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The Feasibility of Promoting User Participation to Elderly Service Workers
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Overwhelm with problems on themselves, social work clients use to play a passive role in the intervention process (Coote, 1992; Kam, 1996). While social workers play a dominant role in deciding the intervention process, clients have had little power to make decisions about their needs and problems. More recently, social work practice has promoted the user movement, with an emphasis on "user involvement" or a "user-led approach". Parsloe (1996) stated that 'recipients are experts on the services they receive and are in the best position to give feedback to providers about what works and what does not' (p.2). Client/user participation in program planning, implementation and evaluation of services is growing in importance. There has also been a shift from paternalism to participation in program planning and management (Parsloe, 1996; Croft and Beresford, 1997).

According to the 1996 Hong Kong Census Report, the number of people aged 60 or over was about 890,000, constituting 14.2% of the total population (Hong Kong Government, 1996). It is reported that the population of those 55 or above is 1,247,094 (18.6%) in 2001 (Hong Kong Government, 2001) and it is estimated that the actual figure (and percentage) will increase in the years to come. Thus, caring for the aged has become a major social issue in Hong Kong, posing great challenges to the welfare sector. For more than two decades, Hong Kong policy on its elderly has received more criticism than appreciation. Criticisms include a lack of commitment by the government, a shift in the caring responsibility to the family, and doubts about the effectiveness and efficiency of service provision (Chow, 1987; Ngan, 1990; Kam, 1995; Ngan and Kwan, 1995; Yeung et al., 1997).

In fact, the missing voice of service users throughout the process of policy

formulation and implementation may account for these phenomena. Parsloe (1996) contended that people are more likely to change or to follow through on actions and plans if they themselves have had a major part in both deciding what they want to change and how these changes are to be brought about. Using the same logic, the participation of elderly service users in the service provision process, including needs identification, program planning, implementation and evaluation, is a crucial determinant to the success of the policy. However, the elderly are often assumed to be too old, frail or tired to go to meetings or to participate in activities to seek change (Kam, 1995; Barnes, 1997). Nevertheless, experience in other countries has shown that elderly people can form a powerful lobby group to both exert political influence and to gain commercial benefits (Ward, 1979; Crandall, 1980; Cutler, 1983, Barnes, 1997). Furthermore, the elderly not only benefited from practical improvements to their condition, but they were also further compensated by the intrinsic value of participation in other roles that are normally not available to them (Barnes, 1997:66-68). In fact, social work practitioners may, based on their perceptions of the abilities of the elderly to participate, alter their approaches to involving elderly people in the service process and hence affect their level of participation.

With such questions in mind, we have conducted a study in Hong Kong focusing on both an exploration of the concept of User Participation (UP) as understood by social work practitioners in the field of elderly services and on the significance this conceptual understanding has on the provision of care for the elderly. The purposes of the study were (1) to explore how social work practitioners working with elderly people understand the concept of UP; (2) to explore their practice of UP in delivery of elderly services; and (3) to explore their beliefs about the effects of promoting UP in delivering elderly services. We believe that the findings have reference value for elderly service policy makers and practitioners in other countries.

Conception of User Participation

The word 'participation' is derived from the Latin word 'participare'. The constituent elements of this term in Latin are the noun 'pars', which means part, and the verb 'capare', which means to take. Thus, to participate means to take part (Langton, 1978; Hornby & Cowie, 1984). Participation can be defined either in terms of a mentality or a behavior: a person is said to participate in an issue or an event when he is actively concerned about it, whether or not he takes any action to demonstrate this concern; or a person is said to participate in an activity as long as he is not inactive, whether or not anyone else is involved (Richardson, 1983). Based on her review of the studies of Pateman (1970), Parry (1972) and Verba et al. (1978), Richardson (1983) further identified several types of participation, such as 'true participation', 'full participation', 'partial participation', 'pseudo-participation', 'ceremonial/support participation' and 'unreal participation'. However for true participation, both mental and behavioral involvement should be present.

Arnstein (1969) proposed a citizen participation ladder with eight rungs of participation, namely, manipulation, therapy, informing, consultation, placation, partnership, delegation of power and citizen control. Pugh (1987) attempted to define participation in the form of a hierarchy, which starts with 'non-participation' at the bottom level, then 'being there', 'co-operation', 'collaboration', 'partnership' and with 'control' at the top level. A working committee of the Children and Youth Division of the Hong Kong Council of Social Service (1985) proposed a continuum of participation consisting of nine levels, namely, being present, being informed, being consulted, giving advice, submitting plans, negotiating issues, making decisions jointly, being a delegate, and having control.

Parsloe (1990) suggested that there are two aspects of participation, the expressive aspect and the developmental aspect. The former is concerned with the belief that

people have a right to have a say in the services they receive. The latter sees participation as a means of achieving greater individual fulfillment, personal development, self-awareness and immediate satisfaction.

