Merton                                                                                                                | <b>Type:</b>        | Voluntary    |
| <b>Address:</b>  | Vestry Hall,<br>London Road,<br>Mitcham CR4 3UD                                                                       | <b>Nearest Bus:</b> | Bus 118, 201 |
| <b>Date:</b>     | 22 Mar. 2002 and 10 Apr. 2002                                                                                         |                     |              |

### **From 22 Mar 2002:**

#### **What organisations do DAM work with?**

-DAM is a consortium of major disability groups including MADP, MIND, MENCAP (mental impairment), the Guardian Centre (for the Visually Impaired and the Deaf Club), and formerly MAFIA. MADP is mainly focused on transportation issues and social events. Other affiliates include Merton Phab. Oasis (ethnic minority mental impaired), and a local diabetic group. GLAD (Greater London Association for the Disabled) based in Brixton and the London Civic Forum are also involved. DAM is not a member of the national Disability Alliance

#### **How many active participants do you have?**

-Membership is for groups only. DAM does not have memberships for individuals, only organisations. Newsletters and updates are sent to related voluntary organisations. Currently, there are 20 contacts on the mailing list and 8 affiliates.

#### **Do you publish a newsletter?**

-When the organisation hears about an interesting thing, they send out the information to the list. For example, a recent programme has been posted about providing fire alarms in disabled people's homes.

#### **What activities and services are offered by the organisation?**

-As far as Welfare to Work, Ms. Knight is a chairperson. The Work Experience programme allows impaired people to "get a taste of the work" and provides practice in various jobs in Merton. Placements have been in areas such as working in charity shops, Merton College, and CAB. MIND works with the Volunteer Centre to get help with experience. A Cyber Cafe helps people with cognitive impairments learn computing skills. DAM has just started applying for grants to create an employment centre as well as provide training. Such grants are available to bid upon under the New Deal.

-A large problem exists in the Welfare to Work agenda, as there are gaps between receiving training and finding work and once work is found there is a gap in receiving support and assistance from knowledgeable staff. DAM is creating a leaflet for employers on how they can benefit from hiring disabled people. Ms. Knight recommended we contact cognitively impaired training centres such as Saint George's Trust (as a model service).

#### **How is Social Services involved with your organisation (ie: funding, services)?**

-Interaction seems to be on an as-needed basis; however, MIND does have contracts with Social Services to carry out tasks and services. Alternately, the organisation does receive money from the National Lottery. DAM does not receive any funding from Social Services.

-Some disabled people in Merton have indicated some problems with Social Workers in regards in finding employment. If case managers are not supportive of employment as a viable option, then the client's self esteem and confidence levels may be lowered.

Also, many disabled people in Merton are unaware of direct payments options and independent living. A leaflet on these services is being developed to better inform disabled members of the Merton community.

**We are trying to receive as much input from the physically impaired residents as possible, and as some of your members may not be listed within the Social Services database. Is it possible to work with your organisation in this matter?**

-Recently, a consultation group was conducted that involved issues relating to transport in Merton; particularly, uneven paving stones, poor access, and obtruding shrubbery.

-She suggested that many young people might not want to be registered because they don't feel the need. In Cambridge, a programme circulates everyone with Orange/Blue badges as a way of contacting people. Posting information in the Civic Centre (Crown House), libraries, supermarkets, the Saver Centre, and Pubs are also suggested venues.

**For example, do you have access to a list of members that we could use or if we can provide the surveys and return postage, could your organisation help distribute it to your members at a upcoming meeting, or something along those lines?**

-For more information about the Employment Service, Ms. Knight suggested we contact Suzanne Metts (DEA covering 2 job centres) and Steve Farrow (Colliers Wood). The Colliers Wood office covers all of Merton. The Education Department Special Needs Team (David Wright - Children Services, and Janet Yerbury) usually send disabled children to schools outside the Borough such as the Beddles School. Ms. Knight stated that it would be nice to know what happens to students once they finish their education and commented on the gap during the 18-40 years. When we were to originally conduct focus groups with members of voluntary organisations, Ms. Knight suggested that we provide a transportation budget and that we need to convince participants that what we are doing is important to them.

