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Information intermediaries in the social care market for the older population

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Introduction

The models for social care services for the older population have historically been substantially diverse in developed countries, ranging from those where the State had a dominant position to those where care was mainly provided by the family and some not-for-profit organizations. The recent trend, triggered in part by demographic change, is an increasingly mixed nature of this market, combining the four possible types of providers (family, not-for-profit sector, for-profit sector, and the State). Some countries converge to this model, increasing the importance of the provision by the State, while others approach it from a different direction, allowing for more provision by non-State sectors. Either way, the markets for social care for the older people are globally becoming diversified and fragmented, and care users, or those who have to choose a care provider face a complex task. This market structure is far from satisfying the perfect information ideal.

There has been a prolific debate regarding the extent to which markets produce the best outcomes, even when conditions of perfect competition are not entirely met. A substantial literature discusses the conditions under which public intervention is capable of helping markets operate more efficiently. This debate regarding the health care market has a long history, and has more recently been applied to the market of social care for the older population, associated with policy reforms that have taken place in some countries in recent decades. Social care shares some characteristics with health care, but these are different, namely regarding the level of expertise necessary

to make informed decisions and the capacity to assess the quality of the service provided.

In some countries where the empowerment of the consumer is more rooted in their culture and institutions, or where there have been large reforms in the marketisation of the provision of care, a recognition that information is essential for consumers to make good decision has led to the emergence of sources of public information, especially regarding health care, but also social care. In the United States, for example, there are even independent entities that help patients find the most useful information (e.g. the Informed Patient Institute). In a few countries, central agencies were created to support care users and their families (WHO 2008). The main argument used for this initiative is the consumers'/patients' interest or empowerment. Nevertheless, in many other countries, the demand for more information regarding social care services for the older population has not had a large expression. The situations and the developments in the United Kingdom and in the United States dominate the literature on this topic, even though this is a subject that is relevant for all other countries.

In this paper we discuss the case for the centralisation and publication of information in the social care market, going beyond the rights-based approach and putting the efficiency argument assigned to improved information into perspective. The efficiency argument can be used in the context of any imperfect competition market, where supply is fragmented. Is social care different from car repair, for instance? We present the main arguments to support this market development and the respective limitations. The merit of the final option will depend largely on the efficiency of the creation of a central information intermediary, balancing its costs with the good use that people make of the material that is supplied. This good use is correlated with the improvement in the decisions of social care customers and how much this improvement is valued. We explore the possible information channels, discussing each one's strengths and weaknesses, suggesting that a mix must be offered to reach consumers in order to ensure that information is actually used in decision-making.

The market for social care of the older population

The market for social care for the elderly has several important characteristics. Firstly, it is a market for services. Services have characteristics that are distinct from products, namely: intangibility, non-standardisation and inseparability of production and consumption (Zeithaml 1981, Gabbott and Hogg 1994). These characteristics imply that care is low in search qualities – those that can be evaluated prior to purchase – and high in experience qualities – those that can only be evaluated during or after purchase (Nelson 1970, Gabbott and Hogg 1994).

Secondly, it is a welfare market, that is to say, the services traded are important to assist vulnerable persons.

Thirdly, in most developed countries, the market for social care for the elderly is a mixed-economy market, supplied by for-profit private providers (firms, as well as independent domestic workers), not-for-profit private providers, and public providers. Each of these types of suppliers has different weights in the market (see Bettio and Verashchagina 2012 for a comprehensive report on long-term care provision in 33 European countries). There is a large number of providers, each of which offers differentiated products, which allow for differentiated prices, both of which are characteristics of a monopolistic competition market. Accordingly, this is a fragmented market that generates dispersed information. In most countries, a purchaser[1] of care must search the information about the choices that exist and the characteristics of the services, including the prices set by each provider. However, this information is not readily available. Frequently, the need to look for a care provider is created by a sudden event, such as the onset of a serious health problem, or a change in marital status, which does not allow a long search period. Consumers would benefit from an

[1] Recognising that there are several terms used to refer to the person who looks for care services, and that they all may be associated with slightly different representations, we will use the term "care user" to refer to the recipient of care, whereas "customer", "consumer", "purchaser" or "client" will be used interchangeably to denote the person who contracts the care services and who may be the care user, or someone else who is choosing the care provider. We do not attach to these terms any position in the hierarchy of the power dimension identified in McLaughlin (2009).

aggregation of information that would make the market more transparent and the search easier. Is there a sound justification for the aggregation and publication of data, or is the information that is produced and disseminated in this market that which the market needs? We will discuss whether there is a case for the aggregation and publication of information in the social care market for the elderly, considering arguments pro, and contra.

