Online advice to carers: an updated review of local authority websites in England

RESEARCH FINDINGS

Outsourcing support for (unpaid) carers from some Local Authorities (LAs) to Third Sector Organisations (TSO) has created a complex and fragmented system in England, demonstrated on some LA local websites.

During the COVID-19 pandemic life ‘online’ has enabled social connections to be maintained and information to be shared by those who can use this technology.

There is huge variation between LA websites, calling for technical improvements in a minority as well as changes in content and tone in others to improve communication with carers.

Around half of LAs or their contracted TSOs were making effective use of their websites to provide clear, user-friendly information for carers, to enable carers to avoid isolation and provide a valuable lifeline at a time of intense pressure.

Good practice could be shared relatively easily through national organisations.
The COVID-19 pandemic has presented unparalleled challenges for carers of significant others. It has also impacted on the levels of support Local Authorities (LAs) can provide to carers. The pandemic took hold in March 2020. In April 2020, Carers UK surveyed over 5,000 carers – 70% of carers said they were providing, on average, 10 hours a week more care and that they had anxieties over their own burnout as well as for the health of the person they support.

This project picked up issues arising from reviews of LA websites conducted at the University of Bristol (2016–17) and LSE/KCL (2019). These reviews related to the implementation of the Care Act 2014 and examined how LAs use their websites to share information and provide advice and support to carers. The temporary relaxation of these responsibilities in certain circumstances was permitted under the (emergency) Coronavirus Act 2020. The 2020 Act presented an opportunity to revisit these websites to see how carers were being advised, informed and supported at this time.

A review of websites does not, of itself, enable capture of data on all forms of contact between local authorities and carers but given the wider increase in online communication, it was expected that websites would be an important instrument for the provision of information, reassurance and guidance.

The data were organised into eight categories, based on the questions in the revised forms.

EIGHT CATEGORY TABLES
1. Impact of COVID-19 on existing services
2. LA approach to carer support in the context of COVID-19
3. Who provides assessment and support
4. Information and guidance for new applicants
5. Carers’ health and wellbeing
6. Safeguarding
7. Hospital discharge
8. Care homes.

The research team also noted what appeared to them to be promising and innovative approaches.

Methods
Publicly available information on the websites of 150 local authorities in England was searched (August – December 2020) to identify support available to carers. The research team aimed to identify:
- how local authorities use their websites to inform and advise carers about support and services available to them;
- how support and services for carers are affected by the COVID-19 pandemic.

A data capture form was produced for each researcher to complete, focused on the following questions:

On the basis of the online information in this Local Authority area:
(a) What support is available for unpaid carers, including from third sector organisations?
(b) How is relevant information conveyed – how clear, up-to-date and user-friendly?
(c) How has support for carers been affected by the COVID-19 pandemic?
(d) What strategies are local authorities and their agents using to maintain, adapt or enhance support for carers?

The team held six meetings to compare information gathered and confirm findings.

For Tables 1–5 the team developed five or six groupings of LA responses. They had insufficient information to do this for the last three.

The decision to revise the forms so as to highlight COVID-19 related information affected the research team’s ability to compare these findings with those from the earlier 2016–17 study. In general, it is evident that the trend towards contracting services for carers to third sector organisations has continued and that this has increasingly involved third sector organisations in assessments of need. It is important to emphasise that the websites reviewed in 2020 reflected the emergency nature of LA and third sector activity and a direct comparison is therefore not possible or appropriate.
A COMPLEX AND VARIABLE PICTURE OF SUPPORT

On the basis of the 150 websites reviewed, more than half of LAs have contracted all their services (including some or all assessments) to third sector organisations such as Carers UK, sometimes to more than one.

Some third sector organisations work across LA boundaries providing different services in each but with one website. Other LAs advise carers to seek assistance from a third sector organisation in a neighbouring LA. Some LAs merely provide a list of organisations for carers to contact. A small number do not appear to have any services for carers according to their websites. Around 10% of LAs appear to have strong partnerships with local NHS, Clinical Commissioning Groups (CCGs) or hospital Trusts. In short, the picture of support is highly complex and fragmented and it is clear that the huge variations remain.

WHAT IS THE IMPACT OF COVID-19 ON EXISTING SUPPORT FOR CARERS?