### **From 10 Apr 2002:**

**How did MAFIA communicate between the physically impaired and Social Services?**

-MAFIA was a voluntary organisation set up by the physically impaired for the physically impaired. They had several programmes: a political pressures and advocacy project (on a one-to-one basis, successful), counselling scheme (with a trained counsellor, now temporarily housed by Merton Mind). As well, they tried to set up a centre for independent living.

**Why did MAFIA collapse?**

-They did not have the resources available to keep the organisation running.

**How should the Borough communicate about day-to-day and general issues?**

-People are not very concerned with Social Services issues. They would rather talk about issues such as transportation (buses), pavement cleanliness and accessibility. This may be an area at which a basis for communication may begin.

## II.6. Interview with Jenny Knight

|                  |                                                 |                     |              |
|------------------|-------------------------------------------------|---------------------|--------------|
| <b>Title</b>     | <i>Co-ordinator</i>                             |                     |              |
| <b>Location:</b> | <b>DAM (Disability Alliance Merton)</b>         |                     |              |
| <b>Borough:</b>  | <b>Merton</b>                                   | <b>Type:</b>        | Voluntary    |
| <b>Address:</b>  | Vestry Hall,<br>London Road,<br>Mitcham CR4 3UD | <b>Nearest Bus:</b> | Bus 118, 201 |
| <b>Date:</b>     | 26 Mar. 2002                                    |                     |              |

### **What activities and services does DAM offer?**

-DAM is a consortium of organisations that originated in 1998 but did not receive lottery funding until last year. Their aim is to improve transport and employment opportunities to the disabled. This organisation is for the physically impaired. They have a new consultation campaign group where the disabled decide the issues discussed. The main service is the work project, which seeks new work or job retention. The programme also provides work experience placement and employment awareness. They use existing services to help people over the age of 18. The project has only been active for a year and currently has ten participants, one of which has a physical impairment.

### **How does your organisation interact with Social Services?**

-Social Services asked DAM to help get the Welfare to Work project moving. They also work with the learning disability board and have new links with Sue Hitchen. She works closely with one social worker, Kim Wanpach, who refers clients to DAM.

### **Do you have any suggestions on how to contact the younger physically impaired population?**

-Look at the transition from school to work. Social Services should be aware of the needs of people and be aware of where they are going. Talk to both specialty and regular schools.

### **Other Contacts:**

- Merton College
- Carshalton College
- Jobcentre DEAs
  - Suzette Mets- Colliers Wood/Mitcham
  - Koula- Wimbledon
- Disability Service Team
- CareConnect and Connexions
- Direct Payments Office
- Independent Living Scheme - mainly older
- Carers Groups

## II.7. Interview with Tracey Waterman

|                  |                                                 |                     |              |
|------------------|-------------------------------------------------|---------------------|--------------|
| <b>Title</b>     | <i>Co-ordinator</i>                             |                     |              |
| <b>Location:</b> | MADP (Merton Association for Disabled People)   |                     |              |
| <b>Borough:</b>  | Merton                                          | <b>Type:</b>        | Voluntary    |
| <b>Address:</b>  | Vestry Hall,<br>London Road,<br>Mitcham CR4 3UD | <b>Nearest Bus:</b> | Bus 118, 201 |
| <b>Date:</b>     | 4 Apr. 2002                                     |                     |              |

### **How many members/organisations are affiliated with MADP?**

-MADP has 100 members and 24 affiliated clubs. Members must live in the Borough and have a impairment. The organisation also has 4 part time works. All drivers are volunteers. There is an executive committee consisting of members, volunteers, and users. The members run MADP on paper but day-to-day activities are overseen by the part time workers.

### **What services/activities do you offer?**

-The main service offered is individual transport. Information services are also offered (they are in the process of computerizing leaflets). A counselling an advocacy service is also in its early stages. Coffee mornings 5 times a year with a speaker a mail outs every other month.

### **How do you transportation services work?**

-They have 4 main busses (12-14 seats) and one mini bus. Members get a discount. Mileage is based on travel to and from the bus depot. They also have a minimum day rate for groups.

### **Where do you get funding for the transportation services?**

-Merton gives MADP some money but most comes from local fundraising. They just got a grant from the health service for the new counselling/advocacy project.

### **How do you interact with Social Services?**

-There is a representative on the exec committee. They also get referrals from social workers, which will hopefully grow, with the new counselling service.