Information and Efficiency

People make better decisions when they are better informed. To be better informed is not the same as to be provided with more information. To be well informed means to have processed good information well. Nevertheless, this information can only be process well if one has access to it. Accessible information is a precondition of choice (Arksey and Glendinning 2007).

Let us assume a rational consumer with well-defined and stable preferences. He/she wants to hire the services of a care provider. Care providers are not all equal, and the characteristics of the services that each one provides are different. The consumer needs information of two types: 1) what care providers exist that operate in the geographical area of the consumer, and 2) what are the characteristics of the services that each one provides. These characteristics include price and attributes that influence his/her perception of quality.

If this information was easy to access and process, that is to say, was basically free, then the rational consumer would be able to choose the provider that offers the service that matches his/her preferences the best. This would be an efficient market, where the consumers make the best choice of products given their budgets, and where providers have an incentive to improve their performance in order to please consumers. When there is efficiency, high-quality products trade at higher prices, and low-quality products trade at lower prices.

If, as is the case in many countries, the providers in the market are numerous and dispersed and it is necessary to contact each one individually and to ask the proper questions in order to obtain information about relevant characteristics of the services in question (still remaining some uncertainty about the quality), rational consumers do

not try to obtain complete information, but rather they carry on making their search as long as the expected benefit of looking for the conditions of one more provider surpasses its expected cost (Stigler 1961).

Information acquisition is clearly beneficial if it changes consumer choice, by improving it. If the variability of the characteristics of the services of different providers is small, then the expected benefit of carrying on making a search is low and rational consumers do not perform long searches. If the variability is large, then the incentive to carrying on making a search is higher.

The more information a person processes, the more uncertainty and risk associated with the decision are reduced. There are several types of risks that may be associated with the purchase or contracting of service provision, namely: risks of financial loss, performance loss, psychological loss, social loss, or convenience loss (Arndt 1967, Mourali et al. 2005). Particularly in markets of services, risks inherent to the choice made are high: as "experience products", significant attributes that are important to perceive the true quality of a service can only be assessed when the service is consumed, and if the consumer is dissatisfied, the service cannot be returned. Furthermore, personal previous experience is seldom available for the consumers of elderly social care, as on one hand this type of service is not necessary until later on in life, and on the other hand, it is the kind of service that people prefer not to change frequently, given the uncertainty about an unexperienced service and the value attached to the stability of the interpersonal relationship that is established between the care user and the caregiver (Rodrigues and Glendinning, 2015, Freeman and Richards 1993, Rostgaard 2011). The risk in the market for social care is heightened by the consequential effects of the choice made on wellbeing, due to the frequent situation of relative dependency on the care provider, which makes care users particularly vulnerable to various forms of abuse or neglect. Often, and particularly in the case of in-home care, the services are provided out of the view of the public, which augments the risk. As mentioned above, good information decreases uncertainty (Bennett and Harrel 1975), and it is certainly very important in higher risk situations such as the provision of care for the elderly. However, the decisions regarding which

information to look for, and to what extent it will reduce uncertainty is itself made under uncertainty (Rafaeli and Raban 2003).

