ALL OUR LIVES –

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Preface

This is a time of significant change for social care. Change inevitably creates uncertainty – whatever interest we have in ensuring good quality public services or whatever role we may play in delivering them. But change also offers opportunities and brings new challenges – to remind ourselves of what we’re trying to do, reflect on how we’ve been doing and consider how we can improve.

From 1 April 2004 the Commission for Social Care Inspection (CSCI) will be the single independent inspectorate for social care with a primary function to promote improvements in social care. In announcing his intention to create the Commission, the Secretary of State for Health specified that CSCI will ‘publish an annual report to Parliament on national progress on social care and an analysis of where resources have been used’.

It was with this in mind that, in setting up the new Commission, the Department of Health commissioned us – the three bodies, whose social care functions will transfer to the new organisation – to produce a single report, providing a joint commentary on the performance of social services and social care in 2002–03. We were pleased to do this, drawing together our knowledge in one place for the first time, and to demonstrate how working in partnership is vital to delivering good results.

In approaching this task, we decided to focus on what we share in common – a commitment to promoting the rights of people who use social care services and to making a difference to their lives. People who need these services, indeed the public in general, have a right to know how they are performing and how well agencies are working together in their interests.

We have written this overview in such a way that it will be relevant and accessible to a wide public audience. Its starting point is the perspective of people who use social care services and their voices feature strongly throughout.

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Social care services touch all our lives. We may use services ourselves, or work in social care, or know others who do. Or we may be interested citizens, concerned that our public services are inclusive and promote the well-being of every member of our community.

Introduction and overview

This report considers the performance and quality of social care services in England in the year 2002–03. It provides an overview of how far social care services are responsive to the needs, and promote the rights, of the people who use them. It also highlights some of the key issues and challenges faced by those committed to improvement in the sector.

The report rests on twin convictions: that people who use social care services have a right to expect good quality care, irrespective of their circumstances and where they live; and, more generally, that the public has a right to expect that funding for social care, distributed on their behalf, is spent wisely and effectively. It has been written to interest and inform people in the wider social care community – statutory, voluntary and private sector providers – people working in allied professions and also for general readers, in the hope that it will contribute to a greater understanding of social care.

The main evidence used in this report is the findings of the inspection, performance assessment, review and regulatory work of three agencies: the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team (Joint Reviews), and the National Care Standards Commission (NCSC). These bodies have collaborated on this report as they prepare for their functions to be transferred to a new inspectorate – the Commission for Social Care Inspection – on 1 April 2004. While the report is based on the period April 2002 to March 2003, it also refers to evidence published at other times when this provides a better overall picture of trends and comparisons. Examples of good practice identified during fieldwork for Joint Reviews have been used to illustrate how some services are becoming more responsive to the needs and requirements of the people who use them. Most important of all, the voices of people who use social care
Who provides social care services?

Local councils have the power under the Local Government Act 2000 to promote the economic, social and environmental well-being of the communities they serve. One hundred and fifty councils across England – county councils, unitary authorities, metropolitan district councils, and London boroughs – hold specific responsibilities for personal social services under the Local Authority Social Services Act 1970.

Legislation since the 1970 Act has had a major impact on how social care is provided. Originally, councils provided most services directly, organising, running and staffing day centres, home care services, residential homes and other services themselves. Now the emphasis is on councils working in partnership with other agencies (such as the National Health Service) to plan, arrange and deliver social care in their area. Some services continue to be delivered by councils themselves, but increasingly councils purchase domiciliary and residential care from other providers in the voluntary and private sectors. There are now approximately 25,000 employers providing social care services with over a million staff.

The current period of considerable change and turbulence in public services is keenly felt by members of the social care community. Changes are taking place at every level – in policy development, in inspection and regulation, and at the point...
of delivery – all with the clear aim of improving the quality of the experience of people who need and use public services.

The government’s overall strategy for reforming public services was set out in March 2002. In relation to social care, the strategy builds on the agenda set out in the Modernising Social Services White Paper (1998). The government will set national standards, designed to ensure that citizens receive high quality services wherever they live. These standards are to be delivered locally, within a framework of clear accountability, and with greater flexibility at local level for those that perform well. A key focus is on listening to the voices of people who use services and increasing choice.

How is social care performing?

Providing social care services that promote the rights and freedoms of people whose circumstances make them vulnerable, and yet that assure them protection when they need it, can be a difficult balancing act. The social care sector is doing this in a context of rising demand and increasing expectations. People increasingly expect – and have a right to expect – social care services to be consistent in safeguarding the well-being of individuals and communities across England. They expect standards to be raised and the culture of services to change.

Councils are working to meet these challenges in the context of tight resource constraints. This means hard choices about who should be eligible to receive services, what level of response can be offered, and what the priorities should be for each locality. Service providers across all sectors face similar constraints including continuing shortages of key workers.

This report indicates that most social care services are meeting, or are close to meeting, the minimum standards expected by people who use them and by the government. There has been overall improvement in some key areas over the past few years and some models of excellence are emerging. There are also encouraging prospects for further improvement across most services.
On the other hand there is unacceptable variation in performance across the country, and there is still a long way to go before all services achieve the level of the best.

The rest of this report

Chapter 1 offers a snapshot of some views of people who use services shared with inspectors and joint reviewers in the course of their work. Subsequent chapters comment on how far social care services performed against the expectations of service users, carers and supporters, and how far they have matched up to the policy priorities of the government.

Chapter 2 discusses the part that local councils play in ensuring that all children have the best start in life regardless of their circumstances. Every Child Matters, the government’s Green Paper in response to the Inquiry into circumstances surrounding the death of Victoria Climbié, is resonant in this chapter. It highlights the importance of working together across agencies in order to develop good quality family support services and to protect children and young people at serious risk of significant harm. The chapter also focuses on the need to improve services for disabled children and their families and reports on progress in improving services for children and young people who are ‘looked after’ by councils. Finally findings from the NCSC during its first year of operation show how children’s homes are making an impact on children’s lives.

Chapter 3 considers how far older people are staying independent for longer as a result of councils working with their partners in social care and health to deliver seamless services in accordance with the National Service Framework for Older People. This chapter highlights improvements needed in assessing needs, in planning and arranging services and in helping older people to access services. It also comments on changes in the care market that may affect individuals’ choices for care and on some of the NCSC’s early findings on the performance of care homes for older people.

Chapter 4 explores how far services are promoting choice through partnership with younger adults who use services. The keys here are bringing agencies closer together and enabling people to overcome social and environmental barriers so that they can access the full range of services they have a right to expect. The chapter comments on progress in developing partnership arrangements in mental health services, and in services for learning disabled people and for physical and sensory disabled people. It also highlights several issues – including direct payments, living in the community, and the right to quality care – that are of wider importance in enabling people to live the way they choose.

Chapter 5 tackles how far services are caring for carers, promoting their right to assessment and providing flexible and responsive services.

Chapter 6 sets out how the resources were used in 2002–03. It draws particularly on findings from Joint Reviews on how local councils manage their funds and how far they secure value for money. It also discusses the difficulties all social care employers face in sustaining a quality workforce in a sector in which the people who provide the service are so central to delivering quality social care.

Finally, Chapter 7 provides a picture of overall performance in social care in 2002–03, drawing on the performance ‘star’ ratings of the 150 social services authorities, published by SSI in November 2003, Joint Reviews of 29 councils, and on a sample of evidence from NCSC inspection visits. This final chapter also highlights the opportunities presented by the new and enhanced responsibilities of the new Commission for Social Care Inspection – particularly the prime function to encourage improvement.
People who use social care services are not necessarily concerned about which organisation provides a service. What matters is how it is provided and whether it makes a difference. If services are to be responsive to people’s needs and promote their rights, the experiences of service users and carers must be central to everything that people working in social care do, whether they develop policy, provide services or regulate the performance of others.

1. Views of people who use social care services

Each year the Social Services Inspectorate (SSI), the National Care Standards Commission (NCSC) and Joint Reviews invite people who use services and their carers and supporters to tell them about their experiences. These views contribute to their assessments of how well social care services are doing. These assessments also take account of what councils and service providers do to encourage people to participate in the planning, delivery and quality assurance of their services and of how well they respond to complaints about services and of the findings of the Department of Health’s national user experience survey.

SSI, NCSC and Joint Reviews have continued to improve ways of involving people who use services, carers and supporters in their work. They hope that this
will contribute to the further development of public participation in the new Commission for Social Care Inspection which starts its work in April 2004.

IN 2002–03

- SSI received feedback from almost 3,000 users and carers through inspections of council social services;
- Joint Reviews heard from over 7,000 users and carers in 29 council areas;
- NCSC had feedback from users in 55,000 inspections of care homes and other services providing placements for children and adults. The Commission received over 8,300 individual complaints from the public about the quality of these services, which between them raised questions about almost 13,000 aspects of care.

Opinions about services

People’s perceptions of the quality of the services they receive are very important. In 2002–03, 72 per cent of the people who responded to Joint Review surveys said that the service they received was ‘excellent’ or ‘good’; 74 per cent of users who responded to SSI surveys said that they were completely or usually satisfied with the quality of social services.

Since 2000, the Department of Health has asked all social services departments to survey how responsive they are to social care users. The first two surveys were of newly assessed adults. In 2000–01 84 per cent of the 25,000 respondents said that they got help quickly after a decision was made to provide them with services; in 2001–02, the proportion was almost the same, 83 per cent. In 2002–03 the survey was of home care users aged 65 and over; 57 per cent of the 87,000 respondents said that they were ‘extremely’ or ‘very’ satisfied with the help they receive from social services.

This paints a positive picture of relatively high levels of satisfaction. However, the figures should be treated with caution. For example, only 54 per cent of the carers who responded to SSI surveys were satisfied with their services. And there were notable examples from Joint Reviews where people felt that the services they received were poor or very poor, suggesting that there are considerable inconsistencies between councils. Satisfaction rates in relation to important matters around race, culture or religion were consistently poor, ranging from 14 to 44 per cent in Joint Review surveys.

“We want to know what you’re going to do, not when you’ve decided but when you’re thinking about it.”

Service user/advocate of mental health services

Surveys provide valuable evidence of people’s satisfaction with the services they are receiving but they tell only part of the story. Service users have a right to expect
that their views will be listened to at every stage in the planning, development and delivery of quality social care services.

**Listening to children and young people**

The various satisfaction surveys already mentioned have not always fully captured the views of people under 18. SSI, Joint Reviews and NCSC have increasingly involved young people in their work. Other ways are being found of engaging children and young people, and their voices are becoming more forceful.

