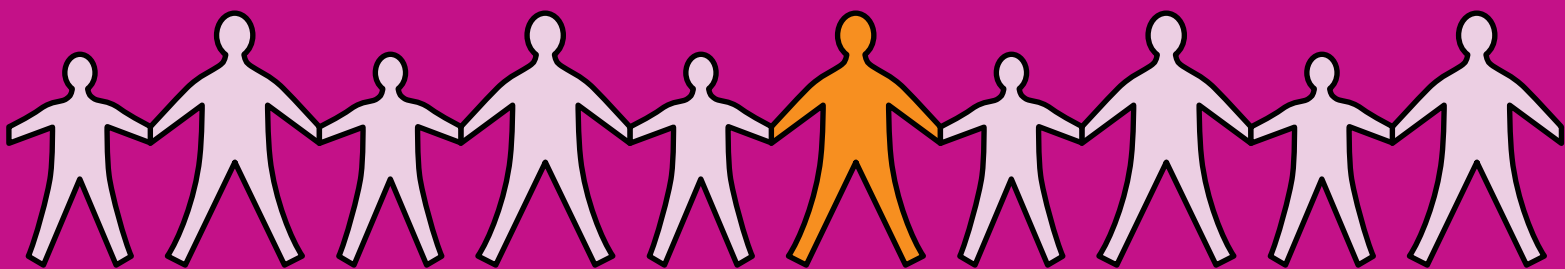# Transforming adult social care: access to information, advice and advocacy

Report

Information, advice and advocacy are essential for all adults and their relatives and carers who need, or may need, services and support in order to lead their lives. This includes people with the full range of needs and financial means.

Putting **People First**
Transforming Adult Social Care

Contents

Executive summary and background

Information, advice and advocacy are essential for all adults and their relatives and carers who need, or may need, services and support in order to lead their lives. This includes people with the full range of needs and financial means.

The Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), the Improvement and Development Agency (IDeA) and Counsel and Care commissioned this piece of work, on behalf of the Transforming Adult Social Care Programme Board, to scope current activity and thinking in relation to information, advice and advocacy (IAA) and the delivery of 'Putting people first' (2007).

The work has been funded from a top-slice of the Social Care Reform Grant and led through a steering group including commissioners, funders and representatives from the Department of Health, the Department for Communities and Local Government, the Department for Work and Pensions and the Office for Disability Issues.

.

The original specification was to undertake a brief four-month piece of work including a literature review, and to map good practice in local authority areas through a survey. During the course of the project this developed into a broader range of activities:

- a literature review
- a survey of directors of adults social services
- a review of a sample of local authority and national websites
- engagement with a range of stakeholders in a selected group of seven local authority areas including visits, focus groups and interviews
- engagement with a small sample of national statutory and voluntary organisations through interviews and visits
- modelling the development of orders and shapes for the findings, in order to develop a structure within which to support the development of policy and practice.

Within the short space of time available the work has engaged with a wide selection of stakeholders at a national and local level and in the statutory and third sectors. Given the timescales, we have inevitably had to be selective in this. We have also engaged with people thinking about or using services.
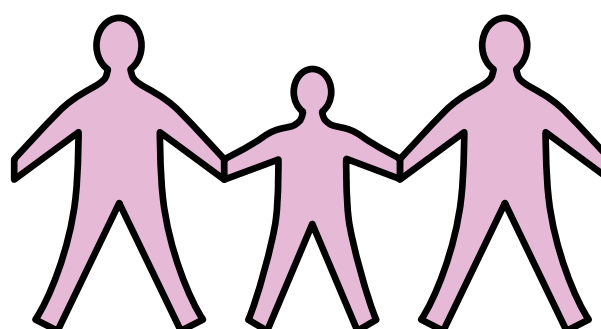
definitions:

For the purposes of this report, we use the following definitions of information, advice and advocacy:

information:
'the open and accessible supply of material deemed to be of interest to a particular population. This can be either passively available or actively distributed.'

advice:
'offers guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements.'

advocacy:
'the provision of support and encouragement, or representation of individuals' views, needs or rights. It is fundamental that advocacy recognises the centrality of the service user.'

(Margiotta et al, 2003: 9)
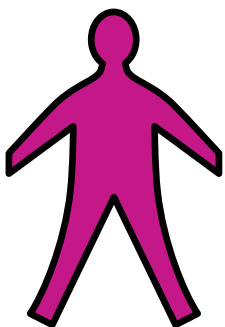
Key issues from the literature review are:

- It can be difficult to unpick information, advice and advocacy services, since for many users of social care, these three types of service provision overlap and are inter-related (Dunning, 2005). In order to access the right services and/or information, people may require support from each of these types of services.

- Much of the evidence around information, advice and advocacy services is descriptive in nature rather than based on robust assessments or evaluations of services. It is therefore difficult to know on what basis certain initiatives are deemed as 'best practice' (for example Godfrey & Denby, 2007, Baxter et al, 2006).

- The literature review identifies and sets out themes in order to inform policy and practice and highlights a range of examples of delivery.

Recommendations from the literature review

The literature review identifies issues relating to information, advice and advocacy (IAA) and themes them, resulting in recommendations as follows:

i) ensure the strategic significance of providing good quality information is understood by all stakeholders

ii) provide information related to points in people's lives when support is needed

iii) ensure information is available in a range of formats and channels and is accessible by all groups

iv) ensure that information needs for all groups are met and, where possible, ensure support is tailored to individual needs and preferences

v) improve co-ordination and signposting between information providers across professional/ governmental boundaries, and remove unhelpful barriers to information provision

vi) ensure that advocacy services are modelled on good practice principles

vii) involve people who use information, advice and advocacy in the design, implementation and evaluation of those services

viii) recognise the potential new roles of social workers

ix) define clear responsibility for service provision

x) support organisations to assure the quality of their IAA provision

xi) undertake research into 'what works' in relation to IAA

Findings from primary research:

survey of directors of adult social services

The survey was designed and tested with the steering group and a virtual group that included contributions from the LGA, ADASS, In Control, Counsel and Care and the Office for Disability Issues. The survey elicited a 55 per cent response rate (82 directors of adult social services) of which there was a fair spread of local authority types and regions.

Findings

- each element of information, advice and advocacy provision had a relatively high priority in relation to transforming adult social care
- information provision was seen by more respondents as 'very important' compared to the other two services
- respondents are on the whole 'working towards better IAA and a more strategic approach' but few are there yet
- respondents generally felt more confident in their ability to know the information needs of their local populations (more so than advice and advocacy needs, where nearly three fifths of respondents are not confident or are neither confident nor unconfident). This suggests local authorities may need to do more work in this area to better understand the needs of their local populations
- most didn't have documented strategies to address IAA needs and did not believe that IAA services were strategically commissioned at that point in time.

The most significant gaps in IAA strategies identified were (in order of frequency of response):

1. The identification of standards and quality assurance of provision
2. Marketing and making accessible existing provision
3. Meeting the needs of socially excluded people
4. Partnerships, including sharing information and effective referrals
5. Technological solutions

58 per cent of respondents had undertaken research or consultation to help ascertain the IAA needs of the local population. Work included asking questions in regular customer feedback, consultation with or research into the needs of specific groups, reviews of advocacy needs and mystery shopping. In nearly a third of these, research and consultation had resulted in new services or products being developed or commissioned.

Findings from the website review:

50 council and ten national websites were reviewed to ascertain clarity, accessibility and content, based on searching for specific information for a range of needs. There were vast differences experienced by the researchers between sites, with examples of good and poor practice. Very few gave complete information to enable choice and access without further investigation: that is, they often excluded the complete range of factors, including availability (almost exclusively), affordability and quality.

Good practice included	Examples of poor practice included
information held at a high level	information buried
clear page design	cluttered pages
well structured site	unclear navigation
helpful external links	links directing from site
information aimed at the public	information written for professionals
frequently asked questions	too much jargon
practical information	too many PDFs
comprehensive information	out of date information
information to aid choice	information lacking content
	no mention of choice, quality or cost

A selection of seven local authorities facilitated a range of more in-depth work. In each case this included discussions with the director of adults social services, visits, and focus groups with stakeholders including people using service and staff.

Current delivery

Typically local authorities deliver information and advice at an authority-wide level through a corporate website and either a corporate or social care specific contact centre. There will also be a small number of specialist services such as Independent mental capacity advocates. In districts or localities they have delivery mechanisms through a patchwork of one stop shops, libraries, health centres and other mechanisms. A number of local authorities work with a Centre for Independent Living. At a neighbourhood or village level there is a further patchwork layer of local advice centres and outreach work. It is unusual for provision to be consistent across a local authority, and there is a range of good practice examples at each of the above levels.

Current provision of information, advice and advocacy has developed from a multiplicity of separate initiatives, largely as an adjunct to other initiatives rather than as part of a coherent service strategy. All local authority areas therefore have an array of services, but largely these are not strategically ordered or coherent at present.

Developing strategy

This work indicated that practice and thinking is developing rapidly and is outpacing the findings of the literature review, which was, of necessity, retrospective. Most people in local authority areas indicated that their initial energies in relation to transforming services had focussed on developing the mechanisms and culture for personal budgets. However, they were now proactively engaged on a broader front of transforming services, including strategy and practice in relation to information, advice and advocacy and related work in community capacity building and engaging with current (and building new) markets.

Some local authority areas are in the process of developing such a strategy or strategies and defining the needs and outcomes that need to be addressed.

Key issues which emerged during the engagement in local areas and which informed this report were:

Information, advice and advocacy are critical building blocks for good outcomes

- Information is necessary to enable control and to inform choice. Personalised information, explanation, advice and often advocacy are essential if resultant support and services are to be personalised. Information needs to support the key decision factors of availability, affordability, suitability and quality and safety.

- There is a key overlap of roles and experiences in the field of information, advice and advocacy. Most people in professional roles also have personal experience of using or trying to use the services. Some of the people we met who were using services are also engaged in providing information, advice or advocacy.

- People are thinking about how to meet the range of needs of the public, both in terms of those who are articulate and energetic and who want maximum involvement in the management of their services AND those who are isolated, without capacity or exhausted.

- There is far more information generally available than people are aware of. Awareness raising and managing knowledge is therefore key across the whole range of stakeholders including the public, frontline statutory and voluntary organisation staff, communities and other key services such as housing, primary care and libraries.

Information, advice and advocacy as part of a spectrum of interpersonal support

- The development of information, advice and advocacy is inextricable from the development of other interpersonal dimensions of support including support planning, support brokerage, the ongoing management of services and safeguarding.

- There is some concern about the divestment of social work and care management posts as a result of having developed streamlined assessment and a resource allocation system without having made provision for adequate support to facilitate assessment, information, advice, advocacy, support planning and brokerage services and, as part of all of that, safeguarding. Who provides these key functions needs to be planned strategically so as not to unintentionally strip local government of key interpersonal support for people through contract by contract exercises for these functions.

- Issues arose about funding and charging and by and to whom. There an indication of some willingness to pay, at least in some quarters, for comprehensive, personalised advice, brokerage and ongoing management (described by one group as a 'personal social worker').

Scoping a framework for the further development of services

- New thinking is developing around how to manage the information base, including models (merging databases and links, citizen based postings of information, provider/supplier owned postings, Trip Advisor models) and key issues such as availability.

- Thinking is developing around making the range of delivery mechanisms more coherent including websites, call centres, assessment and care management teams, libraries, local advice centres, Centres for Independent Living, one stop shops, community development and outreach workers.

- There are key issues in relation to signposting. People often experience signposting as being passed from pillar to post and getting lost through lack of follow up.

- Those involved felt that most information, advice and advocacy should be commissioned, managed and delivered locally rather than nationally, drawing from national sources where a) information was applicable nationally (benefits) or b) in specialist areas (for example motor neurone disease). People cited some use of DirectGov (though there was not a wide awareness of its social care dimensions and links to local authority websites) but none said they had used NHS Choices (except for searching for health services such as dentists or opticians).

- There is an awareness that there ought to be a possible regional or sub-regional dimension to information, advice and advocacy, but no examples were given of initiatives of this nature as it was felt to be too complicated. There is also a suggestion that some local functions might be useful across a wider area, for example services for specific ethnic minority communities concentrated in one local authority area but needed elsewhere.

- There have been developments in 'market engaged' solutions such as Care Bay, Plan My Care and others. There is a key need for real time availability information, without which people are experiencing frustration about apparent choices that cannot be realised due to a lack of availability.

Findings from more in-depth discussions with selected national organisations

During the course of the project, concerns were raised by some steering group members about what should be provided nationally and what locally. Therefore, discussions and correspondence were undertaken with a small number of representatives from national organisations. These included individuals from the Princess Royal Trust for Carers, Age Concern, Counsel and Care, the Foundation for People with Learning Disabilities, the Departments of Health and Communities and Local Government, ADASS and LGA.

There were mixed views about the national and local dimensions, particularly in the provision of advice services. There was agreement that national sources of information were key where a) information was applicable nationally (for example benefits or the entitlement to assessment) or b) in specialist areas. There was, in addition, a view that there is importance to having a fall back advice service for situations where people had 'got stuck' in local services or needed support to challenge them. That would add to what is already a complex array of services and may make the jigsaw even more complicated. A proportion of advice provided nationally responds to referral from local services and, in turn, signposts people to local services. There is a minority additional view that there should be investment in additional national helplines such as FirstStop. It was argued that this could provide extended hours cover and greater consistency of quality. There is unanimity that face-to-face advice, outreach and personal information and advice about local services must be done locally.

Models and recommendations for the development of information, advice and advocacy services

In the context of models developed, and in addition to the recommendations from the literature review and the good practice identified from the website review, it is recommended that future work should:

a. Articulate and reiterate the principle that transformation and personalisation are dependent upon good information, advice, advocacy, support planning and brokerage being available. These services need to encompass developments in both consumer and social inclusion and community or citizenship models.

b. Frame the development of information, advice and advocacy in the context of the spectrum of interpersonal support including support planning, support brokerage and the ongoing management of services, and underpin all of these with the dimension of safeguarding.

c. Frame the development of information, advice and advocacy in three dimensions: managing the information, managing awareness and knowledge, and management of the delivery mechanisms.

d. Market the sources of information, advice and advocacy services that are available currently.

e. Build the statutory information base on the DirectGov and local authority website core that currently exists. Raise the access to local authority sites to a higher level of navigation on DirectGov. Ensure that there are clear links between DirectGov and local authority websites and between them and key independent sector sites .

f. In relation to the market for support and services set out in information and advice, frame standards linked to sufficiency: affordability, availability, quality, cultural appropriateness and type.

g. Map and model the ideal type relating to the balance between national and local provision based on the principles of what is applicable across the country and what is best delivered locally. This could include rationalising provision and developing frameworks.

1 Introduction

1.1 Context

This is a critical time for the development of better care and support for people. The move towards the personalisation of care services is part of a wider reform of public services and the current review of the future funding of social care.

In December 2007 the Government published 'Putting people first', a social care concordat, which aims to transform the way social care is delivered to give people more control over their care and support.

'Putting people first' recognises that transformation through personal budgets, early intervention and prevention requires 'universal information, advice and advocacy' and calls on local authorities to develop services such as 'first stop' shops to make this possible. It points to the key role of information, advice and advocacy for people needing care and support, including those who self-fund their care and their families, together with a changing role for social workers. Reform of social care won't succeed unless people and their families can get good information, advice and advocacy wherever they live, whatever their particular needs, and whatever their financial means.

1.2 The brief for this work

The Association of Directors of Adult Social Services, the Local Government Association, the Improvement and Development Agency and Counsel and Care commissioned, on behalf of the Transforming Adult Social Care Programme Board, this four-month piece of work relating to information, advice and advocacy and the delivery of 'Putting people first' (2007). The work has been funded from the top-slice of the Social Care Reform Grant and was led by a steering group involving the commissioning and funding partners together with representatives from the Social Care Institute for Excellence, the Departments for Health, Work and Pensions and Communities and Local Government, and the Office for Disability Issues. The membership is set out in Appendix 1.

The original specification was to undertake a literature review and to map good practice in local authority areas through a survey. During the course of the project this developed into a broader range of activities:

- a literature review
- a survey of directors of adult social services
- a review of a sample of local authority and national websites
- engagement in with a range of stakeholders in a selected group of seven local authority areas including visits, focus groups and interviews
- engagement with a small sample of national statutory and voluntary organisations through interviews
- the development of orders and shapes for the findings in order to develop a structure within which to support the development of policy and practice.

Within the short space of time available the work has engaged with a wide range of stakeholders at a national and local level and in the statutory and third sectors. It has also engaged with people thinking about or using services, although this has inevitably had to be selective. The majority of professionals with whom the work engaged also have personal experiences of these services upon which they draw.

This review aimed to rapidly appraise the activity and research evidence in relation to information, advice and advocacy (IAA) services within adult social care and whether or not there exist any models of service provision which are considered good practice. The review draws together evidence from a range of sources including primary and secondary research.

The review aims to be a starting point for further research and development in this area so that, over time there is a robust evidence base from which to design and build on information, advice and advocacy services and to ensure that these services meet the needs of local populations.

1.3   Background

Information is critical to the relationship between government and individuals and is increasingly a key component of policy. Examples of recent key statements include:

Putting People First	A universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding. A 'first shop stop', which could be accessed by phone, letter, email, internet or at accessible community locations. Key strategic partners to be the Pensions Agency and relevant voluntary organisations. The LinkAge Plus pilots are providing strong evidence of the benefits for older people of this approach. Personal advocates to be available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget.
Communities in Control: Real People Real Power	Those in need of support in our society can experience particular challenges in finding information about the services they are entitled to. As part of our pilots of innovative approaches to sharing information we will explore ways of strengthening information provision for vulnerable and socially excluded people through charters for independent living.
Hampshire Commission	A universal offer of help with information and advice regardless of where people live, how much money they have and whether they are assessed as being eligible for social care.
Our Health, Our Care, Our Say	We propose that services give all people with long-term health and social care needs and their carers an 'information prescription'. The information prescription will be given to people using services and their carers by health and social care professionals (for example GPs, social workers and district nurses) to signpost people to further information and advice to help them take care of their own condition.
Families in Britain: an evidence paper, Cabinet Office and DCSF December 2008	Families have to fulfil their responsibilities. But there are three main reasons why the government should have a strong, supportive family policy: first, while all families will make decisions that are entirely private to its members, there are areas in which the decisions or circumstances of a family will impact upon society more generally; second, families may not always have the information they need to do the best for themselves and their members; thirdly, the Government has a role to play in addressing inequalities as families have different levels of need and capability.

1.4   Definitions

It can be difficult to unpick information, advice and advocacy services, since for many users of social care, these three types of service provision overlap and are inter-related (Dunning, 2005). In order to access the right services and/or information, people may require support from each of these types of services. It is also the case that these services do not always follow a linear progression (such as the person moving from a position of requiring information to advice and then advocacy). Dunning conceives these links between the types of services as forming inter-related 'circles of support' (p14).

For the purposes of this report, we use the following definitions of information, advice and advocacy. As is documented in the literature, however, it can be problematic to try and trichotomise them into three distinct services. In reality they are often inter-dependent in the context of having some practical application in the lives of service users.

information:
'the open and accessible supply of material deemed to be of interest to a particular population. This can be either passively available or actively distributed.'

advice:
'offers guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements.'

advocacy:
'the provision of support and encouragement, or representation of individuals' views, needs or rights. It is fundamental that advocacy recognises the centrality of the service user.'

(Margiotta et al, 2003: 9)
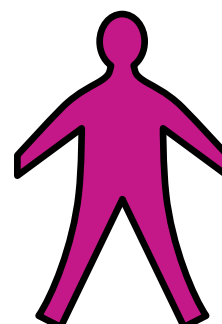
2 Literature review

2.1 Aims

The Literature Review was aimed at rapidly synthesising the research evidence on information, advice and advocacy (IAA) services with respect to adult social care. In particular, this was an exercise in assessing whether or not good practice had been established in relation to models of service provision in the IAA sector and whether there were any obvious gaps for further research in this area.

The full literature review is attached as Appendix 1.

2.2 Sources

The literature review generated evidence from a variety of sources. This included academic research, government reports and research carried out by coluntary and community sector (VCS) organisations.

Most studies included in the review tended to either group IAA services together or only concentrate on information provision. They did, however, tend to concentrate on particular groups of people (such as people with disabilities; older people) since this often reflected their organisational or departmental focus. For those people with multiple conditions, therefore, it is difficult to find evidence about what IAA approaches may work best or what their IAA needs are.

For ease of reporting, the findings discussed here are in relation to IAA provision more broadly, except for those cases where the literature allows us to drill deeper to either a particular service type or for a particular group of service users.

2.3 Issues and problems with current information, advice and advocacy services

Many sources documented problems that service users (or more widely members of the public) face when trying to access IAA services. These included:

2.4.1   lack of or mis-information.

2.4.2   fragmentation of information. Information is rarely held in one place, pertains to different groups of people, is about different departments or service types. There is little signposting between services

2.4.3   information sources can be overwhelming and non-personalised, with an over-use of jargon or non-accessible language

2.4.4   inadequate service provision for certain groups

2.4.5   lack of robust evidence-based research around 'what works' in relation to IAA

2.4.6   specific gaps in relation to evidence on IAA provision for:

    a. ethnic minority communities

    b. those with chaotic lifestyles

    c. people with fluctuating support needs

    d. visually impaired

    e. multiple impairments

    f. private purchasers of social care services (Baxter et al, 2006).

2.5 Recommendations

Recommendations from the research conducted in this area included:

2.5.1 Ensure the strategic significance of providing good quality information is understood by all stakeholders

It is vital that central and local government, as well as all non-statutory organisations which are involved in providing information in relation to adult social care, understand the strategic and higher-level grounds for doing so.

This strategic approach could also include appreciating a more functional analysis of the costs and benefits involved in minimising misleading or inaccurate information and instead providing good quality information services. There is little research around what are the costs and benefits to service users, to organisations themselves, and on a bigger scale to government and whole health and social care economies. This is an area for further research and requires clearer information around the outcomes and outputs involved in providing good quality information (Watt et al, 2007; ODI, 2005).

Learning from current pilots modelling new ways of working (for example LinkAge Plus, Partnerships for Older People's Projects, information prescriptions) is also an important mechanism of disseminating valuable information about what does (and does not) work in relation to improving access to IAA services. Evaluations of such projects must ensure that they are based on robust evidence and methods of appraisal.

2.5.2 Provide information and services related to points in people's lives when support is needed

People tend to require information and support to access services at particular points in their lives. However, information sources such as websites are rarely organised in a way which recognises this life-course approach.

2.5.3 Ensure information is available in range of formats and channels and is accessible by all groups

Given that people have a range of opinions on how they like to access information and support, and the spectrum of communication needs of different groups of people, it is critical that information is available in a range of formats which are accessible (HM Government, 2007a; Disability Equality Duty, 2006; HM Government, 2007b; Godfrey & Denby, 2006).

The Social Exclusion Unit (SEU, 2005, taken from ODI, 2005) estimates that one in 20 people requires some form of literacy support, one in seven requires translation support and one in 15 some form of communication support for sensory impairments. In addition, Coulter et al (2006) found that in relation to health information provision, the combination of verbal and written information can be more effective for service users than verbal information alone. This suggests the importance of imparting information in a variety of formats, even for the same group of people or for an individual.

2.5.4 Ensure that information needs for all groups are met, and where possible, ensure that support is tailored to individual needs and preferences

In order that information and IAA needs more broadly are met, agencies and local government need to have a sense of what service users want from such a service, requiring some form of consultation or research (HM Government, 2007; Disability Equality Duty, 2006).

Robson and Ali (2006) suggest that for some agencies delivering this support, there is often a lack of time to carry out this work and that busy services and high turnover of clients are in themselves proxy measure for unmet need. The need for comprehensive research so that services are tailored for the needs of local populations and groups is essential to bring about better IAA provision.

2.5.5 Improve co-ordination and signposting between information providers across professional/governmental boundaries, and remove unhelpful boundaries to information provision

There is no doubt that in the information age, a wealth of information exists, often in a wide variety of formats. However, in order for this to be useful for users and professionals alike, it needs to be harnessed so that it is accessible, relevant and timely. To this end, better signposting and working between providers and government departments would make transitions between services smoother for all stakeholders (Carers UK, 2006; HM Government, 2007a). The ODI (HM Government 2007a) suggests that in particular, better working needs to be occurring between the Department for Work and Pensions (DWP) and the Department of Health (DH) in relation to providing information about the needs of disabled people, especially since many disabled people are unaware which is the most relevant government department for their needs (Mori & DWP, 2005 taken from ODI, 2005). This could also reduce duplication of bureaucracy and personal information-giving to agencies, which can prove frustrating for many service users.

2.5.6 Involve service users in the design, implementation and evaluation of IAA services

A number of sources call for the proper and early involvement of users in designing effective IAA provision (HM Government, 2007a; ODI, 2005; HM Government, 2007b; Disability Equality Duty, 2006; Lewington & Clipson, 2004; Robson & Ali, 2006; Margiotta et al, 2003; Dunning, 2005) with this being one of the five principles of producing better information for disabled people. Timely involvement will mean that the process is meaningful to both parties, and not simply seen as tokenistic.

2.5.7 Define clear responsibility for service provision

A lack of responsibility in terms of who provides what information for both service users and providers in relation to social care services is a key area for clarification in order to ensure high quality IAA services. This is one of the five principles of providing information to disabled people as set out in the DED (2006) and by the ODI (HM Government, 2007b) – to define responsibility for information provision (HM Government, 2007a). This is also supported by Grewal et al (2004) (taken from ODI, 2005) and Carers UK (2006). This definition of responsibility, however, should not just be limited to the provision of information, but to IAA services more widely.

2.5.8 Support organisations to improve their IAA provision

Research has called for the adoption of some form of quality assurance/accreditation in relation to information provision to indicate how trustworthy it is, and how well the system as a whole is performing (HM Government, 2007a; Coulter et al, 2006, Dunning, 2005). This could work in the sense of guiding principles as those produced by the ODI (HM Government 2007b). As Dunning (2005) sets out in relation to older people, such standards would have the benefit of:

- providing a benchmark from which to measure performance and evaluation
- enhancing public confidence via clear accountability structures and procedures
- safeguarding the interests of potentially vulnerable client groups
- providing clarity for users and other stakeholders in terms of what to expect from IAA services.