### **How can the Borough better distribute information regarding services?**

-Advertise the services at GP surgeries, where people sit in hospitals, local churches, libraries, supermarkets, post offices, day centres, clubs, bus, and Sav A Centre. Also make sure voluntary organisations have up to date information.

### **Other contacts:**

Bob Wilcox - chair of GLAD, wait before contact him

## II.8. Interview with Christine Monkhouse

|                  |                                                                        |                      |                 |
|------------------|------------------------------------------------------------------------|----------------------|-----------------|
| <b>Title</b>     | Volunteer and Club Member                                              |                      |                 |
| <b>Location:</b> | Merton Phab (Physically Handicapped and Able Bodied)                   |                      |                 |
| <b>Borough:</b>  | Merton                                                                 | <b>Type:</b>         | Voluntary       |
| <b>Address:</b>  | South Wimbledon Youth Centre<br>72 Haydons Road<br>Wimbledon, SW19 1HL | <b>Nearest Tube:</b> | South Wimbledon |
| <b>Date:</b>     | 3 Apr. 2002                                                            |                      |                 |

### **How many members does Phab have and what are there age ranges?**

-Phab has 40 full time members and 20 affiliated members. They vary in age from 18-65 but are mostly in their thirties.

### **What types of activities and services do you offer?**

-A large variety of services are offered including bingo/fish and chips night, talks, visits from outside groups, bowling, pub/restaurant trips, and trips to the theatre. A newsletter with more information was provided.

### **Are transportation services offered to your meetings? If so, what types and do the members pay for transport?**

-Phab does not have its own transport system but does receive transport for its members from MADP and Social Services.

### **How does Social Services interact with your organisation?**

-Social Services provides some funding (just enough for co-ordinator and premises). They also provide potential members with referrals to the organisation. Funds are also raised by Homebase and other fundraisers.

### **How does your organisation communicate with physically impaired individuals?**

-They advertise in the volunteer bureaus for helpers for holidays, publish a newsletter, and occasionally publish leaflets.

### **How often do your members use the Internet? Do you have a website?**

-Members do not use the Internet much, but if given the facilities the club would promote Internet access.

### **Do you think it be beneficial if Merton listed voluntary organisations on its website?**

-Yes

### **Do you work with any other voluntary organisations?**

-MADP provides the primary transport for meetings and outings. Affiliated with - DAM but not other Phab clubs.

### **Do you have any suggestions on how Social Services can contact the younger physically impaired population?**

-Contact voluntary organisations or advertise at the post office, doctors office or libraries.

### **Does your organisation publish a newsletter? Do you know of any other organisations that publish a newsletter for the physically impaired?**

-Yes, Merton Voluntary Service Council also published a useful newsletter.

### **Other Contacts:**

Maureen Watson-Merton Voluntary Services

### III. Telephone Interview Guide with Survey Respondents

|                        |          |          |          |          |     |
|------------------------|----------|----------|----------|----------|-----|
| <b>AGE</b>             | UNDER 18 | 18 TO 25 | 26 TO 45 | 46 TO 65 | 66+ |
| <b>GENDER</b>          | MALE     |          |          | FEMALE   |     |
| <b>ADDITIONAL INFO</b> |          |          |          |          |     |

|                                                                                             |                      |  |
|---------------------------------------------------------------------------------------------|----------------------|--|
| <b>What Social Services programmes do you know of that are for the physically impaired?</b> |                      |  |
| Meals on Wheels                                                                             | Freedom Pass         |  |
| Home Care                                                                                   | Blue Badge           |  |
| Day Centres                                                                                 | Taxi Card            |  |
| Respite Care                                                                                | Occupational Therapy |  |
| Employee Assistance                                                                         | Physiotherapy        |  |
| Direct Payments                                                                             | Speech Therapy       |  |

|                                                |
|------------------------------------------------|
| <b>How did you learn about these services?</b> |
|                                                |

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>Are there any services that you would like to see offered in Merton?</b> |
|                                                                             |

If they have said they don't get Social Services, but list things that are covered, then notify them that Social Services offers these.

