Commission for Social Care Inspection

CSCI

Making Social Care Better for People

The state of **social care** in England 2005-06

DECEMBER 2006

About CSCI

The Commission for Social Care Inspection (CSCI) was set up in April 2004. Its main purpose is to provide a clear, independent assessment of the state of social care services in England. CSCI combines inspection, review, performance and regulatory functions across the range of social care services in the public and independent sectors.

Our Vision and Values

The Commission for Social Care Inspection aims to:

- put the people who use social care first;
- improve services and stamp out bad practice;
- be an expert voice on social care; and
- practise what we preach in our own organisation.

Reader Information

Document Purpose	For information
Author	Commission for Social Care Inspection
Publication Date	December 2006
Target Audience	Parliament, social services directors, directors of children's services, directors of adults' services, chief executives and councillors of councils with social services responsibilities in England. Health care professionals, academics and social care stakeholders.
Further copies from	csci@accessplus.co.uk
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Internet address	www.csci.org.uk
Price	FREE
Ref. No.	CSCI-ARP-109-5000-TRI-122006 CSCI-186

The state of social care in England 2005-06

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First Published: December 2006
This report is available in pdf format on the CSCI website.

Design by Ministry of Design, Bath.
Photography: Simon Hancock, Kim Brett, Cambridge News.

Foreword by the Chair and the Chief Inspector

This is the Commission's second annual report on the state of social care in England. It reflects the diversity of social care encompassing the public, private and voluntary sectors. It takes as its starting point the experience of people who use social care services, and assesses the extent to which policy ambitions are being translated into improvements in people's lives.

Social care services include care and support provided to people in their own homes, day services in their local neighbourhood, temporary breaks and long-term residential care. They include services for children and families such as child protection services, early years, and fostering services.

People say they want real choice about the care they use, flexible services which respect and fit with their lives, fair and non-discriminatory services and the chance to have the same opportunities and to take the same risks as anyone else. Over the last year people have continued to express concerns about the gap between policy aims and the reality of their experience, whether they are adults or children.

The state of social care in England 2005-06 brings together a comprehensive assessment of care services for both adults and children. While the report provides a detailed overview of the current state of the social care sector, we have chosen to focus on two particular concerns highlighted in last year's report – the role of those who commission services, and the support provided to unpaid carers.

The overall picture is one of gradual improvement and modernisation of services. There have been no major shifts in the trends identified last year. However, it is clear that external pressures on the sector are hindering progress in making services better for the people who use them. In particular, NHS budget deficits in some areas are putting a strain on relationships at local level and potentially undermining essential partnerships in both adults' and children's services.

Improving social care services for the people who use them requires concerted and coordinated action by commissioners and service providers working with people who use those services. The role of commissioners is particularly important. If personalised care and support as envisaged in government policy, both in the White Paper *Our health, our care, our say* and in *Every child matters*, is to be made a reality, current ways of commissioning services will need to change. Commissioning of adult social care services needs to ensure that people have the opportunity to make choices and take control. Commissioning of children's services needs to enhance children's life chances. Commissioning for both children and adults needs to ensure that those with the most challenging behaviour and the most complex needs receive the right mix of general and specialist services to respond to their needs.

While some councils show a good understanding of the need for a strategic approach to commissioning services that enable people to live their lives to the full and to achieve their potential, too many are still commissioning the same traditional profile of services.

There are commissioning challenges, which require better collaboration across children's and adults' services. Firstly, to ensure that young people with complex needs experience a smooth transition from children's to adults' services. Secondly, to meet the specific social care needs of parents whose children are in touch with children's services. A new structure for children's services has been developed in most areas, and investment has remained at a high level over the last year. It is now vital that council children's services departments work strategically with adults' services to get it right for young people as they move from childhood to adulthood and for parents with serious problems of their own.

A central responsibility for service providers is to improve the quality of their service provision. While many services are steadily improving, others fail to meet all the National Minimum Standards, including key standards. Providers from across the public, private and voluntary sectors have a responsibility to address the quality of their services, and to ensure that staff have the training and support they need to provide the best possible care for the people who rely on them. The focus on commissioners and service providers should not obscure the central importance of including people who use services in determining the range and quality of what is commissioned.

This report notes the ever-rising eligibility criteria for access to services. As councils face an increase in the number of older and disabled people and in the costs of care, many have responded by raising the threshold people have to pass before they are entitled to a council-funded service. The consequence is that, irrespective of the quality of social care services, fewer people are receiving services, and those people who do qualify for care have a high level of need. The options for people who do not meet the criteria set by their local council are limited. In some cases, people rely on friends and family members. In others, they pay for their own care. Some people have no option but to do without.

In next year's report on the state of social care in England, the Commission intends to focus on the impact on people of targeting social care resources so narrowly. We will also consider the experiences of the growing number of people who find and fund their own care, whether by choice or necessity.

Carers' responsibilities are increased by the trend towards ever-tighter eligibility criteria for access to services. Support for unpaid carers remains one of the biggest public policy challenges of our time. Last year we stated clearly that the onus was on councils to address this. This year, we find that services for carers remain patchy and limited, and that in many areas carers still do not have the same opportunities as other people. Carers continue to tell us that they only receive support when they reach crisis point, when what they need most is flexible respite care and sustained support.

This report also considers the value for money obtained by councils as commissioners and purchasers of social care services. However, value for money should not simply be about value for *public* money, but also about ensuring that people receive value for their *own*

money. As the number of people paying for their own care (self-funders) increases, the question of value for money becomes particularly pertinent.

A major – and unresolved – policy theme that underlies this report is the balance between state and individual responsibility for funding social care, particularly for older people. The Wanless Social Care Review concluded that the current system is unsustainable. People are increasingly looking to government to provide clarity on what social care the state will fund, and what individuals will be expected to pay for directly.

Looking to the future, the performance of commissioners and service providers should be assessed principally on the basis of outcomes for people who use care services; whether personalised care is delivered effectively and whether the care people receive reflects the qualities that people want to see in their services.

Dame Denise Platt DBE
Chair
Commission for Social Care Inspection

Paul Snell
Chief Inspector

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The state of social care 2005-06: an overview

This second report from the CSCI is based on evidence from the Commission's performance assessment and regulatory activities and:

- describes how far trends in social care have changed over the last year
- looks in more depth at those trends in relation to two key concerns raised in last year's report – the role of commissioning and the support provided to unpaid carers
- provides an overview of the current state of social care across public, private and voluntary sectors.

Assessing the state of social care

The views and preferences of people using social care underpin this assessment of the state of social care.

Two million people of all ages and from every community used social care services arranged by local councils during 2005-06 aiming to assist them to live independently and to have a decent quality of life. These services were either provided by the council or by private and voluntary organisations commissioned by the council. People assessed by their council contributed around £2 billion in charges for residential and community services. In addition, more than 174,000 people paid directly for their place in a care home and many other people arranged their own care and bought services directly from voluntary and private organisations.

These services included care and support provided in their own homes, day services in their local neighbourhood, temporary breaks and long-term residential care. Children and families were supported through child protection, early years, fostering, residential and other services.

People have said they want real options about their care; flexible services which respect and fit with their lives; fair and non-discriminatory services; and the chance to have the same opportunities and to take the same risks as anyone else.

Over the last year people have continued to express concerns about the gap between policy aims and the reality of their experience. A recent Ipsos Mori poll[1] highlighted the gap between people's aspirations for services and what is on offer.

1 Ipsos MORI survey commissioned by DRC, Equal Opportunities Commission and Carers UK on public attitudes to care, July 2006.

- **ninety per cent of the public said it was important that they should be able to stay at home if they develop a long-term health condition or disability**
- **eighty-seven per cent believe it is important that they are given the choice where they live, other than just residential care**
- **two-thirds of respondents agree it is important that support from social care agencies should enable them to stay in work.**

Government ambitions for social care

Government policies to improve the quality, choice and flexibility of care services that have been spelt out in the White Paper, *Our health, our care, our say,*[2] and in *Every child matters*.[3]

Government sees better informed consumers, actively engaged citizens and community involvement as crucial components of change in all public services. Market incentives have been introduced to improve services, accelerating commissioning from the voluntary sector and social enterprises as well as from private (for-profit) organisations.

Social care is at the heart of these reforms and debates about individual and state responsibilities, the funding and nature of social care, and devolution and decentralisation of public services. Councils have a crucial leadership role in collaborative working across health, housing, education and other partners from the voluntary and independent sectors to address the well-being and social inclusion agenda and to find ways to deliver better integrated services to people of all ages.

Regulators have been charged with developing proportionate and risk-based systems to ensure good outcomes for people.

This review is set in the context of high ambitions, some unresolved debates about the appropriate dividing line between state and individual responsibilities and considerable organisational change and turbulence. This includes change within social care – as children's and adults' services separate – and in the NHS.

The state of social care: (i) social care is modernising

Social care continues to modernise to meet people's aspirations and government policy. Radical new ways of putting people in control of their care are being introduced through provision of individual budgets. The number of people using direct payments is increasing and has more than doubled between 2004 and 2006. New housing-based models of care and services delivered into people's homes are providing integrated support in ways which people say they prefer. Some children and families are now using well co-ordinated social care and health services delivered from a local centre.

2 Department of Health (2006) *Our health, our care, our say: a new direction for community services London*: The Stationery Office.

3 Department of Education and Skills (2003) *Every child matters* London: Stationery Office.

Greater numbers of home care and residential care services are meeting more of the Government's National Minimum Standards.

For example, on average, in 2006 compared to 2003:

- **residential services for older people are now meeting 79% of standards, compared with 59%**
- **services for younger adults are now meeting 82% of all standards, compared with 63%**
- **residential children's homes are now meeting 80% of standards, compared with 58%.**

Some services are exceeding minimum standards and are providing innovative support designed with people using services, flexible and responsive care and making use of new technology.

Initiatives between social care, health, housing, education and other partners are promoting people's health, well-being and social inclusion as the basis for independent living and improving life chances.

The state of social care: (ii) modernisation is gradual

But this modernisation is gradual. As Part One of our report describes, over the last year there have been no major shifts in trends. Home care services continue to be targeted at people with the most intensive needs. A large proportion of resources continue to be spent on residential and more traditional forms of care. People of all ages with challenging behaviour do not have their needs adequately met.

- **In 2005, 98,240 households received intensive home care, an increase of 6% from 2004.**
- **The number of people supported by councils to live in residential care decreased from 277,950 in 2003-04 to 267,240 in 2004-05.**
- **Residential placements accounted for £5.32 billion out of £14.06 billion for adults' services; and for £972 million out of £4.69 billion for children's services.**

There are still some home care and residential services that do not meet all the National Minimum Standards. Indeed, improvement against standards has slowed down.

For example, only up to two-thirds of care homes meet standards relating to:

- **Managing medication safely (61%)**
- **Recruitment practices (65%)**
- **Ensuring there is an appropriate care plan for residents (57%).**

Although there has been a substantial increase in the numbers of people using direct payments, these are very small compared to the overall numbers of the people who use

social care services. Direct payments only accounted for around £1 in every £100 of social care expenditure by councils in 2004-05.

Pilots for individual budgets are shifting traditional views on how to provide support but lessons are yet to be learned prior to any national adoption of individual budgets. Most people, including those who fund their own care, are not yet in a position to exert pressure on the care market and alter the local 'menu' of services and support.

There are signs of more expert commissioning by some councils, as shown in Part Two of this report, but for the most part commissioners are not yet achieving the range and quality of care services needed for local people. Collaboration across authorities to develop and influence the markets for services to children and to adults is rare.

But, however sophisticated the commissioning, there are significant challenges which are hindering the achievement of policy ambitions described in the introduction to this report.

The state of social care: (iii) progress hampered by pressures on the social care sector

Progress in modernising social care is being hampered by financial pressures in the social care and health system, an underdeveloped care market, continuing recruitment and retention problems, and organisational turbulence.

The chapter on commissioning highlights the cost pressures on social care, including rising demand for more expensive intensive care services for both adults and children and higher costs of care relating to national minimum wage policies, rising expectations and other factors. Commissioners are faced with managing tensions between drives for cost and efficiency on the one hand and meeting increasing expectations of high-quality services on the other.

Councils and other commentators report that the NHS deficit of over £500 million last year is affecting local partnerships between local authorities and the NHS. A number of councils and primary care trusts are reported to be withdrawing from pooled budget arrangements and both say they are nervous to embark on new joint initiatives. Disputes about the funding of care for people with continuing healthcare needs are reported to have re-emerged in some places.[4] Steps to improve joint strategic commissioning and other service developments are being hindered by these financial pressures.

Reports from councils of increasing financial constraints, service pressures and higher thresholds of eligibility for services echo authoritative work carried out by the Wanless Social Care Review. By extrapolation from estimates of funding for social care in 20 years' time, the review found a significant funding shortfall in the current system to meet most older people's needs.

Difficulties in addressing both the wider agenda to prevent or delay people's need for care services as well as funding the costs of intensive care services are not just a result of poor

4 LGA (2006) Social Care Finance Survey: *The impact of NHS trust financial deficits on English local authorities.*

commissioning. Even excellent councils can struggle to provide the breadth and intensity of services to meet the care and support needs of their local population.

The organisational turbulence in the NHS and changes in councils' structures for adults' and children's services represent further significant pressures on the system. Fractured working relationships and the time needed to develop new partnerships based on trust delay the delivery of good integrated care and effective community services.

Although much is being achieved in spite of these pressures, there are serious questions as to the sustainability of this present system. This is particularly pressing as evidence from Wanless and others forecast increasing needs for social care over the next 20 years. The Wanless Review projects a rise in the number of older people with some care needs of 53%; and a 54% increase in those with a high level of need.

The number of young disabled people is also increasing. A report by John Grooms on the needs of young disabled people states the number of children under the age of 16 with disabilities rose by 62% between 1975 and 2002, making them the most rapidly growing disability age group.[5]

The state of social care: (iv) the impact on people of the current state of social care

We are thus seeing a shift away from services funded and arranged by the statutory sector to more responsibilities placed on individuals. As scarce public resources are increasingly targeted, more people and their families are having to take responsibility for arranging and funding their own care.

From this overview of the state of social care, the following groups of people, including children and families, currently using social care services or seeking support, give rise for concern:

1. Those **people who are not using services arranged by the council but seek support and good information about what may be available.** These may be people who prefer to fund their own care; or people who may not be deemed to have sufficiently substantial needs to be entitled to local social care services and are forced to draw upon their own resources, rely on family and friends or forego help until there is a crisis. As yet, there is limited evidence as to whether people are successfully directed to alternative and appropriate support or properly informed about the options open to them.
2. **Carers**, unpaid relatives and friends, from our evidence in Part Two, are bearing the costs of ever-tighter eligibility criteria and shortfalls in current services.

   Whilst there are a number of good examples of initiatives to support carers both in their caring role and as individuals in their own right, support and services are patchy. Councils are not always taking a multi-agency strategic approach and hence there is often a fragmented and limited response to their needs. Councils are having to manage

5 Christophides R (2006) *Young, disabled and forgotten* John Grooms.

the tension between targeting resources effectively and hence raising eligibility criteria, at the same time as supporting carers. The danger in these circumstances is that carers continue to be seen only as a 'resource', contrary to the aims of the Carers (Equal Opportunities) Act, 2004.

3. **People who have little, if any, choice and control over the services they use.** There are still too many people who are offered little, if any, choice of services; nor do they have any choice as to who comes into the privacy of their home to provide assistance and when and how support is provided. For example, people have reported their frustrations with rushed, inflexible home care services which offer them little control.[6] Too many children in care are moved around frequently, denying them the stability that would improve their life chances.
4. **People who are using services which are not meeting all of the National Minimum Standards and are simply not good enough.** Even if not at risk of harm, some children and adults, including those who care for family members, are being denied a good standard of care and decent quality of life as well as the social, educational, and work opportunities others would expect. The educational attainment of children in care is still short of the level achieved by all children.
5. **People with complex needs whose specialist needs in addition to their ordinary needs are not being met.** This may include children with complex needs, older people with some forms of dementia and other adults and younger people with different types of challenging behaviour. It is often these small numbers of people who are not offered the special packages of services that mean they can live their lives with dignity.

Future agenda

Despite progress over recent years and some real success stories, there is a pressing agenda of change to close the gap between government's policy aims and the reality of many people's experience.

Much falls upon councils and their partners to lead and deliver the agenda for change in both children's and adults' services. In adults' services, what can be achieved will ultimately rest on whether consensus can be reached on what is the state's and what is individual's responsibility. In both children's and adults' services, the levels of funding and how to achieve the best value for whatever resources are available is an ongoing challenge.

The Commission for Social Care Inspection is introducing new ways of assessing the performance of councils and services that focus increasingly on the outcomes for people. In the coming year the Commission will be concerned to gather evidence about what happens to those people who use their own resources to obtain the care and support they want and those people who have unmet needs. How is the shift that is inexorably taking place from state to more individual responsibility actually affecting people?

6 CSCI (2006) *Time to care? An overview of home care services for older people in England 2006* London: CSCI.

Context and focus

Chapter 1 Introduction
Chapter 2 Setting the scene: policy context

Chapter 1
Introduction

1.1 This is the second report from the Commission for Social Care Inspection providing an overview of the state of social care in England. Based on evidence from the Commission's performance assessment and regulatory activities this report:

- describes how far trends in social care have changed over the last year
- looks in more depth at those trends in relation to two key concerns raised in last year's report – the role of commissioning and the support provided to unpaid carers
- provides an overview of the current state of social care across public, voluntary and private sectors and assesses how well the sector is placed to meet the needs of people of all ages seeking support or those who may be at risk.

1.2 **Last year's report**[7] showed an improvement in the performance of councils and in the standards met by regulated services in social care.

1.3 However these findings were qualified. Many of the improvements people wanted to see in the quality of services were proving slow to achieve. In children's services moves to integrate education and social care services had resulted in some councils performing less well because of organisational turbulence.

1.4 Councils were concentrating on developing services for those with the highest and most complex needs and many people did not qualify for services because of the high thresholds for accessing services. The needs of children and adults with challenging behaviour were not being adequately met.

1.5 Shortfalls were identified in information for people to make choices about their care and in the range of services available. Poor support to carers was highlighted. Chronic difficulties in recruitment and retention of the workforce continued to impact on the quality of care services.

1.6 Significant challenges were facing commissioners to develop local care services and ensure the right mix of services for people to have the choice and control they want.

People using social care 2005-06

1.7 Around 2 million people, adults and children, over this last year (2005-06) used different social care services provided by their local council or commissioned on their behalf from independent and voluntary organisations. People assessed by their council contributed approximately £2 billion in charges for these residential and community services. In addition, more than 174,000 people arranged and paid directly for their own care in residential homes and others bought home care and other services privately. Private

7 Commission for Social Care Inspection (December 2005) *The state of social care in England 2004-05* London: CSCI.

spending by older people alone on residential and home care is estimated at more than £3.5 billion a year.[8]

1.8 People using social care include older people, people with learning disabilities, people with mental ill health, people with problems of substance misuse and people with physical and sensory disabilities. Children and families are also supported by social care, in some cases where there are concerns about the safety and well-being of children. Carers – spouses, other relatives or friends – provide substantial unpaid assistance to people of all ages and they too may be supported by social care.

1.9 People who use social care are of all ages, from all backgrounds, ethnic and faith communities. Some experience discrimination, social exclusion and harassment because of their gender (including gender identity), age, sexual orientation, race belief or disability.[9]

1.10 Social care plays a pivotal role in supporting and safeguarding children and families and people of all ages through the provision of a range of services. These include home care, sitting services or meals services, day services and social work, residential care homes and nursing homes. Children and families are supported through child protection, early years and other services, including fostering or residential care. A range of services are provided to offer a break to carers and to support them in their caring role.

1.11 Some services are arranged jointly between councils and health services to meet people's (often long-term) health and care needs, prevent inappropriate admissions into hospital, restore people's independence on returning home from acute health care and promote the health and well-being of disabled children.

1.12 All of these services reach into the privacy and fabric of people's everyday lives and have the potential to fundamentally affect the quality of those lives.

People's views on social care

1.13 People using services have said they want not only to be listened to, but also to have their aspirations supported and turned into reality so that their lives are demonstrably better.[10]

1.14 The eight key qualities they are concerned about in services are:

- **choice:** having real options and support to choose between them
- **flexibility:** where there is creative problem solving and responsiveness to individual circumstances
- **information:** which is accessible, proactively given and with explanation personally provided
- **being like other people:** to experience the same opportunities and risks
- **respect and being heard**
- **fairness and non-discrimination**

8 Wanless D (2006) Wanless Social Care Review *Securing good care for older people* London: King's Fund.

9 CSCI (2006) *Equalities and diversity strategy* London: CSCI.

10 CSCI (2006) In Focus Quality Issues in Social Care *Real voices, real choices* London: CSCI.

- **cost and value:** the right to expect value for money
- **safety:** freedom from fear, bullying, abuse and neglect.

1.15 Children and young people share these views about what makes a good service and their '50 key messages'[11] include the need for services to:

- treat each child as an individual
- take what a child says as seriously as what an adult says
- allow children to have a real say in decisions affecting them
- have a sufficient range of places available for there to be a choice of which one suits the child best.

1.16 The state of social care in England is assessed according to these views and with people's preferences and aspirations guiding the overview.

About this report

1.17 The following chapter sets the scene and policy context for this review of the state of social care.

1.18 The report is in two parts.

Part One provides facts and figures on the picture of social care across the whole sector one year on:

- How money has been spent by councils compared to last year; on which services and for whom.
- Trends in services and changes in the balance of residential and community services in the social care market and in care and preventative services for children; how far people are using direct payments.
- The quality of regulated services in public, private and voluntary sectors and performance of council services.