The Children’s Rights Director for England has the brief of finding out the views of children themselves about issues that affect their welfare and reporting them directly to government – personally to the Minister of State for Children and also to officials. He does this through continuing consultations with children and young people from relevant settings the National Care Standards Commission inspects. From April 2004, equivalent arrangements will be located in the Commission for Social Care Inspection. The new Children’s Rights website will be www.rights4me.org

In its first year of children’s consultations, the NCSC held two national children’s

**KEY MESSAGES FROM CHILDREN**

- Treat us individually, not as children as a whole.
- When we make a complaint – sort it, not just report it.
- Ask us what we think on our own, and listen to what we say.
- We want to be looked after by adults we can trust.
- Don’t always believe an adult over a child – ask for evidence and decide for yourself.
- Keeping us busy keeps us out of trouble.
- Even troublemakers may have a point to make or need to be protected.
- We have a right not to be bullied.
- Treat our private worries confidentially – they’re not for chatting and joking about.
- Don’t patronise us – but explain so we can understand. Don’t talk complex.
- Pay attention and talk seriously to children.
- Let foster and adoptive children meet to talk about their special worries and experiences.
- Children with serious problems aren’t necessarily stupid.
- Children have a right to privacy.
- Younger children can be responsible too – if given what is appropriate to their age.
- Older children have a responsibility to help younger ones.
conferences and six special workshops, and made 35 consultation visits to children’s homes. From these emerged some important key messages to adults from children.

**Expectations of services**

The expectations of service users are increasing. Some common themes emerge from the feedback. Adults and children talk about the difficulties they experience in finding out about their rights to assessment, services and other entitlements. Many adult service users and carers say that it can be a long time before they get the help they need – although, once they do get into the system, they often find that services are satisfactory. In particular adults, young people, parents and carers stress how important it is to them to be listened to and to be fully involved in decisions affecting them from the outset.

Once people are receiving services, service users value reliability, continuity and stability. When what you need most is support through difficult times in your life, developing relationships of trust takes time and can be hampered by constant changes in social worker. Your home can begin to feel like someone else’s institution when different carers visit several times a day.

Young people say that feeling settled, not being constantly moved from place to place, and being able to share their feelings with someone they trust is very important to them.

**What helps?**

Service users of all ages and their parents and carers highlight the importance of good communication. Many understand that changes need to take place but want to be kept informed about things that affect them.

*“Having a social worker who is reliable, always returns my calls, does what she can within the system and keeps me informed.”*  
**Carer**

*“The regular carer is friendly and helpful, always rings if anything is wrong. Does the job very efficiently, showing care and compassion at all times.”*  
**Adult service carer**

Service users and carers say that they want to know that social services departments and other agencies are working together in their interests and are co-ordinating services. Parents and carers of young disabled people feel this keenly at transition points, when linkages between education and social services need to be seamless. Adult service users cannot understand why links between health and social services seem so difficult to achieve.
“I didn’t know there was help for very long time. All the times I was at the doctor or hospital and no one said anything. It makes me very angry.”

Wife of an elderly service user

Choice, flexibility and respect are the qualities that many adults said that they were looking for in social care services. Direct payments (see page 37) are frequently praised as making people feel more able to control the way their care is managed and as enabling them to exercise greater choice.

“From victim to business manager.”

Supporter of a person with a learning disability commenting on direct payments

People who spend brief periods in intermediate care are often looking for the same things they would expect from support at home. The qualities of the people providing the care and the way they are treated are especially important.

Once they have gone into a residential or nursing home, the quality of the people who care and of the environment are important features of what makes the experience satisfactory.

“I am happy with the care that I receive. The staff are helpful and the home is nice. The food is very good, and plentiful. My room is comfortable and private.”

Older person in residential care

…excellent – it is friendly and welcoming and the staff treated me with respect… really worthwhile being there.”

Older person who returned home after a period of rehabilitation
It is a particular challenge to ensure that the voices of service users are heard when their mental capacity has deteriorated. This is certainly evident in residential care, where carers, relatives and advocates do their best to interpret how far service users seem content with their surroundings and the quality of life the home offers.

The NCSC has received valuable comments from residents. Many are positive about the care they receive. Some remind us of the reality of the experience for those service users who are mentally very able but, by virtue of their physical disability, find themselves with limited choices.

“Do you realise that your questions are difficult to answer? Even if we say we are happy living here most of us would rather be home and are trying to make the best of things with good grace. Staff cannot be everywhere at any time and there are many good moments.”

Older person

Some service users and parents and carers do not experience social services as helpful. Usually this is when people feel they have been poorly informed or let down or that social services have simply not listened or understood their situation. Or people using services may feel frustrated with bureaucracy and feel unable to influence decisions affecting them.

It needs to be remembered that not all people choose to invite the attention of social services or accept that they may have personal or family difficulties they need to do something about. Others would welcome some attention to their needs. Besides being entitled to an assessment of their caring needs, many carers – including young carers – also use social care services. Many told inspectors and reviewers about the difficulties they experience in getting the support they need.

“We need someone to look after us sometimes.”

“9/10 for help given to him and 0/10 for help given to me.”

“You just have to cope – I ended up taking quite a lot of time off school.”

Carers

These views and experiences shared with SSI, NCSC and Joint Reviews help to set the scene for this report on the performance and quality of social care services. Service users’ voices feature throughout the report.
2. The best start in life:
services for children

Every child needs – and deserves – the best possible start to life. And this is what almost all receive, from their parents and from family and friends, who encourage them, support them and do all they can to help them fulfil their potential.

“They talk to me as a person, not as a shadow.”

Young person

Local councils have a wide range of responsibilities for children. They support them in their families wherever possible, through a range of services including social work support, family centres and relief care, particularly for disabled children. Where children are unable to live at home they provide foster homes or residential care and arrange adoptions; they support young people leaving care; and they work with children at risk of significant harm.
Families that need help

Their support has helped me be more confident and not feel afraid. My children seem a lot happier and settled.

Parent

Health visitors, doctors, schools, housing staff, and voluntary organisations all play a key role in identifying children and families with problems. This makes it vital for local agencies to work well together and share information about children who might have difficulties or be at risk. Lapses in communication and poor co-ordination were highlighted by Lord Laming’s inquiry into the events leading up to the death of Victoria Climbié in 2000. The recent Green Paper looks at ways to improve the way agencies are working together.

Councils are helping more young people through the difficult period when they leave care, increasing numbers of looked after children are living at home, and increasing numbers of looked after children are being adopted. Councils are working to improve the stability of placements for looked after children, but there is still a long way to go before all children have the support they need.

Almost all child protection reviews are taking place at the right time. In 2002-03, 97 per cent of children on the child protection register had their case reviewed when it should have been, compared with 81 per cent in 1999-00.

There has been an improvement in the stability of placements for looked after children. In 2002-03, 15 per cent had been in three or more placements, compared with 18.5 per cent four years earlier.

Increasing numbers of looked after children are living at home. In 1998-99, 2,200 children were looked after at the age of 16 or 17, but in 2002-03, this had increased to 3,500. This is a significant improvement, but it is not spread evenly across England, and councils are a long way from achieving excellence in all their services for children and families. For instance, councils are struggling to assess families within the right timescale and often find it difficult to coordinate their assessments and care planning with other agencies. Too many looked after children are still living outside the council’s area, and councils are not accessing all the support services available.

These are significant improvements. But they are not spread evenly across England, and councils are a long way from achieving excellence in all their services for children and families. For instance, councils are struggling to assess families within the right timescale and often find it difficult to coordinate their assessments and care planning with other agencies. Too many looked after children are still living outside the council’s area, and councils are not accessing all the support services available.

Councils are improving the way they carry out the huge and highly important responsibilities of safeguarding the welfare of children at risk of significant harm. They are increasingly valuing the voices and views of children and people. For example, while children and their families usually attend their reviews, they need much support to enable them to take a full part in the discussion. Family Group Conferences are being increasingly used to involve the whole family in decisions and plans.

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WHAT'S GOING WELL...

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Every Child Matters encourages councils and their partners to improve their local systems still more.

The evidence for 2002–03 suggests a picture of continuous improvement in this area with a 12.9 per cent increase in family support services in that year. Inspections and reviews have found that these services are almost universally valued by those that use them. There has been significant investment in wider services for children, such as Sure Start, Early Years programmes, the Children’s Fund and Connexions. An important theme of the Green Paper is the need to ensure that the wide range of new initiatives are well co-ordinated; the relevant agencies should consult their communities about the range of services needed and work together to deliver a comprehensive accessible service.

“\What helped us the most was when social services finally decided that my husband and I were not the ‘perfect parents’ (as I don’t think they exist) and let us become a family.\”

Parent

Disabled children

Even though some progress is being made, disabled children are often not served well by their local services. More work is needed to improve information, increase the range of services, reduce waiting lists, and reach black and minority ethnic communities. Two positives are that more parents are receiving direct payments to buy services for their children and specialist mental health services for children are being expanded, often in joint teams to reduce waiting lists and make services more flexible. However, these services are still under pressure and children with lower levels of need can be especially poorly served.

“\Supporting me through a difficult period, understanding my anxiety. Wanting what is best for my child.\”

Parent

Good practice

Hollybush Family Centre and the Hollybush Room – Herefordshire

The Centre is a vibrant place with a warm welcome for parents, carers and children alike. A wide range of services is available – groups, drop-in sessions, and individual counselling from a qualified therapist. Regular ‘no chairs’ days encourage parents to interact with their children at their level. The Centre undertakes child protection work, helping to assess parents’ ability to care for their children, and also operates an open-door policy, taking referrals of any family in need. In the opinion of the centre manager, the mixed workload is beneficial, since it helps to ensure that families are not stigmatised for being involved with social services. The Centre has opened a satellite in a local primary school, where it carries out similar work on a smaller scale. A review confirmed that it is highly valued by service users.
Residential special schools

Residential special schools care for a wide range of children who, because of the extra support they need, are educated separately from their contemporaries. These include children with severe dyslexia, autism or learning disabilities, and children with major emotional or psychological problems.

Inspections into the welfare of children in these schools carried out in 2002–03 by NCSC found that, broadly speaking, these schools were doing a good job. They were particularly successful in building good staff/pupil relationships and in creating a happy and contented atmosphere. This sort of pastoral care includes children being consulted about the running of the school and of being enabled to choose their own clothes and other personal items, and staff providing appropriate support for individual children. However, the schools were not uniformly up to standard in the highly important area of vetting staff and visitors to the school.