2.5.9 Recognise the potential new roles of social workers

Recent research for Demos (Leadbetter et al, 2008, p.61) suggests that in a context of increasing self-directed support, social work roles will adapt accordingly and social workers could enjoy more creative, person-centred roles as:

- advisers: helping clients to self-assess their needs and plan for their future care
- navigators: helping clients find their way to the service they want
- brokers: helping clients assemble the right ingredients for their care package from a variety of sources
- service providers: deploying therapeutic and counselling skills directly with clients
- risk assessors and auditors: especially in complex cases and with vulnerable people deemed to be a risk to themselves or other people
- designers of social care systems as a whole: to help draw together formal, informal, voluntary and private sector providers.

2.5.10 Ensure that advocacy services are modelled on good practice principles

Principles in relation to high quality advocacy services are well documented across grey literature, but to a lesser extent in academic literature, although this is starting to change (Dunning, 2005). Nevertheless there are some common principles of good practice which organisations can apply to strengthen the service they are offering to users.

Action for Advocacy (2006) sets out 10 key themes which should underpin good practice in relation to advocacy. These are:

- clarity of purpose
- independence
- putting people first
- empowerment
- equal opportunity
- accessibility
- accountability
- supporting advocates
- confidentiality
- clear complaints policies.

While there is little research evidence relating to ethnic minority communities' experiences of advocacy services, Rai-Atkins et al (2002) argues that best practice in mental health services for these groups should include:

- Ensuring the availability of bilingual advocates and recruiting and training interpreters within ethnic minority advocacy services to provide them with a wider socio-political and institutional perspective. Strengthening links between interpreters, mainstream services and ethnic minority services will also facilitate inter-agency working and understanding.

- Address problems in recruiting ethnic minority advocates into services (specialist or mainstream) and ensuring they are well supported in their role.

- Race awareness training for mental health advocates working in mainstream settings.

- A specific role for the Patient Advocacy and Liaison Service (PALS) to ensure that BME patients are heard and listened to and that this is achieved through cultural sensitivity and awareness.

2.5.11 Finding out 'what works'

Finally, and of paramount importance, is that across all types of IAA provision there is a need for greater research around what works, and what does not work. Currently there is too much literature which is descriptive or non-evaluative in nature, which does not contribute to the evidence base around effectiveness. Dunning (2005) argues that is especially the case around advocacy services.

While there is little evidence around the most appropriate or effective configuration of advocacy services, OPAAL (2006) puts forward two sets of outcomes that advocates bring about for clients – material or tangible benefits (such as improved financial circumstances) and those which were related to feelings and emotions (such as those impacting on self-worth and confidence). It is clear that the second set will be more difficult to evaluate in relation to assessing the impact of any such service.

2.6   Conclusions

As this section has demonstrated, academic and grey literature on information, advice and advocacy tends to focus on deficits in services and recommendations for improvement. It is in this context that we set out in the fieldwork phase of our study to find out what is being done at a local level to strengthen IAA provision. As the following sections illustrate, we found that, in practice, a considerable amount of work is being done to address the issues identified in the literature.

2.7   Examples of information, advice and advocacy provision across the country

Included in the full literature review at Appendix 1 are some examples of work being carried out in England with respect to improving IAA provision. It should be stressed, however, that these are not necessarily being cited as 'best practice' since there is a limited evidence base on which to make such an assessment. They are examples of work being carried out which may foster shared practice and ideas across departments, authorities and providers.

3 Directors of Adults Social Services – survey

3.1 Methodology

The survey element of this project was intended to provide a snapshot of current activity in the provision of information, advice and advocacy services in relation to adult social care in local authorities (LAs) across the country.

The survey was designed by the research team with consultation and input from key stakeholders from a range of organisations. Once finalised, it was hosted on the website SurveyMonkey for ease of completion (and analysis) – the website allows respondents to complete the form online and automatically consolidates data for analysis.

An email was sent to all directors of social services in English local authorities inviting them to complete the survey via the ADASS (Association of Directors of Adult Social Care) office. In total, participants were given three weeks to complete the survey (with an email reminder sent out during this time to all those who had not yet completed).

A total of 82 responses were collected from different local authorities, representing a response rate of approximately 55 per cent. Responses were generally fairly evenly spread among different types of authorities and regions in the UK, although some regions were better represented than others.

3.2 Results

3.2.1 Importance to transformation

When asked to rate the relative importance of IAA (information, advice and advocacy) services in relation to transforming adult social Care, all participants felt that this was either an important or very important priority. This is shown in Figure 1 below. Information services were seen by a greater number of respondents as 'very important' compared to both advice and advocacy services.
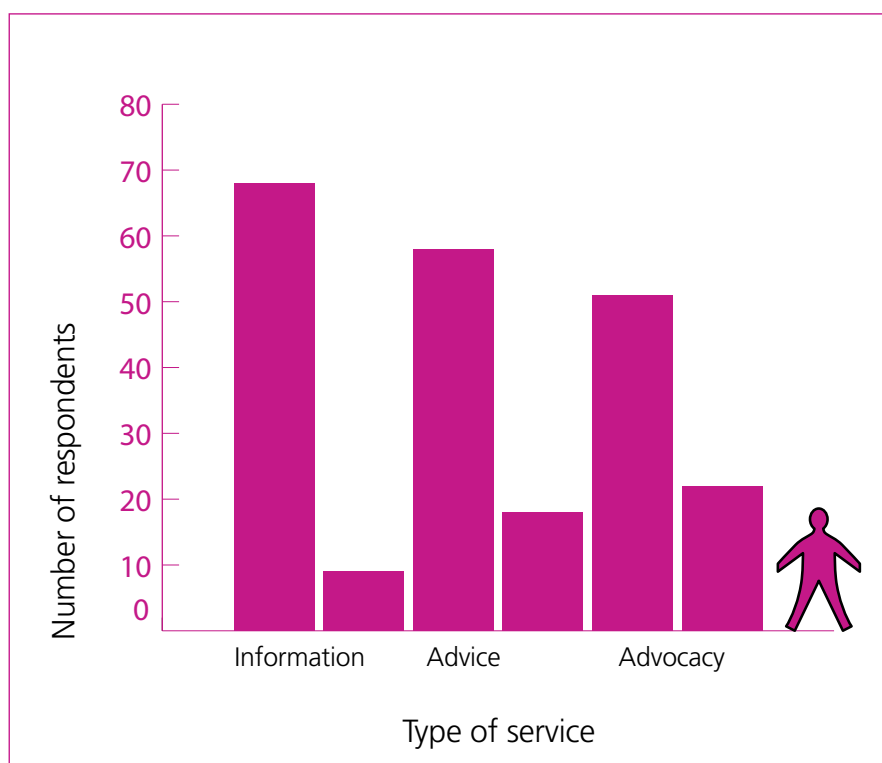
Figure 1:

The relative importance of information, advice and advocacy services in relation to transforming adult social care

■ Very important
■ Important

3.2.2 Confidence about knowledge of the needs of the local population

Figure 2 below illustrates how confident respondents felt about knowing the constituent IAA needs of their local populations. While just over half of those who answered were confident or very confident about knowing local information needs, respondents were less sure about advice and advocacy, with nearly three fifths saying that they were ambivalent or not confident about knowing these local needs. There was greatest uncertainty in relation to knowing advice needs of local populations – approximately 40 per cent of respondents were 'neither confident nor unconfident' about knowing these needs. The greatest proportion of respondents who were 'not confident' about these needs was in relation to advocacy services.

Figure 2:

Extent to which LAs have confidence in knowing their local IAA needs
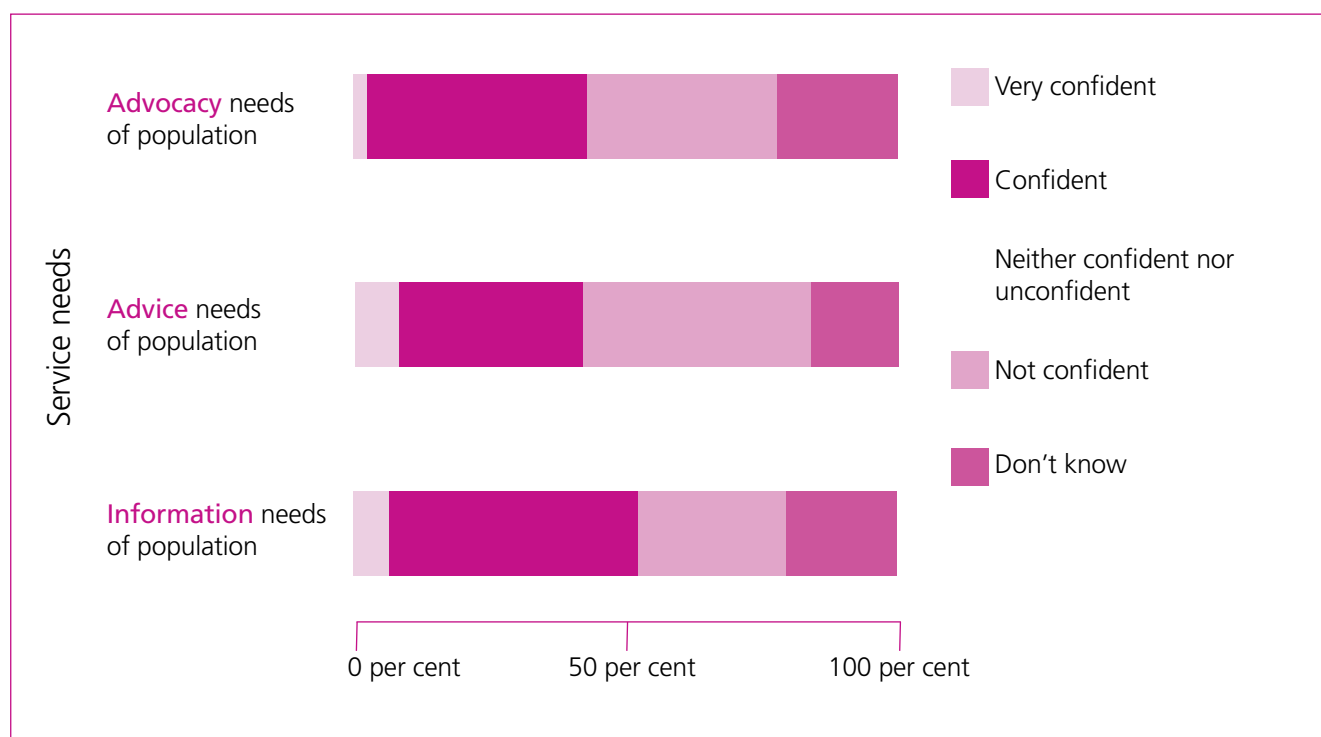
Participants were asked if they had carried out any of their own research to inform their understanding of local IAA needs. As shown in Figure 3 a greater number of LAs had undertaken some form of research for each type of service provision than had not. A considerable number of LAs, however, had not carried out any research in relation to needs for such services in their local area, suggesting perhaps that further work should be done on this issue for the future development of such services.

While the greatest number of LAs had carried out research in relation to information needs (over the other two forms of IAA), there was no significant difference between the different type of service need. The numbers for both authorities that had, and had not completed research were generally comparable.

Figure 3:

Whether or not LAs have carried out any research to inform IAA services
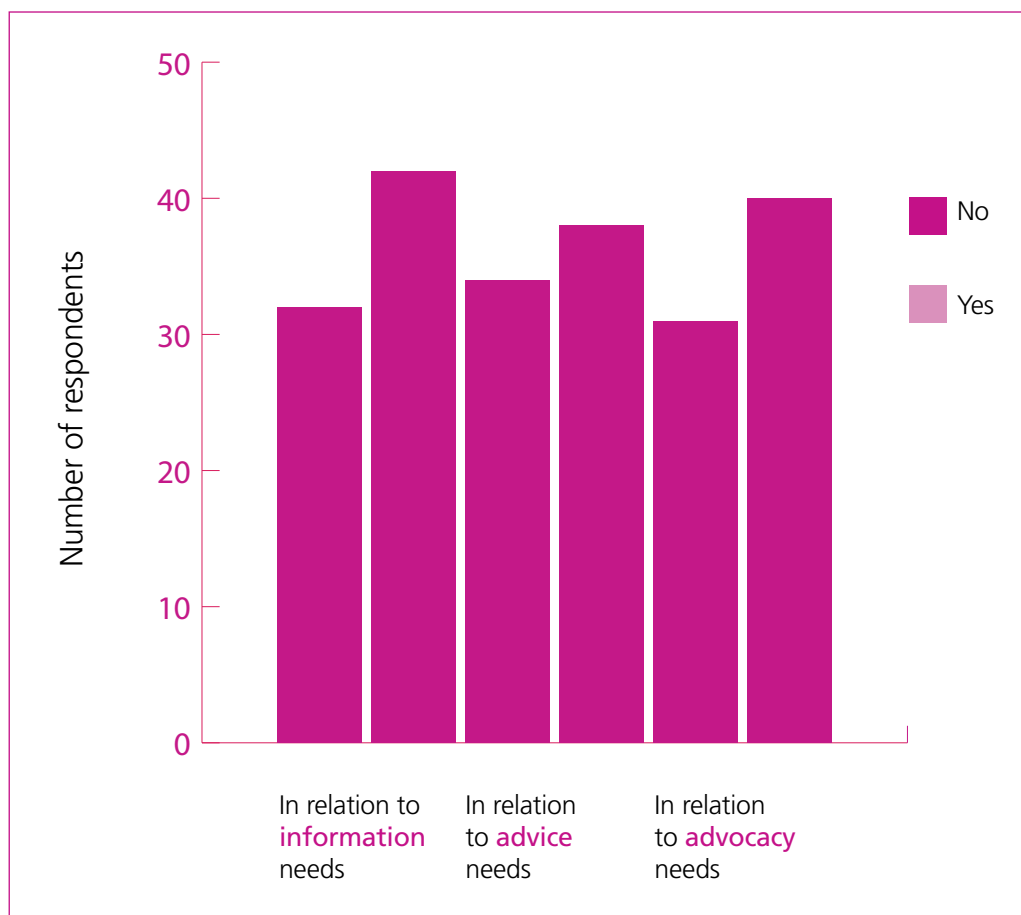
Those LAs that had carried out research in this area described a wealth of initiatives to gather local intelligence, ranging from traditional research methods such as surveys and focus groups to user involvement in the provision of services and analysis of activity data. Methods described included:

- undertaking a detailed review of all IAA services (nine cases)
- mapping voluntary and community sector advice provision (two)
- undertaking a detailed review of advocacy needs (seven)
- undertaking research into IAA provision for specific groups (six)
- consulting people already using services about IAA needs (six)
- mystery shopping (one)
- gathering feedback on IAA through regular engagement with service users and the general public, e.g. through customer surveys (17).

In 17 cases respondents reported that they had commissioned or developed new services or products as a result of the research they had undertaken. New services ranged from new or improved information sheets to the commissioning of an advocacy service. In most cases the research had been used to inform the development of an IAA strategy.

3.2.3   Documented strategies

Only two per cent of respondents had a single strategy for all IAA needs.

If LAs had any strategies they were differentiated on the type of service need they related to. Nearly half of those responding had strategies still in development.

Figure 4 shows those LAs that had any documented strategy in place in relation to information, advice or advocacy needs. The majority of respondents answered no to this question, although an information strategy was the most frequent type of strategy that LAs did have in place. A strategy to address the advice needs of the local population was the least popular type of strategy LAs had in place, with only 15 authorities reporting this.

Although most respondents did not have a strategy in place, open ended comments indicated that the vast majority were either working towards or about to embark upon the development of an IAA strategy.
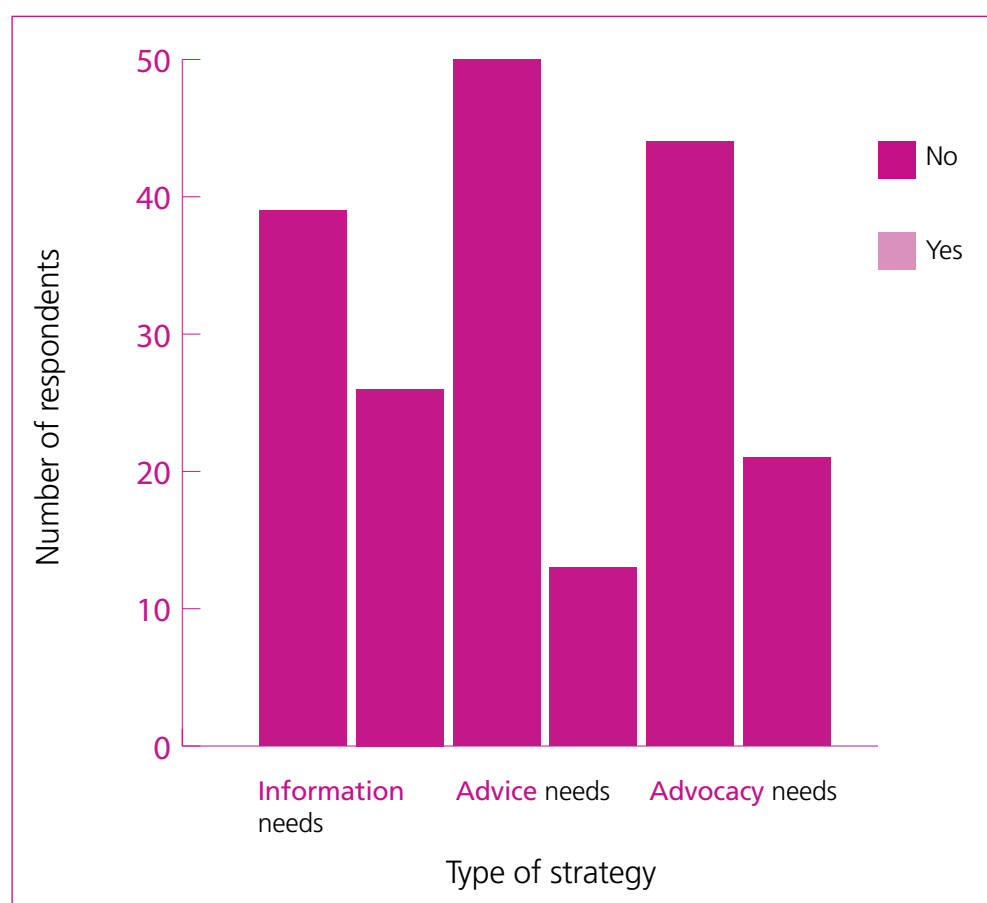
Figure 4:

Do you have in place a documented strategy to address any of the following?

Figure 5:

What are the key gaps/areas for development in your IAA strategy?

Response	Number of responses
No gaps	1
Other	10
Recruitment, training and retention of people to provide services	16
Engagement of the public in service provision	24
Identifying potential providers for additional IAA	25
Developing / collating an information base	34
Technological solutions	34
Partnerships, including sharing information and effective referrals	35
Needs of socially excluded people	35
Marketing / making accessible existing information	39
Developing and Improving standards and quality assurance of IAA provision	41

3.2.4   Gaps and areas for development

When asked what were the key gaps or areas to update in these strategies, the most frequent response was having adequate quality assurance mechanisms in place, followed by sufficient marketing and accessibility of information. The following gaps/updates were also seen as significant by LAs in relation to their IAA strategies: meeting the needs of socially excluded groups; forming effective partnerships and information sharing; technological solutions; and developing a robust information base. Some of these gaps or areas for further development also resonate with findings from the literature review around the needs of certain groups (for example ethnic minority communities or people living chaotic lifestyles) and introducing some measure or monitoring of what constitutes an effective service.

3.2.5   Delivery of information

Respondents were invited to indicate all of the forms of delivering information that they used. The most frequent forms of delivery were via assessment and care management teams and through corporate websites (shown in Figure 6). Delivering information though corporate call centres, through small discrete contracts for different services (eg one for learning disabilities, another for older people) and through user-led organisations were also frequent mechanisms for information dissemination. Utilising national-level organisations or committing to large independent sector contracts was much more infrequent in relation to information provision.

Figure 6:

Mechanisms through which information
is provided for local populations

Contract with national organisations	15
Through small number of large contracts with independent sector	18
Other	19
Centre for independent living	26
One stop shop	34
Social services-specific website or kiosk	37
Social services-specific contact centre	38
Through other user-led organisation/s	48
Through many small discrete contracts for separate services	48
Corporate call centre	53
Corporate website	66
Through assessment and care management teams	66

3.2.6   Delivery of Advice

Interestingly, these results were almost exactly mirrored
when local authorities answered in relation to their
advice provision services, with the same types of service
delivery appearing at the most-used and least-used ends
of the spectrum.

Figure 7:

Mechanisms through which advice is provided
for local populations

Contract with national organisations	14
Other	14
Through small number of large contracts with independent sector	21
Centre for independent living	23
One stop shop	32
Social services-specific website or kiosk	33
Social services-specific contact centre	39
Corporate call centre	45
Through other user-led organisation/s	45
Through many small discrete contracts for separate services	46
Corporate website	57
Through assessment and care management teams	62

3.2.7   Content of information and advice

Respondents were also asked about the content of the
information and advice that is given to people as shown
in Figure 8. For both information and advice services,
the most popular types of need covered were related to
social care and support. Benefit information/advice was
the next most frequent category. Employment, transport,
health and leisure were the least frequent types of
needs quoted as serviced by advice provision, while for
information provision, the least frequent categories of
need catered for were quality, employment, availability
and cost of services.
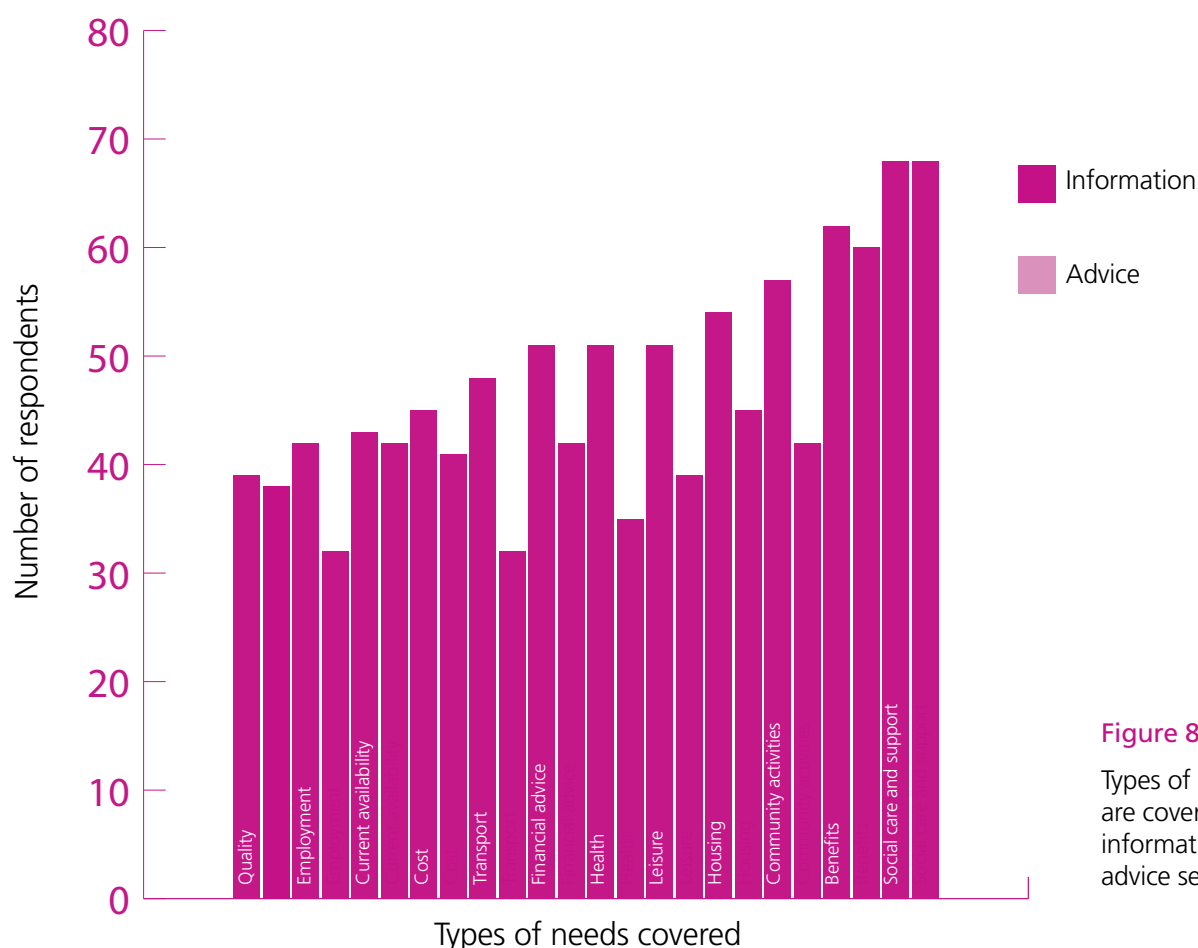
Figure 8:

Types of needs that are covered by information and advice services

Chart axis — Number of respondents (y-axis), Types of needs covered (x-axis)

Legend: Information, Advice

Bar categories: Quality, Employment, Current availability, Cost, Transport, Financial advice, Health, Leisure, Housing, Community activities, Benefits, Social care and support
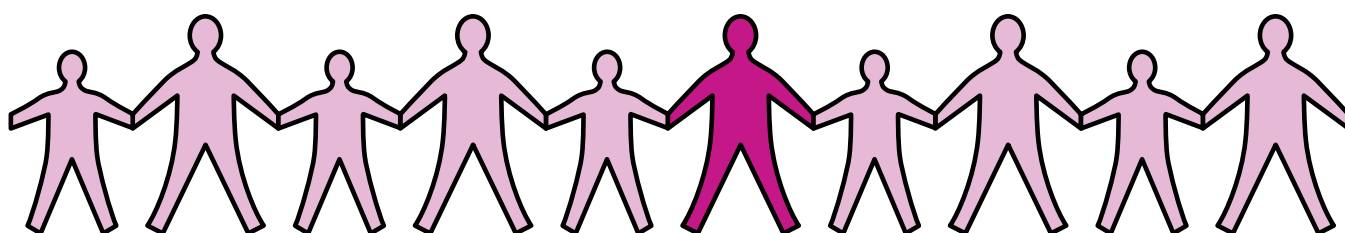
3.2.8   Delivery mechanisms

Stakeholders were asked how information and personalised advice and services in relation to social care were delivered to the local population. The most frequently cited mechanisms of delivery were leaflets and other written information, with local voluntary organisations featuring slightly higher than local authority provision.