It has also been suggested that the concept of UP is closely related to the concept of empowerment (Richardson, 1983; Thomas & Pierson, 1995; Parsloe, 1996) that also includes enablement (Jack, 1995).

With reference to the various studies mentioned above, we could define UP as "an active involvement of a client (user) in the process of receiving services". Active involvement implies the client is zealous and encouraged to express his/her needs, assess his/her problems, formulate action plans, and review the effectiveness of the plans.

Conceptual Framework of the Study

Before further presenting the study and the findings, the conceptual framework employed in the present study will be introduced. Previous studies have suggested that the concept of UP is closely related to the concepts of 'Rights' of the service users (Arnstein, 1969; HKCSS, 1985; Department of Health, 1989; Sainsbury, 1989; Parsloe, 1990; Chui, 1998), 'Empowerment' of the service users (Richardson, 1983; Thomas and Pierson, 1995; Parsloe, 1996), 'Competency' of the service users (Cahn and Cahn, 1971; Langton, 1978; Barnes, 1997), 'Personal Growth' of the service users (Parsloe, 1990; Chui, 1998), and 'Service Quality' of the services provided (Sainsbury, 1989; Biehal,1993; Atkinson and Elliott, 1994; Croft and Beresford, 1997; Chui, 1998). In this study, we explored these five conceptual components associated with the concept of UP from three dimensions: the practitioners' understanding of UP, the practitioners' practice of UP, the practitioners' beliefs about the effects of promoting UP on the delivery of services for the elderly. The operationalization of these five conceptual

components was made through the design of the checklists under questions 9, 13 and 14 in the questionnaire (Appendix).

The Study

This study is of an exploratory nature, as no similar indigenous study has been conducted from the perspective of practitioners. Professional social workers in Neighborhood Level Community Development Projects (NLCDPs)[1] in Hong Kong were selected as the study sample[2]. The NLCDPs provide community development services with the objectives of promoting community involvement, consciousness raising and empowerment. These objectives are closely related to the concept of UP. Elderly people, as a vulnerable group, are a major clientele of NLCDPs. So selecting social work practitioners in this field of service as the target of study is appropriate. Copies of a self-administered questionnaire (Appendix) were sent to all front-line NLCDPs workers. As indicated by the Cronbach's alpha values of different measurement scales[3], the reliability of these measurement tools can be accepted.

The Findings

Sixty-eight responses (47% of the target population) were collected. Among the 68 respondents, there were 30 males and 38 females. The ratio of male to female was 1 to 1.2, which is similar to the gender ratio (1:1.4) in the field. The mean duration of their service in the field of community development is 57.5 months. The target population in the field was well represented. The respondents were further classified into three categories based on the length of their service in the profession, namely, a working experience of less than 24 months, a working experience from 24 to 60 months, and a working experience exceeding 60 months[4]. We found that the respondents were quite senior in the social work field with 45% of them having more than 5 years

professional experience in the field.

All responding social workers reported that they had worked with the elderly. The services they rendered to the elderly included: casework, recreational activities, empowerment groups, social support groups, volunteer work, mutual help groups and issue-oriented groups.

Understanding of User Participation

For each respondent a total score was computed for each respondent from Question 9 (Appendix) by summing up his/her individual scores on the 33 items. Preceding this process, the scores for items 25, 26, 27, 28, 29 and 32 were re-coded because these questions were asked in a negative sense when compared to other items. Each respondent would get a minimum score of 33 (33X1) and a maximum score of 132 (33X4). A three-level scale [Positive (33-66), Neutral (67-98), and Negative (99-132)] was used to indicate the level of their understanding of UP corresponding to the score he/she obtained. Sixty-one respondents completed all items in Question 9 and hence the final scores were calculated. It is encouraging to note that nearly all respondents (57, 93.4%) held a positive attitude towards UP, four (6.6%) had a neutral attitude and none were negative (Table 1). So as a whole, respondents' understanding of UP was positive.

Table 1: Understanding of UP

Understanding of UP	Frequency	Percentage
Positive (33-66)	57	93.4
Neutral (67-98)	4	6.6
Negative (99-132)	0	0.0
Total	**61**	**100.0**

Question 9 was designed to explore the practitioners' understanding of six aspects of participation, namely, right to participate, empowerment, competency, personal growth, service quality, and drawbacks. All 61 responding workers indicated a positive attitude towards the right to participate aspect, but relatively fewer respondents held a positive attitude towards the competency aspect (50, 82%) and the service quality aspect (51, 83.6%). In contrast, only 59% (36) of them thought that UP would not pose drawbacks for the delivery of services as mentioned in the questions, while 39.3% (24) held a neutral attitude about this issue (Table 2).

