Modern Social Services
a commitment to the future

The 12th Annual Report of the
Chief Inspector of Social Services
2002–2003
Dear Secretary of State,

I am pleased to present my annual report for April 2002 to March 2003 Modern Social Services: A Commitment to the Future. The report draws on a range of inspection and performance review activity of the Social Services Inspectorate to provide an assessment of performance of councils with social services responsibilities across England. The report illustrates regional highlights and provides information about the activities of SSI.

This year has been dominated by concerns about children’s services and how all agencies can respond more effectively to children in need or in trouble. Improvements have been made in adult social care services and councils met the national target for the reduction of delayed discharges for the second year in succession. In particular the report notes that:

- Social Care is an important discipline. Its workforce is a major contributor to the well-being of many people living in the community;
- Service capacity and workforce issues remain the biggest threat to improvement and meeting service delivery;
- There is a significant amount of work arising from the Victoria Climbié Audit which councils need to complete in the next and following year;
- Past re-organisations, particularly in health services, which inhibited progress have partially settled. Future structural changes must include a risk assessment to ensure vulnerable people, particularly children, are not jeopardised in the process;
- Improvements in the stability of the domiciliary care market and developments in the best way of supporting older people with mental health problems must be made if national targets are to be achieved on people supported to live at home;
- New national infrastructure developments (GSCC, TOPSS, SCIE, CSCI) will promote a common set of values and support people working in the whole social care sector across the full range of service user groups (adults and children).

Next year this annual report will be produced by the Commission for Social Care Inspection (CSCI) and will be presented to Parliament.

Yours sincerely

Denise Platt CBE
Chief Inspector SSI
A Poem – Special Carers

You often go out of your way, 
To lend a helping hand, 
You are never too busy, 
To show how much you care, 
You readily forgive and forget, 
Whenever I make a mistake, 
You gladly celebrate with me, 
The good things that come my way, 
You help dispel my fears and share in my worries and cares, 
You are glad when I succeed, and you rejoice with me heartily, 
You have made my life so much nicer, 
By being a part of it, 
I’ll cherish that forever, 
Because you are both very special.

By Sarah who is looked after by foster carers in Essex

Courtesy of Essex County Council Social Services - A suitcase full of emotions booklet
Modern Social Services
a commitment to the future


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And social services are nothing if they are not about empowering the powerless: giving older people the power to stay in their own home; giving young people in care the chance of a stable family life; protecting the most vulnerable children from abuse and neglect; promoting independence and self-reliance; bringing hope to families where hope has almost gone.

Rt. Hon Alan Milburn MP, Secretary of State for Health
Annual Social Services Conference
Cardiff, 16 October 2002
Chief Inspector’s Overview 2002-2003

1.1 This year has been dominated by concerns about children’s services – not just children’s social services but also how health services, police, housing and educational services can respond effectively to children in need or in trouble.

1.2 The Joint Inspection of Children’s Safeguards, led by the SSI but including inspectors from seven other Inspectorates, and the Inquiry report into the death of Victoria Climbié contained some salutary messages about the uneven priority which children have been given across agencies – with everyone relying on social services and many overlooking their own critical responsibilities. In particular the vulnerability of frontline practitioners across a range of services has been exposed.

1.3 Our staff are the people who achieve results in the service and deliver their quality. Department of Health Ministers have always been appreciative of the contribution made by social workers and have paid tribute to the complex work they do. We need to applaud them for the improvement in outcomes that are on record. In SSI’s work the evidence shows that the services, which are most effective, are those where frontline social workers are supported in a clear managerial framework and where they are encouraged to develop ‘reflective practice’ improving their professional skill in making judgements in very complex situations. The Victoria Climbié Inquiry Report notes that ‘practice should be governed by professional judgement not by rules and procedures’ (p357). Yet often the managerial response to catastrophe is to increase the rules.

“\[The number of approvals required for a single action is in inverse ratio to the confidence of the leadership. As public embarrassments multiply, so do the approval mechanisms.\]”

John Noble’s third law of bureaucratic behaviour (1991)

The third tranche of children’s social services inspections showed that there was a clear and positive relationship between the quality of services and an effective management structure, coupled with strong professional leadership.

1.4 Leaders that run excellent organisations know they must involve staff if they are to maintain their excellence. They not only lead themselves but also have excellent leaders working with them, leaders at all levels of the organisation who inspire and engage staff in the task, and who have a clear understanding of what that task is. All leaders create change rather than simply respond to it; they win people over to what the service is trying to achieve – they inspire staff. Excellence is excellent people.
The only effective way of delivering public service reform and improvement in care services is by involving the people who are going to deliver it. Staff need to be engaged in thinking about how services can develop, using their knowledge and experience. Poor organisations that have improved, have done this by engaging with their front line staff, listening to them and to service users, encouraging their innovation and using their ingenuity, involving them in improvement and change.

"Structural or policy change does not equal practice change."

Gerry Smale 1998

Later this year, as a part of the Government’s response to the Victoria Climbié Inquiry, a Green Paper outlining the Government’s policy for children and young people at risk will be published. When it finally appears, I have one hope – that it proceeds on the basis of evidence not of prejudice and outdated opinions. The evidence about the conditions necessary for effective social care practice – effective management structures, coupled with strong professional leadership – should not be overlooked. So it is important that the Green Paper build on the innovation and creativity that is already in the service and the service's willingness to make positive change.

Organisations that work in children’s services have been very clear that they want to see change and improvement in children's services. They know that working in an integrated arrangement offers a positive way forward for children. Confident professionals working in an integrated framework where the sum of their efforts transcends their individual contribution and the focus is on children's needs is the aim. There has been no shortage of applicants to create Children’s Trusts. If organisations express caution it is from the perspective of wanting change to succeed – because they know only too well that change is needed – social services alone cannot serve children.

"We need to set our sights high for the children and young people in our care. Excellence means aiming high; listening to the dreams of young people and supporting them to achieve them. Their success means that they are ambassadors for the work you and your staff are doing."

Denise Platt CBE, Chief Inspector Social Services Inspectorate, June 11-13 Association of Directors of Social Services International Conference

In its ambition to be radical and innovative the new policy must also be sensible and capable of implementation on the ground. Children only get one chance to grow up. Reorganisation creates upheaval and disruption, staff can get distracted. In SSI we know only too well that when departments reorganise significant harm can befall children. Vulnerable children can ill afford the service to become distracted from their needs – they too only get one chance to grow up.

Reorganisation has also been a constant in the NHS in the last five years – in many ways the local council has provided the local stability for service users – holding the ring whilst change has taken place. This report shows that now reorganisation is settling down in the NHS, that
partnerships which had been dissolved and disrupted are now being reformed. Working with Primary Care Trusts (PCTs) has many positive advantages and there is a significant improvement in the use of Health Act flexibilities, together with an increase in joint appointments across PCTs and councils.

1.10 In social care services for adults there has also been much improvement during the year. Intermediate care services are developing in all parts of the country, and although targets have been met there is still much that can be done to develop the service. Councils met the national target for the reduction of delayed discharges for the second year in succession. Councils are now charged with improving the numbers of older people that are assisted to live at home with intensive domiciliary care packages. To deliver the target there are significant capacity issues in the service which need to be addressed. In particular there is a need to increase the supply of reliable, high quality domiciliary care services which offer sufficient choice for older people to remain at home.

1.11 Councils also report difficulties in finding appropriate resources for older people with mental health problems both in the community and in residential and nursing home services. Unless these capacity issues are addressed the services for older people will not be sustainable in the longer term, and the delayed transfers of care will not reduce significantly more than the present level.

1.12 Lack of capacity and workforce issues across all sectors are underlying themes in this report. The major difficulties which social care agencies experience in recruiting and retaining skilled, properly trained staff has a major impact on service delivery and the achievement of national objectives. It is clear that there are not enough people in the system to do all that is required of the service. Even when the initiatives to encourage flexibility in the workforce and the new ways of working to develop staff with a different mix of skills bear fruit - of themselves they will not resolve the shortage of good, qualified, skilled social work staff. Although there has been some improvement, and the Government’s recruitment initiative is clearly having an impact, some services - social work services, occupational therapy services and home care services are clearly under stress.

1.13 Social care is an important discipline. The people working in the service have a major impact on the quality of the lives of both adults and children. The people working in social care form 4% of the national working population and something like 15% of the public service workforce. Together with people working in other public services such as the NHS or education services the workforce is a major contributor to the well being of many people living in the community, and to the economic health and well being of the community too.

1.14 The Government has recognised this by the creation of a national infrastructure to strengthen social care. Four national bodies, which cover the whole of the social care sector and all service user groups, across the public, the private and the voluntary sector, are or will shortly be in place: The Commission for Social Care Inspection (CSCI) which will monitor and review both children’s and adult services according to national standards set by the Government; The General
Social Care Council (GSCC) which approves social care training and regulates and registers the competence of the workforce; TOPSS, an employer organisation which is charged with developing the competencies for social care jobs in whatever sector they are deployed; and the Social Care Institute for Excellence which is charged with developing and disseminating good practice and knowledge about ‘what works’.

1.15 These new bodies have been developed to complement each other, to provide a common set of values that underpin the work of people in a variety of care services for both adults and children. They provide a comprehensive structure for the development of the service and the people who work in care services – children’s services, learning disability services, mental health services, older people’s services. Their scope across the sector recognises that public, private and voluntary services all have an important part to play in social care, and that social care workers make an important contribution to a wide range of services for both adults and children.

1.16 Later this year the first joint Annual Report from the Social Services Inspectorate, the SSI/Audit Commission Joint Review team and the National Care Standards Commission will be published. This is a forerunner of the report to Parliament, which it will be the duty of the Commission for Social Care Inspection to produce. The challenge to the service is to deliver services that are:

- relevant to people’s needs and which give them choice,
- which treat them with respect,
- which help them to achieve their potential and their ambitions,
- which help them confront their difficulties and overcome them,
- which give them control,
- which are flexible and timely,
- which offer them protection when they need it,
- and which enable them to participate in civil society.

1.17 The challenge for the service is to translate the new funding into better services that achieve these ambitions. As the Chair of the new Commission I look forward to helping the service to deliver the better services that people need, and to report on their success.
In the report that follows:

**Chapter Two** gives an overview of performance, noting areas of improvement and where progress is still to be made. The chapter comments on the improved use of performance information and performance management processes in the service. It highlights the risks to achievement - in particular - capacity.

**Chapter Three** outlines the 'headline' issues in each of England's nine Regions.

**Chapter Four** is the SSI Annual Report.

I would like to thank Diana Robbins, Jo Cleary, Carolyn Denne and Dave King for their assistance in preparing this report and all of the councils that have co-operated in the performance and improvement processes during the year. I would also like to thank the users of the service for giving generously of their time to talk to me on my visits to their council.

Denise Platt CBE
Chief Inspector SSI
July 2003
"You make a difference when the foster parent, the teacher and the social worker help a child who has been in care all their lives get through school and then on to college.

You make a difference when the therapist and the advocate help a young man with a learning disability get training and then a job.

You make a difference when the home help and the social worker help an old lady return home after hospital to regain her confidence, her dignity and then her independence."

Alan Milburn MP, Secretary of State for Health
The 2002 Annual Social Services Conference
Cardiff 16 October 2002
Social Services Performance

Making a difference

2.1 This report looks forward to the future of public services which reflect the results of reform, innovation and change. But it also looks back at the years producing those reforms: changes in law and practice, shifts in culture and organisational learning, and the constant efforts of councillors, managers and practitioners to consolidate best practice while responding to new or newly-articulated local demands, and a steadily-clearer central quality framework. Progress has not been uniform across councils. Throughout this report, I shall draw attention to areas where further efforts are needed as well as to the kinds of outstanding practice which other councils should learn from. But overall, progress has been made and – importantly – the tools for assessing progress are widely available, increasingly understood and used.

2.2 In the social care world, the period covered by this report from April 2002 to March 2003 was dominated by three themes. Firstly, Ministers emphasised again the need for effective service provision - the kinds of services which ‘make a difference’, described in the quotation from the speech by the Secretary of State in 2002. All of the situations he outlined were about support that does not supplant or stifle the capacity of the individual, but unlocks his or her own potential. All of the services were designed with the chosen future of that individual in mind.

2.3 The second theme relates to the vision behind the Government’s reform of public services. That vision depends on national standards, and national monitoring. But it also incorporates a new emphasis on devolution, which in turn involves councils in developing a vision for their localities in partnership with other agencies, professionals, service users and carers, and the wider community. The performance of councils in promoting the elements that contribute to this vision will be discussed below.

2.4 Finally, the year has undeniably been a time of change. People working in the front line of social care have needed confidence and flexibility to cope with the new - in their practice, the structures they work within, the expectations of partners including service users. The third theme has focused on the kinds of management which will enable the partnerships providing care in the future to do so with this confidence. Do they have the resources, the training, professional support, the information, the monitoring framework they need?

Performance Assessed, 2002-2003

2.5 The first set of Star Ratings for Social Services, published in May 2002, was discussed in my last Annual Report and will be comprehensively updated in the autumn of 2003. Evidence from all performance sources for a full year will provide the basis for accurate assessment of progress and prospects for improvement across all social services, for both children and adults.
2.6 But during the year, exceptionally, an additional exercise was undertaken. Using evidence available at November 2002, including the Performance Assessment Framework Performance Indicators for 2001–2002 and new Inspection and Joint Review evidence, the Social Services Inspectorate (SSI) ‘refreshed’ and updated the May ratings (www.doh.gov.uk/pssratings/starrating0102.htm). The purpose of the exercise was to contribute as fair and up-to-date as possible judgements on social services to the wider Comprehensive Performance Assessment (CPA) of local councils which was introduced in 2002.

The ‘refreshed’ stars

2.7 While the distribution of the ratings in November remained similar to the distribution found in May, there was - despite the limited scope of the new evidence - clear movement in the right direction. Of the eighteen changes made to the ratings, there were twelve improvements and six reductions. These depend on the independent judgments made by the SSI on councils’ performance in relation to children’s and adults’ services. Again, changes in these judgements show that quality was improving. Children’s services received eight improved judgements, and six reductions; while, for adults, there were thirteen improvements and three reductions.

2.8 These are perhaps best described as ‘straws in the wind’. Performance generally improved a little, but some deteriorated: in November, three councils’ ratings were adjusted down to zero while only one of the existing ten in that category was adjusted upwards. But the exercise did demonstrate an overall upward trend which is expected to be identified much more strongly in the full ratings later this year. Perhaps most encouragingly, no less than 73% of councils were found to have ‘promising’ or ‘excellent’ prospects for improvement in their children’s services, and 68% in their adults’ services - a measure of commitment and capacity which is expected to show results in the autumn.

Comprehensive Performance Assessment

2.9 The ‘refreshed’ ratings were fed into the CPA exercise, led by the Audit Commission. The first results were published in December (www.audit-commission.gov.uk/ CPA/index.asp) and subsequent analysis of the messages identified key contributory factors to relative success or failure. Typically, councils performing poorly in social care:

- show limited political commitment to social services, avoid difficult decisions, and do not determine or resource strategic priorities
- do not consult service users and carers effectively
- fail to support staff, develop an effective workforce strategy, or operate an effective Quality Assurance system, and
- fail to agree a joint strategy with partners - especially health partners.

2.10 None of this is particularly unexpected, and the best performing councils - including the eleven councils achieving three stars in November of last year - typically, all showed the opposite features. But, importantly, they also tended to locate their social care performance in the context of a vision of local well-being which sets the tone for everything they do, and provides a benchmark for local assessment of success.
Judgements for 3-star councils, November 2002

Key: arrows indicate a change in judgement and/or star rating since May 2002

<table>
<thead>
<tr>
<th>Council</th>
<th>Type</th>
<th>Adults Serving people well?</th>
<th>Prospects for improvement</th>
<th>Children Serving people well?</th>
<th>Prospects for improvement</th>
<th>Rating</th>
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<tr>
<td>Bexley</td>
<td>OL</td>
<td>Most</td>
<td>Excellent</td>
<td>Most</td>
<td>Excellent</td>
<td>★★★</td>
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<tr>
<td>Cornwall</td>
<td>S</td>
<td>Most</td>
<td>Promising</td>
<td>Yes</td>
<td>Excellent</td>
<td>★★★</td>
</tr>
<tr>
<td>Kensington &amp; Chelsea</td>
<td>IL</td>
<td>Yes</td>
<td>Excellent</td>
<td>Yes</td>
<td>Excellent</td>
<td>★★★</td>
</tr>
<tr>
<td>Kent</td>
<td>S</td>
<td>Most</td>
<td>Excellent ↑</td>
<td>M ost</td>
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<td>★★★★↑</td>
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<tr>
<td>Kingston upon Thames</td>
<td>OL</td>
<td>Most</td>
<td>Excellent</td>
<td>Yes ↑</td>
<td>Promising</td>
<td>★★★★↑</td>
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<tr>
<td>Leicestershire</td>
<td>S</td>
<td>Most</td>
<td>Excellent</td>
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<td>Excellent</td>
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<tr>
<td>Newcastle upon Tyne</td>
<td>M</td>
<td>Most</td>
<td>Excellent</td>
<td>M ost</td>
<td>Excellent</td>
<td>★★★</td>
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<tr>
<td>North Lincolnshire</td>
<td>UA</td>
<td>Most ↑</td>
<td>Excellent ↑</td>
<td>M ost</td>
<td>Excellent ↑</td>
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<td>M ost</td>
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<td>Excellent</td>
<td>Yes</td>
<td>Excellent</td>
<td>★★★</td>
</tr>
</tbody>
</table>

OL – Outer London, IL – Inner London, M – Metropolitan, UA – Unitary Authority

Services for Children and Young People

Meeting Objectives

Feedback to SSI

“I have a forever family now. I’m happy. My social worker helped me, but then she left…”

Young service user

2.11 The Public Service Agreement for the Department of Health, and the Priorities and Planning Framework for 2003–2006, published in March 2003 (www.doh.gov.uk/planning2003-2006/index.htm), made clear that the life chances of children – all children – remain a central focus for Government policies for health and social care. Evidence of how effective and responsive services were making a difference for children and young people was found this year in every part of the country. The Mid-year Progress Report and Delivery Forecast (March 2003) showed that
adoption services, placement stability, meeting review targets for child protection cases all improved. Later estimates from the councils’ 2003 delivery and improvement statements confirm further progress in the stability of placements, and child protection reviews. There was also some overall progress in improving levels of educational attainment among looked after children, although councils were not optimistic that the trend could be sustained, and current information confirms this analysis.

2.12 The fourth and final report of the Quality Protects Programme (QP), published at the same time, similarly found improvements – especially in relation to Objectives 1 (placement stability), 2 (protecting children), 5 (care leavers) and 8 (involving users and carers). Targets for the short-term stability of foster carers and foster placements were met; improvements in the adoption process had led to decreasing timescales and to more children being adopted.

All councils reported improvements in the allocation of social workers to children on the Child Protection Register, and the number of reviews conducted on time; and in the numbers of children deregistered who had been on the register for two years or more. Nearly all councils reported improvements to services for children leaving care, assisted by additional funding under the Leaving Care Act. And a substantial number provided evidence of improved participation and consultation with young people, both at a strategic and an individual level.

2.13 But – like the Mid-year report and the three-year programme of Children’s Services Inspections – the QP evidence showed uneven success between and within councils, as well as some priority areas which were found to present a continuing challenge. In particular, councils were struggling to achieve their targets in relation to timescales for the Assessment Framework (7), and qualification levels of staff (10). Equally worrying was the evidence, collected for the first time this year, about significant numbers of looked after children placed outside their ‘home’ council. Councils are clearly in urgent need of coordinated strategies to bring these children back: but, despite some cases of good practice – among Yorkshire and the Humber councils, for example – there was little general evidence that they had them.
2.14 The full results of the third tranche of Inspections of Children’s Services in 22 councils will be published later this year, but the early analysis suggests some valuable messages. There was a clear relationship between overall effectiveness, and the range and quality of family support services available, and – perhaps not surprisingly – user surveys found that family centres remained the most popular service provided. There was a clear and positive relationship between the quality of services and effective management structures coupled with strong professional leadership. Overall collaboration between social services departments and their statutory partners was improving; and a possible corollary of this – found by the QP analysis – was a much greater understanding of the complex issues which have to be tackled if the life chances of looked after children are to be improved.

2.15 All of this evidence demonstrates real progress. And one aspect of this – the huge improvement in the management of evidence, information and performance data, which enables councillors and staff to know exactly what they are achieving – is easy to overlook. The first report on QP, published in 1999, found that responses fell into three groups: a minority which could supply everything; a larger group, with weak or inadequate systems; and the largest group which only supplied basic data – often collected by hand. By contrast the fourth report (www.doh.gov.uk/qualityprotects/info/publications/) found that, ‘progress on management information was evidenced throughout the Management Action Plans (M APs) as almost all councils were able to report on all indicators with few examples of missing data.’ Techniques of self-assessment and local target-setting have over the same period become part of the everyday tools of the effective manager in children’s services.

2.16 But – as we all know – progress is essential, but not enough. Making a difference to the lives of vulnerable and needy children demands achievement and excellence in every locality, and Inspectors have not found it. The ‘refreshed’ star ratings exercise found nine councils which were judged not to be serving children well; of these, one had poor prospects for improvement and the rest, uncertain. The special measures imposed on these departments are a function of how seriously we take their current problems.
Safeguarding children

“I well recognise that the frontline services charged with the protection of children have a very difficult and demanding task. Adults who deliberately harm, neglect or exploit the vulnerability of children often go to great lengths to conceal their behaviour. Sometimes they are threatening and menacing to staff and they are often deceitful when questioned about their activities. The staff engaged in this work have to tread a careful line between respecting the rights of parents and acting to protect a child from harm. It is work which demands not only great skill but also personal qualities including persistence and courage.”

Lord Laming, 28 March 2003

2.17 It has rightly been said that safeguarding children is everyone’s business, and the joint inspection and review of how well children are safeguarded involving eight inspectorates in 2002 (www.doh.gov.uk/ssi/childrensafeguardjoint.htm) was a potent symbol of this fact. It was therefore a cause of concern that, while social services were found to be clear about their responsibilities for protecting children, other services were less clear. Again, while working with vulnerable children was given high status by social services, this was less true of other services – particularly the police services and health. Effective joint work to keep children safe depends on all the relevant partners working together with equal commitment, urgency and seniority.

2.18 Our report includes much good practice. Time and again, the role of the skilled social worker, in supporting, befriending and analysing the family has been found to be critical to the outcome for the child. We found that the vast majority of children within the child protection system were well protected, and that in the main there were good working relationships on the ground. But weaknesses in the Area Child Protection Committee (ACPC) system as well as widespread difficulties in recruiting and retaining the right staff was combining with a low priority given to the work by some agencies to jeopardise the safety of some children.

Victoria Climbié

2.19 Part of the backdrop to the year was provided by the Victoria Climbié Inquiry, chaired by Lord Laming, established in April 2001 and culminating in a Report published in January 2003 (www.victoria-climbie-inquiry.org.uk). The Health Secretary’s response to this Report made clear that its findings were to be taken very seriously indeed; and as part of this, all councils responsible for social services were asked to undertake a self-audit using an audit tool developed by SSI and related the recommendations of the Inquiry to the standards already developed for SSI’s inspections of children’s services and child protection.