Again this resonates with some findings in the literature review that people tend to have greater trust and likelihood in accessing voluntary sector organisations for IAA than statutory and governmental agencies. National organisations ranked lower in terms of well-used mechanisms of service delivery according to respondents. Open ended responses revealed that, apart from the local authority, local branches of Age Concern and Citizens Advice Bureaux were seen as the main sources of information and advice.

Figure 9:

How do you think local people get explanation, advice and personalised information about social care services (whether or not they are eligible for financial support from the local authority)?

Other	8
Other national organisations	31
Professional advisers	38
National voluntary organisations	45
Family or friends	54
Social workers	57
Website	60
Care managers	63
Local authority information services	63
Local voluntary organisations	66
Leaflets and written information	66

3.2.9   Advocacy services

In relation to the delivery of advocacy services, respondents cited separate advocacy contracts for different services as the most frequent mechanism of service delivery. Advocacy delivered by user-led organisations was also popular, while centres for independent living and using a small number of large independent sector contracts were both relatively under-utilised in terms of funding.

Figure 10:

Which advocacy service does your LA provide and/or fund?

Number of respondents / Type of advocacy service

- Other: 10
- Advocacy through a small number of large contracts with independent sector: 19
- Centre for independent living: 20
- Advocacy from other user-led organisation/s: 48
- Advocacy through many small discrete contracts for separate services: 51
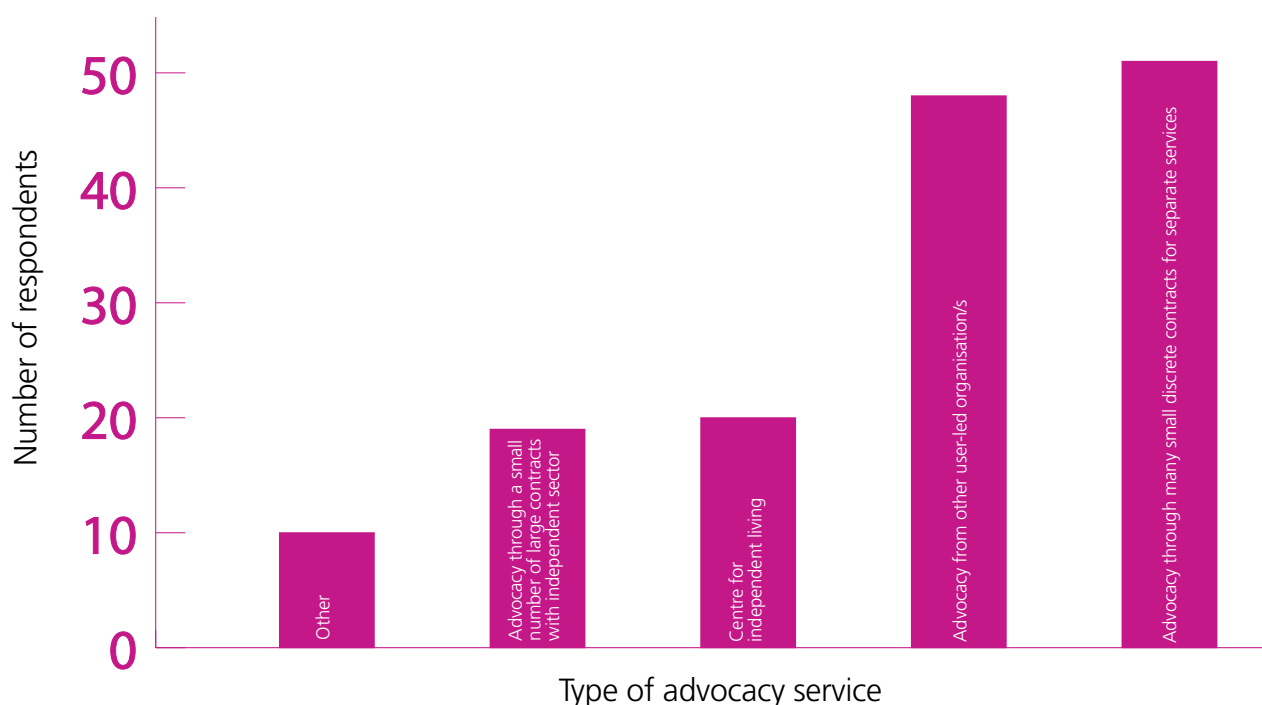
The overwhelming majority of local authorities who responded about the eligibility criteria of their advocacy schemes (46) indicated that services were a combination with some universal elements and others which were dependent on meeting certain criteria. Eleven respondents stated that they only provided a targeted service with eligibility criteria and seven said that they only provide a universal service.

The vast majority of LAs that responded to the question (62) have a range of separate advocacy services (for example for older people, people with learning disabilities and so on). Only three state that they have a single service for all types of people with social care and support needs.

3.2.10   User-led provision

In relation to user-led provision, nearly three quarters of LAs who responded stated that they had some form of IAA provision which was delivered by user-led groups. The remainder did not. However, it is impossible to tell from this the extent to which user-led provision pervaded all spheres of IAA service delivery, or whether it was a relatively uncommon type of service within the IAA spectrum.

3.2.11   Links to other support services

Forty-six LAs that responded to this particular question stated that their IAA systems currently link in with other support services (such as support brokerage or managing direct payments). For a significant minority (20 respondents) this is not taking place.

3.2.12   Quality assurance

In relation to monitoring the quality and effectiveness for IAA provision, over a third of respondents stated that they had no formal mechanism to monitor this (23 out of 66), resonating with earlier findings from the survey suggesting that this was an area of further work for many authorities and something that is also mentioned in the literature.

3.2.13   State of readiness of services

Finally, respondents were asked how prepared they felt their information, advice and advocacy services were in relation to enabling people to find and access personalised social care and support. While a large proportion of LAs felt they were quite well prepared, the largest proportion of respondents said they felt neither prepared nor unprepared, and a significant monitory either felt quite unprepared or very unprepared, suggesting that current IAA provision is not yet delivering the level of service that people expect it to in the future.
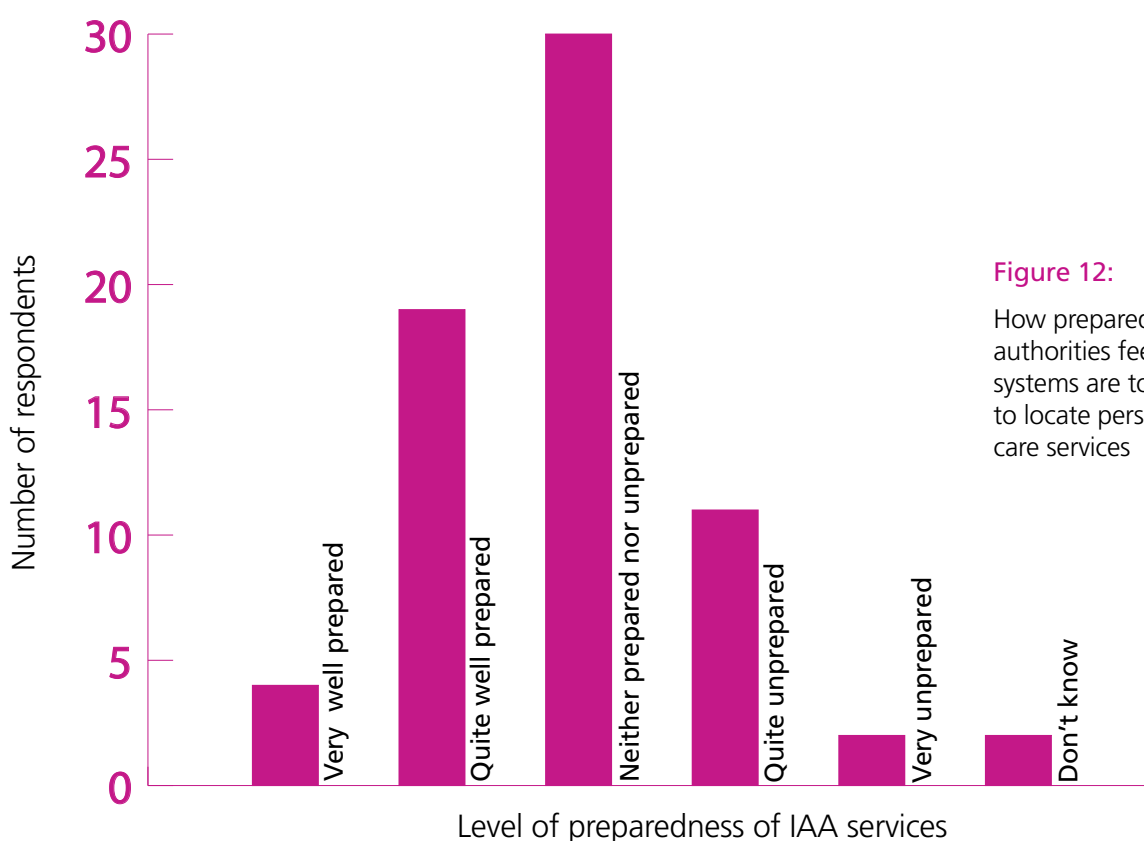

Figure 12:

How prepared local authorities feel their IAA systems are to support people to locate personalised social care services

4 Website review

4.1 Methodology

The research team reviewed the websites of 50 councils with social services responsibilities, selected to ensure a spread of regions, authority types and sizes. In addition, the websites of a selection of 10 national organisations were reviewed, to identify aspects of good practice and to understand the relationship between national and local information sources.

The 50 council websites were appraised to identify:

- whether information was available for the following specific groups:
  - older people
  - learning disabilities
  - mental health
  - physical disabilities
  - drugs and alcohol
  - HIV/AIDS
  - carers
- how many clicks it took to get from the home page to the relevant information targeted at each group – a proxy measure for the accessibility of the information
- whether the information on the website included:
  - how assessment works
  - entitlement to services
  - costs
  - funding
  - choice of services available
  - quality of services
  - signposting to other sources of information or advice (internal and external)
  - information about advocacy services

The team also considered whether the sites were well presented and how easy it was to navigate around the site to find information. To some extent these judgements are subjective, but where websites conform to generally accepted standards of best practice, we report this.

4.2 Findings: local authority websites

There were vast differences between different sites and the findings have been split into two main areas:

- content – what sort of information was available
- navigation and usability – how easy the website was to navigate around and how easy it was to find the information provided.

In some cases it was difficult to assess sites under the above criteria, as information was held under more general headings and the rapid assessment did not allow time to undertake more complex searches and to navigate around all areas of the site where information might have been available.

4.2.1 Content: information for specific groups

Most sites had pages dedicated to specific groups of people: older people, learning disabilities, mental health, physical disabilities, drugs and alcohol, HIV/AIDS and carers. However, some instead grouped information into specific types of service, for example: day care services, residential care, assistive technology. Some sites simply list the services that exist as bullet points; others provide detailed information on the services available, costs, opening times, contact details and eligibility.

The following table sets out those websites that had specific pages for particular groups of people as follows. The right hand columns indicate the number of clicks it took in order to reach those pages.
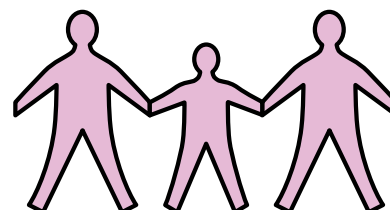
Group	Sites with specific pages	Number of clicks	Average clicks
Older people	39	1-5	2
People with learning disabilities	41	1-5	3
Mental health	43	1-4	2-3
People with physical disabilities	43	1-5	2-3
Drugs and alcohol	40	Most only found via search	2-3
HIV/AIDS	40	Most only found via search	2-3
Carers	47	1-4	1-4

The differences in layout and prominence between the different groups of people and the accessibility of those specific pages are interesting to note. The reasons are not clear.

As already mentioned, most of these pages were located at a secondary level (at least two clicks from the home page) within the site.

The following table sets out the type of information that was available on those specific pages for groups of people:

Group	How it works	Entitlement	Costs	Funding	Choice of services	Quality	Signposting to further information internally	Signposting to further information externally	Information about advocacy
Older people	24	18	17	21	41	2	34	25	7
People with learning disabilities	26	12	6	9	36	4	35	22	14
Mental health	21	12	5	3	28	1	31	29	5
People with physical disabilities	21	17	15	12	30	0	32	27	7
Drugs and alcohol	8	8	6	0	16	0	27	24	0
HIV/AIDS	13	12	3	2	19	1	21	24	2
Carers	40	18	4	27	41	1	36	40	15

There was a significant gap in any setting out of information as to whether specific services were available, which undermines choice. Equally, there were few instances of information about the quality of services.

The differences in information provided for different people were interesting; the rationale for this is not clear.

A more detailed appraisal of the pages provided for specific groups of people is set out in Appendix 4, which also highlights sites that demonstrate good practice.

4.2.2 Content: information about specific services and functions

Assessment
Most sites refer to the assessment process and who teams work with. The better sites give information about what is likely to happen after the assessment.

Entitlement to services
In most cases this is covered by 'we need to do an assessment' or 'it depends on your financial situation'. Merton Council provides a document 'Explaining the eligibility criteria for receiving help or care from community services'. Most sites did not obviously talk about this. Those that did gave generic information about the eligibility criteria – critical, substantial, moderate or low.

The Kent County Council self assessment stood out as the best site.

A good way of managing expectations around information about eligibility may be to couch the explanations in terms of: 'who do we help?', 'how do we help?', 'what services do we provide?' and 'what to do next'.

Choice of services
Many just provide a bullet point list of services; others give pages and documents related to each service.

Quality of services
Few sites had any information on quality of services. Some talked about how they work together in cross-functional groups and their strategy, but had nothing to quantify how good the service is. A section on 'quality' provides an opportunity to refer visitors to CSCI reports, satisfaction survey results, and information about the quality assurance process to which providers might be subjected. A small number of sites gave links to the CSCI website.

Support with funding
Often the sites contained general information which was not necessarily specific to a particular group. However, it does make sense to store this in one place and to direct people here – but make it clear when they are being directed from one part of the site to another.

Many talk about direct payments, but not many give any indication of the amount of money one might be entitled to (although it is difficult to do this without information about an individual's circumstances). Only a few sites gave more detailed information on grants and how to apply for them.

Costs of services
Very few sites contained detailed information about costs of services. Exceptions were Sefton, which has a wealth of useful information about how much services are likely to cost, and Waltham Forest, which gives prices and also talks about the financial assessment and benefits check.

Signposting to internal information
Many websites provide a range of contact numbers, – which is helpful for people who prefer to speak in person to someone who can advise them – but it is important to make it clear who deals with what to avoid people being directed to the wrong point.

Most provide internal contact details. One or two pointed people to a form or only provided an email address.

Signposting to external information
The most helpful websites provided some detail alongside links to external information sources, including, for example, what services the organisation provides, a telephone number, web address, email address and opening hours.

Advocacy
Many sites use the word 'advocacy' freely without explaining what advocacy is, and this may not be a term that everyone is familiar with.

Blackpool has a specific advocacy website - www.blackpooladvocacy.co.uk. This includes information about advocacy, projects, case studies, awareness and training and contact details.

Croydon has an advocacy page, but this does not link from group of people pages, so might be difficult to find. Others explain what advocacy is, but do not explain how an individual can get an advocate.

Often information about advocacy is provided alongside 'carer' information, although not always alongside information for other specific groups of people.

4.2.3   Navigation and usability

Given the amount of information and the number of messages a council needs to manage and get across, the structure of the website and management of information is vital.

Problems in managing information are exacerbated when an organisation is managing information at the secondary or tertiary level within the site.

A visitor to the website wants to be able to find the information they are looking for easily and to know when they have found everything that is available on the site. The visitor does not want to be directed away from the section they are in or sent to another site without knowing that this is happening.

A good practice guide to social care websites from this research is included in Appendix 3.

4.3   Findings: websites of national organisations

An overview of the information that is available on selected national websites is set out in Appendix 4. Our review of both local authority and national websites reveals that this information is sometimes duplicated and sometimes missing. Local authority websites sometimes signpost the user to a national site, but there seems to be little consistency across the 50 local authorities and 10 national sites in our sample as to how or whether this is done. On the whole, the national sites are definitive sources of information, although some of the websites themselves are better examples of good information provision than others.

The most definitive core of information appears to be that of DirectGov and its links to local authority websites, albeit that the links are buried in the hierarchy of information.

The websites of the national organisations reviewed as part of this project on the whole contain definitive information for particular groups. It might be helpful for both national and local authority information providers to ensure greater linkage with and reference to each other's information. In particular, the DirectGov site, with its links to local authority websites, ought to be better marketed to provide a core national and local information service, complemented by links to key independent sector websites.

4.4   Conclusions from review of national and local organisation websites

There is considerable variation between websites in terms of content, accessibility and quality.

Based on this review, the table below sets out good and poor practice in this area.

Direct internet access to information and services is considerably less well developed in adult social care than in some other service sectors. Explanation, advice, advocacy, support planning and brokerage are critical. For many people, questions about whether they meet eligibility criteria for state funded services and what the level of any financial support might be are also important. There are key gaps relating to information that provides the key basis of decision making: availability, cost and quality; and to the ability to undertake assessment and access services online.

Good practice included:	Examples of poor practice included:
Information held at a high level	Information buried
Clear page design	Cluttered pages
Well structured site	Unclear navigation
Helpful external links	Links directing from site
Information aimed at the public	Information written for professionals
Frequently asked questions	Too much jargon
Practical information	Too many PDFs
Comprehensive information	Out of date information
Information to aid choice	Information lacking content
	No mention of choice, quality or cost

5

Findings from more in depth work facilitated through selected local authorities

5.1 Introduction

A sample of local authorities facilitated a range of more in-depth work. These were: Tower Hamlets, Kent, Gloucestershire, Barnsley, Lancashire, Leeds and Manchester. These were selected through a combination of awareness of their having worked on key projects such as Linkage Plus, Care Direct or Centres for Independent Living and their ability to organise activity at relatively short notice. Work with them included discussions with the director of adults social services, visits and focus groups with a combination of stakeholders including people using services, third sector organisations, and PCT and district council staff.

5.2 Current thinking and practice

This work indicated that practice and thinking is developing rapidly and is generally outpacing the state of thinking set out in the literature review, which is of necessity retrospective. Most people in local authority areas indicated that their initial energies in relation to transforming services had focussed on developing the mechanisms and culture of individual budgets but that they were now proactively engaged on a broader front, including strategy and practice in relation to information, advice and advocacy and related work in community capacity building and engaging with current (and building new) markets.

Current provision of information, advice and advocacy has developed from a multiplicity of separate initiatives, largely as an adjunct to those initiatives rather than as a coherent service strategy in its own right.

All local authority areas have an array of services but to a large extent these are not strategically ordered or coherent. A number local authority areas are in the process of developing such a strategy and defining the needs and outcomes to address gaps and overlaps, and are making investment and divestment decisions. These include decisions about separation from the resource allocation, decision making and the role of facilitating assessment, information, advice, advocacy, brokerage and the ongoing management of services. This includes some strategic consideration of the role of local government and the independent sector in delivery. More typically, however, local authorities are looking to replicate the current pattern of provision and gradually add more small discrete contracts to fill gaps.

There is a need to take a strategic approach to all of the interpersonal services of transformation, including information, advice, advocacy, support planning and brokerage, in order not to potentially divest by default those interpersonal services, including social work functions, from local government. This has the potential to increase the number of people it is necessary for older and disabled people to relate to and thus de-personalise their experience.
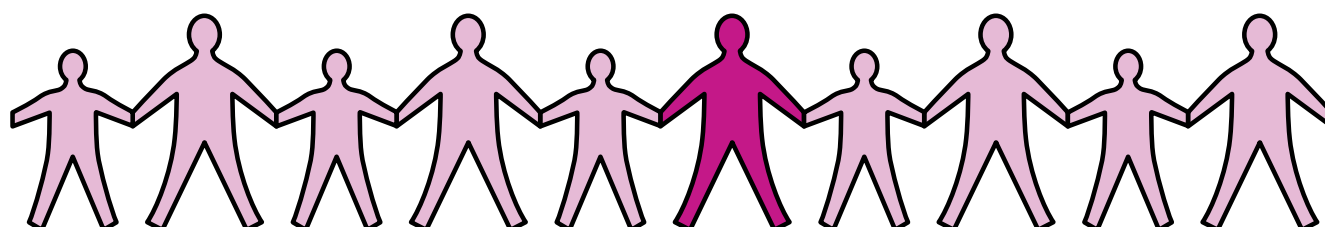
Authority wide			
Corporate website			
Call centre (corporate or social care)			
Some specialist LA-wide services such as IMCA, CIL, Age Concern Advice Services			
District/locality 1	**District/locality 2**	**District/locality 3**	**District/locality 4**
Voluntary organisations A and B	Voluntary organisations B, C and D	Voluntary organisation A	Voluntary organisations B and E
Assessment and care management teams	Assessment and care management teams	Assessment and care management teams	Assessment and care management teams
	CIL	OP centre	LD resource centre
One stop shop	Health centre Information shop	PCT advice centre	One stop shop
Libraries	Libraries	Libraries	

Neighbourhood/ village	Neighbourhood/ village	Neighbourhood/ village	Neighbourhood/ village	Neighbourhood/ village	Neighbourhood/ village	Neighbourhood/ village
Local advisers		Outreach		Local advice centre	Local advice centre	

5.3 Key issues

Key issues which emerged during the engagement in local areas and which informed this report were:

Information, advice and advocacy are critical building blocks for good outcomes:

- Information is necessary to enable control and to inform choice. Personalised information, explanation, advice and often advocacy are essential if resultant support and services are to be personalised. Information needs to support the key decision factors of availability, affordability, suitability and quality and safety.
- There is a key overlap of roles and experiences in the field of information, advice and advocacy. Most people in professional roles also have personal experience of using or trying to use the services. Some of the people we met who were using services are also engaged in providing information, advice or advocacy.
- People are thinking about how to meet the range of needs of the public, both in terms of those who are articulate and energetic and who want maximum involvement in the management of their services AND those who are isolated, without capacity or exhausted.
- There is far more information generally available than people are aware of, and awareness raising and managing knowledge is therefore key across the whole range of stakeholders including the public, frontline statutory and voluntary organisation staff, communities and other key services such as housing, primary care and libraries.

Information, advice and advocacy as part of a spectrum of interpersonal support:

- The development of information, advice and advocacy is inextricable from the development of other interpersonal dimensions of support including support planning, support brokerage, the ongoing management of services and safeguarding.
- There is some concern about the divestment of social work and care management posts as a result of having developed streamlined assessment and a resource allocation system without having made provision for adequate support to facilitate assessment, information, advice, advocacy, support planning and brokerage services and, as part of all of that, safeguarding. Who provides these key functions needs to be planned strategically so as not to unintentionally strip local government of key interpersonal support for people through contract by contract exercises for these functions.

- Issues arose about funding and charging and by and to whom. There an indication of some willingness to pay, at least in some quarters, for comprehensive, personalised advice, brokerage and ongoing management (described by one group as a 'personal social worker').

Scoping a framework for the further development of services:

- Thinking is developing about how to manage the information base, including models (merging databases and links, citizen based postings of information, provider/supplier owned postings and Trip Advisor models) and key issues such as availability.
- Thinking is developing about making the range of delivery mechanisms more coherent including websites, call centres, assessment and care management teams, libraries, local advice centres, centres for independent living, one stop shops, community development and outreach workers.
- There are key issues in relation to signposting. People often experience signposting as being passed from pillar to post and getting lost through lack of follow up.
- Those involved felt that most information, advice and advocacy should be commissioned, managed and delivered locally rather than nationally, drawing from national sources where a) information was applicable nationally (eg benefits) or b) in specialist areas (eg motor neurone disease). People cited some use of DirectGov (though there was not a wide awareness of its social care dimensions and links to local authority websites) but none said they used NHS Choices except for searching for health services such as dentists or opticians.
- There is an awareness that there ought to be a possible regional or sub-regional dimension to information, advice and advocacy, but no examples were given of initiatives of this nature as it was felt to be too complicated. There is also a suggestion that some local functions might be drawn on across the country, for example services for specific ethnic minority communities concentrated in one local authority area but needed elsewhere.
- There have been developments in 'market engaged' solutions such as Care Bay, Plan My Care and others. There is a key need for real time availability information, without which people are experiencing frustration about apparent choices that cannot be realised due to a lack of availability.
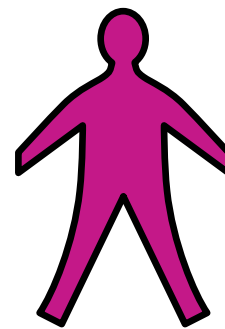
5.4 Good practice highlighted during more in-depth work in local authority areas

The following sets out some examples of good practice identified during the more in-depth work in the selected local authority areas.

