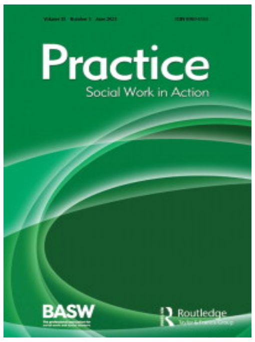

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Local Online Information for Carers in England: Content and Complexity

Jill Manthorpe, Jo Moriarty, Jaqueline Damant, Nicola Brimblecombe, Joanna Marczak, Martin Knapp and José-Luis Fernández

This article reports on a study of local online information for carers in England. It sets this in the context of the Care Act 2014 which gave local authorities (LAs) specific responsibility for providing information to carers. The study selected four varied case study LAs and explored the content of their websites to see what carers might find available and accessible. We found the LA websites differed, with some LAs making use of local voluntary sector groups to be the main information resource. Mentions of NHS services for carers appeared often less comprehensive and there was scant mention of private social care providers as being sources of advice and information. The article suggests that social workers should be careful of referring carers to LA websites without checking that they are sufficiently meaningful to the carer and accessible to the individual. Care is also needed in not taking internet accessibility for granted.

Keywords: Care Act 2014; carers; internet information; local authority

Introduction

Even before the Covid-19 pandemic, over 5 million people were providing unpaid care and support to adults in England, of whom 820,000 (16%) were spending 20 or more hours per week in this role (Brimblecombe et al. 2018). Caring can be intensely challenging as well as rewarding and can negatively affect carers' health and wellbeing. Over the past decades, the Westminster government in England and the devolved administrations in the United Kingdom (UK) have acknowledged the major contribution of carers to the formal or paid social care system, and the imperative not to jeopardise carers' health and wellbeing (Department of Health and Social Care [DHSC] 2018a,

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2018b). In parallel, family carers have increasingly demanded online information to enhance and sustain their caregiving role (Godfrey and Johnson 2009, Heath, Carey, and Chong 2018). Nonetheless, carers need '*to invest significant amounts of time and energy in finding out what statutory support is available and negotiating access to it via a potentially extensive range of agencies and practitioners*' (Morgan 2018, 189–190). The growth of support networks and carers organisations has increased interest in information for carers, particularly that which they access themselves, not through professionals. However, Dalmer (2020) noted that carers almost always indicate the importance of other people helping them in getting information and then discussing it; and several say it needs to be at the right time for the individual.

Aim

This article aims to help social workers reflect on how the carers with whom they work access information that might support them in their caring role, to consider the practice relevance of the typology of carer support services described here, and identify what partner organisations in the voluntary sector and the NHS are mentioned locally. It is based on data collected as part of a larger study examining the impact of the Care Act 2014 on support for carers (full findings are reported elsewhere, Fernandez et al. 2021; Marczak et al. 2022). Here we explore three possible impacts of the Care Act on local support for carers that emerged from the study's early phases. First, using publicly available information, we investigated how a small sample of English local authorities (LAs) was carrying out their duties of providing information to carers *via* the internet. We drew on information in the public domain that might be accessed by carers, namely the websites of four sample LAs. Second, we categorised the types of services that were mentioned as being provided in each of the LAs. This does not of course mean that these services were available to all eligible carers, but, in a digital age this type of information is particularly pertinent to fulfilling the 'signposting' requirement of the Care Act. Finally, we highlight any LA cross-sector partnerships that were indicated by their presence in LA online information that might be useful for carers. Our study was informed by an Advisory Group of carers and carers' stakeholders (professionals and voluntary sector experts). This phase of the study did not require ethical review as it was based on publicly available information. We have anonymised the LAs to indicate the generalisability of the data collected.

Background

Seeking Information and the Digital Divide

The *Care Act 2014* (enacted April 2015) and the government's Carers' Action Plan (DHSC 2018b) acknowledged the need for carers to have information.

National and local governments in England are increasingly relying on the internet to disseminate information about what support is available to citizens (Godfrey and Johnson 2009), a process amplified during the coronavirus pandemic (see Lloyd et al. (2021) for a review of carers' information). This is common across the UK, in Scotland, the Carers (Scotland) Act 2016 similarly sets out a specific information strategy as does the Self Directed Support (Scotland) Act 2013. In Wales the Social Services and Well-being (Wales) Act 2014 puts a duty on LAs to consider carers' support needs. The Carers and Direct Payments Act (Northern Ireland) 2002 also recognised carers' needs for information as well as support.