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| <b>What do you think is the best way for Merton to contact people regarding new services?</b> |
|                                                                                               |

| <b>As a member of the Merton community, what issues are important to you?</b> |  |
|-------------------------------------------------------------------------------|--|
| Accessibility                                                                 |  |
| Pavement / Road                                                               |  |
| Conditions                                                                    |  |
| Transportation                                                                |  |
| Work Skills                                                                   |  |
| Adult Education                                                               |  |
| Availability of Resources                                                     |  |
| Support Groups                                                                |  |

| <b>What types of activities or hobbies do you enjoy participating in?</b> |
|---------------------------------------------------------------------------|
|                                                                           |

| <b>Do you attend any day centres or independent living centres?</b> | <b>YES</b> | <b>NO</b> |
|---------------------------------------------------------------------|------------|-----------|
| <b>Which?</b>                                                       |            |           |
| <b>How long have you attended?</b>                                  |            |           |
| <b>How often do you attend?</b>                                     |            |           |
| <b>What are your main reasons for attending?</b>                    |            |           |

| <b>Are you familiar with any of Merton's voluntary organisations?</b> |                      |               |
|-----------------------------------------------------------------------|----------------------|---------------|
| MADP                                                                  | PACE                 | <u>Other:</u> |
| PHAB                                                                  | MM Guild             |               |
| Scope                                                                 | LIONS Club of Merton |               |
| Positive Place, Mitcham                                               | Haemophilia Society  |               |
| MS Society                                                            | CMT International    |               |
| W.I.N.G.                                                              | Dolphins             |               |

|                                                                                     |  |     |    |
|-------------------------------------------------------------------------------------|--|-----|----|
| Do you receive any newsletters concerning physical impairment or disability issues? |  | YES | NO |
| Which?                                                                              |  |     |    |

| <b>WELFARE TO WORK</b>                                                                                 |     |    |
|--------------------------------------------------------------------------------------------------------|-----|----|
| Are you currently employed?                                                                            | YES | NO |
| Have you heard about or participated in Welfare to Work, Job Scheme, or New Deal for disabled persons? | YES | NO |
| If not, would you be interested in receiving assistance to find a job?                                 | YES | NO |
| <u>Additional Information:</u>                                                                         |     |    |
|                                                                                                        |     |    |

| <b>INDEPENDENT LIVING</b>                                                                                                |     |    |
|--------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are you familiar with Direct Payments and/or Independent Living?                                                         | YES | NO |
| How did you find out about it?                                                                                           |     |    |
|                                                                                                                          |     |    |
| Do you have a personal assistant or carer?                                                                               | YES | NO |
| If so, did you arrange this yourself? (Hire and schedule them yourself, or did Social Services assist with the process?) | YES | NO |
| <u>Additional Information:</u>                                                                                           |     |    |
|                                                                                                                          |     |    |

|                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thank you. You have provided me with all the information that I will need, but are there any things we haven't discussed that you feel are important? |
|                                                                                                                                                       |



## Appendix K: Transition to Adulthood

### Summary

As of now, Merton handles the move of disabled youth from Social Services for Children to Social Services for Adults through Transition Planning meetings. The first meeting, the Fourteen Plus review, occurs when the impaired youth turns fourteen years old (around Year 9 in schooling) and is arranged by the Education department. Invitations to the meeting can be extended to the youth, parents or guardians, the youth's social worker, personal advisor, and principal teacher. The resulting statement, known as the transition plan, covers information about what will be done up until the youth turns nineteen (United Kingdom Department of Education SEN Toolkit; T. White). Issues such as education, accommodation, employment and leisure opportunities discussed in the meeting supplement the youth's perceptions of confidence and independence (Merton A guide, part 2).

In the United Kingdom, youth are allowed to determine what career paths to take at the age of 16. Some students opt to pursue vocational education, take extra classes and exams at another school or decide to leave school for immediate employment or other plans (part 3-4). A large issue affecting young adults transitioning is the difference between Social Services for children and those for adults. Services once received free of cost for children are often charged fees for adults, which can affect a transitioning client monetarily (Harper). Also, the leaflet offered by the Social Services Department in Merton includes information on the prospect of direct payments and contains contacts for relevant national and local agencies; however, neither of the voluntary organisations such as MADP, Merton Phab or DAM are listed (part 12-16).

The programme would be more beneficial to the youth if the departments involved improved communication. A successful transition plan involves the participation of the two divisions of the Social Services Department for Children and Adults along with the Special Education Needs team in the Education, Libraries and Leisure Department (Harper). Bridging gaps in the exchange of ideas and contacts will better serve clients of Social Services as they adjust to adulthood. A listing of possible foundations for further research is included below.

