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New Technology in the Human Services

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Submissions to the journal

We welcome papers, articles and reviews from both academics and practitioners. Please read the guidelines for contributors on the back inside cover and do not hesitate to contact either of the editors.

Up Front

Essay Contest

We are very pleased to include in this issue the winner of the *New Technology in the Human Services* student essay contest. Stella Vickers is a senior social worker who for her MA research project chose to look at the introduction of a computerised record system to her social services department and the impact which this had on employees of the service. The conclusions draw attention, as previous studies have done, to key factors which must be in place if organisations are changing culture and practice in the work place. The dominant issues emerging were the importance of providing sufficient levels of training and access to workstations for all workers.

When is information?

While Vickers is providing a case study of the experience of one authority with one computer system Spackman et al are charting the process of finding a common language and shared understanding of the referral and assessment process for social services departments in the UK. This paper, based on research completed for the Department of Health, argues that without precise definition of meaning data collection cannot be accurate whether computerised or not. The implications of this for planning and allocation of resources to social services are discussed.

Since 1995 the Centre for Human Service Technology (CHST) has had a presence on the web and in 1996 when Causa and CHST entered into agreement to publish *New Technology in the Human Services* (NTHS) a separate identity was created for the journal. This has been a much used site and we have been experimenting with adding the full text of selected papers. The issues of accessibility are important and the editors decided that a short article on developing accessible web sites would be useful to our readers. The text of this with its links will be published on the CHST and NTHS web site and updated in line with new material. It will be an experiment in dynamic publishing. The web site for the journal is http://www.fz.hse.nl/nths/

Finally we bring you three reviews, *caredata, Interpersonal Skills - Social Work* and *Interpersonal Skills - Nursing.*

ssalt '97

This issue of the journal is being created at a time when the CHST office is buzzing with preparations for the ssalt 97 conference. We expect this to be a lively and interesting affair and to give those of you who will not be able to attend a flavour of the conference we have included some of the abstracts which will appear in the final programme. The web site for the conference http://www.nisw.org.uk/ssalt97 is displayed and updated as the conference develops and there is also the opportunity to join in a 'virtual' workshop.

ssalt '97 'virtual' workshop

Readers will also note that Neil Ballantyne's workshop for the conference is virtual and will have a web site with a chat session. This will be available both during and after the conference and gives those at a distance an opportunity to share part of the event with us.

Two sessions are planned. The first session is embedded into the 'virtual' workshop at approximately 4.10-4.50pm UK Summer time on the 17th July. The web site for this session is http://weber.strath.ac.uk/ssalt/workshop.html. The second will be part of the 'cybercafe' which is between 6.00-8.00pm UK Summertime on the 17th July and this will be a general session on the conference themes. To obtain details for joining this session see the conference web pages at: http://www.nisw.org.uk/ssalt97/

(UK Summertime is 1 hour after Greenwich Mean Time).

HUSITA 5

News of another conference arrives with this issue. HUSITA 5 is to be held in Hungary in 1999. We are looking forward to welcoming Dr Andras Jávor, Conference Chair, to ssalt 97. He will be making a short presentation during the final plenary to introduce us to Hungary and the conference.

Ann Wilkinson and Jan Steyaert

Technology and Attitude - A study of the implementation of a computerised record system in Warwickshire Social Services Department

Sylvia Vickers

Sylvia Vickers is a senior social worker in the central recruitment and training team in Warwickshire Social Services Department. This paper is the winner of the 1997 New Technology in the Human Services Student Essay Contest and was prepared as part of an MA Research Project.

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Abstract

In 1994 Warwickshire Social Services implemented a computerised client index system for practitioner use - Client Resource Management System. (CRMS). There are tensions between a practice led (cultural) approach and a 'technological perspective'. This qualitative research project examines the impact of the implementation of this system, on the workforce of the Department, in the context of an 'information society'. Two strands need to be addressed to shift the culture of the organisation around the use of information - technology and a 'change programme' required in terms of attitude to technological change. A pattern of resistance to CRMS, by some workers, has emerged based on insufficient training and support, not enough access to hardware and, in some areas, a lack of Team Manager support for the system.

'The introduction of technology has far reaching effects on an organisation' (Review, 1996).

In May 1994, the first phase of a computer based client record system was implemented in the Warwickshire County Council Social Services Department. A review of the Department's information needs, in 1993, led to the implementation of this integrated system known as the Client Resource Management System (CRMS). This small scale research project, based on ethnographic methodology, will attempt to evaluate the impact of the implementation of a computerised system for client record maintenance on the staff of Warwickshire Social Services Department. It will also seek to discover whether the experience differs between settings.

I am a practitioner within the Social Services Department, therefore, this research will be conducted from the position of an 'insider'. As a worker in the Department I am aware that there is a diversity of opinion about the implementation and use of CRMS for the maintenance of client records. It would appear that there are people who love the system, those who hate it and those who hold no strong view either way. The study will explore the reasons for these polarised views. As a qualitative study, this research is inductive, broadly influenced by the Grounded Theory approach identified by Glaser and Straus (quoted in Maxwell 1996 p33).

Information technology has come to be regarded as a symbol of the age in which we live and is discussed by some commentators as a defining feature of the modern world. We are told, especially through the media, that we are entering an 'information age' and moving into a 'global information economy' with some writers even identifying 'information societies' such as the United States, Britain,

Japan and Germany (Webster 1995 p1). However, while all writers acknowledge that there is something special about 'information' in the modern age there is a huge divergence of opinion about the role of information in our society today. It is at the centre of contemporary debates in social science and has led to a wide variety of theories of the 'information society'.

In this paper I will contrast favourable and critical approaches to the 'information society', identifying in particular the tensions between Toffler's 'technological determinist' perspective (which posits that technological revolutions influence social change) and the views of Lyon and Webster, who argue that this view assumes that technology has a life of its own and shapes our existence.

The Information Age

The notion of an *information society* has been advanced to describe some of the key features of modern societies referring especially to the growth of service and information based occupations, the rise of knowledge as a source of wealth and power and the dependence of modern political and economic systems on information and communication technologies. Societies have been qualified and labelled throughout history and terms such as *feudalist, industrialist, communist, capitalist* have been used to describe periods of time to enable us to understand and make sense of the world in which we live. Some theorists would argue that we have now entered the *information age,* characterised by a number of factors including: a predominance of information work, a greater volume of information flow, interactivity of relations, integration and convergence of activities and globalising tendencies located within post-modern culture.

There is a considerable debate in the social sciences about the previous period described as *modernity*, which began about the mid-seventeenth century in Europe and which is generally understood to identify a cluster of changes in science, industry and ways of thinking. It is usually referred to as the *enlightenment project* and brought about the end of the feudal and agricultural societies in Europe. *Postmodernism* has many exponents and critics but it is generally seen as the theory of or for the *information society*. It is a complex and obscure concept with the political implication that the *enlightenment project* is at an end leading to an abandonment of revolutionary aspirations and Utopia.

Particular emphasis is laid upon technical innovation. No-one living in the nineteenth century could have guessed that the motor car would have made such a contribution to twentieth century lifestyles, however, Lyon argues that none of this occurred without people 'choosing, colluding, promoting or acquiescing in motor car development'. (Lyon 1988 p25) Moreover, he contends that technology does not possess a life of its own but is a human product, a social construction. Webster asserts the view that 'technological determinism' carries two dubious

implications - firstly, that technologies are the decisive agents of change and secondly, that technologies are themselves aloof from the social world, even though they do have major social effects. (Webster 1995 p39). Webster argues for cultural rather than technological determinism. Toffler suggests that we now live in the Third Wave. The First Wave was the Agricultural Revolution, the Second Wave was the Industrial Revolution and the Third Wave, which he claims is the mightiest of all, is striking us now as a high speed revolution creating new life-styles, sexual attitudes and work roles within new social, economic and political structures. These changes have occurred largely during the last century which began with a predominantly agrarian society and which has gradually given way to life in an 'information society'. Work transferred from the fields to the factories and after the Second World War 'Services' became a major employer. An increasing proportion of the workforce became involved in handling information. This process has been explained by Bell and others as 'deindustrialisation'; identifying a decline in industrial production. Bell argues that it is the increase in 'service' employment which leads to an expansion of information occupations and that these are the features of a post-industrial rather than postmodern society, using the expansion of the service sector and decline in industry and agriculture as evidence. (Lyon 1988 p44)

'*Information Technology: the age of electronic information*' (DTI 1982), asserted that sixty five per cent of workers in Britain earn their living in what may be broadly classified as 'information occupations' and updated information shows that 'information workers' now make the largest contribution to the country's Gross National Product - an index of their economic value to the country. Webster disagrees with Toffler's 'technological determinist' approach which, he asserts, is an over simplification of the process of change and misconceived, moreover, he considers it separates technology from key elements of social change such as values and beliefs. According to Webster, technology is an integral part of the social realm. (Webster 1995 p10)

One of the main themes I expected to emerge in this study is that of surveillance. Giddens contends that the origins of today's 'information societies' are to be found in surveillance activities. Giddens' work concerns nation state surveillance but other writers consider that 'surveillance in the capitalist enterprise is the key to management'. (Webster 1995 p71) This is not to say that there is a sinister Orwellian side to such activities, perhaps Foucault's concept of the panoptican would be more appropriate. One of the questions in the survey is linked to Toffler's notion of an 'electronic cottage'. Three hundred years ago no-one would have believed that people would move out of the home and fields to work in offices and factories but when a new system of production appeared during the 'Second Wave' the culture changed. Toffler argues that the 'Third Wave' could sweep people back home and into an 'electronic cottage'. The use of computer terminals, telephones and fax modems, to

facilitate homeworking, is viewed by many as the vanguard of a new era.

Information networks have been around for a long time and are an important feature in modern society from the early days of the postal service and telephone systems to Integrated Services Digital Network (ISDN) technologies which are available today. The conception of the 'information society' has a major emphasis on networks. Webster considers that 'information grid' is analogous to the electrical supply (Webster 1995 p7). Communication technologies provide the infrastructure which enables information to be stored, processed, distributed and retrieved.

CRMS - A Computerised Client Resource Management System

Information is a key strategic resource on which all organisations are dependent. In 1994, Warwickshire Social Services Department implemented a computerised Client Resource Management System to maintain its client records effecting technological and cultural changes for its workforce. In April 1991 the Social Services Department of Warwickshire County Council restructured its organisation in response to new legislation; the Community Care Act, which sought to change the traditional role of social services from one of 'direct provider' to one of 'enabler'; and the Children Act 1989, which emphasised the need for more a client focused strategy to provide care for children at risk (*Information Strategy Review* 10 June 1993).

This legislation also emphasised the need for effective systems to be put into place for financial control, planning, accountability, purchasing and quality control which demanded effective information management structures and, therefore, significant changes in the processes employed within the Department in relation to administrative functions. The fact that the Department did not have strong management mechanisms to handle information and harness it to support the core activities has both cultural and organisational origins. The Director of Social Services, in a report to the Social Services Committee - '*Developing an Information Strategy*'- 20 October 1993 stated that 'this is going to be a big and important system', moreover, he said that there would need to be a cultural shift around the Department's use of information and that a lot of 'change work' would be needed.

The '*Information Strategy Review*' - 7 June 1993 recognises that there will be barriers to achievement and the Department would need to address management and Information Strategy/Information Technology (IS/IT) issues. To ensure effectiveness, clearly defined procedures and systems were needed to support management mechanisms. These systems needed to be built upon the foundation of good records processing systems. Furthermore environmental and organisational changes which recognise the consumer as the centre of activity would be needed.

In 1993 a Project Team was set up to examine the information needs in Warwickshire Social Services Department. The team concluded that the Department's information was not managed well and the information which could be retrieved was inadequate. The difficulties were experienced partly because of an inability to collate and collect consistent information, particularly about consumers, their needs and what was delivered to them. Moreover, the impact of new legislation in social work was only just beginning to emerge. The '*Information Strategy Report* - 10 June 1993 established that an integrated approach to information is the only appropriate solution to meet the needs of the Department in the future.