Despite this emphasis on information and growing internet provision, we know very little about how carers access online information and if they find it useful. Three small scale studies concluded that it is beneficial, provided such information is part of a support package that also includes face-to-face assistance, and that carers receive training to use online resources and have the right equipment (Blusi, Asplund, and Jong 2013; Bull, Boaz, and Sjostedt 2016; Chiu et al. 2009).

However, what of the much larger number of carers who may not have been assessed as eligible for publicly provided care services but who want to find out how to apply for a carer's assessment or identify what universal services are potentially available to them? Nearly a decade ago, following a search of a representative sample of English LAs' online information for carers, Manthorpe et al. (2013) drew attention to the variability of these websites and the differences in what was provided to local carers. Lloyd and Jessiman (2017) later highlighted inconsistent structuring of information for carers in their analysis of LA websites. While some LAs had developed websites that were accessible in their format and content others had not, meaning that access varied by geography, not need. They were particularly concerned about numerous links to external websites, arguing that, while useful, some LAs were over-reliant on these, employing them as a default option or a replacement for LA information. More recently, in a review of 150 LA websites and their contracted third sector/voluntary organisations, Lloyd et al (2021) reported considerable variations in:

1. what websites indicate about how carers are valued and appreciated as contributors to the social care system;
2. what information is given about carer support in a range of circumstances;
3. whether information is clear and user-friendly.

How carers use the internet (rather than what is provided for them), should be interpreted in the context of widespread UK internet use. This is high, but age-related, while almost everyone aged 16–44 uses the internet (99%), only half (54%) of people aged 75 plus do so (Office for National Statistics 2018). The digital divide between older and younger people reflects limited broadband and/or Wi-Fi access/skills (Clarke et al. 2017). Indeed, the switch to digital only services risks amplifying inequities in internet access between healthier people aged 65–74 and those aged 75 and over (Clarke et al. 2017).

Other researchers point to the vast range of online information about social care. Baxter et al. (2008) noted that finding and using the right information about social care incurred 'costs' such as effort, time and resources. They warned that, without good signposting, high-quality information sites get lost among the masses of non-accredited sites.

Information Provisions of the Care Act 2014

The Care Act 2014 enshrined some carers' rights in English law. Pertinent to this present article, LAs must 'signpost' information about local services and support to all carers, regardless of their needs and eligibility status (DHSC 2018a). As well their duty to provide information for carers, LAs must carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services:

> The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families. (DHSC 2018a, para 15.1)

This requires co-operation between LAs and other agencies including the NHS, independent or private sector organisations as well as housing services to provide a 'whole system' approach to care and support. The intention is that greater integration and better partnership working will improve recognition of and support for carers (DHSC 2019) by reducing fragmentation.

Methods

We reviewed online information in 2018 about carers' services in four case study LAs in England, sampled purposively for their variety in respect of type of LA and geography to highlight different features. This provided a varied, albeit small, sample of the 152 English LAs (councils) with responsibilities for social services. We refer to the sites as LA A (a rural county council), LA B (mixed rural/urban county council), LA C (urban) and LA D (city).

Review of online information has only recently been formalised as a method of research and few precedent protocols have been identified. We took the following steps, firstly, the four LA homepages were searched for content relating to carers (of adults) specifically. Relevant information on the processes of carer identification, assessment, signposting, support and cross-sector collaborations was recorded on an Excel spreadsheet. Mentions of the Care

Act's requirements in relation to carers' rights were also noted (see Manthorpe et al. 2019).

To learn more about links between the LA and other organisations (carers' bodies, NHS and care providers) specifically in these sites, the LA homepages were searched for documents outlining their commitments to carers, including any local carers' strategy, health and wellbeing strategy, joint strategic needs assessment, contracts and other financial reports since these are common among LAs. To identify which local NHS organisations were potentially providing carers' services or information, the search term '[local authority name] NHS' was put into the Google search engine. Pages maintained by local NHS clinical commissioning groups (CCGs), NHS Trusts (hospitals and secondary care services) were searched in the same way as the LA pages, including searching for material around strategic planning and partnerships.