Therefore it is easy to understand that information gathering in the market of social care for the elderly may be beneficial to the decision-maker, but in a market where information is not free, the fact that information is not complete is economically justified. Inattention may be rational (Sallee 2014). However, this implies that rational consumers may not find the provider that offers the most appropriate service for his/her needs and interests. Additionally, with significant costs of information, high-priced products may in fact be low-quality products, which makes it even more difficult to make good decisions. If the information regarding all providers that are available and the characteristics of their respective services is aggregated and made available in a comprehensible way, the costs of acquiring information are much lowered and the consumers will make the best decisions. The aggregation and dissemination of information may then be used as a policy tool to stimulate quality improvement (Faber et al. 2009), with the best providers for the same price capturing more customers and earning greater profits, whereas the worse providers either have to adapt, or lose clients. The existence of an externality of search decreases the risk of non-optimal prices and contract terms in the market, even for non-searchers. It is usually too expensive for firms to try to distinguish between searchers and non-searchers. As a consequence, if the preferences of both types of customers are correlated, and if there is a significant proportion of searchers, then competition for the customers who search should tend to protect all customers. This argument supports the idea that for the market to reach an optimal result it is not necessary for all those who are looking for care service to have information (Schwartz and Wilde 1979). This is valid when what is good for one customer is good for most customers.

It seems clear that rational consumers are better with public aggregation and dissemination of good-quality information that lowers information costs. Two problems can complicate this path to have a mechanism to aggregate and disseminate information: i) aggregation and dissemination themselves have costs which, from society's point of view, may not compensate the benefits, even if these benefits are

considerable; ii) the consumers may not be able to process the information made available in the best way, in which case, benefits will be below potential.

Efficiency from society's point of view

Information search has costs, but information dissemination also does. Care providers have to balance the benefits and costs of actively disseminating their information more than by simply answering the questions of the prospective clients. In situations where demand is higher than supply, which can happen when prices are subsidised, these providers have no incentive to advertise their services. The others need to calculate the expected benefit of advertising and its associated cost. From the point of view of care users, not all types of information provided directly by care providers are credible. Care users would prefer to obtain information regarding experience characteristics from other more independent sources.

We saw that people looking for a care provider will have conditions to make more efficient decisions and enhance their welfare when they have access to more information, and thus it is in their interest to have a third party taking action to reduce their information acquisition costs. However, this transfers the costs of gathering and disseminating information to that third party, which, is in effect, an information intermediary[2]. More so in the context of health, rather than of social care, it is not difficult to find authors advocating the existence of information dissemination mechanisms on the basis of patients' interests (Everingham et al. 2009, Øvretveit 1996 Morris et al. 1989). It should be noted that for this to be efficient from society's point of view, it is still necessary to evaluate whether the costs of this action are justified. Would these costs be lower than the benefits derived from the improvement in the decision making of consumers?

The social value of the information that is collected and disseminated is the difference between the utilities of all the individuals active in the market with the existence of information and the utilities of the same individuals without the existence of

[2] Information intermediaries are "economic agents supporting the production, exchange, and utilization of information in order to increase the value of the information for its end-user or to reduce the cost of information acquisition" Rose (1999: p.76).

information (Walker 1988). Social welfare improves with public information if at least one of the following effects take place: i) new trading opportunities are created; ii) there is a reduction in the social costs resulting from asymmetric information; iii) resources are diverted to activities with higher value, and; iv) the acquisition of public information is cheaper than the acquisition of private information, covering the production costs of the public information (Walker 1988).

If more matches between care providers and care users take place, then the welfare generated by the new transactions is a social welfare improvement, which corresponds to condition (i).

If the more easily accessible information contributes to increasing the returns of best quality providers and decrease the returns of the worse providers, thus leading to improvements in the quality of care, this results in a social welfare improvement of type (ii).

If the total individuals' search cost of the centralised information added to the cost of gathering and disseminating by a central information intermediary is lower than the sum of all social care searchers' search costs of fragmented information, then there is an improvement in social welfare according to condition (iv).

The processing of information

In order for good information to promote efficiency, such information needs to be processed and used in the decision making. In general, consumers all have a similar interest in minimising the risk of their decisions, yet simultaneously they also wish to simplify their decisions (Gabbott and Hogg 1994). As cognitive capacities are limited, consumers faced with complex decisions particularly in situations with many difficult-to-evaluate alternatives, take advantage of strategies designed to help them decide with reduction of costs: they use heuristics or rules of thumb.

Individuals that search for a care provider are a heterogeneous group, whereby different types of consumers search and process information in different ways. Such consumers may be the care users themselves, or someone acting on their behalf, and they may well belong to different age categories and to different educational and income or wealth levels, and also they may have different cognitive capabilities and be

in different moods. The quantity and type of information that is ideal for each type varies.