While working parties were commissioned to research aspects of different components of the strategy, the focus of the Project Team was the development of a Client Record System. It recommended that the Department should buy a 'care management computer system' which would be capable of holding data and be able to report about consumer details, care plans, resources and expenditure and income arising from the plans. The Information Strategy Project Team explored a number of options for a computer based client index system. A number of systems and proposals from potential suppliers were evaluated and in December 1993, from a shortlist of three, a decision was taken to purchase the new client system from OLM Systems Ltd, a small software company who specialise in systems for Social Services Departments. The system is called Client Resource Management System (CRMS).

OLM Systems Ltd. reported that while the system would not directly put new requirements on to the team workload, it would have a considerable impact on the way teams work. (OLM Systems Ltd - Course Manual p6)

CRMS is a computerised system specifically for use in Social Services Departments to allow a comprehensive and structured outline of every client's case to be recorded. This system is currently used by five other authorities. It is designed to enable staff to manage information about clients and resources, providing the Department as a whole with the ability to analyse and evaluate the total range of clients it is trying to assist and the level of services they receive thereby providing a strategic overview of what the Department is doing. CRMS was different from other systems which had been developed for administrative staff. This new system would be a practitioner tool which would enable social workers to manage their client's information.

The Department did not take a 'technological determinist' approach. It wanted to ensure that the Project would be practice led and that the technology would remain a means to an end rather than an end in itself. For this reason it appointed an Assistant Director with a practitioner background to lead the Project.

Literature Review

This study also considered two information strategy projects in other areas which will put this work into context. Firstly, a case study of Camden Social Services Department which implemented a similar system to CRMS between 1986 and 1991. In summary, the main areas of this organisational change management programme were: strategy, systems development and organisation preparation. It was necessary to spend time considering the impact of new ideas, anxieties about work organisation and required skill. The need for leadership qualities which are required to enable Social Services to breakthrough into this new paradigm were emphasised and in addition: development of appropriate organisational structures; nurturing a culture that embraces all shareholders in the change processes; and finally developing the techniques and technologies that support the implementation of strategic goals. While there are some similarities in the Camden and Warwickshire models there were key differences. Care Management legislation had happened when Warwickshire developed CRMS, whereas Camden's implementation predated this legislation.

Secondly, the study considered a project led by Colin Barnes in Coventry Social Services Department which conducted a field trial to implement a practitioner based client information system (Barnes, 1996). Concerns had been expressed by staff through their Trade Union representatives and although there were extensive negotiations, no agreement about the proposed changes could be reached and practitioners refused to use the computer system. A joint agreement to 'trial' practitioners inputting in three representative fieldwork teams broke the deadlock. The hypothesis for the trial looked at the dimensions of information strategy success posited by DeLone and McLean (quoted in Barnes/McSorley) and identified as system quality, information quality, use, user satisfaction, individual impact and organisational impact and concluded that the trial showed practitioner competency and improved reliability of the records. Coventry Social Services Department is to implement practitioner inputting throughout its fieldwork units and feedback from the 'trial' staff is being used to inform the future modifications.

Methodology

Miles and Huberman ask, 'Knowing then, that one cannot study everyone doing everything, even within a single case, how does one limit the parameters of a study?' (Maxwell 1996 p69) The purpose of this research is to discover the impact of the implementation of CRMS on the workforce and to compare experiences from different sections. This study employed a qualitative methodology in the form of semi-structured questionnaire interviews conducted face to face with eleven system users, selected through purposive sampling. This selection method was chosen in order to obtain a representative cross section of experiences. One of the main components of qualitative research is the relationship that is established with the respondent, the nature of which is a complex and changing entity and effects not only the participants but also the researcher. Hammersley and Atkinson use the term reflexivity to label the recognition that the researcher is inextricably part of the phenomenon studied (Maxwell 1996 p67).

In order to reduce the risk that my conclusions would be based on the limitations of one specific method I have triangulated the study by collecting information from a variety of sources including questionnaires, semi-structured interviews, Departmental information on CRMS, my own notes and experience and information from the suppliers of the system OLM Systems Ltd. Triangulation has enabled me to have a more complete and accurate account and a better assessment of the validity of my findings. Methods do not guarantee validity but they do increase the credibility of the conclusions and ensure the research is not a self fulfilling prophesy.

In addressing this research, as a practitioner and regular user of CRMS, I expected a number of issues to emerge in my findings. This opinion was formed, prior to the fieldwork, from comments made in conversations by colleagues in different parts of the county, over the last two years. It was important to address the issue of researcher bias at the outset. As an insider conducting this research project I have declared a bias in favour of the use of CRMS to manage client and resource information. This is based on my experience as a user of CRMS and my view expressed elsewhere that today, in the late twentieth century, we are entering a new type of social system, referred to by some as the 'information society'. Giddens refers to this technology as a 'juggernaut'. You either jump on board and ride with it or are run over by it and left behind (Giddens 1994 p151). There was a need for me to be reflexive throughout this research project given my role of an 'insider' undertaking this study, moreover, participants may or may not have been aware of my existing bias or of my role as a Senior Social Worker within the Department, information which could affect the responses to the questions in the survey. I also needed to be aware that existing 'insider knowledge' could affect the analysis of the findings. Eliminating my influence is impossible but the goal in qualitative research is not to eliminate this influence but to understand it and use it productively. Constantly reading my influence throughout the research has been an important aspect of this reflexivity. The approach provides a framework for collecting the qualitative material but a strategy is needed to analyse the data. I have used 'issues analysis' as a model to explore the findings identified below. It is a useful method where issues can be used as a means of organising and selecting material. (Robson 1993 p378)

Research Findings

Training:

The Information Strategy Project staff were faced with an enormous task to train the Department's practitioners within a very limited timescale and it is clear from the comments made in this survey that the majority of participants thought that the Team had undertaken this in an extremely efficient manner given the lack of resources, however, they were very critical about the Department's expectations that a two-day training course would be sufficient for practitioners who were unfamiliar with computer technology.

It had been identified by the Director of Social Services in the early planning stages of the Information Strategy that there would need to be a significant cultural shift around the Department's use of information. However, participants felt that the Department had been unrealistic in its expectations to achieve this change. Participants in the survey considered that some issues had not been addressed in terms of training. Some felt that to expect practitioners to just 'pick it up' without regular training and access to hardware was unrealistic and did not give enough recognition to the way practitioners learn to use new technology, especially those with no understanding of it.

It is clear from Departmental papers and the appointment of a senior manager, with a practitioner background as Project Leader, that the implementation of CRMS was a practice led approach, however, the mass training programme and limited on-site or one-to-one support made some participants feel that it was a 'technological determinist' model. The participants interviewed felt that the additional resources and concentrated support and training put into the Warwick pilot scheme had provided these workers with a much enhanced learning experience. This concurs with the findings of the Coventry Project which provided 'intensive' training and support during the trial, moreover, participants in this study felt that if sufficient resources had been put into CRMS at the outset to provide this type of support, fewer workers would now be resistant to use of the system.

Access to Hardware:

All participants identified this as the second most significant factor both in their inability to use CRMS efficiently and as a key determinant in the resistance, by some workers, to CRMS. The findings in this survey clearly relate training and lack of hardware together. The majority of the Warwick pilot scheme staff who were interviewed said that on-site support and easier access to hardware accelerated their learning and increased their feelings of ownership of CRMS. One of my research questions addressed the difference between settings. The findings show that this difference is between the Warwick Pilot Scheme and 'everyone else' and based on the issues of training and access to hardware.

Workload Management and Practice Issues:

As the findings show, responses varied. There were polarised views with some participants 'absolutely refusing' to make any changes to their practice or style of work because they consider it affects their professional autonomy, others welcomed CRMS because, they say, it 'professionalised' their work. There were concerns that the amount of time taken to use a computerised system would reduce time available for client contact, but others views supported use of an integrated computer system which potentially enabled workers to access accurate and up to date information about clients inputted by colleagues.

One of the major findings in this research is about the inconsistency of use of CRMS and it is clear that the practice varies from one team to another. Responses from participants support the widely held view that if the team manager likes CRMS the team uses it, if not arbitrary decisions about its use are made by practitioners. If a team manager likes CRMS s/he may decide to buy more terminals out of their own equipment budget, if not, buying additional hardware for this purpose would not be a priority. The majority of participants in this survey think that CRMS has potential to achieve its objectives but only if everybody uses it, moreover, they consider that this inconsistency in use by teams has led to some practitioners being left behind leading to a general unwillingness now to revisit their earlier enthusiasm. This lack of management support will be identified as one of the key factors in the pattern of resistance which has emerged during this study.

Confidentiality:

The survey found that the majority of participants expressed concern about confidentiality and called for clearer guidelines and protocols to be developed for the security of client information. There seemed to be a general view, expressed by those in this survey that anyone in the Department could access any information, with the exception of personnel records. This made some practitioners feel uncomfortable about what information they record on the system and what they put on paper. I discussed the issue of confidentiality with Colin Barnes, the project leader who conducted the Coventry experiment. Interestingly, it was not an issue for them, possibly due in part to the fact that records in Coventry had been computerised since 1987 and workers had, over time, adjusted their recording practice.

An issue which links 'confidentiality' and 'recording' was raised by direct work staff and will be discussed in the next sub-section.

Recording:

There were a number of issues under this heading. Direct work participants interviewed felt very strongly that the

use of CRMS to record sensitive information shared, often in a therapeutic setting, should not be recorded on a system which could potentially be available to any of the Department's two thousand workers. Direct work participants, whose recording is sometimes undertaken jointly with clients, say they do not use CRMS for their recording.

Nine out of eleven participants interviewed think that CRMS is, potentially, a much better system for client record maintenance than any of the previous systems. This is partly because it is an integrated system which facilitates access by workers across the whole county and partly because it provides a consistent structure to input information, however, with the exception of one person, all participants interviewed disliked the headings chosen for entering client information. The majority felt that the headings were chosen for adult team work which sometimes presents difficulties for children's workers who have to break up their information and tailor it to fit the headings. Children's workers also felt that the lack of appropriate headings undervalued their work.

The responses from participants about having to 'fit in' with technology clearly makes it feel that, for some, technology is determining practice.

Change Of Role:

With the blurring of roles for inputting information on CRMS, I expected to find substantial evidence that administrative staff had concerns about practitioners 'taking over' their role. I interviewed practitioners and clerks in this research and it was not an issue for anyone in the survey. Participants felt that the changes would be an opportunity for clerks to learn new skills rather than be a threat to their role. I had heard comments, prior to this research, that 'people had come into the Department to be social workers not computer operators', however, this was not a view shared with me in this survey. From the comments made most people acknowledge that computer technology is now a part of everyday life and Giddens' analogy of a 'juggernaut' seems to be widely accepted.

Homeworking:

I have referred earlier to Toffler's concept of an 'electronic cottage'. This survey clearly shows that few people in the Department would like to work from home. Most of the issues are around workload management and isolation from colleagues. There are teams, it was suggested, which could benefit from this model of working but generally it was considered unworkable by front line staff.

Surveillance:

This was the final anticipated issue which shaped my research questions. Attention was drawn to the fact that one of the objectives of CRMS could be management surveillance but, at this stage, it was not identified by anyone in the survey as a real issue. This may be because of the current stage of development of CRMS. When the Business Objects package, which will enable managers to obtain statistical reports, is operational another survey may produce different findings.

The findings of this research project has identified other areas not anticipated as an issue at the outset:

- Some workers feel they should have been involved in the decision to use a computerised system for client record maintenance.

- The welcome screen is disliked. Jargon and irrelevance is blamed for not using it.

- Most people in the survey are not sure where CRMS is going.

- More communication is needed with teams about the next stages of development.

- Inconsistency - some teams choose to record on CRMS, others do not.

- Some workers are disadvantaged if they move to teams where records are on CRMS and they do not have the necessary skills because their 'old' team did not use it.

- Over half the people in the survey considered that the use of CRMS and more succinct recording should enhance the quality of service for clients - an outcome for the Coventry project.

Workers' Resistance to CRMS:

The main pattern to emerge from these findings is resistance to CRMS by some workers.

Firstly, some workers felt that they had no choice when the Department decided to employ a computerised system for maintaining its clients records. This was experienced as technology leading practice with no opportunity for worker involvement at the outset. However, Peter O'Hara, who was involved in the Camden project believes that the issues are not just about the technology which is neutral. In a recent discussion I had with him he said, 'You can hang good things and bad things on it - it's more about workers' values and ideology'.