In most areas (around four out of five) websites showed that LAs did update their services as a consequence of COVID-19. The most common changes were:

- A switch from face-to-face to online and telephone services including assessments, counselling and advice
- Physical closures of carers’ centres. Some opened temporarily during the summer months when lockdown regimes were eased. Peer support groups, training and social events moved online
- Physical closure of day centres. Although day centres are for service users, they are also important as they give carers a chance to have a break. It was not always clear whether services were being sustained fully or partially. Some were kept open for those currently using them but not for new applicants
- Emergency cards. Over several years, carers have been encouraged to hold emergency cards and to have ‘What if’ plans in place, for use in case of carers’ illness or other unexpected events. More than half of LAs used their websites to emphasise the importance of these in the context of COVID-19.

INFORMATION ON COVID-RELATED SUPPORT

Without exception, LAs provided general advice on shielding and infection control, community hubs and helplines for access to food and medicines. Most offered advice on mental health difficulties, particularly isolation and loneliness, on money problems and warnings on scams. Around a half of LAs made specific reference to these in their advice to carers.

On webpages for carers, the majority of LAs provided links to Gov.uk websites and Carers UK’s ‘Coronavirus Guidance’. A few referred to local surveys of carers’ experiences of the pandemic, which had generated adaptations to services, such as alternative forms of breaks/respite.

Other adaptations/innovations developed by provider organisations (LA or third sector organisations) included the following, placed in order of frequency:

- Increased one-to-one telephone counselling and proactive ‘wellbeing’ calls to carers known to third sector organisations
- Use of newsletters and social media posts such as through Facebook, Instagram and Twitter to convey messages and maintain contact
- Online training courses, such as ‘Caring during COVID’, and on ‘Developing IT skills’ to help carers maintain social contact and do online shopping
- Information packs on managing shielding, awareness of symptoms, what to do in emergencies etc
- Warnings about scams – increasingly over time
- ‘Fun learning’ online, including baking, virtual garden tours
- Increased access to telecare/assistive technology/equipment
- Bereavement support
- Extension of video libraries and DVDs (including COVID-related information)
- Loan of laptops and iPads
- Bespoke carers’ assessments in the context of COVID-19
- Extended outdoor meeting arrangements.

CARER HEALTH AND WELLBEING

The research team aimed to find out what LAs said they were doing to promote carers’ health and wellbeing, given the increased workload carers face. They found - in order of frequency:

- Social support through third sector organisations, including ‘virtual cuppas’ and online social events found in more than three quarters of TSO websites
- Self-help sessions on yoga and mindfulness meditation or similar
- Encouragement to maintain health through daily exercise and healthy eating
- Bereavement support
- Advice on carers’ health checks by GPs.

These provisions were often available to those ‘belonging’ to a carer
organisation, reinforced by the Facebook/Instagram group membership, which promoted togetherness and emphasised the message that ‘you are not alone’.

NEW TO CARING
Information was sought about support for those new to caring and found this on around half the websites. The question ‘Am I a carer?’ continues to feature prominently and it was notable that carers visiting a third sector organisation’s website for the first time were often encouraged to ‘join’ the organisation or in some cases were required to register or have an assessment of needs before obtaining any support. At times, it was sometimes unclear as to what support might follow an assessment. This could discourage further seeking of information. The research team also had concerns about whether the sense of togetherness generated by carer organisations might, perversely, act as a barrier to some new to caring, especially if they were unfamiliar with social media or did not identify as a ‘carer’.

SAFEGUARDING
Mindful of the evidence on the increase in domestic abuse in the context of COVID-19, the research team looked for messages for carers relating to safeguarding and domestic abuse strategies. They found fewer than a quarter of websites acknowledged that carers might need assistance because the pressures were becoming too great for them or for the person they support.

HOSPITAL DISCHARGE, HOME CARE AND CARE HOMES
The research team looked for advice and information about local practices related to safe discharges from hospital, including discharge to care homes, which has been a highly contentious issue during the pandemic. They focused on this because large numbers of people cared for at home have periods of treatment in hospital and some move to care homes. LAs had complied with UK Government rules relating to safety in care homes and had published their ‘resilience plans’, but almost none of these plans contained references to carers. Other online information they found referred to new rules regarding ‘visitors’ to care homes but not specifically to carers. Similarly, very little online information was found for carers concerning hospital discharge. Where third sector organisations were contracted specifically to provide home care, there were more references to COVID-safe working practices as well as to carers ‘key worker’ status enabling them to apply for PPE.