Although differences according to age are still being studied, there is some evidence that on average, older adults search for less information (Johnson 1990, Yoon 1997, Mata and Nunes 2010) and prefer fewer options (Reed et al. 2008). This group is more likely to use non-compensatory decision rules[3] than younger individuals (Johnson 1990). Furthermore, older adults are more susceptible to disturbances from distracting and irrelevant information (Lustig et al. 2001, Drolet et al. 2011, Cole and Gaeth 1990) and they seem to focus more on emotional information, and less on factual information than younger individuals (Isaacowitz et al. 2000, Mather 2004, 2015, Drolet et al. 2011, Carstensen 1992). In Walsh and Mitchell's (2005) study, younger individuals are more at ease in experiencing marketplace decisions, but, curiously, the age group with more difficulties is that between 45 and 54 years old, and not the older consumers. These authors hypothesise that older individuals probably have more spare time to decide, which may counteract the effect of age.

Meinow et al. (2011) find that the oldest old, the main group of people needing social care services, frequently possess "cognitive and physical limitations associated with the capacity to act as a rational consumer of care". For these people, it is probable that someone else makes the decision for them, or at least helps with the decision.

The motivation of someone who makes decisions for a care user influences the choice, and possibly the information gathered. In the classification of Harvey et al. (2006), decision-makers may be proxy (when the care user asked that person to decide in his/her place), executive (when the decision was imposed on the care user, with or without previous consultation), or surrogate (when the care-user has no conditions to make a decision. There can be conflicts of interest between the deciding informal carer and the care user, and the information that is relevant to each type will probably differ in some respects.

Several studies (Frieden and Goldsmith 1988, Kiel and Layron 1981, Moorman, 1990) find a positive relation between information search and the education level in various contexts. The ability to process information, particularly when complex, is less for

[3] A decision rule is compensatory when the consumer considers all salient attributes and good ratings on some attributes compensate for bad ratings on others.

lower-educated people (Lussier and Olshavsky, 1979; Wallendorf, 2001). Walsh and Mitchell's (2005) results suggest that lower-educated individuals become more easily confused with information.

The mood a person is feeling also influences the way she processes information and decides. A sad mood results in overestimating the likelihood of a negative outcome (Svenson 2003, Beresford and Sloper 2008) and is associated with systematic processing, instead of simplified heuristic processing (Loewenstein and Lerner 2003, Tiedens and Linton 2001, Beresford and Sloper 2008). The contrary happens when people are in a positive mood. There is some evidence that anxiety (differently from sadness) creates a willingness to reduce uncertainty that leads to remembering more factual information (Raghunathan and Corfman 2004).

Although people usually express a preference for variety, the ability to choose may decrease with the number of alternatives, particularly when the number is already high. The detrimental effects of increased choice are a result of one of the following effects: (i) information overload; (ii) unclear preferences, and; (iii) negative emotions (Botti and Iyengar 2006).

The concept of "information overload" has been used in several areas of research (Eppler et al. 2004) and it describes a situation where information processing requirements exceed information processing capabilities, thus jeopardising the quality of decision making. Some authors (Grether et al. 1986) argue that there is no such thing as "information overload", because when the choice set is large, consumers use heuristics such as satisfying – choosing the first solution that satisfies minimum requirements. Therefore, irrelevant information is simply ignored by the consumer. However, the authors acknowledge that it is possible that a greater amount of information raises the costs of decision making: observing attributes that the consumer does not care about increases the effort put into processing the information to discover the attributes for which the consumer is interested. Irrelevant signals perturb the identification of relevant information, which leads to worse decisions (Manis et al. 1978, O'Reilly 1982).