Throughout this review, we used a 'snowballing' approach to identify relevant links and online documentation linking to voluntary sector local carers' organisations. While national carers' organisations are prominent carers' advocates, providing services through their own fundraising and income streams, some have service contracts with local statutory agencies. The homepages and online documents of other voluntary organisations that mainly focus on specific subjects or groups (e.g. Alzheimer's Society, Age UK, Mencap) but also provide carer support, were also reviewed.

Inclusion Criteria

The Care Act Guidance (DHSC 2018a) provided the basis for our review criteria for each of aspect of carer support that we categorised. Criteria development was guided by Lloyd and Jessiman's (2017) review of information on support for carers on English LA websites and by Manthorpe et al.'s (2013) earlier review.

Findings

Table 1 illustrates the broad-ranging nature of information LAs should provide to comply with the Care Act Guidance (DHSC 2018a).

By contrast, Table 2 illustrates how these obligations were operationalised across the four LAs. Concordance was only partial if we see the LA websites as a possible important way of conveying local information to carers or even enabling people to see that they might meet the criteria of being a carer. Some information was supplied by all, but some of this referred to activities such as having a Carers' Strategy which have been in place for many years and does not reflect a new Care Act requirement.

Table 1. Local authority obligations under the Care Act 2014 in relation to carer information.

	Criteria	Care Act Guidance paragraph
Identification		2.8 (prevention): Identifying carers, including new caring responsibility 2.50 Identifying young carers
Assessment and eligibility	Information on: • Entitlement to carers' assessment • Offering assessment, and explanation if refused • different formats, including face-to-face, telephone, joint, combined, supported self-assessment • how to prepare for an assessment • record of assessment • eligibility criteria	2.17 2.38 a carer's assessment 2.47 person must agree to the provision of service. If refused but needs are still apparent, LA must proceed to offer assessment Chapter 6 6.16–6.19; 6.20–6.21; 6.28; 6.30 6.38 6.44–6.51 6.98 6.100–6.101, 6.115–6.127 (eligibility)
Signposting	A specific service providing information and advice. Targeted, personalised information and advice on: • preventing, delay or reducing needs including connecting with local community, supporting cared for person. • support services locally. • welfare/government benefits. • Need to distinguish information and advice for carers/cared for person including: • Carer breaks • Carers' health and wellbeing • Impact of caring on other relationships	2.16 Access to advice, information and support on welfare benefits, entitlements to carers' assessment, financial information. 2.40 benefits 2.52–2.53 information and advice on how to prevent, delay, reduce needs, in accessible form to all carers. 3.2 must establish and maintain a service for providing information and advice on local services. 3.17, 3.24 Carers' need for information and advice separate to that of the cared for person. 3.24 Information and advice should include/ not be limited to (various subjects)

(*Continued*)

Table 1. (*Continued*).

	Criteria	Care Act Guidance paragraph
	• Financial/legal issues • Employment • Education • Advocacy • first point of contact with LA • carers' assessment, joint continuing healthcare assessments • Personal Budget/Direct Payment • During care and support planning process • review of care and support plan • transition points e.g. carers reach 18 years. • information on national organisations.	3.25 LAs have direct opportunities to provide- or signpost to- advice and information when people need of care. 3.68 where appropriate LAs should signpost to national sources of information and advice
Support/ prevention	2.10 Types of services (suggested in guidance): • Respite • Peer support • Emotional support • Training/learning opportunities • Health and wellbeing awareness (e.g. coping with stress) 2.11 Types of services • diagnosis • end-of-life services • bereavement • Using IT and other technology • balancing work with caring Evidence of co-production of services?	2.3–2.4 LA's responsibilities for prevention apply to all adults, including: • carers • … lessening caring impact on carer's health and wellbeing 2.6 **Primary prevention**: • universal access to good quality information • neighbourhoods • promote healthy and active lifestyles • reduce loneliness/isolation • encourage early family discussions. 2.7 **Secondary prevention:** • Stopping tipping into crisis • identifying carers

(*Continued*)

Table 1. (*Continued*).