Part Two focuses more on council activities and looks in depth at:

- The state of commissioning: how far councils' commissioning, with their partner agencies, is shaping and developing the local care market with its mix of diverse providers from across private, voluntary and public sectors.
- The state of carer support: how far councils have adopted a strategic and systematic approach to supporting carers.

11 CSCI (2006) *Children's views on standards* (R. Morgan, Children's Rights Director) London: CSCI.

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Our Vision and Values

The Commission for Social Care Inspection aims to:

- put the people who use social care first
- improve services and stamp out bad practice
- be an expert voice on social care
- practise what we preach in our own organisation.

Chapter 2
Setting the scene: policy context

Public service reform

2.1 Government has continued to drive reform of public services over the last year to improve the quality, choice and flexibility of services to meet people's expectations. 'We want modern, effective, personalised high quality public services that reflect the needs of the times we live in today and which can provide the maximum possible opportunity for people to make the most of their lives.'[12]

2.2 Better informed consumers, actively engaged citizens and community involvement have been seen as crucial components of change. Market incentives have been introduced to improve public services, accelerating commissioning of a broader range of services from the voluntary sector and social enterprises as well as from private (for-profit) organisations.

2.3 Social care is currently at the heart of these developments to reform public services and a number of significant policy debates. These concern:

1. ensuring genuine choice and control for people using social care services
2. maximising people's potential and life chances
3. funding and the balance between state and individual responsibilities
4. the role of local government in improving the well-being of local communities as a basis for independent living
5. delivery of integrated care to meet the interrelated health and social care needs of people
6. steps to ensure good, and safe, outcomes for people.

1. Choice and control by people using social care

Individual budgets

2.4 The piloting of individual budgets has been a key, radical development over the last year, alongside continued promotion of direct payments, to put

12 John Hutton, Secretary of State, Department for Work and Pensions, speech to Social Market Foundation, 24 August 2005.

people in control of the services they use and to provide genuine choice. Evaluation of early 'In Control' schemes indicates high satisfaction by people arranging their own support and using different patterns of services to those traditionally arranged by local councils.[13]

2.5 People who fund their own care have received particular attention. Good, timely and accessible information for people to make choices is crucial whether people fund their care or not. As the Office of Fair Trading[14] report highlighted, lack of information means people have little consumer power in the care market. Government proposes to develop competencies for those acting as service brokers and supporting people navigate their way through services.[15] Other support to people making decisions is being offered through independent mental capacity advocacy pilots that have been set up for people considering serious medical treatment and long-term care moves.

Debate about risk

2.6 These new developments have sparked debate about the fundamental rights of people of all ages to take risks.

2.7 CSCI has recently published a discussion paper *Making Choices: taking risks* to contribute to the debate about risk and older people and the proposed national approach to risk in social care.

2.8. The debate on risk in relation to children has highlighted the freedom children in care should have to lead an ordinary life and, for example, the ability to stay overnight with their friends and their families. The Safeguarding Vulnerable Groups Act when implemented will tighten procedures so that people who pose risks to children (and adults) would be barred from working with them.

Effective commissioning to ensure choice

2.9 Offering real choice of services has also put the spotlight on effective commissioning and market development to ensure the range, balance, quality and sustainability of services for local people of all ages, whether they fund their own care or not. Improving commissioning to deliver personalised care remains one of the ongoing challenges, as Part Two of this report explores.

13 Poll C et al (2006) *A report on In Control's first phase 2003-05* London: Control Publications.

14 OFT (2005) *Care Homes for older people in the UK.*

15 Department of Health (2006) *Our Health, our care, our say: a new direction for community services* London: The Stationery Office.

The Department for Education and Skills (DfES) has published guidance for councils on commissioning children's services.[16]

2.10 In July 2006 the Department of Health published the report of its Third Sector Commissioning Task Force, designed to encourage greater involvement of third sector bodies in the delivery of health and social care. This work included a sub-group on streamlining regulation and accreditation, whose proposals seek to build on measures already being taken by both CSCI and the Healthcare Commission.[17]

2. Maximising people's potential and life chances

2.11 The Government's action plan on social exclusion[18] and the Children and Young People's Review carried out by DfES and HM Treasury for the Comprehensive Spending Review focus on better identification and early intervention for those children and families in need of support. This includes supporting parents to enable them to meet their parenting responsibilities.

2.12 Similarly, the *Care matters* Green Paper sets out proposals to ensure earlier intervention and support for families where children are at risk of being taken into care. It also includes proposals to strengthen the corporate parenting role of local councils, provide stable, high-quality placements that meet children's needs and support young people through the transition into adulthood.

2.13 Although the educational attainment of children in care has improved in many areas, children who are looked after by their local council still achieve less than other children of the same age. Addressing this discrepancy remains a persistent challenge for most councils. Councils also face the challenge of ensuring stable placements for children who enter the care system, to increase the likelihood that children will complete their education and maintain contact with family and friends.

2.14 The life chances of disabled children need to be supported into adulthood. Councils need to find ways of assisting these young people into employment and training and enabling them to maximise their independence.

3. Debate about the funding of adult social care and balance between state and individual responsibilities

2.15 The appropriate level of funding for social care has been hotly debated over the last year. The review led by Sir Derek Wanless[19] of the likely costs of social care for older people in 20 years' time has posed fundamental questions about society's ambitions for social care and what it is prepared to fund and how.

16 Department of Further Education and Skills (2006) *Joint planning and commissioning framework for children, young people and maternity services*.

17 Department of Health (July 2006) *No excuses. embrace partnership now. Step towards change!* Report of the Third sector Commissioning Task Force. London: Department of Health.

18 Cabinet Office (2006) *Reaching out: an action plan on social exclusion* London: Cabinet Office.

19 Wanless D (2006*) Securing good care for older people: taking a long-term view* London: King's Fund.

Wanless Social Care Review

2.16 The review costed social care for three increasingly ambitious scenarios of outcomes. These ranged from a scenario based on current patterns of services where support is predominantly targeted on the most dependent; to a care system which achieves the highest levels of personal care and safety outcomes which can be justified for their cost; through to social care provision that also enhances well-being and social inclusion.

2.17 The review found evidence of significant unmet need in the current social care system. Based on the results of the review's modelling exercise, Sir Derek Wanless argued 'unless society is less inclined to support the same improvement in outcomes from social care as it would from, say, health care, then more should be spent on social care for older people'. He emphasised, however, that any additional funding should not be forthcoming without a commitment to reconfigure services, demonstrating value for money and fairness.

Debate about state and individual responsibilities

2.18 The Wanless review of different options for funding social care has highlighted the debate about the appropriate balance between state and individual responsibilities.

'Ultimately the choice of funding mechanism depends on value-based choices about the relative importance of containing public sector costs, maximising equal access to care, and balancing outcomes between high- and low-income groups.'

This is a theme tackled in the White Paper on pensions which proposes reforms to simplify the pension system and reward saving.[20]

20 DWP (2006) *Security in retirement: towards a new pensions system* Norwich: The Stationery Office.

2.19 The debate about who pays for what is central to longstanding difficulties around who is eligible for NHS continuing care (care that is fully funded and to which the person with high levels of healthcare need makes no financial contribution). The Department of Health issued further interim guidance (pending publication of a National framework for NHS Continuing Care) in March 2006 in response to a High Court judgement on continuing care (Grogan V Bexley NHS Care Trust). The guidance, yet again, called for local reviews of eligibility criteria for NHS continuing care.

2.20 In addition to a major overhaul of funding for long term care, the Joseph Rowntree Foundation[21] has proposed an immediate package of reforms aimed at achieving a 'balance between targeted support for those with fewest resources and an improvement in 'universal' access to care services.'

2.21 In March 2006 the Government set up a review of social care which is starting from first principles on how social care is funded. The review is examining requirements over the next 20 years, including how to support plans in the Government's White Paper *Our health, our care, our say* with public spending.

Government ambitions for social care

2.22 Government sets out its ambitions in that White Paper[22] with four key goals for community health and social care services:

- better prevention services with earlier intervention
- more choice and a louder voice for people
- more on tackling inequalities and improving access to community services
- more support for people with long-term needs.

2.23 Similar goals are set for children's services. Better outcomes set out in *Every child matters* are to be achieved by developing integrated services centred on children and young people, creating a better interplay between universal and specialist services to improve prevention and early intervention.

4. Local government's role in promoting social inclusion and well-being

2.24 Debate about devolution and decentralisation of public services has underlined local government's key role in improving community services.

Local government's leadership role

2.25 Sir Michael Lyons[23] has argued local government should be given greater freedom to 'place-shape', taking responsibility for the well-being of an area and the people who live

21 Joseph Rowntree foundation (2006) *Paying for long-term care* Foundations Analysis informing change York: JRF.

22 Department of Health (2006) *Our Health, our care, our say: a new direction for community services* London: The Stationery Office.

23 Lyons Inquiry into Local Government (2006) *National prosperity, local choice and civic engagement: a new partnership between central and local government for the 21st century* London: Stationery office.

there, promoting their interests and their future. Most importantly for social care, local government has a leadership role in coordinating actions to improve the health and well-being of local communities which underpins independent living. The local government White Paper *Strong and prosperous communities* (October 2006) has proposed an enhanced role for councils as strategic leaders through a duty to co-operate between councils and local partners.

2.26 The Director of adult social services (DASS)[24] now has a central role in promoting well-being and social inclusion by coordinating the work of different local agencies, such as health, housing and transport. The DASS is also responsible for the accountability of services to local communities through consultation with local people.

2.27 The Director of children's services and lead member also have key leadership roles to ensure co-operation between partners and local accountability so children are safeguarded and services improved.

2.28 The Supporting People programme has enabled councils to strengthen their focus on prevention, provide a wider range of services and models of support that actively promote people's independence.[25]

Different levels of 'prevention'

2.29 The Government's prevention agenda is ambitious and ranges from preventing the use of inappropriate and costly services through to reducing the risk that individuals or families may experience later in life.[26] In their latest action plan on social exclusion the Government is seeking to break the 'cycle of disadvantage' partly through early identification and intervention and support tailored to the individual.

2.30 The Green Paper *Care matters*[27] has a raft of proposals to ensure children in care are not socially excluded and to improve their education opportunities. These include giving local authorities the power to direct schools to take children in care, even when a school is over-subscribed; and a virtual head teacher in each local area responsible for driving up the performance of schools in relation to children in care.

2.31 A range of social inclusion programmes for older people, such as Sure Start to Later Life[28] and the Link-Age Plus programme, are promoting new approaches to local services and citizenship.

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24 Department of Health (2006) Guidance on the statutory chief officer post of the Director of adult social services.

25 CSCI (2006) *Supporting people – promoting independence: Lessons from inspections* London: CSCI.

26 Cabinet Office (2006) *Reaching out: an action plan on social exclusion* London: Cabinet Office.

27 Dept of Education and Skills (2006) *Care matters: transforming the lives of children and young people in care*.

28 Office of Deputy Prime Minister (2006) *A sure start to later life – ending inequalities for older people: a Social Exclusion Unit final report* West Yorks: ODPM.

2.32 A 'New Deal for Carers' has been promised in the White Paper to update the 1999 national strategy on carers and address the social exclusion of many carers.

2.33 It is recognised the evidence base for much of the work on prevention needs expanding and partnerships for older people's projects[29] are looking to find out what is value for money.

5. Delivering integrated care

2.34 The White Paper, *Our health, our care, our say,* proposed a number of measures to support closer working between social care and health in order to deliver integrated care for people. These include aligning the budgetary and planning cycles of the NHS and councils; stronger local commissioning between councils and primary care; and the development of more multi-disciplinary networks and teams as well as co-located services. Practice-based commissioning is also seen as a way of developing more innovative and responsive models of joined-up support in both adults' and children's services.

2.35 The development of children's trust arrangements provides a framework for the local integration of children's services, including health services. The National Service Framework for Children, Young People and Maternity Services (2004) sets out a 10-year change programme across health and social care services and their interface with education based on child-centred practice.

Implementation challenges: NHS reform

2.36 The challenge for adults' and children's services lies in the implementation of these measures, particularly at a time of upheaval and reform in the NHS. The numbers of primary care trusts (PCTs) are being reduced from 303 to 152. Whilst this reconfiguration aims for a closer relationship between health, social care and emergency services, the organisational turbulence has presented challenges to local service improvements.

2.37 Financial deficits in the NHS are causing PCTs to adjust their plans in order to return to financial balance and it is reported these are leading to some tensions in the health and social care system. NHS trusts in aggregate overspent by more than £1.2 billion in 2005-06, and the NHS as a whole overspent by more than £500 million. Whilst government has sought a strategic shift with fewer patients inappropriately treated in hospital and more services closer to home, some commentators suggest progress is likely to be slow as long as PCTs have weak levers to make it happen and hospitals think they will lose out financially if it does.[30]

2.38 Other key service improvements, for example in improving mental health services for older people[31] and for children, and end of life care[32] and hospice care for children, also call for effective joint commissioning and integrated service delivery.

29 Department of Health LAC (2006) *7 Partnerships for older people's projects (POPP) grant 2006-08.*

30 Palmer K (2006) *NHS reform: getting back on track* London: King's Fund.

31 Department of Health (2005) *Everybody's business: integrated mental health services for older adults – a service development guide* web-based guide (http://kc.nimhe.org.uk/upload/everybodysbusiness.pdf).

32 Department of Health (2006) *NHS end of life care programme progress report* www.endoflifecare.nhs.uk

6. Ensuring good outcomes for people

2.39 Abuse of people uncovered in services provided by the Cornwall Partnership NHS Trust (in this case unregistered services) highlighted the importance of an effective range of safeguards. These include registering services, effective interagency arrangements to protect people and robust local authority arrangements for investigating allegations of abuse.

2.40 As a result of the abuse uncovered in the Cornwall investigation, an audit of NHS services is being undertaken by the Healthcare Commission. The content of the audit is being developed in partnership with CSCI.

2.41 The second joint Chief Inspectors' report on arrangements to safeguard children (July 2005) found agencies were working together better to safeguard children.[33] However there were continuing concerns about differing thresholds applied by social services to child protection and family support services and difficulties in the recruitment and retention of staff.

Regulation and inspection

2.42 CSCI is implementing a programme – **Inspecting for Better Lives** – which is designed to create a regulatory system which is both proportionate and risk-based. The programme primarily relates to regulation of adult social care as responsibilities for regulating and inspecting children's social care transfer to Ofsted in April 2007.

2.43 Since April 2006 regulations in respect of adult services have changed so that CSCI now has the power to inspect when it sees fit, as long as every service is inspected at least once every three years. This new regime enables a more proportionate approach to inspection, underpinned by a careful analysis of risk. That risk assessment brings together all the information held by CSCI about a service.

2.44 Alongside this more risk-based regime, two other changes are aiming to ensure an approach to inspection and regulation that is focused on good outcomes for people. Firstly, through ensuring those people who use services play a more prominent part in assessments of service quality. Secondly, by expecting service providers to play a bigger role in assessing the quality of their own care provision through completing an annual quality assessment.

2.45 Government is undertaking a review of the National Minimum Standards, expected to take effect from 2008-09, but in the meantime CSCI is introducing other changes to improve their regulatory regime. These include moving to mainly unannounced inspections and producing more user-friendly inspection reports which deal with seven social care outcomes set out in the White Paper, *Our health, our care, our say*. A system for awarding each care service

33 *Safeguarding children: the second joint Chief Inspectors' report on arrangements to safeguard children* at www.safeguardingchildren.org.uk

a quality rating is being developed to empower consumers and guide inspections of adult services.

2.46 Phased changes are also planned in the performance assessment of councils, leading up to the creation of a new social care and health inspectorate in 2008. The Department of Health published late in 2006 a consultation paper taking forward its wider review on regulation and foreshadowing the merger of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

2.47 The emphasis of future performance assessment will be on how councils with adult social services responsibilities achieve the outcomes people want. In addition there will be measures as to how services are led and managed, how they are commissioned and how resources are used in order to achieve better personalised care.[34]

Regulation of the workforce

2.48 In July 2006 the General Social Care Council recommended domiciliary and residential social workers in both adults' and children's services should be included in the next phase of their programme to register all social care workers and regulate their conduct, education and training.

Workforce development

2.49 To ensure good outcomes for people, steps are being taken to address a range of workforce issues, including workforce skills, recruitment and retention through the Options for Excellence Review; and for children through the Children's Workforce Strategy.

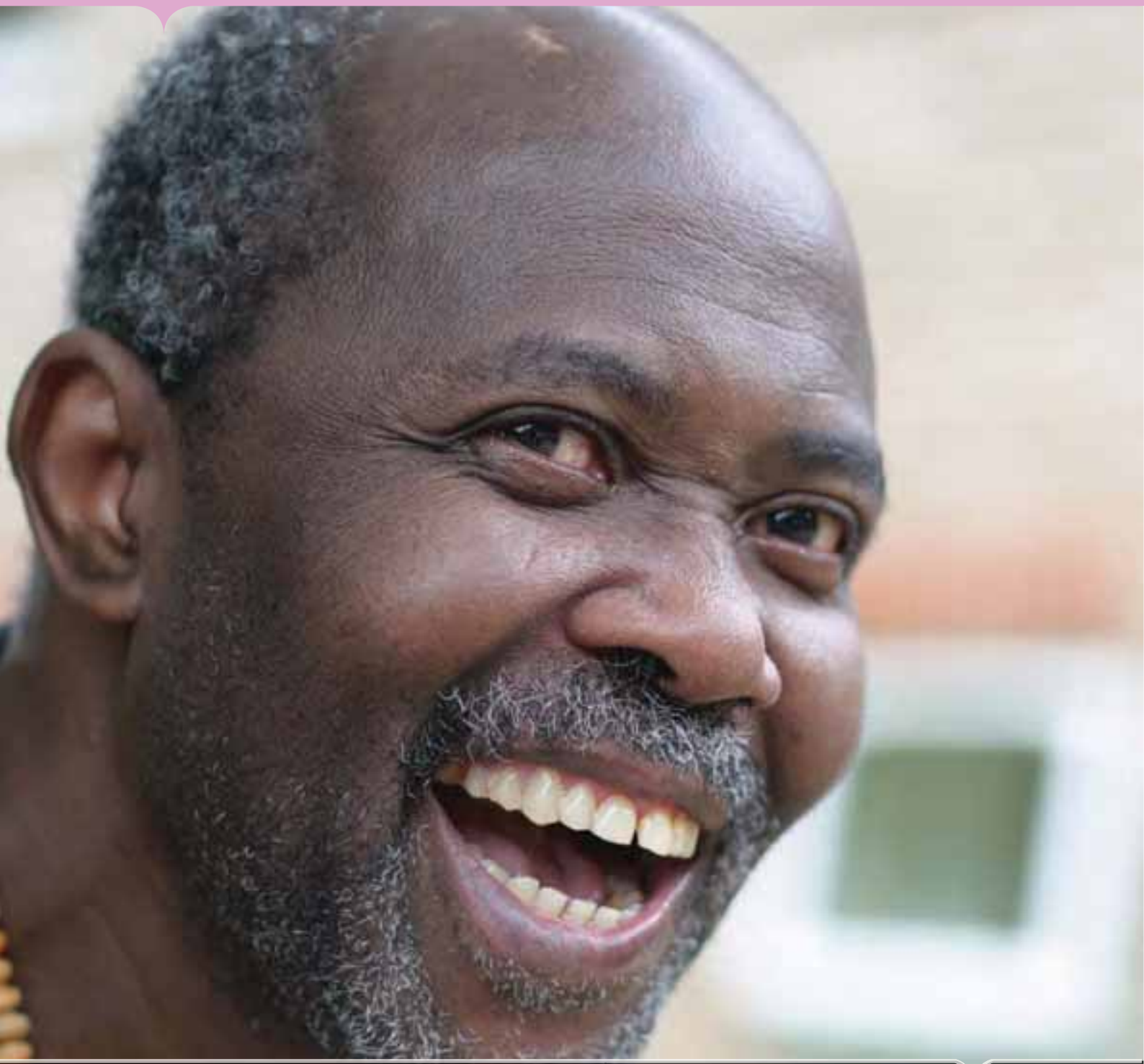
2.50 Work between Skills for Care and other stakeholders on a sector skills agreement and sector qualification strategy aims to deliver quality in the workforce by 2009. The new National Minimum Data Set will gather information about employers and employees which will provide important evidence for identifying and addressing workforce issues.

Assessing progress in delivering policies

2.51 Policy ambitions are thus high for the whole social care sector and change has been driven by a raft of government measures over the last year.

2.52 This report considers the extent to which the social care sector has been able to put policy objectives into practice and meet the aspirations of people using, or looking to use, social care services.