Sometimes people are not sure about their own preferences and may fail to recognise certain needs. Preferences may be endogenous, whereby decision-making processes influence the development and discovery of one's preferences (Slovic 1995, Damman

et al. 2009). This is particularly probable when situations are complex and unfamiliar. For instance, some preferences habitually change over the life cycle. Framing has been shown to influence choice: the other alternatives available in the choice set may change the absolute valuation of a certain possibility. Representation of value in the decision mechanisms is basically expressed in relative terms, which makes it dependent on the choice set (Louie and Glimcher 2012)

Choice is seen as empowering. An autonomous person is capable of making his/her own choices and this produces a sense of self-control. But experimental evidence has called attention to the possibility an increase in the choice-set leading to a reduction of welfare reduction. There is a reverse to choice that corresponds to its opportunity cost. By choosing one provider, all the other options were not chosen, and thus, particularly in an uncertainty context, the decision-maker may suffer from missed opportunities. Negative emotions, such as anxiety, may result from the existence of many alternatives to choose from, and the fear that one might be making the 'wrong decision'. Negative emotions may simultaneously signal the level of importance of a decision and function as incentives to acquire and process more information in order to increase both accuracy and task complexity, which elicits the use of less extensive and less costly processing (Luce et al. 1997). Emotion in the form of stress interferes with decision making and increases the time taken to make a decision (Hancock and Warm 1989). People want to solve the choice problem but also want to avoid distressing situations (Luce 2005). One way to avoid this is to choose in accordance with other people's recommendation. Emotions influence decision-making through multiple mechanisms and sometimes they are harmful, and in other times they are beneficial for decision-making (Lerner et al.2015).

Therefore, we cannot be sure that providing more information increases the quality of the decision or the social welfare, although it is certain that lack of information is a reason for poor decision-making.

The interest in aggregating and disseminating information is common to many other fragmented markets with price dispersion and high search costs. In some of these markets, information intermediaries became involved and they are not necessarily funded by public policies. These information brokers are private firms that charge a commission for their services. Despite the fact that they succeed in matching the

customers with the cheapest service providers, the final price after the commission has been paid by the customer may be higher than the average price obtained in the direct search market. This means that customers with the highest search costs are those that use information intermediaries (Salz 2017). Because with the presence of information intermediaries the average customer compares more prices than without the brokers, the competitive pressure on the service providers is higher and prices charged by the service providers tend to be lower. This represents a search externality through intermediaries, because even those customers that do not use a broker benefit from its existence.

It is possible that not enough care users are willing to pay for the provision of information (Beales et al. 1981) to make it a profitable business, such as happens in financial markets or in housing markets. This phenomenon maybe a result of care users satisfice at an early stage of search, and thus they may not require more information, as this would stress them, as they are not sure of the quality of the information or the advice provided, or because the cost of paying for information is much more tangible than the cost of searching, or the cost of not having as much information and people notice it more and overrate it. However is it justifiable to offer a service to people who are not necessarily willing to pay for it? In addition to the efficiency arguments, there are also equity arguments.

Information and Equity

Equity is related to social fairness. Equity in a market should be evaluated in as far as the market functioning is a fair process. The social care market connects two sides where one is typically perceived as being vulnerable and the provision of care for frail older people is usually accepted by societies to be an issue of public interest. The understanding that the government should be the main entity responsible for the well-being and living standards of the older people is expressed in surveys such as those of the Pew Research Centre (2014), a national study (Parker and Clarke 1996), and the European Social Survey (2008). Greater geographical mobility of families and an increased participation of women in the labour market are features of modern societies which may bring about a rise in the living standards, but nevertheless create difficulties for families to provide assistance to their dependents. Therefore, as the

well-being of households and older people in need of care is also a matter of public interest it can be argued on equity grounds that public resources should participate in the creation of an information intermediary that would make their hard decisions less risky and costly.

Making information publicly accessible to care users increases equity, in as much as it supports the more vulnerable side of the market. Nevertheless, the demand side of this market is far from homogeneous. As postulated by Amartya Sen, equity corresponds to a state of fair distribution of capabilities. It is not only necessary that information be accessible to all, but that all have the ability to use it. An information intermediary promotes equity when information is adapted to the different capabilities of users in such a way that they can understand it and adequately use it to make decisions (see next section). In this way, there will be a fairer distribution of opportunities to achieve what is valued by care users (Lievrouw and Farb 2003). Gathering and disseminating information that is understandable to all enhances equity, as it reduces the inequalities resulting from the differences in the capability to access information and from the skills necessary to use it to help people chose a care provider. People with fewer resources are less likely to search for new information (Baxter et al. 2008), so new aggregated information must be easy to find and process to be used by the less resourceful and to guarantee that it does reduce equity instead of increasing it.