2.20 Councils responded very well, and all submitted self-audits of their child protection policies and practice on time. The audits were evaluated and showed that 80 councils (53%) were serving most or all children well and had promising or excellent capacity for improvement. Of the
remainder, 30 (20%) were only serving some children well or were not serving children well and had poor or uncertain capacity for improvement.

2.21 The key messages emerging from the audits were:

- The best councils are those which have policies and procedures in place, but also - crucially - have systems for ensuring that the policies and procedures are put into practice. They achieve this through effective supervision and management, and audit of various kinds. Even where they had polices and procedures in place, most councils were not monitoring their application.

- 34 councils (23%) had a total of 408 unallocated child protection cases, with 10 councils having more than 5% of the unallocated children. Significant recruitment problems are cited by a number of them.

- ‘Uncertain prospects’ were usually related to significant changes in organisation and/or a council’s concern that they may not be able to achieve the very large agenda that was suggested by the audit.

2.22 One of the most significant findings, given the tragic case which had stimulated the audit, was that children in need and at possible risk required clearer, more focused and comprehensive joint preventive work than many councils were currently involved in. This mirrored one of the conclusions of the joint Children’s Safeguards Inspection that while children within the child protection system were generally well protected, the same could not be said for all children at risk.

Children with Disabilities

2.23 In general, information about services for disabled children from data collected during the year was limited and patchy, but overall suggested the need for development. The mid-year data found that most councils expected to achieve their priority objectives, and best progress was being made with better information services. A quarter expected to deliver all their plans for inclusive play and leisure; strengthening family support services seemed to present the biggest challenge.

2.24 However, more detail about services for children and young people with learning disabilities became available from SSI’s Fulfilling Lives (www.doh.gov.uk/ssi/fulfillinglives.htm) analysis. They were found to have improved to some extent since the 1998 Inspection of services for disabled children and their families, but there was ‘still some way to go’. A familiar litany of factors characterised the weaker councils: poor and incompatible information systems, weak coordination with health partners, lack of information for and consultation with the young people and their carers. Carers want more short breaks, and more flexible services. Families want local services for their disabled children so that they can be placed close to home. They want
simple, accessible, comprehensive, multi-agency information which spells out their rights and the local resources available to them. **The best councils know what local families want, and aim to provide it.**

Children and Young People with Mental Health Problems

### Feedback to SSI

“**My daughter is 22, and prior to the advent of her current social worker her transition from education to ‘the world’ has been very rocky and fragmented, leaving her clinically depressed.”**

Carer of a young person with disabilities

2.25 Problems and stress surrounding the transition from childhood to adulthood, common for children from every kind of background and situation, can be compounded by all the needs which services are designed to meet. **Leaving care or transferring to adult services for disabled people have both been identified as risky periods in the lives of young service users,** and policies to support them depend on effective multi-agency support with - in many cases - specific input from Child and Adolescent Mental Health Services (CAMHS). QPMAPs for Year 4 included plenty of evidence of interest in providing dedicated CAMHS support for looked after children, but less of fully-developed systems working on the ground.

### Good Practice

**Kensington & Chelsea** have recently been awarded Beacon status for their services for children and adolescents with mental health problems. They have successfully developed services which are accessible and non-stigmatising through careful and imaginative use of partnerships.

2.26 The transition from CAMHS to adult services can be bumpy for teenagers with long-term or severe mental health problems. Clearly, the answer lies in the strength of the partnerships between agencies, backed up by compatible management information and clear protocols. **The 2003 delivery and improvement statements showed that nearly all councils were working to improve specialist CAMHS services for young people with learning disabilities, in response to the White Paper, Valuing People.**
Services for Adults
People with physical and sensory disabilities

Feedback to SSI

“My services are now very good, within the limits of what the budget will allow. But I’ve had many years of disability, and it has taken until now to get consistent help.”

Service user

2.27 The Mid-year Progress Report showed that the numbers of people who received community equipment targets were rising, and had doubled in two years. Promptness in the delivery of disability equipment and adaptations has also continued to increase. But this general statement covers wide variation between councils, and data indicate that many councils will find the new national target of all equipment being delivered within 7 days by 2004 challenging.

Good Practice

As part of Gloucestershire’s drive to reduce waiting times and improve user access, the department has developed a fast track service for small aids and adaptations. An initial assessment is undertaken by Contact Centre staff, and referrals forwarded to private sector partners who undertake to install the relevant equipment within 10 days of the initial enquiry. This has helped to reduce waiting times for OT services by over 60%.

2.28 The proportion of young physically disabled people helped to live at home again shows an upward trend, but a painfully slow one. More encouragingly, the numbers of people with physical disabilities receiving Direct Payments was expected to show an increase of 27% in the year, rising from 4,274 to 5,459 by March 2003. All of the services mentioned here are crucial to making a difference to the lives of people with disabilities, providing them with the tools they choose and need to develop their own futures. Evidence from the most recent set of performance management data suggest that meeting these targets must become a higher priority in the coming year, if councils are to serve people well.

Good Practice

In Gateshead, the Direct Payments support scheme has developed links with a national awarding body. This means that service users successfully completing the Direct Payments training programme can be accredited at the level of Introduction to Business Management - a good opportunity to build confidence, and to encourage disabled people into further education opportunities.
People with Learning Disabilities

2.29 The report of the Inspection of social care services for people with learning disabilities, Fulfilling Lives, was published in February 2003 (www.doh.gov.uk/ssi/fulfillinglives.htm). This too found that a challenging agenda lay ahead of councils if they were to keep the promises outlined in Valuing People. Good progress had been made in establishing partnership boards; but beyond that much, much more remained to be done. The report makes explicit that without person-centred planning, good information, advocacy where necessary, access to specialist health care, access to appropriate housing – without all the elements envisaged in Valuing People becoming a local reality – ideas of ‘choice’ and ‘control’ can seem like empty rhetoric.

2.30 Carers were contacted by means of a survey during the Inspection, and were found to be generally satisfied with services, particularly if they had a named key worker. But many carers seemed unaware of some crucial information about their rights: about complaints, carers’ assessments, and how to access files, for example. And an interesting insight into some councils’ relationship with carers was provided by the report’s finding that a ‘modernising’ agenda would not necessarily be automatically welcomed by carers unless they had been informed and involved right from the beginning. All of these points go back to the issue of giving people the information they need, when they need it and in the format they prefer. The inspectors illustrated the point by publishing a straightforward, serious but very accessible summary version of their own report.

Good Practice

In Wokingham, the WAVE project promotes the input of service users and carers to modernize day services for people with learning disabilities. This includes employing a service user as a part-time project assistant.

2.31 Encouragingly monitoring found that person-centred planning had developed significantly during the year. Progress and anticipated success in relation to the remaining Valuing People objectives was patchy, but some progress was found in all regions. Advocacy and take-up of Direct Payments both appeared to be progressing, although from a low base. Only just over a third of councils reported that their plans in relation to health were on target, confirming the Inspection’s findings that this should be a priority for health and social care partners. Housing, on the other hand, showed a high level of activity, indicating the councils’ commitment and energy in this area.

People with Mental Health Problems

2.32 Mental health services only work for people if they are delivered by real, integrated partnerships between health and social care agencies, and this is what the multi-agency teams (Local Implementation Teams – LITs) implementing the National Service Framework have set out to be. Progress reported in councils’ returns does not always coincide with the separately-collected LIT self-assessments which generally provided a less optimistic account. Clearly, any discrepancies need to be ironed out, so that mental health services and the people they serve can have an accurate picture of what they are achieving. Over the period covered by these reports,
NHS re-organisation had perhaps temporarily increased the complexity of the funding scene, but the targeted application of local resources should be operating more smoothly now.

### Good Practice

**Bristol’s ‘Our Chance’ project** is a drop-in support and counselling service, offering a place for users and carers with common experience of mental health problems to come together for mutual support and practical assistance. Opportunities for leisure, training and voluntary work are available; and people who attend value the place for its unconditional welcome and safety.

2.33 Planned growth in the rate of adults with mental health problems helped to live at home – one key indicator of the extent to which the National Service Framework (NSF) is actually being put into operation – was not expected to be delivered by the year end, but remains ‘acceptable’. Use of Direct Payments schemes remained very small, growing from 353 to 736 by September 2002. Councils reported a wide range of local plans for service improvements, and progress towards meeting these was generally very encouraging. However, with LITs reporting less good progress towards meeting some long-standing goals, and weak progress in relation to two important ways of supporting service users’ independence and choice, there is clearly still much to be done.

2.34 During 2002–2003, SSI inspected a sample of councils’ mental health services for adults of working age, and the full report will be published later this year. But the early indications of the Inspectors’ findings provide a useful insight into some of the factors which may have led to limited success in some areas described above. Services which made a difference were being delivered by partnerships with effective joint management and corporate governance, clear planning and implementation structures and a full understanding of the NSF. Services worked best when managed and delivered by joint local teams supported by the leadership and commitment of senior management. But where the task of integration had been underestimated, the scope of the NSF misunderstood, where service users and the public were poorly informed or consulted, or where scrutiny and performance management were simply not good enough – then people were not being served well.

### Good Practice

Six District Councils in **Cumbria** which are housing authorities have pooled their Supporting People funding, and used part of it to employ four Supporting People Officers with the specific remit to develop further supported accommodation. Approved Social Workers (ASWs) and Community Psychiatric Nurses (CPNs) in the area are also working creatively – particularly with housing agencies – to improve the lifestyle of service users and promote their independence.
Older People

2.35 Older people want services to support and promote independence. The NSF for older people reflects this, and the Mid-year Progress Report included some encouraging news about progress and plans to meet the NSF milestones. Councils increased their budgets in-year, giving the greatest priority to older people's services; and good progress was reported towards achieving a good balance of services to promote independence. The report and SSI inspections found that most types of intermediate care service were growing strongly, although coherent strategies incorporating services were slower to develop and sustained momentum was necessary to achieve real gains. Lower level preventive and support services were still in short supply.

Good Practice

An innovative partnership between Enfield Social Services department, Enfield Primary Care Trust and Age Concern Enfield aims to reduce risk in the home and the possibility of hospital admission. One of the functions of this partnership has been to telephone-screen 1,700 people over 75 who had been taken to hospital but not admitted. The screening found that a quarter of these people were in ‘significant need’ of support, and targeted home visits have followed.

2.36 Nationally, there was a small increase in the numbers of older people being helped to live at home during 2001–2002, with a higher increase forecast for 2002–2003. Over the same period the numbers of Direct Payments to older people nearly doubled. But with the total at the end of the year standing at 1,032, there was clearly plenty of room for improvement, and councils' plans confirmed that expansion of Direct Payments was a key priority for many.

2.37 Many councils were keeping up the focus on delayed transfers of care from the acute sector of the NHS, following the very successful national drive to reduce delays. In a minority of cases, councils were failing to meet their targets; but most were aware that the previous year’s success, supported by the first year of the Building Care Capacity Grant, could only be sustained with redoubled efforts.

“Receiving care once you are part of the system I have found to be pretty good. But – as I have found in my own situation – things have to be pretty bad before the appropriate steps are taken.”

Service user
2.38 The mid-year data showed that capacity planning with health partners had begun early in the year, and that plans to improve non-residential and rehabilitation services were progressing well. **Numbers and distribution of residential care homes were reported to be adequate, but the supply of nursing home beds was proving to be a problem – particularly in the south.**

2.39 While good progress has been made towards the NSF milestone for reviewing eligibility criteria for services to eliminate age-related discrimination, in some areas **patchy or poor mental health services for older people** remain. Isolated, uncoordinated, and inaccessible, these services could be described as an indirect way of discriminating against older services users, and should be a priority for improvement.

**Good Practice**

In **Derbyshire**, the council is working with NHS partners to achieve pre-planned hospital discharge for people having hip replacement operations. Visits are made before surgery to assess the home environment and support needs, and introduce patients to the equipment which is available. This all contributes to prompt and effective discharge after the operation.

**Good Practice**

The award-winning Jack Dawe Home Care Service in **Nottingham City** provides specialist home care, including a care management and nursing element to older people with mental health difficulties. Psychiatric nursing and occupational therapy staff are attached to the teams, which has proved to be very successful in maintaining elderly people with dementia in the community.

2.40 Most reviews, inspections, reports and assessments of council services for older people in the recent past have thrown up a similar list of obstacles to progress: inadequate performance management, IT and management information; workforce problems and no strategies to deal with them; poor change management in a period of structural turbulence; and poor budget management. Recent data confirm that these problems still exist in the worst performing councils, but that many had identified the risks and were taking steps to deal with them. Perhaps most encouragingly, there was good evidence of strong leadership, interest and support for developments in older people's services from councillors.

**A local vision of public services**

2.41 Some of the things that go to make that vision are already clearer from the account of effective services found by inspectors during the year. There is the focus on listening and hearing what local people have to say, which emerges again and again from analysis of what works in social care. It is not simply a question of canvassing for ideas – although they help. But successful councils have engaged service users in developing their own solutions, so that the process itself becomes
part of the solution. They are piecing together what all local people want for their community and from the services which underpin it, and making it the basis for everything they do.

2.42 Social workers with their partners can and do play a key role in fighting social exclusion and discrimination, and in promoting and celebrating local diversity. This is all part of supporting the development of an inclusive vision for the locality. They cannot do it alone - partnerships based on how people’s lives operate rather than agency priorities are central to putting people-centred policy into practice. And equally, it cannot properly happen without them: locally-sensitive social care requires expert, committed and qualified social care staff.

2.43 ‘Flexibility’ has a simple ring to it. But there is nothing simple about negotiating flexible packages of care, centred on a unique combination of needs, from a range of professional and practical sources. Partnerships need to exploit all the commissioning skills and funding sources at their joint disposal to achieve the kind of flexibility and independence which service users of all ages demand.

Involving People

Feedback to SSI

“The answer lies in the willingness of senior managers to see lay people as partners in the work that needs to be done to modernise services: to put people first, and see what other avenues can be explored to use budgets to improve services... Senior managers have to accept that they do not know all the answers, and that users and carers know what they want.”

Lay Assessor

Listening to children

Feedback to SSI

“Things got better when my social worker actually listened to me properly, and realised I really didn’t want to go back home.”

Young service user
The story of how the social care community began to pay attention to the children and young people they serve covers at least the last five years, and is a case study in how modern, locally-based public services can and must develop links with their users and the wider public. It begins with inspection evidence from the 1990s showing that the views, wishes, and opinions of children were simply not being heard. Some children were coming to real harm because they were not listened to or believed, while more were denied opportunities to fulfill their potential.

In the first year of Quality Protects, ‘listening to children and young people, and their families’ was a priority area for special grant: proposals were made under the programme for activities costing over £5m during 1999-2000. There was a sense from the first set of MAPs that this was a new area of work for councils, and most were at the stage of experimenting with small-scale projects. These typically covered a range of consultative or empowerment groups, research, and rights and advocacy services.

We have come a long way since then. Of course, not everyone gets it right. Techniques for working with younger children are still under-developed, and direct consultation with individual children is still a challenge for many social workers. We still have to find better ways of involving children in decisions about themselves and their own futures. Nonetheless, in the fourth year of QP, ‘a substantial number of MAPs showed evidence of improved participation and consultation with children and young people, both on a strategic and individual level. This included extending participation beyond looked after children to children and young people involved in child protection, care leavers, disabled children and children in need.’

SSI and the Department of Health have worked alongside councils in developing strategies for involving children and young people in the development of central as well as local policy-making. My report last year mentioned the involvement of young inspectors in the Listening and Responding Teams attached to Inspections of children’s services in 19 councils. The feedback from those Teams, published in Voices and Choices provided completely clear evidence about what the young people themselves wanted from local services – evidence which arguably had never been systematically collected before.

Each Government Department is required to have a plan to involve children and young people in their policy-making. During the year, the Department published its own vision and action plan, Listening, Hearing and Responding (www.doh.gov.uk/publications/pointh.html) for health and social services which give children a real say in the decisions and services which affect them.
2.49 Later in the year, this was followed up by a Departmental seminar, organised by the Children's Participation Team, which demonstrated innovative, practical methods of involvement. There was standing room only! More than 100 delegates (with as many on a waiting list for next time) turned up to find out how to make the genuine involvement of young people in policy-making an everyday occurrence, rather than a one-off exercise. At the same time, the Department's guidelines for involving young patients in decisions about their health were launched. With the transfer of responsibility for most Children's policy from the Department of Health to the Department for Education and Skills, it will be important to ensure that the particular actions which are relevant to children's social services are not lost in this transfer.

2.50 We cannot afford to be complacent. The Department of Health will be supporting the development of its vision with monitoring, annual reports, reviews and action plans; and councils must find ways for embedding all that they have achieved with the support of QP funding. One test of a willingness to listen is how complaints are dealt with: compliance with the provisions of the Adoption and Children Act 2002 in respect of advocacy services for children and young people who make a complaint will be an important indicator of how well councils are listening.

2.51 Consultation with parents, families and carers improved over the lifetime of the Quality Protects Programme, but remains under-developed. Involving children (including very young children), young people, and their families, is not ‘just PR’. It means that children will be safer; services more relevant and effective; and that social exclusion, in the form of stigma and discrimination, will be reduced.

**Carers**

**Feedback to SSI**

“Even though the GP and psychologist have said that my mother has started with dementia, everyone takes her answer of ‘no’ with regard to extra carers. And we are left to get on with it.”

Carer

2.52 Informal carers have always been the unsung champions and supporters of many vulnerable or disabled people in our society. But over the past decade, their value has been recognised, and made explicit since 1998 in the government's Objectives for Children's and Adult Social Services. Yet Inspections during the year, as well as independent surveys (www.mencap.org.uk/html/breaking_point/) have found, at best, patchy success in meeting this priority. Fulfilling Lives, as we saw above, found that people caring for relatives or friends with learning disabilities were generally satisfied with services, particularly if they had a named key worker to contact – someone they could put a face to, who would know their circumstances and could react quickly. Most councils were trying to involve carers in strategic planning,
although in some areas this involvement was seen as presentational rather than real. And there was a widespread view that valuable home care services should be more flexible, designed around the people they were meant to help.

2.53 Early analysis of the Inspection of older people’s services suggests that most councils in the sample were consulting with service users, and many with carers. But fewer than a third of them had carers’ strategies; and, while there were examples of outstanding practice, performance in relation to carers’ assessments was generally poor. In some councils, carers were still having trouble accessing the kind of respite support which would really help. Carers have been making clear what needs to be done to meet their own needs as well as the needs of those they care for. Consultation and involvement with users and carers is visibly developing, but slowly and not always followed up by the service development which the consultation suggests.

Involving the community

2.54 Taking seriously the idea of a ‘local vision’ which underpins all local service development means working with the whole community. It means involvement which goes a long way beyond the simple provision of information describing existing services; but obviously, this is one starting point for a community involvement strategy. The Inspection of the management and use of information in social care published in March this year (www.doh.gov.uk/ssi/betterinformed.htm) provided evidence of how well councils were doing in providing this basic information: ‘reasonably well’, is the answer. And while this in itself is not very encouraging, the statement covers a very varied scene including some examples of innovative, comprehensive and effective practice.

2.55 We know too of many different contexts which councils are exploiting to take community involvement to a higher level: through the development of council-wide Joint Public Involvement strategies, for example, which map existing mechanisms for involvement used by all social care and health agencies, including the voluntary sector, and improve their effectiveness through coordination and public debate. There are Citizen’s Panels, including Young Citizens; stakeholder groups including voluntary sector and lay members working on the future direction of services; neighbourhood groups thinking about what they expect from corporate plans for the locality; interactive council websites. All of this is a necessary preliminary to the framing of service plans which reflect the futures which local people want.
Diversity

2.56 ‘Services reflecting the needs of the community’ means the whole community, and one key element of SSI’s work with councils has been to ensure that progress towards people-centred services ensures fair access for all. Fairness does not, of course, mean that everybody’s needs are the same; nor is it sufficient to talk about the special needs of ‘minorities’, in order to achieve fairness. Many councils serve areas with substantial populations of black and ethnic minority origin, and in two areas white people are the ‘minority’. In other cases, the population is predominantly white. But the point is the same everywhere: diversity should be understood and celebrated in the local vision for public services, with appropriate and accessible service provision following full consultation and involvement.

2.57 Monitoring has shown that – at the formal level of publication of Race Equality Schemes – nearly all councils had achieved this target by May 2003. Almost two-thirds had produced the scheme after consultation with stakeholders, and most of the rest were still in the process of consulting. Actions to identify the information needs of black and minority ethnic communities were included in only about half the schemes; but actions relating to improved access to services were found in nearly three quarters.

2.58 Specific evidence about fair access is also found in Performance Assessment Framework (PAF) data on services for adults and older people, and carers. The indicator for ethnicity of adults and older people receiving services after an assessment showed improvement on 2000–2001, and is set to remain acceptably stable in 2002–2003. In relation to carers, success was more patchy: slow progress in getting to grips with the needs of black and ethnic minority carers, difficulties in recruiting respite carers from black and ethnic minority groups, and delays in establishing department-wide minority ethnic strategies were all found. However, the numbers of breaks for carers was set to rise from 15,778 to 17,198 – a rise of 9%.

2.59 ‘Patchy’ also describes the extent of fair access described in early analyses of inspections completed during 2002–2003. Representation of black and ethnic minority perspectives in strategic planning for mental health services was very poor. Some strategies contained commitments to focus on black and ethnic minority issues, but these tended to be unspecific. Poor recording of ethnicity in Care Programme Approach (CPA) systems, general lack of understanding of the make-up of the local population, poor provision of translated material, and low rates of attendance on relevant professional training all combined to ensure that councils and their health partners were not serving the whole community well. Fulfilling Lives found that monitoring the cultural and religious backgrounds of service users with learning disabilities was not routine; and councils with only small numbers of service users from black and ethnic minority communities did not always meet their needs appropriately.

2.60 In the case of services for older people, the provision of information in appropriate languages and formats was again found to be weak, but action plans made under Race Equality schemes were broadly working effectively for this group. Gaps in provision for particular minority cultures remained.
2.61 Unsurprisingly, the picture in relation to children's services contains many of the same features. Commitment, yes: but poor basic information about the population, weak provision for children from ‘new’ communities seeking asylum, and shortages of black and ethnic minority adopters. The Q P report for year 4 (reflecting progress during 2001–2002) had found that, ‘ – at least a third of councils … demonstrated a responsiveness to delivering fair and equitable services based on respecting and valuing diversity. Of these councils, many referred to auditing their services against Excellence, not Excuses, and had set targets for achieving CRE Standard at level 3.’

2.62 About two-thirds of councils were doing less well. Sub-objectives to Objective 11 for Children's Social Services required councils to, ‘ensure that the needs of children from black and ethnic minority communities are recognised and addressed through the provision of appropriate services’ and to ‘undertake a strategic analysis of services for black and ethnic minority children’. Q P 4 found that only a quarter of councils did this well, but those that did typically dealt with black and ethnic minority issues well under the other ten Objectives as well.

2.63 All of this left councils at the end of March 2002 with a substantial agenda for change still to be implemented, and the detail of what was achieved in 2002–2003 remains to be seen. Commitment, in general, has been demonstrated but is not enough. Targeted and accessible service information for everyone in the community, promotion of services which meet the needs of under-represented groups, and access which is fair in the sense of meeting all needs however ‘special’ – these are the kinds of provision which a diverse population demands.