34 CSCI (2006) *A new outcomes framework for performance assessment of adult social care 2006/07* London: CSCI.



Part one: The picture of social care one year on: data and trends

Chapter 3 Expenditure and activity
Chapter 4 Trends in services
Chapter 5 The quality of social care services

Chapter 3
Expenditure and activity

Key findings

- Expenditure on social care by councils increased to over £19 billion in 2004-05; the upward trend in expenditure continued in 2005-06.
- Expenditure on adults' services increased by over 4.0% in real terms to just over £14 billion, whilst expenditure on children's services increased in real terms[35] by almost 7% to almost £4.7 billion.
- During 2004-05, approximately 1.7 million adults and 385,000 children were using services provided by councils.
- There have been further increases in the number and proportion of people using intensive home care (households using more than 10 contact hours and 6 or more visits per week); in 2005, 98,240 households received intensive homecare, an increase of 6% from 2004.
- Admissions to nursing and care homes have continued to decline reflecting government policy to support more people to live independently in their own homes. The numbers of people supported by councils to live in residential care decreased from 277,950 in 2003-04, to 267,240 in 2004-05.
- The use of direct payments continues to increase, with direct payments to children and carers of disabled children seeing a three-fold increase. Early evidence suggests that growth in direct payments was substantial in 2005-06, particularly for older people.
- However, direct payments still accounted for only around £1 in every £100 of social care expenditure by councils in 2004-05, and despite the expected growth in 2005-06 still remains at very low levels.
- Expenditure on children's services saw a further substantial increase in 2004-05, with all areas of activity seeing large above-inflation rises in spending, whilst the number of children on the child protection register and children in care fell slightly in 2004-05.
- The use of independent foster provision continued to increase in 2004-05.
- Whilst the unit cost of independent foster placement saw a much smaller percentage increase than that for council placements, the cost of an independent foster placement remains almost three times that of a council placement.
- The number of children in children's homes fell slightly in 2004-05, although the total number of days that children spent in homes increased.

35 In 'real terms' means removing the effect of the increase in the cost of care services.

Introduction

3.1 Due to the timescales for release of data for publication from the Information Centre for Health and Social Care, detailed information on expenditure and activity is only available for the financial year 2004-05. Where possible, this has been augmented with information from councils' delivery and improvement statements (DIS) for 2005-06.

3.2 Expenditure by councils on social services for adults and children amounted to some £19.1 billion in 2004-05. This money was spent helping around 2 million people. This section broadly summarises how this money has been spent and how this has changed over recent years.[36]

Council expenditure on adult social care

3.3 In 2004-05, gross current expenditure (including capital charges) by councils on adults' personal social services was £14.06 billion, an increase of 8.0% (4.2% in real terms[37]) on the previous year.[38]

3.4 There was substantial variation in changes in expenditure across councils, as can be seen in the maps below. Although around two-thirds of councils had increases of between 1% and 10% on both adults' and older people's services, 16 councils saw no increase or a reduction in expenditure on adults' services and 20 saw a reduction in expenditure on older people. Conversely, there were 10 councils where expenditure on adults' services increased by over 20%.

3.5 Such disparity in changes in expenditure pose a number of questions explored further in Part Two, for example:

- have any reductions in expenditure been as a result of efficiency savings or reductions in services?
- has separation of the children's and adults' services budgets influenced decisions on expenditure as it has become more difficult for either budget to subsidise the other?
- does the increase reflect changes in joint arrangements with the NHS?

3.6 Between 2003-04 and 2004-05, direct payments had the highest percentage increase while day care had the lowest increase and expenditure on meals actually fell. The large increase in direct payments has continued over recent years, but still remains very small overall. Further analysis of direct payments follows later in this chapter and in Part Two.

36 Details on council expenditure and activity are collected through various council returns. These produce information on very broad areas of activity and cannot adequately capture the activity of innovative councils that have purchased and commissioned increasingly pluralistic services. Use of supported housing, for example, is difficult to identify. The Commission is working with the Department of Health and the Information Centre for Health and Social Care to improve the returns so they better capture the expenditure and activities of councils.

37 It is noteworthy that inflation in care services stood at 3.8% as opposed to RPI at 2.3%, highlighting the pressure on councils to increase expenditure just to stand still in terms of service delivery.

38 The figure excludes expenditure on asylum seekers, which covers both family and adults' services.

3.7 Setting aside direct payments and a few other areas of small overall expenditure, expenditure on assessment and care management has increased by a greater percentage than any other major area of service delivery. In 2004-05, almost £1.7 billion was spent in this area.[39]

Table 3.1
Changes in spending between 2003-04 and 2004-05, by service

Type of service	2003-04 £millions	2004-05 £millions	Real growth 2003/04 – 2004/05
Home care	£2,091	£2,328	7.5%
Residential care	£5,030	£5,317	1.9%
Nursing care	£1,685	£1,779	1.8%
Day care	£1,215	£1,269	0.6%
Direct payments	£128	£196	48.6%
Assessment and care management	£1,456	£1,676	11.3%
Equipment and adaptation	£181	£211	13.2%
Meals	£106	£102	-7.1%
Supported accommodation	£323	£377	12.8%
Other	£804	£807	-3.4%
Total	**£13,020**	**£14,064**	**4.2%**

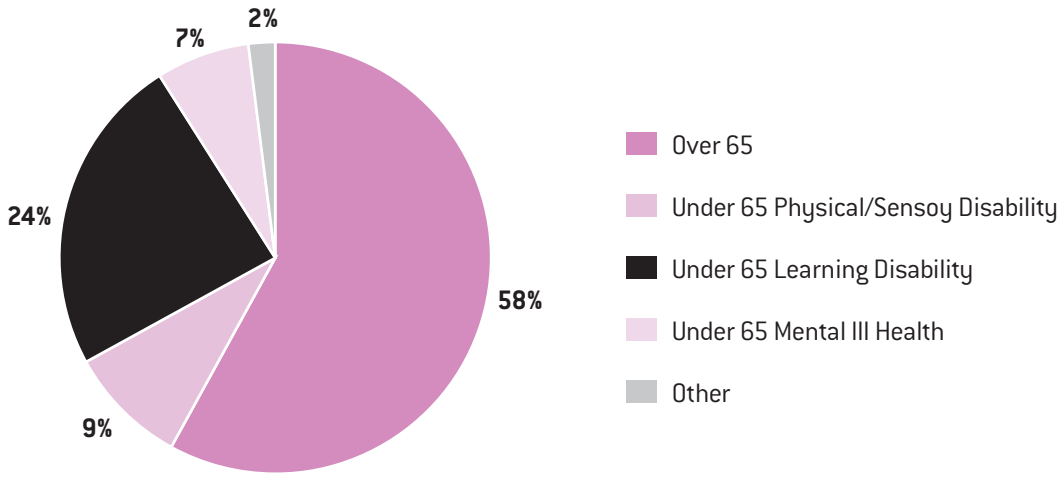
The balance of funding between groups

3.8 Comparing 2004-05 with the last several years, there was little change in the pattern of expenditure across different groups of people using services between 2003-04 and 2004-05. The increase in spending was highest for adults with learning disabilities and lowest for older people, but the differences in growth rates has only meant slight changes in the overall split of the budget.

3.9 The difference in expenditure patterns shown in Map 3.1 overleaf will be due to several factors including local market conditions and differing levels of deprivation and health in different populations within an area. The difference will also reflect commissioning strategies employed across councils and the priority given to different groups of people. Commissioning practice is explored further in Part Two.

39 Whilst changes in income for care management from client contributions, Section 31 Partnership arrangements and other sources increased by some £75 million between 2002-03 and 2004-05, this accounted for less than 20% of the increase in expenditure in this area over the same period. The increase is therefore real rather than an accounting artefact from increased partnership working.

Figure 3.1
Split in the 2004-05 expenditure between groups



Map 3.1
Councils' expenditure per capita on older people as a percentage of per capita expenditure on all adults

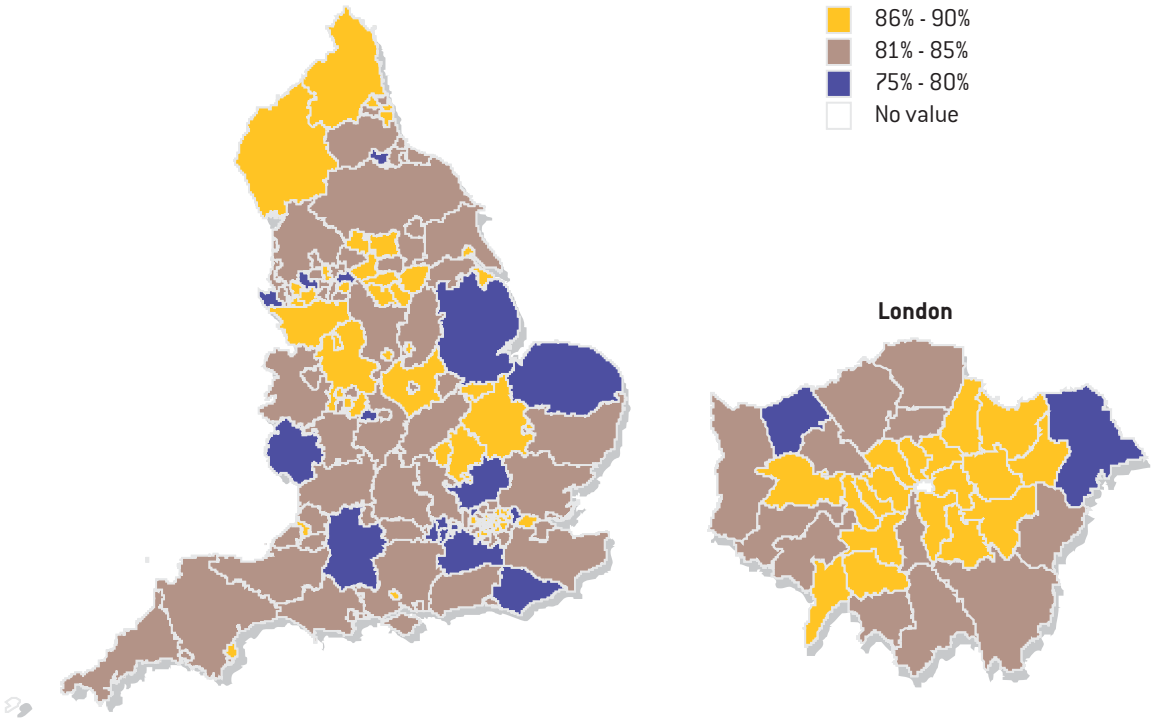
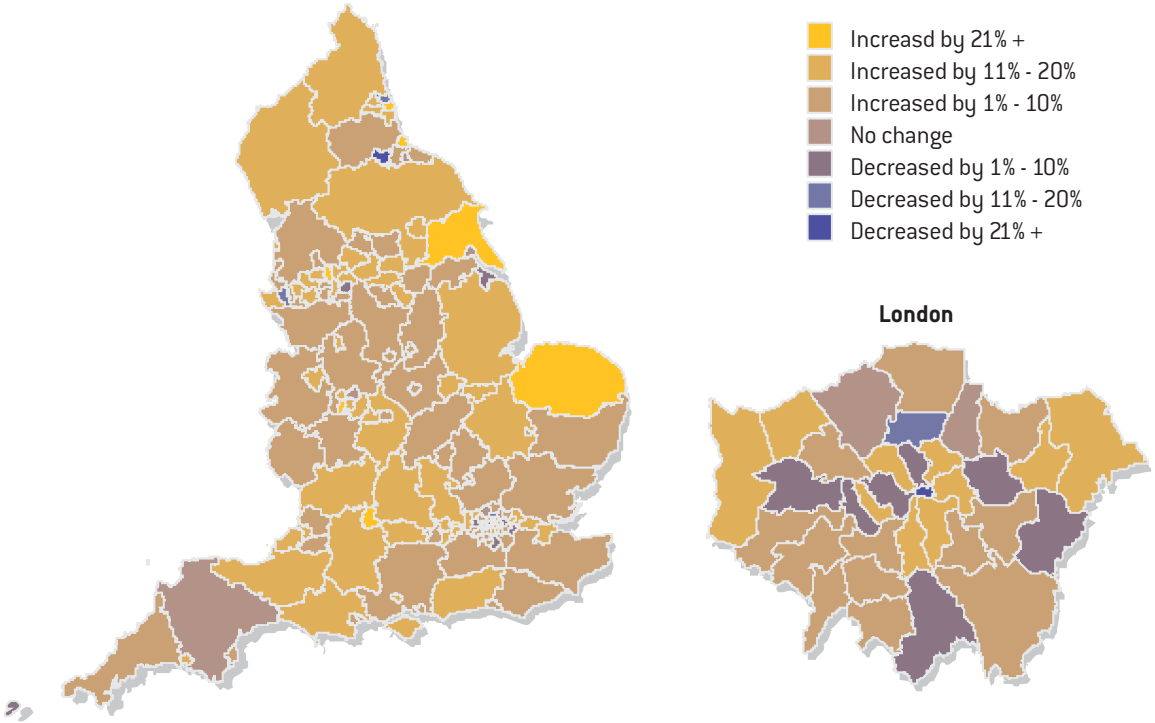


Table 3.2
Growth in spending between 2003-04 and 2004-05, by different groups

	Expenditure		Growth Rates	
	£millions		2003/04 – 2004/05	
	2003-04	2004-05	Actual	Real
Older people	7,545	8,141	7.9%	4.1%
Adults with learning disabilities	3,039	3,373	11.0%	7.2%
Adults with physical or sensory disabilities	1,191	1,311	10.1%	6.3%
Adults with mental ill health	937	1,012	8.0%	4.2%

Map 3.2
Councils' growth in expenditure on children between 2003-04 and 2004-05



Council activity in adult social care

3.10 In 2004-05, 1,721,000 adults received a social care service through their council.[40]

3.11 Activity from grant-funded services, usually delivered by voluntary agencies, is now collected separately from directly funded services, with the first collection in 2006-07:

- ***day care:*** throughout 2004-05, 242,000 adults and older people attended a day care service
- ***people provided with meals:*** the total number of people using meals between 1 April 2004 and 31 March 2005 was 176,000.

People using home care

3.12 Numbers of people using home care arranged by their councils rose very slightly, from 392,000 as estimated at 31 March 2004 to 395,000 at 31 March 2005. On average, households received 10.1 hours' home care per week in 2005, compared with 9.5 in 2004. The total number of people using home care during 2004-05 rose to 584,000, up by 9,000 compared to 2003-04.

3.13 Total number of hours of care provided increased from 3.36 million in 2004 to 3.57 million in 2005. In 2005, 98,240 households received intensive care,[41] an increase of 6% from 92,250 in 2004.

3.14 The increasing use of home care when linked to the reduction in admissions to residential care is in line with the Government objectives to support more people to live independently in their own homes. But this must be put into context.

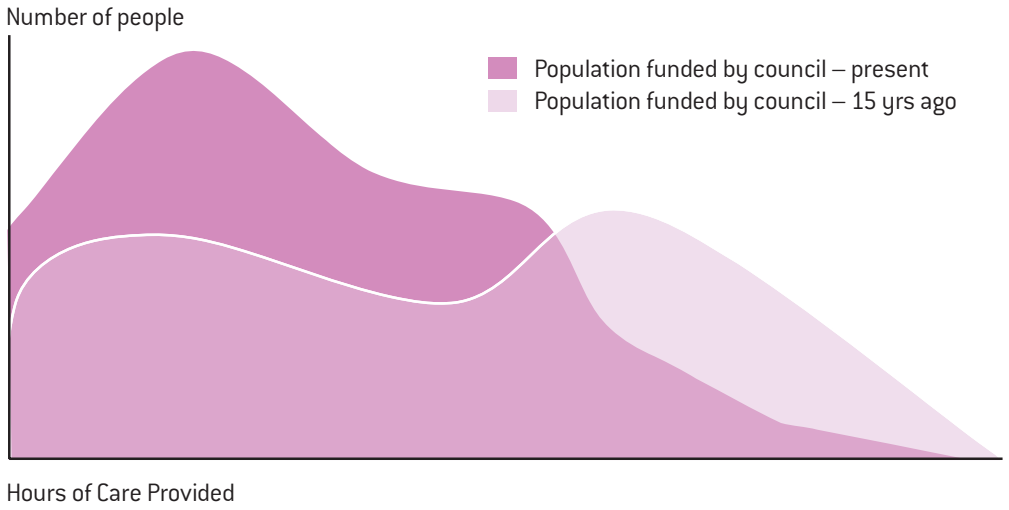
3.15 Fifteen years ago home care was provided by councils to over 500,000 households with each household on average using just over three hours of assistance per week.

3.16 The continued increased intensity suggests that provision is actually focusing on people with greatest need, providing a narrow range of people with a deep level of service. Whilst this is important, it poses questions about what happens to those people with considerable needs and those who may be prevented or delayed from seeking more expensive services by some timely, simple help. The changing shape of provision between now and 15 years ago is shown in Figure 3.2 below.

40 2004-05 is not comparable to 2003-04 data due to guidance from the RAP return being restated for 2004-05. The restated guidance excluded people receiving services from grant-funded organisations who had not had a community care assessment.

41 Defined as the number of households using more than 10 contact hours and six or more visits during the week.

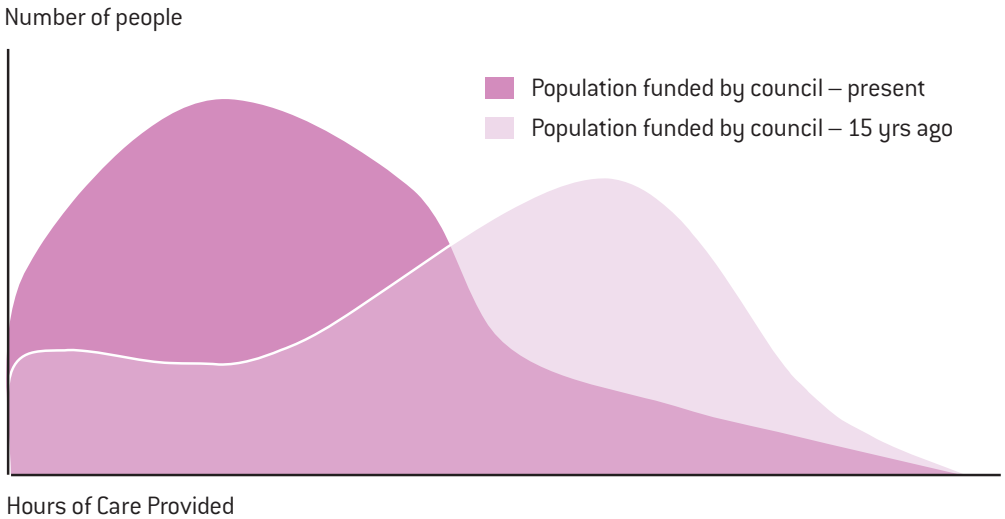
Figure 3.2
The changing depth, breadth and focus of council provision of home care over the last 15 years



3.17 Councils' purchase of home care varies. Whilst all councils procure packages of care below five hours per week, there is marked variation in the shape of provision procured across the community. This is illustrated for two inner London councils in Figure 3.3 below. This shows how one council procures almost half its care packages with only a small proportion of short packages, whilst another focuses its provision on packages below five hours.

3.18 The recent CSCI report on home care[42] highlighted that the commissioning behaviour of councils coupled with their procurement based on rising eligibility thresholds indicates more people are being excluded from services. This raises questions as to whether people are being diverted to other support or how far family carers are stepping in to fill the gap. These themes are explored further in Part Two.

Figure 3.3
The shape of council provision of home care in two inner London authorities in 2004-05



42 CSCI (2006) *Time to care? An overview of home care services for older people in England* London: CSCI.

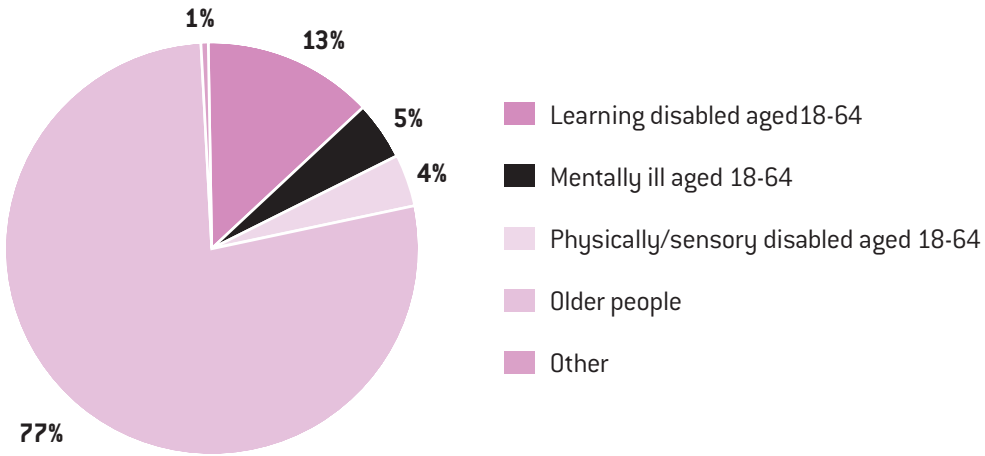
3.19 The proportion of home care provided by council staff has been falling. During a survey week in September 2005, 948,600 (27%) of hours of home care were provided directly by councils and 2,618,950 (73%) by the independent sector. During the same time period in 2004, council home care accounted for 30% of the overall provision.

3.20 This summary statistic masks significant variations in commissioning behaviour across the country. Many councils, particularly in the North East, Yorkshire and Humber and the South West, continue to provide the majority of home care in-house. In London and the South East, however, there are five councils that no longer have an in-house home care service.

Residential care

3.21 The number of people supported by councils to live in residential care (nursing and care homes) decreased from 277,950 in 2003-04 to 267,240 in 2004-05.

Figure 3.4
Council-supported residents by client group



3.22 At 31 March 2005 around 18% (48,935) of adult residents were placed outside the council area, the same proportion as in March 2004.

3.23 It is well evidenced that people usually want to stay near their families, friends and wider community when going into care homes. Whilst this will usually mean being placed within a council's boundaries, this is not always the case. Indeed, remaining near a community in London may mean that a person still has to be placed outside the council area, whilst in a shire county a person may be separated by many miles from friends and family but still be placed in the council geographical area. What matters is real choice and whether the level of out-of-council placements is truly reflective of choice or whether local market factors and budget considerations are taking priority in placement decisions.