Table 2: Understanding of the Different Conceptual Components of UP

	Positive		Neutral		Negative	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Right to Participate	61	100.0	0	0.0	0	0.0
Empowerment	57	93.4	4	4.6	0	0.0
Competency	50	82.0	11	18.0	0	0.0
Personal Growth	57	93.4	3	4.9	1	1.6
Service Quality	51	83.6	10	16.4	0	0.0
Drawback	1	1.6	24	39.3	36	59.0

From the above findings, two interesting phenomena were identified. Firstly, although respondents regarded participation as a kind of users' right and believed that participation could lead to personal growth and empowerment, 18% (11) of them were neutral about whether users were competent to participate or not. When questions on the competence of the elderly were further assessed, we found that the respondents had relatively more reservations concerning the analytical ability of elderly users. Secondly, 10 (16.4%) respondents had reservations about UP's ability to bring about improvements in service quality. Indeed, when these items were further assessed, we found that respondents had relatively more reservations about the cost-effectiveness of UP. One explanation is the fact that 59% (36) of respondents believed that workers had to spend more time to promote UP and 27.9% (17) thought that UP promotion

resulted in decreased service efficiency.

Groups were compared by different gender and period of service to see if significant differences exist, however no significant statistical relationship was found. In other words, personal particulars, such as gender and period of service, do not significantly influence the respondents' understanding of UP. Nearly all respondents stated that they believed that the promotion of UP in welfare services is worthwhile [with 60 (98.4%) 'Strongly Agree' or 'Agree'].

Practice of User Participation

Nearly all respondents (66, 97.1%) reported that they had experience in practicing UP with the elderly. They frequently made use of individual contacts and group meetings.

By summing up the individual scores of the 16 items in Question 13 (Appendix), scores were computed that indicate the respondents' attitudes about their desire to practice UP. Each respondent would get a minimum score of 16 (16X1) and a maximum score of 64 (16X4). Also a three-level scale [Desirable (16-32), Neutral (33-47), and Undesirable (48-64)] was used to indicate the level of their desire to practice UP corresponding to their scores. Sixty-one respondents completed all items in Question 13 and final scores were calculated for them. Although half of their scores on the practice of UP were in the desirable level, half were in the neutral level (Table 3). This is a reflection of the obstacles that still exist that prevent the practice of UP by practitioners.

Table 3: Attitudes concerning the Desirability of Practicing UP

Desirability of practicing UP	Frequency	Percentage
Desirable (16-32)	31	50.8
Neutral (33-47)	30	49.2
Undesirable (48-64)	0	0.0
Total	**61**	**100.0**

In order to explore factors that influence the practice of UP, Question 13 was further classified into two parts, the first measuring the conditions that support an agency and/or workers in the practice of UP and the second measuring attitudes of an agency and/or workers about the abilities of service users to participate in UP practices. Thirty-seven (60.7%) respondents regarded 'Agency/Worker' conditions as supportive of the practice of UP.   The percentage of respondents who considered users capable of participating in UP practices was also 60.7% (Table 4).   But when an item-by-item analysis was conducted, we found that comparatively more respondents (30, 49.2%) reported that their agencies had no policy supporting the practice of UP.   So, agency policy seems to be an influential factor determining conditions that support the practice of UP.

Table 4: Factors that influence the Practice of UP

	Desirable		Neutral		Undesirable	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Support for Agency/Worker	37	60.7	24	39.3	0	0.0
Attitudes concerning Capabilities of Users	37	60.7	24	39.3	0	0.0

The item-by-item analysis revealed that 25.6% (15) indicated that the elderly were not ready to participate.   Respectively, 19.7% (12) and 27.9% (17) of respondents indicated that elderly service users were incapable of making evaluations and analyzing problems (Table 5).   So, two important factors influencing UP promotion practices are

the readiness and the competency of elderly service users. This may indicate that elderly service users are more capable of taking advantage of UP practices in the category of 'partial participation' as suggested by Richardson (1983).

Table 5: Responses to Individual Items on Users' Capabilities

	Strongly agree or Agree		Strongly disagree or Disagree	
	Frequency	Percentage	Frequency	Percentage
Willingness to Participate	54	88.5	7	11.5
Readiness to Participate	46	75.4	15	25.6
Ability in expressing need	57	93.4	4	6.6
Ability in analyzing problem situations	44	72.1	17	27.9
Ability in making suggestions	52	85.2	9	14.8
Ability in making evaluations	49	80.3	12	19.7
Ability in making decisions	54	88.5	7	11.5

Again, no statistical difference in attitudes concerning the desirability of practicing UP were found either by gender of respondent or level of professional seniority. That is, personal particulars (sex and period of service) did not significantly influence the practice of UP by respondents.

However, there is a statistical difference in the mean score of respondents who work for agencies that do or do not have a policy to promote UP (Table 6). Because agency policy is known to significantly shape working atmosphere and agency culture, the existence of an agency policy to promote UP influences both the attitude of practitioners and their UP practice.