Integrated Teams and Partnerships

“Whatever phrase you use – joined-up, partnership, whole systems, integration - the important thing for older people’s services is that local stakeholders need to work together. Important pioneering work is taking place resulting in better partnership working, better service provision, less intrusive, less burdensome, more consistent services that older people and their carers can be confident in.”

Jacqui Smith MP, Minister of State for Health, March 2003
2.64 The best councils form effective partnerships. This bald statement has become a truism: yet we see the truth of it again and again. Multi-agency partnerships are the basis for services which work well for care leavers needing accommodation and training or work, for people with mental health problems, for older people leaving hospital, for looked after children doing badly at school, for young adults with disabilities, for teenage parents, for people with learning disabilities who need support in their own homes. Social services are being asked to work in new partnerships, and new locations - a health setting, in a school, in the voluntary sector or in the private sector. If the local vision of public services is genuinely centred on the people being served, then the issues to be tackled will not fit neatly within existing agency boundaries.

2.65 Without effective partnerships, vulnerable people are put at risk. This has been described in the past as ‘slipping through the net’ of statutory services designed to protect the individual. But sometimes it has seemed more like falling down the chasms between agencies’ goals, practices and cultures. The joint safeguarding inspection by eight Inspectorates, led by the SSI, was designed to avoid these pitfalls. Protecting children from significant harm is the job of a wide range of agencies, and the joint teams which carried out the inspection reflected this range and formed a coherent and joint view about what was going well or badly. The inspection’s findings have been discussed above. The point here is that it posed challenges to all the Inspectorates involved, but with work and time differences were resolved in the interests of a constructive and integrated enquiry which could tackle the very complex issues which safeguarding children raises.

2.66 Monitoring during 2002–2003 emphasised the impact of NHS reorganisation on joint work, and councils identified the disruption in working with NHS partners as a major obstacle to progress. Nonetheless, there was progress in establishing integrated management and operational teams in community rehabilitation and intermediate care services for older people. In services for people with learning disabilities, most councils considered that they were making most progress in relation to Valuing People’s Objective 11 which promotes holistic services through partnership working. And in mental health services, councils reported a wide range of service improvements, most reflecting National Service Framework (NSF) requirements and most developed in partnership with other agencies – particularly the NHS.

2.67 Early messages from inspections undertaken during 2002–2003 show a similar picture. All councils were planning older people’s services in collaboration with health agencies. In the sample of councils where SSI inspected, almost all mental health services were jointly provided and managed by a single manager. There were teething problems in some areas, of course, but the process of integration was underway. No one should underestimate the complexity of this process, particularly in a time of change within the NHS; but it was encouraging to see so much evidence of commitment to the principle.
Funding and Commissioning

2.68 Effective, flexible and imaginative deployment of financial resources is a powerful tool for building services which match the local vision. The best performing councils have explicit commissioning strategies for children’s and adult’s services; they make use of Health Act Flexibilities to underpin joint working; and they share power with service users and carers by giving them a say in how resources are allocated, as well as helping them to use social services funds for their own personal needs.

Commissioning

2.69 The National Strategic Commissioning Group, The Department of Health’s Health and Social Care Change Agent Team, regional groups and the Association of Directors of Social Services (ADSS) working with SSI have all supported the process of modernising commissioning in services for adults. Understanding the local market for adult placements and services of all kinds is essential to providing the best and most cost-effective provision, but the task – never easy - is made much more complicated by the kinds of integrated working discussed above. Inspections during the year found that the best performing councils had comprehensive commissioning strategies, usually supported by specialist commissioning units and developed in consultation with local stakeholders. But a minority still had unsatisfactory systems for understanding population needs and poor contracting practice, and failed to engage the independent sector in planning. Inspections of all kinds of services – including children’s services - found placement costs in some areas which were unrelated to need or quality.

Good Practice

In York, an accredited provider list for children’s residential services has been set up. This established that the contractual arrangements for providers were with social services, education and health. The list of providers was a central part of the way in which the joint placement panel functioned, which enabled joint monitoring and a consistency of approach across all placements.

2.70 Despite improvements in placement choice and placement effectiveness for children, it is clear from inspections that some commissioning in children’s services also remains rudimentary. It needs to be linked not only to information about children in need but also to appropriate management and development of the local market for placements – very similar processes to those used in commissioning services for adults. Choice Protects (www.doh.gov.uk/publications/coinh.html) will continue to improve the placement service for looked after children over the next three years; and the new national Partnership in Placement Forum, modelled on the Strategic Commissioning Group, has started work. Its task will be to bring together commissioners from health, education, social services, the voluntary and independent sectors; produce a strategic statement about how services for looked after children should be commissioned; and stimulate the development of similar local groups to develop local strategies.
Health Act Flexibilities

2.71 Greatest progress in the use of Health Act 1999 flexibilities to support joint working has been for adults with learning disabilities - 83% of councils reported agreed local plans for their use in 2002. This represents a considerable advance upon the picture found during 2001, and suggests that the problems and barriers reported then are being successfully overcome. Progress in services for adults with mental health problems is also encouraging, with 80% of councils reported agreed plans.

2.72 Progress on the use of flexibility arrangements for older people’s services and intermediate care is variable about the country, but nationally more than half of all councils reported agreed plans, and the same is true of drugs services. But reported progress in relation to some key services for children - CAMHS and services for children with disabilities - is very low. These critical services for children in need are the very ones which have been let down by a lack of joined-up thinking in the past. Further development of the use of Health Act flexibilities in these areas in the coming year should be a priority for all councils.

Direct Payments

Feedback to SSI

“The scheme has enabled G to tailor her care to suit her needs, and is much more efficient than agency supply workers which she had to use initially.”

Carer

2.73 When councils make Direct Payments to service users or their carers they establish a completely new relationship with the people they serve: a relationship of equality, offering support for the service users’ own choices and futures, rather than one of control. It is encouraging that Mid-year data showed that the total number of people receiving Direct Payments had increased by 45% during the year from autumn 2001 - but still stood at only 7,884. There is plenty of room for improvement here. People with physical disabilities are by far the largest group receiving the payments, followed by older people and people with learning disabilities.

2.74 But - while payments to all groups increased - they remain tiny. The potential of Direct Payments for reducing stigma and social exclusion, and promoting independence and rehabilitation among people with mental health problems, for example, is simply not being exploited. Inspection evidence suggests that some managers are still not convinced that such schemes are of relevance to older people, or to children and young people with disabilities. These are precisely the attitudes that the schemes are intended to combat.
Excellence, now and in the future

2.75 The last five years have seen an explosion of development and creativity in services. Gradually, social care and health staff have adopted the techniques which are enabling them to frame and respond to a genuinely local approach in all this activity. Of course, there is much still to do; but in general, the future looks exciting for partnerships which can deal with four outstanding challenges:

- **capacity issues across all sectors**
- **new structures and contexts for social care services**
- **collecting and using information effectively, and**
- **responding to the evaluation and performance management agendas.**

The Workforce

2.76 The workforce issues facing social care services are all too familiar to everyone working in them. It is estimated that, to meet new service development requirements and get vacancy rates down to a reasonable 5% from a position of 11% in 2002, we need an additional 50,000 (wte) people to join the workforce - about 350 more workers in an average council area. We see the impact of current vacancy levels in every inspection and performance management report. Unallocated child protection cases; short-term agency workers working in the kinds of services where continuity is crucial; hard-pressed workers unable to attend essential training in racial equality or safeguarding; work on Health Act flexibilities or Direct Payments schemes faltering because of lack of management capacity: all of these potentially damaging situations can arise from vacancy levels which currently run at over 10% for professionally qualified social workers, and higher for some specialist posts.

2.77 In recognition of the urgent problems which face social care agencies, the Government has developed a social care workforce strategy, published in January 2003. It has four main components:

- **Tackling recruitment and retention**
  The Department of Health’s award-winning, national recruitment campaign has been running since the end of 2001, and has already halted the decline in numbers of people applying to start on the qualification in social work. The Government has also introduced the Human Resources Specific Grant to encourage best practice and promote re-engineering of job roles. It offers £9.5m in 2003–2004 rising to a provisional £63m for 2005–2006.

- **Reforming the social work qualification**
  The new degree-level qualification will take its first students this year. The programme - incorporating more, more varied and better practice learning - is designed to equip staff to deal with the very complex and significant decisions they will be required to make. Financial support to students has been extended to encourage take-up. At the same time, opportunities for continuous professional development and post-qualification learning, often alongside other professionals, will be expanded.
A better-qualified workforce
Employers must sign up to increased training for their staff, and government is supporting this by increasing funding. There will be new performance indicators this year which will enable SSI to form a comprehensive view about councils' performance in relation to HR management.

New types of worker
Many more social workers are needed as public services expand, but not all with the same skills as each other, and not necessarily with the same skills as in the past. A series of pilot projects will be managed by TOPSS England over (initially) the next two years, which will explore the combinations of skills which new roles and new situations may require.

2.78 All of this is designed to support the considerable efforts already being made by councils throughout the country to overcome specific local problems. There is evidence of vacancy levels slowly falling nationally, improvements in staff turnover between 2001–2002 and 2002–2003, and many developments and initiatives targeting local ‘hotspots’ – either areas or posts which pose particular problems. Expenditure on staff training has also increased steadily if slowly. Some councils are experimenting with ‘grow your own’ schemes, which set out to start local applicants off in a social work career through placements and career advice. Many of the foundations of effective Human Resource management are in place, and with the financial and professional support provided by the Government’s strategy, councils should look forward to not just more staff, but staff who are better equipped to face the future of social care.

New Structures
2.79 At the end of 2002–2003, there were five Care Trusts in existence, with two more planned from April 2003. The adult services most extensively covered by Care Trusts at present are those for people with mental health problems, but many combinations of services are under discussion, supported by the Integrated Care Network. The launch of Children’s Trusts late in 2002 presented another set of opportunities for integrated, innovative work. There has been no shortage of applicants for the pilots, and 34 have now been approved. Children’s Trusts will involve local councils and health services in thinking about how services look and feel to children and young people, and in working to make them fit better together. A key role for the pilots will be to find ways of involving children and young people in shaping current and future services, and ensuring that their preferences are heard.

2.80 These are not the only multi-agency opportunities facing the social care worker of the future. Many other contexts for integrated teams have emerged in the last few years – Sure Start, Connexions, and Youth Offending Teams among them. Another interesting development has been the emergence of ‘virtual’ Trusts, where health, social care and education partners have worked together to develop methods of joint work, co-location, and multi-agency assessment which are very similar to the practices of some new Trusts, without the technical adoption of Trust status.
Increasingly, whatever the precise status of the employing agency, social workers will find themselves delivering services in a range of settings, and with a range of partners. This represents a major revolution in social work, but the most effective councils are preparing their staff for a change which will put people first, and build appropriate structures around them. A well-trained, supervised, and led workforce will face the change with confidence.

Information

Throughout this Chapter we have repeatedly come back to the issue of information. Do councils have the information they need to ensure fair access, map need and commission services effectively? Are they disseminating information about services, entitlements and choices to users and carers? Do they use information to generate debate within the wider community about the future shape of public services for the locality? And how well are they able to evaluate their own performance, on the basis of the information they collect?

Part of the answer to these questions will be found in other sections above. Q P has clearly raised awareness about the need for good management information in children's services, and there has been visible progress, linked to positive developments in service quality. But the picture in relation to adult services is more mixed, with some evidence of poor ethnic monitoring, weak commissioning, and service users and carers not receiving all the information they need.

SSI's Inspection of the management and use of information in social care reported in Better Informed (www.doh.gov.uk/ssi/betterinformed.htm) 'found a very widespread appreciation of the importance of effective information management and increasing investment in recent years, both in terms of cash and management time.' Better-performing councils were those which offered strong leadership and handled training and support for information management well. They typically understood both the possibilities and the limits of new technology, had a thoughtful approach to meeting information needs, and developed a broad range of information solutions. Perhaps unsurprisingly, then, there was no obvious association between the introduction of new IT systems and good performance generally. Laying the groundwork for a change of culture in the organisation, and equipping people to cope with the chosen system appeared to be just as important.

The role of information in developing and communicating the local vision does not come through strongly from the Inspection. Some ways of informing users and carers were imaginative and attractive, and basic written material for public use was generally found to be well-written and reasonably up-to-date. Websites contained service information, but were rarely interactive, so that the potential for users and carers actively to organise their own care or the public to engage in debate about service direction was not exploited.
Interest and commitment are clear, but much remains to be done, and the Inspection report contains suggestions about how to do it. One important finding in relation to the future shape of public services was that partnership work on information was lagging behind the rest, although this was attributed to the relatively short-term impact of recent reorganisation. Another, familiar weakness concerned the extent to which IT hardware and competence trickled down the organisation. Managers were fairly well supplied with computers; practitioners were not. Evidence of increasing integration of departmental and corporate objectives, backed up by good management information was not necessarily followed through to lower-level plans. And - while in general the use of performance management data was leading to performance improvement - there were some examples of information being collected which was never used.

Monitoring and Performance Management

Five years ago, there was no means of knowing nationally - perhaps not even locally - which councils were providing services effectively, and which were not. Even 'self-evaluation' - the monitoring tool of the reflective practitioner - was a relatively unfamiliar technique until the mid-1990s; and performance management was slowly crossing the Atlantic on the backs of the big corporations. SSI was of course able to evaluate individual bits of practice on the ground, and share lessons from one setting with others. But the idea that we should be able continuously to track progress nationally across the whole range of service provision was very new.

Councils have come a long way in those five years, and the kind of collection and reporting of performance data which we need for national monitoring has become almost routine. SSI has worked together with other Inspectorates, the AD SS, service experts and service users including children and young people themselves to produce a transparent and open performance assessment framework which links to the futures which service users choose for themselves. And increasingly service managers have been using the data collected to improve service quality. Better Informed, for example, found that in the better performing councils more than 80% of managers were regularly receiving performance information; and, in all, senior managers were engaged in high-level and rigorous analysis of local data in relation the performance indicators (PIs) used in the Department of Health Performance Assessment Framework.

Good Practice

Solihull has invested time and resources in developing a user-friendly website. It provides general information as well as specific web pages identifying services for adults who were blind or visually impaired, and people with other physical disabilities. There is an A-Z directory listing almost 100 different services with links to further information about each of them.
The Mid-year Progress Report found that nearly 95% of councils regarded their plans for improvement in performance management were on track. Reported achievements, apart from progress in relation to specific PIs, included staff development and cultural change initiatives, increasing use of management techniques like balanced score cards or the European Foundation for Quality Management approach; and work on corporate and joint (with NHS) performance management systems. There were also, of course, problems and barriers to progress – agency reorganisations, staff recruitment and IT systems among them. But overall, the picture was of a sector which had made performance management its own and was preparing to extend it to the measurement and improvement of progress on local priorities.
We are improving outcomes for children – we still have a long way to go – but there are green shoots! There is now real evidence that Quality Protects is beginning to improve children’s lives. You have indeed made good use of the programme, and it has MADE A DIFFERENCE to young people! 

Denise Platt CBE, Chief Inspector
Social Services Inspectorate,
June 11-13 Association of Directors of Social Services International Conference
Headlines from the Regions

3.1 This chapter covers activity in the nine SSI Regions, which were established in May 2002, with coterminous boundaries with the nine Government offices for the regions to facilitate effective co-ordination with our partners. There is considerable variation within and between the regions, and this is reflected in the nine entries about the ‘regional year’ which follow. All of the regions are concerned with service for children, older people, people with disabilities and mental health problems – and in every case, headlines about performance in key service areas will be found here.

3.2 In every region, workforce issues are of serious concern – the Government workforce strategy reflects this – and each region reports on these. Without sufficient, well-trained and well-paid staff, no council is going to meet the challenges set by the future of social care. And perhaps most interestingly, in every region key actors in social care are getting together to define agendas for improvement, and develop mechanisms for change with their partners. In some areas, information is the key to unlocking inertia or misconception; in others, cross-border collaboration or inter-agency and inter-borough learning is underpinning improved performance; in others, the impact of external task forces or research is breaking down long-standing barriers to progress.

3.3 Performance management is of concern everywhere, and over the last five years, we have seen vastly increased capacity and enthusiasm in the regions for the kinds of data-collection and interpretation which are forming the basis for effective strategic and service planning. The most recent data reported here date back to the ‘refreshed’ star ratings of November 2002; but we have councils’ own forecasts of how things were going to go in 2002-2003, and we have findings from inspections published and/or carried out in 2002-2003, which provide some insights into good and innovative practice which are found in every region.

3.4 The early findings of the service Audit following the Inquiry into the events surrounding the death of Victoria Climbié enables some comparison with the judgements in the November refreshed assessments of children’s services. The coverage of the Audit was narrower. It focused on how councils respond to initial referrals to children in need and to child protection, whilst the November refreshed assessments looked at the full range of children’s services including looked after children and longer term work with children in need.

3.5 Within these parameters – service performance, workforce issues and keys to progress – SSI regions have been invited this year to tell us about some of the most interesting, encouraging or challenging developments which have a particular regional significance. The entries are therefore all very different from each other, and focus on essentially local snapshots of activity. But all of them give an account of the crucial function of social care services in the lives of local communities, and a flavour of the commitment, movement and effort which go to make the regions’ year.
London

London comprises 33 councils, serving a population of about 7.4 million.

3.6 The autumn ‘refreshed’ star ratings showed some improvement in the region since May 2002. The number of three star councils increased from four to five and two stars increased from five to six. Nineteen councils received 1 star; and three, zero stars.

3.7 The recent Climbié Audit has shown that the London councils are clearer about what needs to be done to protect children, and capacity for improvement overall is promising. Judgements from the Audit show that performance in eighteen councils had improved since November 2002, although it declined in seven and remained unchanged in eight.

3.8 The Secretary of State announced on 28 January 2003 that he and the Home Secretary would be asking the Inspectorates responsible for health, police and social services to re-inspect the services in north London which had failed Victoria Climbié, “– to provide independent assurance that standards are, indeed, improving.” This Joint Inspection continues, but the evidence of the Audit in relation to safeguarding children is already promising.

3.9 Diversity is a key issue for the region, with a dynamic and changing population and high numbers of citizens from black and ethnic minority groups. Councils have worked hard during the year to achieve services which genuinely reflect and support this diversity. Although almost all London councils had published a race equality scheme by May 2002, the challenge is to ensure that implementation and review of the schemes results in better outcomes for people from ethnic minorities.

Making a difference for children and their families

3.10 Children’s services are also high profile in the capital. London still has high numbers of children on the child protection register, and further increases are predicted. Allocation procedures have improved in the region, and the number of unallocated cases has reduced. The challenge remains to maintain good child protection practice while continuing to develop children in need.

3.11 Stability of looked after children in the region remains a problem, with London councils continuing to have difficulty in securing permanent arrangements for children where an adoption best interest decision had been made.

Councils in the region during 2002-2003

3.12 The region continues to under-achieve in ensuring that looked after children obtain at least 5 GCSE grades A*-C despite having good performance in relation to children who have missed 25 days or more of schooling. Although this is complicated by the placement pressures in London, councils need to continue to develop and improve corporate approaches and departmental partnerships as well as building external collaboration, including pan-London partnerships and protocols to improve the life chances of looked after children.

Making a difference for older people and adults

3.13 There has been continuous improvement in the services provided for older people in the region. There is evidence of good partnership working including joint commissioning in this area with positive outcomes for service users. There is an increase predicted in the number of older people helped to live at home and performance is predicted to be 50% above the England average for providing intensive homecare. This demonstrates the positive impact of joint commissioning to bring the balance of care closer to home.

3.14 London achieved its delayed discharge target by a combination of more effective joint work, better analysis of how delays are generated, and more effective support after discharge. Councils have also responded to the particular needs of older people from black and ethnic minority groups.

Good Practice

Initiated by SSI, The Older Peoples’ Commissioning Project jointly managed by the Greater London Directors of Social Services and the Association of London Government and supported by the Department of Health Change Agent Team has worked with London councils to provide high quality information analysing the reasons for delayed transfers of care. It has supported all agencies to provide more effective solutions to the capacity issues, not only in London, but across the South East.

3.15 London councils also made good progress on the whole last year in delivering the commitments made in Valuing People, the national strategy for people with a learning disability. Further work is required to reduce the wide variance reported between Councils in relation to consistency and equity for service users and their carers. Particularly good progress was made in establishing and supporting service users to be active members of their local planning forums, the Learning Disability Partnership Boards; but carers are not so well represented.

3.16 It is a key national objective to increase help and support for carers. London, compared with other regions, provides high numbers of short term breaks for carers, but it has been less good at the numbers of care plans for carers aged 65 years and over. This is expected to have improved in the past year.

3.17 Continuing progress was made in access to joint social care and health services but the priority now is to extend this partnership working to other agencies to widen opportunities, particularly for education, training and employment and for housing. Person-centred planning made some
progress in 2002 and also the numbers of people with learning disabilities going on to Direct Payments. However, progress was slower than planned and developing these opportunities is also a priority for 2003.

Workforce

3.18 Workforce issues continue to dominate the region’s ability to sustain and deliver modern services. While other parts of the country are also affected by this, the size of London and the mobility of the workforce combine with the cost of living to exacerbate the challenges.

3.19 Although 70% of London councils reported that their recruitment and retention strategies were in place and on target to deliver, the number of vacant posts remains high in London. There are, however, good examples of councils using imaginative approaches to improving the numbers and quality of their workforce.

Good Practice

Tower Hamlets Social Services department uses high profile job advertising in different languages to increase the number recruited from black and minority ethnic communities. Targeted training opportunities are in place to increase the number of qualified staff from black and ethnic minority communities. To retain staff, benefits have been improved including introducing longer pay scales.

Barnet Social Services department has introduced a ‘trainee scheme’ in order to ‘grow their own’ social workers. They have combined this with creative use of the Internet to form part of a recruitment strategy and have had an extremely positive response from people wanting to train in social work. This demonstrates that changing approaches to recruitment and retention will support a council’s ability to deliver modern and improved services through increasing the numbers of qualified staff.

Keys to progress

3.20 Pan-London initiatives are being developed, in response to priorities identified by the field, to raise standards and share learning.
3.21 Within London there is excellence and innovation as well as stress and some poor performance. Initiatives like this provide a forum for debate about current challenges, create networks, establish the foundations for good cross-border collaboration, enable councils to identify which issues require a strategic response for London as a whole, help with the problems created by a very mobile population, and provide a context for inter-council learning. The top-performing councils are using flexible, creative ways of developing placement capacity, for example, and others can learn from them.

3.22 There is also a lively debate in London about child protection services, in response to increasing child protection numbers. Councils are reflecting on how to identify children in need accurately and how best to use preventive and diversionary services. There will not be one answer for the whole of London, but discussion is leading to the development of a range of strategies.

3.23 Eight London councils are involved in successful applications to become Children’s Trust pilots. In every case, these are seen as providing an opportunity to re-think services along lines which were already developing in the region.

West Midlands

The West Midlands region comprises 14 councils serving a population of 5.3 million.