	Criteria	Care Act Guidance paragraph
		2.10, 2.18 **Tertiary prevention** • helping carers have a life beyond caring 2.11 Dynamic prevention: • different services at different stages of carer journey 2.16–2.17 Preventing carers from developing needs 4.51 Think Local Act Personal (TLAP) guidance
Partnerships	Joint Strategic Needs Assessments Joint Health & Wellbeing Strategies Carers and representative organisations	2.23–2.24 Developing clear, local approach to prevention. Other organisations may be more effective in partnership (e.g. NHS) 2.31 LAs should consider how to work with different partners to identify unmet needs 2.35 LA must cooperate with partners in relation to preventative services and carer identification. 3.11, 4.54 Taking account of needs and plans in place 3.15 LAs responsible for ensuring all adults with needs have information and advice. Can only be done in partnership with wider public and local advice and information providers. 4.63 LA take the lead in engaging wide range of stakeholders

Table 2. Carer references to the Care Act in the four local authorities (LAs).

	LA A	LA B	LA C	LA D
Care Act (CA) 2014: Carers' strategy				
LA has explicit Carers' Strategy?	Yes	Yes	Yes	Yes
Carers' Strategy timeframe	2015–2018	2015–2020	2015-2020	2016–2019
Carers' rights discussed?	Yes	Yes	Yes	Yes
Responsibilities/local duties towards carers outlined?	Yes	Yes	Partially	Yes
Care Act 2014: online				
Information about CA on LA website?	No	Yes	Yes	Yes
Information about CA on local CCGs/NHS Trust website?	Yes	Yes	No	Yes
Carers' rights explained?	No	Yes	Yes	Yes
Local responsibilities/duties towards carers discussed?	Yes	Yes	Yes	Yes
Definition of carer				
LA website has carer-specific webpages?	Yes	Yes	Yes	Yes
Website offers 'carer' definition?	Yes	Yes	Yes	Yes; (under assessment section)
CCGs' website/s offers 'carer' definition?	1 out of 2 CCGs	1 out of 4 CCGs	No	Yes
Process of identification				
Website explains process of identifying carers?	No	No	Yes ('anyone who looks like they might benefit should be offered an assessment')	Yes
Explains self-identification procedure?	Yes	No	No	

(*Continued*)

Table 2. (*Continued*).

	LA A	LA B	LA C	LA D
Clear about which organisations are involved in the identification process?	Yes: GP, Local Carers' Organisation	Yes	No	Yes. Carers should contact LA or NHS Carers' organisation, GP
Assessment				
LA website contains information on carers' rights to assessment in own right?	No	Yes	Yes	Yes
Information on assessment procedure?	Yes	Yes	Yes	Yes
Clarifies organisation undertaking assessments?	LA; local NHS Trust	LA	LA	LA and Carers' voluntary agency
Mentions self-assessment procedure?	Yes	No	Yes	Yes
Eligibility				
LA eligibility criteria detailed?	Some	Yes; Explains national eligibility criteria	Some	Yes
Information on financial benefits?	Yes	Yes	No	Yes
Personal Budgets/Direct Payments information (LA personal funding allocation)?	Yes	Yes	Yes	Yes

Table 3. Typology of carer services mapped against local authority duties.

EUROFAMCARE categories	LA duty (Care Act 2014)	Types of carers' services
Assessment	Assessment	• Online assessment form • Information on rights to assessment
Informational	Signposting	• Signposting • Advice
Socioemotional	Support	• Social Activities • Individual Counselling • Peer/group support • Befriending • Bereavement • Mentoring • Advocacy
Respite care	Support	• Day care • Live-in care • Emergency care
Training	Support	• Carers' courses • Practitioner carers
Other	Support	• Health and Wellness • Emergency Support • Employment advice • Financial support

Carer Service Typology

As well as examining the process for identifying and assessing carers, we sought evidence about local carer support services and—where possible—which agency provided them. Using the typology developed by the EUROFAMCARE project, a comparative study of support services for family carers and older people in Germany, Greece, Italy, Poland, Sweden and the UK (Lamura et al. 2008; Di Rosa 2011, 31), we categorised carer services into assessment, informational, respite care, socio-emotional, training and other (see Table 3).

Types of Support Services

Some of the support services mentioned that seemed highly relevant to carers are summarised in Table 4. Such information was hard to interpret as it often just included the name of voluntary groups (local LV; national NV) specialising in certain health conditions or circumstances. While such detail may be helpful locally, as noted in the discussion, such details can become out of date quickly; they also may be easier to mention if they cover certain clinical

Table 4. Local authority (LA) website mentions of carers' support and services using Di Rosi et al.'s (2011) framework to classify the service type.