Information and Democracy

Another type of argument justifies the aggregation and dissemination of information, not on the basis of efficiency gains, or even equity, but rather on account of a democratic rationale. In a democracy, citizens are entitled to reliable information about issues that can affect them (Lievrouw and Farb 2003). In markets where there is public provision or public funding of social care services, “information helps the public monitor the apparatus of government” (Sage 1999) and organisations to which public funds are assigned. The relevant information for this rationale is naturally performance-related.

Information to be gathered and disseminated

The content

The goal of the public dissemination of information is to reduce the cognitive efforts of care users and to create the conditions to enable better decision making, according to their needs and preferences (when these are defined).

Several authors suggest that a lot of information could be burdensome and suggest that only the most relevant information should be provided to reduce cognitive effort (Hibbard and Peters 2003, Peters et al. 2007, Cole et al. 2008, Louie and Glimcher 2012). However, the lowering of barriers to information acquisition and processing encourages consumers to use more information.

Some non-revealed information will always exist, even if the intention is maximum transparency, but - possibly in a nonlinear manner - the more information is limited, the higher the chances that an item of information that would alter someone's decision is not presented.

One important advantage of the aggregation of information is the inclusion of information that the prospective users might not realise could be relevant. By being presented with data about several items, users may also gain insights about what to look for (Sainfort and Booske 1996).

Simplified disclosures do not ensure better decisions – they just shorten the time to decide (Keane and Thorp 2016). Nevertheless, information must be useful, with a potential to change the choice. If it is irrelevant, then it will only make decision more difficult. For example, when there is almost no variability of an indicator among providers, there will be less interest in reporting it and it may be omitted for the sake of being simple.

Consumers need information regarding: i) the existence of the alternative providers in a certain geographical area; ii) the tasks that can be contracted with each care provider, including the days and hours when tasks may be performed; iii) the respective prices; iv) search characteristics, that are objective and easier-to-confirm hard characteristics of the providers, such as: the for-profit private/not-for-profit /private/ public nature, the ratio of staff to care users, their qualifications, the type of assistive technology that is used, etc., and; v) experience characteristics, which are

elements that are important for quality, but can only be confirmed with the use of the product/service and are hard to evaluate just based on the care provider's claims. Examples include: punctuality, assiduity, honesty, attentiveness, flexibility, and internal mechanisms of quality control. These difficult-to-evaluate attributes mostly correspond to the dimensions of trust: competency, compassion, maintenance of privacy and reliability (Pearson and Raeke 2000), fairness and predictability (Zaheer et al. 1998).

Quality is multidimensional and sometimes, in order to simplify presentation, composite indicators of quality are calculated. These have advantages and disadvantages.

On one hand, composite indices and also overall ratings are simplified forms of information, as the job of combining several pieces of information has already been carried out for the decision-maker. They are justified according to the view that consumers do not understand the weight they give to each indicator that is presented and thus make decisions that are based on a weighting scheme that does not necessarily match their true preferences (Hibbard et al. 2002). Furthermore, it is known that information is only used if it is "translated into an affective frame of reference" (Hibbard et al. 2002) which attaches a meaning to it and allows the decision-maker to decide whether the information makes a certain alternative desirable, or undesirable. Meaningfulness seems to be even more important for older individuals than for younger ones, for instance in terms of memory retention (Yoon et al. 2009). Composite indicators and overall ratings offer a practical piece of information that can have an affective meaning of good/bad, or recommended/not-recommended.