3.24 The ‘refreshed’ star ratings confirmed the position found in May 2002, that no council in the West Midlands was awarded 3 stars, while three received a zero star rating. One council - Herefordshire - improved its overall rating and joined a group of four with 2 stars.
3.25 More encouragingly, the judgements of the Climbié Audit indicated that eight councils had improved their services for children since November 2002, four remaining the same and only two councils were judged to have deteriorated in their capacity to improve. Nonetheless, the picture in relation to children's services generally remains an issue of concern for the region as a whole, and will be discussed further below.

3.26 All councils were involved in a thorough audit of services against the Victoria Climbié Inquiry Report’s recommendations, and most involved the Chief Executive, elected members and partners agencies in the process. Examples of good practice included the role of the Chief Executive in Telford and Wrekin, in communicating directly with front line staff; and widespread good models of supervision included an approach in Shropshire for tracking dissemination of procedures and guidance to front line staff, and their understanding of it.

3.27 Areas of development which were most frequently found included:
- improving the quality of assessments
- extending the rigour of child protection management processes to all children in need
- dealing with shortages in training resources, and
- establishing a clearer focus for scrutiny of front line services.

Making a difference for children and their families

3.28 Last year’s star ratings led to more councils in the West Midlands receiving a zero star rating than in any other English region, and to a larger proportion of West Midlands councils receiving one star. All of this reflects significant, near region-wide under-performance in children’s services. In response, SSI arranged a special conference with Directors and Heads of Children’s Services to assess the issues around children’s services performance and consider new approaches to encouraging performance improvement. This in turn led to a major review and restructuring of the West Midlands Children’s Social Services Consortium.

3.29 The restructured Consortium will have new standing groups and taskforces – the latter concerned with priority work on assessment and care planning, workforce recruitment and retention and new ways of working, partnerships and children’s services commissioning. Importantly, Directors themselves are taking back responsibility for giving new impetus to the work of the Consortium.

3.30 One area in which the region has shown steady improvement is in enhancing the life chances of looked after children. Indicators for educational achievement were above national averages at November 2002, and were planned to improve; and performance on reducing offending also showed improvement.
Making a difference for older people and adults

3.31 In 2001, it had become clear that a region-wide strategic approach was needed to reduce delayed transfers of care and improve services to meet the needs of older people. In a joint ADSS/SSI initiative, a part-time Regional Development Worker for older people services has been appointed to support a network of older people’s services lead officers, carry out short-term projects on older people services, and arrange a series of workshops linked to that work. Apart from network meetings covering a range of topics, spin-offs from the initiative included work by regional group on the single assessment process, a regional protocol on information exchange, and a workshop on fair access. It is worth adding that the West Midlands was the only SSI region where all councils came within the agreed end-of-March end targets for delayed transfers of care.

Good Practice

Wolverhampton has established three joint health and social care resource centres for older people, each covering a sector of the city. These bring together a range of services designed to enable older people to continue to live in their own homes. The core services include:

- short-stay rehabilitation beds
- short-stay respite care beds
- day care, and
- domiciliary care.

3.32 Also in 2001, SSI encouraged a variety of regional initiatives in the West Midlands concerned with service user and carer involvement. A conference was held last summer to bring together senior social services staff with user/carer involvement responsibilities. From that initial conference and with the support of the ADSS Branch, a user/carer lead officers network is now in existence. This network has two purposes:

- to support the development and effective operation of user/carer participation arrangements – a very important part of modernisation of social services – and
- secondly, to work with them in receiving views about councils’ social services, and in disseminating information about SSI assessments to service users and carers.

3.33 Many councils within the West Midlands area are serving multi-ethnic populations. SSI and ADSS have supported periodic meetings of a race equality leads officers group. Last summer the group in association with NHS colleagues organised a West Midlands conference on race equality, which coincided with the requirement on public bodies to produce race equality schemes under the Race Relations (Amendment) Act 2000. The conference provided a new catalyst for the activities of the race equality leads group. With a new Chair from among the regional social services directors, this group is now actively under way in reviewing progress on race equality issues.
The workforce

3.34 The average West Midlands forecast figure for vacancies in 2003 was slightly lower than the outturn figure for the previous year, and below the England average. But these results conceal very wide variations across the region, from a low of 1.5% posts vacant to a high of 18.8%.

3.35 Similar wide variations are found in relation to staff turnover, and sickness absence - in both cases, the average was better than the England average. Substantial ranges in the results for the two training indicators illustrate the same point - that some of the worst performance is found in the region alongside good and improving performance, and region-based work can and does ensure that poor performers learn from the best.

The keys to progress

3.36 Regional development has been the theme of the year in the West Midlands, driven partly by the intensive development work in the zero-star council areas, which in turn has provided momentum for learning and improvement among their neighbours. Performance Action Teams (PATs) have worked in all three poor-performing councils during the year, and signs of progress are visible in each of them:

- **Birmingham** was required to improve services to children by providing better family support, reducing inappropriate admissions to care, allocating and reviewing children's cases, and improving management of their children's placement budgets. Improvements in services to adults were needed to sustain reductions in delayed transfers of care, integrating mental health services, and better partnership working.

  There is evidence that social services have made improvement to adult services with their health partners. Children's services need the continued attention of the PAT to maintain stability and focus; and key streams of work will need time to become embedded in the organisation.

- **Coventry** has been subject to special measures since 1998; and in 2002, continuing poor performance in relation to looked after children led to the engagement of a PAT. The Team has worked with the council on two main workstreams: children in need/child protection; and children looked after. Results have included a better understanding of children's needs, an improving focus on outcomes in assessments, and progress on key organisational issues including IT and strategic capacity. This council's progress in tackling their core childcare problems will be measured by a children's services inspection in mid-2003.

- In **Walsall**, across-the-board failings were identified by a Joint Review coinciding with a corporate governance inspection exposing council-wide problems. A Performance Improvement Plan reflects the broad range of social services issues to be tackled, incorporating nine themes. The PAT focuses on three of these - OT and housing adaptations, performance management and service commissioning. Solid progress has been achieved in all three areas. The council's development will continue to need support and monitoring over the medium-term.
3.37 In the above three councils Performance Action Teams from national management consultancies have worked on identified change programmes. SSI inspectors have been closely involved with steering the improvement programmes, in partnership with the consultants in the Teams and with council staff. This kind of intensive work can unlock inertia and enable councils to overcome apparently insoluble problems of under-performance.

East Midlands

The East Midlands region comprises nine councils, and serves a population of about 4.2 million.

3.38 The East Midlands is a new region this year reflecting Government Office boundaries and emerging from the former Trent region, which included the South Yorkshire Metropolitan Districts and the two south Humberside councils. It has the smallest number of councils nationally at nine.

3.39 The November 2002 refreshed star ratings showed no change in the distribution of councils since May: one (Leicestershire) received 3 stars, and the rest were equally divided between one and two stars, with no council receiving a zero rating.

3.40 The Climbie Audit showed that reported performance in relation to children’s services in four councils had improved since November 2002, with three councils remaining the same and where two councils’ capacity for improvement was found to have declined.

3.41 Overall the region comprises very different councils in terms of population profiles, deprivation, and ethnicity. Care must therefore be taken in identifying valid regional trends for such a small but diverse group. Also, data for Rutland (30,000 population and low numbers of users) may skew performance tables disproportionately within a small group of councils, and distort comparisons of regional and England averages.

Making a difference for children and their families

3.42 The East Midlands region continues to perform well in adoption and the speed of decision-making for looked after children leading to adoption. Placement of looked after children in foster care or adoptive placements is forecast to remain at high percentage levels by national comparisons; and work is also continuing in developing alternative means of achieving permanence for looked after children, such as kinship care. There is evidence of improving placement stability although by small margins, and from a low average base. The East Midlands maintained falling numbers of children looked after in 2002-2003 against the national trend and below national average figures. There was a commensurate increase in investment in family support services.
3.43 Other positive aspects of Child Protection performance included an improvement in completion of Child Protection Reviews, and a reduction in re-registrations of children towards national average figures.

3.44 A major challenge to councils’ performance comes in the educational attainment of looked after children. There are marked variations between councils, with a minority of councils showing improved performance and examples of imaginative practice. The majority of councils have made slow progress at best.

**Good Practice**

**Nottinghamshire** has made effective use of Quality Protects funding to recruit dedicated health and education staff to bolster the self-esteem of looked after children, as part of a cross-agency Corporate Parenting Agreement. In particular, the council has recruited an ex-head teacher as ‘virtual head’ of educational attainment of looked after children, who has had a major impact on their levels of suspensions and exclusions. This, in turn, is beginning to show through in a comparatively high level of educational performance – especially commendable in an education authority which has a below-average record of educational attainment overall.

3.45 The region has some of the worst figures nationally for Final Warnings and Convictions of looked after children with only modest improvements forecast in most councils.

**Good Practice**

Child Behaviour Intervention Initiatives (CBII) are part of the joint CAMHS Strategy for **Leicestershire, Leicester** and **Rutland**. The Strategy earned the CAMHS service Beacon status.

The Child Behaviour Intervention initiatives are partnerships between social services, education and health with tapered funding through the Department of Health Innovation Grant, and joint finance. Each team has educational psychologist input, teachers, family support workers and primary mental health workers. Their purpose is to provide early support to families where there are concerns about the emotional and social well being of a child (up to age 13) living at home, and to prevent more serious mental health problems from developing. Referrals can be made directly by families or by professional on behalf of the family. Support to the family is provided on a time-limited contract basis with families. The initiatives are being evaluated by Leicester and De Montfort Universities.
Making a difference for older people and adults

3.46 The main developments in the East Midlands region in relation to services for older people, reflecting the national picture, are:

- the growth in intermediate care and projects to prevent admissions to residential care and hospital
- the expansion of home care
- restructuring to integrate with Primary Care Trusts either through operational teams or the co-ordination of services is a key development, and
- a significant growth in older people’s access to Direct Payments schemes which is an increasing requirement of Ministers in promoting choice for older people.

### Good Practice

**Rutland** has a strategy to reprovide all of its residential care services for older people through the independent sector. It has negotiated a ten-year block contract with one independent provider and is in the process of securing a similar long-term contract for the remaining in-house service. This is a considered, innovative approach to securing long-term availability of affordable residential care for its older population.

3.47 Good partnership arrangements with the NHS in the East Midlands continue to support the prompt discharge of older people from acute hospitals. Numbers are relatively small, and targets for delayed discharges have mostly been met.

3.48 Carers’ assessments have increased well above the national average and this region was the highest in reporting that most plans were on target for completion. Some councils showed significant increases in the number of assessments completed.

3.49 The East Midlands region has made substantial progress on integrated approaches to the delivery of mental health services. This is in a context where the region shows a low level of interest in Care Trust arrangements and average levels of interest in the use of Health Act flexibilities. This could be due to the existence of demonstrably strong partnerships.

3.50 Progress on services for people with learning disabilities is mixed and overall appears to be behind the rest of the country: the region has, for example, the lowest proportion of councils reporting that most of their plans to increase choice and control are on schedule. Clearly, effective implementation of Valuing People remains a major challenge for social services and its partners in the region.
The workforce

3.51 Overall, the position remains encouraging in the region relative to the national picture. Most councils report that their recruitment and retention plans are on target and expected to deliver objectives, and while vacancy rates remain a problem for some councils the regional average is below the average for England. Average turnover rates are slightly higher than the England average but these conceal an enormous variation. Various recruitment initiatives have been tried successfully across the region, including recruitment from overseas. No one solution works for every council: the cities experience different problems from those of the predominantly rural councils. But most councils consider that recruitment and retention of field social workers and to a slightly lesser extent, domiciliary care staff, are areas of risk.

Keys to progress

3.52 Despite a far from homogeneous group of councils, there is strong commitment to collaboration in the region, including with health partners, and to learning from the best performing councils. A joint SSI/ADSS initiative brought all Directors together, in the aftermath of the Climbé Audit, to examine their role in safeguarding children, and reflect on the regional position in the context of national evidence. Similar events are planned – for example in relation to the educational attainment of looked after children.

3.53 A feature of regional activity is that National Service Frameworks – both for mental health and older people – have a continuing high profile, and provide the backdrop for much useful inter-agency collaboration. The reconfiguration of the NHS – as in the rest of the country – slowed these developments, but only temporarily.

Good Practice

Home Helps across Derbyshire are helping to enable older people to remain at home, rather than going into residential care. The emphasis is on providing support with more complex personal needs as well as cleaning, shopping and meal provision, in the context of an individual care plan. One element in this is the social services medication policy, which allows trained home helps safely to help administer prescribed medication. Close collaboration with health colleagues is key to the success of this policy.
North East

The North East region comprises 12 councils, serving a population of 2.5 million.

3.54 The 2002 autumn refreshed star ratings confirmed that councils in the region are performing well as a group, when set against the national picture. Seven out of twelve councils in this region are currently rated at 2 or 3 stars. The region has the highest proportion of councils with 3 stars.

3.55 The Climbé Audit showed six councils had improved judgements since November 2002, three remained the same, but in three councils capacity to improve had declined.

Making a difference for children and their families

3.56 The North East achieved a higher than average percentage of children looked after who were adopted in successive years 2000-2001 and 2001-2002.

3.57 Innovative services which support families effectively have been another feature of the year’s reports from the best-performing councils.

Good Practice

Doves – a multi-agency service in Stockton-on-Tees - is delivered in partnership between NSPCC, police, social services and the women’s refuge, to provide a specialist service to families who experience domestic violence. It has a role in raising awareness of domestic violence, but focuses on work with victims, who were often mothers and children, reducing repeat victimisation. The project also undertakes work with abusing partners.

The Inch project in Stockton is a tier one CAMHS project, jointly funded by the Neighbourhood Renewal Fund and Children’s Fund. The project works collaboratively within the community to improve the mental health of families and children between the ages of five and 14 years living in the NRF targeted wards.

3.58 Priorities for improvement in children’s services across the region include the work on policies for children in need mentioned above, as well as continuing under-performance in relation to the educational attainment of looked after children. The latter is being tackled in the joint SSI/ADSS initiative described below.
Making a difference for older people and adults

3.59 The year has seen very good progress across the region in relation to **services for older people**. The North East’s performance on **delayed transfers of care** was excellent, meeting a very challenging target. This reflected highly both on the work of individual councils and their health partners but also on the regional networks which gave drive and focus to the issue. Councils worked together to develop the information and techniques which would enable them better to understand and manage local markets. They were supported by a link inspector who monitored and coordinated their efforts, and the performance assessment structure provided an incentive and focus for the work.

3.60 The North East also continues to have a higher rate of **older people being helped to live at home** than some other areas of the country. There is a similar picture for older people cared for at home with **intensive packages of support**. Both these results reflect a culture of support for and commitment to providing effective services for vulnerable people, coupled with successful investment strategies.

3.61 The region has also made some good progress on **implementing Guidance on Deaf/Blind Services**. All councils have reported at least some progress, with five reporting good progress and three nearing completion of identifying people who are deaf/blind and similar progress is reported on a communications strategy. But a continuing focus will be needed if this early progress is to be maintained.

**Good Practice**

**Gateshead** had commissioned Sense, a national voluntary organisation that works with people who are Deafblind, to undertake a survey of all people on the dual Sensory Loss Registers to ask about their views of the services provided. Health had been consulted about this and agreed that questions about services provided by hospitals and GPs should be included.

**Workforce**

3.62 Regional characteristics of the labour market mean that – despite a low wage economy, and higher than average unemployment – women, who have higher employment rates than men, are in short supply for some social care jobs. Vacancy rates were forecast to fall significantly in 2002-2003; but the forecast fall in staff turnover was less than planned.

3.63 The North East was identified in 2001-2002 as spending the lowest percentage of total expenditure on training. The target figure in the National Training Strategy is for 3% of staffing expenditure to go on staff development and related purposes. A slight average increase to 1.8% was planned for by the region for 2002-2003, still well short of target. On a more positive note, the North East has the highest regional percentage of staff working in learning disability services achieving at least NVQ level 2 qualifications.
3.64 As with many of the data reported here, these averages camouflage wide variations between the best performing councils and the less good. The kind of collaboration and sharing of best practice which has enabled the North East to tackle other priorities this year could usefully be applied to ensuring that the whole region has a fully-staffed and well-trained workforce for the year ahead.

Keys to progress

3.65 A joint SSI/ADSS initiative during the year has brought councils together to work on three major priorities for services in the region:
- the education of looked after children
- services for black and ethnic minority users, and
- Direct Payments.

3.66 Last year’s annual report identified the need for further progress to improve the educational performance of looked after children. The figures have to be seen in the context of relatively poor educational performance amongst the school population as a whole in the North East. Councils were struggling to develop strategies to achieve targets for looked after children which could feel out-of-reach and discouraging. Together, they have adopted an approach which sets local targets, builds on the real achievements of looked after children, and uses these as a foundation for moving forward in relation to national targets.

3.67 The aim, then, of the Education of Looked After Children initiative is to work collectively across the region to improve the educational life chances, and the futures of these children. A very successful regional action seminar brought together all the relevant people – lead elected members, lead social services and education officers, young people and others – to debate the issues and agree a local action plan for each council. Action plans have been collated and shared across all councils and a further progress review event is planned for the autumn.

3.68 The North East has one of the lowest and most dispersed black and ethnic minority populations in England. Inspection, joint review and other evidence have pointed to the need to raise the profile of these communities as actual/potential recipients of services. More recently this has been given added importance by the Race Relations (Amendment) Act 2000 and by a significant increase in the numbers of asylum seekers being accommodated in the region. In the North East, all councils have agreed a Race Equality Scheme but variable progress is being made on implementing these.

Good Practice

In Stockton-on-Tees, comprehensive guidance had been produced for staff completing core assessments of black and ethnic minority children. This guidance was used in the completion of all refugee assessments by the asylum support team and was both detailed and easy to follow.
### Meeting the Needs of Black and Ethnic Minority Communities

The initiative has brought people together from across the region to begin mapping the needs of these communities, including very new communities of asylum-seeking families. One development (in a Quality Protects demonstration site) has been a coordinated regional drive to recruit specific foster carers for children from black and ethnic minority backgrounds. Local councils have begun to pool resources; longer-term, the aim is to establish a regional placement service.

### Direct Payments

Direct Payments are a way of putting more power directly in the hands of the individual. Performance on Direct Payments in the North East has been patchy. For instance, an average of 15 people with physical disabilities in the North East councils are in receipt of a Direct Payment compared to an England average of 37 people. These figures also mask some considerable differences between councils.

### Direct Payments Initiative

The Direct Payments initiative is the third regional improvement priority identified by ADSS and SSI in the North East region. It aims to help to improve the region's performance on enabling people to access Direct Payments.

### South West

The South-West region comprises 16 councils, serving a population of about 4.9 million people.

#### Councils in the region during 2002-2003

- Bath and North East Somerset
- Bournemouth
- Bristol
- Cornwall
- Devon
- Dorset
- Gloucestershire
- Isles of Scilly
- North Somerset
- Plymouth
- Poole
- Somerset
- South Gloucestershire
- Swindon
- Torbay
- Wiltshire

### Progress in relation to Adoption Services

Progress in relation to adoption services is difficult to generalise, partly because of small numbers and partly because performance in the region appears to be polarised. Nonetheless, the average result at 30 September 2002 is unusual in the region for showing slight improvement (but from a low position). The region is also forecasting a big improvement in its use of foster care or adoption for all looked after children. There is evidence of improved performance on the long-term stability of placements for looked after children; and performance in relation to out-of-borough placements remains high (partly for geographical reasons).
3.75 There is evidence of very good performance in relation to the education of looked after children, with the region achieving the lowest number of children in the country missing school. Results for young people leaving care with one or more GCSEs, and for looked after children achieving five or more GCSEs at grades A*-C are also higher for the South West than for any other region.

3.76 The regional picture concerning looked after children convicted of offences shows increasingly wide variation. Some councils have set up imaginative and effective projects to tackle the problem – Somerset’s ‘Promise’ mentoring scheme, for example, has produced excellent results in relation to youth crime, and their Youth Offending Team has been named as the best in England and Wales for combating teenage crime by the Youth Justice Board. In some other parts of the region, performance is poor and progress slow.

Good Practice

A key component of Gloucestershire’s Child Care Strategy is the use of both national and local performance indicators in order to identify problem areas and track progress against planned changes. This has been supported by the development of improved data accuracy and enhanced reporting mechanisms.

3.77 Numbers of children and young people from black and ethnic minorities remain very high in both the population of children in need and of looked after children. Some work has begun in the region to understand and deal with this over representation, but it is too soon to distinguish outcomes.

Making a difference for older people and adults

3.78 Despite reported good progress in the South West in implementing local plans to promote independence, there has been continued poor performance – and a widening gap with other regions – in helping older people to live at home and in provision of intensive home care. Some councils have introduced interesting and effective schemes for providing intermediate care – Poole is one example, with a service which has won the Queen Mother’s award – but there has been relatively poor progress in extending intermediate care over the whole region. This is attributable in part to resource constraints and lack of NHS investment. Slow progress is also reported in increasing the number of Direct Payments to older people.

3.79 There have been real problems in making further progress in reducing delayed transfers of care during the year. The reason most often given for this is the shortage of nursing home beds. Between March and September 2002, there was a net loss of 863 nursing home places, which the region could ill afford to lose. At the same time, performance in the assessment of older people, and in undertaking reviews and carers’ assessments has improved.
3.80 There has been some progress in developing services for people with learning disabilities, but from a very low base. And there have been increases in the numbers of disabled people, and people with mental health problems supported to live at home, but such improvements are not evenly spread across the South West. Again, there has been increasing use of Direct Payments, but this rate of development is not keeping pace with that of other regions.

3.81 An important focus for developments in the year has been the piloting of Care Direct schemes in the South West. Excellent schemes have been developed in Gloucestershire, Bournemouth, Bristol and Devon, while Somerset’s won the customer Services Team category of the Local Government Chronicle awards for excellence. Primarily directed at services for older people, Care Direct has prompted councils to invest in call centres and look critically at all their front-line information services.

Good Practice

Gloucestershire has a wide range of accessible information:

- leaflets supplied on paper or alternative formats via a request-driven system
- the ‘Glos Net’ Internet website
- a freephone information and advice service; and
- advanced integration of Care Direct, with the voluntary sector and a Helpdesk promoting a single point of access.

The workforce

3.82 Problems with the recruitment and retention of staff are of course found in the South West, as elsewhere in the country but are not evenly spread in the region.

3.83 A number of councils have developed useful strategies for filling specific gaps in the work force: the recruitment and retention of occupational therapists have been successfully targeted by Gloucestershire and Torbay, and in the latter joint training programmes with the voluntary sector have been mounted. In Cornwall, different disciplines are collaborating in the development of joint vocational training. But the relative absence of comprehensive workforce planning in the region is a major barrier to progress.

Keys to progress

3.84 During the year, councils have deployed a range of techniques to overcome some of the challenges facing the region.

3.85 In Bristol, a dramatic reduction in the numbers of people waiting for discharge from acute care was achieved by taking a rigorous ‘whole system’ approach to services for older people. The council and its partners made improvements in health promotion for the age group, looked
at what GPs were offering, improved pre-discharge assessment and post-discharge facilities, and invested in intermediate care.

3.86 A number of multi-council and regional initiatives continued during the year:

- **Gloucestershire** hosts a joint database of high-cost placements for the region
- all councils are involved in a Quality Protects/Audit Commission project which is trying to manage the costs of caring for looked after children in the region
- in the far South West, councils are collaborating in trying to tackle the historically-high numbers of looked after children, associated with rural poverty.