Child protection services

Some children are at risk of significant harm because of neglect, physical, emotional or sexual abuse and need to be protected. Every child placed on the child protection register should have a detailed child protection plan. This sets out what needs to be done to protect the child from further harm and to promote their health and development and how the professionals involved – social workers, doctors, teachers, health visitors, school nurses, the police – should work together to support families. Even where there are difficulties, home is nearly always the best place for the child.

Good practice

Disabled children’s outreach service – Derby

The service started in a small way in 1994, when it was set up to support the needs of severely disabled children from an Asian background. A needs analysis had shown that, while disabled children represented the majority of this group, few parents and carers were receiving short breaks. Building on these small beginnings, Derby has developed and increased outreach services for all children, and the scheme, which now receives mainstream funding, offers short breaks to over 60 children and their families. Children, young people, parents and carers are regularly consulted on the running of the scheme and on ways it can be developed, and surveys show a high level of satisfaction with it.

Good practice

Residential special schools

NCSC inspectors found many examples of how residential special schools encourage individual children and try to make them feel valued:

- themed evenings in which children learn about different customs and cultures
- a staff team developing special methods for communicating with individual children using illustrations, photographs and symbols
- children being encouraged to make storybooks with staff to enable them to understand what was happening, especially when joining or leaving the school.

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At the end of March 2002, there were 25,700 children and young people on the child protection register, a decrease of 4 per cent on the previous year; 10 per cent of these were less than one year old.

“The thing that has helped me most is giving my mum space to get better so we can go home.”

Young person

In 2002–03 SSI found that 81 of the 150 social services authorities in England were serving most people well through their child protection services and had promising capacity to improve. The best performing councils have clear policies and operate well-managed systems for taking referrals, assessing needs, making decisions and carrying out plans for each child. They work closely with families and other agencies and make sure they always know how the family is getting on. They also make sure that policies and procedures are being used and review the quality of their work so that they can improve the way they operate.

However, SSI also found that 30 councils (20 per cent) were not serving children well or only serving some children well through their child protection services and have uncertain or poor capacity for improvement. Three councils (2 per cent) were assessed as ‘not serving children well’. SSI has been working closely with these councils to ensure that they produce an effective improvement plan, and the situation will be monitored closely until the improvement takes place.

SSI inspections identified a number of important issues that councils need to tackle:

- recognising when children are at risk and deciding the best moment to intervene
- assessing the needs of families and children within the required timescale
- recruiting and retaining suitable staff
- reversing the fall in the number of looked after children and children in need who have a social worker. This increase reflects the priority being given by councils to ensuring that children on the child protection register are allocated a social worker.

Looked after children

Children are ‘looked after’ by local councils for a variety of reasons. The term ‘looked after’, which replaced ‘in care’ some years ago, includes children whose parents retain full responsibility for them but have asked for help because they are finding it difficult to care for them. It also includes those situations where a court has directed a council to take on parental responsibilities and look after the child’s health, education and social well-being.

“I feel safe in care away from my father because he used to hit me a lot.”

Young person
Services for looked after children are becoming more focused. More councils are making sure that the care each child receives is regularly reviewed and any changes needed actually happen. However, a small but growing minority of looked after children do not have a social worker, making it difficult to provide adequate plans and provision for these children.

Councils are also spending more time looking at whether looked after children are healthy, how well they are doing at school, and how they spend their leisure time. Ensuring that looked after children achieve their full potential at school is a high priority for most councils, and some have developed specialist teams to work with schools. The educational qualifications achieved by looked after children did show some improvement in 2002–03; 44 per cent of those who left care at 16 or over had at least one GCSE or GNVQ. However, this is still well below the government’s target that 75 per cent should achieve this, and also well below the national average of 96 per cent of all 16-year-olds.

“When my social worker actually listened to me properly and realised I really didn’t want to go back home and got in touch with someone further up.”

Young person

While the number of children being adopted or living with foster carers has increased, overall councils are struggling to provide stable placements for all their looked after children and young people. There is a national shortage of foster carers and adoptive parents, particularly for children from black and ethnic minority groups, teenagers, children with special needs and for groups of siblings. This makes it difficult to match children with appropriate carers, meet children’s cultural and religious needs, keep large families together, avoid residential care for older children and children with special needs, and reduce the number of times children change where they live. Many councils are meeting the challenge of finding more adoptive parents and foster carers through campaigns targeted at particular population groups and by offering more financial and personal support and training.
Residential homes for children

At the end of March 2003 8,760 looked after children and young people were living in children’s homes, hostels, residential special schools and other residential placements. Many of them have complex and challenging needs, and the teenagers among them are likely to be very vulnerable. In 2002–03 the NCSC carried out well over 4,000 inspections of children’s services across England. National Minimum Standards for children’s homes were introduced by the Government in April 2002. There are 36 separate standards which are grouped under 8 broad headings.

Figure 2 shows how well children’s homes are doing at meeting these standards.

Generally, children’s homes are doing very well in a number of areas that impact directly on children’s lives: relationships between staff and children, providing varied and stimulating leisure activities, encouraging children to choose their own clothes and other personal items. Little things help a lot: examples of good practice NCSC inspectors found included staff going (at the child’s request) to support them when they took part in important sporting events; and, when incidents arose, staff working closely with local police forces to understand an individual child’s behaviour and prevent further convictions.
On the other side of the coin, children’s homes did not perform well in two areas that have an important (though less direct) impact on children’s welfare. These were following the proper procedures for vetting staff and visitors, and managers monitoring the home’s operation. These are areas that underpin the safeguarding and welfare of children and are included in standards specifically to achieve that. Now that the Criminal Records Bureau is reporting that it can respond as intended to applications for checks on staff, it is expected that the children’s home sector will pay particular attention to this area and that a significant improvement will be reported in 2004–05.

Leaving care

Fewer young people these days are leaving care at 16. In 2002, only 31 per cent of looked after children did so, compared with 45 per cent in 1998.

Services to support looked after young people as they leave care are improving. Generally they are well regarded by the young people concerned. Most councils are working closely with other agencies to develop plans and services. Very importantly, they are involving the young people themselves by asking them what they feel they need and finding out what works well and what doesn’t. For example, some young people who left care recently are acting as

![Bar chart showing inspection findings for children's homes](image-url)

**Figure 2**: Childrens’ Homes. NCSC Inspection Findings 2002–2003 (based on a sample of 1,230 Homes)

Source: National Care Standards Commission
mentors or peer supporters to others about to leave; and some councils are getting young people to take part in recruiting and training social services staff.

**Good practice**

**Support for a care leaver – Reading**

‘Alison’ was looked after and had spent two years in a children’s home. When she was 16, she moved to supported lodgings for two years before being offered her own tenancy, through a special council allocations scheme.

Alison has received continuous support from the Leaving Care Team to realise her ambition to become a qualified social worker. The Team secured an ‘opportunity grant’ as well as offering funding for her Diploma in Social Work course. Reading has continued to actively engage her and other young people in deciding how its Leaving Care Services should develop.

**FUTURE CHALLENGES**

The big challenge is to implement the key elements of *Every Child Matters* www.dfes.gov.uk/everychildmatters/ the government’s Green Paper on children’s services published in September 2003. Alongside the Green Paper, the government also published a detailed response to Lord Laming’s report on the events leading up to the death of Victoria Climbie. This report, which showed clearly that social services, the police and the NHS had all failed to do the basic things needed to protect Victoria, shocked everyone in Britain, and in particular everyone delivering services to children.

Implementing *Every Child Matters* will mean a concerted drive to ensure that all the different agencies involved with a child and family work closely together. Specifically social services and their partners will be required to:

- make sure that children themselves have a strong voice and that responses are given to the views they express;
- continue to develop a good range of services to support parents, families and children in the community;
- sustain efforts to make sure that children at risk in the community are identified and ‘tracked’;
- strengthen the leadership of children’s services within councils;
- establish new Local Safeguarding Children Boards as the statutory successors to Area Child Protection Committees;
- further develop new organisations – children’s trusts – to bring together local services, including education and social services.
For many people, retirement marks the start of a new phase of life, with many years ahead in which to develop new interests, make new friends and lead a healthy, active and rewarding life. Expectations about life in retirement are rightly growing – public services must respond to the increasing numbers of older people and to their increasing expectations.

3. Staying independent: services for older people

Councils fund a wide range of services for older people and work closely with health, housing and other council and private and voluntary sector agencies to help maintain a good quality of life. For frailer people this may mean providing substantial care and support at home, enabling them to remain independent for as long as they can.

The National Service Framework (NSF) for Older People was published in 2001. This sets new national standards and priorities across health and social services for all older people, whether they are living at home or in residential care or are being cared for in hospital. The NSF requires health and social care services to work together closely – effective services that treat older people with respect and dignity will only be delivered when this happens. Joint planning has now been established everywhere and there is good progress towards achieving the key milestones.
Getting help

Councils and their partner agencies understand the importance of being friendly and accessible to people needing help. Nevertheless, older people can find it difficult to discover what services are available, what they are entitled to and whom to ask for advice. Written information is not always available in the right places or in the right format.

In many councils, older people wait too long for an initial response after they have first contacted social services. There are also excessive waits for some services. Progress in this area in 2002–03 was somewhat disappointing – for example 29 per cent of new service users (older people and other adults) had to wait over six weeks between first contacting social services and their first service starting.

WHAT’S GOING WELL...

- The number of older people helped to live at home increased slightly in 2002–03. The number receiving intensive packages of home care (over 10 contact hours and six or more visits per week) increased by 5 per cent.
- The number of older people admitted to residential care during 2002–03 fell substantially compared with 2001–02 (from 109 to 101 per 10,000 people aged 65 or over).
- Targets for ensuring that people were not delayed unnecessarily in leaving hospital were exceeded during the winter of 2002–03. This was partly because of very good co-operation between hospitals and social services in most places and improvements in the services available for people being discharged.
- Social services are working well with housing to develop innovative extra care housing schemes, in which people needing very intensive support can continue to live independently.

AND NOT SO WELL...

- Older people are not well informed about their entitlements and can find it hard to make contact with the services that might help them.
- There are weaknesses and delays in the arrangements for assessing people’s needs and organising services for them.
- Too few older people are offered direct payments to purchase their care themselves.
- Continuing closures of care homes are creating a shortage of places in some regions, reducing the choices available.

