
Information about Personal Social Services: A Review of the Issues

The need for information

In the United Kingdom, local authority social services departments are the major providers of personal social services. Their work is concerned with care and support for people who are experiencing serious problems and with a statutory duty to exercise certain forms of social control. This means sometimes intervening in situations where they may not be wanted, by taking a child away from its parents and placing it under local authority care, for example.

The work of social services departments is governed by over 30 Acts of Parliament, covering the needs of children, young people and families; the needs of people with disabilities, learning difficulties or mental illness; the support and protection of elderly people. The functions of the social services departments are thus varied and numerous, their services governed by complex rules, policies and professional judgements. The situation is further complicated by the involvement of organisations in the private and voluntary sectors as significant providers of social services, either independently or jointly with the local authority, and by the need to work closely with other local authority departments, the health service and the Department of Social Security.

Most people who come into contact with the complex world of the personal social services do so at a time when they are experiencing problems or difficulties that have serious implications for their lives. Their need for help and information is therefore critical. Information about services that are available and to which they may or may not be entitled is likely to be of vital importance. Depending on their circumstances, users and potential users of social services need information in order to gain access to support and services; to make choices; to ask appropriate questions or to make complaints; to plan and to know what to expect; to protect their rights.

Any one individual may be in contact with one or more members of staff, while requiring information about a range of different services. Clearly any system that is set up to meet these information needs has to be a sophisticated one which can ensure that staff have access to accurate, comprehensive and useable information to pass on to enquirers. All the evidence shows that the systems are not yet adequate to ensure that users have access to the information they may require, or that non-users have sufficient understanding of social services to enable them to seek help if they need it.

Awareness and understanding of social services appears to be low amongst the general public and this can have serious consequences, particularly for groups who

are most likely to be in need of care services. Elderly people have been found to be generally uninformed about the benefits and services they may be able to get. This lack of information was found to be most serious amongst people who were immobile, lived in rural areas or were over 74 years old - that is, those people least likely to have access to alternative sources of help (Epstein 1980).

Some groups in the community, particularly ethnic groups, appear to have very limited access to even basic information about social services. In an inner city area of Glasgow with a large Asian population the white population showed a consistently higher level of knowledge and use of services. Over 80% of the white population and only 18% of the Asian population said they knew something of the function of the social work department. Yet this low level of awareness did not indicate a low level of need - quite serious cases of unmet need were uncovered (McFarland, Dalton and Walsh 1989). An exercise to increase the low levels of awareness of social services amongst Asian elders in central Birmingham discovered that, once aware of the services, many showed an interest in using them should the need arise (Atkin, Cameron, Badger, 1989).

Information continues to be important after individuals have become users of social services. The need for information has been defined as one of the seven basic requirements to enable disabled people to make choices and get access to facilities. The need for better information about social services was regarded as particularly important (Silburn 1988).

In recent years much has been said about the needs of Britain's estimated six million carers, including their information needs. Surveys of carers have shown time and again that one of their prime needs is for information, especially information about diagnosis and prognosis of the person they care for; services, aids and adaptations; finances and benefits (Parker 1990). There are numerous reports of the ad hoc and lengthy processes by which carers have arrived at the information they require (Twigg, Atkin, Perring 1990). Following extensive consultations with carers themselves, the Kings Fund Informal Carers Support Unit produced a statement of carers' ten principal needs. One of their needs was for information about the available services and benefits and about the particular condition of the person they cared for (Richardson 1989).

While many studies and commentaries have stressed the importance of information to users of care services, little work has been done on investigating the actual information needs of the various user groups or on the most effective ways of meeting the needs (Steele 1990). There is, however, a growing awareness of the responsibility of Social Services Departments to address the problems of information provision.

Some of the studies which have been undertaken have focussed on the specific issue of information about residential care. For example, the financial implications of moving into residential care can be very serious yet elderly people and their families are often not informed of all their options by the professionals with whom they come into contact. The extent of the information need is illustrated by the heavy use that is made of specialist information services, such as Counsel and Care for the Elderly, who nevertheless are serving only the small proportion of potential enquirers who get

in contact with them. Identifying and meeting information needs requires a sophisticated strategy by social services departments. The ways in which they try to fulfil these obligations, and the difficulties of doing so, are discussed below, following an outline of the legislative framework that governs their information provision.