	LA A	LA B	LA C	LA D
Socio-emotional	Works in conjunction with local carers' organisation (LV)	Works in conjunction with local carers' organisation (LV) and local NHS Trust	Funds local carers' service provided by a national body (NV)	Works with local branch of carers' organisation (LV).
Social Activities	NV and LV groups	**Council:** Library; NV and LV groups	NV and LV groups.	NV and LV groups; LA has ethnically diverse population; several LV groups mentioned were faith/ethnicity-based
Bereavement support	NV and LV groups	NHS and Voluntary sector groups (NV LV).	None mentioned	'Former Carers' Group (LV)
Befriending		NV LV groups	Specific mention of LV carer befriending	
Individual support/ counselling	**Health/NHS:** Wellbeing Service CCG: carers' point of contact **Voluntary sector** (NV LV).	**Council:** Library **Voluntary groups** LV Carers' Organisation; Well-being Groups **(with NHS)** **NHS:** Hospital Liaison Workers **Private provision.**	**LV voluntary sector** (e.g. Hospice) **Voluntary sector** offers range of services; works in partnership with NV organisations.	**Voluntary sector** groups (NV LV). NHS also mentioned

(*Continued*)

Table 4. (*Continued*).

	LA A	LA B	LA C	LA D
Mentoring	LV carers' organisation		LV carers' organisation; Alzheimer's Society (LV); Stroke support (LV)	
Advocacy	**Voluntary sector** LV carers' organisation	**LA** Library—for information **LV carers' organisation**	2 LV groups for carers; Specific LV Carers Advocacy Service	LV groups
Peer group support	NV LV groups	LA social media; LV Carers' Organisation; Community services directory **NHS (not signposted on LA site):** Carers' courses **CCG signpost to** LV Carer support groups	LV and NV groups; Dementia carers' support service (NV) Carers' support service and centre (LV) LV social club for minority ethnic carers	NV LV groups; Several carers' groups mentioned, e.g. LV ethnicity focussed & VN groups
Informational • Advice • Signposting	**LA's** Online directory Carers' portal	**LA signposting:** Carer portal;	**LA signposting:** to NV and LV groups: • Carers' Charter	**LA Signposting:** To NV and LV groups. **To NHS:** GP

(*Continued*)

Table 4. (*Continued*).

	LA A	LA B	LA C	LA D
• information given about: e.g. benefits, assessments, carer support, eligibility criteria, employment, emotional support, carer breaks	Carers' organisation (NV LV) **NHS:** CCG: LV Carers' organisation; Carers' point of contact	Signposts services to self-funders: • Employment • Homecare • CQC (regulator of health and care) • Benefits; Healthwatch; Libraries; Carers' (LV); partner organisation of carer groups: • Information & advice • Practical & emotional support • Training • Counselling • Specialist & crisis support **LA signpost to NHS:** Caring guide (partnership) NHS Choices (online information site).	• Carers' Strategy **NHS:** Local voluntary organisations (mainly dementia services); Signposts to other LA services	surgeries, mental health Trust, Hospital

(*Continued*)

Table 4. (*Continued*).

	LA A	LA B	LA C	LA D
		LA signposting other services (on carers' webpages) Equipment Technology **NHS signposting to voluntary groups.**		
Respite care	LA, voluntary sector and private sector providers	Voluntary and private providers	LA ● Identify eligibility and needs: LA web directory. Voluntary sector provision. Care homes and day centres. Family-based respite	
Training	LA and voluntary sector offer some training. Private Sector provision.	LA and voluntary sector offer some training. Also Private Sector and NHS.	Carers' education group (dementia and others) provided by LA, voluntary sector, carers' centre.	**LA** Passport to Leisure and Learning
Assessment				

(*Continued*)

Table 4. (*Continued*).