The findings have clearly shown that a substantial number of workers in the Department do not use CRMS for three main reasons: they have not benefited from training; there is not enough hardware and there is an inconsistent use of CRMS by teams. As a result of these difficulties some workers have chosen to return to relying on paper records and are now negative about the use of CRMS. (See Fig. 1)

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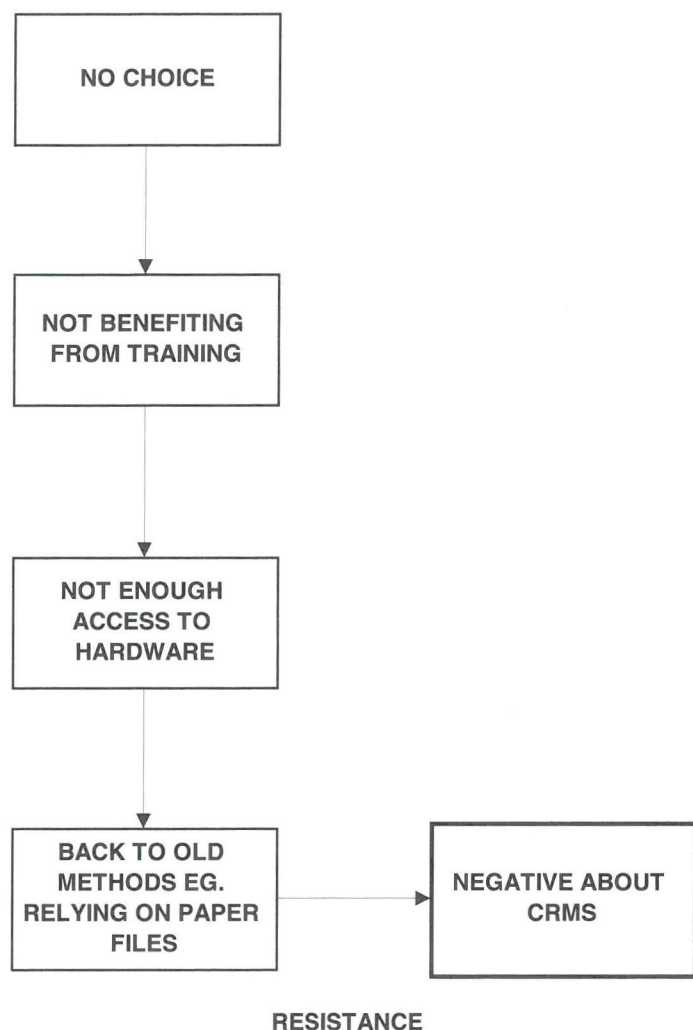
RESISTANCE

Fig. 1. Pattern of resistance

Based on the findings of this research it would appear that the majority of the workforce of Warwickshire Social Services Department support the use of CRMS for maintaining its client records. However, there is considerable inconsistency of use throughout the Department largely due to the lack of line management support in some teams. Furthermore, this has led to a widening gap in skills and knowledge between workers who use the system and those who do not, moreover, the enthusiasm of workers who have previously embraced CRMS is now beginning to decline. These findings indicate that teams in the Department are now at different stages of development and commitment, with some workers unable or unwilling to acquire the necessary skills. A clear pattern of resistance, to the use of CRMS, by some workers has emerged from the data collected during this research project. Unless a 'top down' approach to address consistency is taken and 'resistant' workers motivated to use the system, the potential of CRMS will be limited and it will not achieve its objectives.

Two strands were identified in the report '*Developing an Information Strategy*'- 10 June 1993, which needed to be addressed to shift the culture of the Department around the use of information. One was the technology and the other was the major 'change programme' required in terms of the shift in workers' attitudes to technological change. This has not happened and in some areas of the Department there is no ownership of the technology which is driving the Department's practice. The findings of this study were shared with the Departments CRMS project team who had already started to address the major issues of training and access to hardware. The staff training programme for CRMS had been one of the largest training projects ever undertaken in the Department and some workers were surprised at the extent of this issue. Regular, ongoing CRMS training and onsite support is now available to all staff and computerised record keeping is now becoming much more part of the culture of the workplace. This is partly due to the Department's commitment to the purchase of software packages for word processing and the opportunity now for computer training afforded to professional staff. The resistance by some workers to use computerised systems is a major issue which will take some time to address.

Finally there is a practical issue of surveillance in modern organisations, Marks and Spencer, for example amass transactional information through their computerised tills which informs the company what is selling and where. Credit card information identifies a person's spending habits, preferred shopping locations and ensures advertising material can be targeted to particular types of customers. Nevertheless there is an issue of power. Foucault suggests that modern electronic technologies allow surveillance without the construction of a Panopticon and Lyon refers to IT as the 'modern Panopticon of the fibre optics'. (Lyon 1988 p99)

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Social aspects of the information society, consequences for social welfare

Just before the June European Summit, Amsterdam was host to a European conference on the subject Social Quality of Europe in the Future, organised by the Dutch ministry of social welfare. This conference brought together leading scientists and high level policy makers and created a dialogue between them on how to improve the social dimension of Europe and the European Union.

Within this conference, Causa was organiser of a workshop on the social aspects of the information society, with Prof. Jos-e van Eyndhoven (Rathenau Institute, the Netherlands) and Prof. Bryan Glastonbury (CHST, UK) as presenters. A background paper written by Jan Steyaert and Nick Gould is available at http://www.fz.hse.nl/causa/amsterdam/

The conference resulted in a set of recommendations calling upon public and private partners in Europe to enhance the social dimension of Europe. The recommendations related to the information society focused on the threat of new or reinforced forms of social exclusion and called for the concept of universality to be expanded to universal reach.

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There's no such thing as a simple piece of information

Angela Spackman, Bryan Glastonbury and Diana Gilbert

Introduction

Early in 1996 the Department of Health (DoH) started work in England on a project which aimed to contribute to information about the implementation of the Community Care Act. Specifically DoH wished to have some statistical returns showing the extent of referrals, assessments and packages of care provided to adult clients by social services departments (SSDs).

On the face of it, this might seem a relatively simple and straightforward task. Surely, after all, SSDs receive adult referrals (older people, people with disabilities, and so forth), carry out a needs assessment of each one, and then, if warranted and if resources permit, provide services to meet identified needs? Shouldn't this mean that they have the ability to offer figures over a given period of just how many of these tasks have been carried out? In reality, however, measuring activity turns out to be a difficult and complex task. The aim of this paper is to use the project as a case study, to try to describe and analyse why such difficulties arise, drawing heavily on the report of the initial scoping study (Spackman, Gilbert, Glastonbury, 1996).

The topic areas are:

- Complexities brought about by differing definitions, across (and sometimes within) SSDs, of what exactly is a 'referral', an 'assessment' and a 'package of care'.

- Challenges to fit data gathering within the context of relationships between DoH and SSDs, and between SSDs and their providers (often independent sector agencies).

- Variations in the attitudes and motives of SSD staff towards providing information for returns.

- Difficulties arising from the wide variation and types of information systems operated by SSDs.

- Methodological issues, for example around the notions of 'measurement' and 'estimate', or the question of whether to seek full population counts or use some form of sampling.

Overlaying all of these topics are broader philosophical, political and technical themes about the role of information and technology, and these inform and influence people's behaviours and attitudes. While this paper does not aim to focus on such themes, it is as well to be aware of them. They cover such questions as:

How do we reconcile the need to disseminate and share information across services in the interests of 'seamless care' with the call to respect confidentiality and personal privacy?

What is the sensible balance in the use of time and resources between information gathering, recording and processing on the one hand, and providing services to people on the other? Is money being spent on computers which should be spent on services?

How far should central government impose requests for information on local authorities, a theme covered in a 1996 Government report, *Lifting the Burden*.

Are we at risk of imposing information overload on our services?

What is the role of technology in the information arena? Should all social services information be computerised to a standard format? Is information standardisation a necessity?

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Definitions

The DoH Statistics Division was, of course, fully aware that many complexities might arise, and their first approach was consequently to run a scoping study. A number of case studies were undertaken and SSDs were widely consulted about their understanding of the three terms, referral, assessment and package of care (RAP). The findings about how the terms are defined illustrates just one area of complexity, albeit a vitally important one, and for this reason will be looked at in some detail.

Referrals. The following definitions of referral were identified in the scoping study:

Contact with a potential service-user, made directly (in person, phone, post), or via an intermediary (GP, hospital doctor, etc.).

A contact as above after it has been filtered to confirm that it is appropriate for the SSD, and not for another agency.

A contact as above, further filtered to see if all that is needed is some information and / or advice, which can be given directly and immediately.

A contact as above which can be concluded quickly and without detailed assessment by the provision of a one-off service, such as a car badge.

A contact where there is a *prima facie* case for eligibility for services.

A contact which, after filtering (or screening), is considered to be in need of detailed assessment.

A previous service-user currently not receiving service whose circumstances change, and who is re-referred for a new assessment.

A service-user currently receiving services who, as a result of a routine review or a change in circumstances, is deemed to need a further assessment.

Less commonly, a person put forward by an organisation (voluntary, independent sector) authorised by the SSD to receive contacts and carry out initial filtering or eligibility testing.

As well as *filtering*, commonly used terms in this context are *review, re-referral, reassessment, logging* and *screening*. However, it has to be recognised that filtering and screening are also terms associated with assessment.

Two examples of written definitions of *referral* used by SSDs which would lead to very different statistics of the number of referrals received are:

'a request for some kind of assessment of need ... can include where customer services staff advise or provide direct access to services'

'an enquiry that has been accepted for assessment'

Assessments. There was almost total agreement as to the task of *assessment* - 'the gathering and appraising of information in order to identify a person's needs'. This core statement may be embellished, for example by noting the importance of working with the service user, but is consistently interpreted as a concept. The creation of a statutory duty to assess in some situations has had the impact of obliging SSDs to develop a more consistent approach to assessment.

Observations in SSDs suggest that assessment work, as defined above, can take place at differing stages in the referral process:

- *Self assessment* prior to initial contact with the SSD. It is now widespread for SSDs to disseminate information about the services they can offer, and the sorts of people they can help. This enables some potential customers to make a judgement on their own potential eligibility for service, and to undertake a self-assessment. This approach has not been given much emphasis in the UK, but is growing in importance elsewhere as an aid to filtering.

- *Intermediary assessment.* Rather more important is the role of intermediaries prior to initiating a contact with the SSD. GPs and other health service staff in particular have a good idea of the circumstances in which SSD help may be forthcoming, and will carry out some preliminary assessment in order to decide if a contact with the SSD is appropriate.

- *SSD assessment* at the point of initial SSD contact. Filtering and screening are processes of preliminary assessment aimed at establishing eligibility or suitability for further attention. In SSDs with formally established customer services (a contact point for members of the public) this activity can deal with a half or more of all contacts, and can provide considerable background information for persons passed through for further assessment. It is common for referral forms or computer screens to provide entry opportunities for assessment information, and in some instances to incorporate quite specific assessment activity. Some occupational therapy (OT) referral forms, for example, include questions about an applicant's functional abilities. It is also the position that what might be viewed in one SSD as a limited assessment is carried out in another by a care manager or social worker while working as duty officer. Some forms used for such preliminary work are designed to meet minimum statutory requirements.

Following the referral phase formal assessments are carried out. There is no uniform approach or standard labelling, though it is common to find:

Limited assessment. This may take the form of an initial limited assessment. Alternatively, the label may indicate a way of proceeding rather than breadth or depth, perhaps, for example, without a further face-to-face contact with the service-user. Otherwise the most common use is when only a 'simple service' is considered likely. Other synonymous terms are *short* and *focused assessment*.

Comprehensive assessment. This is the favoured approach of care managers, especially those who are unhappy at the attempt to distinguish between limited and comprehensive. The argument is that until a comprehensive assessment has been carried out it is not possible to know for certain that only a simple service provision is needed. Formally a comprehensive assessment is most frequently used where there is a likelihood of multiple service requirements, not necessarily exclusively involving the SSD and its sub-contractors, but sometimes other services such as housing and social security.

Specialist assessment. This may involve a person with specialist qualifications, but is more likely to mean an assessment carried out by a specialist team. Often the label can be something of a misnomer, given that, for example, an Older Person's Team may be technically specialist, but is in reality quite wide ranging.

Financial assessment. This may be dressed up in its presentation, but is widely accepted as an assessment required by the SSD as part of its charging policies.