3.24 The reliance on council residential provision continued its decline, from 11% (31,845) of all residential care purchased by council in 2004 to 10% (27,820) in 2005.

3.25 Whilst permanent admissions to residential care have been declining, as shown in Table 3.3 below, temporary admissions have been increasing. There were 50,000 short-term residential care admissions in 2004-05, an increase of 10,000 from the year before. 32,700 of these admissions related to older people and the remainder to younger adults. Some of these admissions will relate to activity from Section 31 partnerships that were funded in the past by the NHS, but the available returns do not allow estimates of the impact of joint arrangements in this area.

3.26 When the number of temporary admissions is compared to the number of individuals receiving a temporary or short-stay admission, there were around nine admissions per individual for younger adults, mostly learning disabled people, and around three admissions for older people. This suggests that short-term residential placements for older people are more likely to be for intermediate care, and for younger adults respite care. The latter are often on a long-term basis such as shared care arrangements, not generally found for older people.

3.27 When comparing the total number of temporary admissions provided using the Carers Grant (see further below), even though some of these breaks will be in the carer's home, there is evidence that the majority of respite care is funded solely through the Carers Grant. As this grant is no longer ring-fenced, the number of breaks and temporary admissions provided by councils will need to be monitored closely. Part Two considers support to carers in more detail.

Table 3.3
Rates of admissions to residential care per 100,000 population in England

	Temporary admissions				Permanent admissions			
	Personal care		Nursing		Personal care		Nursing	
	18-64	65+	18-64	65+	18-64	65+	18-64	65+
2003-04	383	1746	20	169	18	593	6	390
2004-05	372	1773	18	188	16	531	6	375
2005-06	349	1772	17	197	14	450	5	351

Source: SR1

Direct payments

3.28 Over recent years, there has been a substantial increase in the uptake of direct payments. At 31 March 2005, there were 22,000 people in England using a direct payment, up 57% from the 14,000 at the same point the year before. By 31 March 2006 this had risen to 32,000.

3.29 The majority of people using direct payments are people under 65 with a physical or sensory disability. Whilst the number of people over 65 using a direct payment at some point in the year rose from 6,000 in 2003-04 to 7,400 in 2004-05 and provisionally to

around 9,000 in 2005-06, this is still a very low proportion of the total number of older people receiving a service from their council.

3.30 At 31 March 2005, 69 councils, almost half of those with social services responsibilities, were providing direct payments to 10 or fewer older people. This exemplifies the marked variation in uptake of direct payments across the country, with the lottery of access to direct payments identified in last year's report remaining.

3.31 In 2004 CSCI published a report[43] into the challenges of increasing uptake of direct payments. The challenges highlighted there, including paucity and quality of information, bureaucratic paperwork and lack of intention to positively offer direct payments, are likely to still exist in many councils given these take-up figures. Further research confirms a success factor for good take-up of direct payments is having a locally based support service led by people using services.[44] Some councils are moving to contracts with larger voluntary organisations away from small local user-led organisations which may further explain variations in uptake of direct payments.[45]

Assessment and care management

3.32 During 2004-05, councils received 1.96 million new contacts from adults. In the same year, 649,000 people had completed assessments, a third of all contacts from new people approaching services. The number of new contacts was down by 36,000 or 1.8% on the year before with assessments down 7,000 or around 1%. The number of reviews of existing people using services rose by 65,000 over the year or around 6% to almost 1.1 million. A significant, but unknown, proportion of these reviews will have been re-assessments following changes in circumstances rather than planned reviews. Some, too, may have been as a result of raising eligibility thresholds.

3.33 In 2004-05 420,000 people used 'professional support' via their council. Current limitations of the statistical returns do not allow identification of the type of services described as 'professional support'. Although it was intended principally to include such things as counselling services, other activity (under Section 31 partnership agreements) may be included such as physiotherapy and community psychiatric nurses, even when this is provided wholly by a health trust.

Carers

3.34 Last year's *The state of social care in England – 2004-05* report highlighted the significant role of carers to the provision of social care. The following information on the resources which councils have been spending on carers provides background material for the chapter reviewing council support to carers in Part Two of this report.

43 CSCI (2004) *Direct payments: what are the barriers?* London: CSCI.

44 Riddell S et al (2006) *Disabled people and direct payments: a UK comparative study* ESRC Award RES-000-23-0263.

45 Department of Health and National Centre for Independent Living report on Direct Payments Development Fund.

3.35 As part of the Government's strategy for carers, set out in *Caring about carers* (1999), central government makes a grant available to councils to provide breaks and direct services for carers, particularly to stimulate innovative methods of service delivery.

3.36 In 2004-05, £125 million was made available to councils, up 25% from the year before. According to the delivery and improvement statement (DIS) for that year, councils spent £100 million of grant monies.

3.37 This money was used to provide some 2.38 million breaks[46] for carers, with approximately 380,000 being provided through other sources of funding. The total of 2.76 million breaks was 10% higher than the 2.5 million breaks provided by councils the year before. In 2004-05 carers were provided, on average, with 12 breaks at £42 each, while in 2003-04 these figures were 11.5 and £39 respectively.

3.38 In addition to the Carers Grant, councils may provide services through direct expenditure or via direct payments, although little of this is picked up explicitly in council returns.[47] The exception is respite care services, which were covered above, and the number of carers using a review or assessment.

3.39 In 2004-05, 194,000 carers received either an assessment or review. Of these, 65,000 received a carer's service and a further 79,000 were provided with information and advice.[48]

3.40 Relating the numbers of carers assessed or reviewed to the total of adults receiving a community service arranged by a council in the year suggests that approximately one in eight people using services (13.3%) had a carer who was assessed or reviewed.

3.41 As with other areas of activity, councils are allowed to pool their budgets with health bodies and jointly commission services for carers. In 2003-04, 91 councils out of 146 for which data were available spent none of the Carers Grant on joint care management or pooled budgets. By 2004-05, this figure fell to 82 out of 146 councils. Engaging health partners in providing support to carers is explored further in Part Two.

46 A 'breaks service' is to be construed as one which actually gives the carer a break from direct responsibility of supervising or caring for the relevant person by providing a service to that person (Performance Assessment Monitoring Guidance).

47 As grant-funded activity is collected separately, the new Grant Funded Services Survey may pick up additional information on services to carers.

48 RAP feedback England tables C1a, C1b.

Table 3.4
Amount spent and people using a break through Carers Grant

	Amount Spent (£millions)		People Using a Break	
Carers of People who are	2003-04	2004-05	2003-04	2004-05
Living with Mental Ill Health	£7.9	£9.5	21,214	27,453
Learning Disabled	£14.4	£14.9	24,373	26,962
Physically/Sensory Disabled	£8.8	£12.9	22,868	23,881
Older People	£34.1	£42.1	72,901	73,946
Younger Carers	£13.7	£8.2	29,831	20,288
Other	£6.0	£10.8	19,211	24,011
Total	£84.9	£98.4	190,398	196,541

Council expenditure on children's services

3.42 Expenditure on services for children continues to increase. The total spend has increased from £4.25 billion in 2003-04 to £4.69 billion in 2004-05. The increase in spending equates to 6.7% in real terms.

3.43 As was the case for adults' social care, there was substantial variation in the change in expenditure on children's services in councils across England.

Table 3.5
Expenditure on children's social care

Type of service	2003-04 £Million	2004-05 £Million	Real increase between 2003/04 – 2004/05
Fostering	£810	£890	6.1%
Adoption	£141	£165	13.0%
Residential Care	£897	£972	4.6%
Family Support Services	£622	£708	10.1%
Social Work	£1,082	£1,200	7.1%
Other	£695	£758	5.3%
Total	**£4,245**	**£4,691**	**6.7%**

3.44 For two consecutive years, adoption services have had the highest yearly percentage increases in expenditure on children's services, although at a slower pace between 2003-05 than 2002-04.

3.45 Between 2003-04 and 2004-05, the proportion of budget spent in each area of children's services remained similar. Expenditure on social work and commissioning activities increased its share slightly, from 25% in 2003-04 to 26% in 2004-05.

3.46 There was a slight decrease in the proportion of overall spending on children in care, which includes residential care and fostering services.

3.47 The unit cost of children's residential care rose by 3.9% in real terms, from £2,041 in 2003-04 to £2,196 per week in 2004-05.

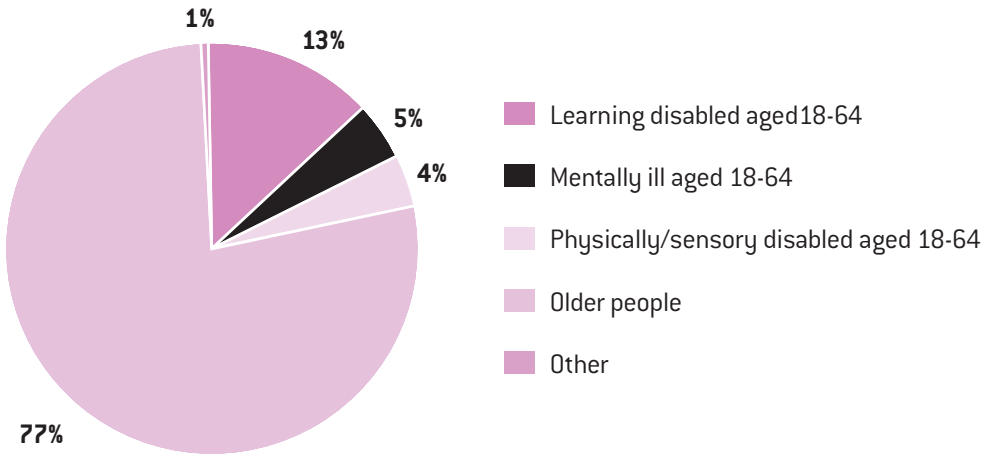
3.48 These costs are markedly different than the cost of residential care for younger adults and older people. There is no reason why expenditure between people with different needs should not vary, but variation on this level would suggest other factors are at play, which are discussed in Part Two.

3.49 Looking at other areas of activity, expenditure on direct payments tripled from £3.679 million in 2003-04 to £11.197 million in 2004-05. At 31 March 2005, there were 492 disabled children aged 16-17 and 2,265 carers of disabled children using direct payments.

3.50 In last year's report, we highlighted the differential between the unit cost of in-house foster placements and those made with independent agencies. The unit cost of both in-house and independent foster care rose by about £27 a week in 2004-05 compared to the year before. Due to the much lower cost, this meant a real increase of 5.8% for in-house foster care placements compared to a 0.8% decrease for independent placements.

3.51 Independent placements still cost between two and three times that of in-house placements, although a recent report indicated that the cost differential may be due to the way the costs are calculated than real.[49]

Figure 3.4
Split in expenditure between children's services



49 DfES/PricewaterhouseCoopers (2006) *DfES children's services: overarching report on children's services* Markets Research Information.

Council activity in children's social care

3.52 In 2004-05, the number of children looked after by councils fell slightly from 61,100 in 2004 to 60,900 in 2005, representing a decrease of 0.3%. Almost two-thirds of looked after children are in receipt of care as a result of abuse or neglect.

3.53 At March 2005, there were fewer children on the child protection register than at March 2004, a fall of 1.5%.

3.54 The number of children in foster care increased marginally from 67.4% (41,200) to 68.5% (41,700) in 2004-05. Of these children, 66% were placed with a foster carer provided by the council. Around 20% were placed with a foster carer arranged through an agency and 18% were placed with a relative or friend.

3.55 At 31 March 2005, 80% of all foster placements (41,700) were located within 20 miles of children's former homes, a performance indicator for the suitability of placements.[50]

3.56 The overall number of foster placement days increased by 1% between 2003-04 and 2004-05. This increase took place largely in independent sector foster care provision, which grew by 11%, while councils' own provision actually fell by 1%. In 2004-05, 82% of foster placements were provided by councils, down from 84% in the previous year.

3.57 In 2004-05, the number of children in residential children's homes and hostels was 6,700, down from 6,800 in 2003-04. Over the same period, the proportion of looked after children cared for in residential settings, including secure units, homes, hostels and residential schools, remained unchanged at 13%.

3.58 Over the same period, the total number of days spent in care homes increased by 4%.

3.59 The proportion of looked after children placed for adoption or placed with parents decreased slightly from 6% (3,600 children) in 2003-04 to 5% (3,100 children) in 2004-05.

50 DfES *Children looked after: statistical volume 2004-05.*

Chapter 4
Trends in services

Introduction

4.1 The analysis of trends in social care provision presented in this section is based on the information the Commission holds on registered services.

4.2 The data collected as part of CSCI's regulatory activities – primarily, registration and inspection – provides valuable information on the current availability of private, voluntary and public services in the care market and how the characteristics of the market are changing over time.

4.3 From April 2007 CSCI will be providing a new dataset for providers as part of our Inspecting for Better Lives programme for adult services (as responsibilities for children's services transfer). This will provide the level of information that the Commission requires to discharge its duties as a market regulator. It will also provide invaluable information to service users to make better choices and for commissioners to better understand their local markets.

4.4 CSCI has been developing tools to share the information we hold on the regulated care market to enable councils more effectively to commission and develop their local care markets.

4.5 The Local Authority Market Analyser, which was provided to all councils this year, has begun to share with councils the market information we hold. We will develop this and other tools in the future so councils can quickly access the information we have on local services and local care markets to inform their strategies on commissioning.

4.6 In addition, in October 2006, we released a new tool (CRILL: Capturing Regulatory Information at the Local Level) to councils which enables them to identify the services that they commissioned in the last year and then analyse the performance of these services against key National Minimum Standards. CSCI will be developing both tools with councils over the coming months to support councils to develop local care markets, commission quality services and also so they can be incorporated into the performance assessment process.

Key findings

- As at 31 March 2006, there were 18,718 registered residential care homes[51] for adults, with 441,335 places. Although the number of registered places has risen by 449, there are now 315 fewer homes than the position at March 2005, continuing the decline in the number of residential services registered with CSCI.
- Over the same period, the number of children's homes has risen by 40 to 2,025 homes, representing an increase of 289 places. The number of one-person homes, having risen consistently over recent years, fell sharply during 2005-06.[52]
- The average size of residential care homes for adults continues to increase. At 31 March 2006:
  - the average size of homes that that are registered for people over the age of 65 stood at 34 places
  - the average size of residential care homes for younger adults ranges from nine places for homes for learning disabled adults to 45 places for homes for people who are terminally ill.
- As at 31 March 2006 there were 4,623 registered home care agencies and 859 nursing agencies. The majority of these services are run by the independent sector.
- The wide variation in the availability of residential care services across England, highlighted in last year's report, remains.

Residential services for children

4.7 At 31 March 2006 there were 2,025 children's homes offering 11,649 places, up 40 homes and 289 places from the year before. The majority of this slight increase is due to a rise in homes in the independent[53] sector.

4.8 Of children's homes in England, 61% are owned by the independent sector, about a third by local councils and a small minority by the voluntary sector. However, only around 50% of all places are in independently run homes as, on average, independent homes have just under 5 places compared to almost 6.5 places in local authority services and over 10 places in voluntary-owned services.

51 Throughout this section 'residential care homes' refers to all care homes. 'Nursing homes' refers to homes registered to offer nursing care to at least some residents. 'Personal care homes' refers to homes registered to provide non-nursing care only to residents.

52 A discussion paper on these one-person homes will be published by CSCI in 2007.

53 'Independent' services in this section refers to services not registered as being owned by voluntary organisations or statutory bodies.

4.9 The average size of a home increased slightly over the year, although remaining at just under 6 places. This continues an upward trend seen in recent years and in the last year is mostly due to the number of homes catering for one person falling by almost 10% over the year while the number of homes for four people rose by over 12%.

Residential services for children with different needs

4.10 Just over 53% of homes are registered to take children with emotional and behavioural difficulties. This compares to 29% and 12% registered to take children with learning and physical disabilities respectively.

4.11 Children's homes are increasingly focusing on children with diagnosed behavioural problems or disabilities. For example, there were 307 services for these groups registered at 31 March 2006 that were not registered a year earlier. Around 61% of these new services are registered to take children with emotional and behavioural difficulties, compared to just over 51% of homes that were active at the start and end of the year.

4.12 Councils are the primary commissioners of children's residential services. The development of the market in this way is being directly driven either by the commissioning activities of councils or by providers developing services that they feel commissioners will purchase. With only 6,700 council placements in children's homes in 2004-05, a decrease on the previous year, there is evidence that there is an excess supply of residential children's places that is increasing.

4.13 Some of this capacity will be used for short-term respite care and some capacity may not be 'real' as homes cannot get enough staff to be able to accept the number of children they are theoretically registered to take. However the spare capacity being maintained in the market, coupled with the focus of residential places being on children with behavioural difficulties, may begin to explain why the costs of placements are high.

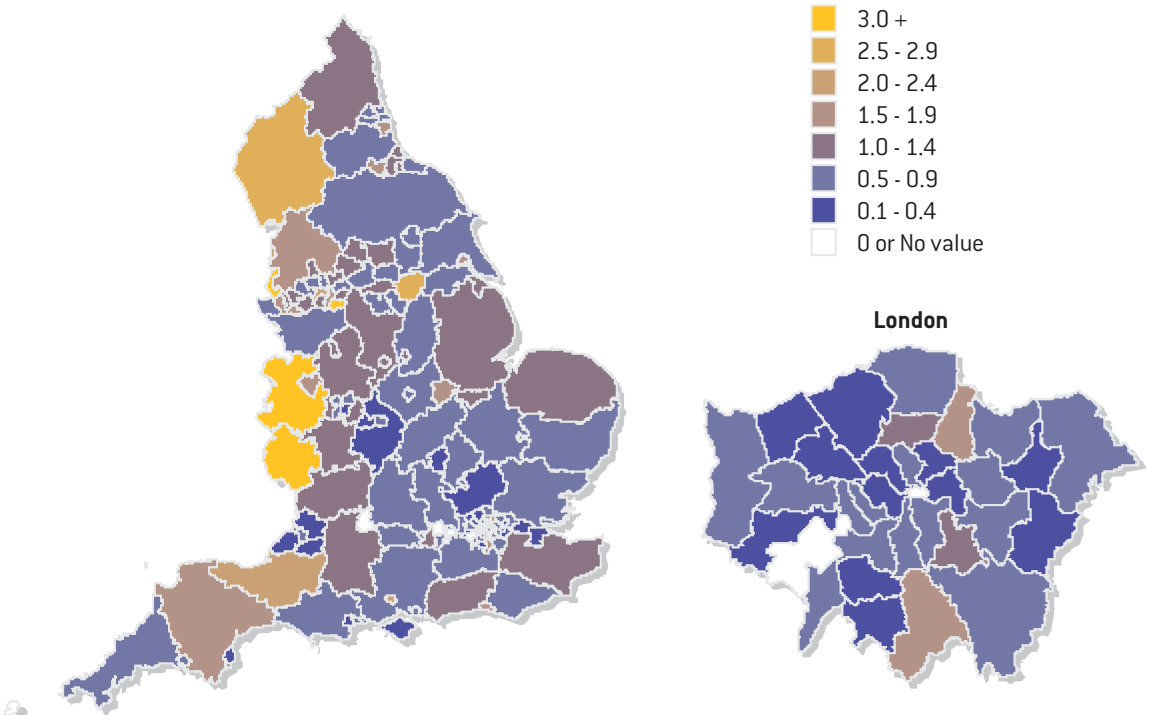
Table 4.1
Categories of registration for children's homes

	31 March 2005		31 March 2006	
	No.	%	No.	%
Children With:				
Alcohol Dependency	44	2%	43	2%
Drug Dependency	47	2%	46	2%
Emotional/Behavioural Difficulties	1031	52%	1085	53%
Learning Disabilities	557	28%	597	29%
Mental Disorders	47	2%	52	3%
Physical Disability	236	12%	247	12%
Sensory Impairment	110	6%	120	6%
No Disabilities/Diagnosed Behavioural Problems	808	41%	776	38%

4.14 In addition to children's homes, as at 31 March 2006 there were 227 residential special schools offering 5,352 places. Whilst councils own over 50% of these schools, only around 30% of places are in council-run establishments, as independent and voluntary-owned schools are twice as large on average.

4.15 Availability of children's residential services remains lowest in London and the South East, and higher in the shire counties of the South West, North West and West Midlands.

Map 4.1
Number of places in children's homes per 10,000 people under 20



Adoption and fostering services

4.16 At 31 March 2006 there were 148 local authority adoption services and 51 voluntary adoption agencies, compared to 146 and 61 services respectively last year.

4.17 146 councils had their own fostering service, with one having two such services (147 services in total). There were also 259 independent fostering services, with just under 80% of these in the private sector. The number of fostering agencies grew by 21 or around 5% over the year.

Residential services for adults

4.18 As at 31 March 2006, a total of 18,718 residential care homes for adults were registered with the Commission. The number of registered homes reduced by 315 from 19,033 homes a year earlier whilst the number of registered places increased from 440,886 in 2005 to 441,335 in 2006.

4.19 Of these homes, 4,058 (4,086 at 31 March 2005) were nursing homes[54] and 14,660 (14,947 at 31 March 2005) were care homes providing personal care only. This translates into 177,021 beds in nursing homes and 264,314 beds in care homes. It must be noted however that it is common practice for nursing homes not to have all their beds available for people requiring nursing care due to the higher staff ratios needed. The number of places in nursing homes is therefore an overestimate of the actual supply of nursing beds in the social care market.

4.20 Compared with the position at 31 March 2005, the average size of a care home remained unchanged at 18 places, while the average size of a nursing home increased from 43 to 44 places.