3.87 While councils have been relatively slow in applying for Care Trust status, councils are developing a wide range of integrated arrangements – close relationships, without the marriage licence! In **Gloucestershire** again, three PCTs have agreed joint appointment at a senior level and front-line access to services is integrated and multi-disciplinary.

**Yorkshire and the Humber**

The region comprises 15 councils, serving a population of about 5 million.

3.88 The 2002 autumn refreshed star ratings showed that the region as a whole continued to perform fairly well, compared with the national picture, with nine councils receiving 2 stars or better. Two councils received zero stars, although one – Wakefield – had its prospects for improvement in adults services upgraded to promising.

3.89 The judgements of the Climbié Audit showed better performance in children’s services since November 2002 in seven councils, seven remained the same and two were judged as deteriorating.

Making a difference for children and their families

3.90 The region has achieved the second highest rate in the country for adoptions of looked after children (nearly 9%), as well as a very good rate for numbers adopted quickly. Almost two-thirds of the children who were adopted during the year were placed within twelve months of their best interest decision.

3.91 Yorkshire and the Humber councils are also good at caring for high numbers of children close to home – within their own council boundaries or nearby. On average, they had the second lowest percentage of children placed outside council boundaries.
Overall performance in relation to numbers of children in family placements has improved with some very good performance from individual councils in the region - Bradford’s Fostering Unit, for example, achieved a Charter Mark.

Important challenges for the region include:

- a relatively low regional figure for young people leaving care with at least one GCSE grade A-G
- on average, a very low percentage of looked after children achieving at least five GCSEs grade A-C, and
- relatively poor performance in relation to the qualifications of child care staff.

Making a difference for older people and adults

Yorkshire and the Humber councils are more successful than the national average in helping older people to live at home, achieving a rate of 96.3 per 1,000 head of population aged over 65 years. There was an overall reduction (although above target) in delayed discharges during the year.

Considerable progress has been made in the region in discharging people with learning disabilities from long-stay hospitals, and the Yorkshire and the Humber councils have maintained good performance in helping people with mental health problems to live at home.

Doncaster has tackled the serious problem of long waiting lists for equipment and adaptations in a number of ways:

- a temporary team of occupational therapists has had a substantial impact on the list
- a Disability Resource Officer has been attached to social services who can both assess for and give out simple bathing aids in one visit
- staff have been trained in-house as assessment officers, and are given professional support for a year by Occupational Therapists
- joint work with housing means that technical drawings can now be scanned and passed electronically between services.
3.96 Priorities for improvement include:

- high numbers of older people admitted to residential/nursing care
- low (average) provision of intensive home care
- very low (average) levels of Direct Payments, and low growth during the year
- relatively poor performance in agreeing effective transition plans for people with learning disabilities
- low spending on learning disability services
- small numbers of people with learning disabilities in employment
- high proportion of non-residential budget allocated to day services, which may restrict spending on flexible, person-centred packages.

The workforce

3.97 The region reported relatively more recruitment problems for specific staff groups, including:

- foster carers
- children’s services workers (particularly significant in view of the Victoria Climbié Inquiry) and
- field social workers in general.

3.98 Expenditure on training and development varies widely among Yorkshire and the Humber councils, from very low to well above the national average. Two indicators – staff retention and training commitment – have been correlated for the region, and there is some evidence that low investment in training is linked to high turnover.

3.99 Individual councils have taken imaginative steps to solve local shortages of particular staff - like the Doncaster scheme for assessment officers described above. But for the region as a whole, a more strategic, joint approach may be useful.

Keys to progress

3.100 Almost all the ‘regional’ figures presented here conceal wide variations in performance. The proportion of looked after children achieving GCSEs, for example, are regionally low despite some councils’ very good results. There is an urgent need for improvement in performance regionally in relation to Direct Payments; but Sheffield and Kirklees are performing well on Direct Payments to children with disabilities and their parents.

Good Practice

The Rotherham ‘Get Real’ Team is a joint education/social services initiative aimed at maximising the educational potential and life chances of looked after children. The schools’ admissions policy gives priority to young people in the public care.
3.101 All of this argues for **intra-regional learning**, and it is happening. NE Lincolnshire, for example, which is being supported by a Performance Action Team, has also learned from Sunderland’s practice, and is being helped by Kirklees in developing their performance assessment system.

3.102 More broadly, joint SSI/ADSS events are being held with the aim of creating **regional networks** around specific issues. The first – concerned with performance – was held in April 2003, and two more are planned on services for children and for adults. The joint development of a regional improvement agenda is planned for the coming year.

3.103 Regional events like these enable managers to debate what can be usefully analysed and managed at regional level: the workforce is one obvious candidate. They also can provide a forum for exploring the root cause of some apparent regional anomalies. Performance in the provision of family placements, for example, despite region-wide commitment and some exciting work on the part of individual councils, could be one topic for this kind of analysis.

**East**

The region comprises 10 councils, serving a population of about 5.5 million.

3.104 The autumn 2002 exercise to ‘refresh’ the star ratings produced no overall change for the five Eastern councils with 2 stars; five retained 1 star, but one – **Bedfordshire** – dropped to zero stars, primarily because of weaknesses in services for children.

3.105 The Climbié Audit indicated that judgements showed seven councils remaining the same as in November 2002, more promising in one, and less so in two.

**Making a difference for children and their families**

3.106 The region is performing well in meeting the **health needs of looked after children**, and in achieving **placement stability** for them. At November 2002, there had been improvement in most key children’s services indicators – although sometimes from a low base. As with other regions, average figures can conceal wide variations in performance – for example, in relation to **reviews of looked after children**, and children on **child protection registers**. These variations have provided part of the agenda for regional network groups during the year, enabling poorer performing councils to learn from the practice of the best.
3.107 The indicator for out-of-area placements of looked after children has been the subject of considerable discussion at regional network meetings. Unitary councils place more children outside their boundaries than shire counties, for obvious reasons: and while it is agreed that overall totals are too high, unitary councils have argued in favour of their practice of recruiting and using foster carers outside their immediate areas.

Making a difference for older people and adults

3.108 Regional information on average performance indicates that the East region still provides lower than average services for older people, but performance has improved in relation to intensive home care and is good (ie low) on admissions to residential care. For all types of residential and specialist care, there are capacity problems throughout the region.

Good Practice

Luton is involved in one of two Single Assessment Process (SAP) pilots in the region. The SAP was fully launched in Luton in May 2003. A training strategy has been agreed, and evaluation will continue until September as the process is rolled out. There is to be a county-wide (Bedfordshire) conference in November 2003, to enable formal feedback on the pilot.

Good Practice

3.109 Delayed transfers of care have continued to challenge the region, although the majority of councils met or exceeded their targets to March 2003. Underlying problems in the region include the capacity issues mentioned above, and cross health and council boundary issues.

3.110 The Department of Health’s Change Agent Team has worked with three councils in the region on this issue, and their work combined with inspection and monitoring by SSI has identified an agenda for further work by health and social care partners. These include ‘whole system’ work, improved commissioning, and methods of sustaining reductions in delays, once they have been achieved.

3.111 A Disability Network has been established in the region to enable shared learning and improve performance on services for people with disabilities. The autumn 2002 data indicated poor average performance in respect of younger disabled people helped to live at home, and fairly slow progress in using health flexibilities to establish new equipment services.
3.112 Vacancy levels in the region remain of concern, and above the average for England. There was a decline forecast in 2002-2003, but less than had been planned. The average figure for staff turnover remains close to the average for England, and forecasts for 2002-2003 are close to plan. Most councils reported that their plans for tackling recruitment and retention were all on track and expected to deliver their objectives which suggests progress to reduce vacancies will be made in 2003-2004.

3.113 These averages, as always conceal some exciting and innovative work which councils are engaged in to overcome recruitment difficulties and provide training which will equip staff for new roles and to achieve the local vision for public services. Essex, again, has put its principles into practice by involving young people in the training of professional social work staff. Young people of 13 years or older, have had the opportunity to train through an accredited programme to become ‘Lively Trainers’. This enabled them to train other young people, staff and carers on children’s rights, participation and other issues from a youth perspective.

3.114 Suffolk has also used imaginative recruitment and retention techniques to bring down social work vacancies, including using the local college and recruiting overseas.

Keys to progress

3.115 One of the main themes of the region is collaborative, shared learning. The region acknowledges that it has some common problems - issues arising from rural poverty, for example, and capacity problems in residential care - but also that some councils are performing better than others in key service areas. Both topics are tackled in regional network meetings, in county-wide groups or in bilateral partnerships. The participation of dedicated looked after children nurses and specialists in regional meetings has been an excellent development, and reflects the progress made in the East on the health of looked after children.

3.116 The region has also looked further afield for support: to the SSI of course, and the Change Agent Team on delayed discharge; but also to the University of East Anglia, and colleagues in the Midlands, in work on trends and patterns in respect of the population of looked after children. Further work of this kind is being planned on adoption standards and guidance.
South East

The South East region comprises nineteen councils, and serves a population of 8.7 million.

While there are many common features across the region, there is not a strong sense of regional identity. Within the South East, there is a wide variety of environments for people to live and work in – cities, towns, suburbs and rural areas. The region is relatively affluent but with areas of deprivation sometimes associated with the decline in the English sea-side holiday trade, the closure of dockyards, and the economic downturn within some older industrial areas.

In November 2002, the refreshed performance assessment ratings resulted in one council being awarded 3 stars; six out of nineteen, 2 stars; and two councils, zero stars. One of the two zero star councils was given the additional help of a Department of Health commissioned performance action team (PAT). Only two councils were judged to be serving most people well in services for adults, while seven councils were serving most people well in services for children.

The judgements of the Climbié Audit indicate that reported performance in nine councils had improved since November 2002; but the judgement on the basis of the audit was less optimistic for four councils which had been doing well in November. Results for six councils were the same on both occasions.

Making a difference for children and their families

With significant local variation, the Government’s objectives for children’s social services are being tackled, with progress and improvement for many children and their families. The star rating system has alerted councils to some existing weaknesses in provision, and – in relation to educational achievement of looked after children, for example – has led to increased inter-agency collaboration to improve performance. Education and social services colleagues have together examined what is on offer for these children, and looked at better ways of developing their potential.

Councils have achieved mixed results in relation to the health of looked after children. One important element here is the priority given to children by PCTs. Currently in the South East, health provision for this vulnerable group is not comprehensive or consistent, and remains an outstanding issue for the coming year.
Developing and managing preventive services for children and families so as to increase children's quality of life and to promote benefits throughout the child care system is a key area for innovation and success for some councils:

- In Milton Keynes, family group conferences have resulted in children being helped to stay with support within their own families.
- In Medway, the Wayfield Family Centre is involved in complex family assessments and support.

Schemes like these have enabled some councils to make a real difference to the numbers of children who are taken into the public care.

Good Practice

Over three years, Children's Services Managers in Milton Keynes have achieved a fundamental restructuring of expenditure. Resources have been shifted from expensive independent sector residential and family placements, and reinvested in developing family support services. Numbers of looked after children and children on the child protection register have been dramatically reduced. Councillors and senior managers have provided strong support and leadership.

Making a difference for older people and adults

The creation and use of intermediate care for older people continue to expand:

- In Bracknell Forest, the Ladybank unit in an in-house residential home had a mixture of nursing, therapy and social care staff - as well as medical support. It helped people leave hospital and return home - and was used successfully to prevent hospital admission.
- In East Sussex, the Take Home and Settle Service - provided by the voluntary sector - helped people return home from hospital with support.

The Building Care Capacity Grant had led to a regional target of a 25% reduction of the September 2001 baseline figures for delayed transfers of care of older people from acute hospitals. This was achieved by March 2002, as numbers fell from 1,382 to 978. But further improvement has proved difficult to achieve in the face of factors that include capacity issues. By the end of March 2003, the number of delayed transfers had fallen to 919.

Apparently intractable problems with delayed discharges have been overcome in East Sussex, where the numbers of older people waiting for transfers of care peaked in June 2002 at 185. The council was put on special measures and working closely with SSI, and NHS colleagues, produced a performance improvement plan. Delays fell to 85 by October, and to 63 by March 2003. This was achieved by:

- closely monitoring the hospital admission and discharge process
improving information systems
- targeting resources more appropriately, and
- increasing expenditure on intensive home care and intermediate care.

3.127 Within the region, there is one long-stay hospital for people with learning disabilities, which is unlikely to meet the Valuing People target of closure by April 2004. There were sometimes considerable difficulties in maintaining a sufficient number of approved social workers for work with people with mental health problems. The region was below the England average for the number of younger adults with physical disabilities helped to live at home.

The workforce

3.128 This remains a major issue for the region. Despite a downward trend in the region on staff turnover, the rate was expected to be the highest nationally. Vacancy rates are on an upward trend, now second only to London. The region reported recruitment difficulties above the national average for the whole range of social services employees, except in recruiting senior managers.

3.129 Kent has been very successful in reducing its vacancy rate through a combination of investment in campaigns and bursaries, and staff training and development. Others have begun to ‘grow their own’ staff, training existing employees into new roles, and to offer inducements to new staff.

Keys to progress

3.130 Awareness of the importance of good information has grown steadily in the region. At one level, this has encouraged a number of councils to invest in SWIFT systems, which can deliver service information as a basis for planning and investment. At another, it has stimulated councils to make use of the work involved in performance monitoring to achieve a deeper understanding of need and effective provision.

3.131 Most (12) of the councils in the South East were created from shire counties as part of the local government review process of the 1990s. These unitary councils have experienced a great deal of change, but are making progress despite the challenges of being both new and sometimes relatively small-scale. Partnerships have continued to flourish despite structural change; but as the councils mature, long-term systematic collaboration between councils and with other agencies is needed.

3.132 Some have pursued partnerships between agencies concerned with children. The principles behind Children’s Trusts, which would bring together development of all children’s services, have generated a lot of interest; but – so far – agencies have been cautious about going as far as seeking Trust status.
North West

The North West region comprises 22 councils, serving a population of 6.4 million.

3.133 The autumn ‘refreshed’ star ratings confirmed the position reported in May 2002 that North West councils are concentrated in the 1 and 2 star bands, with no council performing exceptionally well or badly overall. One council – Rochdale – had improved overall performance and had moved up to 2 stars.

3.134 The same stability in performance was indicated by the judgements of the Climbié Audit. Fourteen councils were found to be performing in the areas covered by the Audit at the same level as for children’s services generally. Six councils were serving children better or had more promising capacity for improvement, and in two, performance was less good.

Making a difference for children and families

3.135 The North West was one of only four regions whose forecast performance on adoption within 12 months of the ‘best interest’ decision being made exceeded that planned with only two councils predicting a decline against 2001-2002 performance. Conversely, the region was one of few which forecast a reduced rate of adoption from 2001-2002. Within this trend though there was progress in some councils.

3.136 Most councils were performing better than planned on placement stability for looked after children. Although the picture for out-of-borough placements indicates that most North West councils are forecasting higher numbers than planned, this is a result of strategic commissioning from local independent and voluntary sector providers, often within the geographical area of the council.

3.137 As in many regions, the average figures conceal significant variation in performance between councils in the North West. This is the case in relation to duration on the Child Protection Register, for example, or for assessments completed within seven days. Wide variation and unrealistic forecasting are also found in other parts of the country in relation to the education indicators for looked after children, and the region showed both characteristics. Both tendencies indicate the need and potential for the worse performing councils to learn from the best in the region.
In line with national trends with regard to services to older people, the overall performance of councils in the North West has improved. The general trajectory of performance indicators is moving in the right direction and the implementation of policy is moving forward in line with expected milestones and targets. Twelve councils, for example, forecast an improvement in performance on the provision of intensive home care; and all but two were forecasting an improvement in performance (i.e. a reduction in the number) on supported admissions for older people between 2001-2002 and 2002-2003.

Many councils have reported that they have expanded the range of intermediate care service models, and had made progress in reorganising staff at the front line and managers into integrated teams. Some reported success in re-designing in-house home care services to provide more intensive and enabling support to people in their own. Many also reported the development of extra-care housing and the widening of options to the traditional menu of services, including the use of adult placement, Direct Payments, developments in technology such as Community Alarms and home security and working with voluntary organisations in expanding preventive services in the community.

Many councils reported achievements in the development of commissioning strategies during 2001-2002. Some councils reported problems in setting fee levels that were acceptable to independent residential and nursing providers, others reported making fee increases above the rate of inflation in recognition of difficulties in market stability. Priorities for 2002-2003 included the implementation of the guidance on Fair Access and appropriate modifications to charging policies. Some councils recognised the need to improve assessment and services for elders from black and ethnic minority communities.

The North West was second equal in England in achieving a relatively high proportion of people with learning disabilities helped to live at home. The region now has the lowest number of people with learning disabilities living in long stay hospitals. At the same time, the region reports more people with learning disabilities known to the local council than any other in the country.

Regional performance on provision of equipment for people with physical disabilities remains in line with national performance and improved over last year. In respect of people helped to live at home the North West is the second highest performer.

Good Practice

A small team within the Advice and Assessment Service in Bury Children's Services are working with homeless teenagers, carrying out both the housing and social care responsibilities of the council in respect of this group of children in need. The service often acts as a route for conciliation with family members, and reduces the risk of these children becoming looked after. The work has reduced to nil the number of young people known to be sleeping rough, and is also able to provide a service to young unaccompanied asylum-seekers.
The workforce

3.143 The North West enjoys lower vacancy rates than the rest of the country and although forecast out-turn is poorer than planned, it is still an improvement on last year. However, the recruitment and retention of some specific staff groups are of serious concern in the region – in particular, children’s services staff and occupational therapists. There is also massive variation in vacancy rates between councils within the region which is not easily explicable.

3.144 National investment in staff training and development is expected to rise by 2.3% in 2002-2003. The North West forecasts a slightly greater than average increase to 2.5%. In addition, councils are increasingly investing in training and developing staff in-house to fill new roles, and more bursaries and secondments are being made available to local people who are interested in working in social services. All of these developments, of course, have a long lead-in time before they make any impact on gaps in staffing.

3.145 To its credit, the North West is one of the best performing regions in completing local action plans relating to the National Task Force recommendations on Violence towards Care Staff.

Keys to progress

3.146 A major factor in the development and improvement in services is the region’s growing interest in and capacity for providing performance information. A regional group has been set up to work together on performance monitoring and information, and – stimulated by the Department of Health’s monitoring requirements – is providing an excellent forum for mutual learning. Councils have appreciated the whole performance assessment process. They provide very detailed information in response to SSI monitoring, and have found the analysis of results which SSI returns to them, and the tools for manipulating the data, very helpful in informing local practice and underpinning strategic planning.

Good Practice

Access Liverpool is a multi-agency initiative which operates an electronic database of available purpose-built and adapted homes. People with disabilities can register their requirements, and a dedicated Occupational Therapist is employed to assess needs and help match applicants with suitable properties. The database is also available to the public in one-stop shops.
Good Practice

**Warrington** has set up Performance Review days which involve managers in:
- looking at relevant data and identifying the need for change
- considering and formulating strategic and resource planning, and
- working on implementation and business planning.

3.147 Work on Performance Indicators has been important and effective in the region, and – especially when combined with focused inspections – has proved a powerful force for change.
The SSI is going through a period of fundamental change. The activities covered by this Annual Report probably record the last full year in which SSI will have operated from within the Department of Health. In 2004 (subject to legislation), the functions of the SSI will become part of the responsibilities of the new Commission for Social Care Inspection (CSCI). These, combined with the social care responsibilities of the National Care Standards Commission and the functions of the SSI/Audit Commission Joint Review Team, will form the core of the remit of the new organisation:

to provide an independent view of the quality and performance of the whole social care sector for Ministers and the public.

These changes represent the conclusion of a long period of development, both for the SSI and, more generally, for the inspection and performance assessment of social services. Developments in the rigorous monitoring of local services have combined with an increasingly joined-up approach to inspection to produce a transparent, more streamlined methodology which will be outlined below. A growing appreciation of the value of these activities by the field, and evidence of their impact on service quality have been increasingly found during the year.

In March 2003, SSI had 240 staff working from ten locations across England – in London (three bases), Bristol, Cambridge, Nottingham, Birmingham, Manchester, Leeds and Gateshead. One hundred and ten SSI staff are inspectors; they have a wealth of knowledge, professional and managerial social services experience. They inspect, assess and evaluate performance in 150 councils; a small number are located in Department of Health policy branches. The remainder are senior managers and project support staff who deliver a range of business management and project support functions across the country. Quality Protects Regional development workers are also included in this number. An SSI central development team provides analysis and methodological advice.
4.6 The age range of the current staff group is from age seventeen to retirement age. Nineteen per cent identified themselves as being from black and ethnic minority groups and 3% as having a disability. Eighty-two per cent of business management and project support staff and 43% of those in Inspector grades are women.

Expenditure

4.7 SSI expenditure for 2002-2003 is set out in the chart in Figure 1. The chart excludes expenditure on centrally financed services such as IT, accommodation, communications and personnel. The bulk of the SSI budget is employee related.

Inspection and Performance

4.8 With the introduction of proportionate and co-ordinated inspection as part of the Comprehensive Performance Assessment (CPA), SSI no longer has a national programme of inspections but has combined national and targeted inspections into one overall category of service inspections.

Table 1: Inspection Activity 2002-2003

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th>Number of Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Inspections</td>
<td>74 councils inspected</td>
</tr>
<tr>
<td>Follow-up Inspections</td>
<td>5 councils inspected</td>
</tr>
<tr>
<td>Children’s Fund Inspections</td>
<td>7 councils inspected</td>
</tr>
<tr>
<td>Voluntary Adoption Agencies*</td>
<td>15 agencies inspected</td>
</tr>
<tr>
<td>Secure Accommodation Units</td>
<td>29 units inspected</td>
</tr>
<tr>
<td>Three Secure Training Centres</td>
<td></td>
</tr>
</tbody>
</table>

* Responsibility for inspection and regulation for these services transferred to the National Care Standards Commission in April 2003.
There are currently 12 councils with a zero star performance rating: Birmingham, Bromley, Coventry, East Sussex, Haringey, North East Lincolnshire, Swindon, Wakefield, Walsall, Waltham Forest, Windsor and Maidenhead and Bedfordshire. The last three were zero rated in the November ‘refreshed’ rating process. All the others were zero rated in the original May 2002 rating determination.

Seven of these councils were also rated as poor in the Comprehensive Performance Assessment and are therefore being monitored by the Office of the Deputy Prime Minister (ODPM). SSI link inspectors maintain a regular and frequent performance ‘dialogue’ with councils to monitor the scale, rate and sustainability of progress. SSI inspections in zero star councils are co-ordinated with other inspectorates and are used to monitor progress in areas of concern. Inspections are spaced to allow councils time to achieve improvements, but are not less than every 12 months. SSI keeps Ministers in the Department of Health informed of progress and offers recommendations for further action where appropriate.

Performance Action Teams (PAT) have been appointed to assist with eight councils in total: Birmingham, Coventry, Walsall, North East Lincolnshire, Haringey,
Swindon, Waltham Forest and Windsor and Maidenhead. In most cases PATs were engaged because the council was assessed as having insufficient capacity to change without external support. A PAT was appointed to Haringey in response to their request to the Minister of State for Health for additional support. The PAT in North East Lincolnshire has now completed its work, but teams are still actively involved in the remaining seven authorities.