- Services for older people with mental health needs require considerable further improvement.
- Lack of small-scale support with transport, community activities, and adaptations and equipment can reduce people’s ability to lead a full life.
Assessment and care management

Assessment and care management are the keys to successful social care. Councils have a responsibility to find out what people need and to plan and arrange the right services for them on that basis. There is considerable scope for improvement in this area. All too often opportunities are missed to identify the entire range of needs of an individual and the services available to support them.

“Nobody told me my social worker had left and my case had been closed.”

Service user

Many older people find they have to give the same information to different agencies. Councils are piloting new ways of bringing together staff from different agencies, and single assessments designed to reduce duplication are due to start in April 2004.

Older people are sometimes disappointed that their social worker does not stay in touch and review their needs if things change. Only about half of all service users scheduled to receive a review actually had one on time in 2002–03.

Helping people live at home

Familiarity breeds contentment. Almost everyone wants to continue living at home for as long as possible surrounded by the things and the memories that make them feel happy, secure and in control of their lives. For many people small amounts of help – with shopping or housework or transport – can make all the difference to their independence. Councils need to work with their local communities to make sure this sort of help is more widely available.

Many thousands of older people – many of them very frail and needing considerable support – receive extensive support from home carers, who come in to help with, for instance, getting washed and dressed in the mornings, preparing meals, and going to bed. Services such as these help to prevent people going into hospital or residential care and so preserve their independence. As Figure 3 shows, the numbers of households receiving intensive home care packages is increasing.

![Figure 3: Households receiving intensive home care (per 1,000 population aged 65 and over)](source: Department of Health)
Most councils are now making sure that these services are available day and night, that they can respond to the complex needs of some older people, and that they can react quickly in an emergency. Overall this is a major achievement. However, problems in recruiting staff are now contributing to some gaps in provision, and a number of older people express concerns about, for example, changes of staff and inconsistent standards. In some council areas people from black and ethnic minority communities are particularly adversely affected.

“A Gujarati speaking homecare worker was not available”
Service user

“I did have home help but you never knew when they were coming.”
Service user

In 1993 councils provided almost all home care services directly. This has now changed radically, and in 2002–03 64 per cent of home care was delivered by independent (mostly private) agencies. Councils are responsible for planning and funding these services locally (though users generally pay part of the cost) and for monitoring the quality of the service provided. Since April 2003 domiciliary care agencies have had to register with the National Care Standards Commission; the new CSCI will start inspecting them in 2004–05.

Unsuitable housing remains a problem for many older people. This can often be overcome relatively simply, for instance by providing minor equipment and adaptations such as bathing rails and stair rails. On the whole, councils are now providing these much more quickly; in 2002–03 92 per cent of small items of equipment were supplied within three weeks of being ordered. However, waits for major adaptations remain a problem almost everywhere, and shortages of occupational therapists can lead to considerable waits for assessments.

Good practice

Information strategy for older people – Kingston Upon Hull

The Yorkshire Wolds and Coast Primary Care Trust has joined with Hull University and social services in a Teaching Company Scheme. The scheme, which has attracted European funding, is intending to provide better information for older people – for example about benefits, services and medication management – and to improve the flow of information about the care of older people between health and social care agencies.

Hospital discharge and intermediate care

Councils are required to make sure that older people do not stay in hospital longer than necessary by assessing their needs and
providing timely and effective services to support them when they return home. In 2002–03 councils and their health partners worked hard to improve performance in this area. With a few exceptions, targets agreed with the Department of Health were met or exceeded across the country.

“Rehabilitation here has been excellent – the care could not be better.”

Service user

Most councils have now launched pilot intermediate care projects. These are residential and non-residential services designed to help to prevent older people being admitted to hospital unnecessarily and to help them regain their confidence, mobility and daily living skills after discharge. Intermediate care is one of the most important outcomes of the recent improvements in joint working, and is very popular among the people receiving the services. To be effective, it must involve professionals from health and social care working together. As yet, intermediate care services do not form a routine part of local services, and they also need to be extended to older people with mental health needs.

**Extra care housing**

Extra care housing provides more extensive support than in conventional sheltered housing while still allowing people to live independently in their own houses or flats. Some councils are already starting to invest significantly in extra care housing for older people, although provision is still patchy. During 2002–03 councils and their partners were developing plans, in the context of the national Supporting People initiative, to provide the additional 6,900 extra care places needed by 2006.

**Residential and nursing care**

The decision to enter a care home is never an easy one – it is always a wrench to leave the comfort, security and privacy of one’s own home to be looked after by other people. Yet poor health or increasing frailty can make this a positive choice since care homes provide round-the-clock care and support. The vast majority of people living in care homes speak highly of the staff and feel well cared for.

“All the care staff are very helpful and efficient.”

Service user

On 1 October 2003 there were 12,994 care homes for older people providing 371,238 places. Excluding LA homes, numbers of homes has decreased faster than the number of places (6% compared to 1.6%). However, the number of older people entering a care home fell during 2002–03, which suggests that the situation is volatile. There are clear regional variations,
with a shortage of places in some parts of
the country. Home closures have also
disproportionately affected people with
dementia. This means that in some parts of
the country there is a serious lack of choice.

A number of factors affect the viability of
small private care home businesses and the
motivation of owners to continue running
their home. These include:
● the development of independent living
schemes and services that allow older
people to remain at home for longer;
● the perception that fees paid by social
services to care homes are inadequate;
● staff recruitment difficulties, especially
in areas of high employment;
● the need to improve services to meet
higher national standards and public
expectations;
● the retirement of individual homeowners;
● in periods of rising property prices, the
greater return made from selling a
property compared with the profits
from running a care home;
● fear of the cost of meeting the National
Minimum Standards.

Recent initiatives to improve the
sustainability of the care home market
include:
● collaboration between social services and
health to plan and pay for services together;
● paying considerably higher fees to homes
with the skills and commitment to care for
the most frail and dependent older
people, for instance people with dementia;
● contracting with homes to guarantee
them a certain income over a given period
and so providing a degree of security.

However, many councils should be doing
more to plan ahead in conjunction with local
care home owners. Councils should also be
targeting their resources to ensure that the
right types and numbers of homes offering
high quality care, including specialist services
and respite and short-stay beds, are available
everywhere.

**Good practice**

**Improving contract management of residential homes – Salford**

Annual reviews of individuals living in
residential homes provide valuable
information about the positive and
negative aspects of each home. These
observations are collated on spreadsheets,
together with the results of formal
inspections by the National Care Standards
Commission and feedback from relatives.
The spreadsheet highlights any homes
where problems are accumulating,
enabling managers to take any necessary
action. The council has sufficient
confidence in the evidence to give each
home an annual written evaluation of its
service. Many homes have used these
letters in their promotional literature.
There are 38 separate National Minimum Standards governing the delivery of care in homes for older people. The standards are grouped under seven broad headings as set out in Figure 4 which shows how well care homes are doing according to NCSC inspections.

The first round of inspections of care homes for older people and younger adults carried out by the National Care Standards Commission provides valuable information about how well the homes are performing in different areas of activity. (These comments are based on inspections of approximately 8,000 care homes for older people in 2002–03.)

Things that, generally speaking, care homes do well include:

- **Standards of care**: most people are in a care home because they need help in this area, so this is encouraging.
- **Meals and mealtimes**: significant points of the day for most people because of the pleasure of having a well cooked meal in pleasant surroundings and the opportunity for conversation and stimulation.
- **Community links**: almost all homes do well in this aspect of their work, which is vitally important in terms of personal stimulation and staying in touch with old friends and networks.
- **Autonomy, choice, privacy and dignity**: the values of a home – the importance attached to the rights and individuality.
of each resident and the way in which staff reflect this in their day-to-day work – are a crucial factor in making it a pleasant place to live.

There are, however, some important areas where care homes need to improve. These are covered by the National Minimum Standards and progress in meeting them will continue to be monitored. They include:

- **Information for residents and relatives:** if care homes do not tell prospective residents what to expect, how can they determine their best option? And how can current residents know if they are receiving the service they are paying for?

- **Care planning:** without good planning, care is likely to be inconsistent and uncoordinated and personal choices and requirements will be overlooked. Even more worryingly, basic mistakes may be made in such things as diet or medication.

- **Recruitment practice:** proper recruitment is fundamental to supporting and protecting residents, even at times of staff shortage. Some basic elements of good practice, such as getting references for new employees, are still not being consistently followed. Unsuitable and/or untrained staff are likely to give poor or inconsistent care, which at the very least can lead to a loss of dignity and respect.

- **Physical environment:** too many homes do not yet achieve high standards in such areas as room size, shared facilities such as washrooms, and suitable furniture and fittings.

- **Protecting residents:** more work needs to be done on developing and implementing the right policies and processes for staff to follow, and also on ensuring residents know to whom they can turn if they have a complaint and how to express their concerns.

- **Medication:** Although most homes are good at providing overall healthcare and personal support, the administration of medication needs improvement.

### FUTURE CHALLENGES

- Continuing to increase the range of choices available to older people, and helping them to exercise those choices, especially by offering more older people direct payments and ensuring that they are better informed about their rights and entitlements and about the services available.

- Significantly improving access to social services, by speeding up response times and ensuring sound assessment and care management arrangements.

- Building on the successes in joint working between social care services and health trusts, so that the best service models become part of mainstream practice.

- Giving higher priority to services for older people with mental health needs or visual impairment and to elders from black and minority ethnic groups.

- Ensuring that a wide range of local agencies develop a shared vision, and work together to plan services that promote a good quality of life for older people – and engage older people themselves in this planning.

- Working with the independent sector to plan for the future, addressing the emerging gaps and pressures in the residential, nursing and domiciliary care sectors.

- Ensuring a stable and high quality workforce responsive to the needs, rights and wishes of older people.
Many adults who have a disability or mental health problem live rewarding and productive lives in the community. The challenge for public services is to work with them to help remove the barriers they may face and so promote equality of opportunity and empower them to achieve their full potential.

4. Choice through partnership: social care services for younger adults

Services for people who need help and support from a number of different agencies are increasingly being planned and provided in new partnership arrangements. Social care services contribute to councils’ wider agenda to promote the social, economic and environmental well being of the communities they serve. The Health Act 1999 enabled councils and health agencies to work together in new ways – for example, by pooling their budgets or by fully integrating their services under a single joint manager. Where these arrangements work, they result in a more ‘seamless’ service for local people. However, progress varies significantly between different groups of people who use services and from one area to another.

This chapter looks at how far social care services are developing in partnership with younger adults with physical, sensory and learning disabilities and mental health problems and with other agencies supporting them. It also examines some
common themes that play a key role in helping people to exercise their rights and choices about the way they live.