Authority	Good practice examples
Tower Hamlets	**People using services providing information, advice and advocacy** A focus group in Tower Hamlets involved people with disabilities and their supporters who were providing a range of information, advice and advocacy, including writing specific leaflets, providing information about and support into employment, information and support in relation to benefits and peer information and support for people with learning disabilities. **LinkAge Plus** The outreach has been evaluated as successful (10 workers cover the borough) and a group of local third sector organisations deliver it. Those providing it perceive the benefits as being that it is strongly locally based, they are autonomous in how they deliver and can be flexible. They feel that small local advice services that are culturally sensitive are essential. Written information has a limit to what it can do (for example they now no longer translate into Somali as it is not locally a written language). Interpreters have been known to misinterpret and to add in direction. Services need age, gender and cultural diversity in order to 'get it to people directly'. The workers function to reach in to and know the communities. They function to link people to resources and do some capacity building. They will put people in touch, book appointments and sometimes escort. They target people who are isolated because of not being able to get out of their front door or because of language or culture. They work through established advice outlets (30) and centres and have access to pro bono legal advice from a law firm. A key success has been a day centre for the Bangladeshi community which has now become mixed through adding in DWP pensions and legal advice services.
Gloucestershire	Information and advice is linked to community development/ building social capital and reaching isolated people. Screening for additional need and fast-tracking for callers to the contact centre (corporate) which originated in care direct as the adults' and children's helpdesk (customer services is in the same directorate as adult social care). This is linked to the 30 village agents: a scheme developed through LinkAge Plus. These are complemented by community agents who deliver services in key community languages. The agents work through community networks and do basic home safety and benefits checks as well as link to social activities, support and care. Agents actively signpost by referring people into the services they need. They are building significant very local knowledge and information at the level of 'the butcher delivers on Thursdays in x village'.

Authority	Good practice examples
Kent	Engagement of older and disabled people in the development of information, advice and advocacy in relation to a strategy for information, advice and guidance
	A council website that includes:
	• The facility for self assessment (which in practice is reported as being mainly completed with support)
	• Access to the care services directory which is formed of entries from providers and includes price, required links to CSCI reports and links to maps and can be searched by location. It is hoped to add availability to this. This started as a residential care database and domiciliary care is being added.
Leeds	Neighbourhood networks have been developed and are well established throughout the city. They are voluntary sector organisations, locally 'owned', governed and managed, and deliver a range of services, support and activities including information, advice and advocacy and other initiatives that support independence and wellbeing. The focus is primarily around the prevention agenda. Additionally, the network visited supports people with self assessment processes for social care as well as supporting statutory services with delivery of specific initiatives.
	Although significant funding is through service agreements with the council and PCT, the network visited also maintains an independence from statutory services through fundraising – for example through partnerships with local business.
	Through this model information and advice is one component of a range of activities that support communities and people living in them – a product of making and sustaining relationships key to development of trust and mutual support.
	Although the primary focus is on older people, there is an emphasis on intergenerational work. For example, at the site visited there was a partnership with a school and an exercise programme.
Barnsley	The Barnsley Participation Process (BPP) is a well established process for the development and delivery of community partnerships. It comprises the following elements:-
	• Barnsley Arena – an independent user – and carer – led organisation.
	• non-statutory provider participation facilitated by Voluntary Action Barnsley (VAB)
	• governance through a steering group comprising the council, the PCT, Barnsley Arena and VAB.
	The Barnsley Arena, as an expert by experience group, is a focus for information and support for local people and for consultation and engagement with statutory services. The model has given longstanding commitment to user – and carer – led challenge and contributions to the strategic development of support and services. It positions the partnership well for the delivery of social care transformation.
	Both Barnsley Arena and VAB are 'host' organisations for the Barnsley LiNK.

Authority	Good practice examples
Manchester	An adult social care web based information site – MyManchesterServices – (www.manchester.gov.uk/mymanchesterservices) was launched in June 2008 and was developed following learning that had been gained from the Manchester Gateway (POPPs) project. The site provides information about services and community groups across the city and enables identification of support and service at the local level through a postcode or ward search. Details are also available about where to seek advice, for example in relation to support planning, and so enables an overview of the services, support and information that people are accessing to inform local needs future planning. Manchester Advice (www.advicekit.info), in partnership with the Manchester Digital Development Agency, have developed a means of delivering online advice services for people in Manchester either as a self-help tool, email service and/or enabling private advice sessions.
Lancashire	Help Direct is a new service open to all adults in Lancashire to help secure the 'bit of extra support they need to stay independent'. Help Direct has been developed from learning from LINKAge Plus and POPPS initiatives to provide a network of support through a lead third sector agency in each district. A 'bakers dozen' of practical help themes has been developed enabling access to information, advice and to a very wide range of practical supports aimed at supporting people to remain healthy and active, to keep home and garden in good order, to be in touch with friends and family and to be involved with their local community. As well as delivering practical supports, lead organisations will be developing greater collaboration between organisations delivering wellbeing services in the area. It is intended that the model is further developed and trialled over a three-year period with a view to evaluating initiatives that have achieved most success. Infrastructures include: • First Contact: developing awareness among key groups of staff (libraries, fire service, community support officers) to identify and refer on low-level needs • Dedicated and common IT systems providing comprehensive local information and links to other web based systems and developing potential for self assessment processes Wider developments planned include third sector capacity building and the development of safe trader schemes.

5.5 Detailed summaries of work in local authority areas

Tables setting out a detailed summary of who we had discussions with, what we saw, documents we were given and developing thinking and dialogue is set out in Appendix 5.

6

Findings from more in-depth discussions with selected national organisations

6.1   Introduction

During the course of the project, concerns were raised by some steering group members about what should be provided nationally and what locally. Therefore, discussions and correspondence was undertaken with a small number of representatives from national organisations. These included individuals from the Princess Royal Trust for Carers, Age Concern, Counsel and Care, the Foundation for People with Learning Disabilities, the Departments of Health and Communities and Local Government, ADASS, IDeA and LGA.

6.2   National and local provision

There were mixed views about the national and local dimensions, particularly in the provision of advice services. There was agreement that national sources of information were key where a) information was applicable nationally (eg benefits or the entitlement to assessment) or b) in specialist areas. There was, in addition, a view that there is importance to having a fall back advice service for where people had 'got stuck' in local services.

A proportion of advice provided nationally responds to referral from local services and signposts people to local services. There is an additional view from one government department representative and one voluntary organisation that there should be investment in additional national helplines. This is seen as providing extended hours cover and greater consistency of quality. There is unanimity that face-to-face advice, outreach and personal information and advice about local services must be done locally.

There are currently key issues being raised about the wisdom of developing IT information systems that link individual assessments to market solutions multiple times across the country, and work is needed to develop frameworks and support quality options.

Detailed information on developments in, and the views of, the selected national organisations are set out in Appendix 6.

7 Modelling:
Developing the first stages of a taxonomy for information, advice and advocacy

The following ways of framing the development of strategy for information, advice and advocacy were developed during discussions and cross tested during the dialogue that emerged through the project. This involved older and disabled people and their families and carers who were thinking about or using services, local voluntary and community organisations, frontline and senior staff in local authorities and the NHS and national statutory and voluntary organisations. They suggest a basis for the future development of strategy and delivery.

7.1 The range of needs

Information, advice and advocacy need to meet the full spectrum of:

- the most articulate and energetic people who want to take maximum control of their lives
- people who are completely exhausted or without capacity.

7.2 Dimensions of personalisation

7.2.1 Context

Information, advice and advocacy are a key dimension of personalisation and sit with a range of other developing functions. These can be represented diagrammatically as follows:

Transformation dimensions

Community

advocacy and brokerage

apacity
new
social capital

sessm
options

RAS, FACS2
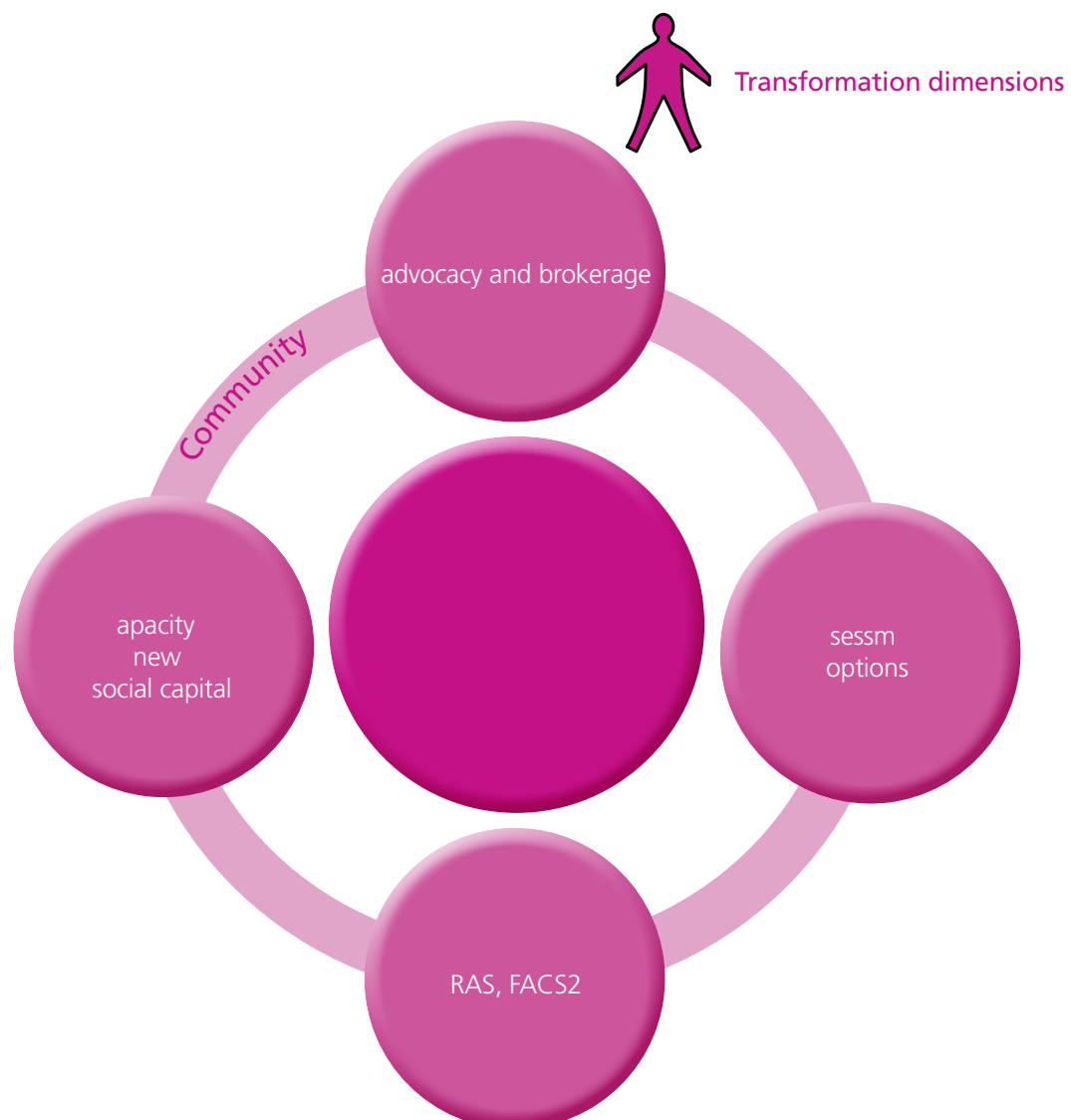
7.2.2 Administrative and interpersonal dimensions of information, advice and advocacy

Developments in personalisation and the transformation of adult social care fall into two main groupings: firstly the administrative arrangements or architecture for delivery, such as personal budgets, resource allocation systems and fair access to care; and within which would sit information banks and the interpersonal support systems to enable people to personalise and take control over their support and services. Within the latter sit services such as getting to know someone and their needs and preferences, searching for and sorting information about suitable services for individuals' needs, explanation and advice, advocacy, support planning and brokerage.

- information banks
- RAS
- FACS 2
- personal budgets

- getting to know someone
- searching and sorting
- explanation and advice
- advocacy
- support planning and brokerage

7.2.3 Interpersonal dimensions

Information, advice and advocacy might be described as part of a spectrum of services within the interpersonal dimension, and indeed a number of authorities are considering delivery within the framework of information, advice, advocacy and brokerage. Underlying considerations about strategy and delivery is concern about safeguarding.

| | | | | Support planning | Support brokerage | Ongoing management of services |

Facilitating self assessment

Safeguarding

7.3 Dimensions of managing information and advice

There are three dimensions emerging that help to frame the delivery of information advice and advocacy. These are:

Managing / organising the information

Managing awareness and knowledge

Delivery mechanisms
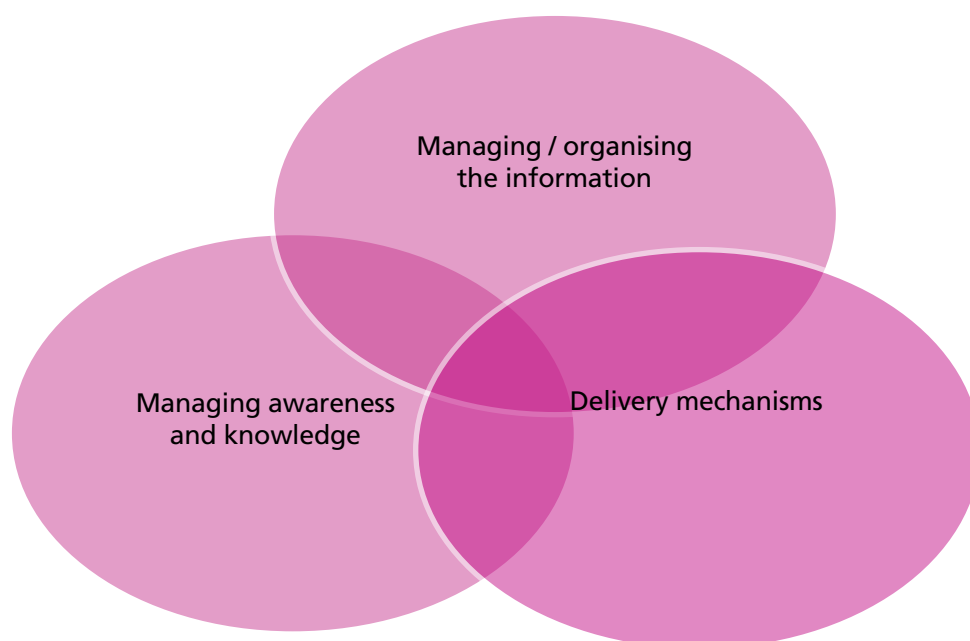
7.3.1 Managing and organising information

Information is necessary to support a range of stakeholders. These include:

- Disabled and older people
- Their families and carers
- Staff providing information, advice and advocacy services at a national and local level
- Staff providing services and support for people who have additional needs (for example, a GP providing medical care for an older person who never goes out of the house)
- Care managers and people engaged in support planning and brokerage
- Community and voluntary groups.

There are a number of key questions and potential solutions that are emerging in relation to this. These are:

- How is information collated?
- How is it kept up to date?
- How are links made between national, local and community information sources?
- How is it distributed or accessed?
- Who owns it?
- How do you find what you want from it?
- Does it allow you to work out whether it is suitable for you based on whether it tells you about availability, affordability, accessibility and quality?
- Is there a sufficiency of services for you?

There are a number of models for the information base emerging. These include:

- The conventional website and links model familiar in statutory and voluntary sectors
- Models familiar through the travel industry, for example the Trip Advisor model where you can search by geography, star rating, price or the ratings of customers
- Affiliation models (largely commercial) whereby providers advertise their services under an umbrella brand and there is some degree of mutual regulation in order to remain part of the brand (for example small luxury hotels)
- Models familiar from comparison sites such as moneysupermarket.com which includes a short explanation and then compares price
- CareBay and Plan My Care models
- Social networking models where both providers/ suppliers and customers/citizens are all free to post their wares and views
- Commercial information and advice sites.

Current views of all of these models are underpinned by questions relating to safety, regulation and/or accreditation. Put crudely, you might buy a television from a stranger online, but would you tell them the key code for your house so that they could come in and help you get washed and dressed?
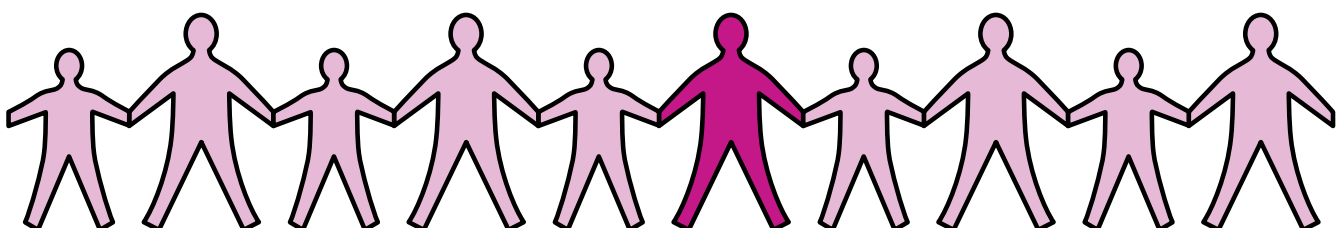
7.3.2 Managing the awareness and knowledge

This dimension encompasses consideration of how people know what information there is, how they access it, organise the search and make it personal to individual circumstances. It includes questions about how people inform and are informed by the information base. It is applicable to older and disabled people and their families and carers, to staff providing information, advice, advocacy and brokerage services, to people providing other services for older and disabled people who need further support and to community and voluntary organisations.

There is an overwhelming amount of information available. Most people are familiar with small dimensions of it only and there is a lack of awareness of key sources.

Key issues arising are:

- there is a need for better marketing of current information
- there are key issues about inclusion of very isolated people who may never go out of their house and who are less likely to have internet access
- there are some ideas about creating a 'common system' within local authority areas which includes access to a common information base and training and briefing for a range of staff providing information, advice and advocacy services in the full range of settings (see below).

7.3.3 Delivery mechanisms

These are multiple and cover the range of settings from which people source information, advice and advocacy, including but not limited to:

- websites
- call centres
- one stop shops
- centres for Independent Living
- health centres and primary care professionals
- libraries
- advice organisations
- advocacy organisations
- assessment and care management teams
- community and neighbourhood organisations and workers
- outreach services

7.4 Transformation approaches within which information, advice and advocacy sit

There are two overall approaches that are apparent while visiting local authority areas: that of social justice, inclusion and community or citizenship models and the consumerist model. Differences of approach between authorities appear to be quite starkly anchored in one or the other approach and do not appear to be linked to the political complexion of the local authority concerned. They might be characterised as follows:

Social justice and inclusion	Consumerist
Family/friend/partner/relationships	Cash for care
Neighbourliness	Shop for care
Looking out for each other	Marketplace principles
Social capacity and capital	Trading standards
Co-production	Buyer beware
Inclusivity of community activities and services	Citizen/social networking/user posted information
Outreach	
Regulation or accreditation	

There is an argument that in order to improve outcomes for people and to deliver the transformation agenda, both should be developed simultaneously.

7.5   Statutory and independent provision

Local government is charged with the function of place shaping, key to which in the social care context are questions such as what it is like to be an older person, or a disabled person, or a person with mental health needs, in a particular area, and can people find the services they need to be independent?

There is currently a broad range of provision of information, advice and advocacy across the public, private and third sectors, albeit that it is not necessarily strategically or coherently organised.

Some of the unintended by-products of the development of services since the implementation of the NHS and Community Care Act have arguably been:

- while the market in the community has expanded by way of choice of provider, it is not necessarily any more likely that people are able to control such factors as when they go to bed

- local government and social workers have found that some of their key roles in relationship to the people they work with that are linked to the principles of self determination and individualisation have been subsumed into roles as assessors, gatekeepers and rationers.

The development of independent information, advice, advocacy and service brokerage has grown through the letting of multiple contracts both to support people to manage personal budgets and to balance some of this. There is now a question as to how best these services might be incorporated into an overall strategy and deploy scarce social work most effectively.

Options might include:

- the further development of the spectrum of independently provided services

- the creation of a separation of function within local government between the resource allocation and rationing functions and the provision of facilitated assessment, information, advice, advocacy, brokerage and safeguarding

- both of the above

- resource allocation being linked to a national entitlement (whether or not it is means tested) and a national resource allocation system with the provision of facilitated assessment, information, advice, advocacy and brokerage being local functions.

It is important that these decisions are considered strategically in order to avoid the divestment of services and skills, and particularly social work related functions, from local government by default through a series of disparate contract lettings.

7.4   National and local dimensions of delivery

Further work is required to map current and intended strategy and delivery of the national and local dimensions of information, advice and advocacy. Providing information and advice on a national level has been a key issue raised by the representatives of two national organisations on the steering group, and thus picked up as specific questions during engagement in more depth – both in local authority areas and with national organisations.

There is currently confusion as to where to find information and advice. A first step to support people needing services would be to market the sources of information, advice and advocacy services that are available.

The emerging main view is that local sources should deliver local information, advice and advocacy. Each local area has its own resources, so accurate signposting to services on the ground (for instance, minor repairs and gardening) would be very difficult from a national level, and might limit the 'one stop' aspiration.

The information that is sourced from national sources by local areas is twofold: information that is nationally applicable and which relates to entitlement (benefits, an assessment, financial products) and information that is specialist (that relating to motor neurone disease or Huntingdon's disease for example).

There are two further arguments for national provision:

1. there is an argument put by national organisations that there is also a necessary function for people who 'get stuck' in local services

2. there is an argument that has been put by two national organisations for national advice lines in order to improve quality and availability.

Indications of recommendations from the work undertaken are to:

- build the statutory information base on the DirectGov/ local authority website core that currently exists. Raise the access to local authority sites to a higher level of navigation on DirectGov. Ensure that there are clear links between DirectGov and local authority websites and NHS Choices and key independent sector sites

- in relation to the market for support and services set out in information and advice, frame standards linked to sufficiency: affordability, availability, quality, cultural appropriateness and type

- map and model the ideal type relating to the balance between national and local provision based on the principles of what is applicable across the country and what is best delivered locally. This could include rationalising provision and developing frameworks.

8 Conclusions and recommendations for future work

This research has covered a wide range of issues and presented a breadth of information reflected in a literature review, the results of a survey of directors of adults social services, a review of website information and more in-depth work in selected local authority areas (with statutory, third sector and user-led organisations) and with a small selection of national organisations.

Key recommendations that emerge from the work undertaken are:

That the recommendations from the literature review frame the development of information, advice and advocacy services as follows:

1. Ensure the strategic significance of providing good quality information, advice and advocacy is understood by all stakeholders through the development of national and local strategies that set out how organisations will:

- provide information and advice related to points in people's lives when support is needed
- ensure information and advice is available in a range of formats and channels and is accessible by all groups
- ensure that information needs for all groups are met and where possible, ensure that support is tailored to individual needs and preferences
- improve co-ordination and signposting between information providers across professional/governmental boundaries, and remove unhelpful boundaries to information provision
- ensure that advocacy services are modelled on good practice principles
- involve people who use information, advice and advocacy in the design, implementation and evaluation of those services
- define clear responsibility for service provision
- support organisations to assure the quality of their IAA provision
- recognise the potential new roles of social workers

2. Undertake research into 'what works' in relation to IAA.

3. Frame the development of information, advice and advocacy in the context of the spectrum of interpersonal support related to personalisation, including support planning, support brokerage and the ongoing management of services; and underpin all of these with the dimension of safeguarding. Ensure that there is consideration of who is best placed to provide those services and some continuity of the person who is providing support in order to ensure that these services are personal.

4. Articulate and reiterate the principle that transformation and personalisation are dependent upon good information, advice, advocacy, support planning and brokerage being available. These services need to encompass developments in both consumer and social inclusion and community models.

5. Frame the development of information advice and advocacy in three dimensions: managing the information, managing awareness and knowledge and management of the delivery mechanisms.

6. Market the sources of information, advice and advocacy services that are available.

7. Build the statutory information base on the DirectGov/local authority website core that currently exists. Raise the access to local authority sites to a higher level of navigation on DirectGov. Ensure that there are clear links between DirectGov and local authority websites and key independent sector sites.

8. In relation to the market for support and services set out in information and advice, frame standards linked to sufficiency: affordability, availability, quality, cultural appropriateness and type.

9. Map and model the ideal type relating to the balance between national and local provision based on the principles of what is applicable across the country and what is best delivered locally. This could include rationalising provision and developing frameworks.
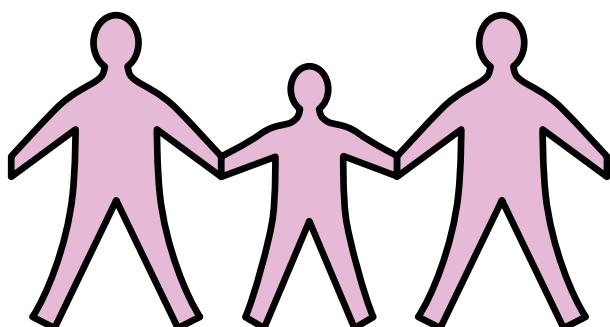
About the authors

Cathie Williams is a freelance consultant with a background of over 20 years in local government social services departments, including as a director. She now works with national and local organisations supporting the development of policy and practice in adults' and children's services.

Tim Hind is a freelance consultant with a background of over 20 years in local government social services departments, including in senior management roles. He now works with national and local organisations and is also policy adviser to the local government association in relation to adult social care.

Jane Harris is a freelance consultant with extensive experience in research and consultancy with the statutory and third sectors. She is also the deputy director of the Institute for Voluntary Action Research.

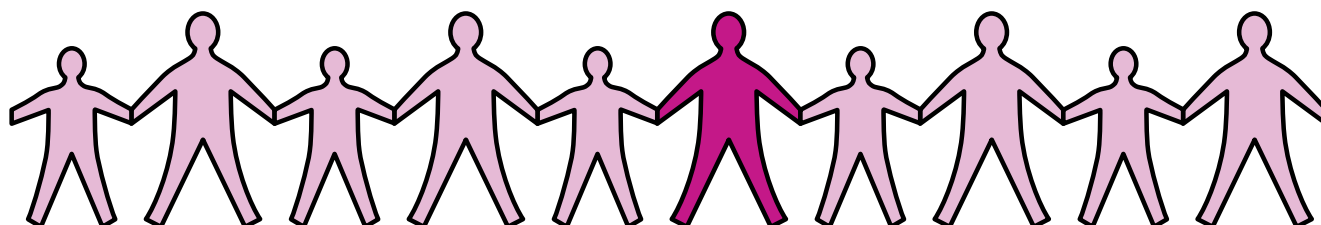Shruti Uppal is an Oxford graduate and a researcher with Cordis Bright.