4.21 About a half of all residential care homes for adults have 20 places or fewer. The total number of places in such smaller homes equates to 21% of all registered places.

4.22 In total, at 31 March 2006, 71.8% of all homes were in the independent sector, with 19.0% in the voluntary sector. The picture is slightly different between homes taking older people and those taking younger adults. Almost 25% of homes for younger adults are in the voluntary sector, compared to just over 13% of homes for older people.

54 This figure includes a small number of homes categorised as 'non-medical' nursing homes. These homes do not use medical interventions, for example Jehovah's Witness homes.

Table 4.2
Homes for older people and younger adults by type of owner, 31 March 2006

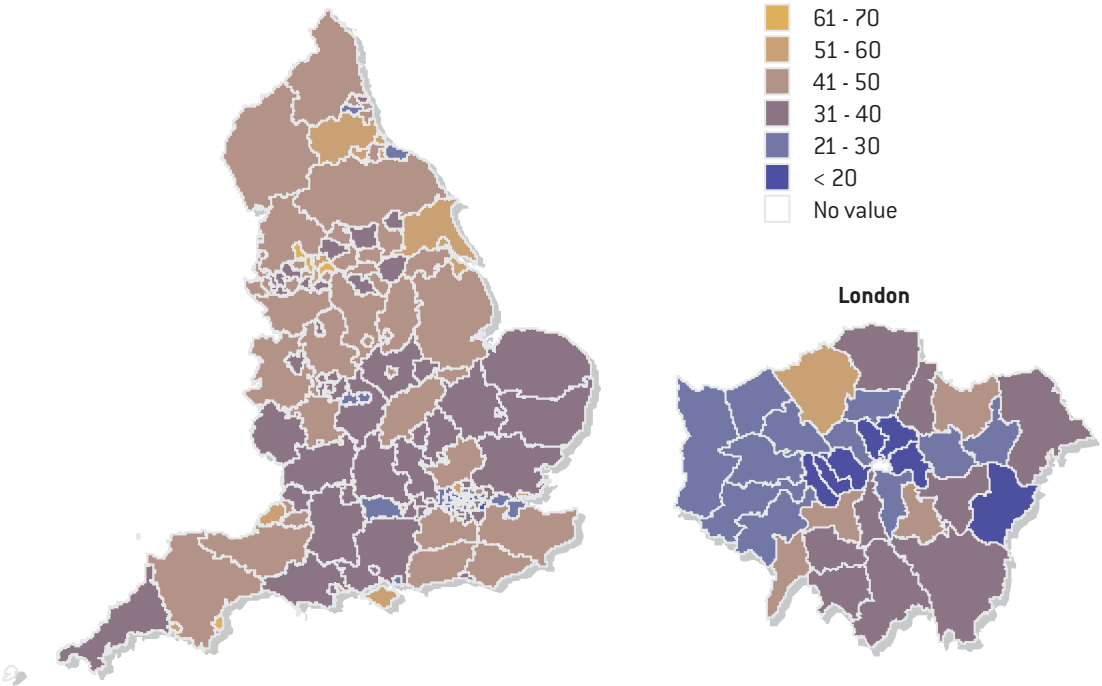
	Independent	Council	NHS	Other	Voluntary
Older People	77.9%	7.7%	0.4%	0.9%	13.1%
Young Adults	65.6%	6.2%	1.6%	1.6%	24.9%
All Homes	71.8%	6.8%	1.0%	1.4%	19.0%

Residential care homes for older people

4.23 At 31 March 2006 there were 12,215 homes with at least one bed registered for people over the age of 65.

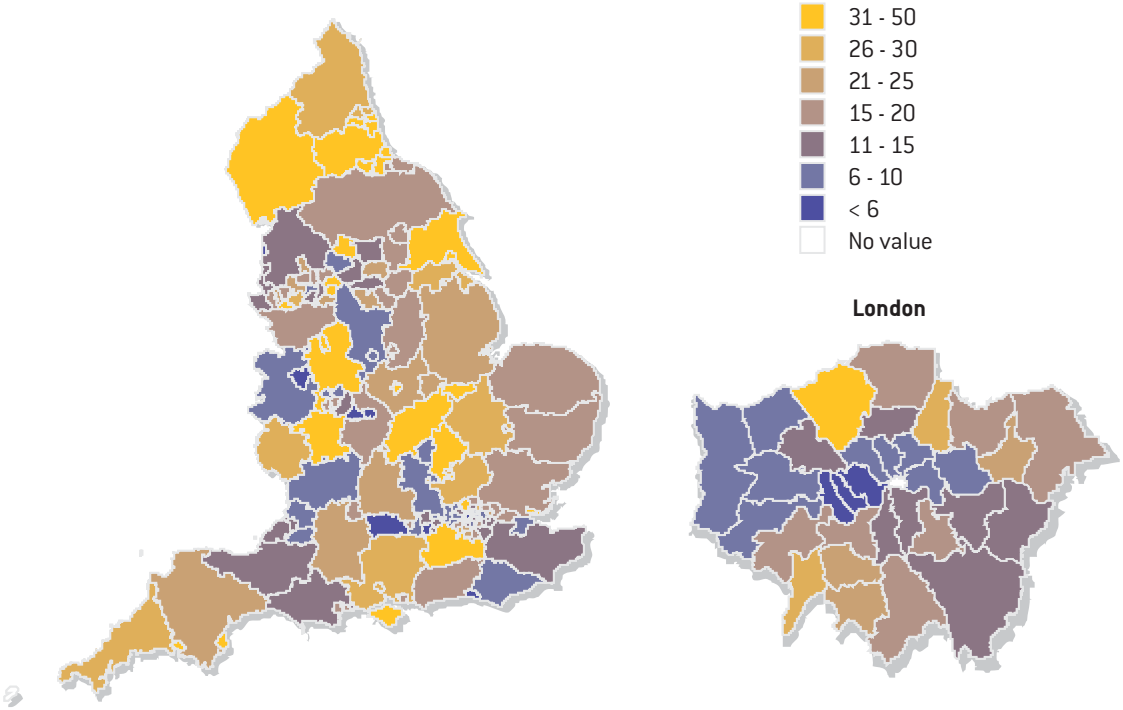
4.24 The number of homes registered to care for older people has fallen by 142 over the last 12 months, although the number of places in such homes has risen by more than 1500 (0.1%).[55] At 31 March 2006 there were 169,919 places in homes that have at least one bed for older people with dementia, up from 161,713 at 31 March 2005. However, this is the upper limit for possible places available for older people with dementia, and does not represent the actual number of such beds available.

Map 4.2
Number of places in homes registered to take older people



55 This year the Commission is using a different methodology to report the numbers of registered places by client groups. For example, in the last year's report the number of places registered to take older people was derived from the number of homes inspected against the standards for care homes for older people. The figure quoted in this report represents a total of maximum numbers per older people's client group. This figure is an overestimate as a maximum number of places per home also includes places registered for other client groups a home might take.

Map 4.3
Number of places in homes registered to take older people with dementia



4.25 Predictably, and as the maps show, the variation highlighted in last year's report in the availability of services has continued.

4.26 Sizes of residential care homes for older people vary with the types of client groups that homes are registered to take, with homes taking older people with learning disabilities being much smaller than other types of home. The largest homes, on average, are those registered to take older people with dementia.

4.27 These differences in the size of homes raise further questions about commissioning for quality services. How far are commissioning strategies actively seeking the development of larger homes in their locality and to what extent are land and property prices and provider preferences influencing the size of developments? Are larger homes meeting the preferences of local people?

4.28 From CSCI data, no correlation has been found between the size of home and achievement of National Minimum Standards. Other studies have found a mixed picture of the effect of size. For example, a review of evidence failed to show any correlation between the size of residential settings for children and outcomes for the children but did indicate the benefits of small units to the experience of students and staff.[56] Studies in learning disability services show that there is not much difference between larger settings of any size but small group homes do generally offer much better individualisation and self-determination.[57]

56 Centre for Social Policy and Chipenda-Dansokho (2006) *The determinants and influence of size on residential settings for children.*

57 Tossebro J (1995) 'Impact of size revisited: relation of number of residents to self-determination and deprivatization' *American Journal on Mental Retardation* 100(1) 59-67.

4.29 Size is thus only one variable to consider in service development and has to be set in the context of the aims, organisation and culture of homes.[58]

Residential care homes for younger adults

4.30 In contrast with residential care for older people, the number of homes with at least one bed registered to take people between the ages of 18 and 64 increased slightly over the 12 months to 31 March 2006. The number of homes increased by 69 to 11,085.

4.31 At 31 March 2006, there were 97,560 places in homes registered to care for younger adults with physical disabilities, 39,216 places in homes registered to care for younger adults with mental ill health, and 57,587 places in homes registered to care for younger adults with learning disabilities.

4.32 On average, homes registered to take adults with learning disabilities are the smallest in size.

4.33 Again, it must be noted that the higher fee levels in homes and the commissioning actions of councils have shaped the market for adults' residential care so that it is different from that for older people, with their much smaller size offering a different environment and experience.

Adult placement schemes

4.34 At 31 March 2006 there were 123 adult placement schemes registered with the Commission with the revised registration process highlighted in last year's report now completed. Whilst CSCI does not record how many people are cared for in adult placement schemes, evidence from elsewhere suggests that it exceeds 6,500 people.[59]

Nursing agencies

4.35 As at 31 March 2006 there were 859 nursing agencies registered with CSCI, 96% (828) of which are in the independent sector. The proportion of private nursing agencies has fallen slightly from 98% in 2005, while the proportion of nursing agencies in the voluntary and other sectors has increased slightly.

Home care agencies

4.36 As at 31 March 2006 there were 4,623 home care agencies registered with CSCI. Of these, 71% (3,288) are in the independent sector.

4.37 Due to the scope of the legislation covering the regulation of home care agencies, organisations with widely differing characteristics were required to register with CSCI. Some of these services are attached to supported living units, offering care only to residents in

58 Centre for Social Policy and Chipenda-Dansokho (2006) *The determinants and influence of size on residential settings for children.*

59 Bernard S (2004) *Adult placement counts: a survey of adult placement schemes* National Association of Adult Placement Services and Topps.

the unit. Others are large organisations offering care across several councils and for client groups including children. With the expected implementation of the new provider data set next year, CSCI will be able to comment in detail on the characteristics of different providers.

4.38 The recent CSCI report on home care[60] looked in more detail at the home care market. It highlighted that since the 1990s the independent sector has grown exponentially, but that most of the home care sector has the characteristics of a 'cottage industry' with many small providers delivering (on average) around 500 hours per week of care.

4.39 There was a large amount of movement in the market during 2005-06; for example, CSCI deregistered 416 agencies and processed 905 new registrations. However, the report pointed out that there are signs that a market that could be seen as both fragmented and unstable was beginning to consolidate, as a result of councils' decisions to purchase from fewer providers, and the competitive tendering processes they use.

60 CSCI (2006) *Time to care? An overview of home care services for older people in England* London: CSCI.

Chapter 5
The quality of care services[61]

Introduction

5.1 The largest area of activity for CSCI relates to the inspection of care services. The information from inspection, in the form of performance against the National Minimum Standards, is the only national picture of indicators of quality for care services in England. As such, it is extremely important that to inform stakeholders and as a matter of public record each year CSCI summarises what it has found in discharging its inspection activities.

5.2 Whilst information is provided in this report and its appendices on all standards, a special focus is given to the 'key' standards that CSCI believes are most important to outcomes for people.[62]

5.3 Although a unique dataset, it is acknowledged that the National Minimum Standards do not always capture what matters most. They are framed in terms of 'inputs' and 'processes' rather than outcomes. They are at best 'proxy' indicators for things that matter most to people. The Commission is therefore developing approaches that focus on outcomes for people.

5.4 Most of the material in this chapter is drawn directly from inspection reports. As in last year's report we first look at adult residential care services and then homecare; and then summarise findings relating to children's services.

5.5 The description of performance of each service covers:

- **'overall performance'** which gives an indication of the extent to which services as a whole have improved against the standards
- **'top performers'** which give an indication of the percentage of services performing very well in meeting at least 90% of the standards
- **variation between private, voluntary and council-run services**
- **geographical variation** in performance.

5.6 In relation to individual standards we highlight:

- **'best performance'** where services are performing best
- **'areas for improvement'** where services need to make most improvement.

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61 In 2006 the Commission has revised its methodology for reporting the performance of registered services against the National Minimum Standards (NMS). The performance of registered services reported in the 2004-05 *State of social care* report was based on the NMS scores from the latest inspections in a given year. Since this approach excludes NMS not inspected against in a given year, the Commission is now able to use an alternative approach. Using this approach, the NMS scores missing in a particular year are replaced with the scores from a year before for all services active at the end of inspection year.

62 Key inspection standards have been identified for every type of service and relate to the welfare, health, safety and protection of people using services. These standards are described in completed inspection reports on the CSCI website for each type of service (except for children's homes).

5.7 A summary of findings is presented below with detailed findings from inspection of all registered services in 2005-06 found in the appendices at the end of this report.

5.8 In addition to our inspection activities, since last year's *State of social care* report the Commission has also produced several reports that entirely, or in part, focus on areas of performance in care services.

Safe and sound? – Recruitment and vetting of care staff

Handled with care? – Handling and administration of medicines in care services

Highlight of the day – The provision of meals in older people's residential care

The right people for me – Factors influencing placement stability

Better safe than sorry – Improving the system that safeguards adults living in care homes

Time to care? – An overview of home care services for older people in England, 2006, which included an analysis of findings from inspection reports on 140 home care agencies.

5.9 These reports look in more depth at the reasons services were failing to meet standards and what the best providers and commissioners were doing. The findings from these reports are interspersed throughout this chapter. All reports can be accessed from the CSCI website **www.csci.org.uk**

5.10 This chapter concludes with a brief report on performance ratings of councils with social services responsibilities and early information from the children's annual performance assessment 2006.

Key findings

- The average percentage of National Minimum Standards met in services inspected by CSCI has risen for the fourth consecutive year.
- The rate of improvement has slowed, however, with a substantial minority of services still unable to meet a wide range of standards.
- On average, voluntary not-for-profit providers continue to perform better against the National Minimum Standards than providers in other sectors.
- Performance of services in different council areas continues to vary widely. Whilst this may be in part due to demographic and other factors outside of local authority control, given that councils are still usually the single largest commissioner of care services in their area, the commissioning behaviour of councils is likely to be a major factor.
- Many of the standards for residential care homes for adults and for older people are now met in the majority of services. But there are still areas for improvement. For example, at least one third of homes do not meet standards relating to managing medication safely and operating safe working practices.
- Performance of home care agencies has improved in 2005-06, but the overall percentage of standards met is lower than in adult residential care services.
- Home care agencies are largely meeting standards relating to the autonomy and independence of people using services and treating people with dignity and respect. But a substantial number of home care services are failing standards relating to medication, recruitment and selection of staff and supervision.
- Children's homes and fostering agencies are now on average meeting the majority of standards, with significant improvements against standards seen since inspection began in 2002. However, a third of children's homes do not meet standards relating to health, safety and security nor to the adequacy of staff.
- Performance ratings for social care services for adults have improved for the fourth successive year but the rate of improvement is slowing down. In 2006, the star ratings improved for 25 councils (17%) and deteriorated for 16 councils (11%).
- Thresholds for accessing services are high. For two-thirds of councils the threshold for care-managed services was set at 'substantial' in 2005-06 and a number of councils are expecting to raise their eligibility thresholds in 2006-07.
- Although joint working with partner agencies including health is generally good, deficits in NHS budgets are causing primary care trusts to adjust their plans in order to return to financial balance and this is leading to some tensions in the health and social care system.
- From the evidence of 102 councils, the proportions of councils judged good or excellent in the contribution they make to improving social care services for children and young people are higher than in 2005.

Residential care services for older people

5.11 **Overall performance** of all residential care services for older people against all the National Minimum Standards has improved over the last four years. Registered residential services for older people are now meeting, on average, 79% of standards compared to 59% at the end of the first inspection year.

5.12 **Top performers:** The percentage of services meeting more than 90% of standards increased from 7% in March 2003 to almost a third (31%) by March 2006.

5.13 However, rate of improvement in all services, for both adults and children, has slowed this year compared to that seen in previous years.

Older people's care homes

5.14 **Overall performance:** The percentage of all standards met on average by older people's personal care homes has increased from 58% in March 2003 to 79% in March 2006.

Variations across sectors

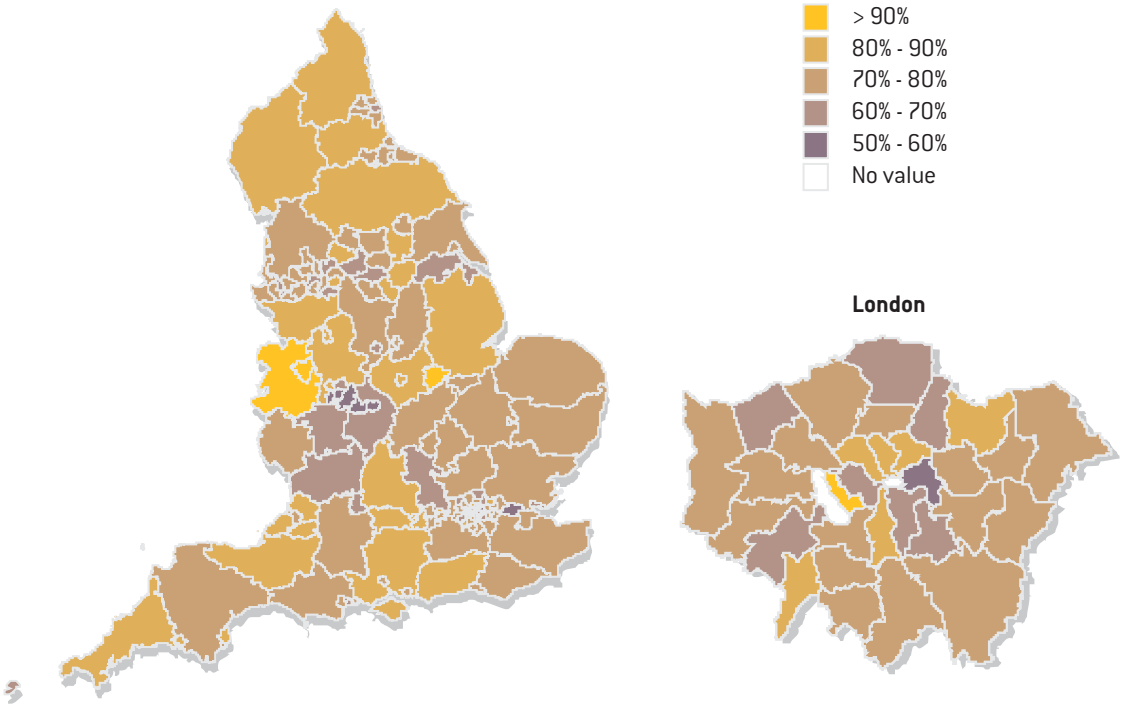
5.15 Care homes for older people run by the voluntary sector have continued to outperform homes in the for-profit and public sectors.

5.16 On average, in March 2006, homes in the voluntary sector met 85% of all the standards compared to 81% and 78% of the standards met by council and for-profit providers respectively.

Regional variations

5.17 There are only four councils within whose boundaries residential care homes for older people meet on average 90% or more of the key standards.

Map 5.1
Average percentage of key standards met by care homes for older people in English councils



5.18 **Best performance:** is found in relation to

- establishing links with the community [Standard 13]
- autonomy and choice [Standard 14]
- privacy and dignity [Standard 10].

CSCI Quality Issues bulletin 1: *Highlight of the day?* Improving meals for older people in care homes

85% of older people's residential care homes meet the meals and mealtime standard. The best homes have:

- staff that consult with older people in their care on their needs
- managers who met the training needs of their staff
- sufficient staff numbers to support older people in enjoying their meals.

Areas for improvement

5.19 As last year, homes have most improvement to make in relation to:

- operating safe working practices [Standard 38]
- managing medication safely [Standard 9]
- recruitment practices [Standard 29].

5.20 Homes also have improvements to make:

- establishing good quality assurance processes [Standard 33]
- ensuring there is an appropriate care plan for residents [Standard 7].

Older people's nursing homes

5.21 **Overall performance:** The average percentage of National Minimum Standards met by nursing homes for older people has been increasing from 60% in March 2003 to 77% in March 2006.

Variations across providers

5.22 Nursing homes for older people run by voluntary sector providers have had the best performance against the National Minimum Standards over the last four years compared to for-profit homes. Councils own very few nursing homes.

5.23 In March 2006, voluntary homes on average met 81% of all the standards, compared to 77% of independent homes. The gap in performance, however, has been reducing over the years.