Table 6: Mean Comparison of Attitudes to UP based on Existence of Agency Policy

	Strongly Agree or Agree (Frequency)	Disagree or Strongly Disagree (Frequency)	p-value
Agency Policy	29	29	<0.05

There are also statistical differences in the mean score of users' 'Ability in analyzing problems', 'Ability in formulating action plans' and 'Ability in reviewing action plans' but not in users' 'Ability in expressing needs' (Table 7). In fact users' capability is the single area where respondents held the least positive attitude when compared with other aspects. This analysis indicates two influential factors affecting practitioners' attitude towards the practice of UP are agency policy on UP and practitioner beliefs in the capability/competence of elderly service users.

Table 7: Mean Comparison of Attitudes about Users' Capability

	Strongly Agree or Agree (Frequency)	Disagree or Strongly Disagree (Frequency)	p-value
Ability in expressing needs	58	3	>0.05
Ability in analyzing problems	51	10	<0.005
Ability in formulating action plans	56	5	<0.05
Ability in reviewing action plans	55	6	<0.05

Believed Effect of Practicing User Participation

We next analyzed respondent beliefs on the effects of practicing UP for both elderly service users and for practitioners and their agencies.

By summing up the individual scores for the 28 items of Question 14 (Appendix) with items 21 to 26 re-coded, a score for each respondent was computed from their answers. Again, a three-level scale was used to indicate the level of their beliefs in the effects of promoting UP. Fifty-nine respondents completed all items in Question 14. Among them, 62.7% (37) reported that UP had positive effects on the elderly, while

37.3% (22) said they perceived no significant effects (Table 8).   Compared with the respondents' understanding of UP, which was 93.4% 'positive', the responses to questions about believed effects were not so favorable.   We have explored the reasons for such a discrepancy.

Table 8: Believed Effects of Promoting UP on Elderly Services

Effect of UP on Elderly People	Frequency	Percentage
Positive (28-56)	37	62.7
Neutral (57-83)	22	37.3
Negative (84-112)	0	0.0
Total	59	100.0

Similar to the analytical framework used to study respondents' answers in Question 9 concerning their understanding of UP, items in Question 14 were also classified by different aspects of potential effects with the exception of 'Right to Participate'[5]. Between 81% to 90% of the 59 respondents reported positive effects in the areas of Empowerment, Competency, Personal Growth, and Service Quality.   Meanwhile, 18.6% (11) held a neutral attitude about the effect of UP on Service Quality.   Although 62.7% (37) of respondents claimed that the practice of UP did not bring about adverse effects (drawbacks), 37.3% (22) held a neutral or an opposite view of the issue.   So, some practitioners have reservations about the positive effects of promoting UP to elderly service users based on quality of service and existence of drawbacks (Table 9).

Table 9:   Believed Effects of Practicing UP in serving the Elderly by Different Aspects

	Positive		Neutral		Negative	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Empowerment	50	84.7	9	15.3	0	0.0
Competency	53	89.8	5	8.5	1	1.7
Personal Growth	51	86.4	8	13.6	0	0.0
Service Quality	48	81.4	11	18.6	0	0.0
Drawback	1	1.7	21	35.6	37	62.7

When an item-by-item analysis was conducted, it was found that 27.1% (16) of the respondents thought that the promotion of UP would cause the cost-effectiveness of the services provided to deteriorate.   Meanwhile, 47.5% (28) stated that the practice of UP led to increases in their workloads and 27.1% (16) reported that the practice of UP led to decreased service efficiency.   In addition, 22% (13) stated that the practice of UP generated excessive demands.   It seems that while on the one hand the participation by service users creates positive effects by empowering them, developing their competency and assisting in their personal growth, on the other hand it also has negative effects for service providers by decreasing service efficiency and cost-effectiveness.

When comparisons were made between groups based on gender and length of professional service, no statistical significance was found.   Hence, personal particulars (gender and period of service) do not significantly influence the believed effects of practicing UP.

To conclude, we note that although drawbacks exist, nearly all respondents (57, 96.6%) agreed that it is worthwhile to promote UP among elderly service users.

Inter-relationships between Understanding of UP and Practice of UP

Among the 68 respondents, 57 of them completed all items in both Questions 9 and 13 (Appendix).   Comparisons were made of the scores computed in these two areas (Table 10).   Because the numbers in different cells vary widely, it is meaningless to compute statistical comparisons.   However we have observed a tendency that

practitioners who have a more positive understanding of UP in elderly services, also tend to view the practice of UP as desirable. We conclude that a positive understanding of UP has a positive effect on the practice of UP.