4.13 There is a clear focus on working co-operatively with councils to achieve change, rather than further diagnosis, analysis or consultancy. A study day was held in April 2003, attended by PAT consultants and councils, Department of Health and SSI representatives. This was a useful and productive forum to share experiences of PATs, and their effectiveness. There was a clear consensus that PATs have provided effective support to councils in improving performance. Councils also provided SSI/DH with constructive feedback on how the process of engaging PATs could be simplified.

The Victoria Climbié Audit

4.14 The self-audit framework was sent to councils on 7 February 2003, and this was followed by an electronic collection form. All councils returned the audit by the due date (30 April 2003), and audit returns were evaluated by the councils’ link inspectors. The evaluation took into account:

- the self-audit itself, including judgements, data and text, and
- other information from inspections, joint reviews, serious case reviews, previous annual reviews and position statements.

4.15 The results of the audit will be reported to Ministers later this year. The process indicated how far councils had come in adopting the methodologies which underpin effective performance assessment. Concise statements for self-reporting, more systematic use of IT, and clearer evidence of planning and projecting were all evident from returns.

Race Relations (Amendment) Act 2000

4.16 As an organisation, we have taken our duty to promote race equality under the Race Relations (Amendment) Act 2000 very seriously. At a strategic level we have woven references to the duty through our new national standards and criteria used for performance assessment purposes. Institutionalised racism can only be tackled with leadership from the top of organisations. The standards make it clear that we expect to see this level of ownership in social services authorities. Councils’ commitment to this duty therefore will be taken into account in our performance judgements.

4.17 In both the autumn and spring Delivery and Improvement Statements we have asked questions about what efforts councils are making to promote race equality in social care. In the autumn we discovered that 13 had failed to publish a race equality scheme by the statutory date. Ministers agreed to the introduction of a key performance indicator that would limit our judgement to serving most people well if councils had not published by May 2003. By May, all but one had published their scheme. We will continue to monitor the way councils assess the impact of their existing policies and practices on people from black and minority ethnic groups and
will be looking for evidence of real service improvements through our inspection and performance assessment activity.

4.18 During the year, SSI sponsored a **Black and Minority Ethnic Managers’ Development Programme** and commissioned the Improvement and Development Agency (IdeA) to deliver it. The programme is a career development programme and is aimed to address the under-representation of black and ethnic minority managers in the senior levels of social services. Over 100 participants have now undertaken the programme. SSI has benefited from the programme and a number of SSI inspectors have been graduates including Hari Sewell, Meera Spillett, Euston Copeland, Pam Rowe and shortly Hazel Simmonds.

**Training and Developing SSI staff**

4.19 SSI spent about £75k on **external training** for staff this year, to complement the training and development programme available through the Department of Health. Virtually all staff have now attended a programme of Valuing Diversity training. All staff in SSI regional offices have also received training in order to meet their new responsibilities under the Race Relations (Amendment) Act.

4.20 **The Black Inspectors Group** continues to meet quarterly. As well as providing an important internal staff network, the group works in partnership with SSI management to promote race equality and tackle racism within SSI. The group also aims promote change which will support race equality and tackle racism within councils, other Inspectorates and the wider social community.

4.21 In last year’s annual report we talked about the benefits that secondments can bring to a learning organisation. We are proud to say that our staff continue to contribute to development of services outside the organisation. This year has seen a number of SSI senior managers and inspectors appointed and seconded to posts at senior level in local councils.

**International News**

*Irene Findlay*, Deputy Director in SSI London volunteered to join the Government’s team of Civil Servants contributing to the Coalition Provisional Authority in Iraq. She is advising on health, social care and women’s issues and is currently in Baghdad.

**Euston Copeland**, an inspector in London is working as part of a Home Office team visiting and evaluating the adequacy of welfare services for unaccompanied asylum seeking children who may wish to return to Eastern European countries.

**Celebrating achievement**

Celebrating achievement of a different order following publication of the Birthday Honours list is **Paul Brearley CBE**, Director SSI Methodology and Information. Paul’s career started in SSI in 1985 but he also had spells as Director of two national charities. Paul’s team was instrumental in putting together the first star ratings system in social services and in developing the performance assessment system.
SSI staff – ‘Returning to the Frontline’

Following in the footsteps of former SSI Inspectors such as Sallyanne Johnson (Director of Social Services for Hartlepool Borough Council) Meera Spillett (Assistant Director, Child Care Services in Southend on Sea), Sara Mitchell (Assistant Director, Portsmouth), Paul Clark (Deputy Director Children, Schools and Families in Hertfordshire) and Hari Sewell (Director of Social Care in Camden and Islington Mental Health and Social Care Trust) these SSI colleagues having been moving back into practice over the past year.

Jo Cleary – Former Assistant Chief Inspector in London. Seconded to Corporation of the City of London as Director of Social Services. Now Head of SSI Policy.

Fran McCabe – Former Assistant Chief Inspector in South East. Seconded as Deputy Director of the Department of Health Change Agent Team.

Richard Jones – Director, SSI North West. Appointed to the post of Director of Social Services for Lancashire County Council from April 2003.

Steve Pitt – Director, SSI South West. Appointed to the post of Director of Social Services for Dorset in June 2003.

Fran Gosling-Thomas – Inspector in SSI, North West returned from secondment as Acting Director of Social Services in Bury in June 2002.

Derek Gardiner – Former Manager of the Social Care Quality Programme. Secondment to LB Greenwich as Head of Strategy and Performance.


Richard Carter – Seconded as Acting Assistant Director, Direct Care in Dudley MBC Social Services.

Andrea Hickman – Seconded as Assistant Director, Children’s Strategy in Birmingham Social Services.

Jamie Nevin – Seconded as Assistant Director, Performance & Business Support in London Borough of Southwark & Southwark PCT.

David Vowles – Seconded as Head of Policy & Performance Review in London Borough of Bromley.

SSI Publications and Website

4.22 SSI published seven national overview inspection reports between April 2002 and March 2003 at a cost of £100k. They are listed in Appendix E. Four of these reports were accompanied by a targeted summary version. The summary for the Fulfilling Lives report was designed to be accessible for people with learning disabilities and was reprinted due to the high demand. SSI can provide alternative versions of reports on demand, and it is exploring new media such as video streaming, for particular summary documents in the future. During 2002-2003 SSI also published over 100 local inspection reports covering specific service inspections. SSI local reports are available from local SSI offices and online in portable document format (pdf) at www.doh.gov.uk/publications/pointh.html.

4.23 In October 2002 SSI produced a successful joint exhibition with the Northern Ireland and Welsh SSIs at the National Social Services conference at the Cardiff International Arena.

4.24 The popular SSI website (www.doh.gov.uk/ssi/index.htm) has been updated to include more information about the organisation, as well as links to online (pdf) versions of the national overview inspection reports, performance assessment materials and other helpful SSI publications. SSI also used the Internet to help gather valuable information from service users with disabilities in part of its inspection programme.

Working with Others

4.25 SSI and the Office for Standards in Education (OFSTED), building on a history of working together, have established a joint project which aims to bring our activities even closer together. A project team is working to coordinate inspection programmes, and to develop common methodologies. A coordinated inspection of jointly-managed education and social care functions in Solihull is planned for autumn 2003, and will put some of this work into practice.

4.26 The SSI is also a leading member of the Local Services Inspectorate Forum for England (LSIF). The Best Value Inspectorate Forum was renamed Local Services Inspectorate Forum in July 2002, to reflect its extended role and membership, comprising the SSI, OFSTED, Her Majesty’s Inspectorate of Constabulary (HMIC), the Audit Commission, the Benefit Fraud Inspectorate, Her Majesty’s Fire Service Inspectorate (HMFSI), the Housing Inspectorate, and the Department for Education and Skills (DFES). The Forum is chaired by the Chief Inspector of SSI, Denise Platt, and the secretariat is provided by the Office of the Deputy Prime Minister.

4.27 The aims of the LSIF are to obtain a complete picture of inspections of local government services, coordinate and streamline inspection activity, and ensure that inspections are carried out in line with agreed policy. At the same time, the Forum acknowledges the importance of independent audit and inspection, and the fact that the Inspectorates have very diverse agendas. A shared database has been created.

4.28 Ministers are currently considering a Memorandum of Understanding which formalises the arrangements between ODPM and other Government
Departments for handling poorly performing councils following the introduction of the CPA. The Memorandum complements the protocol on central Government engagement and intervention in poor performance in councils, and the framework for co-ordinated inspections.

Feedback to SSI on its performance

4.29 SSI values the information it gets from Inspection Feedback Questionnaires. These have been designed in order that councils can provide feedback on the quality of SSI’s practice. Councils are asked to give their opinions on various aspects of the inspections, against a four-point scale. The completion of feedback questionnaires is not mandatory.

4.30 Responses to the Inspection Feedback Questionnaire this year indicate a significant level of satisfaction both with SSI’s processes and conduct, and show some improvement upon last year. For example, more responses were positive about the inspection processes than last year and all respondents strongly agreed or agreed that inspection teams were courteous and professional in their conduct. This year a high percentage of respondents felt that there was adequate time to complete the pre-inspection information. However, this year 6 out of 38 respondents indicated that there was insufficient time to consider the feedback notes from the inspection itself prior to the meeting.

SSI’s contribution to policy development was also highlighted in the recent Government review of Inspectorates, Inspecting for Improvement OPSR 2003 following the Public Services Productivity Panel Report in December 2001. This feedback is particularly helpful at a time when two new Inspectorates for Social Care and Health are being established.

Feedback to SSI

“The inspection team were very thorough and interested in all of our services. They were courteous and professional in their conduct at all times.”

“Feedback from people always commented on the inspectors’ manner in conducting the interviews as being positive and very fair.”

“The team were thoroughly professional, at all times feeding back any areas of immediate concern. They did not overreact to individual comments made, but strove to validate these.”

Source: SSI Inspection Feedback Questionnaires
Despite some very positive feedback, there is of course room for improvement and development in a number of areas. Users of services, in their feedback through our surveys, have indicated that we need to continue to improve the way we involve them in our inspection and performance assessment processes. In the coming year, we intend to extend the approach developed by the Listening and Responding Team in involving young people to all children’s services inspections; and we have involved people with learning disabilities in the planning and conduct of this year’s inspection of services.

Responding to complaints

The SSI does not have the authority to deal with individual complaints from members of the public about the provision of services. Complaints sent to SSI are referred to the councils concerned for resolution.

Through its complaints procedure SSI considers very seriously any complaints that it has failed to carry out its responsibilities to a reasonable standard. It tries to resolve complaints informally wherever possible. During 2001-2003 all complaints were resolved locally.

The Social Services Inspectorate 2003–2004

A commitment to the future

The Inspectorate has worked throughout the year to help to ensure a safe, smooth transition of its functions and staff to the new Commission of Social Care Inspection (CSCI) in 2004. Following a staff Conference in November 2002, SSI established five working groups to improve communications within the organisation.
and ensure that staff had an opportunity to participate in the development of CSCI. The groups have focused on:

- communications
- information technology
- staffing
- knowledge management
- DH and Inspectorate functions

4.36 Two of these groups – Knowledge Management and IT – have ‘joined up’ with colleagues in other bodies to contribute to the development of CSCI infrastructure; and all of them have met and produced materials which have succeeded in informing and engaging staff across the organisation.

4.37 These and other developments following last November’s Conference mean that SSI’s workforce is in a position to make a full contribution to thinking about CSCI’s future. As the ‘shadow’ Commission comes into being during the autumn, the SSI will continue to support staff, and maintain business continuity through the transitional period, as well as maintain effective links with the CSCI Transition Team.

SSI Business Plan Commitment and key deliverables for 2003-2004

Our Business Plan commitment for 2003-2004 is to:

- build on the integrated structure in SSI and develop methodologies and systems to support common and consistent approaches to collecting information and assessing performance
- assess the performance of councils with social services responsibilities and publish star ratings
- develop and work with councils to assist them to implement plans to support improvement in each council according to their star ratings
- contribute to the comprehensive performance assessment of local councils
- develop more integrated approaches with Commission for Health Improvement (CHI) to ensure better health and social care performance
- ensure that SSI is fit to transfer to the new Commission for Social Care Inspection.

SSI will also contribute to assist the advancement of the following:

- improving older peoples’ care
- reducing delayed discharges from hospital
- improving children's services
- developing intervention and capacity building to assist poorly performing councils
- ensuring appropriate instructions are prepared to set up the new Commission for Social Care Inspection.
Key deliverables

By March 2004 SSI will have:

- conducted a spring performance monitoring and improvement exercise in all councils, up-dated in the autumn and fed back findings to councils, Ministers and Department of Health Directors
- developed and delivered an inspection programme to maximise the inspection contribution to the performance assessment of local councils with social services responsibilities that is proportionate to the star rating of each council
- inspected child care services in support of Secretary of State’s regulatory responsibilities; carried out, evaluated and followed up a self-assessment exercise in all councils to follow up the Victoria Climbié Inquiry report
- conducted work leading to the determination by the Chief Inspector of performance ratings (based on 0-3 stars) of all local councils with social services responsibilities; refreshed this at the mid-year point;
- worked with zero-star councils to address areas of service failure
- ensured that all councils have developed appropriate improvement plans which respond to and are proportionate to their star ratings and have the capacity to make improvements
- worked with representatives of local councils and improvement agencies to develop and coordinate the range of support available to help councils improve
- contributed, by working with Audit Commission and other inspectorates, to the comprehensive performance assessment of all local councils and to corporate governance inspections as required
- ensured that councils are using Best Value to achieve continuous improvement
- assessed whether councils are undertaking their duty to promote Race Equality (a core strategy to take this forward has been developed)
- developed more integrated working arrangements with Commission for Health Care Improvement (CHI); and information sharing and routine planning with National Care Standards Commission (NCSC)
- contributed to the reduction of delayed discharges from acute hospital beds
- used SSI evidence to inform policy development and the social care knowledge base and promote good practice
- delivered an inspection framework, jointly with OFSTED, which will integrate both inspectorate’s methodologies for review, inspection and assessment of children’s services.
people are proud

the last season.

winter.

but Errol’s not afraid of death.

as he tells you he’s had a good life.

TOTAL

Marriage 1
Children 4
Jobs 3
Years 82

a good innings he says.

only one more thing he wants.

a dignified walk to the pavilion.

to die at home in his own bed.

his family far away
called to say he can’t manage alone.

but the emotional support, handrails and help you organised kept Errol at HOME like he wanted.

Appendices

Appendix A – Statistical information on personal social services
Appendix B – SSI and SSI/Audit Commission joint review team contact points
Appendix C – SSI office boundaries
Appendix D – SSI structure chart
Appendix F – List of Local Authority Circulars issued 2002–2003
Appendix H – Joint reviews fieldwork completed in English authorities 2002–2003

www.socialworkcareers.co.uk
Appendix A

Statistical information on personal social services

DH Statistics Division is responsible for collecting annual returns on Personal Social Services (PSS) from all councils in England. SSI has been working with Statistics Division to increase the use made of these data and the statistics derived from them. This appendix is arranged as follows:

- children’s services;
- adults’ services;
- resources (finance and staffing);
- list of Performance Assessment Framework performance indicators (PAF PIs); and
- list of PSS statistical publications containing further information.

Children’s Services

The Children Act 1989 sets out the legal framework under which children’s services are provided. Considerable changes in practice followed the implementation of the Act in October 1991 and this limits the comparisons that can be made with the period before the Act.

Summary

Table 1.1 Children receiving Personal Social Services – a summary

<table>
<thead>
<tr>
<th></th>
<th>97–98</th>
<th>98–99</th>
<th>99–00</th>
<th>00–01</th>
<th>01–02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children looked after by local authorities at 31 March</td>
<td>53,300</td>
<td>55,500</td>
<td>58,100</td>
<td>58,900</td>
<td>59,700</td>
</tr>
<tr>
<td>% aged under 10</td>
<td>42%</td>
<td>43%</td>
<td>43%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>% in foster care</td>
<td>66%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
<td>66%</td>
</tr>
<tr>
<td>% in children’s home and secure units</td>
<td>13%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>% with 3 or more placements during year</td>
<td>19%</td>
<td>19%</td>
<td>18%</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>Registrations to child protection register during year</td>
<td>30,000</td>
<td>30,100</td>
<td>29,300</td>
<td>27,000</td>
<td>27,800</td>
</tr>
<tr>
<td>% whose reason was sexual abuse</td>
<td>20%</td>
<td>19%</td>
<td>17%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>% that were re-registrations</td>
<td>20%</td>
<td>15%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>All adoptions during year(^1)</td>
<td>4,800</td>
<td>4,400</td>
<td>4,800</td>
<td>4,900</td>
<td>5,100</td>
</tr>
<tr>
<td>adopted from care</td>
<td>2,100</td>
<td>2,200</td>
<td>2,700</td>
<td>3,100</td>
<td>3,400</td>
</tr>
</tbody>
</table>

\(^1\) The number of adoptions is based on the date of court order

Key points are that:

- the number of children looked after by councils has been increasing. This is because, although the number of children starting to be looked after has decreased, the average duration of stay has increased;

The percentage of registrations to the child protection register that were for sexual abuse has fallen steadily; the larger fall in 2001–2002 largely reflects the introduction of a ‘mixed’ reason category.

The percentage of all children adopted who were adopted from care increased from 44% in 1997–1998 to 68% in 2001–2002.

Performance

National Priorities and Strategic Objectives

Progress has been made against the National Priorities Guidance targets set for children’s services, but they have not all been met. In 2001–2002 65% of councils met the target for 2000–2001 of 16% or less for the stability of placements for children looked after (PAF PI A1), indicating continuing improvement. The educational attainment of care leavers (PAF PI A2) increased further to 41% in 2001–2002, from 37% in 2000–2001 and 31% in 1999–2000 but still well below the target for 2000–2001 of 50%. Significant improvements are required if the 2002–2003 target of 75% is to be achieved. The national target for 2001–2002 of 17.2% for re-registrations on the Child Protection Register (PAF PI A3) was met, with the indicator registering 14% for the third successive year (see figure 1.1). Forty six per cent of care leavers aged 19 in 2001–2002 were in education, employment or training (PAF PI A4). This represents 53% of the level for all those aged 19 (86%), so was below the target of 60% which only 37% of councils achieved. This is the first year for which such data have been available.

Cost and Efficiency

The percentage of children looked after in foster placements or placed for adoption has increased slightly (PAF PI B7 and PAF PI C22).

Effectiveness of service delivery and outcomes

Most councils met their statutory inspection obligations. However, four councils failed to inspect all their children’s homes (PAF PI C25). Inspection responsibilities transferred to the National Care Standards Commission from 1st April 2002.
● The timeliness of reviews for child protection cases improved significantly for the second year running but further improvement is required, as only 37% of councils reviewed all their cases and seven per cent of reviews did not take place when they should have done. Nine per cent of councils reviewed less than 85% of cases, but this figure is a significant improvement on 2000–2001 (26%) (PAF PI C20).

● Duration on the Child Protection Register (PAF PI C21) reduced further, signifying a continuing improvement in performance. However, 21% of councils had more than 15% of de-registrations relating to children who had been on the register continuously for two years or more.

● There was an increase in the percentage of looked after children adopted for the fourth successive year (from 5.2% in 2000–2001 to 5.7% in 2001–2002 (PAF PI C23), representing an increase of some 350 children). In 2001–2002, 6.8% of children looked after for six months or more were adopted.

● The average percentage of children looked after who had immunisations, health and dental checks up to date increased to 69% in 2001–2002 from 66% in 2000–2001 (PAF PI C19). Again, one in eight were absent from school for at least 25 days during the year (PAF PI C24). The percentage of children looked after who received a final warning/reprimand/caution or conviction was, again, three times the percentage for all children (PAF PI C18).

Quality of services for users and carers

● The long term stability of children looked after (PAF PI D35) showed little change, with 51% of children looked after continuously for at least four years being in a foster placement and having been with the same foster carer continuously for at least two years; performance is still not acceptable for 50% of councils.

Fair access

● The ratio of the percentage of children in need that were from black and ethnic minorities to the percentage of children in the whole population that were from black and ethnic minorities was 1.61 in 2001–2002. Thirteen per cent of councils have fewer children in need from black and ethnic minority groups than might be expected from their population make-up (PAF PI E45).

Background information

Children and young people looked after by local councils

Children can be looked after by local councils for a variety of reasons. Some families may be unable to care for their children because of illness or death. Other families may need some form of respite care, for example, in cases where a child is disabled.

Children who are at risk of abuse or neglect, or guilty of a criminal offence may also be looked after by the local council. In some cases, children are accommodated under a voluntary agreement; in other cases children may be subject to a court order. The Act laid emphasis on partnership with parents and on the principle that, generally, court orders should only be made if they are in the best interest of the child.

Table 1.2 and figure 1.2 show the number of children in care, or looked after, in England at 31 March from 1992 to 2002. The long term decline in the number of looked after children came to an end in 1994, when the number being looked after at 31 March was 49,100. Since then there has been an increase of 22% to 59,700 as at 31 March 2002.
Children can be placed in a number of different settings, summarised in table 1.2 and figure 1.2. The majority are placed with foster parents. In 1992 the proportion of all looked after children in foster placements was 58% and this rose steadily to 65% in 1995, since when it has remained fairly constant. In contrast, over the ten years since 1992 there has been a marked decrease in the proportion of children in homes, hostels and residential schools. At 31 March 1992, there were 9,700 looked after children in such placements (or 17% of all children), compared with 7,900 (or 13%) in 2002.

Table 1.2 Children in care/looked after by local councils by placement, England at 31 March 1992 to 2002

<table>
<thead>
<tr>
<th>England thousands of children</th>
<th>All children¹</th>
<th>Foster placements</th>
<th>Homes, hostels and schools²</th>
<th>Placement with parents</th>
<th>Other placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>55.5</td>
<td>32.4</td>
<td>9.7</td>
<td>6.4</td>
<td>7.0</td>
</tr>
<tr>
<td>1993</td>
<td>51.6</td>
<td>31.4</td>
<td>8.8</td>
<td>5.1</td>
<td>6.3</td>
</tr>
<tr>
<td>1994</td>
<td>49.1</td>
<td>31.3</td>
<td>7.9</td>
<td>4.4</td>
<td>5.5</td>
</tr>
<tr>
<td>1995</td>
<td>49.5</td>
<td>32.0</td>
<td>7.7</td>
<td>4.3</td>
<td>5.5</td>
</tr>
<tr>
<td>1996</td>
<td>50.6</td>
<td>33.1</td>
<td>7.4</td>
<td>4.7</td>
<td>5.4</td>
</tr>
<tr>
<td>1997</td>
<td>51.2</td>
<td>33.5</td>
<td>7.3</td>
<td>5.2</td>
<td>5.2</td>
</tr>
<tr>
<td>1998</td>
<td>53.3</td>
<td>35.0</td>
<td>7.8</td>
<td>5.7</td>
<td>4.9</td>
</tr>
<tr>
<td>1999</td>
<td>55.5</td>
<td>36.2</td>
<td>7.6</td>
<td>6.3</td>
<td>5.4</td>
</tr>
<tr>
<td>2000</td>
<td>58.1</td>
<td>37.9</td>
<td>8.2</td>
<td>6.5</td>
<td>5.5</td>
</tr>
<tr>
<td>2001</td>
<td>58.9</td>
<td>38.3</td>
<td>7.9</td>
<td>6.9</td>
<td>5.8</td>
</tr>
<tr>
<td>2002</td>
<td>59.7</td>
<td>39.2</td>
<td>7.9</td>
<td>6.7</td>
<td>5.8</td>
</tr>
</tbody>
</table>

¹ Excludes agreed series of short term placements
² Includes community homes, voluntary homes and hostels and privately registered children’s homes

Fig 1.2 Number of children looked after at 31 March 1992 to 2002, by placement

Thousands

- Red: Foster placements
- Pink: Homes, hostels, schools
- Orange: Placed with parents
- Yellow: Other
There are slightly more boys looked after than girls, and more than half of all children looked after are aged 10 or over (Figure 1.3).