### Sources of Information

#### **Young Adults Transition Project**

**Young Adults Transition Project. Introducing the Young Adult Transition Project: Summary for service users. Optimum Health Services NHS Trust. London: Thorn Offset. 1999.**

(A leaflet on what youth want, what is done to help students leaving school and what Health, Social Services and Education can do to improve the transition.)

**Young Adults Transition Project. Draft Summary. Optimum Health Services NHS Trust. London: Thorn Offset. 1999.**

(A leaflet on findings from the study.)

**Khan, John and Ruth Cohen, Tony O'Sullivan. Young Adults Transition Project Draft Final Report - Working Paper 1: Profile of disabled school leavers in Lewisham and Southwark. Optimum Health Services NHS Trust. Aug. 1998.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>———. <u>Young Adults Transition Project Draft Final Report - Working Paper 2: Professionals' views of transitional planning</u>. Optimum Health Services NHS Trust. Dec. 1998.</p> <p>———. <u>Young Adults Transition Project Draft Final Report - Working Paper 3: Transition: views and experiences of young people and carers</u>. Optimum Health Services NHS Trust. Mar. 1999.</p> <p>———. <u>Young Adults Transition Project Draft Final Report - Working Paper 4: Consulting young people</u>. Optimum Health Services NHS Trust. Mar. 1999.</p> <p>(The above sources Paper 1 through 4 comprise the study report. For more information, contact either <i>John Khan at the Council for Disabled Children, 8 Wakley Street, London, EC1V 7QE</i> or <i>Ruth Cohen at 43 Albacore Crescent, London SE13 7HW</i>.)</p> |
| <p><b><u>Other Authorities</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Parents in Partnership Croydon. <u>Moving On: A booklet to support Croydon young adults who have special needs</u>. Oct. 2000.</b></p> <p>(This informative booklet contains "sketches" of young adults and explains their personal experiences to help offer understanding that a person with special needs can lead an independent life as an adult.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>Waltham Forest, London Borough of. <u>Information for Transition to Adulthood. Services to Children and Young People with Disabilities</u>. Leyton, UK. Apr. 2000.</b></p> <p>(Contains independent living, employment, leisure, social services and national organisations in a large directory and guide.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Mapham, Sarah. <u>Time for Change: Supporting Young People with Disabilities in Their Move Towards Adulthood</u>. Ealing Mencap. 2000.</b></p> <p>(includes national transition guidelines, what is done in other boroughs and statistics on disabled youth in the authority.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b><u>Other Sources</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Adams, Amanda. <u>Disabled Students and Transition Planning: A Role for Social Work</u>. Diss. Dept of Social Policy and Social Work. U of Warwick.</b></p> <p>(A thorough examination of issues facing young disabled people who want to live independently.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>Morris, Jenny. <u>Hurtling into a Void: Transition to adulthood for young disabled people with 'complex health and support needs'</u>. York, UK: Pavilion. 1999.</b></p> <p>(This study discusses the combination of health services and social services. It includes questions that departments should consider about transitioning to adulthood.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>National Foster Care Association. <u>Stepping Out</u>. 1999.</b></p> <p>(A guide only given to those youth leaving foster care. It is a good example of providing information in an easy-to-read and stimulating discussion. It also considers a range of issues, including disability and diversity issues.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Contact a Family. <u>CaF Factsheet: Planning for the future</u>. London. July 2000.</b></p> <p>(Includes info about transition planning and timeline, the Disabled Persons Act, and support services.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Northwest Training and Development Team (NWTDT). <u>After School - What's Next? Developing multi-agency transition policy and practice</u>.</b></p> <p>(Focuses on having Social Services divisions and other agencies work together.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>Connexions. <u>Connexions: The best start in life for every young person</u>. Department for Education and Employment. Nottingham, UK: DfEE Crown. 2000.</b></p> <p>(Explains in detail the Connexions strategy and personal adviser network.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>Family Fund Trust. <u>After 16 - What's new? Choices and challenges for young disabled people</u>. York, UK.</b></p> <p>(A booklet similar to the Stepping Out guide above, but specifically for impaired youth. Also, a website: &lt;<a href="http://www.after16.org.uk">http://www.after16.org.uk</a>&gt;.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