Other forms of assessment label are less common, but include *needs led assessment* (focus on needs) in contrast to a *service led assessment* (focus on eligibility). Specifically within OT sections a distinction is routinely made around immediacy, where the assessment should be carried out as a matter of real urgency (within 24 hours), quickly (within a few days), or whenever possible (i.e. it can go onto a waiting list). In one case study area priority ratings were given for all assessments, and in another for many of them.

After a care package has been put in place a further assessment (or reassessment) occurs as part of ongoing contact with a service user. This may result from a change of circumstances or be a routine review programmed into the care package. This activity may have a precise definition, such as updating and reappraising a person's needs, but on the basis of the case studies is more likely to span over many of the stages listed above, including screening to see if a full reassessment is warranted.

Part of the review of care packages involves monitoring them for appropriateness and effectiveness. This also appears to incorporate an element of ongoing assessment, partly as clarification of needs, partly to assess the fit of needs and services.

Packages of Care. Case study experience suggested that three broad approaches are taken to packages of care:

a) A simple, single service, with minimal financial implications. Often this is not recorded by the SSD as a package, sometimes because of its lack of financial implications, or because of its simple 'one-off' characteristics. Not all staff like or use the term *package of care* or *care package*, and there is some confusion about the concept of a 'package', particularly about whether a single item of service is to be viewed as a package. In some SSD settings a 'package' must contain several items to be so described.

b) An array of services, arranged and reported in terms of the response to assessed needs. This is the nearest in practice to a care package as conceived in *Caring for People* (1989). It will be recorded, but possibly not comprehensively.

c) Direct cost carrying services, which may or may not function alongside services which are not costed. Here only the cost bearing items are likely to be recorded, and it is common for them to be categorised in weekly or monthly cost bands, related to the individual SSD's funding ceiling.

The overall conclusion to be drawn from these findings is that a simple request for a count of 'How many ... ' will lead to largely useless responses because SSDs define the terms so differently. The number of referrals, for instance, will be massively higher where the definition covers all people contacting the agency or any of its associated groups, than if only those filtered and deemed in need of a formal assessment are counted. However accurately data has been placed on computer, or however effectively the program provides requested aggregation, the lack of shared standard definitions ensures unusable output.

The SSD context

Even without allowing issues of ethics and confidentiality to intrude, questions can also arise about the principle and appropriateness of requesting information. DoH needs information on matters such as community care for its own planning purposes, and for its discussions with the Treasury about how much service is being provided and what overall resources should be allocated. Without such information it is difficult to monitor the implementation of the Community Care Act, or to provide an effective evidential basis for budget allocations. At the same time DoH, as well as other central agencies like the Audit Commission, have to be careful about the demands placed on SSDs (*Lifting the Burden,* 1996, is quite specific about this).

Part of the difficulty is that there is no uniformly easy channel of communication, no routinely employed electronic data exchange framework in place, and as will be mentioned later, standard requests for information are sent to SSDs with widely varying abilities to make an effective response. Another concern is about the diversification that has taken place from SSDs into the independent sector. In theory the situation is simple - SSDs are service purchasers, and all RAP work is a purchasing task, so all information about RAP should be held by SSDs. In practice the division between purchasing and providing has extensive overlaps, and varies from place to place. In one of the case study areas a whole segment of client interaction (contacts, assessments and service provisions) had been contracted out to an independent sector agency. More widespread, many aspects of RAP, such as reassessments of existing clients, are routinely handled by providers, whether inside or outside the SSD. Impeding much of the scene is the observation that while many services have been contracted out of the SSD, there has not been a parallel development of an information structure to ensure that independent sector agencies report back adequately on their activity.

Staff attitudes

Earlier studies have reported on staff reluctance to data gathering and recording / reporting, especially for the purposes of 'feeding a beast', the beast being a computer (Glastonbury, 1985 is an early example). Our study showed wide variation in attitudes, not so much between SSDs as between different groups of staff:

• OTs generally take the line that comprehensive recording is necessary, and practices to ensure this are deeply embedded. Partly this is to reinforce an administrative system which depends on careful recording (especially maintaining waiting lists): partly it is through a conviction that unless a full statement of workload is reported, resources (staffing levels) will be threatened.

• Clerical reception staff also prefer a systematic and comprehensive approach to recording details of all contacts. In one area, for example, all are entered into the computer system, though if the initial contact does not become a referral within the local definition (i.e. passed on for formal assessment) then the entry is deleted.

• Some staff prefer to keep a record of all contacts, and if the formal system does not allow for this they will keep a separate / additional log for their own purposes. This was found, for example, in some hospital settings.

• In contrast other staff, mainly care managers (social workers in particular), wished to exercise professional judgement and determine what should or should not be included in a case record.

The outcome of these attitudes is that information within each SSD may be comprehensive, but is more likely to be patchy. There are two segments in particular where gaps are likely to be found:

a) Especially in SSDs where there is a restrictive definition of *referral*, many service-user contacts where there has been some preliminary assessment or service giving (such as information, advice or maybe a little counselling) will not be recorded. The likely definition of *referral* in such circumstances is one limited to service-user contacts in which it is determined that assessment by a care manager is warranted.

b) Once a referral has been formally recorded, along with the outcomes of assessment, the thoroughness of recording may decline. A key issue here is the extent to which records are or should be seen as statements of workload undertaken.

Overall the research did not find a general opposition to new data gathering, but a more complex and ambivalent set of views, including:

- Concern at the workload implications, with potential for resistance and resentment if the purposes of information gathering and recording are not fully explained and justified. A particular grouse is that when a new statistic is requested it is not made clear whether this is the start of a new regular process or a one-off request. The SSD's approach to the request will vary considerably according to how it is viewed. A one-off will be handled as a special project: a new regular return is more likely to lead to accommodation within the overall information system.

- Concern that a strategic overview is maintained, particularly of the appropriate workload balance between primary service functions (meetings people's needs) and secondary or support functions (keeping records).

- A view from several information managers that requests from DoH for new data provision and analysis, especially if set in a coherent and well-planned context, can act as aids or even catalysts to the development and improvement of agency information systems.

- A view from some case study SSDs that DoH requests for data should be set within a context of more help in the overall design and implementation of the agency's information system.

Information systems

The case studies conducted as part of the scoping activity offer some support for the view that where a centralised service-user information system exists it is easier to prepare regular statistical returns. When data have to be called in from a number of sources the task becomes more onerous, and more dependent on the co-operation of staff in different locations. However, the issues are more widespread than simply that of centralised or decentralised information structures.

The diligence and consistency shown by staff in using information protocols varies widely. If the SSD has a detailed procedural manual, including definitions of terms associated with referrals, assessments and packages of care processes, and if emphasis is placed on conforming to set procedures, then this also makes data aggregation within the SSD more effective, regardless of whether the system is centralised or computerised. Conversely where definitions are flexible or based on localised custom and practice, and / or individuals can to an extent decide whether and what to record, aggregated outcomes are not likely to be dependable.

There are also indications that available information is not always fully used internally, and that staff whose roles involve the use of information do not necessarily know everything that exists in the records. This is especially true of public domain output from the SSD's Inspection and Registration Unit. Many care managers do not always use Inspection Reports on the services they are using in setting up packages of care. In contrast the contracts monitoring officer, where one exists, is likely to draw on data from a range of sources. Overall the case studies

arouse suspicions that within SSDs there are more data than is widely appreciated, and much more than is routinely brought together into a centralised location. This is particularly true of qualitative data, and raises the question as to whether there could or should be a qualitative dimension to statistical returns.

As for the type of information frameworks in case study SSDs, the picture varied. Three of the five had agency-wide computerised service user information systems, while the remainder have planned or partially implemented systems, but still depend substantially on locally based information stores which can vary in structure and content from section to section within the agency. Sometimes local sections have their own computer system, commonly based on a commercial database, and not necessarily the same as that used in other parts of the same agency.

In only one SSD was the calculation of annual returns almost wholly based on computer interrogations, though a separate study over the same period (Barnes, 1996) showed that almost all SSDs now have computerised information sources. Elsewhere there are elements of computer-generated data combined with figures provided from different parts of the agency. In these instances the staff responsible for generating returns for a central body were often sanguine about the accuracy of their output, and usually had no way of checking on the figures sent in to them. Staff sending in the figures for SSD aggregation varied between claiming precise accuracy (common with OTs) and suggesting that 'estimate' might be a fair description of what they were offering. Concerns were expressed about data accuracy, and in one area the level of inaccuracy in service-user records had been researched and substantial interventions made to overcome weaknesses.

In two of the case study areas the task of providing agency-wide data was particularly challenging, while a wider experience was to treat particular requests for data as 'special projects', not as part of the mainstream of data gathering and analysis. Part of the reason for this situation was acknowledged as arising from weaknesses in information strategies, systems and management: but part also from a perception of the purposes of information gathering as aiding internal operations rather than external aggregation. Some internal tasks require overall agency data, such as the Community Care Plan, but many do not, and are needed for internal section management. Most respondents when asked said that returns to the DoH or Audit Commission were done because they were required. They did not offer any perspective on why national statistics might be gathered, and there is a clear need for national bodies to improve communication and motivation by explaining more fully and effectively the purposes behind their requests for data.

The view that there are wide variations between SSDs is, therefore, supported by the case studies. There are also extensive variations within many SSDs, and several factors were identified to explain how these variations operate:

- Acknowledgement of professional expertise and judgement, which permits staff, especially though not exclusively social workers, to 'do their own thing' in relation to the records they consider relevant to their work.

- The flexibility manual systems have to accommodate to professional discretion. Some staff still view IT based information as rigid and fundamentally unsuited to the task, though even where computer systems are in place some scope is found to 'customise' information, often by using the computer screens selectively.

- As already mentioned, the tendency in the case study areas was for OTs and (clerical) reception staff ('customer services') to record more systematically, perhaps because of the high numbers of contacts with which they deal; while care managers (social workers for the most part) tend to be more selective and less systematic. Clerical staff handling data input, or preparing manual records, sometimes 'tidy up' to fill in data gaps left by care managers.

Staff continued to voice criticisms of computer systems, such as:

Basically a poor / outdated / inappropriate system.
Lack of access to terminals.
Insufficient knowledge of how to use systems (a training implication).
Perceived unhelpful attitudes of some IT staff.

Issues of methodology

The past tradition in social work is for recording to have two components, factual data on card index (name, address, etc.) for mainly administrative use, and descriptive / analytical data on client-worker interactions in the client file. The ongoing pressure in IT system developments has been towards a merger of the two, coupled with a move away from written description (free text) towards using categories to identify needs and circumstances. Concepts such as 'social history' and 'client record' have been replaced by the configurations and capabilities of the computer database, which are more around aggregation than the uniqueness of an individual record.

The transition has not been fast, easy or without resistance, and the advent of IT has certainly not converted all SSD data from 'soft' to 'hard'. The scoping study indicated that many SSDs continue to work with a combination of hard and soft data, and staff remain adamant that this mix reflects the nature of the social work or social service task. As a result a SSD's stock of data is typically a combination of that which is measurable and aggregateable, and that which is more diffuse and handled compositely through a process of scrutiny and estimating.

Whatever the nature of data held in SSDs, the overall volume is nevertheless increasing rapidly, so opening up another issue which is already familiar to researchers - the use of sampling. If DoH wants information on RAP, does it need a full population count from all SSDs? Might this be criticised as leading to information overload? Would returns based on samples be as useful? A range of sampling possibilities exists:

- A sample of SSDs, focusing on drawing returns from those with the most sophisticated information systems.
- A sample of SSDs stratified to balance those with computerised, non-computerised or hybrid information.
- A sample of SSDs stratified according to other differentiating characteristics, such as urban / rural, size, and so forth.
- A sample period of time covered by the returns, such as a week in each year rather than the whole year.
- A sample of specific returns, so that some SSDs provide, say, data on referrals, others data on assessments.
- A rotating system, for example a quarter of SSDs making returns each year, so that the task comes around only every fourth year.

No doubt there are other sampling possibilities, but the general argument here is that we should perhaps be trying to be more selective in adding to the workload of data gathering and recording, willing to challenge and if need be resist the relentless demands for more and more data.

Conclusions

The scoping study fed into an extremely lively discussion and negotiation involving an extensive range of information staff from SSDs, DoH and elsewhere. The outcome was a list of returns which are to be piloted in 1997/8 prior to implementation. Contact details for anyone who wants to keep in touch with how the pilots and implementation are going can be found at the end of the paper.