Table 10:   **Comparison of Practitioners' Mean Scores on the Desirability of Practicing UP for Agency/Workers and for Users by Different UP Conceptual Components**

		Desirability of UP Practice		Agency/Worker Factor		User Factor	
		Frequency	Mean Score	Frequency	Mean Score	Frequency	Mean Score
General Understanding of UP	Positive	53	31.15	53	17.38	53	13.77
	Neutral	4	38.50	4	22.25	4	16.25
	Negative	0	0.00	0	0.00	0	0.00
Right to Participate Aspect	Positive	57	31.67	57	17.72	57	13.95
	Neutral	0	0.00	0	0.00	0	0.00
	Negative	0	0.00	0	0.00	0	0.00
Empowerment Aspect	Positive	53	31.34	53	17.49	53	13.85
	Neutral	4	36.00	4	20.75	4	15.25
	Negative	0	0.00	0	0.00	0	0.00
Competency Aspect	Positive	46	30.54	46	17.20	46	13.35
	Neutral	11	36.36	11	19.91	11	16.45
	Negative	0	0.00	0	0.00	0	0.00
Personal Growth Aspect	Positive	54	31.26	54	17.46	54	13.80
	Neutral	2	38.00	2	22.50	2	15.50
	Negative	1	41.00	1	22.00	1	19.00
Service Quality Aspect	Positive	47	31.28	47	17.49	47	13.79
	Neutral	10	33.50	10	18.80	10	14.70
	Negative	0	0.00	0	0.00	0	0.00
Drawbacks	Positive	1	32.00	1	18.00	1	14.00
	Neutral	22	33.91	22	19.32	22	14.59
	Negative	34	30.21	34	16.68	34	13.53

<u>Inter-relationships between an Understanding of UP and its Believed Effects</u>

Fifty-six respondents completed all items in both Questions 9 and 14 (Appendix). A comparison was made of their computed scores in the two areas of practitioners' understanding of UP and practitioners' beliefs on the effects of UP (Table 11). Similar to the situation stated above, since the frequency in different cells varies widely, it would not be meaningful to conduct statistical measurements. Nevertheless as above, we observe that practitioners who have a more positive understanding of UP in elderly

services also tend to have more positive beliefs about the beneficial effects of practicing UP. Though there were some exceptions, they were a small minority. We can conclude that an understanding of UP and a belief in the beneficial effects achieved through the practice are positively related.

Table 11: Comparison of Practitioners' Mean Scores on the Different Conceptual Components of Believed Effects of UP by Different Conceptual Components of their Understanding of UP

		General Effect of UP		Empowerment		Competency		Personal Growth		Service Quality		Drawbacks	
		Freq	Mean Score	Freq	Mean Score	Freq	Mean Score	Freq	Mean Score	Freq	Mean Score	Freq	Mean Score
General Understanding of UP	Positive	52	50.46	52	8.37	52	8.69	52	9.88	52	8.77	52	18.35
	Neutral	4	58.25	4	10.25	4	9.75	4	11.00	4	11.00	4	16.25
	Negative	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Right to Participate Aspect	Positive	56	51.02	56	8.50	56	8.77	56	9.96	56	8.93	56	18.20
	Neutral	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
	Negative	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Empowerment Aspect	Positive	52	50.52	52	8.33	52	8.63	52	9.81	52	8.83	52	18.25
	Neutral	4	57.50	4	10.75	4	10.50	4	12.00	4	10.25	4	17.50
	Negative	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Competency Aspect	Positive	46	50.11	46	8.22	46	8.70	46	9.74	46	8.76	46	18.50
	Neutral	10	55.20	10	9.80	10	9.10	10	11.00	10	9.70	10	16.80
	Negative	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Personal Growth Aspect	Positive	53	50.75	53	8.40	53	8.66	53	9.83	53	8.94	53	18.17
	Neutral	2	55.00	2	10.50	2	11.00	2	12.50	2	8.00	2	19.00
	Negative	1	57.00	1	10.00	1	10.00	1	12.00	1	10.00	1	18.00
Service Quality Aspect	Positive	47	49.70	47	8.26	47	8.47	47	9.72	47	8.43	47	18.30
	Neutral	9	57.89	9	9.78	9	10.33	9	11.22	9	11.56	9	17.67
	Negative	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Drawbacks	Positive	1	58.00	1	8.00	1	10.00	1	7.00	1	10.00	1	11.00
	Neutral	21	52.29	21	8.43	21	8.48	21	9.67	21	9.33	21	16.29
	Negative	34	50.03	34	8.56	34	8.91	34	10.24	34	8.65	34	19.59

Inter-relationships between the Practice of UP and the Believed Effects of UP

Fifty-eight respondents completed all items in both Questions 13 and 14 (Appendix). A comparison was made of their computed scores in the two areas of practice of UP and practitioners' beliefs on the effects of UP (Table 12). Again, as the numbers in the different cells varied widely, statistical measurement is meaningless. However, we note that the more desirable practitioners view the practice of UP, the more positive their reported beliefs in the beneficial effects of practicing UP. Hence, we

conclude that beliefs in the desirability of practicing UP in elderly services are positively related to practitioners' beliefs in the beneficial effects of the practice.