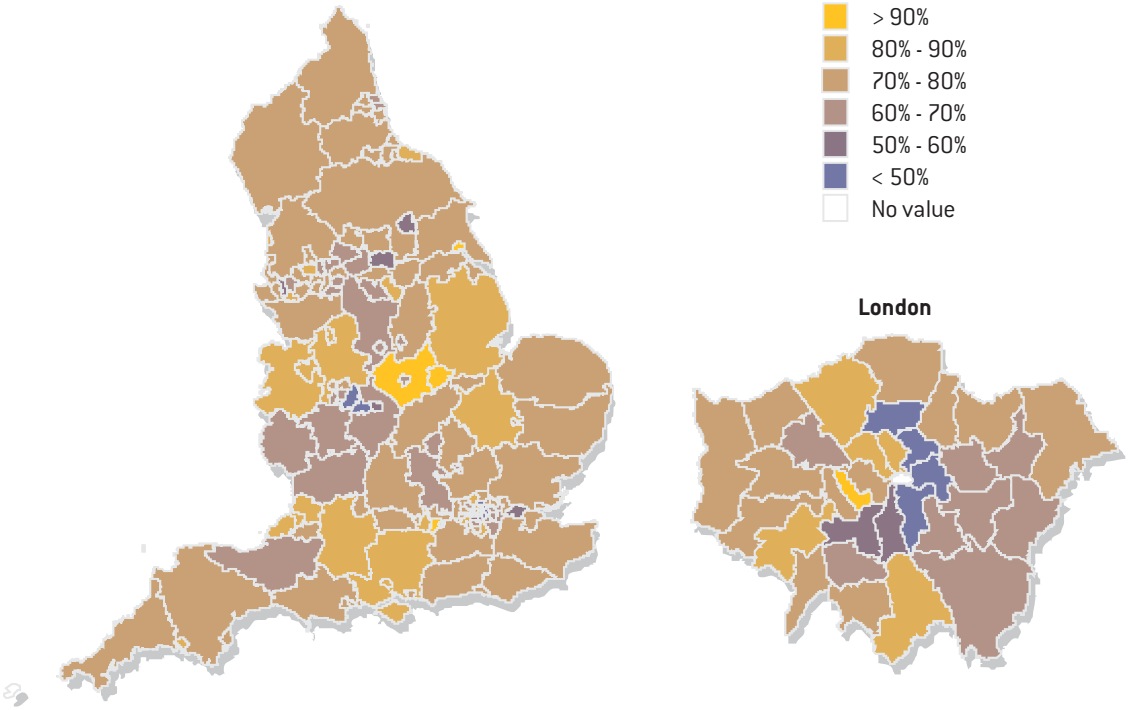
5.24 Out of the total 38 standards, 12 were met by 90% or more of voluntary homes, compared to only five standards met by 90% or more of for-profit homes.

Regional variations

5.25 In six out of 150 councils, residential care homes with nursing within their boundaries meet on average fewer than 50% of the key standards. Across England there are six councils where on average homes in the council area meet 90% or more of the standards.

Map 5.2

Average percentage of key standards met by nursing homes for older people in English councils



5.26 **Best performance:** At 31 March 2006, one key standard was met by 90% or more of homes:

- establishing links with the community [Standard 13].

Areas for improvement

5.27 Care homes with nursing for older people, as with care homes, are doing least well in:

- operating safe working practices [Standard 38]
- ensuring there is an appropriate care plan for residents [Standard 7]
- managing medication safely [Standard 9]
- recruitment practices [Standard 29].

CSCI special study report: *Handled with care?* Managing medication for residents of care homes and children's homes – a follow-up study

In the 59% of older people's care homes meeting the medication standard, we found clear written medication policies, secure medication storage and frequent reviews of medication by residents' GPs.

CSCI Quality Issues bulletin 4: *Safe and sound?* Checking the suitability of new care staff in regulated social care services

A sample of care homes for older people failing to meet the recruitment and vetting standard revealed that:

- 40% had insufficient verification of the suitability of staff through recruitment checks and references
- 40% had inadequate recruitment policies and procedures
- 14% failed to provide the evidence of a robust application and interview process
- 6% had inadequate checking of the employment history of a prospective employee.

Residential care services for younger adults

5.28 **Overall performance:** A noticeable improvement in the overall performance against the National Minimum Standards has also taken place amongst registered services for younger adults. Services for younger adults are now meeting, on average, 82% of all standards compared to 63% in 2003.

5.29 **Top performers:** The percentage of services meeting more than 90% quadrupled from 10% in March 2003 to 41% in March 2006.

Younger adults' care homes

5.30 **Overall performance:** The proportion of all the standards met by personal care homes inspected against the younger adult standards increased from 63% in March 2003 to 82% in March 2006.

Variations across providers

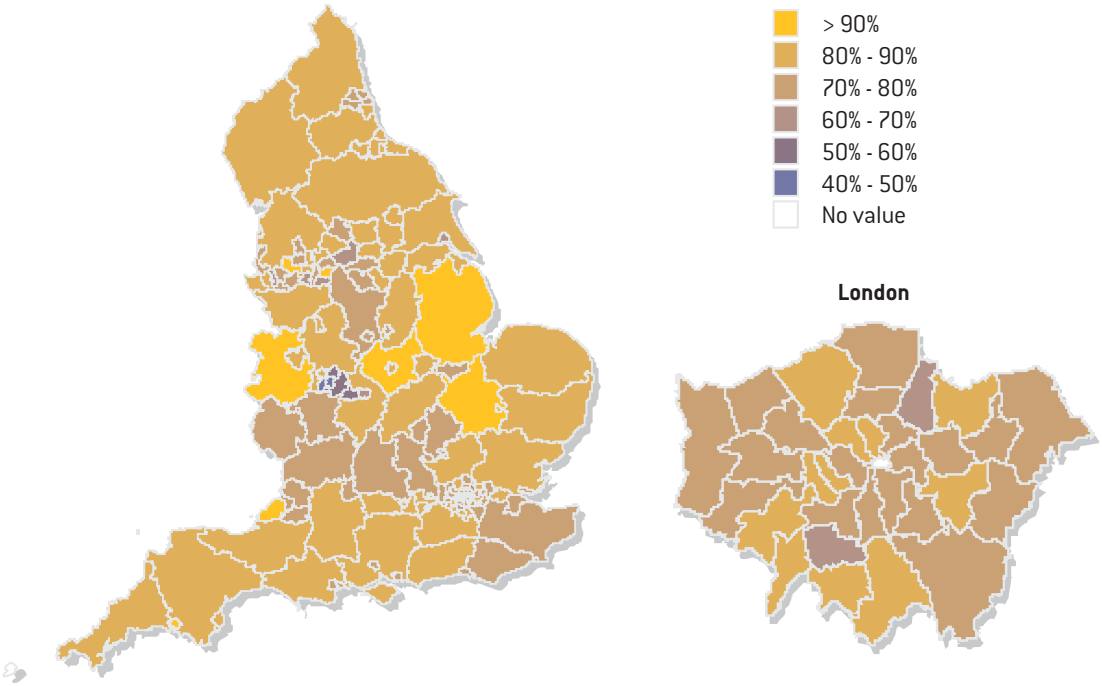
5.31 Voluntary residential care homes for younger adults tend to outperform those in independent or council sectors.

5.32 As at March 2006, homes in the voluntary sector met on average 84% of all the standards compared to 80% in council homes and 82% in private homes. The gap in performance for different types of provider has reduced significantly for residential care services for younger adults over recent years.

Regional variations

5.33 Across England there are two councils with homes within their boundaries meeting on average fewer than 50% of key standards. In eight out of 150 councils, homes within the council area meet on average 90% or more of the key standards.

Map 5.3
Average percentage of key standards met by care homes for younger adults in English councils



5.34 **Best performance:** Care homes providing care to younger adults perform best in relation to:

- ensuring residents have opportunities to make and sustain good relationships [Standard 15]
- establishing good links with the community [Standard 13]
- ensuring that daily routines promote independence [Standard 16]
- providing opportunities for education [Standard 12]
- providing support [Standard 18]
- providing nutritious and varied meals [Standard 17].

Areas for improvement

5.35 Care homes for younger adults perform least well in relation to:

- promoting and protecting safety, health and welfare [Standard 42]
- establishing good quality assurance processes [Standard 39]
- providing appropriate premises [Standard 24].

5.36 Amongst these three standards, homes have shown most improvement in meeting the requirements of quality assurance (since 2003).

Nursing homes for younger adults

5.37 **Overall performance:** The proportion of nursing homes for younger adults meeting the standards increased from 66% in March 2003 to 81% in March 2006.

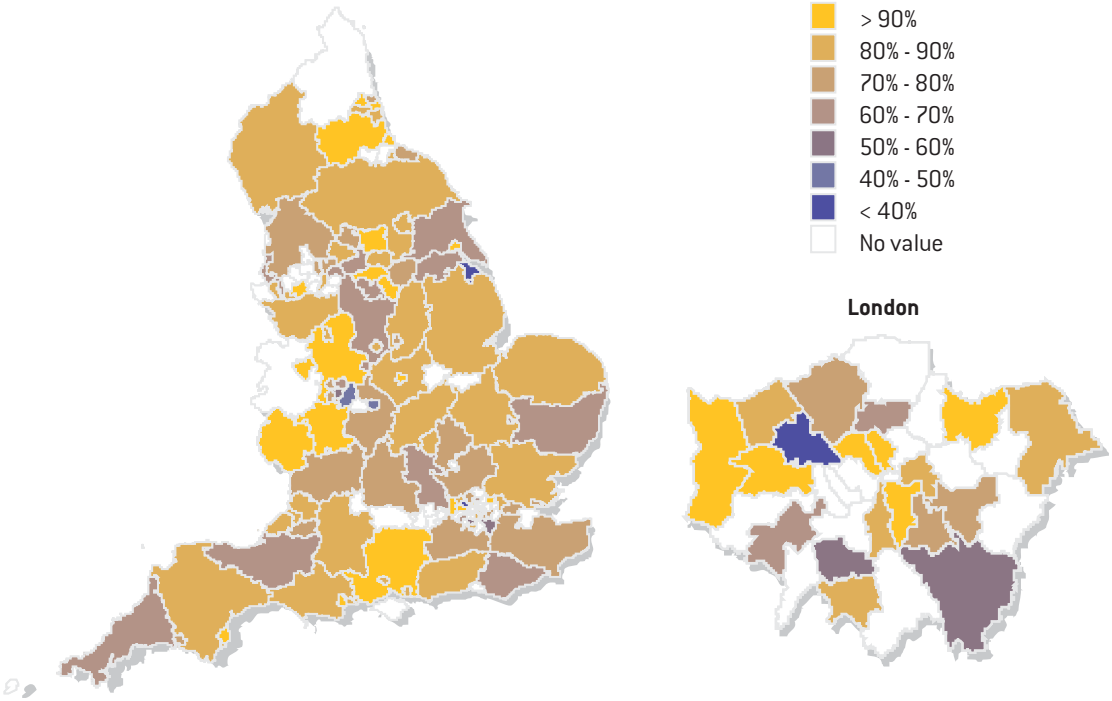
Variations across providers

5.38 The voluntary sector has been outperforming the for-profit and council sectors over the last four years.

Regional variations

5.39 In four out of 107 councils with nursing homes for younger adults within their boundaries, homes in the council area on average meet fewer than 50% of key standards. There are 23 councils where on average homes within their boundaries meet 90% or more of the standards.

Map 5.4
Average percentage of key standards met by care homes with nursing for younger adults in English councils



5.40 **Best performance:** Care homes with nursing for younger adults perform best in relation to the following key standards:

- establishing links with the community [Standard 13]
- ensuring residents have opportunities to make and sustain good relationships [Standard 15].

Areas for improvement

5.41 Care homes with nursing for younger adults require most improvement in areas relating to the following standards:

- promoting and protecting safety, health and welfare [Standard 42]
- providing appropriate premises [Standard 24]
- managing medication appropriately and safely [Standard 20]

- establishing good quality assurance processes [Standard 39]
- ensuring there is an appropriate care plan for residents [Standard 6].

Safe and sound?

A sample of care homes for younger adults failing to meet the recruitment and vetting standard found that out of these homes:

- **53% had insufficient verification of the suitability of staff through recruitment checks and references**
- **27% had inadequate recruitment policies and procedures**
- **13% failed to provide the evidence of a robust application and interview process**
- **7% had inadequate checking of the employment history of a prospective employee.**

Handled with care?

Services failing the medication standard, in all types of service, were found by our inspectors to have problems of administration of medicine to residents, training care workers *before* they are expected to handle medication and failing to keep proper records of prescribed medicines and when they had been given.

Home care services

5.42 **Overall performance:** On average, home care agencies met 72% of all standards at 31 March 2006, up from 66% at 31 March 2005.

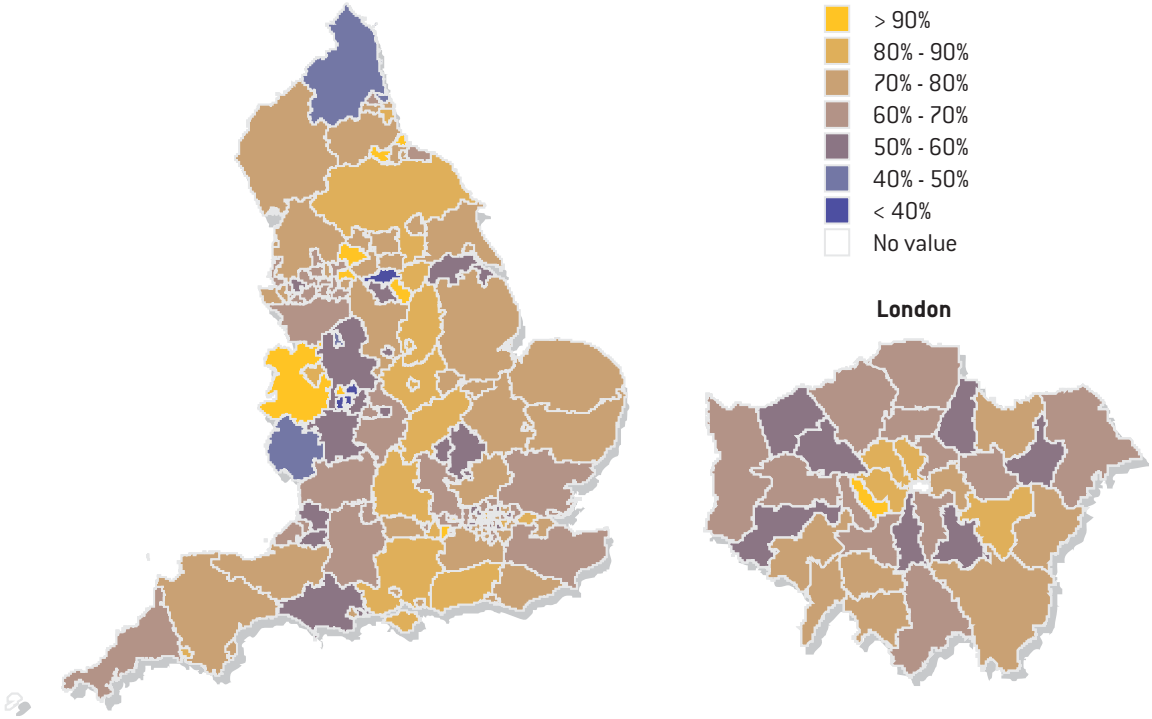
Variations across providers

5.43 The voluntary sector and council home care services perform better than the independent sector agencies against the standards.

Regional variations

5.44 Across England there are eight councils where on average home care agencies meet fewer than five out of 11 key standards. In 47 out of 148 councils agencies within their boundaries meet on average nine or more of the key standards.

Map 5.5
Number of key standards met by home care agencies in English councils



5.45 **Best performance:** There is one key standard where more than 90% of home care agencies meet the standard:

- privacy and dignity [Standard 8].

Areas for improvement

5.46 Home care agencies perform least well in relation to the following key standards:

- supervision [Standard 21]
- medication and health-related activities [Standard 10]
- recruitment and selection practices [Standard 17]
- risk assessment [Standard 12]
- protection of the person [Standard 14].

Home care report: *Time to Care? An overview of home care services for older people in England 2006*

In October 2006 CSCI published a report on the home care market. The report studied 137 inspection reports and identified areas of good and weak performance. In relation to the key standards the following areas for development have been highlighted:

Personal care domain

The medication standard:

- policies and procedures being in place
- staff training in the handling of medication
- monitoring sheets being filled in.

Protection domain

The risk assessment standard:

- risk assessments for individuals, specifying how particular risks will be managed.

The protection of the person standard:

- training for staff, especially in protection of vulnerable adults (POVA) arrangements, so they know where to report suspected or alleged cases of abuse
- whistle-blowing procedures, made accessible to all staff.

Manager and staff domain

The recruitment and selection standard:

- proper documentation of checks carried out on staff.

The supervision standard:

- observation of care workers at work, including spot checks
- regular supervision and adequate support for all care workers
- team meetings and group learning opportunities for care workers.

Children's services

Children's residential homes

5.47 **Overall performance:** In March 2006, children's homes, on average, were meeting 80% of the standards, compared with 58% in March 2003.

5.48 **Top performers:** One in three homes meet more than 90% of the standards, compared to one in ten in 2003.

Safe and sound? Recruitment and vetting of care staff

A sample of children's homes failing the standard revealed that half of such homes have insufficient evidence of the required pre-employment checks and references, and about a third have inadequate policies and procedures.

Handled with care? Handling and administration of medicines in care services

Training is a key element to meeting the medication standard for all services. In those services meeting the training standard, far higher proportions were also meeting the medication standard. This was particularly pronounced in children's homes, where 62% of services meeting the training standard also met the medication standard, while out of those homes that failed the training standard, only 34% met the medication standard.

Variation across providers

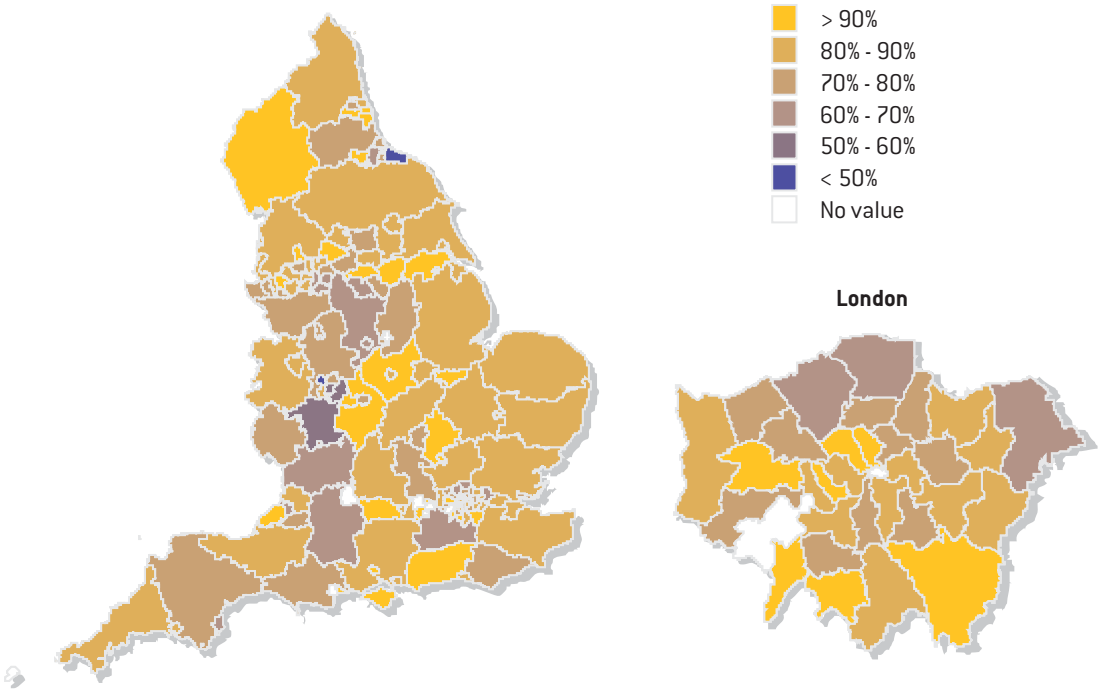
5.49 Homes run by the voluntary sector have performed best against the standards compared to independent and council homes. In March 2006, on average, voluntary sector homes met 83% of the standards, compared with 81% and 77% for independent and council homes respectively.

Regional variations

5.50 Across England there are 32 councils in which, on average, children's homes meet 90% or more of the key standards. There are only two councils within which boundaries homes meet on average fewer than 50% of the standards.

Map 5.6

Average percentage of key standards met by children's homes in English councils



5.51 **Best performance:** At 31 March 2006, 90% or more of homes, on average, met the following key standards:

- contact [Standard 4]
- secure accommodation [Standard 36]
- privacy and confidentiality [Standard 9]
- consultation [Standard 8]
- absence of a child without authority [Standard 19]
- counter bullying [Standard 18].

5.52 Out of these key standards, homes have improved their performance in relation to the privacy and confidentiality standard at the greatest rate, from only just over a half of homes meeting this standard in 2003.

Areas for improvement

- adequacy of staff [Standard 29]
- health, safety and security [Standard 26].

Fostering agencies

5.53 **Overall performance:** In March 2006, fostering agencies, on average, were meeting 82% of the standards, compared with 57% in 2003.

5.54 **Top performers:** Since 2003, there has been a tenfold increase in the proportion of agencies meeting more than 90% of the standards.

Variations across providers

5.55 Again, agencies in the voluntary sector perform the best compared to agencies in independent or council sectors. Council-run agencies have had the greatest rate of performance improvement, from meeting on average 56% of the standards in 2003 to 80% in 2006.

CSCI Quality bulletin 3: *The right people for me: helping children do well in long-term foster care*

The following factors affect placement stability:

- finding and keeping enough carers
- improving matching
- provision of good information
- maintaining important relationships
- providing specialist support
- promoting education achievement
- keeping children in their communities.

Several standards are related to these factors, hence, performance against these has an impact on placement stability. It is encouraging therefore that performance in two of these areas is high, but of concern that the quality of case records is inadequate in a third of services.

CSCI Quality bulletin 4: *Safe and sound? checking the suitability of new care staff in regulated social care services*

The failure by some fostering agencies to meet the recruitment and vetting standard was commonly due to inadequate policies and procedures, followed by insufficient evidence of the required pre-employment checks and references.