	LA A	LA B	LA C	LA D
	LA	**LA** Local Carers' Organisation given delegated powers	**LA**	**LA**
Other				
Health and wellbeing	**LA and voluntary sector** mention also of Private Sector, local Councillors and Public Health	**Local voluntary groups** **NHS:** GP Carer Register; GP practice: Carer health checks; Carer Support; Carers' Courses	**Local voluntary groups** Free beauty treatments (source unclear). LV organisation funded by NV; Private services	**LA:** Passport to sports, leisure opportunities at discount. **NHS:** **Private:** National pharmacy information.
Emergency support	LV carers' organisation open during office hours; LA and NHS out-of-hours-service. LV carers' organisation offers carers' emergency card & contingency planning.	**LA:** • Information • Carers' Emergency card • Integrated community equipment system (mobile) **LV:** Local Carers' Organisation • Crisis Respite • Carers' hotline	**LA:** • In conjunction with LV Carers Service Emergency Contact Scheme: Carers Emergency Card, 24/7, helpline. • Shared missing vulnerable adults protocol with Police.	**LA** Carers' Emergency Response Service **Voluntary sector:** Carers organisation: Carers' Emergency Card • Integrated community equipment service (mobile) • Fire Service **NHS general services:**

(*Continued*)

Table 4. (*Continued*).

	LA A	LA B	LA C	LA D
		• Message in a Bottle Carers' Support Service **NHS:** Supporting Carers (end of life) Link to Family Carers' Group. **Private:** Business (anonymised) Healthcare Services		
Employment advice	**LA** Explain rights	**LA** Explain rights **Voluntary sector:** Carers UK (NV) Helpline (NV) Employers for Carers (NV)	**Voluntary sector:** LV Carers umbrella group	**LA signpost to NV & LV** Carers' organisation (LV); Carers UK (NV); Job Centre Plus; Citizen Advice (LV/NV); Law Centre (LV)
Financial Planning/support	**LA** Support Information			
IT services			None found	

(*Continued*)

Table 4. (*Continued*).

	LA A	LA B	LA C	LA D
	Local carers' organisation communications and carers' passport etc online	**LA:** Social media 'app' Emergency 'mobile phone' service. Telecare **Voluntary sector:** LV Carers' Organisation (LV); Visual impairment (LV)		Integrated (NHS & LA) community equipment system (mobile) **LA** E-learning: Caring with confidence course—Voluntary sector (NV LV)

conditions rather than community support which may be less easy to categorise or if such groups are small sized, or are confined to distinct localities.

As the next section shows, more substantial links or partnerships were evident in some of the LAs, mainly in respect of local NHS services.

Cross-Sector Links and Partnerships

As Table 4 shows, a range of social care providers offered carers' services, with the LA being the dominant provider of information, often in partnership (not defined) with the voluntary sector—local and national. There was little mention of the private care sector.

In terms of cross-sector partnerships or connections LA A appeared to be the most centralised in its network of relationships around carer support. Indeed, relationships between the different organisations providing carers' services here centred round one dominant provider. This carers' organisation in LA A had merged with another charity to integrate carers' services locally. The LA and CCG were the primary sources of funding for this sizeable local carers' organisation. Other funding came from a national charity funding local Carers' Hubs, a nationally funded carer charity, another national grant-making body, a local District Council, local charitable trusts and donations.

LA B's website covered all adult social care services. On the main menu, information about carers' services could be obtained by following the 'looking after someone' option. These pages displayed information about the LA's collaborations with carers' services, such as with local NHS organisations to deliver a Carers' Strategy. Until recently many carers' services had been provided by local branches of carers' organisations. A *Carers Support Partnership* had 'joined up' statutory agencies with a group of local charities and volunteer organisations to support carers. Another Partnership existed between several local District Councils, the NHS, higher education providers, and the Samaritans (a voluntary sector group specialising in suicide prevention and support). Its main function was described as signposting information about local and national carers' services that offer help, advice, and information. The local NHS Trust ran several carers' forums, enabling carers to discuss matters in common. In addition, it offered 'self-management' courses. There was a sense of a multiplicity of partnerships with NHS and social care funded activities generally portrayed as being separate but known to each other.

LA C's information was not easy to access or understand as it had recently awarded a contract for carers' support services to a new voluntary sector provider. This was further complicated by a live website link to another carers' group that appeared to have closed. Most NHS information related to a NHS Mental Health Trust (secondary service) and so was tailored to carers supporting someone with severe or continuing mental health needs. This LA had recently revised its Carers' Strategy and a Carers' Charter.