On the other hand, composite indexes and overall ratings are complex, as they are summary measures and their exact meaning may be hard to interpret. Trade-offs between certain characteristics that enter the valuation process are hidden in this type of measure. Furthermore, there is a high risk that these measures are viewed as being definitive statements about the quality of care (Hirdes et al. 2004). Research has shown that composite indexes and overall ratings are considered to be subjective and are not necessarily valued much by those who need information (Palsbo & Kroll 2007,

Moser *et al.* 2010). The quality of information collected depends on its relevance, accuracy, and timeliness (O'Reilly 1982). In addition, information should be independent, impartial, confidential, and non-judgemental (Independent Advice Providers Forum 2013). It is difficult to be impartial when there is a measure of overall quality of a certain service provider, as this measure might be different with another weighting scheme or with an alternative combination of indicators being measured. There is evidence that different measures of quality of the same set of providers exhibit small correlation (Mor 2005, Baier et al. 2005). The quality measures may not be consistent with each individual consumer's interests (Mor 2005). Therefore, the defence of impartiality favours the presentation of sufficient information for users to reach their own conclusions regarding the best choice, instead of advice based on criteria that is external to the decision-maker, unless preferences for attributes related with quality are very similar among users.

In order to make comparisons easier, standardisation of the content of the services has been suggested (Ascoli and Ranci 2002). It is possible to divide care into many small, well-defined tasks and to create packages that are a combination of some of these tasks Evers and Strünck (2002).

The source and the format

In addition to the content, the source and the format are also very important factors for assuring that information is processed. They must promote accessibility and lower the cost of search and processing. It is wasteful to spend resources on the aggregation and dissemination of information, only to result in a modest use and to generate small changes in the levels of information of those who choose social care services. In some countries, many issuers of aggregate information are available, but potential users reveal little awareness of their existence (Barrett 2005). Users are not all the same, and therefore the ideal format or source is not the same for all. Accordingly, several formats and sources should be offered to provide formal information.

We distinguish format from source. Those formats considered are: written, audio and audiovisual, whereas those sources considered are: online materials, printed materials, telephone contact and face-to-face contact. Online displays may be in written or

audiovisual format, the printed materials are written, telephone contact is audio, and face-to-face contact is audiovisual.

The internet is an information source that offers more control to the consumers regarding the information they can obtain: they are able to personalise their search (Kumpunen et al. 2014), choose when and how much information they wish to view (Snipes et al. 2005). The internet allows for an interactive environment which promotes learning (Ariely 2000). It is possible to accommodate interpersonal oral communication through a chat mechanism. Online access allows for anonymity, but it can also give rise to concerns over the secondary use of information related with consumers' searches. The costs of delivering information are very low and this favours timely updates (Murray et al. 2003, Kumpunen et al. 2014). Furthermore, the internet is easy to access from home and imposes no mobility requirements (Baxter and Glendinning 2011).

It is known that in the case of services, which are rich in experience characteristics, word-of-mouth, the testimony of people who have used the same services before are very much valued. The internet offers a base for virtual human contact, either through forums or user-reviews, that functions as word-of-mouth, involving people that do not belong to the same social network. This represents an advantage for people with reduced networks or with no one in the network that has valid experiences in the search context. Of course this may somehow weaken the trustworthiness of the source, which is one of the reasons why word-of-mouth is a preferred channel of information. An additional positive aspect is that the internet interpersonal communication is much less time consuming than the individual contact of people in the care user's own social network.

At present, younger generations and more-educated people are still more active on the internet than older people, or those less well-educated. In addition, internet use is dependent on the affordability of the equipment and of internet connections (Everingham et al. 2009). Therefore, other channels for the distribution of information need to be added.

Printed materials (brochures, fact sheets, and leaflets) are the traditional alternative. These are used more by older people than websites (Baxter and Gledinning 2011). They require no equipment to access the information, the skills needed are more

widespread than those needed for using electronic sources, they can be looked up repeatedly to analyse its contents in-depth, and are not dependent on the memory of the user (Morris and Stilwell 2003). Printed materials are appropriate to convey detailed and specific information (Julien and Michels 2000). One disadvantage is that they need to be reprinted every time they are updated.

Written materials (printed as well as online) must be presented in a clear, logical way, with easy-to-locate information. A list of contents aids the navigation of a document. Written materials must use simple vocabulary to ensure that people with low literacy skills can read them, and they must be up-to-date and have to contain visual markers and other salient features. The size of letter font should be appropriate for older readers and visually impaired readers in general.[4] Reduced line lengths also help. All these characteristics contribute to their readability. There are many formulas available to assess the readability level of a written material that may be employed (Morris and Stilwell 2003) which can be used to test it before it is presented to care users.