However important the list is in itself as a series of estimates or measures of community care activity, the aim of writing in some detail about their development in this paper has been primarily to draw attention to the nature of data and information in the real world of the social services, and how this has to be tackled with care, persistence and depth, before any computerised processes come onto the agenda. Two maxims about IT have stood the test of time - 'garbage in - garbage out', and 'computerisation will make a poor information system worse'. The RAP exercise illustrates just how valid those maxims remain. That is not to suggest that any single SSD information system is inadequate; but it is to argue that if more broadly based aggregation and information sharing are to take place effectively, then attention must be given first to getting agreed shared definitions, shared protocols and much else that makes up that notion - dreaded by many - of 'standardisation'. Only when a common infrastructure is in place can realistic aggregation and information sharing take place.

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Acknowledgements

Developing an Accessible Web Page

Ann Wilkinson

Introduction

There has been a phenomenal growth of WWW sites since 1992 and there is now a considerable human service presence on the web. The increasing sophistication of these sites during the last few months has led us to feel that it is time to present some thoughts on making web sites accessible to all users world wide. This article is based on the experience of using and developing web sites over the last three years, running workshops where the WWW is introduced to new users and a recent workshop prepared to highlight the problems of badly designed web sites. It is presented from the perspective of human service organisations but a number of technical papers have been published recently on the web and the reader is referred to these for additional reading. The Centre for Human Service Technology is particularly interested in accessibility for disabled people but many of the issues raised in this context have relevance to those who are accessing the web from their own home, from remote areas and less technology rich areas.

Human Service Web Sites

In 1994 the CTI Centre for Human Services[1] with the other CTI Centres in the UK recognised that the WWW would become a medium for dissemination of information within higher education institutions. We moved to develop a set of web sites which represented our subject areas. These can all be accessed from the CTI Support Service site http://www.cti.ac.uk/ In planning the Human Service pages we began to search the web looking for other human service web sites. Looking at the archive of these embryo pages is revealing. There were links to two other North American sites and a small number of academic sites in the UK. Nine months later the picture was very different and a growing resource *Social Work on the Web* http://www.soton.ac.uk/~chst/webconn.htm was in development. This page has continued to grow and it is now difficult to keep abreast of changes and new arrivals in the subject area. We have divided the pages into sub-areas and developed an equal opportunity page. During the summer the structure of all these pages will be revisited to bring it into line with social work teaching in the UK. At the same time material on values in social work will be separated from technical and service material related to disability in higher education and accessibility issues. It is clear that social work and healthcare web sites are becoming more sophisticated and more informative. The newly emerging sites are using the new technologies to create searchable databases, provide downloadable materials in a variety of formats, assessments and questionnaires and asynchronous chat sessions. Web sites are now being used for distance learning, providing information for users of services, creating remote access to databases and libraries and a wide range of commercial uses. Some examples are provided below:

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• abstracts	SWBIB http://www.fz.hse.nl/causa/swbib/	
• research material	The Centre for Applied Social Surveys http://www.scpr.ac.uk/cass/	
	SOSIG (Social Science Information Gateway) http://sosig.esrc.bris.ac.uk/	
• databanks	The National Archive on Child Abuse and Neglect at Cornell University	
	HTTP://www.ndacan.cornell.edu	
• user information	Citizens Advice Bureau http://www.poptel.org.uk/cab/cabhp.html	
	Manchester Community Information Network http://www.poptel.org.uk/mcin/	
	Mental Health Foundation http://www.mentalhealth.org.uk	
• practice information	Mental Health Act Guide http://www.hyperguide.co.uk/mha/	
	Institute for the Study of Drug Dependence http://www.isdd.co.uk/	
• social work teaching	University of Cardiff, Wales http://www.cf.ac.uk/uwcc/socas/	
	University of Strathclyde http://weber.strath.ac.uk/	

Higher education institutions are utilising the web to develop a range of distance learning materials and for social work this will have significance for both pre and post qualifying education. Practitioners are able to improve and update their skills from the workplace using email, on-line tutorials, and websites. Social Work agencies are developing client resource information for example Hantsweb http://www.hants.gov.uk/index.html

The WWW has been applauded for its democratic structure and availability to all but there is a danger that this will be diminished by those who are utilising it if they do not provide pages with information which is concise, well edited and presented and in an accessible format.

Developing an accessible web site

The user will evaluate a web site on the basis both of the ease of access and its content. On this occasion the focus is not on the content. It is hoped that a subsequent article will highlight some of the developments which are taking place for teaching and learning in pre and post qualifying education and training for human service workers.

As in all publications good clear design is helpful to all users; too many colours, cramped text and poor layout make it harder for users to appreciate the content of the materials. If information is going to be delivered via the web clarity is going to be of key importance.

Developers however always need to consider sight impaired users, some distance learners and those who are using less sophisticated computers to link to the web. Although there are now a variety of graphical web browsers, such as; Netscape, Mosaic, Winweb and Microsoft Explorer, many users are still using text based browsers, such as Lynx. Lynx is a text based reader which was developed for the Unix environment; for more information see http://www.ukans.edu/about_lynx/ . Users will include blind people who link screen readers to their computers. Screen readers scan the pages line by line and use speech synthesis to reproduce the computer output. Screen readers which link to graphical user interfaces (GUIs) are emerging but are not reliable yet. The material which follows while of key importance in access for blind or partially sighted users is also relevant to other users of the web.

Factors which effect access

In order to consider accessibility a number of aspects of web design have been selected. Abundant links to examples of bad practice could be provided but for this article the focus will be on best practice. What follows is not a comprehensive list but aims to highlight some of the issues which developers of web pages should remember to allow best access.

Text
Originally HTML (Hyper Text Markup Language) was very accessible to those who were reliant on screen readers to access the web. HTML was accessible to screen readers because it relied on highlighting the structure of the text (e.g. tags as <Hx> or <STRONG> which are translated by web browsers to lay-out the page). The same tags enabled screen readers to work more effectively and convey the meaning of the document to the reader, see http://www.useit.com/alertbox/9610.html for additional information. There are still some additional factors that will help the blind user to read the pages fluently such as good punctuation. Never use 'click here' to provide a link, provide the name of the link or address of the link. Some blind users use the TAB key to move between links and need a clear description of the link. Try to avoid having multiple links in the same line of text. Although people can usually change text size to suit it is important to remember that very small point sizes should be avoided.

Colour/ Contrast
There is almost unlimited potential for the use of colour on web pages. The colour of text, backgrounds and links can be pre-defined by the developer although users of older browsers may not be aware of these and receive simple black on grey or have set up user selected preferences in the browser. Tips on pre-setting the browser are available on the Canadian Institute for the Blind site http://www.cnib.ca/tips.htm Developers should be wary of using black backgrounds. The only text colours that are visible against black seem to be white or yellow. When printed these pages use a great deal of ink and are extremely difficult to read. Coloured backgrounds are very distinctive but the colour of text then needs to be carefully chosen. Wallpaper backgrounds where there is a pattern appear different on different browsers. There are some

sites currently displaying patterned backgrounds which obscure the text. This is further discussed with examples at http://www.igs.net/~starling/acc/acbak1.htm

When selecting colours the developer cannot provide combinations suitable for every user but they can help considerably by ensuring that there is high contrast between colour of text and colour of background. This helps users who only have monochrome screens and users with poor visual acuity.

Graphics

Web sites are made more interesting by well chosen graphics but in constructing sets of pages it is important to realise that for a number of reasons some users will not be seeing these graphics (logos, pictures, diagrams and charts). Anyone accessing via a telephone and modem who is paying for downloading files may switch off graphics to reduce cost. Blind and sight impaired users who are using screen readers will not be able to 'see' the graphic unless it is described in text. There are two ways of making sure everyone is able to understand the graphic. Every graphic link should have an ALT tag with a brief description of the image (An ALT tag is a text description which is set to display if the graphic is not available, either because the browser does not support graphics or the user has turned off the graphics). Thus the link producing the CTI Logo on my home page should be constructed as follows <IMG SRC="ctilogo.gif" ALT="CTI" > In this case either the user will see the logo or they will be able to read a text alternative which says CTI. Where pictures or diagrams are used the short ALT tag is useful but it may also be necessary to provide a fuller text description created as a link nearby. There are now compression programs available to reduce the size of graphics files and it may be worth investigating their use to help users who are paying for time to download files. See http://bucky.aa.uic.edu/HTML/WEB.html

Forms

Forms are being used to increase the interactivity of web pages. Users are encouraged to answer questions, respond to surveys, order products or samples and do assessments. The user moves the pointer to a box and types their answer and then 'clicks' on the submit button.

Forms are very difficult to access for those not using Windows browsers with a mouse or other pointing device. Remember to provide a text description and email address as well. Screen readers cannot find the empty text boxes and therefore an alternative page with a text version is required.

Tables

Tables may not be accessible to text browsers and the text contained in them could be delivered in a jumble of words without spacing or structure. This seems to be a question of experimentation testing on different browsers. An html file with a table which was assumed to be unreadable which I prepared for a demonstration appeared quite clearly on a Lynx browser without the borders and cells but arranged in a logical way. Users relying on screen

readers may also be impeded because screen reader read across lines of text not up and down columns. A standard method of dealing with tables is to provide an alternative in text as follows:

Text	Colour /Contrast	Forms
Graphics	Tables	Frames

Colour | Contrast | Forms | Graphics | Tables | Frames |

The screen reader detects the separators between the links. More complex tables such as those laying out figures and totals will need a separate text summary.

Frames

Many sites are now adopting frames as they allow indexes to be displayed in a small window while the main window changes content. There are some sites which display three windows which may be resized by the user. Currently frames are not supported by all browsers and can be very irritating even to those users who have frames supported browsers. There are some very highly coloured and cluttered commercial sites using frames to deliver advertising in one window and information in another. If you do use frames an alternative text page is essential. See http://weber.strath.ac.uk/ for an example of good practice.

Site Maps or Image Maps

Graphical site maps are also appearing more frequently. They help to show the user arriving at the site the structure of the pages. They are very useful if provided in text form but a purely graphical map is inaccessible to those who are blind, who have graphics switched off or are using a text browser. Consider also whether the images used are understandable and acceptable to people from different cultures and ethnic backgrounds. Graphical site maps should not be omitted completely as they do assist some users who have specific learning difficulties

Audio

Developers are now adding audio onto their sites and there are a number of formats available. Technically this should improve accessibility to many people but it requires a multimedia machine, correctly configured for audio, the right audio player downloaded and installed and to be able to hear. Machines in multiple workstation areas sometimes have sound disabled in order to prevent disturbance to other users. It is good practice to provide a text alternative to the sound file.

Java

The development of the programming language JAVA™ has made many changes to web development. It has undoubtedly expanded the possibilities for web pages but it also creates a gap between the comparitively simple programming required to create a web page in html and the programming knowledge required to work in a professional developers tool. Developers creating web pages using Java applets should read:

The TRACE Centre preliminary report on Java Accessibility http://trace.wisc.edu/java/report.htm

Microsoft Enables Java for People with Disabilities Specification, Available to Java Developers on Any Platform http://www.yuri.org/webable/mspr-java.htm and

Accessible Web Page Design: HTML Alternatives for JAVA™ Applets (a shorter summary) http://www.igs.net/~starling/acc/acjav.htm

Pre-formatted files
Software has been developed to help developers load pre-formatted files on to the web. Solutions to access these are being developed but it is wise to provide a text alternative at present. This is useful to all users as not everyone wishes to undertake installing additional software (known as a plug-in) to read the pre-formatted files.

Additional reading:

Unified Web Site Accessibility Guidelines - preformatted text http://www.trace.wisc.edu/text/guidelns/htmlgide/
   htmlgide.htm#layout.preformat

Are Adobe® PDF documents accessible? http://www.igs.net/~starling/acc/acpdf.htm

Conclusion
The principles for making web sites accessible for all are not fixed and most of the organisations quoted below will be updating their information in line with new developments. Web technology is changing very rapidly and developers need to incorporate changes carefully to maintain accessibility. If your site meets all the criteria for accessibility it may be badged with the keyhole symbol which can be downloaded from NCAM/Web Access Symbol
http://www.boston.com/wgbh/pages/ncam/symbolwinner.html
Web sites reflect the values and attitudes of the institution or individual towards their readers very clearly. Increasingly the web site will be the first point of contact for users of services with agencies or institutions. For example many schools now allow access to the web for their students seeking further and higher education and it is here they get their first contact with the institution. When public libraries are networked in the UK agencies delivering services will also be on view to the wider public.