5.56 **Best performance:** At least 90% of agencies meet the following key standards:

- promoting contact [Standard 10]
- suitability to manage [Standard 3]
- promoting educational achievement [Standard 13].

5.57 Over the last four years agencies' performance has improved the most against the standard around suitability to manage.

Areas for improvement

5.58 The most poorly met standard is the one in relation to case records, with only two-thirds of agencies meeting it in 2006:

- case records for children [Standard 24].

How well councils are performing

5.59 Performance ratings show how well councils are performing in meeting their social services responsibilities.[63] These ratings are based on councils' current performance and capacity to improve. Judgements are based on councils' performance in meeting five key standards relating to:

(i) delivering national priorities and strategic objectives to serve the needs of diverse, local communities

(ii) commissioning and delivering services to clear standards of quality and cost, by the most effective, economic and efficient means available

(iii) effectiveness of service delivery and outcomes

(iv) quality of services for people using services and their carers

(v) acting fairly and with consistency in allocating services and applying charges.

5.60 Social care services for adults have improved for the fourth successive year but the rate of improvements is slowing down. In 2006, the star ratings improved for 25 councils (17%) and deteriorated for 16 councils (11%).

5.61 There are now 33 councils (22%) with one star, 73 (49%) with two stars and 44 (29%) with three stars.

5.62 CSCI found that councils generally perform well in the following areas:

- assuring privacy and confidentiality
- providing a fair and transparent charging policy and efficient collection of income
- increasing the availability of key social services 24 hours a day, 7 days a week
- ensuring systems are in place to safeguard people whilst using services
- providing good quality information which is readily accessible to all, including diverse groups in the community
- seeking feedback from service users and carers and acting on that feedback
- publicising complaints procedures which are user friendly and effective in improving services
- working to develop effective joint working with relevant partner agencies
- having sound financial managements systems that provide the foundation for good planning and commissioning in social care.

5.63 Even in these areas where councils generally perform well there is room for improvement or pockets of poor performance that need to be addressed, including:

- Eligibility criteria may be transparent and fair for those people who qualify for services but in many instances the thresholds for accessing services are high. For nearly two-thirds of councils the threshold for care-managed services was set at 'substantial' in 2005-06 and a number of councils are expecting to raise their eligibility thresholds in 2006-07.[64]

63 CSCI (2006) *Performance ratings for adults' social services in England* London: CSCI.

64 Source: Reported by councils to CSCI in their 2005-06 Delivery and Improvement Statement.

Fair access to care services

Guidance on eligibility criteria for adult social care

The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The four bands are as follows:

Critical – when

- life is, or will be, threatened, and/or
- significant health problems have developed or will develop, and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment, and/or
- serious abuse or neglect has occurred or will occur, and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines, and/or
- vital involvement in work, education or learning cannot or will not be sustained, and/or
- vital social support systems and relationships cannot or will not be sustained, and/or
- vital family undertaken.

Substantial – when

- there is, or will be, only partial choice and control over the immediate environment, and/or
- abuse or neglect has occurred or will occur, and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines, and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained, and/or
- the majority of social support systems and relationships cannot or will not be sustained, and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken.

Moderate – when

- there is, or will be, an inability to carry out several personal care or domestic routines, and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained, and/or
- several social support systems and relationships cannot or will not be sustained, and/or
- several family and other social roles and responsibilities cannot or will not be undertaken.

Low – when

- there is, or will be, an inability to carry out one or two personal care or domestic routines, and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained, and/or
- one or two social support systems and relationships cannot or will not be sustained, and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken.

Source: Department of Health (2003) *Fair access to care service – guidance on eligibility criteria for adult social care.*

- Although joint working with partner agencies including health is generally good deficits in NHS budgets are causing primary care trusts to adjust their plans in order to return to financial balance. This is inevitably leading to some tensions in the health and social care system.

5.64 The areas that councils need to do most to improve include:

- Continuing to improve commissioning that has a focus on the whole population and understands better the quality of services commissioned and the costs of those services.
- Providing timely, convenient and responsive arrangements for referral, care planning and review.
- Making sure quality assurance systems are in place and service quality is consistent.
- Providing a range of services to support and encourage all carers.
- Providing services that are broad and varied to meet needs, offering choices to many, and taking account of individual preferences.
- Continuing to improve efficiency across all aspects of social services activity and increase value for money.

Annual performance assessment: children's services

5.65 In 2006 an annual performance assessment (APA) was conducted in 103 councils; of these, 17 were proportionate (light touch), in which the focus was on progress since their recent joint area review. The remaining 47 councils are subject to a joint area review in 2006. This report refers to 102 of the 103 APAs conducted, since the publication of the APA letter for one authority has been delayed.

5.66 The proportions of authorities judged good or excellent in the contribution they make to improving social care services for children and young people are higher than in 2005.

5.67 Councils' capacity to improve their services further also shows an improvement this year: children's services departments are now more mature and partnerships more secure. In addition, children's services are often designated top or high priority, with improved funding. Taken together, this gives authorities greater capacity to move forward.

5.68 Grades were also awarded on the five outcomes for children. Ninety two councils were judged good or excellent for the 'being healthy' outcome; 73 were good or excellent for 'staying safe'; 78 for 'enjoying and achieving'; 95 for 'making a positive contribution' and 80 for 'achieving economic well-being'.

5.69 Councils performed well in:

- health assessments for looked after children
- strengthening child protection work
- reducing the number of children in care
- investing in training and improving levels of qualification of staff.

5.70 Performance is less good in the following areas:

- Rates of teenage pregnancies are reducing but not quickly enough. The interim target of 15% reduction in the rate of conceptions amongst 15 to 17 year olds by 2004 was not reached in two-thirds of local authorities.
- Almost one-third of councils did not have child and adolescent mental heath (CAMH) services in place for young people with learning disabilities and in one in five councils 16 and 17 year olds did not have access to appropriate CAMH services.
- More than 5% of children in care did not have a named qualified social worker.
- The average percentage of children in care for six months or more, who were placed for adoption during the year, has stayed at a similar level for the last three years.
- Performance in long-term stability for children in care is only improving slowly.
- The educational achievement of children in care is still short of the level achieved by all children.

Part two: A focus on commissioning and carers

Chapter 6 The state of commissioning
Chapter 7 The state of support to carers

Chapter 6
The state of commissioning

Introduction

'Councils need to step up to the challenge of strategic commissioning with their partners, and ensure they use all existing resources to drive the development of services that genuinely meet the needs of people as individuals and as members of communities.'

(Source: *The state of social care in England 2004-05* report)

6.1 This chapter looks at how far councils have been able to meet this challenge and the factors influencing progress in strategic commissioning. In order to assess council's performance in commissioning services the Commission for Social Care Inspection has defined commissioning as:

'The process of translating aspirations into timely and quality services for users which – meet their needs; promote their independence; provide choice; are cost effective; and support the whole community.'

This chapter therefore explores how well commissioning by councils is:

Meeting people's needs (both children and families and adults)

- involving people to understand their needs, aspirations and priorities
- understanding the needs of all local communities within a council area
- analysing and forecasting demand, including from those paying for their own care
- working with health and other partner agencies to understand and analyse local needs

Supporting the whole community

- ensuring strategies address the needs of people of all ages, including those who fund their own care as well as those funded by the council
- through strategies developed on the basis of people's preferences as demonstrated by the services they choose to use
- by addressing the diverse needs of people from all local communities
- by work across the council and with partner agencies that supports social inclusion and well-being

Promoting people's independence

- arranging services that enable people to maintain independent lives as long as possible, maximising their potential and life chances
- services delivered in ways that put people in control by developing direct payments, individual budgets and other mechanisms where people purchase their own services

Providing choice

- by developing local care markets to ensure sufficient supply of a range and diversity of services available to meet local needs, including those of people funding their own care

Ensuring quality services

- supporting the development of sound and sustainable businesses in the care market that can offer quality services
- involving people who use services and carers in developing a quality framework for commissioning and monitoring standards of services
- listening to the feedback from both adults and children about their experience

Commissioning cost effectively

- making best use of resources
- achieving quality outcomes.

The evidence

6.2 The evidence for this chapter is primarily taken from:

- records of performance assessment for 2005-06
- councils' responses to the delivery and improvement statement (DIS)
- information from the Children's Annual Performance Assessment
- findings from service inspections.

Some of the data reported has been taken from various council returns to the Department of Health, including the Referrals, Assessments and Packages of Care (RAP) and Personal Social Services Expenditure (PSSEX1) returns.

Information from a seminar on commissioning convened by CSCI is also included[65] and findings from other studies and reports produced by CSCI over the last year.

Meeting people's needs

Involving people in commissioning

6.3 Strategic commissioning has the potential to change the shape, volume and quality of care services to meet the needs of local people. Understanding people's needs and aspirations by seeking the views and involvement of people of all ages, children and families, and ongoing dialogue with every community is the basis for effective commissioning. People may belong to one or more communities according to faith, race, sexual orientation, disability, age, location or other shared issues. These 'communities' may range from small neighbourhood groups to community interests across the whole area.

6.4 There has been some improvement in engaging people who use services and carers in the development of commissioning strategies and the processes of procurement through

65 CSCI report of a seminar 18 May 2006 *Relentless optimism: creative commissioning for personalised care.*

contracts. (Eighty-one per cent of councils scored well on performance ratings of councils actively seeking and acting on feedback from people using services and their carers.[66]) However, the extent and form of engagement vary considerably.

6.5 Consultation with people using services and carers about commissioning strategies is commonplace but often takes place after proposals have been developed, making it difficult for people to have an effective say. Full engagement throughout the process of developing strategies occurs in a minority of councils. For example, inspections of older people's services found that in 19 councils, seven (37%) had involved people using services in strategic planning and service design, whilst a further eight (42%) had merely consulted people about plans and proposed changes to services.

'There is very little user involvement in terms of commissioning, awarding of contracts. There should be minimum standards in commissioning; there should be standards for user involvement in commissioning.'

(Quote from service user and expert by experience in discussion with CSCI – September 2006)

6.6 In children's services, councils are increasingly consulting young people to inform their strategic commissioning and contracting activity. The best collect young people's views systematically through children's rights officers, residents' committees, satisfaction and exit surveys.[67]

Understanding and forecasting local needs

6.7 Many councils are aiming to develop commissioning strategies jointly with health partners, based on the views of local people and linked to the outcomes outlined in the 2006 White Paper.[68] However, this work is in its early stages and few councils have yet to translate this fully into commissioning practice.

6.8 As shown in the data from Part One, councils have been investing in the infrastructure to support commissioning activity and assessment and reviews. The latter are crucial to ensure that the strategic objectives of commissioning can be translated into action to meet individual need and are based upon informed and up-to-date information of those needs.

6.9 Increasingly councils understand the principles of good strategic commissioning and importance of investing in infrastructure to increase their capacity for more sophisticated commissioning. Some councils reflect the model of commissioning illustrated in Figure 6.1 below, using this process and taking full account of people's needs, whatever their financial circumstances.

66 CSCI performance ratings for adult social services in England, November 2006.

67 CSCI (2005) *Making every child matter: messages from inspections of children's social services* London: CSCI.

68 Department of Health (2006) *Our health, our care, our say: a new direction for community services* London: The Stationery Office.

Figure 6.1
Commissioning model

Reproduced by kind permission of Institute of Public Care, Oxford Brookes University http://ipc.brookes.ac.uk

6.10 Councils are getting better at understanding and analysing the needs of their whole local population and working with health, housing and other partners to collate relevant information. But this practice varies considerably across councils and across different groups of people who use services.

6.11 Much of the analysis in many councils concerns specific groups of the population rather than building a picture of the wide range of services that people need over the course of their whole lives.

6.12 Few councils are undertaking an analysis of the numbers of people likely to fund their own care and support in the future.

Understanding the needs of black and minority ethnic communities

6.13 Commissioning to meet the needs of black and minority ethnic communities is improving as strategies become based on a more informed analysis of population needs assessment, research and consultation with communities. A significant number of councils have incorporated clauses in their contracts to ensure that services are responsive to these needs. Some councils have undertaken equalities impact assessments of their commissioning strategies.

Understanding the needs of adults

6.14 Fully developed commissioning strategies based on full analysis of needs, demand and supply, are not in place for all adult services. Inspections have found:

- three out of 11 (27%) councils services for learning disabilities had commissioning strategies in place at the time of the inspection, although most of the remainder were working with partners to draft strategies
- shortfalls in needs analysis in relation to people with profound and multiple learning disabilities, young people in transition to adulthood,[69] and older people with learning disabilities
- none of the services for people with physical disability and sensory impairment in six inspected councils had an agreed strategy for disabled people
- commissioning for many older people's services was primarily based upon historic patterns of service delivery and most councils were commissioning as single agencies and not in partnership with health, housing, independent and voluntary sector partners
- a lack of up-to-date, fully developed joint commissioning strategies for mental health services.

6.15 The CSCI study of home care services[70] found that the fragility of home care services and their variable and uncertain quality is in part the consequence of some short-sighted, cost-driven approaches to commissioning. The study recommended that:

- Planning needs to be for the medium to long term so that significant changes in demography and in social expectations, and new service delivery models, are anticipated and addressed.
- Councils and their partners need to be clearer about commissioning objectives for home care services and how this fits with other social care and health services. This requires a better understanding of how the availability of one form of service (such as a care home or intermediate care bed) might impact on another part of the health and care system.
- New approaches need to be found to ensure that services are more responsive, flexible and suited to individual needs.

Understanding the needs of children, young people and families

6.16 Strategic commissioning for children's services is even less established than that

69 A CSCI study into transitions planning (to be published in 2007) highlights shortfalls in strategic commissioning for children and young people with complex needs, including capturing information and data about their needs.

70 CSCI (2006) *Time to care? An overview of home care services for older people in England* London: CSCI.

for adults' services. Few children's services have developed an overall assessment of local needs. There is generally strong local intelligence about the adequacy of some provision but this is rarely systematic. The way in which population needs are profiled and data is collated and represented is very uneven.[71]

6.17 There has been effective planning and commissioning where some children's social services have worked well with partners to assemble evidence of local need, using a variety of tools.[72]

6.18 A recent study into meeting the needs of parents with children on the child protection register found commissioning suffers from:

- a lack of relevant information
- poor information gathering systems
- a lack of analysis and use of data when available
- little evidence of policies or information collection to enable culturally sensitive commissioning.[73]

Key points

Meeting people's needs

- **Involvement of disabled people and older people using services and carers has improved but is not yet systematic and effective across the country.**
- **Councils are increasingly involving young people to inform their commissioning strategy.**
- **Councils' commissioning strategies are improving in terms of understanding local needs but a full analysis of needs, demand and supply is not evident for all adults' and children's services. There are particular shortfalls in analysis for people with profound and multiple learning difficulties , young people with complex needs, older people with learning difficulties and people with mental health problems. Analysis of people likely to fund their own care services is rarely undertaken.**
- **Commissioning is not yet sufficiently multi-agency and strategies rarely build a picture of the services that people need over the course of their whole lives.**

71 CSCI (2005) *Making every child matter: messages from inspections of children's social services* London: CSCI.

72 CSCI (2005) *Making every child matter: Messages from inspections of children's social services* London: CSCI.

73 CSCI (2006) *Supporting parents, safeguarding children: meeting the needs of parents with children on the child protection register* London: CSCI.

Supporting the whole community

Commissioning for the whole community

6.19 Only 23% of all councils have identified the need to provide more support and advice for self-funders in response to the broadening of responsibilities of the Director of adult social services. For the most part, commissioning strategies are confined to dealing with the needs of those people who are eligible for funded support rather than the whole community.

Strategies for people who do not meet eligibility criteria

6.20 There is an expectation that councils will address social exclusion and promote the health and well-being of local people as well as provide better quality, cost-effective services to people with intensive needs. The Director of adult social services has a key role in co-ordinating health, housing, transport and other agencies to promote social inclusion. The local government White Paper, *Strong and prosperous communities,* emphasises the leadership role of members to support and strengthen communities.

6.21 Commissioning strategies rarely deal specifically with the implications of people excluded from services because their needs do not meet the eligibility criteria for funded support laid down by the council. This is at a time when councils are targeting scarce resources by restricting access to services to those whose needs are deemed to be critical or substantial.[74] (Two-thirds of councils set the threshold at 'substantial' in 2005-06 and a number of councils are expecting to raise their eligibility thresholds in 2006-07.)

6.22 Councils are aiming to shift the focus of services to promote well-being and most of the 66 councils taking part in the second tranche of local area agreements have plans for improving the health and well-being of local communities. Some councils are adopting a more corporate approach by attempting to respond to this problem through local 'well-being' and 'quality of life' strategies, often helped by the broader range of services now under the leadership of Directors of adult social care and Directors of children's services.

6.23 However, links are not always clear between these strategies and their commissioning strategies for social care services. There is limited data to establish how many people are being successfully redirected to 'non care managed' services and as yet no evidence collated nationally to monitor the outcomes for people.

74 Councils are expected to work within a national framework for eligibility criteria for adult social care (Fair Access to Care Services). This is based on individuals' needs and associated risks to independence and includes four eligibility bands – critical, substantial, moderate and low.

Key points

Supporting the whole community

- Just over a fifth of councils have identified the need to provide more support to people funding their own care services.
- Commissioning strategies rarely deal with the implications of people who are not eligible for social care services.
- There is little information about numbers and outcomes for people being redirected to 'non care managed' services.
- Corporate strategies on well-being and quality of life do not always link clearly with commissioning strategies.

Promoting independence

6.24 A number of different services are being commissioned to restore or promote people's independence. The range and investment by councils in these services is reviewed in this section.

Preventative and rehabilitation services

6.25 There has been a growth in both residential and community-based rehabilitation services jointly commissioned by social services and health partners to prevent inappropriate hospital admissions and facilitate timely discharge and effective rehabilitation. The number of non-residential intermediate care places commissioned has increased by nearly 100% over the past four years, from an average per council of 126 in 2002-03 to 247 in 2005-06.

Table 6.1
Average numbers of people funded by councils in intermediate care

Number of people funded	2002-03	2003-04	2004-05	2005-06	2006-07 plan
Residential : to prevent hospital admissions	78.0	92.8	105.4	109.9	111.2
Residential: to facilitate hospital discharge and rehabilitation	120.9	147.7	182.8	196.1	200.3
Non-residential: to prevent hospital admission	289.1	341.9	431.2	506.1	539.8
Non-residential: to facilitate hospital discharge and rehabilitation	389.7	468.3	565.6	621.4	666.7

6.26 Although there have been increases in the numbers of people using intermediate care these services are not generally available to everyone and represent relatively few people

overall and a relatively small investment of total resources. There is also more to be done by commissioners to monitor the performance of these schemes.

New models of home care services

6.27 Councils are increasingly using their higher cost in-house home care services for specialist intensive work, including community-based rehabilitation, high-level home-from-hospital support, and crisis intervention.[75]

6.28 In several parts of the country, councils are introducing models of home care that aim to restore people's capacity to do things for themselves, rather than doing things for them.[76]

Preventing breakdown in family care

6.29 Councils are commissioning more services to support family care and prevent crisis and breakdown (the following chapter discusses services to support carers at more length). A total of 2.76 million breaks for carers was provided in 2004-05 which was 10% higher than the 2.5 million breaks provided the year before.

Assistive technology to prevent crisis and promote independence

6.30 Councils are using the additional government funding of £80 million over two years, starting from 2006,[77] to invest in telecare, supporting more people and investing in the necessary infrastructure to prevent crises and ensure prompt responses in emergencies.

Table 6.2

Increasing numbers of people supplied with telecare equipment, and levels of funding – council averages

Total number of people already supported	**4220**	
	2006-7	**2007-8**
Number of additional people planned to be supported	933	1192
Planned expenditure on infrastructure (£000)	139.2	147.5
Planned expenditure on telecare equipment and service (£000)	233.9	339.6

Housing-based models of care

6.31 Inspections found the Supporting People programme has made a significant difference to many people's lives. It has enabled councils to strengthen their focus on prevention, provide a wider range of services and models of support, and actively to promote people's independence.

75 CSCI (2006) *Time to Care? An overview of home care services for older people in England* London: CSCI.

76 CSCI (2006) *Time to Care? An overview of home care services for older people in England* London: CSCI.

77 Department of Health LAC (2006) Preventative technology grant 2006-07 to 2007-08.

6.32 High-performing councils have improved their capacity to plan and deliver more responsive housing services and support. However, there has been inconsistency across councils due to lack of corporate ownership, insufficient preparation for the introduction of Supporting People and lack of capacity.

6.33 The current year-on-year reduction in the Supporting People grant makes it very difficult for many councils to plan ahead, particularly where the council grant is small or where funding has had to be transferred to mainstream budgets.[78]

Partnerships for older people's projects

6.34 Nineteen council-led partnerships have been awarded government funding in the first round of partnerships for older people's projects for a variety of pilot schemes in 2006-07 to 2007-08. These pilots to promote health, well-being and independence of older people are testing and evaluating different models of service that help shift resources towards 'prevention'. These include services that prevent crises and inappropriate admissions to care homes or hospital; provide simple support to improve quality of life; and empower and involve older people in planning, developing and monitoring services.

Promoting well-being and social inclusion

6.35 Commissioning of other types of 'prevention' services concerned with well-being and social inclusion have been covered in the previous section of this chapter on supporting the whole community.

Integrated care to promote independence

6.36 There are many ways in which councils, PCTs, housing and other services are working together to ensure people receive integrated care. These include integrated teams of health and social care professionals and joint commissioning posts. One mechanism to help achieve integrated care can be through pooling budgets.