## Transition-Related Interview Summaries

### **1. Summary of Christine Clatworthy Interview - 12 Apr. 2002**

*Merton Education, Libraries and Leisure -  
Conducted by J. Bufanda.*

Christine Clatworthy gave the perspective from the Special Education Needs (SEN) division of the Education Department. She stated that the SEN officers must abide by the procedures set by the national Code of Practice on the Identification of Special Educational Needs (created around 1994 by the Department of Education). Staff members work with children with special education needs statements after being assessed for having special considerations in the learning environment. In Year 9 (about 14 years of age), a youth undergoes a "transitionary" review, which is a plan that must be written to figure out what will happen to the individual upon leaving school. This team must be attended by a Connexions advisor, the key worker, and perhaps someone from Social Services; although not usually. The Connexions group is an organisation that monitors and tracks children with special needs from age 14 to 25 and "has to consider transfer from the world of school to the world of work." The plan is reviewed annually. Ms. Clatworthy gave the team a copy of the "Transition Planning" document of the DfES *Special Education Needs* toolkit and some brief statistics of the numbers of students in Merton who are physically impaired and have SEN statements. Currently, there are 31 pupils that are physically impaired, out of 412 mainstream-schooled pupils with statements, with 11 of those being in High Schools (Additional). There may be more students with physical impairments that are not considered severe enough for statements, as well as youth placed in special schools such as Saint Anne's and in outside boroughs (Clatworthy).

### **2. Summary of Tamsin White Interview - 12 Apr. 2002**

*Merton Social Services - Lead Information Officer for Community Care  
Conducted by J. Bufanda.*

Tamsin White is the Social Services employee that created the leaflet "A guide to social services support for young disabled people approaching adulthood," however her role within social services has changed to management information. From her understanding, a social worker attends transition meetings if there are relevant issues, being that they cannot attend all such meetings and not all special education needs recipients would be eligible for Adult Social Services. Other persons who usually attend the meetings include the Manager of the Children with Disabilities Team, Pat Wallace, Vernon Jones (manages social workers), Unity Slade, and Val Prior. Occasionally, a member of the education department or an occupational therapist attends as needed.

Ms. White shared the information, including leaflets from other boroughs, research reports and academic studies, collected when creating the Merton leaflet. She indicated that David Wright of the Children's Strategy team in Social Services has the remainder of the data (which the team gathered and inspected). Originally, plans included working with the Education department to flag children at a younger age (around 14 years old) as well as looking at ways in which the service differences within the Children's and Adults' teams of Social Services. There was an apparent need for Adult staff involvement at the earlier age in the transition process (White, T.).

### **3. Summary of Suzie Harper Interview - 12 Apr. 2002**

*Merton Social Services - Transition Worker for Children with Disability Team  
Conducted by J. Bufanda.*

Suzie Harper, the Transition Worker in the Children with Disability team, offered more information concerning the move from Children's to Adults' services. A transition group meets approximately every six weeks, including representatives from Adult Social Services. There is also a desire to include voluntary organisations in the discussion and an attempt to get the Education department involved. Ms. Harper also attends Welfare to Work meetings for those entering employment at the age of 16+. The group is meant to determine what services would best suit the young adults and incorporates the Connexions company.

Ms. Harper is relatively new to the position and suggested possible contact with Val Prior, whom works with adults with learning disabilities and is invited to all reviews. There does seem to be a need for fixing the gap between the three departments of Children's services, Adults' services and Education. The group tends to focus on students with "learning disabilities" or cognitive impairment, whereby some of those individuals may also have physical and sensory impairments (Harper).

## Appendix L: Telephone Conversation Responses

The following tables list the resulting data obtained during follow-up telephone conversations with volunteer survey respondents. A copy of the telephone conversation guide is available in Appendix J.3.

| <b>SERVICES</b>                                                                      |      |
|--------------------------------------------------------------------------------------|------|
| What Social Services programmes do you know of that are for the physically impaired? |      |
| Service Type                                                                         | %    |
| Meals on Wheels                                                                      | 16%  |
| Home Care                                                                            | 29%  |
| Day Centres                                                                          | 15%  |
| Respite Care                                                                         | 13%  |
| Employee Assistance                                                                  | 1%   |
| Direct Payments                                                                      | 0%   |
| Freedom Pass                                                                         | 63%  |
| Blue Badge                                                                           | 63%  |
| Taxi Card                                                                            | 38%  |
| Occupational Therapy                                                                 | 42%  |
| Physiotherapy                                                                        | 0.5% |
| Speech Therapy                                                                       | 0%   |
| Social Worker                                                                        | 5%   |
| Stair and Bath Rails                                                                 | 3%   |