Web sites offering guidelines on accessibility and good design

Accessible Design for Users With Disabilities http://www.useit.com/alertbox/9610.html

Accessible Web Page Design http://www.igs.net/~starling/acc/actoc.htm

Accessible Web page Deisgn http://weber.u.washington.edu/~doit/Other/web-design.html

Adaptive Technology Resource Centre http://www.utoronto.ca/atrc/

Designing Accessible Web Pages http://www.rit.edu/~easi/access.html

Designing an Accessible Web http://www.trace.wisc.edu/world/web/index.html

INCLUsion of Disabled and Elderly people in telematics http://www.stakes.fi/include/

List of sites on Web page design http://info.lut.ac.uk/research/husat/inuse/f_web_page_design.html

NCSA Mosaic Access Page: a resource for people with disabilities http://bucky.aa.uic.edu/#george

NCAM/Web Access Symbol http://www.boston.com/wgbh/pages/ncam/symbolwinner.html

What constitutes good design for visually impaired users? HTTP://WWW.RNIB.ORG.UK/wedo/research/access.htm

Unified Web Site Accessibility Guidelines Version 7.2 June 1997 http://www.trace.wisc.edu/text/guidelns/htmlgide/htmlgide.htm

Usability Issues in Web Site Design http://www.npl.co.uk/npl/cise/us/web.html

Welcome to The Canadian National Institute for the Blind on the World Wide Web http://www.cnib.ca/

World Wide Web Consortium http://www.w3.org/pub/WWW/Disabilities/

Yuri Rubinsky Insight Foundation: WebABLE! http://www.yuri.org/webable/index.html

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The Computers in Teaching Initiative (CTI) was established to promote the use of educational technology in higher education institutions in the UK. There are now 24 centres in the UK working with the majority of disciplines. The aim of CTI Human Services is to maintain and enhance the quality of learning and increase the effectiveness of teaching in the human services through the application of appropriate learning technologies. Our objective is to provide a national information and development service which recognises the partnership nature of human service education between higher education and agencies. The Centre has throughout its existence, sought to promote the embedding of equal opportunity into the work of CTI. The development and use of educational technology needs to enhance the opportunities available for people to pursue learning and not create barriers.

caredata CD

Reviewed by Carolyn Roberts and Peter Sharkey

National Institute for Social Work Information Service, (1994*), caredata CD: the social and community care database*, January 1997 edition, Windows version National Institute for Social Work.

The National Institute for Social Work (NISW) has been at the forefront of developments linking information technology to social work. It hosts the email discussion group uksocwork in the UK. It was amongst the first social work organisations to set up pages of information on the World Wide Web. This is a site that is recommended to our social work students for its useful content. NISW is involved with a project to increase the use of the Internet and the World Wide Web amongst voluntary organisations. It also produces *caredata*.

The *caredata* Compact Disc service was launched in March, 1994. It is currently in use in over 120 locations throughout the United Kingdom. It was first made available as a DOS version but from 1997 it is available in both DOS and Windows. This review is of the Windows version. The CD is updated quarterly, and comes with a manual, a list of keywords and a hard copy monthly listing of *caredata* abstracts which have been recently added to the database. To purchase the CD to run on a standalone personal computer will cost an academic institution £600 plus VAT per annum. There are supplementary costs to this for a network licence going up to an extra £400 plus VAT for use by 20+ users.

For the technically minded and those who need to know, *caredata* uses HEADFAST/CD retrieval software. The system requirements for a standalone Windows version are an IBM compatible PC, Windows 3.1 or higher, CD-ROM drive (ISO 9660) with MSCDEX DOS extensions, 5MB hard disc drive free, 4MB+ available RAM, and EGA/VGA monitor. Installation is quick and easy, and involves simply running a set-up file from the CD using your program manager. This takes just a couple of minutes. The manual is easy to follow, with well laid out descriptions and diagrams of the screens.

caredata CD consists of a single CD-ROM disk containing three databases:

* the main *caredata* database of over 30,000 references to a wide range of social work literature.

* a full-text database of the UK Department of Health circulars from 1995/6.

* an international Social Work database of over 1,600 references from the main Social Work journals throughout the world.

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The Windows version displays a choice of the three databases on start-up. Once you have made your choice a form appears displaying the fields which you can search in. By in-putting words on entry lines of the form the user can search in one or a combination of fields. Truncation is available using *. As an example, if you go into the main database and type in 'elder abuse' in the *caredata* keywords field, it will come up with 218 items from a variety of sources. There are icons at the top of the screen and by clicking on these you can then obtain more detail about an item, mark an item, sort items, write them to a disk and print them out. Simply placing the mouse over the icon brings up a description of it so this makes the database easy to use and find your way around. There is a good on-line Help facility which is comprehensive and detailed, including diagrams and hypertext links between items.

The entry lines have their own index so it is easy to browse each index to obtain a sense of what is there or to check spellings. The index is also useful when searching by author. As well as verifying existence and spelling you can pick up any different index terms that exist for the same author, for example, D. Miller, Dave Miller and David Miller.

To give another example — say a student knows that the journal 'Community Care' is in the library and wants details of any articles on 'poverty' within that journal. S/he can type in entries as shown in the screen below to give her/him a listing of possible relevant titles. A search would find 77 articles related to poverty between 1987 and 1996.

this is a really helpful resource and service — producing very quickly a printed list of references which can then be turned to on the library shelves.

Students do sometimes use databases and then feel frustrated that they only have ready access to a small proportion of the items. *caredata* has made a start in providing some 'full text' material with selections of articles from four journals, the Joseph Rowntree Findings, the NISW Briefings and newsletters and some NISW publications. We imagine some of the negotiations with publishers are difficult but this (so far) limited availability of full text articles is a welcome move in the right direction.

Having the DoH circulars available in full text on a separate database is very helpful. You can just 'browse' down the list of these and have a look at those which are of interest. The third database is an international Social Work database. Many courses have rightly developed an international dimension to their teaching but staff knowledge and library resources have sometimes lagged behind. This makes this database on international social work especially helpful as a resource for students and staff.

We have a few minor criticisms of the database. When combining keywords using the index, the Boolean operator is set on OR rather than AND. We suspect that your average user is not geared up to the searching of synonyms, and wants to simply combine two or more concepts. We would suggest therefore that AND should be the default. Keywords can also be combined on the initial search screen, without the need to check the index. However they must be linked with '&'. A search using 'and' leads to non-retrieval of results. Again this alteration would make using the CD a lot more intuitive. A further cosmetic change would be to add descriptions to the detailed display, describing AUTHOR, TITLE etc. While most of these are fairly obvious a format description has obvious benefits. Many students initially have trouble differentiating between different references i.e. whether the reference is to a journal article or a book, and a handy prompt would be welcome.

These are improvements we would like to see rather than criticisms of the database, which is one of the more user friendly CD products on the market. It covers a very wide range of 'welfare' topics so could be useful to many different types of student. It is certainly an invaluable addition to any social work library and well worth the investment.

For further information about caredata, contact Simone Casey at NISW +44 (0)171 387 9681 (email: scasey@nisw.org.uk)

These results are displayed in a short summary screen. A double-click of the mouse on any item takes you to the detailed display which contains bibliographic details, *caredata* keywords, the NISW Library accession number and shelf location, and an abstract. The retrieved items can be tagged and printed out or downloaded to a disc. All of

Interpersonal Skills - Social Work Module

reviewed by Neil Thompson

Price: May be obtained from ProCare or by looking on the ProCare web site. http://www.soton.ac.uk/~chst/procare.htm

This is the first version of an Interpersonal Skills CAL module, produced by ProCare. Provided on a single floppy disk, with a clear and helpful printed tutor guide, it was easy to install and easy to use, with no technical difficulties at all. The module is part of a series that includes Interpersonal Skills for Nurses and Research Methods for Nursing and Social Work.

The module is intended to give students the opportunity to explore issues relating to interpersonal skills and is divided into eight sections, covering communication, making contact, assessment, planning, implementation, maintaining contact, endings and evaluation, Each section provides basic information with exercises and back-up references to guide students through.

Attractively presented, with easy to follow instructions, the software is pitched appropriately at first year DipSW level. The information provided is generally good, in clear language with helpful interlinking between the sections. So, as far as it goes, I found it a very helpful and useful package. However, that is where I had some difficulty - in terms of how far it goes. I was left with some major reservations not about what was in the package but what was left out. I found this to be the case in three ways:

- Some of the material is very narrowly defined. For example, assessment is defined in relation to providing care services. This apparent care management model does not sit easily with social work more broadly defined, for example in child protection or as an Approved Social Worker under the Mental Health Act 1983. Similarly, the fact that the term 'implementation' is used rather than the more usual 'intervention' gives the impression that we are looking at the implementation of a care plan, rather than social work more broadly.

- Many aspects of interpersonal skills are either not addressed or are referred to only cursorily. For example, assertiveness and handling aggression could have played a much more prominent role.

- The attention given to issues of discrimination and oppression is disappointing. Although there are some attempts to address the complex issues of power relations and inequalities as they affect interpersonal skills, I would have preferred these to have been seen as central concerns. For example: what assessment skills are needed in seeking to take account of racism when working with someone from a minority ethnic group? What significance do gender dynamics have for communication skills? These and other, related questions can have a crucial bearing on interpersonal interactions but are not given the central platform or attention they deserve.

In sum, this is a user-friendly piece of software that could prove quite useful for first-year DipSW students, but this has to be seen in the context of some serious limitations in the scope of the module due to its very narrow perspective on social work, interpersonal skills and the relationship between the two in terms of power and inequality.

Neil Thompson was formerly Professor of Social Work and Applied Social Studies at Staffordshire University but now works as an independent trainer, consultant and author. He is the author of several books, including People Skills (Macmillan, 1996).

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┌──────────────────────────────────────────────────────────────────────┐
│ ─                        ProCare Notepad                               │
│ ██████████████████████████████████████████████████████████████████████ │
│ ████  Making contact - session 1 - Context activity  ████████████████ │
│                                                                        │
│  Think about a recent experience in which you were required to make    │
│  initial contact with som                                              │
│  then answer the following questions. Save or print out your comments  │
│  for use in group discus                                               │
│                                                                        │
│                          ┌─────────────────────────────────────────┐  │
│                          │ 1. Who initiated the contact and how?    │  │
│                          │                                          │  │
│             t            │                                          │  │
│                          │ 2. Was the primary mode of communication,│  │
│  N o t e p a d           │ verbal or non-verbal?                    │  │
│             s            │                                          │  │
│                          │ 3. What skills did you use?              │  │
│             k            │                                          │  │
│                          │                                          │  │
│                          │ 4. What skills did the other person use? │  │
│                          │                                          │  │
│                          │                                          │  │
│                          │ 5. How did the contact finish?           │  │
│                          └─────────────────────────────────────────┘  │
└──────────────────────────────────────────────────────────────────────┘
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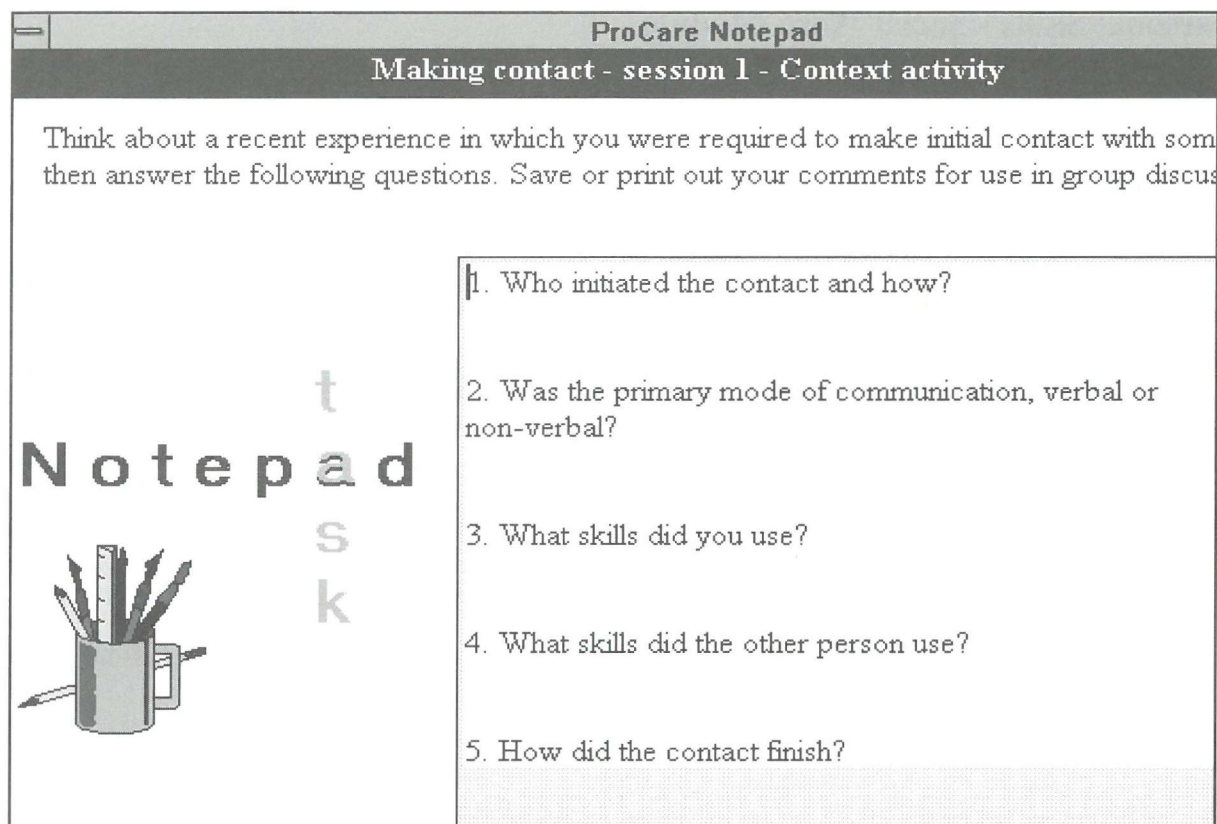
Fig. 1. Screen shot from ProCare