**Fig 1.3 Number of children looked after at 31 March 2002 by age and sex**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 yrs</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>10-15 yrs</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>16-17 yrs</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>18 and over</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

### Duration of stay and stability

The length of time children remain looked after varies enormously from child to child. In some cases it is simply a matter of days, whilst at the other extreme a period of care can last many years. The average length of a period of care of children who ceased to be looked after during the year 2001–2002 was 757 days. The proportion of children who ceased in the year who were looked after for 8 weeks or less was 30%, whilst 57% had been looked after for over 6 months.

The Department of Health is concerned about the frequent changes in placement that some looked after children experience during their period of care. To tackle this the Department established a national target for social services under the National Priorities Guidance (NPG) as follows:

- Reduce to no more than 16% in all authorities, by 2000–2001, the number of children looked after who have three or more placements in one year.

A count of the number of different placements a child has had over a given period of time provides a rough measure of the stability of care that that child has experienced. At 31 March 2002, 15% of children looked after had experienced 3 or more placements during the year (compared with 17% in 2001 and 18% in 2000 – see table 1.1).

### Care leavers

Councils have a duty to ‘advise, assist and befriend’ young people who have ceased to be looked after at the age of 16 or over (Children Act 1989, Section 24). Increasing the support offered to care leavers, including steps to prevent the inappropriate discharge of young people at the age of 16 and 17 is one of the priority areas under the Department of Health’s Quality Protects Programme. In addition the Public
Service Agreement has set 2 further targets to improve the level of employment, training and education of care leavers.

Table 1.3 provides national figures for young people aged 16 and over who have ceased to be looked after in recent years. It is estimated that 6,700 young people left care in this age range during 2001–2002; this figure has fallen steadily since 1994–1995. Thirty-two per cent of these young people were aged 16, a proportion that increased from 1994–1995 to 1998–1999, but has fallen in the subsequent three years with a corresponding increase in the number of children remaining in care until their 18th birthday.

Table 1.3 Children aged 16 or over who ceased to be looked after during the years ending 31 March 1998 to 2002

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All children²</td>
<td>7,700</td>
<td>7,100</td>
<td>7,200</td>
<td>6,800</td>
<td>6,700</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>4,200</td>
<td>4,000</td>
<td>3,900</td>
<td>3,800</td>
<td>3,800</td>
</tr>
<tr>
<td>Girls</td>
<td>3,500</td>
<td>3,100</td>
<td>3,300</td>
<td>3,000</td>
<td>2,900</td>
</tr>
<tr>
<td>Age on ceasing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>3,500</td>
<td>3,300</td>
<td>2,900</td>
<td>2,400</td>
<td>2,100</td>
</tr>
<tr>
<td>17</td>
<td>1,400</td>
<td>1,400</td>
<td>1,300</td>
<td>1,200</td>
<td>1,300</td>
</tr>
<tr>
<td>18th birthday</td>
<td>2,800</td>
<td>2,300</td>
<td>2,900</td>
<td>3,100</td>
<td>3,200</td>
</tr>
<tr>
<td>Older than 18th birthday</td>
<td>90</td>
<td>70</td>
<td>60</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>Final placement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster placement</td>
<td>3,600</td>
<td>3,300</td>
<td>3,200</td>
<td>3,100</td>
<td>3,100</td>
</tr>
<tr>
<td>Children’s homes³</td>
<td>1,900</td>
<td>1,500</td>
<td>1,600</td>
<td>1,600</td>
<td>1,500</td>
</tr>
<tr>
<td>Living independently⁴</td>
<td>1,300</td>
<td>1,200</td>
<td>1,300</td>
<td>1,100</td>
<td>1,100</td>
</tr>
<tr>
<td>Placed with parents</td>
<td>480</td>
<td>430</td>
<td>440</td>
<td>470</td>
<td>520</td>
</tr>
<tr>
<td>Other</td>
<td>580</td>
<td>620</td>
<td>670</td>
<td>520</td>
<td>480</td>
</tr>
</tbody>
</table>

¹ Only the latest occasion on which a child ceased to be looked after in the year has been counted (see introduction)
² Figures for children looked after in this table exclude agreed series of short term placements
³ Includes community homes, voluntary homes and private registered children’s homes
⁴ Includes living in lodgings, living independently, and in residential employment
Adoptions

In recent years, over half of all children adopted in England have been looked after prior to adoption, most of the remainder being adopted by step-parents or relatives.

As shown in figure 1.5, the number of children adopted from care has more than doubled since 1975–1976, much of the increase being in the last three years. The pattern for all adoptions is however quite different. In 1975–1976, 16,100 children were adopted in England, compared with 5,100 in 2001–2002, a decrease of 68%. This decrease was most dramatic between 1975–1976 and 1976–1977, when the number of children adopted fell by more than a quarter. Since then there has been a more gradual decrease in the number of children adopted and numbers adopted have actually increased in the last three years. It is important to note that the ‘all adoption’ figures include those children who were adopted from care. In 1975–1976, 14,600 children were adopted who had not been in care; this compares with 1,600 children in 2001–2002, a fall of 89%.

The average age of a child adopted from care has fallen from 4 years 10 months in 1997–1998 to 4 years 6 months in 2001–2002. Currently 59% of children adopted from care are aged under 5. Only 6% of adoptions from care in 2001–2002 were children aged 10 and over.
Children and young people on child protection registers

Children and young people are placed on child protection registers if they are considered to be at risk of abuse and if they are currently the subject of an inter-agency plan to protect them. At 31 March 2002, 25,700 children and young people were on child protection registers, a decrease of 4% on a year earlier.

Table 1.4 shows the changing pattern of registrations, de-registrations and the number of children on the child protection registers in England since 1992. Prior to the implementation of the Children Act 1989, the number of children on registers was increasing steadily as registrations outnumbered de-registrations each year.

Following implementation of the Act, and re-examination of the registers in the light of new guidance, many children had their names removed from the registers and fewer new children have been placed on them. This resulted in de-registrations exceeding registrations for the first time in 1992 and a sharp fall in the numbers on registers in 1992 and 1993. Since then, numbers on the registers rose to 35,000 in March 1995 before falling to 25,700 in 2002.
### Table 1.4
Registrations to and de-registrations from registers during the years ending 31 March 1992 to 2002, and the numbers on registers at 31 March each year

<table>
<thead>
<tr>
<th>Year</th>
<th>On the register</th>
<th>Registrations</th>
<th>De-registrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>38,600</td>
<td>24,500</td>
<td>31,300</td>
</tr>
<tr>
<td>1993</td>
<td>32,500</td>
<td>24,700</td>
<td>29,400</td>
</tr>
<tr>
<td>1994</td>
<td>34,900</td>
<td>28,500</td>
<td>26,200</td>
</tr>
<tr>
<td>1995</td>
<td>35,000</td>
<td>30,400</td>
<td>30,200</td>
</tr>
<tr>
<td>1996</td>
<td>32,400</td>
<td>28,300</td>
<td>28,900</td>
</tr>
<tr>
<td>1997</td>
<td>32,400</td>
<td>29,200</td>
<td>28,900</td>
</tr>
<tr>
<td>1998</td>
<td>31,600</td>
<td>30,000</td>
<td>30,200</td>
</tr>
<tr>
<td>1999</td>
<td>31,900</td>
<td>30,100</td>
<td>29,400</td>
</tr>
<tr>
<td>2000</td>
<td>30,300</td>
<td>29,300</td>
<td>30,500</td>
</tr>
<tr>
<td>2001</td>
<td>26,800</td>
<td>27,000</td>
<td>30,200</td>
</tr>
<tr>
<td>2002</td>
<td>25,700</td>
<td>27,800</td>
<td>28,800</td>
</tr>
</tbody>
</table>

The sharp decrease in 2000–2001 is felt to be largely due to the majority of local councils excluding temporary registrations from their figures (children who are on the register in one council but located in another and are simultaneously on the register of both). 2000–2001 was the first year the Department of Health requested that only the council with original responsibility for the child includes the child in their figures until the receiving council has decided whether the child should be registered by that council instead. There was a further small fall in 2001–2002 to 25,700.

Figure 1.6 shows the distribution of children on child protection registers at 31 March 2002, according to the category of abuse. The risk of ‘neglect’ was the most commonly recorded category (39%), followed by risk of ‘physical abuse’ (16%).

**Fig 1.6 Percentages of children on child protection registers at 31 March 2002, by category of abuse under which recorded**

- **Neglect**: 39%
- **Physical Abuse**: 16%
- **Emotional Abuse**: 18%
- **Sexual Abuse**: 11%
- **Multiple/not recommended**: 16%

Figure 1.7 shows how the number of registrations during the year ending March 2002 compares with the number of children in the population, for different categories of age and gender. This is expressed as a rate per 1,000 children. Although there is little difference in the registration rates for boys and girls, the rate for children under 1 year old is more than twice the rate for children between 1 and 4 years old.
Fig 1.7 Registrations to child protection registers during the year ending 31 March 2002, by age group and sex

Adults’ Services

Councils with Social Services Responsibilities are responsible for the social care needs of older people and people with disabilities in their areas – for example by arranging the provision of residential care, day and domiciliary care services, including respite care. With the full implementation of the community care changes since 1 April 1993, these responsibilities have increased. In particular, councils are now responsible for assessing the needs of new applicants for public support for residential or nursing home care.

Key points are that:

- the largest group of adult users of social services is people aged 65 or over. Among younger adults other groups receiving services include people with learning disabilities, people with physical or sensory disabilities and people with mental health problems;

- the number of households receiving care in their own homes has fallen, though the proportion of these households receiving a large amount, or ‘intensive’, home care has increased;

- the number of people supported by councils in residential or nursing care has increased following the implementation of community care in 1993, when councils took over responsibility which had previously been shared with the former Department for Social Security. In particular, councils had not previously been responsible for supporting people in nursing care. The number of people supported did however fall during 2000–2001 but rose again in 2001–2002 to around the same level as in 1999–2000.
Summary

Table 1.5 Adults receiving Personal Social Services - a summary

<table>
<thead>
<tr>
<th></th>
<th>rounded numbers, percentages and rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96–97</td>
</tr>
<tr>
<td>All adults aged 18 or over</td>
<td></td>
</tr>
<tr>
<td>Households receiving home care</td>
<td>491,100</td>
</tr>
<tr>
<td>of which, % receiving intensive home care</td>
<td>25%</td>
</tr>
<tr>
<td>People supported in residential care</td>
<td>170,280</td>
</tr>
<tr>
<td>People supported in nursing care</td>
<td>66,060</td>
</tr>
<tr>
<td>People aged 18–64 with physical/sensory disabilities</td>
<td></td>
</tr>
<tr>
<td>helped to live at home per 1000 pop</td>
<td>2.2</td>
</tr>
<tr>
<td>helped to live at home per 1000 pop new</td>
<td>..</td>
</tr>
<tr>
<td>supported in residential care</td>
<td>7,180</td>
</tr>
<tr>
<td>supported in nursing care</td>
<td>3,180</td>
</tr>
<tr>
<td>People aged 18–64 with mental health problems</td>
<td></td>
</tr>
<tr>
<td>helped to live at home per 1000 pop</td>
<td>1.2</td>
</tr>
<tr>
<td>helped to live at home per 1000 pop new</td>
<td>..</td>
</tr>
<tr>
<td>supported in residential care</td>
<td>6,840</td>
</tr>
<tr>
<td>supported in nursing care</td>
<td>1,130</td>
</tr>
<tr>
<td>People aged 18–64 with learning disabilities</td>
<td></td>
</tr>
<tr>
<td>helped to live at home per 1000 pop</td>
<td>2.3</td>
</tr>
<tr>
<td>helped to live at home per 1000 pop new</td>
<td>..</td>
</tr>
<tr>
<td>supported in residential care</td>
<td>24,760</td>
</tr>
<tr>
<td>supported in nursing care</td>
<td>690</td>
</tr>
<tr>
<td>in other groups</td>
<td></td>
</tr>
<tr>
<td>supported in residential care</td>
<td>2,150</td>
</tr>
<tr>
<td>supported in nursing care</td>
<td>280</td>
</tr>
<tr>
<td>People aged 65 or over</td>
<td></td>
</tr>
<tr>
<td>helped to live at home per 1000 pop</td>
<td>83</td>
</tr>
<tr>
<td>helped to live at home per 1000 pop new</td>
<td>..</td>
</tr>
<tr>
<td>supported in residential care</td>
<td>129,360</td>
</tr>
<tr>
<td>supported in nursing care</td>
<td>60,790</td>
</tr>
</tbody>
</table>

1 Intensive is defined here as receiving more than 5 hours of home care and 6 or more visits during a survey week in September
2 Local authority supported residents at 31 March. Figures for residential care exclude those in unstaffed or other homes
3 Helped to live at home by means of home care, day care and meals services. This was an Audit Commission indicator
4 Helped to live at home by means of all community-based services. The basis for this indicator changed in 1999-2000

Performance

National Priorities and Strategic Objectives

- Performance at the interface, for which health and social care are jointly accountable, is mixed, with the target for emergency admissions (PAF PI A5) being met and the target for emergency psychiatric re-admissions (PAF PI A6) not being achieved. Of all discharges in 2001–2002, 5.2% were delayed,
as were 9.4% of discharges of older people. The percentage of discharges of older people that were delayed recorded the third successive annual fall (PAF PI D41 – in Quality). Hospital admissions due to falls or hypothermia (PAF PI C33 – in Effectiveness) showed little change between 2000–2001 and 2001.

Cost and Efficiency

- The balance between care in home settings and in residential homes continued to improve (PAF PI B11), although there is scope for further improvement. Figure 1.8 shows a variant of PAF PI B11 (with a different definition of intensive home care due to changes in the statistical collection). It shows an increase since 1993–1994, slower in recent years. This PI is closely related to the Best Value cost indicator PAF PI B12.

**Fig 1.8 Intensive home care, percentage**

Effectiveness of service delivery and outcomes

- Most councils met their statutory inspection obligations. However, eight councils failed to inspect all their adult residential care homes (PAF PI C34), two of them for the second year running. Inspection responsibilities transferred to the National Care Standards Commission from 1st April 2002.

- Progress appears to have continued in delivering services to promote the independence of adults and older people, with a further increase in households receiving intensive home care (PAF PI C28). Admissions of supported residents to residential/nursing care fell to 2.9 per 10,000 population for those aged 18 to 64 (PAF PI C27) and remained at 109 per 10,000 population for those aged 65 or over (PAF PI C26).

Quality of services for users and carers

- The percentage of clients receiving a statement of their needs and how they will be met increased further to 84% (PAF PI D39).

- The percentage of clients receiving a review (PAF PI D40) and the percentage of carer assessments (PAF PI D42) increased but were still low (47% and 23% respectively).
As in 2000–2001, more than four out of five users (83%) said that they got help quickly, with the figure reaching over 90% for one in eight councils (PAF PI D36).

Thirty-four per cent of new clients in 2001–2002 did not get their first service until more than six weeks after their first contact (PAF PI D43); this is the first year for which this information has been available.

As in 2000–2001, 90% of users received items of equipment and adaptations costing less than £1000 within three weeks (PAF PI D38).

One in ten single adults and older people are still not allocated single rooms when they go into permanent residential and nursing care (PAF PI D37); seven councils reported that less than 80% of such people were allocated a single room but this was an improvement on 2000–2001 (13) and 1999–2000 (19).

Fair Access

There were increases between 2000–2001 and 2001–2002 to 113 per 1000 in the number of older people assessed (PAF PI E49) and to 84 per 1000 in those helped to live at home at 31st March (PAF PI C32 – in Effectiveness). There were also increases in adults aged 18 to 64 with learning disabilities and mental health problems helped to live at home (PAF PIs C30, C31) but little change in those with physical disabilities helped to live at home (PAF PI C29).

As in 2000–2001, 68% of assessments of adults and older people led to provision of service (PAF PI E50); the percentage was similar for older people from black and ethnic minority groups (PAF PI E48). The percentage of older people assessed that were from black and ethnic minorities was twice as high as for the population as a whole (PAF PI E47).

In 2001–2002, 39% of users said that matters relating to race, culture or religion had been taken into account (up from 37% in 2000–2001). In almost half of councils at least 40% of users said this; these councils had their performance rated acceptable or better (PAF PI E46).

Background information

Residential care homes staffed homes

Excluding small homes, at 31 March 2001 there were 17,500 residential care homes, including dual registered homes, providing 324,900 residential care places. This represents a fall of 3.2% in the number of homes and 1.4% in the number of residential care places in the year, reflecting the downturn in the home care market. Over three-quarters of the places were intended for use by older people (including older mentally infirm).

By March 2001, councils provided 16% of the total residential provision, compared to 25% in March 1994.

In addition to the homes mentioned above, at 31 March 2001 there were around 6,500 small homes (with less than four places) providing 16,300 residential care places. The number of small homes has remained fairly constant over the last five years.

There were 2,900 independent sector nursing homes accommodating 104,500 nursing care beds (excluding dual registered homes). The number of nursing care homes and beds respectively fell by 5% and 10% in the year.

Later information is not available.
Local authority supported residents

Over the period March 1988 to March 1993, the number of supported residents in residential care (excluding unstaffed and other homes) fell by 25% to 96,900 (see Figure 1.9). Since the change in funding arrangements in 1993, the number of supported residents in residential care has increased by 93% to 186,800. There was a slight fall in the number of supported residents in residential care between March 2000 and March 2001 but by March 2002 the numbers were back above the 2000 level. There has also been a change in the proportions of supported residents in council and independent sector homes, with the independent sector now accounting for 80% of residential care, compared with 10% in March 1988.

Figure 1.9 Local Authority supported residents by type of accommodation

Since 1 April 1993 councils have been able to support people in nursing home care. In March 2002, councils were supporting 72,700 residents in nursing homes, of whom 65,800 (91%) were aged 65 or over.

Analysis by client group

Older people and adults with physical or sensory disabilities

140,500 people aged 65 and over, and a further 6,000 adults aged under 65 with physical or sensory disabilities, were supported by councils in staffed residential care at 31 March 2002. The corresponding figures for supported residents in nursing care were 65,800 and 3,700 respectively.

People with mental health problems (excluding small homes)

At 31 March 2002 councils supported 9,500 people with mental health problems in staffed residential care and 1,800 in nursing care.
People with learning disabilities (excluding small homes)

At 31st March 2002 there were 29,200 council supported residents with learning disabilities in staffed residential care. Of these, 82% were in the independent sector. There were 1,100 people supported in nursing care.

Care in the community

Home help and home care services

Around 3.0 million contact hours of home help or home care were purchased or provided by councils during the survey week in September 2002. This is a similar level to the previous year. Home help/home care contact hours have increased by 76% since 1993.

The number of hours provided by the independent sector increased by 10% from 2001 to 2002 compared with 11% between 2000 and 2001. Of all contact hours provided, 64% were provided by the independent sector in 2002, compared with 60% in 2001 and only 5% in 1993.

The number of households receiving services continues to fall (down 4% in 2002). However, the intensity of care has increased. Average contact hours are now around 8.1 hours per household compared with 7.5 hours per household in 2001 and only 3.5 hours per household in 1993.

Other Community-based services

Further information on the provision of community-based services is contained within the publication Community Care Statistics – Referrals, Assessments and Packages of Care for Adults (RAP).

RAP aims to collect a coherent set of information on adult community care and is a client-based system. The RAP project has proceeded in dress rehearsal stages giving a chance for councils to set up their information systems and for definitions to be refined. The second year of full Rollout data (2001–2002) are available at www.doh.gov.uk/rap/index.htm

During the period, 1 April 2001 to 31 March 2002, community-based services (e.g. home care, day care and meals) were provided to 1.37 million clients. Clients may receive more than one type of service. An estimated 273,000 clients received day care and 220,000 clients received meals, during the period. There were 364,000 clients who received equipment and adaptations as a service. This differs from those clients who received equipment as a basic service, which generally includes small items of equipment and would be excluded from this figure. In addition 322,000 clients received professional support during the period (which includes any professional activity undertaken by the care manager, social worker or other professional staff such as Occupational Therapists, which is beyond the process of care management).

There was some variation in the type of service received by different age groups of clients. Almost three-quarters (71%) of community-based services were received by clients aged 65 and over (Figure 1.10).
Resources

Finance

Local Government funds Personal Social Services from resources raised locally and from funding distributed by Government, such as the Revenue Support Grant, National Non-Domestic Rates, and revenue grants. Distribution of funding is mainly by means of formula spending share (FSS) which is intended to reflect the relative cost of providing comparable services in different councils. Most resources are allocated on an unhypothecated basis and it is up to councils to decide how much to spend on social services.


<table>
<thead>
<tr>
<th>Type of service</th>
<th>Outturn</th>
<th>Outturn</th>
<th>Outturn</th>
<th>Outturn</th>
<th>Outturn</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cash (£ million)</td>
<td>Cash (£ million)</td>
<td>Cash (£ million)</td>
<td>Cash (£ million)</td>
<td>Cash (£ million)</td>
<td>Cash (£ million)</td>
</tr>
<tr>
<td>Day Care</td>
<td>8,454</td>
<td>9,059</td>
<td>10,050</td>
<td>10,696</td>
<td>11,369</td>
<td>12,622</td>
</tr>
<tr>
<td>Meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care – Home Help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care – Overnight help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care – Overnight respite – client’s home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care – Overnight respite – not client’s home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care – Short term residential care – not respite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment &amp; Adaptations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1.6 Personal Social Services Net Current Expenditure 1997–1998 to 2002–2003 (including revenue grants)
The Government provides part of its funding of councils’ services in the form of revenue grants. These are listed in Table 1.7 below.