**Table L.1. Acknowledged Service Types**

| <b>LEARN OF SERVICES</b>                |  |
|-----------------------------------------|--|
| How did you learn about these services? |  |
| Family or Friend                        |  |
| Social Worker                           |  |
| G.P. Surgery / Doctor / Hospital        |  |
| Leaflets                                |  |
| Occupational Therapists                 |  |
| Social Services                         |  |

**Table L.2: Sources of Service Information**

| <b>SERVICES DESIRED</b>                                              |
|----------------------------------------------------------------------|
| Are there any services that you would like to see offered in Merton? |
| Better definitions of eligibility guidelines                         |
| Minibus services                                                     |
| Better accessibility (Parking)                                       |
| More public toilets                                                  |
| Fitness classes (Free)                                               |
| Social Services representative to talk about services at one's home  |
| Keep GP's more informed of local contacts                            |
| Gardening                                                            |
| Grass-Cutting                                                        |
| Help with day-to-day activities                                      |
| More day centres                                                     |
| Counselling                                                          |
| Clear sidewalks (Keep trees & bushes out of the way)                 |
| Sporting Facilities                                                  |
| Getting services is the problem                                      |

Table L.3: Suggestions for Services

| <b>CONTACT</b>                                                                         |
|----------------------------------------------------------------------------------------|
| What do you think is the best way for Merton to contact people regarding new services? |
| G.P. Surgery / Doctor / Hospital                                                       |
| Mail                                                                                   |
| Libraries                                                                              |
| Social Worker                                                                          |
| Local Paper                                                                            |
| Not email                                                                              |
| Bus Stops                                                                              |
| Post Offices                                                                           |
| Phone                                                                                  |
| More notices in Civic Centre                                                           |
| Directory of Services (Available on demand)                                            |
| Magazines                                                                              |
| Pamphlets                                                                              |
| Audio Cassette                                                                         |
| Attend meetings at Day Centres and Group gatherings                                    |
| Billboards                                                                             |

Table L.4: Suggestions for Contact

| <b>ISSUES</b>                                                          |
|------------------------------------------------------------------------|
| As a member of the Merton community, what issues are important to you? |
| Cleanliness                                                            |
| Accessibility                                                          |
| Pavement / Road Conditions                                             |
| Personal Safety                                                        |
| Parking                                                                |
| Wheelchair transportation                                              |
| Dial-A-Ride                                                            |
| Courtesy                                                               |
| Slippery Surfaces                                                      |
| More facilities for children (10 to 14)                                |
| Seating at public offices (ie Post Office)                             |
| Information Distribution                                               |
| Street lighting                                                        |
| Support Groups                                                         |

**Table L.5: Community Issues**

| <b>HOBBIES</b>                                                     |
|--------------------------------------------------------------------|
| What types of activities or hobbies do you enjoy participating in? |
| Music or Concerts                                                  |
| Theatre or Cinema                                                  |
| Interest Groups                                                    |
| Swimming                                                           |
| Walking                                                            |
| Going out for food or drink                                        |
| Artwork                                                            |
| Fitness Classes                                                    |
| Reading                                                            |
| Tutoring                                                           |
| Vacationing                                                        |
| Computer & Internet                                                |
| Arts & Crafts                                                      |
| Cricket                                                            |
| Bowling                                                            |
| Horseback Riding                                                   |
| Cooking                                                            |
| Stitching                                                          |

**Table L.6: Activities and Hobbies**

| <b>WELFARE TO WORK</b>                                                    |
|---------------------------------------------------------------------------|
| 29% of Respondents were currently employed                                |
| 58% of Respondents have heard of Welfare to Work, Job Scheme, or New Deal |
| 17% of Respondents were interested in receiving help finding a job        |

**Table L.7: Employment Outlook**

| <b>INDEPENDENT LIVING</b>                                                         |
|-----------------------------------------------------------------------------------|
| 46% of Respondents were familiar with Direct Payments or Independent Living       |
| 33% of Respondents had a personal carer or assistant                              |
| 13% of Respondents with carers or assistants arranged for this service themselves |