Free Software from Psych Systems

Psych Systems has produced a new Management System and the first program is designed to assist in managing all problematic situations. In fact, its so new that we have not had the opportunity to test the software. So we are looking for six people who will help us with this over the next few weeks. You will get a free program and all you have to do is complete a simple questionnaire at the end of the trial period. These responses may be used in a later publication.

A brief explanation of the program will enable you to decide whether this type of software is suitable to your needs. Basically, the program is a knowledge base of information that organises the principles of managing difficult situations into a logical sequence of events. The process has been defined into four clear sections which work to improve understanding problems, planning solutions, organising and implementing action. When using the process to deal with complex situations, it should help to focus the mind sharply on the problem, unblock thinking, and transform confusion into positive action. Thereby enabling problematic situations to be handled in a constructive and effective way.

The program runs on PC's under windows 3.1 or 95. It's mouse operated, simple point to a menu item and then click. It does not require information to be typed in. So if there is anyone who feels this type of application might benefit them and would like to volunteer to test it we would be interested in hearing from you. We would particularly like people who could use the program in different settings such as:

- a newly qualified practitioner that could use the structure to organise the milieu of a complicated case.
- a mediator who may use it to resolve a argument or a conflict.
- a manager who can apply it to troubleshooting, supervision or developing ideas.
- someone who wants to use it as a counselling technique.
- a residential social worker that could apply the technique to improve young adults problem management abilities.
- a teacher or training officer that might like to let students experiment with it.

If you are interested please contact us at:
Psych Systems
61 Southbourne Overcliff Drive
Bournemouth BH6 3NN
UK
E-Mail: psych@dial.pipex.com

NB. Please state which Windows version you require.

Interpersonal Skills - Nursing Module

Reviewed by Pam Miller

Description of Software:

Interpersonal Skills by ProCare provides a module with content on basic interpersonal skills used in both nursing and social work. After a unit which introduces students to communication and the basic skills they will work on, a Problem-solving model of practice is used to provide the context within which students work with the skills. Problem solving is divided into seven phases, each of which is structured into a learning unit: Making contact, Assessment, Planning, Implementation, Maintaining Contact, Endings, and Evaluation. Each of those units, except Maintaining Contact and Evaluation, consists of two sessions and during each session students are asked to use basic interpersonal skills to work through the tasks required for that phase of the problem solving process. Each session takes approximately 1.5-2 hours to complete and contains material on basic information for that unit (Interface) along with materials and activities students work with to achieve the objectives of that unit (Conceptual and Contextual). Students engage in three kinds of activity as they move through each unit:

- Describe their current knowledge of the topic in the unit;
- Integrate what they have learned in the session with their previous understanding of the topic;
- Identify their learning from the unit and assess their readiness or practicing interpersonal skills in professional practice.

A helpful feature of the module is the access to supportive readings provided in each unit. The readings are provided through a link which allows students to examine articles from professional journals which deal with the topic on which they are working (Linked Readings). An additional useful feature in the module is a notepad in which students can record their reactions and questions as they work through the sessions (Personal Notes).

Software Specifications:

Producer: ProCare
Technical specifications: The four files on the disk, which accompanies the Manual, can installed on Windows 3.1 or Windows for Workgroups 3.11, Windows 95 or a Network
Price: May be obtained from ProCare or by looking on the ProCare web site. http://www.soton.ac.uk/~chst/procare.htm

Usability and Manual:

The social work and nursing instructors who tested the software found it very easy to load on to their PCs. We loaded it on to machines which had Windows 3.1, 95 and NT without any difficulty. The installation instructions in the instructor's manual (Tutor Guide) were clear and easy to follow, clicking on the setup file took us through a quick process of putting the software on our C drives. As we moved through the sessions we found the Tutor Guide helpful as well as the Navigation Bar at the top of the screen. The Navigation Bar provided functions for: downsizing or enlarging the text, printing frames, copying text into the notepad or other Windows applications, backtracking, bookmarking, graphically representing progress through the module, user guide access which gives information on the basic features of the module, and finally access to the main menu. The Tutor Guide gives suggestions, along with examples, for incorporating the module in social work and nursing programs. It also gives recommendations for using the module as an assessment tool.

Dr Pam Miller is an associate professor of social work at Ball State University Muncie Indiana. She teaches on a social policy course and the two research courses for undergraduate social work students. She has been involved for the last two years in a project with the School of Nursing to prepare social work and nursing students to work in inter professional teams using technology as a communication tool.

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Overall Evaluation of Module and 'Would we buy it?':
Although the module we evaluated was intended for nursing students, both social work and nursing faculty examined the module. The interpersonal skills and problem-solving model of practice used in the module are relevant for both groups of professionals and the Tutor Guide is addressed to both nursing and social work faculty. Another version of the module is intended for social work students. The faculty rated the module as helpful as a tool for students to use to review basic skills within the context of the problem-solving model of practice both professions use. We also found the module to be user friendly, both in ease of installation and in using the functions built into the module. The cases, which are described in the sessions and about which students are asked to respond as if they were in that situation, are relevant and interesting. We think they would engage our students.

The "Specialist Tools" section, was especially interesting to the social work faculty because of the graphs provided in, for example, the communication model and ecomap. They viewed this as reinforcement for the approach they take in the practice and human behavior courses. The graphs also help break up a primarily text based presentation of information, cases, and questions. The one area which was viewed as an area for development was in the area of reliance on text based instruction. The faculty would like to see more use of visual aids and a more dynamic presentation of case material. A CD with video and audio, for example, would enhance greatly the presentation of client situations about which students could be asked to problem-solve. We would consider purchasing the software as a supplement to our practice and human behavior courses as a tool for reinforcing student learning and for students to do self assessments on their learning. We think the depth of functions and features ProCare has included in their interpersonal skills software would be enhanced with video and audio and in turn engage students more completely in learning.
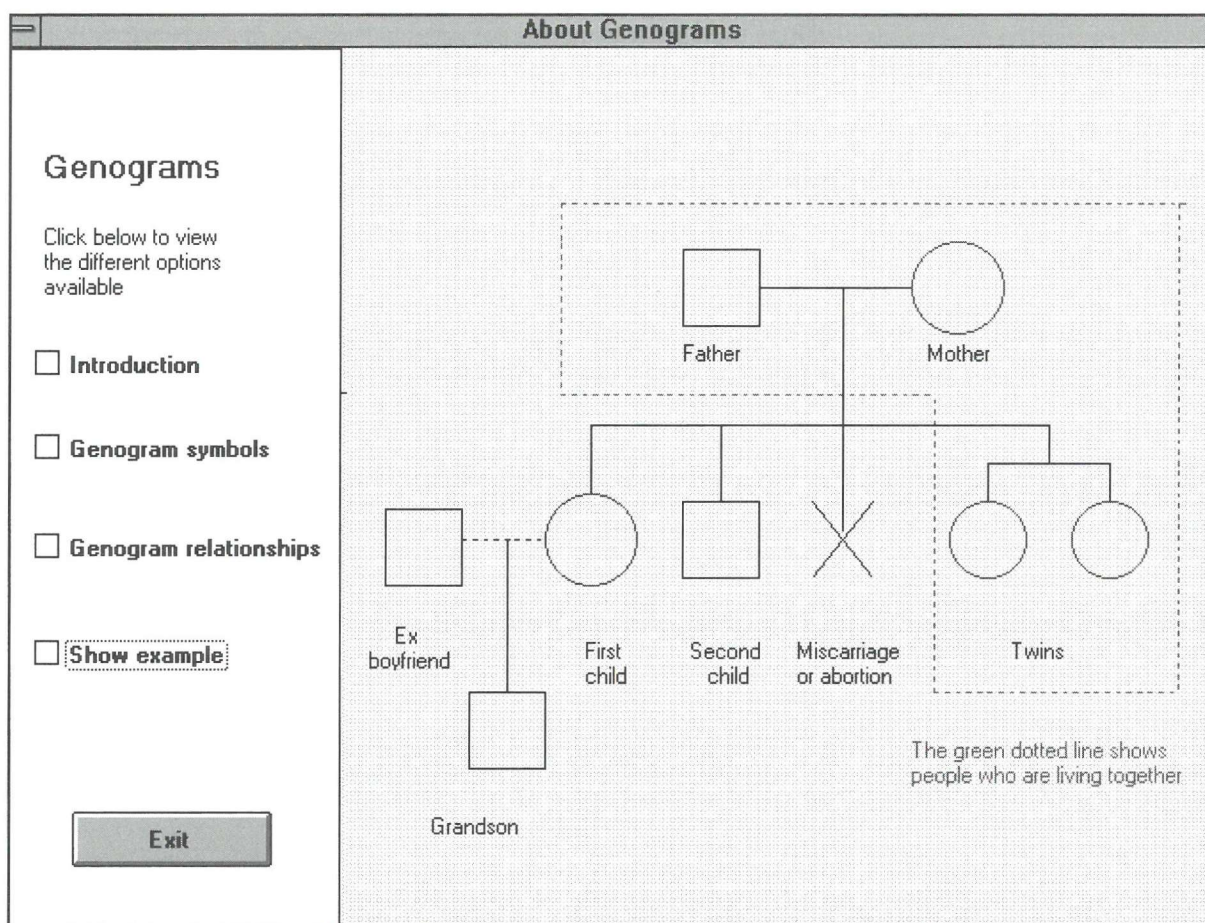
For further information on ProCare Modules contact either of the following:

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Email: jr@chst.soton.ac.uk

The ssalt 97 Papers (social services and learning technologies)
We are pleased to show you some of the abstracts from this conference which is taking place in Bournemouth, UK on 17-18 July 1997. Visit the web site which will be updated with additional material **http://www.nisw.org.uk/ssalt97**

Opening plenary

Anticipating change - doubling the benefits in learning *Jennifer Bernard*
This keynote address will begin by considering the role of technology in the broader community and in the lives of those who use care services. I will speculate on the technological and information developments to come, to put into context the requirement that social care staff understand their implications and maximise their advantages. I will then analyse, briefly, the ways in which current technology is already changing the social care task, with some reference to CCETSW's models of working. I will conclude that understanding information sources and systems - a necessity - can be developed with double benefits by assimilating up-to-date technologies in teaching and training.