Contacts:

cathiewilliams@btinternet.com

tim.hind@btinternet.com

janeharris63@aol.com

shrutiuppal@cordisbright.co.uk

Appendix 1
Literature review

1   Methodology

The literature review was aimed at rapidly synthesising the research evidence on information, advice and advocacy services with respect to adult social care. In particular, this was an exercise in assessing whether or not good practice had been established in relation to models of service provision in the IAA sector and whether there were any obvious gaps for further research in this area.

Specific searches were carried out for certain organisations/government departments which were likely to have carried out research in this area. These were:

- Counsel and Care
- Local Government Analysis and Research (LGAR)
- Social Care Institute for Excellence (SCIE)
- Department for Work & Pensions (and in particular work on the LinkAge Plus pilots)
- Commission for Social Care Inspection (CSCI)
- Research in Practice for Adults (RiPfA)
- Office for Disability Issues (ODI)
- Joseph Rowntree Foundation (JRF)

To augment the organisational searches, the *Social Care Online*[1] database was also searched. This is an online tool hosted by SCIE which holds a variety of resources on social care. The pre-defined research terms used were 'access to information', advocacy' and 'advice services' and all resources which were available from 2000 onwards relating to adults were included in the search.

These searches were then complemented with snowball searching, using the bibliographies of key articles or reports.

2   Sources

The literature review generated evidence from a variety of sources. This included academic research, government reports, and research carried out by VCS organisations.

Most studies included in the review tended to either group IAA services together, or only concentrate on information provision. They did however tend to concentrate on particular groups of people (eg people with disabilities, older people) since this often reflected their organisational or departmental focus. For those people with multiple conditions therefore, it is difficult to find evidence about what IAA approaches may work best or what their IAA needs are.

For ease of reporting, the findings discussed here are in relation to IAA provision more broadly, except for those cases where the literature allows us to drill deeper to either a particular service type or for a particular group of service users.

3   Standards for information

Central government expects social services to provide information about services, and has set a number of standards related to information provision:

- information should be accurate and useful
- information requirements should be assessed for the wider public, for people making initial contact with services, and for agencies making referrals
- the local population should be consulted to identify information needs
- social services should work with others in developing and providing information to the public
- information should be accessible
- the information policy and strategy should be managed and resourced to meet its statutory responsibilities.

The government states that information about services is crucial because 'it helps service users understand what is available and where it can be obtained. This helps people to retain control over their own lives and maintain independence.' (Signposts to Services, SSI, 1998).

---

[1] *Available at: http://www.scie-socialcareonline.org.uk/*

4 Issues and problems with current information, advice and advocacy services

Many sources documented problems that service users, or more widely members of the public, face when trying to access IAA services. These included:

4.1 Lack of or misinformation.

A number of sources (eg HM Government, 2007a CSCI, 2007) cite the inability of users from different groups to easily access services due to a lack of information or awareness of what is out there, or more worrying still, that the information they receive is inaccurate or inconsistent. Given that information is one of the key drivers for satisfaction and that conversely inconsistent information from people within the same organisation can be a major cause of dissatisfaction (Social Exclusion Unit, 2005, taken from ODI, 2005), it is vital that services which are designed to provide information are not inadvertently misinforming their local populations. This may be more of an issue for certain groups of service users and Dunning (1998) suggests that ethnic minority older people find that information and advice is often characterised by 'inaccuracy, inappropriateness and absence of information that was needed or requested' (taken from Margiotta et al, 2003: 33).

An important study by the Office of Fair Trading (OFT, 2005) found that many older people were poorly served by the care home market, and concluded that lack of information was one of the key reasons why older people were unable to exercise their rights as consumers. The Commission for Social Care Inspection conducted a follow-up study in 2007 (CSCI, 2007) which emphasised the importance of information given face to face, and found that written information about choosing a care home was still generally poor.

Research such as mystery shopping (CSCI, 2007; Swain et al, 2007) is one of the few ways of systematically exploring the extent to which a) information provided by professionals is accurate and b) whether it is consistent. Whilst such exercises depend on collective expertise and appraisal skills in determining levels of accuracy and consistency, the service user often does not have these skills or expert knowledge at their disposal, meaning that inaccurate information for them can have serious negative consequences on their health and/or wellbeing. With this in mind, the studies cited here found discrepancies in terms of providing consistent information, and at times inaccurate information.

4.2 Fragmentation of information. Information is rarely held in one place, pertains to different groups of people, about different departments or service types. Little signposting between services

Traditional services in the social care sector are organised around professional boundaries which, while logical on an organisational or departmental basis, are often not easy to navigate for users or those members of the public who are not already familiar with such structures and their respective remits.

In its annual review of the state of social care in England in 2006-07, the Commission for Social Care Inspection concluded that councils and care services were not performing well against national standards relating to information (CSCI, 2008). The report noted the growth of 'signposting' as a strategy to deal with people who are not eligible for council-funded services, but noted that the quality of signposting was variable. Typically, councils relied on the third sector to provide information, but there was little follow up for people who had been signposted elsewhere.

In relation to disabled people, the Office for Disability Issues (ODI) found that services are usually designed and organised by central government departments, but delivered by a number of agencies, resulting in information that becomes fragmented across both providers and central government departments (HM Government, 2007a). Whilst local authorities end up providing information about a range of services, this is in the absence of any required level of service or basic level of responsibility to do so, resulting in information provision which can be inconsistent and poorly regulated.

Given that voluntary sector organisations tend to be structured around particular groups of people or conditions, it can be difficult to foster cross-organisational/departmental links to tie into other relevant information sources. However, voluntary or non-statutory organisations also tend to be more trusted by service users than are government departments, partly fuelled by the perception that they have 'less of an agenda' (Mori & DWP, 2005 taken from ODI, 2005; Robson & Ali, 2006). This therefore presents the issue about how best to harness the trust of service users and ensure that independent organisations have all the information at their disposal to offer members of the public at the point of enquiry.

4.3 Information sources can be overwhelming and non-personalised, with an over-use of jargon or non-accessible language.

Qualitative feedback on the DirectGov website from disabled users (Corr Willbourn Research & Development, 2004, taken from ODI, 2005) showed that users want active delivery of personally relevant information over information which is passive and often hypothetical (i.e. 'in X circumstances you may be entitled to Y'). Overall these views sum up their preference for an interface rather than a simple website, which ideally would put them in a stronger position when having to deal with local bureaucracy. This is supported by Hayden and Boaz (2000, taken from Margiotta et al, 2003) who found that older people wanted co-ordinated person-based information delivered by either telephone or face to face. This has implications for ensuring information is available in a variety of formats, but also that it extends beyond a passive catch-all model as described above.

A CSCI mystery shopping exercise (CSCI, 2007) also found that when users requested written information from local authorities, these were at times inaccessible, contained too much jargon and were poorly designed. Others have also documented poor design, layout or visibility in relation to written information or materials (for example Margiotta et al, 2003).

Sykes et al (2008) also found that the model of developing 'banks' of information by local authorities and other agencies which are accessible to members of the public are rarely used in such a manner, at least with respect to older people. Older people access information when faced with a particular problem or question, and then usually only from formal sources of information when they have exhausted all informal mechanisms of doing so (which are considered more trustworthy and more understandable). There is a common perception of the over 50s that while 'there is a lot of information out there', this does not necessarily mean that they are better served because of it. A critical challenge in such information systems is being able to deliver relevant and timely information to older people which has some practical use for them. Formal information can often been seen as overwhelming, full of jargon and too general.

4.4 Inadequate service provision for certain groups

Research has documented that for certain groups in society, elements of IAA provision can be sparse or inappropriate.

Ninety-four per cent of respondents in a survey sent to advocacy schemes (Lewington and Clipson, 2004) felt that there was insufficient advocacy to meet local needs and 92 per cent believed that the production of a local advocacy strategy would be beneficial.

Lewington and Clipson (2004) also report that there is inadequate independent advocacy provision for people with physical, sensory, communication and profound and multiple impairments. This often linked to a lack of funding and/or skills in working with these client groups and that the support provided may not always meet their needs. Funding issues not only included a direct lack of funding, but complexities within the funding relationship with local authorities and health trusts, where rigid service level agreements, fixed short-term funding and monitoring arrangements were seen to be discouraging work with these client groups, which can be very time-consuming and not always conducive to measurable outcomes.

The research was based on surveys sent to a range of advocacy service providers and local authorities. As shown in the table below, these findings also echo other studies which suggest that the multiply impaired and ethnic minority clients are also not seen as main client groups in relation to advocacy (and more broadly IAA) provision.

[2]**Groups that advocacy schemes
see as being their main clients**

Client group	Percentage of respondents
Learning disability	52 per cent
Mental health	41 per cent
Elderly	28 per cent
Physical disability	27 per cent
Sensory impairments	18 per cent
Ethnic minority	17 per cent
Profound and multiple impairments	11 per cent
Communication impairments	10 per cent

In relation to accessibility, IAA services need to ensure that they are accessible to all members of the local community, which may entail providing extra support mechanisms in place to facilitate this access. The RNID carried out research into deaf[3] people's experiences of accessing services (RNID, 2004) and found that nearly a fifth of those consulted received the wrong form of communication support when accessing public services; a further quarter reported no support provided to enable them to access services, highlighting the importance to consider accessibility in IAA provision. Nearly half of those researched (46 per cent) reported that they were unable to interact with public services 'all of the time' or 'often' due to a lack of communication support. The most robust IAA services can therefore be rendered useless if accessibility issues are not fully considered form the onset. This research also raises issues about the extent to which current IAA provision adheres to the Disability Discrimination Act.

For carers, the value of information (and the consequences of not receiving it in a timely fashion) often resulted in the difference between being able to access the full range of benefits that they (and the person they cared for) were entitled to (Carers UK, 2006). Information providers should distinguish between different types and stages of caring (such as along the life course – entering/leaving caring or those that do not recognise themselves formally as carers, thereby unaware of the support they are entitled to) as the information needs of these carers will vary accordingly. These considerations should be fed into local information strategies that local authorities and/or health trusts may have. Carers UK (2006) also calls for a government-funded national information helpline for carers to help them navigate the support that is out there.

A CSCI study (2005) comparing the views of adults with physical and learning difficulties living in care homes and attending day centres found that in relation to the ease of obtaining information, there was a marked contrast between the satisfaction of the two groups. While those in residential care had satisfaction ratings of 44 per cent, only 16 per cent of those who received care at home were satisfied with the ease with which they could obtain information. Across the groups, this was linked to difficulties in getting through to the right person and working out who was the right person to talk to in the first instance.

In relation to advocacy, brokerage and support services specifically, barriers for disabled people as found in the literature review undertaken as part of the Independent Living Review (2007) included:

- geographical patchiness in provision
- difficulty in accessing information about available services (including about direct payments)
- particular problems in accessing services for older people, people with physical disabilities, those with sensory, communication and multiple impairments, parents with learning disabilities and mental health sufferers
- inadequate provision for ethnic minority groups
- insufficient capacity for services to cope with demand
- difficulties in recruiting and finding personal assistants
- ineffective multi-agency working
- delicate financial position of many advocacy, brokerage and support services.

4.6 Lack of robust evidence-based research around 'what works' in relation to IAA

Much of the literature discussed here, and that which is more widely available in relation to models of IAA provision, is rarely empirically grounded and therefore seldom offers robust evidence about whether or not these models actually 'work'. Many studies instead use a 'case study' or showcase approach whereby new initiatives are described, rather than appraised, making it difficult for the reader to distinguish between them (for example Baxter et al, 2006; Godfrey & Denby, 2006, May 1998, taken from Margiotta et al, 2003).

4.7 Specific gaps in relation to evidence on IAA provision for:

a. ethnic minority communities
b. those with chaotic lifestyles
c. people with fluctuating support needs
d. visually impaired
e. multiple impairments
f. private purchasers of social care services (Baxter et al, 2006)

---

[4]*The Disability Equality Duty (2006) is a code of practice and principles to ensure that public bodies pay 'due regard' to the promotion of quality of disabled people. It includes principles about providing information to disabled people such as providing information through a range of channels and formats and clearly signposting to other services.*

5   Recommendations

Recommendations from the research conducted in this area included:

5.1   Ensure the strategic significance of providing good quality information is understood by all stakeholders

It is vital that central and local government, as well as all non-statutory organisations which are involved in providing information in relation to adult social care, understand the strategic and higher-level grounds for doing so. For example, in relation to services for disabled people, this aim directly falls under public bodies' responsibilities for meeting the Disability Equality Duty[4] (HM Government, 2007a).

This strategic direction has also been stressed for older people's IAA services (Dunning, 2005:51) with the argument that high-level priorities need to be:

- development of shared values
- clarity of approach
- understanding the diversity of aims and organisations
- comprehensive mapping of current provision, what works and where the gaps are
- development of joint policy procedures and practice

- building capacity of grass roots organisations
- engagement of older people at all levels
- training and awareness of frontline staff
- commitment from a senior level.

This strategic approach could also include appreciating a more functional analysis of the costs and benefits involved in minimising misleading or inaccurate information, and instead providing good quality information services. There is little research around what are the costs and benefits to service users, to organisations themselves, and on a bigger scale to government and whole health and social care economies. This is an area for further research and requires clearer information around the outcomes and outputs involved in providing good quality information (Watt et al, 2007; ODI, 2005).

Learning from current pilots modelling new ways of working (eg LinkAge Plus, Partnerships for Older People's Projects, information prescriptions) is also an important mechanism of disseminating valuable information about what does (and does not) work in relation to improving access to IAA services. Evaluations of such projects must ensure that they are based on robust evidence and methods of appraisal.

5.2   Provide information and services related to points in people's lives when support is needed

People tend to require information and support to access services at particular points in their lives. While this may be a self-evident statement, it is pertinent to note that people do not go looking for information in a vacuum and there is almost a specific question they are trying to answer. This in turn can often relate to their personal circumstances at the time. However, information sources (such as websites) are rarely organised in a way which recognises this life-course approach.

The Audit Commission's report *Don't stop me now* (Audit Commission, 2008) contains a series of recommendations to help public services to address the challenges presented by an ageing population. Recognising the importance of information, the report recommends better marketing and promotion of services for older people and the establishment of local resource centres as 'one stop shops' for information and other services. Similarly, a cross-departmental report on older people and housing (CLG, 2008) contains recommendations for establishing a single, simple and accessible route to obtaining independent, impartial information and advice on housing and related issues. The report recommends an approach to information and advice provision that includes a national service, complemented by local services, which will draw on learning from the Link-Age Plus pilots.

For disabled people or those with a health condition, key points at which they may require support can include the onset of disability or condition (HM Government, 2007a; Coulter et al, 2006; Mori & DWP, 2005 taken from ODI, 2005). For older people these can include transition points (eg at retirement), key life events or points of vulnerability (eg a bereavement) or to simply assist them with 'daily hassles' of life (Godfrey & Denby, 2006). These events can also include a decline in physical and mental health, or instead ageism, which may precipitate a need for services or support (Dunning, 2005). In addition, Dunning (1998) stresses that for older people, such information should be situated where they 'live their lives day to day' (taken from Margiotta et al, 2003:34), rather than in locations which are instead professionally determined. For particular groups of populations, this is also about ensuring that information is based on detailed knowledge of the local population 'in terms of the diversity of cultures and statistical surveys' (Margiotta et al, 2003: 34).

5.3 Ensure information is available in range of formats and channels and is accessible by all groups

Given both that people have a range of opinions on how they best like to access information and support, and the spectrum of communication needs of different groups of people, it is critical that information is available in a range of formats which are accessible (HM Government, 2007a; Disability Equality Duty, 2006; HM Government, 2007b; Godfrey & Denby, 2006).

The Social Exclusion Unit (SEU, 2005, taken from ODI, 2005) estimates that one in 20 people requires some form of literacy support, one in seven requires translation support and one in 15 some form of communication support for sensory impairments. In addition, Coulter et al. (2006) found that in relation to health information provision, the combination of verbal and written information can be more effective for service users than verbal information alone. This suggests the importance of imparting information in a variety of formats, even for the same group of people or an individual. This mirrors earlier findings from Tester and Meredith (1987, taken from Margiotta et al, 2003) who found that written information about health and social care was less effective in encouraging older people in the use of services than a combination of verbal (including some advocacy) and written information.

Godfrey and Denby (2007) carried out research into the ICT needs and preferences of older people and found that, unsurprisingly, this group have less access to computers as well as a higher proportion of voluntary non-usage. Whilst both computer usage and attitudes towards it are improving among the younger old (see also Cawthra, 1999, taken from Margiotta et al, 2003), web-based provision for older people still may be inappropriate or inaccessible for some. Powell and Clarke (2006) also suggest that in relation to users with mental health problems, while the internet is a main source of access to information, it is not a trusted form of information, again suggesting that some caution should be exercised when considering the extent of investment in technologically based interfaces for users. Finally, Dunning (2005) exercises caution in over-relying on one particular format or type of information dissemination for older people.

5.4 Ensure that information needs for all groups are met and, where possible, ensure that support is tailored to individual needs and preferences

In order that information and IAA needs more broadly are met, agencies and local government need to have a sense of what service users want from such a service, requiring some form of consultation or research (HM Government, 2007; Disability Equality Duty, 2006).

Robson and Ali (2006) suggest that for some agencies delivering this support, there is often a lack of time to carry out this work and that busy services and high turnover of clients are in themselves proxy measure for unmet need. The need for comprehensive research so that services are tailored for the needs of local populations and groups is essential to bring about better IAA provision.

Swain et al (2007) found an inability from health and social care professionals to anticipate information needs – users were expected to 'extract' information rather than be offered it, which has serious implications for many users who do not know exactly what information they are looking for when they seek out IAA support. This lack of anticipation of information needs from professionals has also been documented elsewhere (e.g. ODI, 2005). This can be summed up by an interview participant in a JRF (Joseph Rowntree Foundation) study who commented:

'You don't know what you don't know until you need to know it! We are awash with information and good advice, but most of the time it is like water off a duck's back… until you need that piece of information or advice. That's when you should be able to find it but can't!' (Dunning, 2005: 20).

There is also an issue about providing IAA which transcends the traditional professional boundaries of health and social care economies and includes wider issues of relevance in users' lives such as leisure, citizenship, employment or lifelong learning (Dunning, 2005).

5.5 Improve co-ordination and signposting between information providers across professional/governmental boundaries, and remove unhelpful boundaries to information provision

There is no doubt that in the information age, a wealth of information exists, often in a wide variety of formats. However, in order for this to be useful for users and professionals alike, it needs to be harnessed so that it is accessible, relevant and timely. To this end, better sign-posting and working between providers and government departments would make transitions between services smoother, for all stakeholders (eg Carers UK, 2006; HM Government, 2007a). The ODI (HM Government 2007a) suggests that in particular, better working needs to be occurring between DWP (Department for Work and Pensions) and DH (Department of Health) in relation to providing information about the needs of disabled people, especially since many disabled people are unaware which is the most relevant government department for their needs (Mori & DWP, 2005 taken from ODI, 2005). This could also reduce duplication of bureaucracy and personal information-giving to agencies which can prove frustrating for many service users. As mentioned earlier, it is also of critical importance to strengthen links between central government departments and voluntary organisations as the VCS (voluntary and community sector) may be more heavily relied on by service users to provide trusted IAA while these organisations may not have the same levels of information/infrastructure as does central government. Often, service users are unaware of what central government departments may be able to offer them in relation to information (ODI, 2005).

Newer models of signposting and central/local government working have resulted in central bodies signposting to local services (eg Supporting People, DirectGov) although the way in which this happens is still inconsistent (HM Government, 2007a).

Services should also ensure that classification systems around IAA services are logical from the point of view of the service user (and not necessarily the organisation/ government department) (ODI, 2005).

5.6 Involve service users in the design, implementation and evaluation of IAA services

A number of sources call for the proper and early involvement of users in designing effective IAA provision (HM Government, 2007a; ODI, 2005; HM Government, 2007b; Disability Equality Duty, 2006; Lewington & Clipson, 2004; Robson & Ali, 2006; Margiotta et al, 2003; Dunning, 2005) with this being one of the five principles of producing better information for disabled people. Timely involvement will mean that the process is meaningful to both parties, and not simply seen as tokenistic.

Lewington & Clipson (2004) call for greater involvement of both disabled groups and individuals in the drawing up of local advocacy plans. For older people, Robson & Ali (2006) call for the systematic monitoring of information and advice services by building in mechanisms for sustainable client feedback.

5.7 Define clear responsibility for service provision

A lack of responsibility in terms of who provides what information for both service users and providers in relation to social care services is a key area for clarification in order to ensure high quality IAA services. This is one of the five principles of providing information to disabled people as set out in the DED (2006) and by the ODI (HM Government, 2007b) – to define responsibility for information provision (HM Government , 2007a). This is also supported by Grewal et al. (2004) (taken from ODI, 2005) and Carers UK (2006).

This definition of responsibility, however, should not just be limited to the provision of information, but to IAA services more widely. Lewington and Clipson (2004) argue that there should be a statutory duty on local authorities to produce a single local advocacy plan which clearly sets out provision with respect to different groups. Further, they call for an organisation, similar in function to the Advocacy Safeguards Agency (ASA) or Scottish Independent Advocacy Alliance (SIAA), to act as a lead body which can oversee the development and research of advocacy services in England. In this respect,. quality standards with respect to advocacy services such as those published by Action for Advocacy (2006) are already being adopted by a number of advocacy services across England and Wales.

5.8 Support organisations to improve their IAA provision

Research has called for the adoption of some form of quality assurance/accreditation in relation to information provision to indicate how trustworthy it is, and how well the system as a whole is performing (HM Government, 2007a; Coulter et al, 2006, Dunning, 2005). This could work in the sense of guiding principles as those produced by the ODI (HM Government 2007b). As Dunning (2005) sets out (in relation to older people), such standards would have the benefit of:

• providing a benchmark from which to measure performance and evaluation

• enhancing public confidence via clear accountability structures and procedures

• safeguarding the interests of potentially vulnerable client groups

• providing clarity for users and other stakeholders in terms of what to expect form IAA services.

However, Sykes et al (2008) concluded that developing information indicators in relation to older people's information services (essentially survey questions that could be used to monitor experiences of information about public services) would be too problematic to be feasible. Conceptualising older people's experiences of access, awareness and satisfaction with public services into a set of questions was considered too difficult and also did not align with the realities of older people seeking out information to solve their problems. In addition, there is some contestation of whether rigid standards goes against the grass roots of the advocacy movement and may stifle flexibility and innovation (Dunning, 2005).

Sykes et al (2008) also suggested that people are more likely to look for information if they:

• believe it will be available and accessible

• are confident about getting it and being able to make use of it

• can access it without too much effort/hassle

• trust the source

• believe they will be able to understand it

• feel it is relevant to their particular needs/circumstances

• assume it will help them in some way.

The challenge is to provide services which evoke these perceptions from service users. However, there should be an expectation that even with such services, people will always appreciate personal, face-to-face contact with someone who knows about the system and can explain it in a friendly and simple way and is open to questions and personal interactions.

5.9 Recognise the potential new roles of social workers

Recent research for Demos (Leadbetter et al, 2008, p.61) suggests that in a context of increasing self-directed support, social work roles will adapt accordingly and social workers could enjoy more creative, person-centred roles as:

• advisers: helping clients to self-assess their needs and plan for their future care

• navigators: helping clients find their way to the service they want

• brokers: helping clients assemble the right ingredients for their care package from a variety of sources

• service providers: deploying therapeutic and counselling skills directly with clients

• risk assessors and auditors: especially in complex cases and with vulnerable people deemed to be a risk to themselves or other people

• designers of social care systems as a whole: to help draw together formal, informal, voluntary and private sector providers.

As the last point suggests, social workers can also draw on their skills in counselling and community development to take forward personalisation. Here it is important to remember that personalisation is not only about individual budgets and self-directed support. 'There … is a danger that assisting people with self-directed support could become the only and overriding definition of the social work role. Social work also has a contribution to make through its counselling competencies … and has a tradition and track-record of community development, stimulating and supporting local community resources for disabled and older people' (Jones, 2008, p 46).

5.10 Ensure that advocacy services are modelled on good practice principles

Principles in relation to high quality advocacy services are well documented across grey literature, but to a lesser extent in academic literature, although this is starting to change (Dunning, 2005). Nevertheless there are some common principles of good practice which organisations can apply to strengthen the service they are offering to users.

Action for Advocacy (2006) sets out 10 key themes which should underpin good practice in relation to advocacy. These are:

- Clarity of purpose – having a service which has a clear rationale and remit. This does not however mean that services have to be inflexible or not allow diversity of practice.
- Independence – ideally the advocacy scheme should be structurally independent from service providers and statutory organisations to avoid conflict of interest between parties. Dunning (2005) also argues that this is critical if users are to be effectively supported through the health and social care system which is made up of multiple (statutory, voluntary and private) providers, each with diverse eligibility criteria, costs and referral paths.

Type of advocacy	Advantages	Disadvantages
Generic	• Can provide rights and representation support for a range of groups, settings and situations • May avoid replication of service categories • Greater opportunities to disseminate good practice, knowledge and expertise	• Particular groups (eg older people) may be subsumed under work with all groups • Some clients may overlook the service as they don't think it is tailored for them • Resources may be spread too thin to allow specialism with any particular group
Specialist	• Can develop an expertise in working with a particular client group, setting or situation • Can concentrate resources on hard-to-reach groups • Can raise awareness of the issues faced by particular groups	• Fewer opportunities to share knowledge and expertise across professionals • Competition of resources with other services • Danger of fragmentation at a local level

- Putting people first – the needs and interests of the person being advocated for should always be at the heart of advocates' work. This can also include involving the user at all stages and to as full an extent as possible in directing their own support (see also Dunning, 2005).
- Empowerment – the ultimate goal of advocacy should be to bring about empowerment and control for the user.
- Equal opportunity – all advocates/schemes should have practices and policies which promote equal opportunity and are anti-discriminatory – this is especially pertinent given that advocates are often working with the most marginalised and socially excluded groups in society.

- Accessibility – services should be: free of charge to those who are eligible, have a referral system which is clear and well-promoted and an outreach approach to target potential users.
- Accountability – schemes need to have effective monitoring and evaluation systems in place which can accurately capture the 'softer' outcomes of advocacy.
- Supporting advocates – advocates need access to high quality training support, supervision and development.