**Mental Health**

At any one time, one in six people of working age has a mental health problem. Most who contact their GP are able to choose to be cared for by the GP in the primary care team. About nine out of every hundred people who consult a GP will be referred for assessment, advice or treatment. Some people with enduring mental illness continue to require care from specialist services which, working in partnership with the independent sector, provide housing, training and employment.

Mental health services for people of working age are delivered locally by councils working with NHS, private and voluntary sector partners. A National Service Framework (NSF) sets out national standards for promoting mental health and treating mental illness. The NSF sets target timescales for delivering specific improvements, and there are local delivery plans in all localities. Local Implementation Teams are fostering working partnerships between mental health trusts, primary care trusts and councils. Increasingly health and social care staff are working together in joint teams, often with one manager responsible for co-ordinating the work of staff from different professions. Formal partnerships are also increasing – by autumn 2003 61 per cent of councils had established such arrangements with NHS organisations. In addition, six of the first seven Care Trusts – single organisations that bring all services together under one umbrella – are wholly or largely concerned with services for people with mental illness.

Inspections and Joint Reviews in 2002–03 found that, where integration was working well, users of services benefited from having a single care plan and good co-ordination between professionals. However, better information systems and related policies for sharing information between professionals continue to be a priority in most localities.

“**I have a good social worker, CPN, and psychiatrist...there is really good communication between social worker and CPN... I get very good support.**”

Service user with mental health needs

“**Integration has helped – the ability not to have day-to-day wrangles is more pleasant, more energising and people can think creatively.**”

Mental health staff

While council expenditure on mental health services increased by 14 per cent in 2002–03, the numbers of people helped to live at home rose only slightly. This suggests that most of the extra money is being used to provide better services for the people already in the system, rather than being spent on a wider range of people.

SSI inspections of ten councils’ mental health services in 2002–03 revealed that more progress is needed. Only two councils were judged as serving most people well. Five councils had promising prospects for further improvement; in the other five improvement prospects were uncertain. An SSI overview report on mental health services provides more detail.
WHAT’S GOING WELL...

● Many councils are getting better at consulting service users with mental health problems and at involving them in planning. Some are using innovative methods for doing this.

● Innovative schemes are being developed in many parts of the country. These include ‘assertive outreach teams’ for people with very complex needs who may find it difficult to keep in touch with services.

● The range of supported accommodation for people with mental health needs has expanded.

AND NOT SO WELL...

● Too often the active involvement of people who use mental health services in planning their own care is very limited.

● There have been delays in setting up crisis resolution and home treatment teams, often because of NHS funding issues.

● Although services for those caring for people with a mental illness are improving in many places, much more still needs to be done. Targets for offering carers an assessment of their needs are not yet being met, often because staff are not exclusively allocated to this task.

● Progress in developing direct payments has been disappointing given the importance of this area of work.

● There is still much to do to ensure that people from black and ethnic minority communities receive an equally good service.

Good practice
Community resource services – Wokingham

Referral to this service is via the Community Mental Health Team. Following assessment, a service contract identifying an agreed programme is completed with the service user. Service users are actively engaged in developing the programmes. The service runs on a four-tier model of progression:

First tier: Drop-in services run twice each week.

Second tier: Structured work groups including crafts, outings, social groups, over 55s group, photography, Tai Chi, arts, newsletter group, and confidence-building.

Third tier: Structured education run in partnership with Bracknell College, including computer groups, crafts, horticulture, ceramics, art and drawing.

Fourth tier: Employment supported by two employment officers working with 40 people, of whom 16 had successfully started paid employment and 14 were doing voluntary work. Mental illness awareness training is provided for local employers.

Reviews are held every 12 weeks, and programmes are updated and changed to ensure that the service continues to focus on the needs of service users and provides the variety they want.
People with learning disabilities

The government’s White Paper Valuing People, published in 2001, heralded an ambitious new approach to improving services for people with learning disabilities designed to end their marginal role in society. Four principles – rights, independence, choice and inclusion – underpin Valuing People and all the developments that have taken place since it was published. These principles, and also the specific proposals contained in Valuing People, were formulated with the active contribution of people with learning disabilities.

One of the main aims of Valuing People is to make the voices of people with learning disabilities heard when plans are made and decisions are taken by government and also by local councils. The National Forum of People with Learning Disabilities has been set up to give people with learning disabilities a national voice. The Learning Disability Task Force (whose members include people with learning disabilities) is advising the government on the best ways of implementing Valuing People, and a support team is promoting change at regional and local levels.

“\nThe meetings make people with learning disability feel part of it.\n“

“If you’ve got a big problem, they will come and help you sort it out.\n“

“Some staff care and others don’t.\n“

Learning disabled service users

WHAT’S GOING WELL...

- By autumn 2003 69 per cent of councils had established formal partnerships with NHS organisations in relation to services for people with learning disabilities. Almost all councils have established Partnership Boards and have developed joint plans. Many have found good ways of engaging people with learning disabilities in this planning.
- The number of local advocacy groups has increased. These groups help people with learning disabilities to express their own wishes and preferences and to get themselves heard.
- Many councils are developing ‘person centred planning’ to ensure that service users find it easier to participate in decisions about their services.
- The numbers of people with learning disabilities helped to live at home has steadily increased since 1999–2000. Councils report that more service users have multiple or very complex needs; this group may need intensive packages of support, very specialist placements, or help from a range of agencies.
- Some good progress has been made in offering people with learning disabilities a wider choice of accommodation options.
- Most council are reporting that they are on the way, in partnership with the NHS, to enabling the closure of long-stay hospitals for people with learning disabilities. However, the target of everyone moving to high quality accommodation in the local community by April 2004 may not be achieved.
People with physical and sensory disabilities

Government policy since 1998 has been to

- support people with disabilities to live more independently;
- encourage those of working age to remain in or return to work; and, in general,
- enable people to participate fully, exercise greater choice and have control over their lives.

These principles, set out in the Modernising Social Services White Paper, build on reforms introduced by the NHS and Community Care Act 1990 and strengthened by the Disability Discrimination Act 1995.

The government will publish a National Service Framework for people with long term conditions in 2004. For the first time ever this will set out clear expectations about the standards expected across health and social care.

Younger adults (ie people aged 18 to 64) with physical and sensory disabilities who shared their experiences with Joint Reviews and SSI inspectors in 2002–03 had mixed views about social care services. Responding to surveys, people indicated that they were satisfied with the services provided. However, when meeting people who use services, inspectors found that they had low expectations about the support they would get to help them to achieve their aspirations or live the life they choose.

AND NOT SO WELL...

- The process of integrating health and social care services has been uneven across the country. In many places, further work is needed to join up learning disability teams and services, to ensure that service users have personal Health Action Plans, to improve services for supporting people with challenging behaviours, and to work better with hospitals and GPs.
- Although the number of people with learning disabilities who have a job is increasing, progress is very slow. A range of measures, including an expansion of training and vocational courses, is needed.
- In spite of recent progress, many councils are still at an early stage in ensuring that service users can make optimum use of local community services such as adult education, leisure and sport.
- Again, only a very small number of people in this group are receiving direct payments.
- Although specialist services for people from black and ethnic minorities are being developed in some communities, this group does not always receive services sensitive to their cultural needs.
Independence Matters, an overview report based on SSI inspections and monitoring, takes as its value base the social model of disability. This recognises that social and environmental barriers limit opportunities for disabled people to take part in society on an equal basis with other people. While social care services are committed to developing services in a way that enables people with disabilities to overcome social and environmental barriers to full participation, it is also clear that the everyday practice of frontline staff does not always reflect this.

“I can’t thank them enough. I was in denial about my difficulties and becoming increasingly isolated. With their help I’ve moved on to the acceptance stage. I’m beginning to live with my disability not exist with it. I feel enabled and empowered.”

Service user

**WHAT’S GOING WELL...**

- Most councils inspected by SSI were making serious efforts to improve physical access to council offices and buildings in order to fulfil their legal responsibilities under the Disability Discrimination Act 1995.
- Waiting times for equipment and minor adaptations have improved, and most councils are making progress on integrating community equipment services with health.
- Having been relatively static for three years, the number of disabled people aged between 18 to 64 being helped to live at home increased in 2002-03.
- More disabled people are receiving direct payments, enabling them to buy their own care and services. However, there is still a long way to go before direct payments are part of mainstream provision.
- Councils are beginning to improve day services. However, more reshaping is needed for them to become more community-based and inclusive, with good links to employment opportunities.
It is very frustrating as it takes so long for things to be sorted out. To me it seems as if they hope I will go away so they can forget us. This is harsh but this is how I feel and the impression I get.

Physically disabled service user

“It’s not our home, it’s their institution.”

Physically disabled service user who experienced 26 home carers in one week

Good practice

Horizones resource centre for younger adults with physical disabilities – Lewisham

Day services were reshaped to allow the Horizones centre to better meet the needs of younger adults. The centre is open five days a week for them and on Saturdays for disabled young people aged under 18. Horizones offers a holistic, needs-led service that enables people to identify personal learning goals and to progress at an appropriate pace. Assessments include literacy and numeracy skills. Users are offered services designed to develop skills for independent living and IT skills, deliver outreach support, and provide pre-vocational assistance and support, counselling and advice. Training is tailored to individual needs or linked to accredited courses leading to certificated awards. For example, students completing a two-year foundation course in IT are encouraged to go on to further vocational or educational training. At the time of the Joint Review a supported employment service for adults with learning disabilities also came under the Horizones umbrella.
Some common themes

A number of common themes emerge from this chapter, and also from the preceding ones on services for children and older people. These are key factors in enabling and empowering people to live the way they choose. The themes discussed here—direct payments, living in the community, access to culturally appropriate services, the transition from children’s to adult services, and the right to quality care—are not the only ones, nor are they exclusively issues for younger adults.

Direct payments

“Direct payments have transformed my life—now I know and can trust my carers—I have chosen them myself—I have confidence in the support available—I am a different person.”

Service user

More people are taking up the option of using direct payments—cash payments that promote independence by enabling people to make their own decisions about purchasing care services and so gaining greater choice and control over their lives. From April 2003 all councils must make direct payments to all people who are eligible and want them; new guidance was issued in September 2003.

“I am delighted—it has given me my independence. I now am a wife and mother not just disabled. I feel human.”

Service user

While the absolute numbers of people receiving direct payments remain low—9,600 people at the end of March 2003—inspections have identified some effective schemes. About 85 per cent of direct payments go to people with physical disabilities, the first eligible group, and they are slowly spreading to other groups such as people with learning disabilities. People who receive direct payments are enthusiastic about how they have improved their quality of life. Reasons for the slow progress include the lack of suitable staff and councils’ failure to promote direct payments effectively and enthusiastically enough.