Providing the information

The Chronically Sick and Disabled Persons Act 1970 first placed an obligation on social services departments to publish information about their services 'from time to time'. Section 9 of the Disabled Persons (Services, Consultation and Representation) Act 1986, which was implemented in April 1987, requires each local authority to ensure that any disabled person using its service is informed about other services provided by the authority and other organisations which are relevant to the disabled person and known to the authority. The legislation thus falls short of requiring local authorities to actively seek and promote information and is not concerned with informing non-users of services.

The 1986 Act is unusual and significant in social services legislation because it resulted from the work of pressure groups and its sponsor's success in the private members' ballot. When fully implemented it will increase the power of disabled people to influence decisions that are made about the services provided for them (Barnes, Prior and Thomas 1990).

The operation of the Act has been monitored with interest by the voluntary sector which lobbied for it and by the Social Services Inspectorate (SSI). The Royal Association for Disability and Rehabilitation employed an officer with specific responsibility for helping social services departments and other bodies to understand the Act and to promote good practice. He reported that the section in the Act on information was widely misunderstood with many local authorities thinking they were fulfilling their duties if they were providing leaflets or handbooks. Social services management had not taken steps to ensure that staff were giving users the fullest advice and information when their needs were being discussed (Parratt 1989).

An SSI survey of 1 in 3 social services departments in England revealed patchy implementation of the Act. One third of them had written policies on information provision, agreed by their Committees. Some authorities felt that such statements were unnecessary and that their existing practices were sufficient. However, there was evidence that the process of drawing up a formal policy provided a framework for developments and facilitated change (Warburton 1990). Half of the social services departments said they had procedures for collating and updating information, half for distributing it to users.

A policy statement on the Act which was drawn up jointly by local authorities in the South-West of England showed that some departments were taking a more wide ranging and imaginative approach to information provision than a narrow focus on printed materials. Their Code of Practice included a recognition of the skills and training required to develop information services and the need to train staff members to be fully conversant with each others' roles, so that they could inform users (Devon County Council 1989).

The Disabled Persons Act is, of course, concerned with only a proportion of users of social services departments. A survey by the National Consumer Council and the National Institute for Social Work set out to find whether social services departments had wider strategies for producing and disseminating information (Berry 1990). A number of pressures had already begun to force social services departments to make the provision of information a higher priority. These pressures include fashions and trends, such as more entrepreneurial, 'marketing' approaches by local authorities and moves towards greater consumer participation, choice and control. While there were many examples of innovative information work and good practice 'much needs to be done if departments are to meet this challenge [of information provision]' (Berry 1990). Most departments produce written information of some sort but there is enormous variation in the sorts of documents that are produced. One of the major problems is that

'Many departments had not targeted their information effectively. Often they had not investigated the 'market' in order to find out what sort of information people need and how it should be provided. As a consequence, information to the general public, users and potential users was less effective than it might have been.' (Berry 1990)

Common problems with documents and brochures are that they use social work jargon which readers do not understand, and are poorly written and produced (Lewis 1990). Since 1984 residential homes have been encouraged to publish a prospectus or booklet about the home (Centre for Policy on Ageing 1984). A survey by the Scottish Consumer Council found the majority of such brochures to be lacking information on very many important questions (Taylor 1987). Brochures were assessed against a checklist of 43 categories of information thought to be important for people entering residential care. They contained an average of 18 categories of information, of which an average of 8 were given adequate coverage and 10 inadequate. The majority of brochures lacked information about serious 'unpleasant' issues, such as death or complaints, in a misguided attempt to spare the reader's feelings. It is precisely these questions that are likely to be important to the person entering the home.

A lack of consistency in a department's information products often reflects the lack of an overall strategy or allocation of responsibility for information provision. Many social services departments do not have a member of staff responsible for co-ordinating information, and where officers have been given responsibility for information they often lack the training, resources or seniority to make an impact on the organisation of information within the department (Smale 1985, Streatfield and Wilson 1980).

An overall strategy for information should take a wide-ranging view, not restricting itself to brochures and leaflets. Letters, forms and telephone calls from the department are prime sources of information for users. Yet these are not always used appropriately, with information being communicated in unsuitably formal or informal ways. For example, letters accepting clients for services can be arid and uniform when they should be friendly and welcoming. Staff may rely on word of mouth when handling grievances, telling clients their rights or what to expect. These are the circumstances when the clients could find it very helpful to have some written

information to keep, to remind them and to reinforce what they have been told (Midwinter 1989).