Table 12:   Comparison of Practitioners' Mean Scores on the Believed Effects of UP and their Beliefs in the Desirability of the Practice of UP

		General Effect of UP		Empowerment		Competency		Personal Growth		Service Quality		Drawbacks	
		Freq	Mean Score	Freq	Mean Score	Freq	Mean Score	Freq	Mean Score	Freq	Mean Score	Freq	Mean Score
Beliefs in the Desirability of the Practice of UP	Positive	31	47.06	31	7.35	31	8.10	31	8.84	31	8.16	31	18.87
	Neutral	27	55.30	27	9.74	27	9.63	27	11.19	27	9.93	27	17.56
	Negative	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

Conclusion and Implications of the Findings

The objective of this study was to explore the feasibility of promoting user participation to practitioners in the field of elderly services.   It has been discovered that a positive understanding of UP among the practitioners has a positive effect on their practice of UP.   Practitioners who have a more positive understanding of UP in elderly services also tend to have positive beliefs about the beneficial effects of practicing UP. Practitioners' beliefs in the desirability of practicing UP in elderly services are positively related to their beliefs in the beneficial effects of the practice.   Although practitioners still have some reservations and some problems still exist, the findings basically indicate the perceived potential for such a promotion.   Based on these findings, methods of promoting UP to practitioners in the elderly services field will be discussed.

Setting up Agency Policy: We have seen that when agency policy promotes UP, it encourages practitioners to adopt the practice in their services.   To facilitate the practice of UP, a clear agency policy is fundamental.   Elderly service organizations should formulate policies on UP.   From agency mission to concrete operational guidelines of service provision, the spirit and practice of UP should be clearly stated and articulated respectively.   In order effectively facilitate full acceptance and staff support, the staff should be involved in the formulation process.   This is, in fact, a manifestation

of UP at the agency level.

Cultivating the Right Mentality: As revealed in this study, the mentality of the practitioners is also a determinant of successful promotion and practice of UP.   As shown in the findings, there are obviously positive associations between understanding, practice and believed effects of UP.   Although the data revealed that most practitioners have a positive attitude on UP, sustaining such a positive perspective is important through in-service staff development and operationalizing the ideas in agency policy.

Providing Necessary Back-up Support: Practicing UP may inevitably be associated with increases in workload and work time, while decreases in efficiency may result. Whenever possible, service organizations should provide sufficient backup support to front-line workers.   Such support may include providing additional resources (e.g. manpower and finances) throughout the process.

Respecting Clients' Determination: Workers have to understand and accept the reality that there are variations in mentality or ability among elderly service users.   In fact, service users do have the right to decide whether to participate or not.   Their decisions should be respected.   Besides, the capabilities of the service users will influence their level of participation.   Not all service users start off at the same level nor will they reach the same destination after participating.   So 'start where the client is' and respecting the 'client's self-determination' are important principles in the practice of UP.

Encouraging Participation: Obstacles to the participation of elderly people, such as dependency, passivity and poor health, should be noted.   Unless practitioners are able to eliminate or minimize the effects of these obstacles, low participation rates of elderly service users should be anticipated.   One possible way that practitioners can motivate elderly participation is by helping them to realize potential gains through participation. Furthermore, regular review of users' achievements with clients is also an effective

means of substantiating their commitment to participation.

Promoting Enablement for Empowerment: It is important for practitioners to avoid confusion of the terms enablement and empowerment, and to be able to distinguish the two concepts. Though the development of capabilities (enablement) is a significant step to empowerment (the redistribution of power to the enabled) (Jack, 1995), a success in enablement does not necessary imply a success in empowerment. Practitioners should make every effort to raise participation levels of elderly service users by providing information to clients, consulting with them, encouraging service users to make decisions and by delegating power to the elderly. Empowering elderly service users by enabling them to participate is also an objective of UP promotion.

Conducting Staff Training: Workers should be trained to actively listen to what elderly service users have to say. They should also be skilled in arousing their concerns and assisting them to participate. The low participation rate of elderly service users and the discrepancy between practitioners' beliefs about motivation and actual participation rate signal the need to improve the intervention skills of practitioners. Service organizations should conduct more staff development training in order to equip their personnel with the skills to improve their performance in the areas of UP.

Regular Evaluation: Evaluation of the effects of practicing UP should be carried out regularly. In order to facilitate the evaluation process, criteria for evaluating UP should be developed according to its various functions. Langton (1978) suggested a necessary system to identify different levels of success and evaluation in terms of differential outcomes. Faith in the positive effects of promoting UP among the elderly people and an understanding of the conditions that facilitate or inhibit such work are essential components when making a strategic plan for intervention.

Further Research: The scope of the present exploratory study was limited. There are at least two further directions that should be studied. One is the study of elderly

users' perceptions of promoting user participation.   The other is the difficulties that are encountered in promoting user participation among the elderly service users both from the perspective of the users and the practitioners.   If UP is a worthwhile concept to be promoted among the elderly service users, then such research will provide valuable information for better planning of promotion strategies.

(1)   'Neighborhood Level Community Development Projects (NLCDPs) are carried out by non-governmental organizations in deprived and transient communities 'where the provision of social facilities and welfare services is non-existent or inadequate' (Social Welfare Department, 1998:1112).   Personal counselling, community education and development programs are provided to the target population in the service communities.   NLCDPs aim to foster a sense of belonging amongst the residents and encourage public participation in solving community problems.