“We had a lot of problems but are now on direct payments. It is ten times better. You are your own boss.”

Service user

Living in the community

A critically important task for councils is to create opportunities for people to live independently in the community and to participate in all the different and varied aspects of community life. This works best when councils tackle it as a corporate task, involving every relevant council department, rather than as exclusively the responsibility of social services.

Since 2001 councils have been required to produce Joint Investment Plans showing how they propose to work with other agencies and with employers to develop work opportunities for disabled people. On the whole councils that appoint a dedicated Welfare to Work co-ordinator have had the greatest success in enabling disabled people to access education, training and employment.
The Supporting People programme (see www.spkweb.org.uk) is a partnership of local councils, service users and support agencies. The programme aims to promote individuals' independence through non-intensive housing-related support in the community. Most progress in developing supported living arrangements is being made where detailed mapping of projected needs leads to existing properties being adapted for specific purposes. Evidence suggests that in developing local plans councils often give lower priority to the needs of people with physical and sensory disabilities. A problem often arises when the requirement for as short a void period as possible between lets clashes with the need to identify a suitable tenant and make necessary adaptations; in some cases social services have overcome this by paying the rent while a tenant is found. Supporting People went ‘live’ in April 2003 and progress is under close scrutiny.

This government initiative to promote independence for people who use services through alternative housing arrangements had an impact on the care home market during 2002–03. Approximately 1,100 existing registered care home providers applied to NCSC to voluntarily cancel their registration as care homes to move into various forms of supported living scheme. There is a complex interface between promoting independence and the rights of people whose circumstances make them vulnerable and ensuring their protection. NCSC has been at the heart of discussions with its partners on these matters.

Access to culturally appropriate services

In 2002–03 inspections and Joint Reviews found good examples of services for adults and children that were culturally appropriate and highly valued by people from black and ethnic minority communities. They also found services being provided by a rich and valued mix of staff from different backgrounds, with most councils working hard to ensure that their workforce more closely reflects the communities they serve.

“I was born in Turkey. It has been very helpful having a Turkish speaking social worker. She has understanding and is respectful of our culture...”

Service user

However, as will be evident throughout this report, overall progress was frequently disappointing, with people often struggling to get access to services that would meet their needs well. The picture is often most worrying in those parts of the country with relatively small black and ethnic minority communities; in these places, people with particular religious and cultural needs are too often overlooked.

Many councils still need to develop more robust ways of engaging people from black and ethnic minority groups in their service planning. Most need to achieve further improvements in their information gathering, to get a clearer picture of how well they are meeting the needs of all sections of the community. Examples of excellent practice do exist but, despite councils having a duty to promote race equality under the Race Relations Amendment Act 2000, good intentions to develop culturally sensitive services are only slowly being converted into action in many parts of the country.

“Consulted but no change.”

Black Caribbean service user
"We need to make every effort to ensure our services are equally accessible to all members of black and ethnic minority communities – even if they are few in number.”  
Councillor

The transition to adult services
Lack of effective links between services means that many physically, sensory and learning disabled young people and their carers suddenly find their support fragmenting when they turn 18, leaving them frustrated, angry and depressed. This is a difficult time for all young people, and councils need to give urgent attention to transition planning in order to support young people and their parents and provide seamless services.

It is important too that councils and the NHS work together locally to ensure better co-ordination of services for young people with mental health problems and their families. Intensive early intervention and support to treat psychosis in young people are especially important in preventing initial problems and improving long-term outcomes. Early intervention teams targeted at 14- to 35-year-olds are being established. They will bring together child and adolescent mental health services (CAMHS) and Community Mental Health Teams (CMHTs) and will work in partnership with primary care, social services, education and youth services.

The right to quality care
Many disabled people depend upon domiciliary care for a range of practical and personal support to enable them to stay living independently in their own homes. Some service users have praised their home care providers, particularly where domiciliary care enables and empowers them to do things for themselves. However, significant numbers are particularly critical of the inflexibility and unreliability of services.

There are an estimated 3,200 domiciliary care agencies and 800 nurses’ agencies in England run by the public sector, private individuals and organisations, and ‘not-for-profit’, voluntary sector bodies. Precise details will not be known until NCSC completes its registration exercise; this began in April 2003 when these agencies first became subject to regulation. The Commission for Social Care Inspection will start to inspect these agencies in April 2004.

Their circumstances or the complexity of their needs means that, at some point

Figure 5: Council support to younger adults in care homes
Source: Department of Health
in their lives, some younger adults with physical or sensory disabilities, learning disabilities, or mental health problems, or people dependent on alcohol or drugs or people with HIV or AIDS may need to consider the option of services that provide greater levels of care. In 2002–03, 45 per cent of the services regulated by NCSC provided care for younger adults. These included adult placements, some of which converted to become supported living services. In March 2003 59,500 younger adults living in staffed care homes received financial support from councils. Figure 5 provides a breakdown by service user group. It shows that learning disabled adults were the largest group among younger adults supported in care homes; 87 per cent of them were living in staffed care homes in the independent sector.

Figure 6 shows how well care homes are doing in providing for the needs of younger adults. The 43 National Minimum Standards are grouped in eight broad categories. Many of the key findings, based on a sample of almost 5,000 homes, are broadly similar to those for care homes for older people. Care homes for younger adults tend to be more successful in meeting the interpersonal and direct care needs of their residents than with carrying out the underpinning managerial, administrative and technical requirements of running a home. There is marginally better performance in care planning with younger adults than with older people, but room for improvement.

Figure 6: Homes for Younger Adults: Inspection findings for 2002–2003 (based on a sample of 4,740 homes)
Source: National Care Standards Commission
exists all round, given that effective planning is essential to ensure that personal choices and requirements are taken into account.

Living the way you choose, undertaking stimulating and rewarding activities, and maintaining community links are important aspects of life in a care home. They are also key to the overarching objective to promote personal development and independence for individuals.

It is therefore very encouraging that homes for younger adults perform well in standards relating to lifestyle, albeit with scope for improvement here too. Care homes also perform well overall in the provision of good quality health and personal care. This is a welcome finding given that often it is to receive such services that people go to live in a care home in the first place.

However, there are a number of areas where compliance with National Minimum Standards is inconsistent and less than satisfactory. The provision of accurate and accessible information for residents and relatives needs improvement across the board. All care homes are legally required to provide residents with a copy of their service user guide, which should both inform their choices from the outset and tell them what they can expect of the service. Residents also have a legal right to receive a copy of their own care plan as well as information about how complaints are handled.

Equally, inspection findings show that care homes must do more to ensure that they have effective policies in place, backed up with sound professional practice and training, to ensure that the rights and welfare of their residents are guaranteed. National Minimum Standards with regard to the management of concerns, complaints and the protection of vulnerable people were the least well met overall.

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**FUTURE CHALLENGES**

- Promoting equality of opportunity, by tackling the barriers to participation which many disabled people face and recognising their rights. Active engagement of people who use services in planning, developing and appraising the quality of services, plus better access to advocacy services, will help to ensure that service users are partners in social care.
- Ensuring that new partnerships and joint organisational arrangements actually deliver improvements in people’s lives.
- Enabling people to have greater choice and control over their lives and to live the way they choose by means of increased access to direct payments.
- Improving services for people from black and ethnic minority communities.
- Improving the ability of care homes to meet the National Minimum Standards.
- Ensuring seamless services at the crucial transition phase from children’s to adult services at the age of 18.
- Encouraging independence and promoting lifestyle choices through housing, education, leisure and employment opportunities and other community links.
- Protecting the rights of those who, by virtue of their circumstances, may be vulnerable to mistreatment.
- Ensuring that the voices of users are heard in the preparations for the National Service Framework for people with long term conditions due to be published in 2004.
Carers help some of the most vulnerable and disadvantaged people in our society, and devote a great deal of time and emotional and physical energy to those they care for. Public services are starting to respond to the challenge of supporting carers in their own right and to find ways of meeting their particular needs.

5. Caring for carers

“Carers’ voices need to be listened to and heard by professionals to enable effective action including early intervention and support.”

Carer

One in ten people are carers – relatives or friends, looking after someone who is ill, frail, disabled or having difficulty coping. The 2001 census revealed that there are 5.2 million carers in England and Wales and that almost 20 per cent – 1 million people – provide over 50 hours of care each week; in 2000 40 per cent of carer’s were aged 45 to 64, and 20 per cent were 65 or over. The right to request a carer’s assessment was established in 1995 but the rights of carers to have their own needs assessed was strengthened by the Carers and Disabled Children Act 2000, which came into force in April 2001. The Act also allowed councils to provide services directly to carers to support them in their caring role and extended direct payments to carers.

“More time to act as a husband rather than a carer; more freedom to work.”

Carer

Caring about Carers, the first-ever National Strategy for Carers, was launched in 1999. The strategy identified three key needs for carers: information; support, including involvement in planning and providing services; and care for carers, through short breaks, services for carers in their own right, and action to address their health needs.
The Carers’ Grant

The Carers’ Grant was introduced in 1999. Initially it was paid by the government to councils to encourage the development of more flexible and responsive breaks. Since then the conditions have been expanded to encourage more flexible services for carers that maximise their independence while enabling them to continue in their caring role. Broadly speaking, the Carers’ Grant is being spent in line with councils’ plans, although there are considerable variations between councils.

In 2002–03 almost 175,000 carers were helped through the Grant, which totalled £85 million nationally. Examples of services are; practical assistance with housework to give the carer more time for their personal caring role; help with transport and special equipment; and access to leisure facilities. Short breaks are important, giving carers time away from their responsibilities and time for themselves, and a change for the person being cared for. Social services can also support carers with heavy caring responsibilities through their home care or family support budgets.

WHAT’S GOING WELL...

- The number of carers who are being assessed is increasing: 26 per cent in 2002-03, up from 21 per cent in 2001-02. But there is still a long way to go – the government’s target for good performance is 40 per cent of carers being assessed, and in 2002-03 only 32 out of 150 councils achieved this.

- Although they are relatively new, direct payments to carers – designed to enable them to make their own arrangements for support rather than receiving services from their local council or another agency – are beginning to work well. In 2003, the number of carers receiving direct payments, although still low, was four times as great as in the previous year. This suggests that there is considerable potential for a further increase.