USER FRIENDLINESS
There was a vast difference between websites in terms of the warmth of messaging as well as the clarity and accessibility of the information. At one end of the spectrum, websites gave minimal information, appearing indifferent to carers, while at the other end they conveyed a strong message that carers were highly valued, for example:

“We would like to reassure you that XXX Carers Hub is here to support you during the lockdown as usual. Our priority is your wellbeing and our team are continuing to work hard to support you in your caring role.”

Between these contrasting positions were websites where the contractual relationships between LAs and third sector organisations had created unnecessary complexity or where technical difficulties made navigating the links frustrating.

Examples of challenging websites included those that:

- were hard to navigate because too many steps were required to find the relevant pages. At times a long series of links led to a dead end, as where a LA website refers a carer to local carer organisation websites, which refer the carer back to the LA to obtain an assessment of needs.
- assumed advanced level IT skills, with drop-down menus and pop-ups that made it difficult to capture information provided
- ‘buried’ crucial links within text or on sidebars, so that finding the right link was a hit-and-miss affair
- provided long lists of uncategorised organisations with no explanation of their purpose
- provided contradictory information between the LA and third sector organisations, especially in relation to accessing breaks or periods of respite
- appeared to increase rather than reduce pressure through emphasis on carers’ responsibilities for shielding vulnerable residents.

On the positive side, around half of websites:

- were well-attuned to the potential anxieties caused by the pandemic and the practical needs generated by shielding responsibilities
- provided clear information about who does what for carers and how carers can apply for help, through straightforward, smooth links
- were up to date (dated webpages are useful), showing which services are currently operating
- offered warm invitations to carers to get in touch and provided reassurance that they are not alone.
The websites of LAs and their contracted third sector organisations vary considerably in three ways:

1. what websites indicate about how carers are valued and appreciated as contributors to the social care system;

2. what information is given to carers about support available to them in a range of circumstances;

3. the extent to which websites convey information in a clear and user-friendly manner.

To maximise the impact of their websites at the local level, all three dimensions need to be taken into account.

Some implications for service provision:

- Websites are an increasingly important tool for LAs and their contracted provider organisations. Attention to the layout and presentation of websites would help to maximise the impact of their services to carers by ensuring they reflect what is occurring at the front line. If websites are to be the gateways to accessing carer support this information needs to be accessible, inviting, up to date and continually maintained.

- LAs should make clear that they maintain an interest in carers’ wellbeing, even when service provision has been outsourced.

- LAs should refer to issues of safeguarding and domestic abuse and could direct carers’ attention to a wider range of sources of support.

- LAs and contracted provider organisations would benefit from better collaboration in developing their messages for carers on websites to ensure consistency and clarity about who does what.

- In keeping with the Care Act 2014, new carers should be encouraged to come forward to enquire about help without conditions on their enquiry.

- Websites of LAs and third sector organisations, such as Carers UK, could be ‘test-driven’ with a range of carers to ensure that information is easily accessed, accurate and up-to-date and reflects the information needs of carers from a range of social backgrounds and age groups.

- National organisations (statutory and third sector) could offer assistance where needed in order to share good practice.

CONCLUSIONS & IMPLICATIONS

This important research highlights that despite all good intentions, there is still a patchwork of online information available for carers of varied quality and inconsistencies.

Significantly increasing demand for our services and support means there is, and will continue to be, an increased reliance on online solutions which makes improving the accessibility, clarity and consistency of the information provided a key priority for us all.

To be able to achieve this requires more joined up thinking and improved partnership working within and between Local Authorities and Third Sector Organisations. The pandemic has shown us that we need to accelerate the progress already being made on this front.

Tim Poole, Director
Bristol and South Gloucestershire Carers Trust

COMMENT
The study was led by Paul Willis (Associate Professor) and Liz Lloyd (Professor) at the School for Policy Studies, University of Bristol. The research team included Dr Agnes Bezzina (co-investigator) and Dr Becky Ali (Research Associate) from the School for Policy Studies, University of Bristol.

All enquiries should be addressed to Paul Willis at paul.willis@bristol.ac.uk.

The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (NIHR SSCR). The views expressed are those of the authors and not necessarily those of the NIHR SSCR, NIHR or Department of Health and Social Care.