LA D's Carers' Organisation had been recently formed by the merger of two local carers' organisations and subsequently linked with a national carers' organisation. The new organisation covered several LAs in the sub-region. LA D had delegating some of its Care Act responsibility to carry out Carers' Assessments to this new organisation. Its Carers' Strategy was being overseen by the LA/NHS Joint Commissioning Boards, accountable to the LA Health and Wellbeing Board. The LA website generally directed enquirers to the carers' organisation and appeared to use the Carers' Strategy as a communication channel and indicator of activity.

Discussion

The information here, of which this is a small part of that accessed, reveals the difficulty of presenting a coherent explanation of information in the public domain to generalise about support for carers. It was evident that not all the links on the website were viable or current. Social workers need to be cautious about referring carers to websites as potentially provide comprehensive information; they need to check content and adjust their advice to individual circumstances including digital access and confidence. Should a LA website be inaccurate or hard to use, for example, they should make this known to relevant colleagues.

LAs are meeting their responsibilities to provide information in part. However, we found variations in website content and an underlying indeterminacy of what are the necessary components of such information—direct information, for example, or signposting to experts? For those LAs where there are generic carer organisations their task appears simpler because they refer or signpost people to them; and information provided on the LA website might be deemed supplementary. All LAs referred to carers' rights and to the Care Act. While generally offering relevant links to local organisations almost all confined this to not-for-profit or voluntary groups. Mention of national resources varied and there did not appear to be a coherent justification for their inclusion or exclusion. This is not necessarily problematic but social workers may choose to recommend relevant national sites if they see them as appropriate and helpful.

Information quality varied in terms of accessibility (language, layout, easy links, up-to-date material). This confirms Baxter and Glendinning's (2014, 20) finding that people funding their own social care, including carers acting as proxies, may encounter 'some good examples of accessible information, but also some pages that were hard to navigate, some pages that were not available, and some sites that used many different terms to mean the same thing (for example, adult social care, services for older people or adults and community services).' We suggest that this also applies beyond self-funders. Any changes in financial means-testing rules in England (such as that formerly proposed by HM Government 2021), mean self-funders' carers/family members will be an important group to reach when revising web-based information.

LAs' role in providing information about carers' assessments, signposting and support was generally possible to discern. Indeed, the notion of the 'informatisation of care' (Barnes and Henwood 2015) has been coined, meaning that care gets marginalised and even replaced by information which may not be social workers' specialism (Higham 2023). Information about carers' organisations in the websites we accessed did not always make it clear whether these were generic or whether other voluntary groups provided age-specific or specialist support for carers, e.g. about learning disabilities, dementia or autism. NHS roles were hard to identify; if mentioned, they often covered secondary services rather than primary care—without noting referral or access criteria. Overall, we found little clarity about statutory (NHS and LA) sector partnerships or commissioning arrangements; while their governance and finances may not matter to carers, there was little portrayal of joined-up provision. As noted, the private sector was barely mentioned—despite its substantial role in information giving to carers (Samsi et al. 2019).

There are limits to this study; we accessed a small sample of four LAs whose aspirations for web-based information may have been curtailed by financial austerity. Purposive sampling is vulnerable to researcher influence, and the small sample of four LAs out of the 152 in England means caution is needed about generalising our findings beyond the sample. Carers may access multiple information sources beyond their LA. Not all information is of equal use; simply informing someone of a carers' service will be the one piece of information that 'unlocks' services and support. While UK and international studies (Crutzen et al. 2014, Washington et al. 2011), suggest that how information is mediated is important general information may form the necessary backcloth to personalised information (National Insititute for Health and Care Excellence 2018). This means that LA websites may function more as a 'portal' to local services—presenting material in an accessible, non-jargon ways, with accurate links and cross-referencing.

Many carers access information purposefully so the opportunity to contact someone for clarification might be important. We found substantial differences in the small sample of LAs we examined according to whether there was a central carers' service or organisation to offer personal contact or a source of expertise. This suggests social workers should explore with carers if online information was helpful if such expertise is not otherwise available.

Conclusion

This case study of web-based LA information provision for carers in the context of the Care Act 2014 suggests that mandating information provision, as the Act does, may be one element of helping information to be accessible, acceptable, and relevant. While carers are not homogeneous, in this internet age many will expect more from LAs and central government especially, as following Covid-19, internet usage has grown (Office for National Statistics 2019). For social workers, this means that providing information for people who do not use the internet needs careful thought and if their LA's information is not helpful they should raise this with managers.

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