- Councils across England are making imaginative use of the Carers’ Grant to support carers by, for example:
  - opening, in partnership with voluntary sector organisations, one-stop carers’ centres providing information, advice and support;
  - giving care management teams dedicated budgets for short breaks for carers, including sitting services and support in people’s homes in the evenings, overnight and at weekends;
  - improving the quality of carers’ assessments by increasing awareness of carers’ needs, improving staff training, and involving carers in delivering training;
  - working jointly with health services to support carers to prevent hospital admission or facilitate good hospital discharge;
  - offering employment or training to help carers stay at or return to work.
As a carer, I felt that to have some outside support would have made a big difference to me, especially emotionally, but I was made to feel that I didn’t matter at all; in fact I never got spoken to!

Carer
“It’s not always possible to contact a familiar person when problems arise but they do respond well in an emergency. Then it’s like starting all over again with a new person.”

Carer

Sharing the care

When a person cared for has more complex needs than can be met at home, even with support from social care agencies, living in a care home may become the best option. It can be difficult to relinquish the role of carer; indeed, many former carers want to continue to share caring responsibilities but may feel excluded as care providers take on responsibility for day-to-day practical and personal care. They need to have an opportunity to come to terms with their changing role and, as their circumstances change, to have their own needs addressed.

“They have become more aware of carers … we are getting somewhere.”

Carer

“I find the care and attention given to my husband here is excellent in every way and could not be better, and for myself it gives ‘peace of mind’ to know that he is happy to be here.”

“I cannot imagine a better place for her in her present condition. I appreciate the way in which relatives are consulted about care and living issues.”

Voices of former carers and relatives of people living in care homes.

FUTURE CHALLENGES

● Ensuring that the voices of carers are heard and fully taken into account in planning for services;

● Recognising the rights of carers by increasing the percentage of carers being assessed for services in their own right and the numbers having the opportunity to access direct payments;

● Improving the quality of assessments and services and ensuring that they are responsive to the diverse needs and requirements of carers; paying particular attention to the needs of young carers and to the development of culturally appropriate services.

● Encouraging care homes to recognise that carers may wish to have a continuing caring role when the person they used to support moves into residential care.
Social services is the second largest council budget, after education. On average, spending on personal social services absorbs nearly a quarter of a council’s total budget, so managing this expenditure is one of the most important tasks facing councillors.

6. How the resources have been used

“They’re not managing the resources right – prevention is better than cure.”

Service user

The 150 councils across England responsible for social services fund social care services provided by the public, private and voluntary sectors from resources raised locally – ie council tax and other income and contributions paid by the people who use social care services – and from funding distributed by the government. The government decides how much each council should receive using a formula designed to reflect the cost of providing comparable services in different areas. Some services provided by the voluntary sector are funded by grants from charitable trusts. Many services such as places in residential and nursing homes are funded directly by the people who use them; others pay a contribution following an assessment by councils who “commission” services to meet their needs.

All councils make difficult decisions about how to live within their means. For example, they have to decide who is eligible for services, so that they can target resources to the people who need them most. They decide how much individuals will pay towards their care, on the basis of a financial assessment and within guidelines set by the government. They also have to negotiate fees with other agencies, ensuring that services offer high standards and also...
provide value for money. Poor financial planning and budget management can adversely affect people who use services. For this reason, councils are required to manage their budgets well, through good financial planning and monitoring systems.

**Spending the money**

In 2002–03 councils spent £15.2 billion on personal social services. (This is the gross amount, ie including charges paid by service users.) The chart at Figure 7 below shows how expenditure was distributed among different groups of users. The largest share, 45 per cent, was spent on older people, and 23 per cent on children and young people. Overall about 47 per cent was spent on providing residential care.

The amount councils spend per person on personal social services varies considerably, ranging from £197 to £635 in 2002–03.

"Everything boils down to money."

*Service user*

The Government made available £11.3bn for social services in 2002-03 an increase of just over 6 per cent in cash terms from the previous year after taking account of changes in responsibilities.

These extra pressures and responsibilities include:

- the rising costs of childcare placements;
- increased demand arising from the growing numbers of older people;
- the increasing costs of supporting adults with complex needs in the community;
- the use of agency staff in places where it is difficult to recruit permanent staff;
- the rising costs of domiciliary and residential care placements.

**Figure 7: Personal and Social Services Expenditure in 2002-03 by service user group**

*Source: Department of Health*
Managing the money

Most councils are finding that the demands and pressures on social services budgets are especially volatile and difficult to control. There are many reasons for this.

- Decisions that affect the type and cost of services to be provided are often unpredictable and outside the council’s control. For example, the court may decide on an expensive placement in a childcare case, or elderly carers may suddenly become unable to care for a relative who then has to go into a residential home.

- Some kinds of individual service have high unit costs. Placements for children or packages of care for adults with complex needs can easily cost over £100,000 a year.

- Market pressures sometimes mean that councils face escalating costs when purchasing services, with the result that the original budget assumptions are exceeded.

- Some services, such as home care and some residential services, are notable for their high staff turnover and volatility of demand.

Councils need excellent financial systems in order to set, monitor and control the budget. For example, councillors must make sure that they are setting viable budgets against clear priorities and that they are encouraging social services to plan over the medium term. Equally, they must receive accurate monitoring information about expenditure and also about the services being provided, so that their decisions are based on strong evidence.

Some councils are still struggling to overcome a legacy of poor financial management, but most are improving. Substantial recent investment in new IT systems has gone a long way to improving the accuracy of financial information and data about the services provided. Most councils which had a Joint Review in 2002–03 were monitoring their budgets accurately – and so were able to anticipate, report and address problems in advance. However, despite the budget increase and better monitoring arrangements, most of the councils reviewed in 2002–03 spent more on social services than they budgeted for at the beginning of the year.

Achieving value for money

Joint Reviews have continued to find little correlation between the amount being spent on social services and the outcomes being achieved. This suggests that many councils need to do still more to understand and manage their costs. As pressures on budgets increase, there is a tendency to look for short-term solutions, rather than exploring how to use the available resources better.

Ultimately, services that support people in their communities and prevent crises happening provide good value for money. For this reason, the more successful councils are deliberately redirecting resources to priorities – they are providing more domiciliary care, rehabilitation and family support so as to reduce the need for expensive placements. Successful shifts of this nature require good medium-term planning as significant service changes are very difficult to achieve quickly.

Under the Local Government Act 1999, councils have a duty to secure “Best Value” from the services they purchase. This means that, as well as looking carefully at the type and quality of services that should be
provided, councils have a duty to ensure that they obtain these at the right cost. They need to ask questions about who is best placed to provide services and to develop ‘commissioning strategies’ to specify which services will be provided and who will provide them. The proportion of social care services provided by the independent sector has grown significantly in recent years. Figure 8 illustrates this for provision of care home places. However, in most places stronger and more trusting partnerships need to be developed with local providers.

Joint Reviews have identified a number of underlying causes for high cost social services. These include:
- heavy use of residential and nursing placements, or other expensive placement options for children;
- underdeveloped commissioning strategies;
- failure to use ‘Best Value’ reviews to drive major changes in the pattern of services;
- unclear value for money in the mix of in-house and external provision;
- failure to calculate costs accurately and achieve meaningful comparisons;
- predominance of ‘spot’ over block contracts. For example, purchasing residential places or domiciliary care hours as individual needs arise rather than negotiating for more cost effective solutions.

In 2003, Joint Reviews published a ‘toolkit’ for councils on behalf of the Audit Commission, SSI and SSI (Wales) on managing resources in social services. This is available at www.joint-reviews.gov.uk/money/homepage.html
The people who care

- Over 1 million people, representing about 20 per cent of the England national public service workforce, work in various care settings including people’s homes.
- Two thirds work for some 25,000 employers in the independent sector. About one third work in the statutory sector for local councils.
- 80,000 people are qualified social workers, about half of whom work in frontline social work teams. Most social care workers are not professionally qualified, but many are experienced and the number with NVQ (National Vocational Qualification) qualifications has been increasing.
- The number of staff councils employ directly, particularly in residential care for older people and domiciliary care, fell by 9 per cent between 1997 and 2002. This is because councils are commissioning more social care from the voluntary and private sectors and are providing less themselves.

The workforce is the most important resource in social care. At present, there are major difficulties in recruiting certain types of staff, especially children’s social workers, approved social workers in mental health, occupational therapists, and home carers. The 2002 England vacancy rate for social workers is about 11 per cent. The 2002 workforce survey by the Employers’ Organisation revealed wide variations. Overall social care vacancies vary from 4 per cent in the East of England to 18 per cent in London; the England vacancy rate for home care staff is 6 per cent, rising to 20 per cent for occupational therapists. Staff turnover is equally varied, from 10 per cent annually in Yorkshire and the Humber to 20 per cent in the East of England.

The most successful councils recognise that success depends on the quality of their staff and are increasing their investment in recruitment, staff development, training and support. There is some evidence that sustained workforce planning can help address some core recruitment and retention problems.

“I’m not angry but I am disillusioned. Professionals seem so stressed that it rolls out into their work.”

Daughter of recently disabled parent

The National Care Standards Commission has identified a number of issues that affect the quality of the social care workforce and therefore the effective delivery of social care in residential homes for adults and older people. One major factor is the level of salaries and benefits. This is exacerbated by the high cost of living in the south-east and London, the increasing competition for staff from other public services and the commercial sector, in particular large retail outlets, and by the special demands and pressures of working in social care. Other factors include the shortage of qualified, skilled nurses; delays in recruitment caused by the time taken to carry out Criminal Records Bureau checks; and the cost and availability of training – made worse by the fact that losing trained staff to competitors acts as a disincentive to train staff. In addition, some homes lack the management and financial planning capacity to deal with these issues.
The government has recognised that effective financial and workforce planning is the key to obtaining the best possible quality care and support for people who need social care. Working with employers through Topss England, the Social Care Institute for Excellence, the General Social Care Council and many other stakeholders, the Department of Health has developed a number of initiatives designed to support employers to reduce vacancy and turnover rates, increase the number of social workers qualified and able to practice competently, develop a care workforce with generic skills and raise general standards through a better qualified workforce.

“Changes in staff and their responsibilities beggar belief!”

“I receive excellent care here – I ask for something and the staff fall over backwards to provide it.”

“I pay tribute to all my wonderful carers. They helped me out of a deep abyss of depression and gave me back my sanity.”