Information strategies which rely on the provision of leaflets and printed material at central points are relying on methods of communication which are very ineffective, particularly for potential users of social services, who are often characterised by isolation or immobility (Epstein 1987, Richardson, Unell, Aston 1989).

Some local authorities have tried to make it easier for people to seek information by using a reorganisation and relocation into local offices and neighbourhood centres as a way of making information about all the authority's services locally accessible to the population (Shiers 1989). Such a strategy has to involve training and recognition for the information role of receptionists and other staff who are in contact with the public.

Reception and waiting areas in social services departments would certainly not match up to the standards expected in commercial organisations (From the Customers Perspective, 1990). Kent is one authority which is setting out to improve its reception areas and to open local 'help centres'- this is likely to be cost effective for the authority as it estimates that over 60% of the people who contact the department receive information or advice only and do not qualify for professional social work intervention (Kent County Council 1989).

An effective information strategy for social services has to accommodate the information seeking behaviour of users, even if this is not to seek information at all. When faced with problems, people turn first for help to their friends, families and neighbours, not to formal sources of information. Yet such sources of information are unsatisfactory because of the complexity of the information that is required (Age Concern East Sussex 1989, Epstein 1980, Kempson 1986). When their informal sources of information fail to provide what they need, people are likely to turn to professionals with whom they are already familiar, whether or not these professionals represent the type of service or assistance that they need (Age Concern East Sussex 1989).

Personal contact and discussion are known to be of vital importance in getting people to act on information. Evidence about the provision of information to elderly people emphasises the importance of personal contact, advice and interpretation, very locally based information and the importance of informal sources (Tester and Meredith 1987, Davies and Ritchie 1988). The practice of distributing written information about services to potential users seems to be particularly disliked and ineffective (Age Concern East Sussex 1989).

The need to be sufficiently well informed to identify and meet the information needs of users is a heavy responsibility for staff of social services departments and other workers, such as community health workers and staff of the Department of Social Security, who may be in a position to pass on valuable information. This task is made more difficult by the preference amongst social workers for oral communication and for storing information in their heads. This is compounded by a lack of centrally managed information resources in most departments and by a lack of clarity about the extent of the information service that staff in the various organisations are

expected to provide. A picture has emerged from research of social workers relying on personal stores of information, of very limited shared information resources, of widespread ignorance of information resources existing outside (and sometimes within) their own departments (Blake 1983, Forrest and Williams 1987, Smale 1985).

Workers need access to practical and personal knowledge as well as facts and this may help to explain their preference for oral communication and for using people as information sources rather than documents (Dant, Carley 1989). The disadvantage of overreliance on these methods is that inaccuracies and omissions go unchecked and the user's access to information may become entirely dependent on a series of accidents that have determined how well informed their professional contact happens to be.

The future of information about personal social services

While social services departments have been making information provision a higher priority over recent years, they are as yet unprepared for the new challenges presented to them by the National Health Service and Community Care Act 1990. This legislation, which is to be implemented in stages over a number of years from April 1991, entails profound changes to the work of social services departments. Most of the developments introduced by the Act make explicit or implicit demands for access to more or better information and the guidance that accompanies the Act gives departments specific direction on information for the public.

The Act is based on an ideology of care in the community and of the introduction of a mixed economy to the public provision of social services. Local authorities are to become 'enabling agencies', providing some services themselves and contracting with the private and voluntary sectors for the provision of others. In this way social services departments are expected to provide choice for their clients - or consumers - and to become more cost effective by using services from a number of providers, who will be in competition with one another.

Two other major innovations brought in by the Act are the system of care management and assessment and the setting up of independent inspection units. Care managers will be responsible for assessing the care needs of a client, and their carer if there is one, and for drawing together an appropriate package of services. Each local authority will have an inspection unit responsible for inspecting residential services provided by the independent sector and by the local authority itself. This unit can also be called on to undertake an independent inspection of other types of services.

In order to carry out their new responsibilities and to implement the new ways of working, social services departments will require information and the systems to manage it at every level within the organisation, from strategy and policy development to informing users about practical details of services. Many of these needs can be met by drawing on the same basic data. Care managers for example, will require information about services available from all providers. If they are also given responsibility for budgetary management they will need financial information, as will those managers responsible for the contracts with the independent sector.