(2)   There were 49 NLCDPs with 144 social work staff in the list when the study commenced.

(3)   In measuring the level of User Participation of the practitioners, the Cronbach's alpha values are all greater than 0.6 for the different measurement scales of the components in their various aspects (Tables A, B & C), thus the reliability of the different measurement scales can be accepted.

Table A: Cronbach's Alpha Values for the Measurement of the Different Components in Understanding User Participation

Name of Aspect	No. of cases	No. of items	Alpha value
Right to Participate	61	4	0.6294
Empowerment	61	6	0.7931
Competency	61	5	0.9139
Personal Growth	61	6	0.8767
Service Quality	61	5	0.8249

Table B: Cronbach's Alpha Values for the Measurement of the Different Components of Practicing User Participation

Name of Aspect	No. of cases	No. of items	Alpha value
Agency/worker	61	9	0.8322
User	61	7	0.8321

Table C: Cronbach's Alpha Values for the Measurement of the Different Components of the Believed Effects of Promoting User Participation

Name of Aspect	No. of cases	No. of items	Alpha value
Personal Growth	59	6	0.9340
Empowerment	59	5	0.9073
Competency	59	5	0.9565
Service Quality	59	5	0.8822

(4) The period of service in the field is further classified into three categories: below 24 months (or 2 years), 24 to 60 months (or 2 to 5 years), and above 60 months (or 5 years). This classification is necessary because in local practice a working experience of 2 years is a common requirement for social service staff to have before they can apply for a place in post-graduate training institution, while a working experience of 5 years is the minimum requirement for social work trained staff to have for promotion to a senior position. These two cutoff points are adopted in this study to distinguish junior staff from intermediate and experienced practitioners.

(5) Because the concept of 'Right to Participate' is difficult to measure in behavioral terms, it was not included in Question 14, which was mainly used to measure more observable effects.

Appendix

Survey on "Participation of Elderly People in Social Welfare Services"

Personal Information

1. Sex: ☐1.Male ☐2.Female

2. Rank: ☐1.Assistant Social Work Officer ☐2.Social Work Assistant
☐3.Other (Please specify_____)

3. Years of service in Social Work:_____years_____months

4. Years of service in Community Development field:_____years_____months

5. Years of service in current Neighborhood Level Community Development Project:
_____years_____months

6. Are elderly people one of the major clienteles in your practice?
☐1.Yes ☐2.No (End of survey. Thank You!)

7. Types of activity in working with elderly people (can choose more than one answer)
☐1.Recreation ☐2.Volunteer work ☐3.Case
☐4.Mutual-help group ☐5.Community issues ☐6.Social support network
☐7.Empowerment group ☐8.Other (Please specify_____)

8. Types of elderly clientele (can choose more than one answer)
☐1.Singleton ☐2.Couple ☐3.Living with others ☐4.Living with family

9. Understanding of User Participation
(Please check the answer box that can best reflect your opinion on the corresponding statement)

	1.Strongly agree	2.Agree	3.Disagree	4.Strongly disagree
1.Service users have the right to obtain relevant information about the services				
2.Service users have the right to express their opinions on the services				
3.Service users have the right to make decisions on any issue concerning them				
4.Service users have the right to participate or not to participate				
5.User participation is an objective of Empowerment				
6.User participation is an effective means to Empowerment				
7.User participation is the manifestation of Self-determination				
8.User participation can help to reduce power differences between service users and providers				
9.Service users have the competence to express their needs				
10.Service users have the competence to analyze their problem situations				
11.Service users have the competence to formulate an action plan				
12.Service users have the competence to review the effects of an action plan				

13.Service users have the competence to make decisions concerning their own welfare				
14.User participation can help to increase self-confidence				
15.User participation can help to increase self-image				
16.User participation can help to learn new knowledge and/or skills				
17.User participation can help to enhance understanding of one's obligations and responsibilities				
18.User participation can help to enhance the exercise of power				
19.User participation can help to increase independence				
20.User participation can help to enhance service quality				
21.User participation can help to improve service effectiveness				
22.User participation can help to improve cost-effectiveness				
23.User participation can help to ensure accuracy of worker's judgement				
24.User participation can help to prevent mistreatment of service users				
25.User participation is time consuming				
26.User participation will lead to a decrease in service efficiency				
27.User participation will lead to a decrease in worker's autonomy				
28.User participation will lead to a decrease in the agency's independence				
29.User participation will generate excessive demand on services				
30.User participation is a positive challenge to the social work profession				
31.Users' will should be a higher priority than the agency's will				
32.User participation is a gimmick of the service provider				
33.It is worthwhile to promote user participation in social welfare services				

10. Have you ever promoted User Participation among the elderly people with whom
   you work?　　　☐1.Yes　☐2.No (Please answer question 15)

11. Types of approach used to promote User Participation (can choose more than one answer)
   ☐1.Personal contact　　☐2.Group discussion　　☐3.Open discussion
   ☐4.Other (Please specify＿＿＿＿＿＿＿＿)