Making a relationship with technology *Bryan Glastonbury*
Early evidence of the use of IT in social services indicated that it faced quite widespread resistance from professional practitioners. Now that almost all SSDs use IT, and many have done so for 2 decades or more, has the situation changed? Have we grown to love our computers?
The presentation will argue that while some suspicion continues, professionals have learned to make use of IT and are less inclined to be fearful of it. Nevertheless, if we are to make better use the information potentially at our disposal, and to achieve such goals as 'evidence-based decision making', then we need to be more adventurous in the way we approach new technologies. The presentation will look at three areas where much still needs to be tackled: 1. Information sharing between professionals in the interests of teamwork; 2. The privacy dilemma; 3. The infrastructural needs of social services information - more structure, more standardisation.

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1. The education and training environment

CCETSW and Information Technology *Keith Quinn, Laraine Stewart and Elizabeth Wulff-Cochrane.*
CCETSW staff will lead a discussion on issues about information technology as they relate to CCETSW (Central Council for Education and Training in Social Work) and to the social work curriculum. There will also be a presentation on 'Careers in Social Work' the interactive guide produced by CCETSW on CD-ROM.

Disabled Students and the Role of the Access Centre *Caroline Moore*
This workshop will present and discuss the role of the Access Centre in relation to the recommendations of technology for people with disabilities in education and employment, and how they work with social services.

Teaching information technology on DipSW courses in the late 90's *Bill Smith*
Introducing the results of a 1996/97 postal survey of DipSW courses. Describing patterns of delivery.
Views on the role and impact of IT within social work education. Identified themes and issues

Educational use of agency applications in schools of social work *Herman Leishout and Hans Schryen*
The title 'Educational use of agency applications in schools of social work' is in itself a brief outline of the presentation. The starting point is not the use of educational ITC (Information and Communication Technologies), but teaching vocational use of ICT in social work education. This may or may not be done by means of multi-media and or computer assisted learning.

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2. Introducing learning technology

Social Work on the World Wide Web *Ann Wilkinson*
This hands-on workshop is to introduce new users to accessing social work information on the World Wide Web. Participants will be shown how to access key sites that provide a 'gateway' to other sites of interest and will be able to explore these. Use of 'search engines' for finding information will also be covered. Each participant will receive a disk to take away which will provide simple a explanation of terminology, links to a selection of useful sites and an example of guided learning.

Software for Social Work Education and Practice *David Colombi*
This workshop will enable attenders to have 'hands on' experience on a selection of software that is relevant for social work education and practice. The main focus will be on exploration of the software although there will be discussion time for discussing reactions to the software and ideas and evidence about use of software for education and supporting professional practice including use by social work and probation clients.

Implementing Learning Technology within Courses *Jackie Rafferty*
Networkable multi-media courseware, intranets/internets, world wide web based resources, cd-rom databases, computer mediated communication, videoconferencing, on-line libraries - now you can retire from teaching and training? This session will take you through the process of implementing learning technology from a practical perspective. What does it mean for you, your students, your organisation? After a presentation the participants will be offered the opportunity to relate the issues to their own setting through small group discussion of some of the key factors involved.

The ProCare Experience *Tom Hopkins*
Over the last three years, ProCare has developed computed assisted learning (CAL) modules for use in nursing and social work education. Central to ProCare's approach to curriculum development and delivery is the belief that the effectiveness of CAL materials depends on:
- content drawn from and rooted in contemporary professional practice
- program structures which emulate successful established instructional methods
- clear and easily understood integrated teaching and learning strategies

This presentation will show how ProCare materials achieve this and in doing so:
- provide flexibility in the location, timing and pace of study for learners.
- offer educators a wider choice of resources for teaching and learning
- provide a full or partial replacement for established delivery modes
- integrate with existing curricula, course structures and teaching methods
- enhance student' capacity for reflective and anti-discriminatory competence.

3. Information management in social work

Social Science Information Gateway: An Introduction *Paul Hollands*
This workshop starts with a brief presentation and demonstration of the 'Social Science Information Gateway' (SOSIG). It shows how SOSIG can be used to locate quality social science resources on the Internet. The demonstration is followed by a 'hands on' session for attenders to explore SOSIG and the supporting workbook. SOSIG is based at the Institute for Learning and Research Technology at the University of Bristol and funded by the ESRC. The SOSIG training team is funded by eLib and the EU-funded DESIRE programme, to develop training materials and deliver hands-on workshops at HE institutions and conferences throughout the UK and Europe.

Helping professionals maximise the potential of information systems *Keith Moultrie*
The use of information systems by professionals remains extremely limited in Social Services. This presentation will examine how local authorities can successfully implement new systems so that they are properly integrated into practice. Taking the 'Looked After Children' computer system as an example, the implementation issues and their solutions will be identified.

Digital Libraries and Social Work Practitioners *Mark Watson*
The National Institute for Social Work is about to start a project funded by the British Library Research and Innovation Centre, entitled 'Digital Libraries and Social Work Practitioners'. There has been a major focus in recent years on digital, electronic and virtual libraries, however most of the attention to date has been with reference to large-scale projects in academic the sector (such as the eLib project).
This workshop will outline some of the information resources available in 'digital' form (CD-ROM and the Internet), the difficulties individual practitioners and social services agencies face in exploiting these resources, and means by which practitioners and agencies can utilise Digital Libraries.

4. Applying learning technology

Using information technology within DipSW - A Sharing of Experience *Peter Sharkey and Alun Morgan*
Within this workshop the presenters will outline their own experiences of integrating information technology within the Diploma in Social Work (DipSW) courses at their respective universities. This information will provide a basis for discussion within the group of other people's experiences.

Social Assessment Methods and Life History Software *Derek Clifford*
This workshop provides demonstration of, and an opportunity for 'hands on' exploration of, of a new software package that is based on a life history case study. The workshop will report on its use in training social workers to make assessments of their clients.

Using Child Care Information System in Professional Development *Kathy Burch*
The workshop will demonstrate how the Child Care Information System, a computerised expert support system, can be used to help professionals learn, both in structured learning situations and in the course of work. The workshop will concentrate upon the use of the Child Care Legislation module and the Child Protection Research module.

Case Based Learning, a systematic approach. *Albert Visser*
Case histories are an important feature in learning social work practice. Three teachers developed a model for a structured approach for learning with and from client cases in social work studies. We called it the method of Case Based Learning. The model is transferred into a computer application of a multimedia database. Teachers and graduate students put in the data about specific client cases, stating the specific situation of the client system. Undergraduate students work with the structured model to try and solve the problem case of the client. The project is now in a pilot phase. Further development of the database, the user interface and data input through WWW will be undertaken.

5. Computer mediated communication

Professional Digest - The social repercussions of HTML *Bob Sapey*
This presentation is about the development of the web site at the Department of Social Work of the University of Central Lancashire and the accompanying practical, political and economic problems. As part of this site I provided an HTML version of a database of social work research that I had been providing to a social work journal for three years. While this makes the site more interesting and useful, it has proved to be a source of friction with those people with an interest in the paper version. Arguments about copyright and economics have been put forward in an attempt to prevent it from happening.
Additionally, within the University there has been some pressure not to give away free, something that could potentially be sold for a profit in its electronic form. This brings into focus some interesting issues -
- Social work education is operating within an environment where profit and loss are gaining primacy over collegiality.
- While technology is offering the opportunity to disseminate information more easily, this is resisted as a threat to paper communication.
- The WWW is therefore seen as problematic although it may have some commonalities with the welfarist values of social work that have been recently challenged by marketisation.

This presentation includes discussion of these issues and presentation of the database.

Information technology and knowledge diffusion
Yitzak Berman and Mark Watson
Information technology is a facilitator in knowledge diffusion by enabling individuals to communicate directly in personal exchange. This includes interactive communication through discussion groups. Three discussion groups were analysed, SOCWORK, UKSOCWORK and INTSOCWORK. Four main types of communication were identified: information transfer, requests for information, discussion of interviews and informal conversation. A comparison of the three discussion groups is made, based on type of communication, country membership, number of participants and frequency of participation and organisation affiliation. This implications of the results in regard to information transfer in social work will be discussed.

Teaching and Learning Social Work at Clyde Virtual University
Neil Ballantyne (on-line author) / David Colombi (mediator)
Social work educators from four teaching institutions in the West of Scotland are collaborating in the development of a networked learning environment to support social work students undertaking a DipSW module entitled 'Family and Lifespan'. Whilst still at the design stage, these plans will move advanced learning technology and electronic networking to the centre of the teaching and learning environment. What are likely to be the effects of this change? What opportunities and threats - to students and to staff - does it represent? This online workshop will enable you to evaluate the strengths and weaknesses of this new development.

6. Information technology and social work practice.

Discovering Social Services. Multimedia workshop *David Wegenast and David Bookhagen*
This workshop will demonstrate synchronous and asynchronous computer aided distance learning using "Journey: Discovering Social Services." Journey is a multi media interactive program.

The Role of Multimedia in Social Care *Les Cowan*
This workshop will promote discussion of computer use in child care, focusing on multimedia as a powerful medium for interacting with children. It will describe the process of converting a successful children's counselling resource to multi-media. The software will be demonstrated and participants will have a chance for 'hands on' trying it our for themselves.

My life in words and pictures *Sarah Jones*
This workshop is part demonstration and partly an experiential workshop on 'My Life in Words and Pictures' which is a program for practitioners to assist them in direct work with children, particularly those who have difficulties in communicating their experiences. There will be an introductory video and the opportunity for participants to explore the 'My Life in Words and Pictures' material by using a computer and graphics software.

Sophisticated techniques for basic learning - a probation experiment *Tony Pipe*
The Helping Services are 'under siege'. There are demands for efficiency and effectiveness; demands which are perceived as not being met by those who represent the interests of the public, politicians and bureaucrats in particular. Academics in the seventies pronounced that, in terms of effecting the behaviour of offenders, 'nothing worked'. Although this research has now been largely superseded by the 'what works?' concept the previous perception lives on. Politically there has been a call for increased efficiency - a demonstrable increase in quality for reduced financial resources. This presentation hopes to outline how these insoluble demands are being addressed through PC based technology.

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First Announcement

HUSITA 5

Budapest, 29 August-1 September 1999

Human Service Information Technology Applications

International Conference and Exhibition

and

On-line NetConference

SOCIAL SERVICES IN THE INFORMATION SOCIETY: CLOSING THE GAP

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The aim of HUSITA:

Human Service Information Technology Applications (HUSITA) is the international conference that links the academicians, educators, practitioners and policy makers sharing mutual interest in the application of information and information technology in the human services. HUSITA Foundation was formed in order to guarantee the continuity of HUSITA conferences as well as the quality of these.

HUSITA 5

This international conference brings together scholars, practitioners and policy makers to exchange information and ideas to share experiences on how to help the information society increase the quality of social services world-wide. The historical and social changes that have taken place in the world have widened the gap between East and West, North and South as well as between the rich and the poor, the educated and the uneducated. HUSITA 5, which will take place in a country that is undergoing social and historical changes, will aim at investigating the potentials of closing the gap.

Conference Chair: Dr. András Jávor
                          Former Secretary of State, Ministry of Social Welfare

International Programme Committee:
                          Jan Steyaert (Chair), Gail Auslander, Zsuzsa Ferge, Bryan Glastonbury, Dick Schoech,

The host country and city

Hungary is ready to provide a welcome to participants arriving from European countries and other parts of the world. Budapest in the heart of Europe provides all the high quality facilities required by our guests. The city can be easily reached by air or surface travel from all parts of the world. We hope that our conference guests will not only widen their experiences at the conference but enjoy the hospitality of this wonderful country as well.

Conference Venue:

HUSITA 5 will be held at the Medical University of Budapest. Being one of the best known universities of Budapest, the Medical University welcomes participants coming from all over the world and provides excellent facilities for the event. The venue is easily accessible from the centre of the town and is also 15 minutes travel by public transport to a range of conference hotels.

Hosting Organisations:

John von Neumann Computer Society

John von Neumann Computer Society is the national computer society of Hungary.
Conference Tours Ltd.

Conference Tours Ltd. is the official congress organiser of Neumann Society and the Federation of Technical and Scientific Societies.

Further Information
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Conference Web site: http://www.husita.org/ for continuous updated information
                            http://www.fz.hse.nl/causa/amsterdam/ for background information and context setting