When charts or tables are involved, explanatory text using plain language should be included to support their interpretation (Kumpunen et al. 2014). Gerteis et al. (2007) study different formats for the presentation of data on the quality of healthcare and they find that those based on charts are those where more interpretation errors are found. Information presented in rows seems to be easier to process than information displayed in columns (Kumpunen et al. 2014). The narrative form of providing information (stories about someone's experiences) propitiates more accurate judgements (Sanfey and Hastie 1998, Hibbard and Peters 2003).

Values presented in an ordered way facilitate understanding (Hibbard and Peters 2003, Peters et al. 2007), and ordering the providers according to each indicator will probably ease the interpretation of data.

A central point of face-to-face provision of information and support, as well as telephone access, is important for those who have difficulties accessing the internet or written materials. Face-to-face contact is a more onerous channel of information

[4] There are several comprehensive guides for producing clear print to help people with vision difficulties. See, for example those in http://printdisability.org/wp-content/uploads/2013/09/round_table_-clear_print_guidelines-PDF.pdf, http://www.accessiblecampus.ca/reference-library/accessible-digital-documents-websites/clear-print-guidelines or https://www.abilitynet.org.uk/quality/documents /StandardofAccessibility.pdf (accessed on July 2017).

provision, yet it is preferred by many people in general, and particularly by older individuals (Barrett 2005, Julien and Michels 2000) and by groups with lower literacy levels. Eye-to-eye contact is regarded as being reassuring and makes the discussion of matters easier, as both parts are able express themselves more effectively, and there is the possibility to clarify points by asking additional questions (Baxter and Glendinning 2011, Independent Advice Providers Forum 2013). The location of a face-to-face meeting point is not indifferent: it should be close to public transportation and it should offer parking facilities (Public Health Agency of Canada 2010).

The telephone is suited for use by approximately the same type of people that use face-to-face contact, and particularly by those who have mobility issues, or face high transport costs (including time costs) to reach an office where face-to-face information is provided. Nevertheless, difficulty of hearing over the telephone may be a barrier, and some telephone systems put off users as they have to navigate through long menu choices (Public Health Agency of Canada 2010).

Oral information has the disadvantage of being more easily forgotten (Baxter and Glendinning 2011) and is possibly less-trusted: “There is nothing like black and white” (Baxter and Glendinning 2011, p.276).

The different formats of information may be used complementarily. One major determinant of the value of the centralisation of information is the effectiveness of its dissemination. People have to be aware of the existence of this centralised information and advertisement should be used with that purpose. Potential advertisement points that may be close to potential users include the following: health centres, community centres, supermarket advertising boards, pharmacies, churches, outdoors, and, naturally, the mass media, although these are more costly channels.

Conclusion

The market for social care services is organised quite distinctly from country to country, but in most of them it is a fragmented, mixed economy market, far from exhibiting perfect information. A mechanism of aggregation and dissemination of relevant, accurate, well-presented, and timely information would improve the chances of people looking for these services to make good choices. This does not necessarily

mean that information gaps have to be filled. Such a mechanism depends on an efficiency criterion - the benefits and costs of gathering and widely disseminating such information must be compared – which is not necessarily satisfied. Among those aspects that endanger the efficiency of disseminating information are technical difficulties and the extra costs incurred in collecting and disseminating data. Other factors include: barriers to the full grasp of the benefits, such as the cognitive limitations of the users and constraints that limit choice capacity, no matter how much information the user has processed well, financial constraints, or the non-existence of a sufficient offer of services.

If an efficiency analysis is not entirely conclusive, then the inequity of the lack of information for the more vulnerable side of the market and for those who have lower capacities with therefore higher search costs or the argument that citizens should be able to monitorize publically-funded, or partially publically-funded services in a democracy where there is public provision or some public funding can be used to enforce the defence of the centralisation of information.

The way that information is offered greatly influences the fulfillment of these criteria. It is known that a large amount of information can be a hindrance, instead of propitiating good decisions. It is crucial that the information provided decreases the effort required, rather than increases it.

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