[5]*Summarised from Dunning, 2005: 26-8*

- Confidentiality – while certain acceptable breaches of confidentiality must be allowed (ie in the case of risk of harm), confidentiality should underpin the work of advocates and policies should be clearly articulated.
- Complaints – services should have a clear complaints policy which enables users to provide feedback about the scheme or individual advocates – this may include using independent avenues of support.

Dunning (2005) also argues that while accessibility of information and advice provision is well established for older people, this is at a less developed stage in relation to advocacy services. Their susceptibility in relation to funding cuts is also highlighted as these services can often wrongly be seen as luxuries rather than necessities with respect to other core functions of health and social care agencies.

Dunning argues for a dual system of advocacy services which focus on both generic and specialist support. The follorwing table summarises some of the benefits and limitations of both of these types of advocacy support[5].

Link Age Plus (Watt et al, 2007)

LinkAge Plus builds on the LinkAge programme and consists of eight pilots across the country. The aim is to provide holistic services for older people including better information, accessibility and signposting.

Specific pilots include:

- Gateshead: has developed information packs for use by people using services and professionals which mirror information held on the council website. They have been used to inform officers, service users and their carers about the availability of low-level non-assessed services.

- Gloucestershire: has established 30 'village agents' working in rural parishes that have otherwise limited access to local services. Acting as sign-posters, the agents make and accompany older people to appointments. Since it has already been a Care Direct pilot they have previously spent time developing an information base about local services for use by agents and professionals.

- Lancaster: has a care navigator service to help older people through different services and highlight opportunities (eg securing referrals to relevant statutory services, locating the right person to help with an enquiry).

- Leeds: neighbourhood network scheme is made up of over 40 organisations, working to a SureStart model of improving the capacity to provide information and improve access to services.

- Nottinghamshire: has developed a web portal – a source of information on all services available to older people in the area, and First Contact, where older people access a range of services through a single point of contact. The web portal has been well received by service professionals and older people groups and adheres to recommendations from the Department of Health, Audit Commission and OfCom for joined-up and easily accessible information.

- Salford: has a referral network set up by the corporate customer service. It uses a citizens' database which checks eligibility for service offerings (eg free fire assessment) for service users. When a service user calls, their details are screened for eligibility and they are offered a set of services (already agreed by priority). They have also improved a web-based directory of services and in tandem provided computer training for older people.

- Tower Hamlets: provision of a single access gateway to services for over 50s via five network centres. Each centre also operates an outreach service to identify isolated older people to assist them to access services, benefits and activities. The service has been rated as good by service users and they feel better informed about local provision.

The final evaluations of the pilots are not yet available and so an overall appraisal of the LinkAge Plus programme (both as a whole and in terms of its constituent pilots) is not possible. Interim reporting, however, suggests positive feedback from the pilots and what they have achieved thus far.

Readers' panels, Blackpool & Cumbria (Hopkins, 2007)

Blackpool first set up readers' panels four years ago to review existing information for carers, and now panels exist to review social care information in relation to older people, people with learning difficulties and people with physical disabilities. The panels involve ordinary users who bring their own experiences of social care and having to navigate services.

In Cumbria, the panel is operated by post to overcome transport and other rurality issues, allowing a service which is cost effective and practical and allows all those who want to take part to do so from the comfort of their own homes. However, some of the costs involved in operating such a system is that panel members cannot benefit from discussion and it can be time consuming having to review all sets of comments.

Devolved information teams in Lancashire (Lynn, 2007)

Lancashire has restructured its communication teams to align with its three main directorates – adult and community services, environment and children's services. The benefits of such an approach are that it allows greater expertise and knowledge of services and issues within each team; closer working with senior managers, policy and operational staff; and focused and strategic communication which can tie in to directorate business plans and priorities.

The teams also work together to share good practice where appropriate. This approach has saved the authority money by avoiding duplication and has improved integrated and effective communication practices.

Disabled Parents' Network Support Service (Bartlett, 2006)

The Disabled Parents' Network Support Service won the *Community Care* Maureen Oswin memorial award in 2005. It is a peer-led helpline service for disabled parents who are seeking advice and support.

Run by volunteers who work from their homes, the service draws on the expertise of those people who may be housebound but have experience and knowledge which can be vital for others in a similar position. A success of the project is seen to be the peer-led nature of the support on offer, increasing service users' perceptions of trust and quality of the information and advice they are being offered.

Information prescriptions (OPM, 2008)

Information prescriptions are a Department of Health led initiative aimed at signposting people with long-term conditions to appropriate further services or support to enable them to manage better their own conditions more effectively.

An information prescription (IP) has five main components:

• Information content – the identification of reliable and relevant sources of information.

• Directories – repositories of information that link to individual information prescriptions.

• Personalised process – information is provided that is specific to the condition, place and point on the care pathway.

• Issuing or prescribing – creating and offering an information prescription to a user or carer.

• Access – information prescriptions are made available to users through a range of accessible channels, such as face-to-face engagement, the Internet, email, telephone and outreach.

Twenty pilot sites were established in January 2007 with the aim of developing and testing the introduction of information prescriptions (IPs)within their local health and social care settings by January 2008.

A final evaluation report published in August 2008 concluded the following:

• There was beneficial impact on users of IPs, although some of these were less pronounced from users who came from more disadvantaged backgrounds, received 'lighter touch' IPs and/or were under 65s.

• A significant minority of carers were not aware of IPs, suggesting a need for better information sharing between users and carers, and greater involvement of carers in the process of prescription.

• The majority of professionals were satisfied with the IP process and over half thought that it was an improvement of previous systems of information provision. Over a third, however, felt that it was the same as previous ways of giving out information.

Their recommendations were:

• Ensure full involvement of range of local stakeholders from the outset to ensure the IP system is sensitive to local needs and preferences.

• Directories should ensure they cover information about the management of conditions, information on social care services, links to a range of statutory and non-statutory care services, guidance regarding benefits and finance, and information for carers.

• Tailor the IP process so that it is personalised and timely in relation to the needs of the user with a long-term condition. Ensure that the process is accessible in a range of formats and mechanisms of communication (ie by post, face-to-face, at home, at a drop-in sessions).

• Ensure a range of delivery models of IPs so that all needs are catered for. This is especially true for disadvantaged populations who may be benefiting less strongly from the current wave of pilots.

• Embed and support ways for staff to develop skills and competencies in relation to administering systems of IP, for example through training, occupational standards or continuing professional development.

Bibliography

Action for Advocacy (2006) Quality standards for advocacy schemes.
Action for Advocacy: London.

Audit Commission (2008) Don't stop me now.
London: Audit Commission.

Bartlett (2006) Help is just a phone call away.
Community Care, 23rd March 2006.

Baxter. K. et al. (2006)
Scoping Review on Access to Information about Social Care Services.
York: Social Policy Research Unit, York University

Cabinet Office and DCSF (December 2008)
Families in Britain: An Evidence Paper.

Carers UK (2006) In the know:
the importance of information for carers.
London: Carers UK.

Commission for Social Care Inspection (2007)
Hello, how can I help? An analysis of mystery shoppers' experiences of local council social care information services.
CSCI: Newcastle

Commission for Social Care Inspection (2007)
A Fair Contract with Older People?
CSCI: Newcastle

Commission for Social Care Inspection (2008)
The state of social care in England 2006-07.
CSCI: Newcastle.

Coulter, A. et al. (2006)
Assessing the quality of information to support people in making decisions about their health and healthcare.
Oxford: Picker Institute

Davis, H. & Ritters, K. (2007)
LinkAge Plus National Evaluation Team Interim Findings – September 2007. [Presentation]

Department for Communities and Local Government (2008)
Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society.
London: CLG.

Department for Communities and Local Government (2008)
Communities in Control: Real People Real Power

Department of Health (2006)
Our health, our care, our say

Dunning, A. (2005) Information, advice and advocacy for older people: Defining and developing services.
York: Joseph Rowntree Foundation.

Godfrey, M. & Denby, T. (2007) Literature Review:
Older People Accessing Information and ICTs.
LinkAge Plus & Leeds POPPs. Leeds: University of Leeds

Hampshire County Council (2008):
Getting Personal: A fair deal for better care and support.

HM Government (2007a)
Improving Information for Disabled People.
Office for Disability Issues.

HM Government (2007b)
Five principles for producing better information for disabled people: Supporting public sector communicators and practitioners.
Office for Disability Issues.

Hopkins, G. (2007)
Jargon Busters.
Community Care, 25th January 2007

Leadbetter, C, Bartlett, J and Gallagher, N (2008)
Making it Personal.
London: Demos.

Lewington, W. & Clipson, C. (2004)
Advocating for Equality.
London: Independent Advocacy Campaign.

Lyons, Sir M (2007):
The Lyons Inquiry into Local Government.
DCLG

Lynn, A. (2007)
Lancashire Council devolves information teams.
Community Care, 18th October 2007.

Margiotta, P. et al. (2003)
Are you listening? Current practice in information, advice and advocacy services for older people.
York: Joseph Rowntree Foundation.

Office for Disability Issues (2005)
Literature Review: Disabled People's Information Needs (Unpublished).

Office for Disability Issues (2007)
Literature Review of IAA provision,
as part of the Independent Living Review.

Office of Fair Trading (2005)
Care homes for older people in the UK. A market study.
London: Office of Fair Trading.

OPM (2008) Evaluation of Information Prescriptions:
Final Report to the Department of Health.
London: Office for Public Management.

Pinfold, R. & Corry, P. (2003)
Who cares? The experiences of mental health carers accessing services and information. Surrey: Rethink

Powell, J. & Clarke, A. (2006)
Internet information-seeking in mental health.
British Journal of Psychiatry, 189: 273-277

Rai-Atkins, A. et al. (2002)
Best practice in mental health. Advocacy for African, Caribbean and South Asian communities.
York: Joseph Rowntree Foundation

RNID (2004)
Access to communication in English: No service.
London: RNID

Ritters, K. & Davis, H. (2008)
Access to information and services for older people – the joined-up approach. DWP Working Paper No. 53.
London: Stationery Office.

Robson, P. & Ali, S. (2006)
Bridging the Gaps: The outcomes of information and advice services for older people and assessment of unmet need.
London: Age Concern London.

SCIE (2008)
Personalisation: A rough guide.
Adults' Services Report 20

Swain, D. et al. (2007)
Accessing information about health and social care.
Oxford: Picker Institute Europe.

Sykes, W et al. (2008)
Opportunity Age Information Indicators Feasibility Study. Department for Work and Pensions Working Paper No. 47. London: Stationery Office.

Watt, P. et al. (2007)
Towards a business case for LinkAge Plus. Department for Work & Pensions Working Paper No. 42.
London: Stationery Office.

Wright, M. (2006)
A voice that wasn't speaking: Older People Using Advocacy and Shaping its Development.
Stoke-on-Trent: Older People's Advocacy Alliance (OPAAL) UK.

Appendix 2
Acknowledgements and contacts

Project manager on behalf of the commissioners:
Robert Templeton, IDeA

Steering Group:

Mona Sehgal, IDeA
Helen Tomkys, DH
Steve Strong, DH/CSIP
Luke Staniland, DWP
Jeff Jerome, ADASS/DH
Trish O'Flynn, LGA
Stephen Burke, Counsel and Care
John Dixon, ADASS
Stephen Goulder, SCIE
Jenny Morris, DWP
Luke O'Shea, DCLG
Jenny Owen, ADASS

Contributors in local authority areas

Tower Hamlets:
John Goldup, DASS, LBTH
Helen Taylor, Head of Commissioning and Strategy LBTH
Sarah Ford, Personalisation Lead LBTH
Shaw Rahman, Chrisp Street Ideas Store Manager LBTH
Debbie Walker, Age Concern
Rupert Williams, St Hildas
Sister Christine Frost, Neighbours in Poplar

A number of people with disabilities who, with their supporters and advocates, contributed the work they were doing on aspects of delivery of information, advice and advocacy.

Gloucestershire:
Margaret Sheather, DASS, GCC
Paul Baker, Rosie Callinan, Kay Patel,
Contact Centre staff and Village Agents
Caroline Smith, Mary Dignan, PCT
Sue McClung, Gill Glover, Pamela Dewick,
third sector and advocacy organisations
B Wragge, Cotswold District Council

GCC group:
Jo Hand, (Libraries and Information),
Paul Baker, Kay Patel, Carey Wallin (PPF),
Carole Chenery (OT), Fiona Jones (Strategy and Planning)

Kent
Oliver Mills, DASS, Kent County Council
Michael Thomas-San, Head of Policy and Service Development
Melanie, Project Worker

A group of older and disabled people who were developing strategy.

Leeds
Sandie Keene, John Lennon,
Joy Marshall, Jemima Sparks,
Janet Somers, Mike Sells:
Leeds Adult Social Care
Kathryn Ingold, Leeds PCT
Seamus Doherty, City Centre One Stop Shop
Dawn Newsome, Morgan Pugh, Armley Helping Hands

Manchester
Fionnuala Stringer, Assistant Director
Diane Eaton, Programme Director
Barbara Guest, Head of Manchester Advice
Neela Mody, Customer Access Project Manager
Jonathan Mason, Project Manager, IBs
Deborah Russell, Head of Safeguarding
Nigel Hunt, Safeguarding Co-ordinator

Barnsley
Senior managers:
Martin Farran, Avril Watson, Alison Rumbol, Joanne Price, Wendy Lowder, Ruth Jefferson, Helen Jagger (Berneslai Homes)

Voluntary sector providers:
Janet Hall (Making Space), Jill Morton (DIAL), Eleanor Richardson (Speak Up), Kim Fairhurst (Together), Annie Ferguson (Speakup), Kath Wright (Age Concern)

User-led organisations:
(additional to representatives of provider group)
George Ore, John Gothard

Commissioners:
Alan McGreen, Helen Norton, David Harper, Val Cole, Sally Brown, Sally Woffenden

Lancashire
Richard Jones (Executive Director)
Ian Forsythe (Communications)
Don Rowbottom and Andrea Dixon
(Well Being and Prevention)
Angela Esslinger (Advocacy Strategy)
List Lloyd (First Response in Customer Service Centre)
George Kennedy (Social Care Information Manager)
Ann March (Library Service)
Steve Sinnot (Self Directed Support)
Geraldine Moore (Age Concern & Help Direct)
Melanie Close (Preston DISC)
Dave Burnham (Head of Information Services)

Appendix 3
Survey to directors of adult social services

Transforming Adult Social Care: Information, Advice and Advocacy

1. ADASS/ LGA Survey of Directors of Adults Social Services

ADASS, with LGA, IDeA and Counsel and Care, have commissioned a short piece of research into access to Information, Advice and Advocacy (IAA). This is funded by the Department of Health, having been through the Transformation Board.

One of the aims of the research is to map what is already available in terms of:

• general information about adult social care and related areas;

• specific advice about how people might access social care, make choices about care and support options and organise those services and supports;

• support or advocacy to help people negotiate with commissioners, providers or others about those choices, help them make their own case or make the case for them.

We would like to hear how what your Local Authority is doing with respect to providing information, advice and advocacy to members of the public in relation to adult social care.

Please complete the following short survey to help us with our research; the survey has 26 questions and should take approximately 20 minutes to complete. Your views are greatly appreciated and will help us to build a picture of IAA provision across the country, inform the partners' policy position and share good practice. All your answers will be anonymised and collated into our findings.

The deadline for completion is the end of Friday 17th October.

If you have any queries, please contact:

ShrutiUppal@cordisbright.co.uk or cathiewilliams@btinternet.com

---

Transforming Adult Social Care: Information, Advice and Advocacy

2. General

1. Name of person completing this survey

2. Job title

3. Authority name

4. Authority type

○ County

○ Metropolitan

○ Unitary

○ London Borough

Transforming Adult Social Care: Information, Advice and Advocacy

3. The information, advice and advocacy needs of your population

5. In relation to Transforming Adult Social Care, how important do you think the following are (with respect to your other current service priorities)?

	Not at all important	Not important	Neither important nor unimportant	Important	Very important
Information	○	○	○	○	○
Advice	○	○	○	○	○
Advocacy	○	○	○	○	○

6. How confident are you that you know

	Not at all confident	Not confident	Neither confident nor unconfident	Confident	Very confident	Don't know
The information needs of your population?	○	○	○	○	○	○
The advice needs of your population?	○	○	○	○	○	○
The advocacy needs of your population?	○	○	○	○	○	○

7. Have you carried out any research and/or analysis to inform your answers to Question 6?

	Yes	No
In relation to information needs?	○	○
In relation to advice needs?	○	○
In relation to advocacy needs?	○	○

If you have answered 'yes' to any of the above, please tell us what you have done

8. If you did carry out any research or analysis, please explain how this changed your provision.

Transforming Adult Social Care: Information, Advice and Advocacy

4. Your strategy for providing or supporting information, advice and advocacy

9. Do you have in place a documented strategy to address any of the following?

	Yes	No
Information needs?	◯	◯
Advice needs?	◯	◯
Advocacy needs?	◯	◯

10. If you have answered 'Yes' to more than one part of question 9, do you have a single strategy incorporating more than one type of IAA need, or do you have separate strategies for each? Please tick one of the following options:

◯ No strategy

◯ Strategy in development

◯ A single strategy for all IAA needs

◯ Different strategies for different IAA needs

11. What are the key gaps or most important areas to update (if any) in your current IAA service/strategy? Please tick all that apply.

☐ No gaps

☐ Developing / collating an information base

☐ Partnerships, including sharing information and effective referrals

☐ Marketing / making accessible existing information

☐ Developing and improving standards and quality assurance of IAA provision

☐ Technological solutions

☐ Needs of socially excluded

☐ Engagement of the public in service provision

☐ Recruitment, training and retention of people to provide services

☐ Identifying potential providers for additional IAA

☐ Other (please specify)

Transforming Adult Social Care: Information, Advice and Advocacy

5. Information and advice services

12. Which of the following forms and locations of INFORMATION services for adult social care does your authority provide or fund? (Tick all that apply)

☐ Corporate website

☐ Corporate call centre

☐ One Stop Shop

☐ Social Services-specific website or kiosk

☐ Social Services-specific contact centre

☐ Through assessment and care management teams

☐ Centre for Independent Living

☐ Through other user-led organisation/s

☐ Through small number of large contracts with independent sector

☐ Through many small discrete contracts for separate services (i.e. separate for people with Learning Disabilities, older people, people with mental health problems, carers, etc)

☐ Contract with national organisations

☐ Other (please specify)

Transforming Adult Social Care: Information, Advice and Advocacy

13. Which of the following forms and locations of ADVICE services for adult social care does your authority provide or fund? (Tick all that apply)

☐ Corporate website

☐ Corporate call centre

☐ One Stop Shop

☐ Social Services-specific website or kiosk

☐ Social Services-specific contact centre

☐ Through assessment and care management teams

☐ Centre for Independent Living

☐ Through other user-led organisation/s

☐ Through small number of large contracts with independent sector

☐ Through many small discrete contracts for separate services (i.e. separate for people with Learning Disabilities, older people, people with mental health problems, carers, etc)

☐ Contract with national organisations

☐ Other (please specify)

14. What types of needs do information and advice services cover? [Tick all that apply]

	Information	Advice
Social care and support	☐	☐
Current availability	☐	☐
Cost	☐	☐
Quality	☐	☐
Health	☐	☐
Housing	☐	☐
Transport	☐	☐
Benefits	☐	☐
Leisure	☐	☐
Financial advice	☐	☐
Community activities	☐	☐
Employment	☐	☐

Other (please specify)

Transforming Adult Social Care: Information, Advice and Advocacy

15. How do you think local people get explanation, advice and personalised information about social care services (whether or not they are eligible for financial support from the local authority)? (Tick all that apply)

- [ ] Care managers
- [ ] Social workers
- [ ] Local authority information services
- [ ] Local voluntary organisations
- [ ] National voluntary organisations
- [ ] Other national organisations
- [ ] Family or friends
- [ ] Professional advisers (e.g. financial advisers, solicitors)
- [ ] Leaflets and written information
- [ ] Website

Other (please specify)

16. Please name the organisations, apart from the Local Authority, that you think are the main sources of information and advice for your population.

Transforming Adult Social Care: Information, Advice and Advocacy

6. Advocacy services

17. Which of the following ADVOCACY services does your authority provide or fund? (Tick all that apply)

☐ Advocacy from assessment and care management teams

☐ Centre for Independent Living

☐ Advocacy from other user-led organisation/s

☐ Advocacy through a small number of large contracts with independent sector

☐ Advocacy through many small discrete contracts for separate services (i.e. separate for Learning Disabilities, Older People, Mental Health, carers, etc)

☐ Other (please specify)

18. In relation to eligibility, what kind of advocacy services does your authority provide? Please select one answer only.

○ A universal service only

○ A service with eligibility criteria only

○ A combination of universal services and services with eligibility criteria

19. Does your authority provide

○ A single service for all groups who use adult social care?

○ A range of separate services, e.g. for Mental Health, Learning Disabilities etc?

Transforming Adult Social Care: Information, Advice and Advocacy

8. Thank you

Thank you for taking the time to complete this survey.

Please click 'done' to submit your responses and exit the survey.

Appendix 4
Social Care Websites

1   Local authority sites: findings

Sites with pages for specific groups of people

Carers

Most sites reviewed provided a considerable amount of information for carers. This usually covered:

- definition of what a carer is
- information about direct payments
- a 'guide for carers' to download.

While a good number of sites provided information about financial support, none of the sites explained what amount of money someone could expect to get.

Kent County Council and Bristol City Council have online self-assessment tools for carers and specific groups of people, to help them identify what sort of support they might be eligible to receive. The websites also have a guide to how to complete the self-assessment and a downloadable PDF form for people who may not wish to complete the form online.

Rather than reproducing information, Croydon points the visitor to the 'carers' page on the DirectGov website for information on the carers allowance and grants. This is a helpful approach, ensuring that the information is consistent and authoritative and avoiding duplication.

Most sites refer to a carer's assessment and what is involved, although some make the assumption that a visitor will already know what a carer's assessment is. Some sites provide a range of different numbers for carers to contact, including signposting to welfare benefits advice and disablement information and advice.

Examples of good practice include Doncaster Council's website, which lists the following and provides links on where to find more information:

- Attendance allowance
- Carer's allowance
- Constant attendance allowance
- Council tax discount & benefit and housing benefit
- Direct payments
- Disabled facility grants
- Disability living allowance
- Fare exchange
- Health benefits and help with prescription charges
- Incapacity benefits
- Income support and pension credit
- National insurance credits / home responsibilities protection
- The social fund
- Working tax credit and child tax credit.

Kirklees has helpful sections (all containing several pages/documents) on:

- taking a caring role
- support for you (having a break)
- day care
- practical help for you and the person you are caring for
- travel
- holidays
- dementia support
- drugs and alcohol support
- legal issues
- benefits and finance.

Merton has the following useful documents:

- how to get help if you are looking after someone else.
- carer eligibility criteria (although this was quite complex)
- A-Z of carer services:
- includes who / what the service is; who to contact; who it helps (physical, sensory, older people, children, mental health, people with learning disabilities, drugs and alcohol, HIV / Aids)
- also says information can be provided in 12 languages – from Arabic to Polish.

Older people

While most sites did not cover all of the areas listed below, the following issues were covered by at least some of the information available on council websites:

- Home care, day care, respite care, emergency alarms, advocacy, befriending, support groups and services
- Home services – meals, shopping, cleaning, gardening, repairs, removals
- Equipment and adaptations – advice and information, suppliers, wheelchair hire
- Health – services, support groups
- Housing – council housing, housing associations, private rented housing, housing advice, residential & nursing homes
- Finance and money
- Leisure activities
- Social groups – coffee mornings, lunch clubs, social groups, places to meet

- transport
- safety and security
- national and regional organisations
- incontinence laundry service
- leaving hospital
- occupational therapy

People with learning disabilities

About half of the websites reviewed grouped people with learning disabilities under a general heading 'disabilities'. Two sites had no information at all for people with learning disabilities.

Kirklees is a particularly good example of a site that provides clear and comprehensive information for people with learning disabilities and their families. It includes:

- Making change happen – discrimination guide, valuing people
- Being in control – person-centred planning, advocacy
- Housing – different types (care homes, short breaks, service to help live in own home)
- Work – getting work, different training projects
- Getting support
- Transition from child to adult – housing, grants, guides for young people leaving care services
- Keeping safe – top tips, reporting abuse
- Social, leisure and getting around – education, day opportunities, resource centre
- Carers – guide, assessment
- Money – guide for disabled people, direct payments
- Health – guide for disabled people

There is also audio information for those with sight problems.

People with physical disabilities

All of the sites reviewed contained information for people with physical and sensory disabilities. Information for this group was hidden under 'adults and older people' on some sites, which made it difficult to find.

Mental health

Most of the sites reviewed provided little information on mental health services, simply saying that they could support people and giving contact details.

Sefton Council's website is an exception: it provides a mental health directory with information on a number of organisations, including contact details, descriptions of what they do, how to access the services and opening times.

Drugs and alcohol

The visitor often needed to use the 'search' functionality to find relevant information, but most sites had some sort of information for this group. Several simply provided a link to a drug and alcohol action team (DAAT) website, as many DAATs have a separate website.

Most talk in general about their strategy, but not necessarily about what enquirers might do if they had a drug problem or were concerned about someone. However, many sites had fact sheets and links to external organisations including the government website 'Frank'. Some of the more helpful information included details of local 'drop-in' and advice sessions.

East Riding provides a 62-page document on drug treatment services including the referral process, treatment process, range of services, young people's services, and contact details. Waltham Forest provides details on what the services are, who can have them, will I have to pay, how to access the services (adults and young people), rehab service, how to get the service, external providers, and national links.

HIV/AIDS

Again the visitor will often need to use the 'search' function to find relevant information, but most sites had some information for this group of people, even if it was just contact details for the council. Around one third of the sites only had pages dedicated to children with HIV/AIDS.

Waltham Forest's site contains examples of good information with a range of external links and clear information about what the council offers, who to contact, information for children with HIV, and other services (for example an HIV dietician).

2.   National sites: findings

Age Concern

The national Age Concern website provides a wide range of documents, publications and checklists covering age discrimination, care and support, consumer issues, end of life, health, housing, income and pensions, leisure and travel, living abroad and working and learning.