12. Types of activity used to promote User Participation (can choose more than one answer)
   ☐1.Individual contact　☐2.Case conference　☐3.Group meeting　　☐4.Survey
   ☐5.Forum　　　　　　☐6.General member meeting
   ☐7.Other (Please specify＿＿＿＿＿＿＿＿)

13. <u>The implementation of User Participation among elderly people</u>
   (Please check the answer box that best reflects your opinion on the corresponding statement)

	1.Strongly agree	2.Agree	3.Disagree	4.Strongly disagree
1.To promote User participation among elderly people is one of my major service objectives				
2.My agency is committed to User participation among elderly people as a service rationale				
3.My agency has formulated policies to promote User participation among elderly people				
4.I have provided relevant and sufficient information for elderly users				
5.Elderly users have access to their service records				
6.Elderly people are willing to participate				
7.Elderly people are ready to participate				
8.Elderly people can express their own needs				
9.Elderly people can analyze their own problem situations				

	1.Strongly agree	2.Agree	3.Disagree	4.Strongly disagree
10.Elderly people can make a contribution to the process of action plan formulation				
11.Elderly people can make a contribution to the action plan review process				
12.Elderly people can determine their own welfare				
13.Elderly people can express their opinions and the opinions can be fully considered in the need identification process				
14.Elderly people can express their opinions and the opinions can be fully considered in the action plan formulation process				
15.Elderly people can express their opinions and the opinions can be fully considered in the action plan implementation process				
16.Elderly people can express their opinions and the opinions can be fully considered in the action plan reviewing process				

14. <u>The effects of User Participation among elderly people</u>
   (Please check the answer box that best reflects your opinion on the corresponding statement)

	1.Strongly agree	2.Agree	3.Disagree	4.Strongly disagree
1.The self-confidence of elderly people is enhanced				
2.The self-image of elderly people is enhanced				
3.New knowledge and/or skills are acquired by the elderly				
4.Elderly people are more sophisticated in exercising their power				
5.The independence of elderly people is enhanced				
6.Elderly people understand their own obligations and responsibilities				
7.Elderly people are empowered				
8.The self-determination of elderly people is enhanced				
9.The power difference between elderly people and service providers is minimized				
10.The ability of elderly people to express themselves is enhanced				
11.The ability of elderly people to analyze problem situations is enhanced				
12.The ability of elderly people to plan services is enhanced				
13.The ability of elderly people to review services is enhanced				
14.The ability of elderly people to solve problems is enhanced				
15.Service quality is improved through User participation				
16.Service effectiveness is improved through User Participation				
17.Cost-effectiveness is enhanced through User Participation				
18.Mistreatment is prevented through User participation				
19.Accuracy of judgement is ensured through User Participation				
20.The will of elderly people is a higher priority than the will of the agency is ensured				
21.The participation of elderly people has generated excessive service demands				
22.The participation of elderly people has lead to a decrease in service efficiency				
23.The participation of elderly people has lead to an increase in worker's work load				
24.The participation of elderly people has lead to a decrease in worker's autonomy				
25.The participation of elderly people has lead to a decrease in the agency's independence				
26.The participation of elderly people is just a gimmick				
27.User Participation among elderly people is a challenge to the social work profession				
28.User Participation should be promoted among users of elderly services				

15. Level and extent of participation of elderly people in various activities

Example: In the need identification process, if most elderly people do not participate, and only a small portion participate when asked by workers, then the level and extent of participation by elderly people in this activity would be

Name of activity	*Level and extent of participation*								
	No participation			*Passive participation*			*Active participation*		
	Small portion	*Half-Half*	*Large portion*	*Small portion*	*Half-Half*	*Large portion*	*Small portion*	*Half-Half*	*Large portion*
Need Identification			✓	✓					

Name of activity	Level and extent of participation								
	No participation			Passive participation*			Active participation**		
	Small portion	Half-Half	Large portion	Small portion	Half-Half	Large portion	Small portion	Half-Half	Large portion
Need Identification									
Formulation of Action Plan									
Consultation on Action Plan									
Implementation of Action Plan									
Review of Action Plan									
Setting up group/ organization regulations									
Taking up duties of group/organization									
Nomination of representative									
Service Planning									
Feedback on Service									
Selection of responsible worker									
Service Referral									
Center Management									
Staff Recruitment									
Others (Please specify_____)									

*Participation of service user takes place only when they are asked by workers to do so
**Participation of service user takes place without the intervention of workers

16. Generally speaking, what do you think are the benefit(s) of User Participation? (Please list 3 benefits that you think are significant.)

_____
_____
_____

17. Generally speaking, what do you think are the drawback(s) of User Participation? (Please list 3 drawbacks that you think are significant.)

_____
_____
_____

18. Generally speaking, what are the difficulties or limitations in promoting User Participation?

_____
_____
_____

The End!

Thank you for your assistance!

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