Service users

**FUTURE CHALLENGES**

- Sustaining effective financial management and control as a base from which to improve services;
- Continuing to develop commissioning to secure the best value from services;
- Improving market management and longer term planning across the sector;
- Developing workforce plans that identify the required skills and competencies and linking these to service and financial plans;
- Targeting recruitment and retention initiatives to key areas of shortages or high turnover;
- Developing joint planning with key partners such as health, housing and education, the voluntary and private sector.
People have the right to know how social care services are doing. This fundamentally important statement lies behind recent developments designed to assess the performance of providers of social care services in fulfilling their responsibilities towards their service users.

7. Social care 2002–03: a picture of overall performance

Councils have wide responsibilities for caring for and supporting families in difficulty, and for protecting children at risk of harm; for helping older people to live as independently as possible; and for supporting disabled people. People have a right to know how well their councils are performing in this work – whether they receive services themselves, have a family member receiving services, or contribute to their cost through paying taxes. Equally, they have a right to know how far regulated social care services are providing the high quality of care vulnerable people have a right to expect.

In addition, the government needs to know how well each council is meeting the improvement targets it has set for social services and how far the National Minimum Standards it has set for regulated services are being met.

Judgements about the performance of social services

The Social Services Inspectorate (SSI) draws on evidence from Joint Reviews, SSI service inspections, performance indicators, and monitoring throughout the year to reach an overall judgement of the performance of social services. The performance or ‘star’
ratings introduced in May 2002 summarise SSI’s independent judgements about performance on a scale of zero to three stars; SSI also makes separate judgements about services for children and services for adults. The ratings feed directly into a comprehensive performance assessment (CPA) of all council services, led by the Audit Commission.

The best performing councils have an increasing level of freedom in the way they use centrally provided grant funds. They also enjoy a reduced programme of inspection and monitoring and reduced requirements for planning information. Councils with zero stars receive additional support, return fuller information, and are subject to more frequent monitoring.

SSI/Audit Commission Joint Reviews provide independent assessments of how well social services are serving the public and highlight areas for improvement. There has been a rolling programme of reviews since 1996, and almost all councils with social services responsibilities have had an in-depth assessment since then. Some lessons from Joint Reviews during this period are set out in Old Virtues New Virtues. An overview of the changes in social care services over the seven years of Joint Reviews in England 1996–2003.

**How well are councils performing?**

Having analysed the findings from a detailed assessment, Joint Reviews reach judgements about how well the council concerned is serving people and about its prospects for improvement.

Overall, performance in the 29 councils reviewed in 2002–03 was mixed, with some disappointing but also some impressive findings. It is of some concern that two of the councils were judged to be ‘not serving people well’ although this is fewer than in previous years. Around two thirds were found to have ‘promising’ or ‘excellent’ prospects for further improvement. However, this evidence should be treated with some caution. While Joint Reviews provide important detailed information about councils, this sample reflects only 19 per cent of the 150 councils with social services responsibilities, and is not necessarily representative.

Joint Reviews make an important contribution to the annual performance assessment process. In November 2003, SSI published the latest social services ratings for all 150 English councils responsible for social services. Sixteen councils were awarded three stars, 74 two stars and 52 one star; eight now have zero stars. Forty-one councils have a higher star rating than in 2001–02, and only six have a lower rating. This overall picture of performance of councils in carrying out their responsibilities towards adults and children is summarised in Figures 9 and 10.
Figure 9: Social services performance: services for adults – percentage of councils
Source: Social Services Inspectorate: Performance Ratings, November 2003

Figure 10: Social services performance: services for children – percentage of councils
Source: Social Services Inspectorate: Performance Ratings, November 2003
Which services are performing best?

The SSI ratings are built up from four judgements, two each for children’s and adult services respectively. Figure 11 shows a fairly even spread of current performance, with a slightly stronger performance among services for adults. Six councils were ‘not serving children well’ – the lowest level of performance judgement. Slightly more services for adults show capacity for further improvement. The capacity judgements demonstrate confidence that substantial further progress can be made in over 80 per cent of councils.

Poor performers

In 2002, twelve councils were awarded zero stars. Of these, nine were not serving children well and three were not serving adults well. A total of seven of these councils – including all those with failures in adults’ services – improved their performance in 2003 sufficiently to gain one or more stars.

On the other hand, three councils were newly rated at zero stars in 2003, bringing the total to seven. This number of zero star councils is considerably lower than the peak number of poorly performing councils on ‘special measures’ in the years before the star ratings system was introduced.

A picture of improvement?

Performance ratings were introduced to let people know how well their council is performing in providing social services. They also provide an incentive for councils to improve, by giving them an objective measure of their performance compared with others. The ratings are underpinned by the use of a set of indicators designed to capture some of the most important aspects of social services performance. This report has illustrated that there have been measurable improvements in some specific areas over the last few years, as well as an apparent overall improvement since the star ratings were introduced.

The ratings are one of the factors which have contributed to an improvement in recent years in the way councils monitor their own performance, and build up a reliable bank of evidence to underpin their planning. As reported in the previous chapter, advances in information technology have also helped.

On the other hand, better information does not in itself lead to improvement. SSI inspections and Joint Reviews have found...
that success depends on a variety of factors including good leadership and management, and wise use of resources. Some of these are discussed in the previous chapter. Others are explored in SSI’s overview reports for specific services and in the Joint Review final overview report, *Old Virtues, New Virtues*. Taking into account all the evidence about what works, councils are encouraged to:

- Develop a culture in social services which not only cares, but also empowers service users and promotes their rights as citizens;
- Provide leadership and a clear vision for their services;
- Plan ahead, aiming for steady progress towards clear medium-term goals, and making intelligent use of the information available;
- Seek to shape their workforce to meet ongoing and anticipated new challenges;
- Make a clear commitment to working in partnership with others, and develop partnership arrangements which will actually deliver better results;
- Ask challenging questions about the costs of services and whether they are delivering value for money, being prepared to embrace change if necessary.

Meeting national minimum standards for social care

The National Care Standards Commission regulates over 40,000 social care services. In 2002–03, its first year of operation, NCSC issued more than 25,000 new certificates of registration to care homes, children’s homes and some specialist services. Annual inspections were carried out for all these services.

Some of the main overall findings of the year’s inspection visits – the things that care homes are mostly doing well and those that need to be improved – are set out in brief in Chapters 2, 3 and 4. Generally, there is much to applaud, especially in the way care homes are endeavouring to raise the quality of their service, and in particular the skills and competence of their staff, in response to the introduction of new National Minimum Standards in April 2002.

At the same time, the tables and the accompanying text in those chapters show that a substantial number of care homes still have some way to go before they fully meet the government’s expectations, contained within the National Minimum Standards, for the delivery and performance of services. Indeed, some homes have very much more to do if they are to continue in business.

One of the NCSC’s key roles is to respond to complaints – over 12,000 aspects of care were the subject of complaints in 2002–03. Table 1 summarises the main topics of complaints – poor care practice and inadequate staffing are the most common. Complaints need to be taken seriously. A number of different interconnected factors are often involved in a complaint, which may reveal that the rights of an individual, or of a group of people, are being abused either because of a single, wholly unacceptable failing or because of a series of shortcomings.

### Table 1: Subjects of complaints received by NCSC in 2002–03

<table>
<thead>
<tr>
<th>Type of Complaint</th>
<th>Number</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor care practice</td>
<td>3,583</td>
<td>28</td>
</tr>
<tr>
<td>Inadequate staffing</td>
<td>2,896</td>
<td>23</td>
</tr>
<tr>
<td>Abuse</td>
<td>1,278</td>
<td>10</td>
</tr>
<tr>
<td>Unsatisfactory premises</td>
<td>991</td>
<td>8</td>
</tr>
<tr>
<td>Quality of food</td>
<td>880</td>
<td>7</td>
</tr>
<tr>
<td>Poor management</td>
<td>798</td>
<td>6</td>
</tr>
<tr>
<td>No leisure activities</td>
<td>488</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1,771</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,685</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Tackling poor performance

The NCSC tries to bring about changes and improvements in a care service by gaining an understanding of the individual and collective needs and wishes of service users and ensuring that the service’s owners and managers fully understand these views and act on them. In most cases the NCSC’s intervention, either during an inspection or because of a complaint, successfully resolves matters and leads to an improved service.

The NCSC can also use a range of enforcement powers to address unacceptable practice and drive up standards. These include verbal and written warnings, formal legal notices requiring improvements to be made, and, in the case of serious and unresolvable problems, cancellation of the service’s registration. In extreme cases the owner and/or the manager of a service can be prosecuted. Further information about enforcement action in 2002–03 appears in the NCSC’s annual report. Information about action taken by SSI to support improvement in councils in 2002–03 appears in the 12th annual report of the Chief Inspector of Social Services.

While it is essential to deal decisively with poor performance and standards of care wherever they are found, it is also important to identify and report on good practice and to raise awareness of the standards of care that people have a right to expect. In evidence she gave to the House of Commons Select Committee on Health on elder abuse, Ann Parker, Chair of the NCSC, highlighted the need to raise awareness of the way that society as a whole should treat older people.

The future … promoting improvement

From April 2004, the Commission for Social Care Inspection (CSCI) will be the single Inspectorate for social care in England. CSCI has been given the primary function to promote improvements in social care across adult and children’s services, in local councils, and in the voluntary and private sectors of social care. Its new or enhanced responsibilities will include encouraging improvement in the quality of both council social care services and registered services.

“Improving services requires persistence, resilience and consistency to stay on track.”

Senior manager

As a new organisation, CSCI will have fresh opportunities to build on the experience and knowledge of the transferring bodies, SSI, NCSC and Joint Reviews, and to develop new ways of promoting improvement, tackling poor quality, and championing the rights of people who use services.
Further reading

Safeguarding Children: a Joint Chief Inspectors report on arrangements to safeguard children. (October 2002)

Fulfilling Lives: Inspection of Social Care Services for People with Learning Disabilities. SSI (December 2002).

Better informed? Inspection of management and use of information. SSI (March 2003)


Protecting people; improving lives. National Care Standards Commission Annual Report and Accounts 2003


Making ends meet. A website for managing the money in social services. Joint Reviews www.joint-reviews.gov.uk/money/homepage.html


Improving older people’s services: an overview of performance. SSI (November 2003)

Independence Matters: An overview of the performance of social care services for physically and sensory disabled people. SSI (December 2003)


Building a better future for children. Key messages from inspection and performance assessment. SSI (March 2004)

Treated as people. Progress towards inclusive and integrated mental health services from a social care perspective. 2002–04. SSI (March 2004)


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From 1 April 2004 the Commission for Social Care Inspection will be responsible for undertaking social care inspections.

It will be based at:
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