With so many categories of information available, personally relevant information can be found for most areas such as 'going into hospital', 'finding a care home', 'guide to direct payments' and 'dealing with life after your partner dies'. There is really no need for local authorities to duplicate this information. Specific information about care and support and housing would need to come from the local authority, but general guidance on rights, what to ask and what could be available is covered here.

Accessibility/information provided in different formats

Visitors can choose text size as small, medium or large.

The site promotes:

- 'text help' – a service for the visually impaired that reads words out to people as they are on the site.
- a freephone information line.

The site does not appear to promote large print, audio, video or information in other languages, although the freephone information line may be able to help with these.

Advice and advocacy

The site includes useful links related to ethnic minorities, carers, consumers, disability support, general information and advice, health, housing, income and finance.

Visitors can also search for their nearest Age Concern and other local services.

In Control

Many of the pages on this site took considerable time to download, and when they eventually did there was not much detailed information available. Areas such as 'fact sheets' and 'advice line' were 'coming soon' and a downloadable PDF about self-direct support would not download due to an error.

The site is working towards providing information in a variety of formats:

- a DVD – how to be in control of my own support, which covers money, making a plan, getting the plan agreed and, organising my money and support
- fact sheets – the site lists a number of fact sheets but these are not yet available for download
- advice line – not yet available – coming soon in 2009.

Direct Gov

Overview

The Direct Gov front page invites the visitor to browse either by subject (including 'health and wellbeing' and 'home and community') or by people (including 'caring for someone', 'disabled people' and 'over 50s').

Over 50s

Within the 'over 50s' section options include:

- home, care and community
- working
- retirement and pensions
- benefits
- over 50s health and wellbeing
- travel and leisure
- end of life.

Within 'Home, care and community' are options including:

- staying in your own home
- supported housing and care homes
- carers
- your community and environment.

Within 'staying in your own home' are options including:

- help with heating
- nominating a helper
- adaptations and equipment
- support to stay at home – which includes information on assessments, care, adaptations, employing a carer or personal assistant, shopping and home deliveries and links to local authority websites.

The links to local authority websites might be more helpful if higher up the hierarchy of information.

Disabled people

This site provides excellent information for disabled people and their carers including: information about employment; education and learning; motoring and transport; home and housing options; travel, holidays and breaks; financial support; rights and obligations; everyday life and leisure; health and support; and disabled parents.

Personally relevant information includes information about work schemes and placements, support at school, blue badges, adapting your home, and disability living allowance. The section on carers allowance points people to information, advice and advocacy services, provides online and downloadable assessment forms, provides various claim packs in PDF, provides information on who is/is not eligible, how much it is, how it is paid, and how it affects other benefits.

Accessibility/information provided in different formats

Information is available on-screen and as downloadable PDFs and many assessments can be completed online.

Information is available in large print, Braille, CD or tape. The site includes videos using sign language, offers interpreters for telephone calls and face-to-face visits and also offers text phone / type talk for the hard of hearing.

Advice and advocacy

The site lists a variety of phone numbers for different departments and issues which implies that the person answering the call will be able to deal with the query – such as different numbers for attendance allowance, carers allowance and disability living allowance.

The site also lists external organisations and charities with a summary of what they do and who they support, their full contact details and opening hours.

Carers UK

Information for carers includes information that is specific to particular situations:

• New to caring – the first 20 steps to getting support, what help is available, the sort of things that are/aren't charged for, what sorts of breaks are available and how to organise them. It even provides a sample letter that can be used to request care
• Financial help – what is available, work and caring
• Coming out of hospital – what the process is, what to think about beforehand, what happens on the day
• When caring ends – making the decision to go into a care home, dealing with bereavement.

The site has a well used online forum where members can discuss their particular situation and get advice from other carers/Carers UK staff.

Carers can sign up to email newsletters and find out about emergency schemes in their local area.

Accessibility / information provided in different formats

Some documents are provided in six different languages and there is a Welsh language website. Visitors are pointed to the Department for Work and Pensions website where other documents have been translated into other languages (unfortunately the links did not work).

There does not appear to be any mention of information being available in large print or audio formats.

National Centre for Independent Living

The site includes a directory of local support services which provides name, job title, department and full contact details for relevant organisations. Unfortunately lots of searches resulted in no results or errors.

The site includes information about some useful documents and books that can be purchased such as 'direct payments for mental health users', 'rough guide to managing PAs (direct payments to employ a personal assistant), and 'everything you need to know about direct payments'. It also includes downloadable kits for employers and a discussion forum (a user name and password was required, so its usefulness could not be ascertained).

The site also provides some useful links to external organisations. It would have been more useful to provide a summary of what the organisation does (not just the name) and unfortunately many of the web links did not work.

Members can subscribe to a monthly newsletter.

Accessibility

For the visually impaired the site clearly offers visitors the ability to select the text size as small, medium or large and to select a colour scheme.

Mental Health Foundation

The site includes information on how to get help (and provides links to the Samaritans), general information about mental health and news articles, organisations and events as well as bulletin boards and forums where mental health issues and personal stories are discussed.

The best thing about this website is the A-Z list covering specific problems, issues and treatment options. Each fact sheet covers matters such as 'what is it', 'what causes it', 'is there a treatment/cure' and 'information for carers'.

Information is provided in a number of different formats.

There are a number of wellbeing podcasts, online fact sheets and downloadable publications and visitors can sign up to a newsletter.

Mencap

For people with learning disabilities the site includes videos and simple, easily accessible paragraphs on money, working and benefits. It has several downloadable booklets and an online calculator to help people manage their money.

For families, the site provides limited information on carers' rights and money matters, but does include some really useful information targeted to different age groups. For instance 'pregnancy and diagnosis' contains information on dealing with the diagnosis, tests during pregnancy and understanding disabilities, whilst the '5-13' section contains information on choosing a school, statutory assessments and making friends.

There are also blogs and videos of other parents telling their story (with transcripts for the hard of hearing) and a family and carers forum.

The site includes a search facility for people to find local groups covering specific areas such as advocacy, housing and employment. Unfortunately many of the searches revealed no results.

3.   Good practice

Finding information

A user needs to be able to quickly find what they are looking for. This may be done using browse or search functionality.

- **Browse** is where users pick a category and drill-down until the find the information they are looking for.
- **Search** is where the user types words or phrases into the website's search functionality.

The 'search' function can result in a raft of irrelevant information, so most people prefer to use the browse function unless they can't find what they are looking for, when they then revert to using 'search'. The vast majority of sites had a search function. Given the amount of information on these websites and the fact that some are quite difficult to navigate this is vital.

Most have it at the top, but a couple have it in an unusual place which is difficult to find (for example at the bottom of the page).

Best practice

Some general rules on ensuring navigability are:

- ensure the user knows what page they are in
- highlight the page in the left hand column
- use complete thumbnails
- use anchor links to help navigate around pages with lots of information
- never list links at the top of the page that send people to other parts of the site
- provide PDFs and other useful documents that people can download, but ensure they are promoted within the body copy (not just as a link)
- use contextual links to point people to other useful information in other parts of the site (funding information), but ensure you explain in enough detail what they will find
- ensure external links open up a new window.

Where to store social care information?

Most sites put information on the services concerned with a category called 'health and social care' whilst a smaller minority call it simply 'social care'.

Because there is a vast amount of information within a council's site, information on specific types of health and social care tends to be located at the secondary level i.e. two clicks from the home page, for example:

- home/health and social care/older people.

A few hold the information at the tertiary level (three clicks from the home page):

- home/living/health and social care/older people or
- home/services/health and social care/older people

Best practice would appear to be to hold it at the higher secondary level.

The further into a website the user is, the more difficult it becomes to navigate around. The visitor should be able to identify:

- where in the site he / she is
- how to go back up a level
- how to delve deeper into the subject area (ie down a level)
- how to easily get to any other part of the site.

Many sites suffer from directing visitors to other parts of the site or external websites without telling them. This confuses visitors and makes it difficult for them.

Different councils tackle this in different ways. Some sites use the word '(external)' as part of the link – this is an example of good practice.

Ways of managing different levels

One approach is to show all the levels on the left hand side of the page, as in the example below:

Thumbnail (the trail used by most sites at the top of the page to show visitors where they are) and left hand navigation clearly indicate where the visitor is within the site
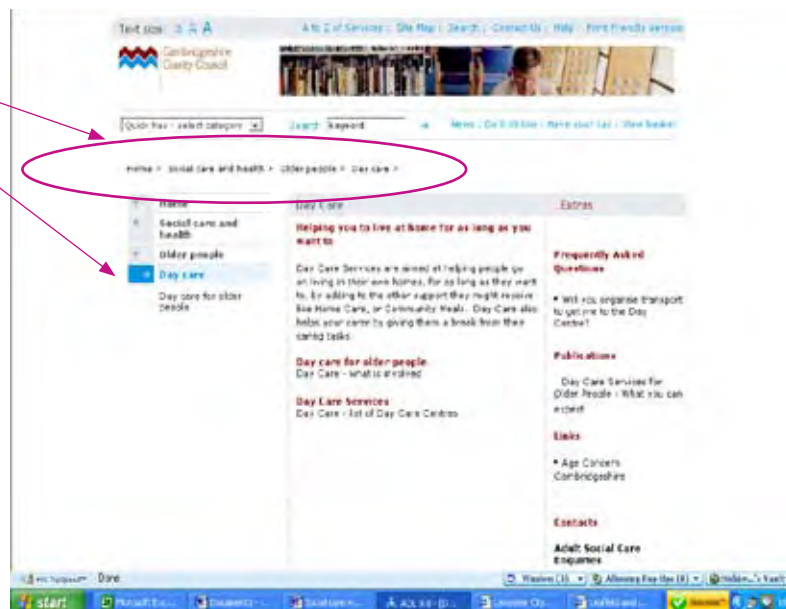
But, when going down one further level to 'Day care for older people', the thumbnail remains the same.

Thumbnail and left hand navigation remain the same

Ideally the thumbnail for the above page should read:

Home > Social care and health > Older people > Day care > Day care for older people

A second approach is to show fewer levels in the left hand (LH) navigation.

Leicester City Council tackle this by using the LH navigation to show the level the visitor is at and information one level higher and one level lower. The site was simple to navigate and the only site reviewed that did not have any information in a right hand (RH) column.

While the pages are often quite long to read, users are directed through the information in a sensible manner, are not confused where to look and hence are unlikely to miss any important information.
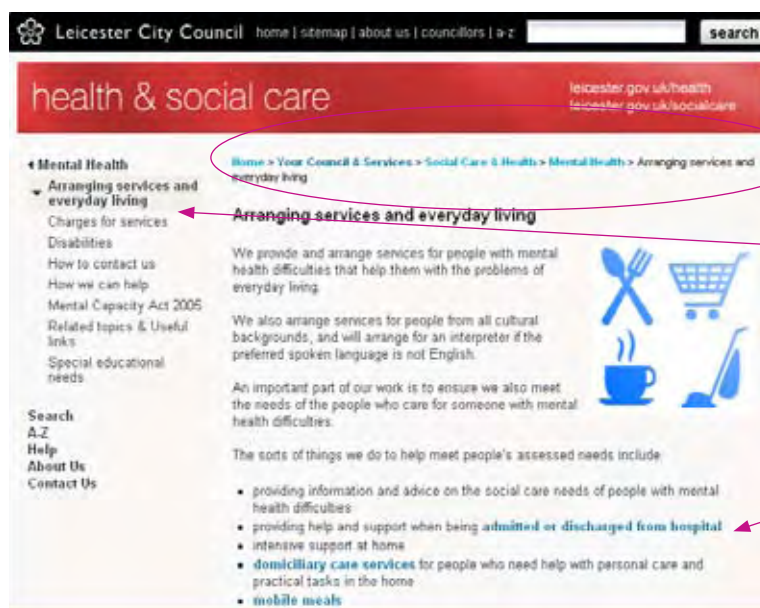
Thumbnail clearly indicates where the visitor is within the site (including number of levels)

LH navigation provides details of the current page and one level up and down

All information is provided in main section with contextual links (hyperlinks within the text) without the need for RH promotional boxes

A third approach is to highlight the page in the LH navigation, for example:
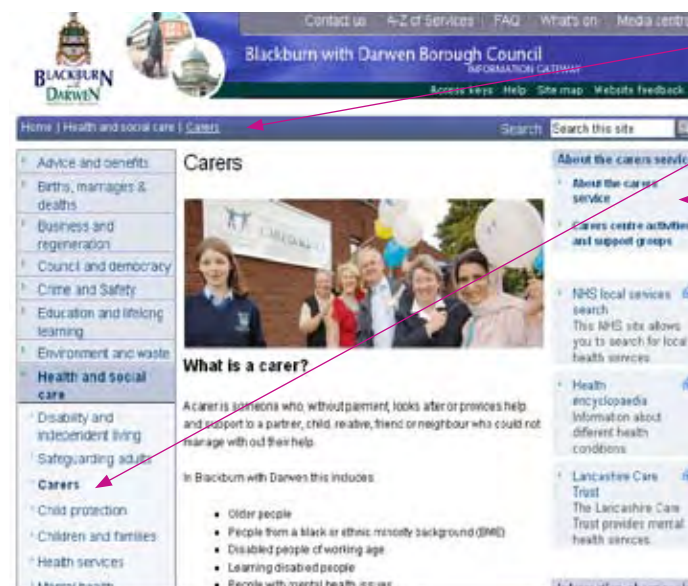
Thumbnail clearly indicates where the visitor is and the page is clearly highlighted in the LH navigation

Additional information on this section could get lost when other less relevant information is also shown

Merton Council's website is an example of a site that has a clear structure and is easy to navigate (although not every page follows this structure). The use of different fonts for different types of information helps considerably, as follows:

• Introduction
• In this section (duplication of LH panel is good as it is not missed)
• See also (good as implies that person will be sent to a different part of the site)
• Support groups
• Related websites

Managing additional documents and information

Visitors who are interested in the content tend to read to the bottom of the page. Particularly in cluttered pages, they may not always spot links on the right hand or left hand side of the page. It is often better to include links at the bottom of the page rather than in a place where it could be missed.

Many of the sites reviewed obviously wanted to point people to additional documents or external links, but instead of using 'contextual links' (hyperlinks within the text) they directed people to click on the link in the right hand panel. It would be much better to use contextual links and provide a brief line/paragraph of what the visitor can expect to find when they click on it.

Contextual links are particularly useful for information that is consistent across a number of services. For example it is a good idea to put 'financing' and 'contacts' in one place rather than duplicating the information several times.

Many sites use frequently asked questions and visitors like these. More sites could make use of these.

External links

Usually it is better to point people to external websites rather than to try to duplicate all the information. Links to external websites should always open in a new window. Many sites make the mistake of not doing this. Visitors end up visiting an external site and, short of pressing the 'back' button several times, they then find it difficult to get back to where they were.

Examples of good practice

Blackpool Council's site is an example of many aspects of good practice; it is well structured, easy to navigate around and makes good use of new windows to ensure that the visitor does not get lost.
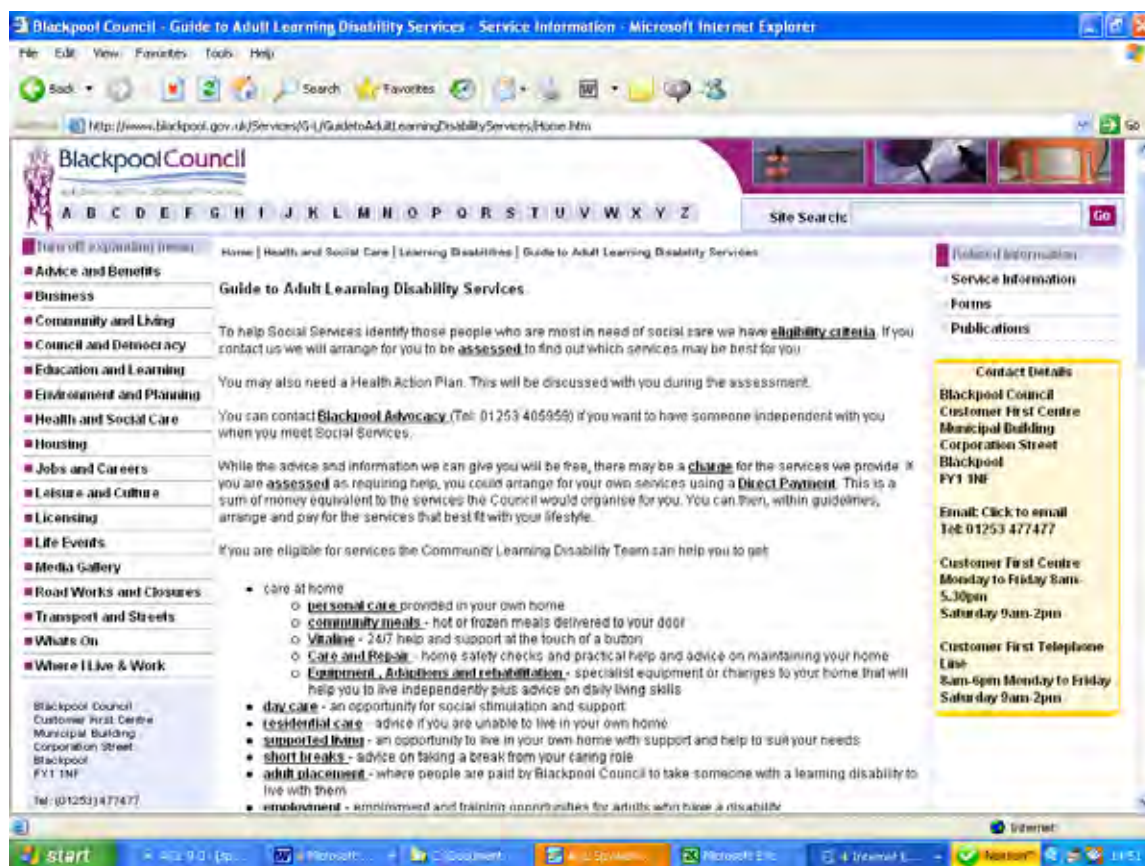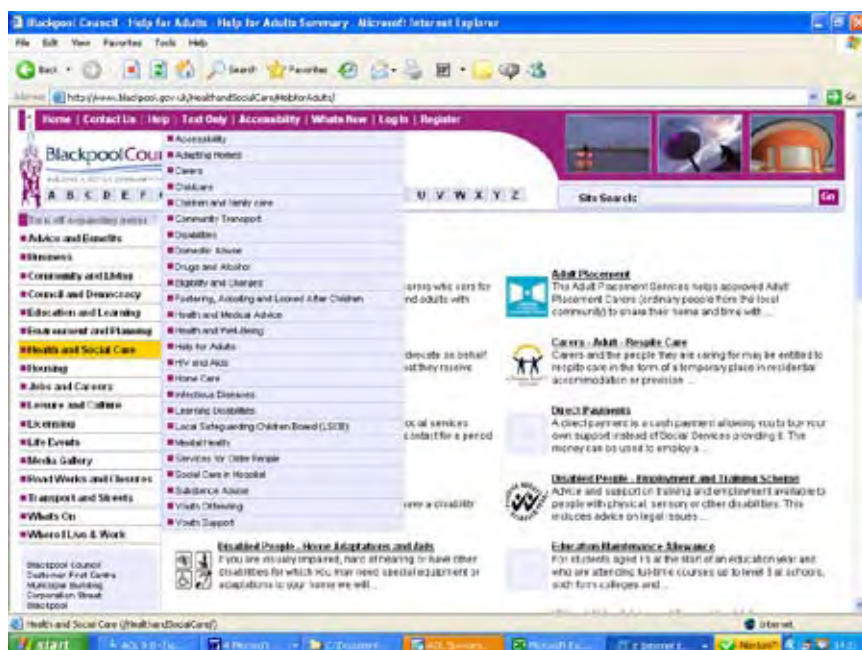
Structure

The Blackpool site features A-Z listings across the top of the page

It allows the user to get to where they want to go in one click by having a 'hover over' that shows the secondary level:

The site provides information like a portal, rather than giving an introduction with contextual links. This is easy to navigate around. Contextual links should open up in a new window:

Appendix 5
Summary of work in selected local authority areas

Authority	Tower Hamlets
Who was involved	John Goldup, DASS, LBTH Helen Taylor, Head of Commissioning and Strategy LBTH Sarah Ford, Personalisation Lead LBTH Shaw Rahman, Chrisp Street Ideas Store Manager LBTH Debbie Walker, Age Concern Rupert Williams, St Hildas Sister Christine Frost, Neighbours in Poplar A number of people with disabilities who, with their supporters and advocates, contributed the work they were doing on aspects of delivery of information, advice and advocacy.
What we saw	Chrisp Street Idea Store This is one of five flagship library, information, reading, learning and PC access environments with RIBA awards for good access. There are 1,200 visits a day. Has spaces for reading papers and books and PC access – including specialist keyboards and readers etc. Other Idea Stores have coffee shops. There are defined spaces for the very young and for teenagers Lifelong learning is delivered and there are rooms for activities/classrooms. There are sessions/surgeries including job advice, CAB, legal advice, early years, golden years. The plan is to build in social care advice sessions. They are also thinking of developing with smaller hubs like Tesco Metro.
What they gave us	Idea Store activities and learning programmes
Good practice	People using services providing information, advice and advocacy. A focus group in Tower Hamlets involved people with disabilities and their supporters who were providing a range of information, advice and advocacy, including writing specific leaflets, providing information about and support into employment, information and support in relation to benefits, and peer information and support for people with learning disabilities. **LinkAge Plus** The outreach has been evaluated as successful (10 workers cover the borough) and a group of local third sector organisations deliver it. Those providing it perceive the benefits as being that it is strongly locally based, they are autonomous in how they deliver and can be flexible. They feel that small local advice services that are culturally sensitive are essential. Written information has a limit to what it can do (eg they now no longer translate into Somali as it is not locally a written language). Interpreters have been known to misinterpret and to add in direction. Services need age, gender and cultural diversity in order to 'get it to people directly'. The workers function to reach in and know the communities. They link people to resources and do some capacity building. They will put people in touch, book appointments and sometimes escort. They target people who are isolated because of not being able to get out of their front door or because of language or culture. They work through established advice outlets (30) and centres and have access to pro bono legal advice from a law firm. A key success has been a day centre for the Bangladeshi community which has now become mixed through adding in DWP pensions and legal advice services.

They are integrating commissioning (and some nursing and care management) with the PCT and have created a personalisation lead post. They are now starting to think about the 'operating system'. They say that their initial overall concentration was on individual budgets (IBs) and that it has relatively recently become apparent that they are not much use without IAA (and support planning, brokerage, support with managing services etc.) The 'administrative arrangements' of the IB, resource allocation system, self assessment have to be linked to the 'interpersonal arrangements' of IAA.

They have been working on a resource allocation system and self assessment process.

They plan to work on information, advice, advocacy and brokerage and on developing labour market/ community capacity.

They are building on:

- a number of advocacy initiatives
- LinkAge Plus
- Idea stores
- the health and wellbeing strategy that proposes centres for health and social care staff that they are now thinking about in relation to IAA outlets
- health networks and polyclinics
- corporate contact centre
- one stop shops (though these function largely around housing issues).

They haven't yet thought about any inter-relationship with family information services.

Key issues:

- Is this the end of social work or a re-birth?
- What's the role of the council and third sector? Politically locally the very positive view about small third sector bodies might be key.
- How to manage the information and knowledge base – key that it is web based but how to engage people with it. Corporately the council is developing a channel strategy that may help with this.
- How to link the information/knowledge base to the delivery mechanisms (LinkAge Plus, Ideas stores, centres). Possibly see common operational practice by way of internet links to the the council information base that can be used across the settings.
- Key issues about isolated individuals and communities and how to reach people who do not get out of the house and are least likely to have internet access. There is some track record of addressing this through LinkAge plus, working through mosques and community leaders etc, but acknowledgement that some needs are taboo in many communities.
- Key issue about community capacity building – both to provide IAA, to deliver IAA and to deliver social support and care. Support into employment and community development are key components of this.
- The PCT is working on social marketing and the council are thinking about tailoring information in this context – for instance telecare was difficult to get off the ground.
- The national/local dimensions: IAA is perceived as building from the bottom up (though a lot of organisations are both national and local). Some specialist information and financial information is best drawn from national sources.
- Also identified that they may need to think sub-regionally (not often done) or as being a national specialist source for some communities (for example Bangladeshi).

Authority	Gloucestershire
Who was involved	Margaret Sheather DASS

Paul Baker, Rosie Callinan, Kay Patel – Contact Centre staff and Village Agents

Caroline Smith, Mary Dignan – NHS, Sue McClung, Katie, Nadine, Gill Glover, Pamela Dewick – third sector and advocacy organisations, B Wragge – Cotswold District Council

GCC group: Jo Hand, (Libraries and Information), Paul Baker, Kay Patel, Carey Wallin (PPF). Carole Chenery (OT), Fiona Jones (Strategy and Planning), Rosie Callinan; Brenda Yearwood |
What we saw	The contact centre
What they gave us	Advocacy strategy, village agents documentation, call centre prompt sheets for seeking initial contact plus information, statistic on usage
Good Practice	Information and advice is linked to community development/building social capital and reaching isolated people. Screening for additional need and fast-tracking for callers to the contact centre (corporate) which originated in care direct as the adults' and children's helpdesk (customer services is in the same directorate as adult social care). This is linked to the 30 village agents: a scheme developed through LinkAge Plus. These are complemented by community agents who deliver services in key community languages. The agents work through community networks and do basic home safety and benefits checks as well as link to social activities, support and care. Agents actively signpost by referring people into the services the need. They are building significant very local knowledge and information at the level of 'the butcher delivers on Thursdays in x village'.

| **Key thinking** | Thinking is at an early stage strategically. A 'Putting people first' programme manager has just started. Gloucestershire are building on: |

- the call centre
- the village agents
- strong relationships with the Third Sector
- the advocacy strategy

They find it helpful to think about the operational administrative systems of transformation and the interpersonal dimensions of information, advice and advocacy.

Reaching isolated people in rural areas or whose first language is not English has been a key focus, including extending awareness of what there is, starting from the individual and their networks.