This is a significant development for the provision of information to users because until now the information needs of managers and practitioners have been substantially different. Managers have been mainly concerned with financial information and performance indicators, social workers with client records and resource information (Forrest and Williams 1987). To date most of the effort that has gone into the setting up of information systems in social services departments has been concerned with what may broadly be termed management information (Jones 1989, Barnes 1989). Most departments have developed computerised information systems over the last ten years but integrated systems for all aspects of management information are still not available. Both the Wagner and the Griffiths reports which preceded the Act criticised departments for their lack of management information (Wagner 1988, Griffiths 1988). Now there is a new urgency and impetus to develop information strategies and to include information for the users and the general public.

Guidance issued to social services departments gives specific direction on the expectations of the Department of Health concerning the provision of information to the public (Department of Health 1990a). The Department plans to require local authorities to prepare and publish their first annual Community Care Plans by April 1992 to cover the financial year 1992-3. Local authorities are advised that these plans should be made available to the local population in a form that is readily understandable. It is also suggested that they may wish to publish them in languages relevant to the local population, in braille and on tape.

The plans have to include information about the department's policies for increasing consumer choice and for informing users and carers about services. The information for users and carers should enable them to exercise genuine choice and to participate in the assessment of their care needs. To do so they will require information about services provided by the local authority, health service and other sectors, the criteria and procedures for determining eligibility for services, and about how to make representations and complaints.

The first section of the Act to be implemented, in April 1991, is that requiring the establishment of complaints procedures and their publicity, including information for users and staff about the new arrangements. The guidance to local authorities acknowledges that the quality and content of the information that is provided about services and assessments will influence the pattern of complaints. Clear communication will help to avoid misunderstandings. The complaints procedure itself must be publicised in appropriate ways. It is suggested that local authorities could discuss with local groups how best to make information about the complaints procedure available to those with sensory handicaps, the housebound and those who do not use English.

Reports from the inspection units could also become a valuable source of information to social services users, although public access to these reports will be subject to the opinion of the local authority's legal advisers.

The importance attached to information provision by the Act and the guidance that accompanies it is supported by the all party Select Committee on Social Services (Department of Health 1990b). The Committee called on the Department of Health to

issue guidance to all local authorities on good practice in the development of information services to carers. This information should include details of services provided by the statutory and voluntary sectors and should be made available to carers through general practitioners and other community health workers. The Department replied that it was investigating the need for specific guidance for general practitioners on the provision of information to patients, indicating that it may be prepared to take an important step towards making information more widely accessible.

Who should provide information about social services?

In the social services, it has to be recognised that the relationship between the users of care services and the providers of services is not an equal one.

People consult doctors because they want to, or manifestly need to. They do not in the same way consult their social worker. They are referred to a social worker, whether they like it or not: the social worker is 'put on to' them. The social worker is therefore extremely likely to seem intrusive or interventionist, imposing his own values on the reluctant or uncomprehending client (Warnock 1987).

Social services departments have made some efforts to be more accessible, to empower users and to encourage enquiries, as we have seen. Nevertheless users may not feel in a position to ask for information about alternative services from the practitioner who has considerable influence over what happens to them and who acts as a 'gatekeeper' to services.

The role of care manager may turn out to have inherent contradictions. On the one hand s/he requires access to all the available information in order to put together the best package of care for the user, using professional judgement about what is the most appropriate option. On the other hand, s/he also has a responsibility for the finances of the local authority and may indeed be a budget holder who has to keep expenditure within tight budget limits. There has always been a recognition that social workers withhold information because they fear that letting people know too much would open the floodgates of a demand that they could not cope with (Loud and Clear 1990). Why should this be any different for care managers?

Should there then be a source of information which is independent of the service providers themselves? There may be a need for a broker who is independent of the service providers and provides objective information about the services that are available and can act as an advocate for the user (Fimister 1989, Mabon 1989, Practice and Development Exchange 1988). But objectivity is not an easy goal when research has shown that what people want is evaluative information and opinions of those with experience, not just facts and figures.

There may thus be an enhanced role in this context for voluntary or independent organisations who could provide authoritative information without being put in a position where they could be accused of having an interest in representing a particular point of view.

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