**Table L.8: Independent Living Arrangements**

## Appendix M: Glossary and Acronyms

- BCODP (British Council of Disabled People) - a national organisation working for the interests of people with impairments.
- disability - "functional limitation within the individual caused by physical, mental or sensory impairment" (qtd. in Priestly 7-8).
- Data Protection Act - national policy implemented to protect information about individuals, including clients of services; imposes restrictions to access to personal information, including names, addresses, and types of services received with legal repercussions for any access violations or misuse.
- DAM (Disability Alliance Merton) - a coalition of voluntary organisations of people with impairments and mental health difficulties.
- DDA (Disability Discrimination Act) - legal policy in the United Kingdom that specifies measures for community to take regarding accessibility and good hiring practices; directions for anti-discrimination measures.
- DEA (Disability Employment Advisor) - an Employment Service officer at local Jobcentres who works with people with impairments on locating work opportunities.
- DCDP (Derbyshire Coalition of Disabled Persons) - a leading organisation in advancement of independent living and creation of independent living centres.
- EQ-5D - a standard survey used for measuring HRQOL; created by EuroQol.
- EuroQol - an international research group that created the EQ-5D.
- handicapped - an out-dated term that was used to signify "loss or limitation of opportunities to take part in the normal life of a community" (qtd. in Priestly 8); No longer considered an acceptable term for "impaired" or "disabled."
- HRQOL (health-related quality of life) - an individual's satisfaction in health rating.
- ICF (International Classification of Functioning, Disability, and Health) - an international standard providing appropriate language and an outline for describing health and health-related states; can be used to measure HRQOL.
- ICIDH - previous standard before the ICF
- impairment - "lacking part or all of a limb, or having a defective limb, organ or mechanism of the body" (qtd. in Priestly 7).
- Independent living - the theory that a person with impairment should be able to determine and schedule the services he or she desires; have decisions about care focus on the needs and desires of the impaired individual, rather than having decisions only made by family or carers.
- ILC (Independent Living Centre) - a facility that encourages learning about independent living and the skills necessary to be independent; often offers advice regarding services in the local area.
- JIP (Joint Investment Plan) - a document outlining the responsibilities of local authorities, employers, and organisations in implementing Welfare to Work; focuses on the professional relationships between participating groups.
- LEA (Local Education Authority) - a department handling education within local government.
- MADP (Merton Association for Disabled People) - voluntary organisation focusing on transportation and street management; has several wheelchair-accessible minibuses for hire.
- MAFIA (Merton Association for Independent Access) - now de-functional voluntary organisation that performed political advocacy and consultation.
- Merton MIND - voluntary organisation for people with mental health difficulties; encourages awareness about mental health and employment.



Merton Phab (Physically handicapped and Able Bodied) Club - A weekly social group that meets Tuesday nights and provides activities and outings.

Minicom - a device attached to a telephone that allows TDD (Telecommunications Device for the Deaf) service.

National Assistance Act of 1948 - set the standards by which people are assessed for becoming registered as physically impaired

National Nearest Neighbour Borough - an authority with similar aspects to a target borough, including size, population, budget, and ethnic diversity.

NDDP (New Deal for Disabled People) - a strategy under the Welfare to Work agenda that focuses on improving skills of unemployed people.

physical impairment - "denote[s] a wide variety of non-sensory, non-cognitive and non-mental health impairments" (Rinaldi 9).

SENAT (Special Education Needs Administration Team) - handle assessment of special needs students and work with adolescents and parents on Transition Planning.

Social model of disability - the theory that disability stems not from an individual's impairment, but rather from factors in the segregating society and the environment that adversely affect the impairment.

Transition Planning - process under the Code of Practice whereby a Special Education Needs caseworker, parents, youth, and social worker meet to discuss how best the student can transition once leaving school, such as attending a college, residential school, or entering the workforce.

Welfare to Work - a UK government agenda aimed at decreasing the numbers of individuals who receive welfare benefits by increasing access to employment; specified in several areas including Under 25s, Single Mothers, Over 55s and Disabled People.

WHO (World Health Organisation) - division of the United Nations that deals with health, disease, and medicine.