### Table 1.7 Revenue Grants 2002–2003 and 2003–2004

<table>
<thead>
<tr>
<th></th>
<th>2002–03 £m</th>
<th>2003–04 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preserved Rights</td>
<td>614.0</td>
<td>508.5</td>
</tr>
<tr>
<td>Access and Systems Capacity</td>
<td>-</td>
<td>170.0</td>
</tr>
<tr>
<td>Carers</td>
<td>85.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Performance Fund</td>
<td>50.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Delayed Discharges</td>
<td>-</td>
<td>50.0</td>
</tr>
<tr>
<td>Deferred Payments</td>
<td>30.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Care Direct</td>
<td>10.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Building Care Capacity</td>
<td>190.0</td>
<td>-</td>
</tr>
<tr>
<td>Promoting Independence</td>
<td>155.0</td>
<td>-</td>
</tr>
<tr>
<td>Residential Allowance</td>
<td>93.0</td>
<td>-</td>
</tr>
<tr>
<td>Children’s Services</td>
<td>451.0</td>
<td>557.0</td>
</tr>
<tr>
<td>Children and Adolescent Mental Health Services</td>
<td>20.0</td>
<td>51.0</td>
</tr>
<tr>
<td>Teenage Pregnancy Local Implementation</td>
<td>16.0</td>
<td>24.0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>133.4</td>
<td>133.5</td>
</tr>
<tr>
<td>AIDS Support</td>
<td>16.5</td>
<td>16.5</td>
</tr>
<tr>
<td>National Training Strategy</td>
<td>-</td>
<td>24.9</td>
</tr>
<tr>
<td>Training Support Programme</td>
<td>57.5</td>
<td>56.5</td>
</tr>
<tr>
<td>Human Resources Development Strategy</td>
<td>-</td>
<td>9.5</td>
</tr>
<tr>
<td>Young People’s Substance Misuse Services</td>
<td>4.5</td>
<td>4.5</td>
</tr>
</tbody>
</table>

### Staffing

In the period 1997 to 2002, the number of whole-time equivalent staff employed directly by Social Services Departments fell by 9% (Table 1.8). There were significant reductions in the numbers of staff employed in residential provision for the elderly and in domiciliary services which reflects the reduction in direct local authority provision, caused by an increasing emphasis on the commissioning of services from the private sector. There were around three thousand occupational therapists and assistants employed in Social Services Departments in both 1997 and 2002 – these are included within the area office/field work services for children, adults and generic provision.

As they are dispersed in the various services shown in Table 1.8, we have shown social work staff separately in a separate Table 1.9. Most social work staff were in the area office/field work and day care sectors. The number of social work staff increased by 8% between 1997 and 2002 (Table 1.9). The figures show an increase in social work provision for most groups over the period although there has been a fall in those working in generic settings.

Approximately one-third of all staff working in social services are employed directly by councils, the remainder are employed by either the private or the voluntary sector.
### Table 1.8 Council Personal Social Services staff, 30 September 1997 and 2002

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area Office/Field Work staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domiciliary services staff</td>
<td>54</td>
<td>37</td>
</tr>
<tr>
<td>Services for children</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Services for adults</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Generic provision</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Hospital and other health settings</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Assistant directors/area managers</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Specialist teams</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Support services</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total area office staff</strong></td>
<td><strong>115</strong></td>
<td><strong>108</strong></td>
</tr>
<tr>
<td><strong>Residential care staff:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults/elderly</td>
<td>49</td>
<td>37</td>
</tr>
<tr>
<td>Children</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Specialist needs establishments/ resource centres</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total residential care staff</strong></td>
<td><strong>65</strong></td>
<td><strong>51</strong></td>
</tr>
<tr>
<td><strong>Day care staff:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults/elderly</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Children</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Generic</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total day care staff</strong></td>
<td><strong>31</strong></td>
<td><strong>29</strong></td>
</tr>
<tr>
<td><strong>Central/strategic/HQ staff</strong></td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td><strong>Other staff</strong></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>229</strong></td>
<td><strong>208</strong></td>
</tr>
</tbody>
</table>

Due to rounding, there may be a slight discrepancy between the sum of the constituent items and the totals shown.

### Table 1.9 Council Personal Social Services social work staff, 30 September 1997 and 2002

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td><strong>Adults/Elderly</strong></td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Health settings/Specialist teams</strong></td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Day centres</strong></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
<td><strong>36</strong></td>
</tr>
<tr>
<td>Of which Care Managers</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Due to rounding, there may be a slight discrepancy between the sum of the constituent items and the totals shown.
<table>
<thead>
<tr>
<th>PAF area</th>
<th>Indicator</th>
<th>Service area</th>
<th>Target and BV number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Stability of placements of children looked after</td>
<td>Children</td>
<td>✓ &amp; BV49</td>
</tr>
<tr>
<td>A2</td>
<td>Educational qualifications of children looked after ([joint working])</td>
<td>Children</td>
<td>✓ &amp; BV50</td>
</tr>
<tr>
<td>A3</td>
<td>Re-registrations on the Child Protection Register</td>
<td>Children</td>
<td>✓</td>
</tr>
<tr>
<td>A4</td>
<td>Employment, education and training for care leavers ([joint working])</td>
<td>Children</td>
<td>✓ &amp; BV161</td>
</tr>
<tr>
<td>A5</td>
<td>Emergency admissions ([interface])</td>
<td>Adults</td>
<td>✓</td>
</tr>
<tr>
<td>A6</td>
<td>Emergency psychiatric re-admissions ([interface])</td>
<td>Adults</td>
<td>✓</td>
</tr>
<tr>
<td>B7</td>
<td>Children looked after in foster placements or placed for adoption</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>B8</td>
<td>Cost of services for children looked after</td>
<td>Children</td>
<td>BV51 TQ</td>
</tr>
<tr>
<td>B9</td>
<td>Unit cost of children's residential care</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>B10</td>
<td>Unit cost of foster care</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>B11</td>
<td>Intensive home care as a percentage of intensive home and residential care</td>
<td>Adults</td>
<td>✓</td>
</tr>
<tr>
<td>B12</td>
<td>Cost of intensive social care for adults and older people</td>
<td>Adults</td>
<td>BV52 TQ</td>
</tr>
<tr>
<td>B13</td>
<td>Unit cost of residential and nursing care for older people</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>B14</td>
<td>Unit cost of residential and nursing care for adults with learning disabilities</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>B15</td>
<td>Unit cost of residential and nursing care for adults with mental illness</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>B16</td>
<td>Unit cost of residential and nursing care for adults with physical disabilities</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>B17</td>
<td>Unit cost of home care for adults and older people</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C18</td>
<td>Final warnings/reprimands and convictions of children looked after</td>
<td>Children</td>
<td>✓</td>
</tr>
<tr>
<td>C19</td>
<td>Health of children looked after</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>C20</td>
<td>Reviews of child protection cases</td>
<td>Children</td>
<td>BV162</td>
</tr>
<tr>
<td>C21</td>
<td>Duration on the Child Protection Register</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>C22</td>
<td>Young children looked after in foster placements or placed for adoption</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>C23</td>
<td>Adoptions of children looked after</td>
<td>Children</td>
<td>BV163</td>
</tr>
<tr>
<td>C24</td>
<td>Children looked after absent from school ([joint working])</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>C25</td>
<td>Inspections of children's homes</td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>C26</td>
<td>Admissions of supported residents aged 65 or over to residential/nursing care</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C27</td>
<td>Admissions of supported residents aged 18–64 to residential/nursing care</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C28</td>
<td>Intensive home care</td>
<td>Adults</td>
<td>BV53</td>
</tr>
<tr>
<td>C29</td>
<td>Adults with physical disabilities helped to live at home</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C30</td>
<td>Adults with learning disabilities helped to live at home</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C31</td>
<td>Adults with mental health problems helped to live at home</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C32</td>
<td>Older people helped to live at home</td>
<td>Adults</td>
<td>BV54</td>
</tr>
<tr>
<td>C33</td>
<td>Avoidable harm for older people (falls and hypothermia)</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>C34</td>
<td>Inspections of residential care for adults and older people</td>
<td>Adults</td>
<td></td>
</tr>
</tbody>
</table>
List of Personal Social Services Statistical Publications Containing Further Information

Most statistical bulletins are available on the Department of Health statistics website (www.doh.gov.uk/public/stats1.htm), where statistics can be downloaded in spreadsheet format. Also available are copies of many statistical returns together with guidance and details of developments in statistical collections.

Performance Indicators for Council Social Services
(Contact: Keith Childs 020 7972 5736 e-mail: keith.childs@doh.gsi.gov.uk)

Social Services Performance Assessment Framework Indicators

The paper publication contains overviews for the indicators. Council-level detail is available on the internet (www.doh.gov.uk/paf/index.htm) and in the Key Indicators Graphical System (see below).

Key Indicator Graphical System – contains statistics on council social services, updated twice each year

Key statistics of social services for England in spreadsheet format

Services for Children
(Statistician: Annie Sorbie 020 7972 5573 e-mail: annie.sorbie@doh.gsi.gov.uk)

Children looked after by local authorities
Children and young people on child protection registers
Children accommodated in secure units, England and Wales
Children’s homes
Children adopted from care, England
Educational qualifications of care leavers, England
Outcome indicators for looked after children
Children in Need, (tel 020 7972 5619)

From 1998 responsibility for day care statistics has transferred to the Department for Education and Skills (Contact Stephen Cooke 01325 392765).

**Services for Adults**
(Statistician: Kate Anderson 020 7972 5582 e-mail: kate.anderson@doh.gsi.gov.uk)

Community Care Statistics: Day and Domiciliary Personal Social Services for Adults
Community Care Statistics: Residential Personal Social Services for Adults, England
Private hospitals, homes and clinics registered under Section 23 of the Registered Homes Act 1994, England
Referrals, Assessments and Packages of Care for Adults, England
People registered as deaf or hard of hearing (triennial)
Registered blind and partially sighted people (triennial)

**Resources of Social Services Departments**
(Contact: Keith Childs 020 7972 5736 e-mail: keith childs@doh.gsi.gov.uk)

Personal social services expenditure and unit costs England
Staff of local authority social services departments England
Appendix B

SSI and SSI/Audit Commission joint review team contact points

SSI Headquarters

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Richmond House
79 Whitehall
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SW1A 2NS
Tel: 020 7210 5484
e-mail: denise.platt@doh.gsi.gov.uk

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SW1A 2NS

Head of SSI Policy, Jo Cleary
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London
SW1A 2NS

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SSI Director, Michael Rourke
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SE1 6EF

South East

SSI Director, Lynda Hoare
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Eileen House
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London
SE1 6EF

* Until 30 June 2003
** Acting Chief Inspector from 1 July 2003
South West
SSI Director, Steve Pitt
40 Berkeley Square
Clifton
Bristol
BS8 1HP

East
SSI Director, Jenny Owen
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Fulbourn
Cambridge
CB1 5XB

East Midlands
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2nd Floor
St James’ Place House
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Castle Boulevard
Nottingham
Nottinghamshire
NG7 1FW

West Midlands
SSI Director, John Cypher
6th Floor
Ladywood House
45/46 Stephenson Street
Birmingham
B2 4DH

North West
Acting SSI Director, Jane Booth
11th Floor
West Point
501 Chester Road
Old Trafford
Manchester
M16 9HU
Yorkshire and the Humber

SSI Director, Jonathan Phillips
8th Floor
8E 03 Quarry House
Quarry Hill
Leeds
LS2 7UE

North East

SSI Director, John Fraser
Tyne Bridge Tower
Church Street
Gateshead
Tyne & Wear
NE8 2DU

Methodology and Information

SSI Director, Paul Brearley CBE
8th Floor
8E 04 Quarry House
Quarry Hill
Leeds
LS2 7UE

Social Services Inspectorate Publications and Web site

Communications Team Manager, Dave King
Room 642
Wellington House
133–155 Waterloo Road
London
SE1 8UG
Appendix C

SSI Office Boundaries

1 - North West
- Blackburn
- Blackpool
- Bolton
- Bury
- Cheshire
- Cumbria
- Halton
- Knowsley
- Lancashire
- Liverpool
- Manchester

2 - North East
- Darlington
- Durham
- Gateshead
- Hartlepool
- Middlesbrough
- Newcastle upon Tyne
- North Tyneside
- Northumberland
- Redcar & Cleveland
- South Tyneside
- Stockton-on-Tees
- Sunderland

3 - Yorkshire & the Humber
- Barnsley
- Bradford
- Calderdale
- Doncaster
- East Riding of Yorkshire
- Kingston upon Hull
- Kirklees
- Leeds
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- Rotherham
- Sheffield
- Wakefield
- York

4 - East Midlands
- Derby
- Derbyshire
- Leicester
- Leicestershire
- Lincolnshire
- Northamptonshire
- Nottingham
- Nottinghamshire
- Rutland

5 - West Midlands
- Birmingham
- Coventry
- Dudley
- Herefordshire
- Sandwell
- Shropshire
- Solihull
- Staffordshire
- Stoke-on-Trent
- Telford and Wrekin
- Walsall
- Warwickshire
- Wolverhampton
- Worcestershire

6 - East
- Bedfordshire
- Cambridgeshire
- Essex
- Hertfordshire
- Luton
- Norfolk
- Peterborough
- Suffolk
- Southend on Sea
- Thurrock

7 - London
- Barking & Dagenham
- Barnet
- Bexley
- Brent
- Bromley
- Camden
- City of London
- Croydon
- Ealing
- Enfield
- Greenwich
- Hackney
- Hammersmith & Fulham
- Harrow
- Havering

8 - South East
- Bracknell Forest
- Brighton & Hove
- Buckinghamshire
- East Sussex
- Hampshire
- Isle of Wight
- Kent
- Medway
- Milton Keynes
- Oxfordshire
- Portsmouth
- Reading
- Slough
- Southampton
- Surrey
- West Berkshire
- West Sussex
- Windsor & Maidenhead
- Wokingham

9 - South West
- Bath & North East Somerset
- Bournemouth
- Bristol
- Cornwall
- Devon
- Dorset
- Gloucestershire
- Isles of Scilly
- North Somerset
- Plymouth
- Poole
- Somerset
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9 - South West
- Bath & North East Somerset
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- Southampton
- Surrey
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11 - South West
- Bath & North East Somerset
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12 - South East
- Bracknell Forest
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- Wokingham

13 - South West
- Bath & North East Somerset
- Bournemouth
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- Devon
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- Plymouth
- Poole
- Somerset
- South Gloucestershire
- Swindon
- Torbay
- Wiltshire

14 - South East
- Bracknell Forest
- Brighton & Hove
- Buckinghamshire
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- Hampshire
- Isle of Wight
- Kent
- Medway
- Milton Keynes
- Oxfordshire
- Portsmouth
- Reading
- Slough
- Southampton
- Surrey
- West Berkshire
- West Sussex
- Windsor & Maidenhead
- Wokingham

15 - South West
- Bath & North East Somerset
- Bournemouth
- Bristol
- Cornwall
- Devon
- Dorset
- Gloucestershire
- Isles of Scilly
- North Somerset
- Plymouth
- Poole
- Somerset
- South Gloucestershire
- Swindon
- Torbay
- Wiltshire

16 - South East
- Bracknell Forest
- Brighton & Hove
- Buckinghamshire
- East Sussex
- Hampshire
- Isle of Wight
- Kent
- Medway
- Milton Keynes
- Oxfordshire
- Portsmouth
- Reading
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17 - South West
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- West Berkshire
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- Wokingham

19 - South West
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- Wiltshire

20 - South East
- Bracknell Forest
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- East Sussex
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- Kent
- Medway
- Milton Keynes
- Oxfordshire
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- Reading
- Slough
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- West Berkshire
- West Sussex
- Windsor & Maidenhead
- Wokingham

21 - South West
- Bath & North East Somerset
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- North Somerset
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- Poole
- Somerset
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- Swindon
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- Wiltshire

22 - South East
- Bracknell Forest
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- Southampton
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- West Sussex
- Windsor & Maidenhead
- Wokingham

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- Plymouth
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- Somerset
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- Swindon
- Torbay
- Wiltshire

24 - South East
- Bracknell Forest
- Brighton & Hove
- Buckinghamshire
- East Sussex
- Hampshire
- Isle of Wight
- Kent
- Medway
- Milton Keynes
- Oxfordshire
- Portsmouth
- Reading
- Slough
- Southampton
- Surrey
- West Berkshire
- West Sussex
- Windsor & Maidenhead
- Wokingham
Appendix D

SSI Structure Chart

Denise Platt CBE*
Chief Inspector

Averil Nottage**
Deputy Chief Inspector

Head of SSI Policy
Jo Cleary

Jane Booth (acting),
SSI Director
North West

John Fraser,
SSI Director
North East

John Cypher,
SSI Director
West Midlands

Jonathan Phillips,
SSI Director
Yorkshire & The Humber

Glen Mason,
SSI Director
East Midlands

Jenny Owen,
SSI Director
East

Steve Pitt,
SSI Director
South West

Mike Rourke,
SSI Director
London

Lynda Hoare,
SSI Director
South East

Paul Brearley CBE,
SSI Director
Methodology & Information

SSI/Audit Commission
Joint Review Team, Review Director
Sue Mead

* Until 30 June 2003
** Acting Chief Inspector from 1 July 2003
Appendix E

List of Chief Inspector Letters and SSI publications issued 2002-2003

CI(2002)3
Developing services for minority ethnic older people, the audit tool

CI(2002)4
Social Services Performance ‘star’ ratings

CI(2002)5
By private arrangement: SSI report of the inspection of the arrangements for supervising children in private foster care

CI(2002)6
Restructuring of the Social Services Inspectorate

CI(2002)7
Modernising mental health services: inspection of mental health services

CI(2002)8
Modernising services to transform care: inspection of how councils are managing the modernisation agenda in social care

CI(2002)9
The roles and responsibilities of Directors of Social Services

CI(2002)10
Children Act Report 2001

CI(2002)11

CI(2002)12
Charges for residential accommodation deferred payments scheme

CI(2002)13
CI(2002)14
Improving older people’s services: policy into practice: inspection of social care services for older people.

CI(2002)15
Safeguarding children: a joint Chief Inspectors report on arrangements to safeguard children

CI(2002)16
Second annual report of the Adoption & Permanence Taskforce

CI(2002)17
SSI involvement in improvement planning following corporate & comprehensive performance assessment

CI(2002)18
Social Services star ratings and performance indicators

CI(2002)19
Delivering quality children’s services: inspection of children’s services

CI(2003)1
Arrangements for checking social services compliance with the practice recommendations of the Victoria Climbié Inquiry report

CI(2003)2
Audit of services to children in need in response to the practice recommendations of the Victoria Climbié Inquiry report

CI(2003)3

CI(2003)4
Fulfilling lives: inspection of social care services for people with learning disabilities

CI(2003)5
Better Informed? – inspection of management and use of information

CI(2003)6
The Social Services Inspectorate: who we are and what we do: 2003 edition
Appendix F

List of Local Authority Circulars issued 2002-2003

LAC(2002)12
Mental Health Supplementary Credit Approvals - 2002/2004

LAC(2002)13
Fair access to care services: guidance on eligibility criteria for adult social care

LAC(2002)14
Children (Leaving Care) Act 2000: grant conditions for use of ring-fenced funds 2002/2003

LAC(2002)15
Charges for residential accommodation: CRAG amendment no.18 National assistance (assessment of resources) (amendment) (no.2) (England) Regulations 2002

LAC(2002)16
Children Act (Miscellaneous Amendments) (England) Regulations 2002: new guidance on promoting the health of looked after children

LAC(2002)17
Children missing from care and from home: good practice guidance

LAC(2002)18
Capital grant for improving information management 2002/2003

LAC(2002)19

LAC(2002)20
Care Standards Act 2000 nurses agency regulations and national minimum standards transitional arrangements

LAC(2003)1
Mental health grant guidance: 2003/2004

LAC(2003)2
Child and Adolescent Mental Health Service (CAMHS) grant guidance 2003/2004

LAC(2003)3
The PSS Performance Fund 2003/2004
**LAC(2003)4**
Care Standards Act 2000: regulations and national minimum standards for local authority adoption services in England and voluntary adoption agencies in England and Wales

**LAC(2003)5**
Social services training support programme: 2003/2004

**LAC(2003)6**
Mental health supplementary credit approvals: 2003/2005

**LAC(2003)7**
Guidance on NHS funded nursing care

**LAC(2003)8**

**LAC(2003)9**
Teenage pregnancy local implementation grant 2003/2004

**List of Local Authority Social Services Letters (LASLLs) Issued 2002-2003**

**LASSL(2002)2**
Consultation document: Children's rights director regulations

**LASSL(2002)3**
Care Standards Act: regulations and national minimum standards for residential family centres - consultation document

**LASSL(2002)4**
Guidance on accommodating children in need and their families

**LASSL(2002)5**
Providing effective adoption support: consultation document

**LASSL(2002)6**
National Minimum Standards for care homes for older people and care homes for younger adults (18–65) environmental standards: consultation document

**LASSL(2002)7**
Special grant for the development of treatment foster care programmes
LASSL(2002)8
Consultation documents: local authority adoption service (England) regulations 2003 and national minimum standards for England: voluntary adoption agencies and adoption agencies (miscellaneous amendment) regulations 2003 and national minimum standards for England and Wales

LASSL(2002)9
Adopter preparation and assessment and the operation of adoption panels: a fundamental review: consultation document: Department of Health

LASSL(2002)10
Personal Social Services capital programme 2003/2004: Annual Capital Guidelines

LASSL(2002)11
Personal Social Services (PSS) funding: 2003/2004

LASSL(2002)12
Draft adoption support services (local authorities) (transitory and transitional provisions) (England) regulations 2003 and draft accompanying guidance: consultation document

LASSL(2003)1
Revised personal social services (PSS) funding: 2003/2004

LASSL(2003)2
Preparing older people's strategies: linking housing to health, social care and other local strategies
Appendix G

SSI Inspection Programme - Completed Fieldwork 2002-2003

This list identifies the national programme where fieldwork was completed in 2002-2003.

Child Protection Services:

Brighton and Hove
Derbyshire
Haringey

Children's Services:

Barking and Dagenham
Bedfordshire
Blackburn and Darwen
Bournemouth
Bury
Camden
City of London
Darlington
Essex
Hackney
Hampshire
Hounslow
Islington
Lambeth
Leicestershire
Liverpool

Management and Use of Information in Social Care:

Birmingham
Cheshire
Gloucestershire
Leicester

Haringey
Stoke on Trent
Manchester
Milton Keynes
Northamptonshire
Peterborough
Rotherham
Sheffield
Slough
Somerset
South Gloucestershire
St Helens
Stockton on Tees
Suffolk
Trafford
Walsall
Wirral

North Lincolnshire
Redbridge
Warrington
Mental Health Services:
Barnet  Telford and the Wrekin
Bristol  Tower Hamlets
Cumbria  Waltham Forest
Kensington and Chelsea  Wandsworth
North East Lincolnshire
North Somerset
Southend on Sea

Social Care Services for Disabled People:
Bolton  Redcar and Cleveland
Bromley  Solihull
Gateshead  Tameside
Liverpool

Social Care Services for Older People:
Bracknell Forest  Rutland
Doncaster  South Gloucestershire
East Sussex  Southend on Sea
Gloucestershire  Stockport
Halton  Torbay
Hertfordshire  Wakefield
Isle of Wight  West Berkshire
Newham  Wolverhampton
Nottingham
Peterborough

Children's Fund:
Cornwall  Knowsley
Camden  Lancashire
Doncaster  Sheffield
Islington
Appendix H

Joint reviews fieldwork completed in English authorities 2002-2003

Blackpool
Bournemouth
Brent
Cambridgeshire
Derby
Dudley
Durham
Ealing
Hackney
Hartlepool
Herefordshire
Hillingdon
Hull
Kirklees
Lewisham
Medway
Nottinghamshire
Oldham
Poole
Portsmouth
Reading
Richmond
Salford
South Tyneside
Warwickshire
Wigan
Wokingham
Worcestershire
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Northumberland County Council
Plymouth City Council
Quality Protects Magazine
Shropshire County Council
SSI Wales
SSI Northern Ireland
Stoke-on-Trent City Council
Staffordshire County Council
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