The approach is also informed by the tensions between the work economy and the family and community economy. They are considering developing different forms of volunteering including opportunities for one offs or occasional activity.

Managing the information: work is developing with libraries and linked to the contact centre to rationalise the information base. This needs to support the contact centre, front line staff, agents and voluntary organisations and public enquiries. Currently 'Guide' is key to this. Different forms are under consideration, including merged databases and links as well as consideration of provider and citizen owned forms.

Managing awareness and knowledge: ideas included regular adverts/articles in the local media. GPs may be critical links into older people but years of effort to encourage them to make links has not been hugely successful, therefore may consider how agents can 'piggy back'. Small social enterprise might flourish if this can be made to work.

The national/local dimensions were perceived as a national source for common statutory entitlement like pensions and benefits, key specialist information such as that provided by national voluntary organisations, a framework to lessen the impact of 'doing it 150 times' 'and all the rest should be local'.

When groups were asked what they wanted for themselves, the responses were: knowledgeable people who also understood that asking for help has an emotional impact and that care and support is not a commodity, accreditation of services and support so that it is safe, and some privately paid for information, advice, advocacy and brokerage services.

- libraries and information services have a key role in information management, handling and retrieval.
- libraries are included in the mechanisms for delivery, and staff there are used to supporting people to access the information they need.

Authority	Kent
Who was involved	Oliver Mills — DASS Kent
	Michael Thomas-San — Head of Policy and Service Development
	Melanie — Project worker
	A group of older and disabled people who were developing strategy on information, advice and guidance together with council officers
What they gave us	Draft strategy
	Leads to the council website
Good Practice	Engagement of older and disabled people in the development of information, advice and advocacy in relation to a strategy for information, advice and guidance
	A council website that includes:
	• The facility for self assessment (which in practice is reported as being mainly completed with support)
	• Access to the care services directory which is formed of entries from providers and includes price, required links to CSCI reports and links to maps and can be searched by location. It is hoped to add availability to this. This started as a residential care database and domiciliary care is being added.

Key thinking

Kent are building strategy based on:

- corporate investment in information on the website
- the care services directory
- a social care call centre that is part of the corporate call centre. There is a process of building in information and advice capacity to this and it includes duty
- developing information standards (based on the ADASS Information Advisory Group policy)
- a review of formats for information, advice and guidance
- a Partnerships for Older People project that involves care navigators (support brokerage)
- work with the South East Regional Improvement and Efficiency Team, the Innovation Laboratory and the Young Foundation on the development of the Plan My Care system

Discussions included developing thinking about how interfaces between the administrative base for transformation (the information base, assessment system, Resource Allocation system and Fair Access to Care Services (FACS) and the interpersonal service requirements (explanation, advice, advocacy and brokerage) might best work.

A key challenge in relation to self directed support is that there are issues for people where self assessments, resource allocation systems and direct payments are developed without consideration to information, advice, advocacy and brokerage and where this means that they lose the support of a named care manager, the response to which is that 'that's not personal!'

Therefore the process and platforms might be represented as:

- universal access to information and assessment
- some targeted services with specific communities through voluntary and community services and advice
- a contact and assessment team that also provides information, advice and guidance and a fast track to equipment and enablement
- a full formal assessment that will be undertaken with enablement teams for people with more complex needs
- the application of a resource allocation system and FACS and its successor leading to the allocation of a personal budget
- access to brokerage/co-ordination services that could be provided independently (with accreditation), through user led organisations or through the local authority or all of these. There is likely to be some willingness to pay privately, it is believed, for comprehensive information, advice, guidance, advocacy and brokerage.

Key for all of this is a comprehensive information base that is kept up to date and which the public, the call centre, voluntary and community groups and brokers can access.

Kent have additionally made links with Saga and with Community Service Volunteers that will be pursued.

National and local dimensions are perceived as being that benefits and financial advice (including products such as equity release) should be managed nationally but that all other functions should be locally managed.

Authority	Leeds
Who was involved	Leeds Adult Social Care: Sandie Keene, John Lennon, Joy Marshall, Jemima Sparks, Janet Somers, Mike Sells
	Leeds PCT: Kathryn Ingold
	City Centre One Stop Shop: Seamus Doherty
	Armley Helping Hands: Dawn Newsome, Morgan Pugh
What we saw	City Centre One Stop Shop – One of 15 one stop centres across the city
	Armley Helping Hands – One of 40 neighbourhood networks across the city delivering and developing a range of service, support, activity and community infrastructure to the city.
What they gave us	*Older Better* strategy document and work plan; Leeds Linkage Plus review; a range of hard copy information including *The A to Z Health and Social Care Information in Leeds* (information book) and *Leeds Mental Health Directory – Quick Guide*; Documentation about neighbourhood network schemes; annual report, business plan and other documentation relating to Armley Helping Hands.
Good Practice	Neighbourhood networks have been developed and are well established throughout the city. They are voluntary sector organisations, locally 'owned', governed and managed and deliver a range of services, support and activities including information, advice and advocacy and other initiatives that support independence and wellbeing. The focus is primarily around the prevention agenda. Additionally, the network visited supports people with self assessment processes for social care as well as supporting statutory services with delivery of specific initiatives.
	Although significant funding is through service agreements with the council and PCT, the network visited also maintains an independence from statutory services through fundraising – for example through partnerships with local business.
	Through this model, information and advice is one component of a range of activities that support communities and people living in them – a product of making and sustaining relationships key to the development of trust and mutual support.
	Although the primary focus is on older people, there is an emphasis on intergenerational work.

Key thinking Key learning is available through the neighbourhood networks and through *'Older Better'* – a strategy to promote a healthy and active life for older people. There has also been learning from evaluation of the Linkage Plus and Partnerships Older People project. The model has had considerable success and provides a good range of building blocks which are seen as a basis for future development and to support delivery of the personalisation agenda. A strategic approach to the infrastructure and roll out of the networks is being developed to ensure consistency.

Joint strategic approaches are also being developed, both through a joint commissioning board and through joint visioning on delivery of personalisation.

The development of Wellbeing Centres – together with leisure services – is being actively considered in order to further develop the 'civic offer'.

Within services, information and advice is seen as crucial to delivery of the transformation agenda and, despite the various things that are in place, has been identified as a 'gap'. Significant initiatives have been taken (through the development of 'Infostore' (www.olderpeopleleeds.info) and a specific mental health information website) with a view to roll out across all adult services. Other action includes:

- Customer First projects, aimed at shifting availability of information and advice to first point of contact/'pre-prevention' with more proactive approaches offering a broader range of information and advice through Infostore and other processes.
- Action to ensure consistent quality across the range of contacts people might have with the authority (electronic/hard copy as well as through e.g. corporate/departmental contacts)
- Better alignment of customer facing services across the council – in particular with the network of 15 One Stop Shops throughout the city – with a view to the development and deployment of multi skilled teams. The emphasis on 'right first time' extends to out of office hours with 24-hour / weekend contact services being piloted.
- An 'end to end' project to assess impacts of self directed support, including testing of self assessment processes and the development of RAS which is being tested with voluntary organisations and user groups. There is a self directed support reference group to provide peer support to people considering personalised budgets and a user led online support process is being developed.

Key issues:-

- Cultural changes needed within the services and more broadly to deliver transformation.
- Information management – in particular in the context of a broader information base.
- Developing clarity about the 'universal offer' and of core business for the council/department.
- Assessing the impact of changing customer expectations and being in a position to respond to these.
- The impact on care management and workforce planning.

Authority	Barnsley
Who was involved	Senior Managers: Martin Farran, Avril Watson, Alison Rumbol, Joanne Price, Wendy Lowder, Ruth Jefferson, Helen Jagger (Berneslai Homes) Voluntary Sector Providers: Janet Hall (Making Space), Jill Morton (DIAL), Eleanor Richardson (Speak Up), Kim Fairhurst (Together), Annie Ferguson (Speakup), Kath Wright (Age Concern) User Led Organisations: (additional to representatives of provider group) George Ore, John Gothard Commissioners: Alan McGreen, Helen Norton, David Harper, Val Cole, Sally Brown, Sally Woffenden
What they gave us	• *A Strategy for Improving Access to Services* – Barnsley MBC • *Every Adult Matters – Barnsley's Vision for Adult Health, Independence and Well-Being* • CSCI report of safeguarding adults and delivering prevention services Inspection and associated papers • cabinet report and appendices regarding social care transformation • cabinet report and appendices re: Zero Based Review of Adult Social Care • range of Information provided by local voluntary organisations – hard copy/cd/ multimedia.
Good Practice	The Barnsley Participation Process (BPP) is a well established process for the development and delivery of community partnerships. It comprises the following elements: • Barnsley Arena – an independent user and carer led organisation • Non-statutory provider participation facilitated by Voluntary Action Barnsley (VAB) • Governance through a steering group comprising the council, the PCT, Barnsley Arena and VAB The Barnsley Arena, as an expert by experience group, is a focus for information and support for local people and for consultation and engagement with statutory services. The model has given longstanding commitment to user and carer led challenge and contributions to the strategic development of support and services, and positions the partnership well for the delivery of social care transformation Both Barnsley Arena and VAB are 'Host' organisations for the Barnsley LiNK.

Key thinking	**Components in the Barnsley strategy include:-**

- A council-wide strategy for improving access to and transformation of services. The availability and delivery of information and advice is identified as a component of this.

- 'Every adult matters' had been developed (in advance of PPF) as a shared vision for the delivery of social care transformation. The need for robust partnerships and the involvement of neighbourhoods and communities of interest to deliver the required outcomes is emphasised. Though partnerships are good, the scale changes required and alignment with priorities in other sectors is recognised as a challenge. Local cross sector performance management models will need to be further developed.

- Key learning is available from being one of the individual budget pilot sites and the work that has been developed in relation to self directed support gives a strong base.

- A number of work streams to ensure delivery are being put in place, including a 'Customer First' work stream with a focus on remodelling service access and response, the development of universal (whole population) information, advice and advocacy services, and further development of approaches to self assessment. Other work streams identify issues and approaches in relation to commissioning, systems and business process and workforce development.

- An adult social care public information strategy is being developed (target date March 2009).

- A commissioning strategy for advocacy services is being developed (April 2009).

- 'Universalisation' of services will be developed at the neighbourhood level.

Key Issues:-

- The need for cross sector workforce change, development and deployment. This includes 'frontline' roles, but also skill sets for commissioners .

- Development of commissioning strategies (and timescales) for 'progressive universalism' - maintaining an appropriate balance between the continuing need for need for targeted/ specialist services alongside the development of more cross cutting and generic themes.

- Provider side capacity and timescales for transition to new service models, including development of neighbourhood/micro services.

- Implications of new models of delivery for safeguarding.

- Understanding what represents 'good value' in future delivery models – assessing the impact of customer expectations and responding to these.

- The management of information.

Authority	Manchester
Who was involved	Fionnuala Stringer (Assistant Director), Diane Eaton (Programme Director)
	Barbara Guest (Head of Manchester Advice) Neela Mody (Customer Access Project Manager), Jonathan Mason (Project Manager, IBs), Deborah Russell (Head of Safeguarding), Nigel Hunt (Safeguarding Co-ordinator)
What they gave us	• 'Give me a life not a service' – adult social care redesign project
	• Individual budget progress update report
Good Practice	An adult social care web based information site – MyManchesterServices – (www.manchester.gov.uk/mymanchesterservices) was launched in June 2008 and was developed following learning that had been gained from the Manchester Gateway (POPPs) project. The site provides information about services and community groups across the city and enables identification of support and service at the local level through a postcode or ward search. Details are also available about where to seek advice, for example in relation to support planning, and so it enables an overview of the services, support and information that people are accessing to inform local needs future planning.
	Manchester Advice (www.advicekit.info), in partnership with the Manchester Digital Development Agency, have developed a means of delivering online advice services for people in Manchester either as a self help tool, email service and/or enabling private advice sessions.

The strategic approach to service change in Manchester is set out in the adult social care blueprint 'Give me a life not a service', a redesign project setting out what changes – together with their challenges and impacts on the organisation, staff and customers – will take place over a five-year transition. A key element of the strategy is access, with a focus on prevention a priority in order to prevent a 'long term journey'. Good information, advice and assessment available either through web based systems or face to face are essential to enabling access to the right support or service at the right time, while partnerships across organisations and with neighbourhoods will be key to enabling the correct menu of provider services. Potential for generic 'one stop' neighbourhood services is being explored.

- Learning is available from the Manchester Gateway (POPPS) - a single point of access or 'virtual one stop shop' for information and support to navigate services across the city. Befriending and visiting schemes and neighbourhood groups were also established through the project.
- A 'short term project team' involved in providing short-term interventions to people who are not eligible under FACS- criteria but who have need for support. Rather than simply signposting, very short term work is offered and evaluation indicates that more than 80 per cent of people supported through the service achieve good outcomes.
- Advocacy is identified as a key means of supporting people receiving self directed support, not least to ensure that appropriate safeguards are in place. There are a number of advice and advocacy arrangements across the city and a review of these services is in progress. A key outcome of the review will be the development of advocacy to people in receipt of cash IBs, for example in relation to further developing what is available on safe recruitment, financial decision making and so on.
- Reablement services developed through tendering for homecare services.

Key issues:

- Key challenges are identified in relation to workforce development and change.
- Clarity regarding current and future roles to ensure most effective use of skills, in particular across social work and care management, advice and advocacy – and across current/future access points.
- There are commissioning challenges to ensuring the right sorts of provision are available at the right time. Additional to the commissioning challenge, considerable work is needed with providers to ensure availability of appropriate services.
- Anticipating service/provider changes that will need to be available in the future and as customer choices change.
- Further development of quality standards and embedding these in commissioning processes.
- Getting greater clarity about the interface of 'universal' and 'targeted' services.

Authority	Lancashire
Who was involved	Richard Jones (Executive Director); Ian Forsythe (Communications); Don Rowbottom & Andrea Dixon (Well Being and Prevention); Angela Esslinger (Advocacy Strategy); List Lloyd (First Response in Customer Service Centre); George Kennedy (Social Care Information Manager); Ann March (Library Service); Steve Sinnot (Self Directed Support); Geraldine Moore (Age Concern & Help Direct); Melanie Close (Preston DISC); Dave Burnham (Head of Information Services)
What they gave us	*Help Direct* – update report; self directed support and personalisation communication strategy and communication action plan; *Self Directed Support Information Guide*; Lancashire County Library and Information Service enquiries survey; the library service information provision offer (part of a wider information strategy); *'Promoting Choice – Promoting Independence'* advocacy strategy; public information process overview. *Advocacy Services for adults in Lancashire* – CD; sample information leaflets
Good Practice	Help Direct is a new service open to all adults in Lancashire to help secure the 'bit of extra support they need to stay independent'. Help Direct has been developed from learning from LINKAge Plus and POPPS initiatives to provide a network of support through a lead third sector agency in each district. A 'bakers dozen' of practical help themes has been developed enabling access to information, advice and to a very wide range of practical supports aimed at supporting people to remain healthy and active, to keep home and garden in good order, to be in touch with friends and family and involved with their local community.

In addition to delivering practical supports, lead organisations will be developing greater collaboration between organisations delivering wellbeing services in the area.

It is intended that the model is further developed and trialled over a three-year period with a view to evaluating initiatives that have achieved most success. Infrastructures include:

• First Contact: developing awareness among key groups of staff (libraries, fire service, community support officers) to identify and refer on low level needs.
• Dedicated and common IT systems providing comprehensive local information and links to other web based system, along with developing potential for self assessment processes

Wider developments planned include third sector capacity building and the development of safe trader schemes. |

Key thinking | Components of the approach taken include:

- the development of a customer access strategy. This has key linkages to other corporate strategies and has four components – putting the customer first, a corporate approach to customer service; self service, enabling access electronically; phone contact with all access through a centrally managed customer service centre and face to face, enabling access through local delivery points. The first three components have been put in place and approaches to the face to face component are being piloted.
- a number of other strategic developments in place in relation to advocacy, self directed support, and information.
- the information strategy is managing a shift from service to customer driven information. Processes to ensure information is accessible and locally relevant include reader groups, and plain English vetting. Nationally available information is made locally applicable. A range of formats are available including CD/DVD. Web based information enables individually tailored fact sheets.
- the library service is developing its information offer, in particular in relation to the face to face component of the access strategy.
- a 'wellbeing directory' is being developed, currently referencing around 2,000 services.

Issues:

- information management – in particular in 'natural' access points (eg GP's are not social care information managers)
- workforce change and development – getting the right skills in the right place
- safeguarding and risk – broadening the agenda raises potential new liabilities, for example in relation to trader or gardening schemes
- capacity for change – in particular the scale of organisational changes required through PPF.

Appendix 6
Summary of discussions with selected national organisations

Counsel and care:

Stephen Burke, Gill Coombs, Anna Passingham and Michael Stuart

Counsel and Care contributed significantly to this work through:

- involvement in designing and commissioning the work
- provision of material for the literature review
- engagement in discussions about their experience of the needs of older people and their families and carers for information, advice and advocacy
- discussions about their advice service and examples of case work
- discussions about national and local dimensions of services.

Counsel and Care helps older people, their families and carers to get the best care and support. It provides in-depth information and advice for older people and their carers through a telephone advice service and website supported by 49 guides. The charity supports enquirers by discussing complex issues in plain English, helping people to clarify their options and make informed choices. They continue working with people until they have resolved their situation.

The advice service reaches over 250,000 people a year. Common issues include hospital discharge, care homes, benefits, capital deprivation, community support at home and adaptations.

Many calls are signposted from advice agencies such as local Age Concerns in recognition of Counsel and Care's ability to answer complex enquiries.

The charity sees that it fills a niche in terms of specialist advice about care and support for older people and their carers, and in terms of providing a service where people haven't been able to resolve their problems locally. They describe characteristics of the service as:

- callers typically get a phone appointment the same or next day for 30 minutes with an experienced adviser
- callers usually get a long letter detailing the advice and information given
- enquirers don't have to repeat their story when ringing back as they keep case notes and they can speak with the same adviser
- the team of advice workers has combined career experience as social worker, occupational therapist, advocate and in a home improvement agency
- they hold the Community Legal Service General Help with Casework quality mark
- a personal service for people who may have looked through lots of information but cannot make sense of it in their circumstances or where emotions are clouding what their choices might be.

Counsel and Care is also a key partner in FirstStop, which is a national, independent, free service providing access to information and advice about care, housing and finance in later life through one phone number and one website.

Counsel and Care were keen to 'ensure that the national and voluntary sector dimensions are fully reflected'. They wished to stress the strength of national approaches in terms of providing in-depth expertise, data sources, economies of scale, independence, trust and avoiding 'reinventing the wheel'. We also need to be careful not to dislocate discussion on care advice from housing, finance and benefits, which are of course interdependent for individuals.'

Foundation for People with Learning Disabilities

Alison Giraud-Saunders

The foundation works with people with learning disabilities, their families and the people who support them. They:

- do research and projects that help people be included
- support local people and services to include people with learning disabilities
- improve services for people with learning disabilities
- spread knowledge and information
- provide on-line forums for people with learning disabilities and their familes and carers
- provide training and consultancy.

A number of issues were raised in discussion:

- access to mainstream information and advice can sometimes be restricted by screening and people, if they recognise that a person with learning disabilities is involved, signposting them to specialist learning disabilities teams. For instance, some council call centres or one stop shops, CABs, or Job Centre Plus may screen and signpost to learning disability teams rather than providing a direct service
- there have been, however, some positive recognitions of the need for inclusivity: for example, a Care and Repair have approached the Foundation for Training to work with people with complex needs
- there are issues about advocacy and whether people have enough support to work their way through the financial, housing, employment and care systems of information and advice
- the information and advice services that are available nationally and locally could be better marketed: people in general are not aware of the huge array of services. The foundation doesn't provide direct individual information and advice services but gets a lot of enquiries, often because of a gap in services, or people aren't aware of local information and advice services

- people with ADHD/autistic spectrum/Aspergers can be poorly served and passed from pillar to post between mental health and learning disability services
- people expect information, advice or advocacy to be free: but there is little funding and largely people aren't willing to subscribe to it. People may, however, be willing to pay for a package that includes support planning and brokerage as well
- all the experience of direct payments and self directed Support shows that people get the most from them when there is interpersonal contact. They hear a lot from families that self directed support can frequently mean funding without support. There are key issues for people with learning disabilities and their families in relation to centres for independent living that haven't always been good at including them and indeed families can feel that they are hostile to them
- information should be sourced nationally where it is applicable across the nation. Locally information should be added that is particular to that locality. Explanation, advice and advocacy should be provided locally. There should be a national fall back by way of advice to challenge local organisations
- the concept of administrative/systems and interpersonal/interactive processes is helpful as part of Transformation and within which information, advice and advocacy sit
- confirming the developing taxonomy of i) managing the information base ii) managing knowledge and iii) organising the delivery mechanisms is helpful. There should be a range of delivery mechanisms locally.

Age Concern England

John Edwards

Current delivery

- there are about 350 local Age Concerns that all provide information. About 200 of these also provide advice

- about 45 per cent of advice is money related; 15 per cent is on social care and health. However, people needing advice on social care tend to be more vulnerable and more time is spent with them. fifteen per cent of advice episodes are undertaken via home visits.

Transforming adult social care

- in terms of TASC, Age Concern see support brokerage as an Age Concern role and are funding four Age Concerns to develop models. This will cover state funded people and others

- the model will include information, advice and practical help with setting up and managing support and services

- there is an issue about payment by individuals for their support brokerage – while some people probably would pay, many people may be discouraged from seeking independent advice if there was a cost to them

- the service should be accredited/licensed. Age Concern is involved (with other advice networks) in the development of a new quality mark for advice services

- support brokerage should deliver an independent view of availability and services. Therefore there needs to be a clear separation from service delivery and clear policies about conflicts of interest.

Capacity

- this is a big issue as lottery funding for Information and Advice has more or less dried up with its new criteria and Age Concerns rely mainly on LA funding

- if Individual Budgets are to work then people will need personal help with managing them and often it will need to be face to face.

Advocacy

- older people tend to think interchangeably about information, advice and advocacy services and providers also sometimes use the terms interchangeably. Age Concern's view is that advocacy gives or supports a voice rather than giving advice, but in many instances both elements are present during a conversation or relationship. IMCA has a strong fit and there is a lot to learn from advocacy services to help people to get to the point of organising their care based on having thought about their own needs and situation.

Local/National dimensions

- ACE (Age Concern England) provides a range of information/factsheets and some direct advice. They also provide some quality assurance and technical specialist advice to local Age Concerns and they facilitate regional meetings to share good practice and training. They are engaged with Counsel and Care and Help the Aged in relation to First Stop services

- local Age Concerns develop their own information banks and knowledge base. They are developing some good practice models in relation to reaching people who never go out of their house – eg Age Concern Liverpool have worked with GPs who may be the only visitors to some people. In addition, LinkAge Plus has a number of examples of good outreach and practical problem solving. John Edwards of ACE was on the national initiation group for this

- ACE are arguing through Opportunity Age for a national strategy for IAA.

Princess Royal Trust for Carers

Alex Fox

There are 140+ Carers Centres across the UK which identify carers, provide information, advice and advocacy, and support carers. They also provide services co-located in a range of other settings, including Job Centres, primary care, libraries and schools. The Princess Royal Trust has a national website for carers and an online support service for young carers. The trust's report on personalisation and carers was due to be launched in February 2009.

Key issues arising in discussion were:

- Information, advice and advocacy is a key component of personalisation and it isn't always and consistently getting attention yet as part of the implementation of 'Putting people first'. The sense of what personal budgets and direct payments are is becoming more widespread, but this is not yet the case for information, advice, advocacy and brokerage.

- There is a key issue to put before information, advice and advocacy and that is one that encompasses awareness raising, marketing and finding carers and signposting that information, advice and advocacy and services exist. Too many people struggle along until there is a crisis and many do not get out to access these services. The trust is starting work to identify the cost/benefits of identifying people earlier.

- However, information, advice and advocacy are not just preventative services: they are needed in an ongoing way together with support planning, support brokerage and the ongoing management of services and support. It is important that services can accompany people during the caring journey.

- There is a tendency to think about information in the context of a data warehouse as opposed to the basis of a personal service that involves explanation and advice. Single gateways and helplines only go so far. It is helpful to have a framework that includes all of these dimensions.

- There is a need to develop a common and inclusive language about information, advice and advocacy and it would be helpful to have a consensus on desired outcomes and standards.

National/local

- There is a role for national functions where information and advice are applicable across the nation and for where people get stuck locally.

Discussions with representatives from the Department of Health, ADASS, IDeA and LGA:

Helen Tomkys, Janet Walden, Jeff Jerome, Trish O'Flynn and Andrew Cozens.

Discussions at key points and on specific issues related to:

- making the research practical rather than academic
- clarifying that the research aspects of the work are about establishing what is provided by way of information, advice and advocacy as well as people's thinking for development to inform the next steps taken by the Transformation Board
- ensuring that there is a brief summary and recommendations
- confirming that the developing concepts of administrative/systems and interpersonal/interactive processes are helpful as part of transformation and within which information, advice and advocacy sit
- confirming that the developing taxonomy of i) managing the information base ii) managing knowledge and iii) organising the delivery mechanisms is helpful
- identifying key questions about what should be organised on a national basis and what on a local basis
- discussions about different models of information ownership – government, citizen, consumer, seller – and the different benefits and risks
- discussions about the social inclusion and community and consumerist models emerging.

There is an additional piece of work emerging in relation to the technological infrastructure which a number of software suppliers and consultancies are seeking to engage in the transformation context, and many of them are working in parallel with individual local authorities on personalisation. An event is being planned.

Key issues relate to:

- Access to the market (for example Care Bay, Plan my Care)
- The IT platforms and links
- Local authority boundaries

Preferences for the management of information, advice and advocacy appeared to be that it should be done locally except where the information is nationally applicable, for instance in relation to entitlement, or where there are very significant economies involved, such as in relation to the development of IT platforms. The exception to this was in correspondence with the Departmet of Communities and Local Government (DCLG) representative, who argued for the provision of national advice lines on the basis of quality and increased availability out of office hours.