6.37 There has been a reduction in the number of pooled budgets using Health Act flexibilities for intermediate care: from 54% of councils in March 2005 to 48% of councils in March 2006. The percentage of councils with 'pooled budget' arrangements, including those which also have integrated management and/or lead commissioning agreements, are listed in the Table 6.3 below.

6.38 Some concerns about the effectiveness of joint budget management and monitoring arrangements have been noted during inspections of mental health services over the last year.

78 CSCI (2006) *Supporting People: promoting independence – lessons from inspections* London: CSCI.

Table 6.3
Percentage of councils with pooled budget arrangements using Health Act flexibilities

Service area	% of councils – Spring 2005	% of councils – Spring 2006
Older people	44.1	43.9
Learning disability	75.4	72.1
Physical disability	36.6	28.0
Sensory impairment	32.0	32.1
Mental health	50.6	48.7
Drug misuse	59.9	58.0
Intermediate care	54.0	48.0

6.39 These small reductions in the number of pooled budgets could be one indicator of financial pressures in the health and social care system. Inspections of older people's services found that there was a reluctance in many areas to share risks and pool budgets when PCTs were under financial pressure. Changes in structures as well as plans to return to financial balance in local health services are cited by councils as creating uncertainty and risks to service delivery.[79]

6.40 These uncertainties add to the existing challenges in integrated commissioning where councils and PCTs may have a different language for, and understanding of, commissioning. Commissioning for clinical pathways in the NHS is different from commissioning social care services that aim to enable people to live their lives to the full.[80]

79 Social Care Finance Survey June 2006 conducted by Local Government Analysis and Research looked at the impact of NHS trust financial deficits on English local authorities. Authorities were chosen in areas where the NHS trust was in financial deficit. Sixty-seven per cent reported this had an adverse effect on their council and 40% reported increasing referral of cases that appear to be an NHS responsibility (eg in relation to continuing care).

80 CSCI (2006) *Relentless optimism: creative commissioning for personalised care* Report of a seminar held by CSCI on 18 May 2006.

Integrated services for children

6.41 Children's trusts are moving towards integrated commissioning to deliver more integrated services. They are looking to align financial planning and commissioning to increase the scope for greater investment in early intervention and prevention. There is still much to do to reduce the proportion of expenditure spent on high-cost placements. In 2004-05 21% of total expenditure on children's social care was spent on residential care where unit costs rose to £2,196 per week.

Direct payments

6.42 The use of direct payments and individual budgets is at the heart of modernising social care to ensure people can choose and direct their own support. This and the growing number of people paying for their own care present new challenges to strategic commissioners to develop a care market responsive and able to offer the range of services people want.

6.43 Councils have significantly improved their performance with regard to direct payments. In the year 31 March 2005, numbers had increased by 57% in the last year, to 22,000 people in England. By 31 March 2006 this had risen to 32,000. Councils plan a further 25% increase in 2006-07, although plans have frequently been exceeded in the past:

- Expenditure on direct payments rose from £126 million in 2003-04 to £196 million in 2005-06, an increase of 50%.
- Expenditure on direct payments in children's services tripled from £3.68 million in 2003-04 to £11.2 million in 2004-05.

Table 6.4
Direct payments – adults and older people per 100,000 age-standardised population aged over 18

	2003-04	2004-05	2005-06	2006-07 plan
C51 = Direct Payments	34.8	58.0	86.1	107.0

6.44 This improved performance masks some significant variations between councils with a minimum of 30 people using direct payments per 100,000 population of people aged over 18, and a maximum of 218. Even allowing for significant differences in the populations of councils, this variation illustrates very different attitudes and approaches in councils to the issue of user empowerment.

6.45 Despite these recent increases, direct payments still reach only a small minority of people using services and carers, nearly a decade after their introduction.

Individual budgets

6.46 There are 13 individual budget pilots across the country. These and the 'In Control' pilot projects are providing valuable insights into the use of self-directed support services and the implications for strategic commissioning.

6.47 People are looking for a very different 'menu' of local services to those traditionally commissioned and are designing their own support arrangements and networks. The use of individual budgets has the potential to 'bring about a transformation in power relationships between commissioners and people who use services'.[81]

Key points

Promoting independence

- The number of people using intermediate care services has increased but these services represent a very small investment of overall resources.
- Councils are using in-house home care services to provide some community-based rehabilitation.
- More services to provide breaks are being commissioned to support family care and to prevent a breakdown in caring.
- Additional funding is being used for assistive technology to assist prompt responses in an emergency.
- The Supporting People programme has made a significant difference to many people's lives but reductions in the grant make it hard for commissioners to plan ahead.
- The numbers of people using direct payments have increased significantly but direct payments are still used by only a small minority of people.
- Individual budget pilots are already demonstrating some people are looking for very different services to those traditionally commissioned by councils

81 CSCI report of a seminar 18 May 2006 – *Relentless optimism: creative commissioning for personalised care*

Providing choice

6.48 Commissioners have a crucial role in supporting a well-functioning local care market able to offer people a choice of services, whether people directly fund their care, use direct payments or similar mechanisms, or use services arranged and funded by public authorities.

Understanding and developing the local care markets

6.49 Market analysis is too frequently limited to a statement of local provision and general market conditions. Whilst gaps in the market and pressures are frequently identified, it is often less clear as to how these issues will be tackled. Analysis rarely includes a sufficient understanding of market imperatives for provider organisations, the factors that might determine future costs and sustainability, and whether they will be able to meet changing service expectations.

6.50 Ongoing engagement and dialogue with providers is important to build an understanding of barriers to entry in the market place, any safeguards needed to ensure continuity of supply and the implications of commissioning new or changed services.

6.51 In many places, relationships and levels of engagement between councils and providers remain poor. The Commission's study of home care concludes that many councils need to increase their efforts to build a more mature relationship with home care providers. Inspections have found councils were not sharing their commissioning intentions at an early stage with providers in learning disability services and few councils were involving providers in strategic discussions about commissioning priorities for older people's services.

6.52 Where relationships between commissioners and providers are poor, mistrust has been exacerbated if providers see markets as being distorted by councils carrying out a dual role as commissioner and provider.

Good Practice – Brighton and Hove Council

Working in collaboration with service providers

Brighton and Hove council has a positive working relationship with service providers in the private and voluntary sectors. Features of this relationship are:

- a well-conceived regime for contract setting and compliance
- evidence that measures taken to analyse and develop the market were yielding very good results
- a 'fair rate' strategy agreed with providers had been in place for two years
- an independent provider forum established which was supported by a full-time post, met regularly, and provider organisations were expected to attend as part of contract conditions
- formal newsletter regularly sent to all providers
- contracts and service specifications developed collaboratively with the private sector
- incentive payments made on top of agreed fees to improve quality of service
- robust monitoring regime which was 'fair and helpful'.

6.53 Some councils are working with providers to find ways of improving the quality of services, introduce new services to meet gaps in provision and change the shape of services, particularly in relation to specialist services. For example, some councils are modernising home care services to offer specialist skills in areas such as rehabilitation work; work with people with functional or organic mental health needs; crisis response; and out-of-hours services. These developments are not yet evident across all councils.

6.54 Part One of this report identifies changes in the nature and type of service provision. This includes reductions in numbers of residential homes provided for adults and older people, and increasing numbers of places provided for people with dementia.

6.55 In children's services, the number of children's homes has risen by 40 to 2,025 homes, representing an increase of 289 places, and the number of fostering agencies had grown by 21 in the year ending March 2006.

6.56 Whilst commissioning activity has driven some of these changes on the demand side, other changes are being driven by the supply side of the market through service providers reacting to market conditions. It is not clear how well commissioners understand the reasons for changes driven by the supply side, nor whether they anticipate such changes to ensure they do not undermine broader commissioning intentions.

Contracting

6.57 Councils' approaches to contracting services are often not informed by full analysis of local market conditions and provider considerations. The achievement of commissioning objectives, such as ensuring a choice of services for people, can be undermined by inappropriate forms of contract.

6.58 Councils' use of different forms of 'block' contracting is increasing; the use of 'spot' contracts is decreasing in home care but increasing in residential care. The use of in-house services in both service areas continues to decrease (see Table 6.5).

Table 6.5
Council use of 'spot' and 'block' contracts and 'in-house' services in adult social care

Type of contract	Residential Care		Home Care	
	% 2005	% 2006	% 2005	% 2006
Block	12.9	13.3	26.7	32.2
Spot	73.6	76.3	43.3	40.0
In-house	13.1	10.0	29.7	27.9

6.59 Councils have become more sophisticated in the type of block contracts they use, varying the length of contracts, and the use of them to enter into additional spot contracts with service providers who also have block contracts.

6.60 Commissioners need to analyse whether the volume of home care commissioned through spot contracts is helpful in dealing with known capacity and fragility problems in the market. Providers often complain that this approach hampers their ability to plan on a longer-term basis, which in turn has implications for recruitment and retention of staff, a major influence on market capacity problems and quality of care for people. In contrast, people using services generally favour spot contracts to allow for more choice and individualised provision.

6.61 The high use of spot contracts in residential care may be a barrier to councils tackling gaps in service provision and the scale of expensive out-of-council provision.

6.62 Commissioning is still predominantly reactive in children's services with a heavy reliance on spot purchasing. There remains a tension between block purchasing places for children in care and protecting budgets for preventing the need for care.

Key points

Providing choice

- Market analysis and development are still immature.
- Some councils are working with providers to change services but for the most part relationships with providers remain poor.
- Some changes are being driven by the supply side of the market and it is not clear how well commissioners anticipate these changes to ensure they do not undermine broader commissioning intentions.
- Inappropriate contracting sometimes undermines achievement and commissioning objectives.

Ensuring quality

Commissioning for quality services

6.63 Ensuring the quality of services should be central to a strategic approach to commissioning but councils continue to pay insufficient attention to this. Councils have invested resources to support quality assurance but much of the focus of this work is concentrated on contract compliance. Less than one-third of councils utilise variable fees or incentive payments to improve the quality of residential care.

6.64 Councils need to use information about regulated services to assess the services they commission and whether they are delivering the care they want for people.

New developments

6.65 CSCI is introducing tools to share the information it holds on the regulated care market to help councils commission for quality. This year the Local Authority Market Analyser has begun to share market information. Also, a new tool, CRILL (Capturing Regulation Information at the Local Level), is enabling councils to identify the services they commissioned in the last year and analyse the performance of these services against key National Minimum Standards. These will also be incorporated into the performance assessment of councils.

Involving people who use services and carers in monitoring the quality of services

6.66 Some councils are beginning to shift the focus of commissioning onto the quality of outcomes from the perspective of people who use services and their carers.

6.67 People using services have been engaged in determining the quality standards to be applied and in monitoring the achievement of these standards. There are examples from inspections of learning disability services where people using services and their carers are fully involved in monitoring service delivery.

6.68 Other councils rely on feedback from complaints and compliments processes to monitor and improve the quality of services but many councils fail to make the connection between the system for complaints and the process of quality assurance. Inspections of older people's services revealed that less than a third of those inspected used the complaints and comments system to improve the quality of services.

6.69 Young people are mainly involved in services that councils provide and systematic collection of their views is not generally built in to contracts with external providers.

6.70 Parents are not routinely engaged in evaluating children's social services. Those involved with family centres and services to disabled children are most likely to be consulted.[82]

82 CSCI (2005) *Making every child matter: messages from inspections of children's social services* London: CSCI.

Offering incentives for quality

6.71 There is little change between 2005 and 2006 in the numbers of councils offering incentive payments and varying fee levels. This action has been taken in areas poorly served for residential care for adults in order to sustain or develop the market, deal with geographical problems of capacity, or to sustain or improve the quality of care. New quality ratings for care services being developed by CSCI should provide important incentives for lifting quality.

6.72 Councils increased fees in 2004-05 in care homes and in home care by more than the rate of inflation; but at just above the rate of inflation for day services. This trend is likely to be repeated in 2005-06, but plans for 2006-07 show a reduction in proposed increases closer to the rate of inflation.

6.73 There are significant differences between the highest and lowest increases that are difficult to explain. The variations suggest that price increases are a reactive response either to capacity problems in the market or to budget pressures.

6.74 Around half of councils planned to vary fees in order to encourage particular service provision, a third to sustain or improve quality and only one-fifth to tackle geographical problems.

Table 6.6
Number of councils using incentive payments and variable fees in residential care for adults

Type	March 2005	March 2006
Geographical reasons	31	30
Encourage particular service provision	70	75
Quality reasons	50	49

6.75 However, in inspections of older people's services in 19 councils, little evidence was found of incentives in procurement to improve quality.

Key points

Ensuring quality

- Most councils focus on contract compliance and commissioners are not always using information about regulated services as a basis for assessing whether care plans are being properly delivered.
- Less than one-third of councils offer incentive payments or variable fees to improve quality.
- Some councils are shifting the focus onto the quality of outcomes for people and involving people using services in monitoring service delivery.

Commissioning cost effectively

Making best use of resources

6.76 This section considers how the increased resources allocated to social care services have been utilised, whether commissioning has been cost effective and the impact of external factors on achieving best value.

6.77 There have been significant increases in the resources made available for social care services in recent years, both by central government, through councils raising additional revenue through council tax, and from increased revenues from charges to service users.

6.78 Some of this extra money has been targeted at delivering specific policy objectives; for example, reducing delayed transfers of care, or to ensure councils have been funded to take on new responsibilities. Some has been made available to deal with increasing demand; for example, in the next 20 years the number of people aged 85 and over in England is set to increase by two-thirds, compared with a 10% growth in the overall population.[83] Extra funding has also been awarded to deal with cost pressures, including those arising from government macro-economic policies, such as the introduction of the minimum wage, which has had a major impact on social care.

6.79 Council budgets for social care are under considerable strain, caused by demand and cost pressures, the need to invest to develop modernised services, having to deliver efficiency gains, financial pressures in the health service, and reductions in Supporting People budgets.

6.80 Gross expenditure on both adult social care and children's social services has increased in real terms in 2004-05, with increases of 4.2% and 6.7% respectively. A further increase of 5.6% is forecast for adult social care in 2005-06. However, there have been no major changes to the balance of spending in the various service areas.

6.81 At the same time there has been no substantial increase in the number of people using social care. In children's services, there have been small reductions in the number of children in care and those on the child protection register.

6.82 Councils' investment in commissioning and assessment and care management increased significantly between 2002-03 and 2004-05, but this accounts for only a small proportion of the overall increase in spending.

6.83 This means that the cost of supporting those people who receive a service is increasing along with any investment that is required to respond to national policy initiatives aimed at least in part to help reduce demand. This section explores areas where investment has been made, where costs have increased, and the reasons for this.

83 Wanless D (2006) *Securing good care for older people: taking a long-term view* London: King's Fund.

The cost of supporting people with intensive needs

6.84 The number of people with intensive care needs continues to rise, whilst the cost of providing those services has also increased by more than the rate of inflation. Performance in relation to the number of households in receipt of intensive home care has slightly improved in the period 2003-04 to 2005-06, and councils plan further increases in 2006-07. At the same time, the cost of intensive care for adults and older people has shown significant increases. Whilst the planned increase for 2006-07 is modest, there is a track record of outturn costs consistently exceeding plans.

Table 6.7

Increases in numbers of households receiving intensive home care (per thousand aged 65 and over) and increases in the cost of intensive social care (residential and nursing care and home care)

	2003-04	2004-05	% increase	2005-06	% increase	2006-07 plan	% increase
C28 Intensive home care for all adults	12.4	13.0	4.8	14.0	7.7	14.5	3.6
	£ pw	£ pw		£ pw		£ pw	
B12 Cost of intensive social care for adults and older people	458.4	490.5	7.0	517.2	5.4	523.8	1.3

Special costs relating to specific groups of people

6.85 Spending increases reflect the significant cost pressures for some groups of adult service users and people with special needs. More people with learning disabilities are reaching old age and increasing numbers of severely disabled young people are reaching adulthood. Councils are thus supporting larger numbers of people with considerable needs and services are being provided at high cost to meet high levels of need.

(i) Services for people with learning disabilities: Inspections of learning disability services in 11 councils found that councils were generally experiencing increasing financial pressures and that these pressures were causing difficulties in implementing modernisation plans. As a result, many of these councils were still spending a large part of their budgets for learning disability services on long-term residential and nursing care.

- Councils are still spending a large proportion of their gross budgets on residential placements; £5.32 billion out of £14.06 billion in adults' services and £972 million out of £4.69 billion in children's services.
- The development of increasing numbers of supported living tenancies and extra-care housing places is reducing the dependence on traditional care homes and is more appropriate for many people.

- Thirty-one per cent of all people with learning disabilities, over 11,000, people,[84] are supported by their local councils in residential accommodation outside of the council area. Whilst some may be high-cost specialist placements, councils are looking to commission more local services which are more cost effective, particularly for people with a learning disability. Results are not yet matching aspirations. This may reflect a lack of cross-authority or regional commissioning to achieve more cost-effective services.
- The investment needed to modernise services is problematic when budgets are under pressure. However in those councils where services have been reconfigured and a range of ways introduced to support people in their own homes and to take part in leisure, education and employment opportunities, improvements have made real differences to people's lives and financial benefits are anticipated in the longer term.
- Some gains however have been lost where the reduction in vocational opportunities, following changes in government policy, is having an impact on the ability of councils to provide educational opportunities.

(ii) Services to older people with mental health problems: The increase in the number of older people with mental health problems receiving services are reported to be another cost pressure with the cost of services for this group being consistently higher than for physically frail older people.

(iii) Children in care: The cost of supporting children looked after in residential care continues to increase in order to meet the special needs of fewer children. The number of children looked after in residential care in 2004-05 fell by 100, although the total number of days in residential care rose by 4%. At the same time, spending increased by 6.1% in real terms and the unit cost of children's residential care rose by 8% to £2,196 per week in 2004-05.

- Councils have invested in in-house foster care services in order to ensure market capacity and to reduce the need to use more expensive independent sector providers. The unit cost of council foster care rose from £301 per week in 2003-04 to £327 per week in 2004-05, an increase of 4.8% in real terms. Meanwhile, the unit cost of independent provision fell by only 0.8% in real terms.
- A recent report on children's homes and the fostering market[85] found some placements are not provided at best value for money.

Delivering efficiency savings

6.86 The response to cost, demand and market pressures, which have been the main reasons for the use of additional resources made available for social care services, have been partly offset by the drive to deliver efficiency savings through more robust commissioning.

84 Department of Health (2004) Statistical Bulletin *Community care statistics 2004 supported residents (adults) England* London: Department of Health.

85 DfES/ PricewaterhouseCoopers (2006) *DfES children's services: overarching report on children's services* Markets Research Information.

6.87 Significant efficiency savings have been achieved in adult social care services within the context of the Gershon plan to achieve efficiency savings across public services. Some of these savings are the result of council cross-cutting efficiency measures, a proportion of which has been delivered in adult social care. Nearly £203 million of efficiency gains were achieved in 2005-06, of which over £135 million were 'cashable' (actual cost savings) and over £67 million 'non-cashable' (such as increased services for the same money).

6.88 The level of efficiency savings planned for 2006-07 shows an increase to over £246 million, of which over £200 million will be cashable and nearly £46 million non-cashable. The most significant contributions to the total efficiency gains have been, and are intended to be, delivered through modernising service delivery and improving working practices.

6.89 However, councils rarely identify their strategic vision for achieving efficiency gains. Too frequently, they identify a variety of actions and plans to deliver efficiency savings without an overarching strategy. Whilst there is significant evidence of efficiency savings being achieved in the domain of commissioning activity, this lack of strategy means that opportunities for further efficiencies may be lost or some actions may be counterproductive to other commissioning objectives.

6.90 Areas where councils have delivered efficiency gains through commissioning service change include:

- The proportion of home care provided by council staff has been falling. During a survey week in September 2005, 27% of hours of home care were provided directly by councils (a fall of 4% from the previous year), with 73% by the independent sector. As well as this volume change, councils have changed the focus of their in-house services to provide specialist services to justify the higher cost.
- The scale of council residential provision for adults continued its decline of recent years, from 11% of all residential care purchased by councils in 2004 to 10% in 2005.
- The number of children in foster care continues to increase, reducing the reliance on higher cost residential care.

6.91 Efficiency gains identified by councils include those being achieved through changes in contracts, such as those for home care services. Whilst these efficiency gains may be financially beneficial, they may adversely affect the quality of the service being provided. For example, restrictions on visiting times of home carers and very tightly specified task-orientated care plans have resulted in complaints from people using services about the inflexibility of the service provided and care workers too rushed to provide a good service.[86]

6.92 Commissioners have not always achieved efficiency gains which sit comfortably with their strategic objectives for flexible, person-centred and high-quality service delivery.

Collaborative commissioning

6.93 There is limited evidence of councils working collaboratively with other councils to commission services to help deliver value for money. Activity appears to be greater in learning disability services, where inspections identified a number of councils which were

86 CSCI (2006) *Time to care? An overview of home care services for older people in England* London: CSCI.

sharing commissioning of some specialist services with other councils and on a regional basis. Inspectors found collaborative commissioning in other service areas to be rare.

6.94 Links between children's and adults' commissioning are not well established. This applies both within as well as between councils.[87]

6.95 In children's services there is little cross-authority commissioning to secure access to existing high-priority provision or to develop additional capacity.

6.96 Joint commissioning with the local education authority is often confined to the procurement of services in individual cases. This is changing as new patterns of services are planned around individual schools or clusters of schools.

6.97 The Green Paper *Care matters: transforming the lives of children and young people in care* proposes new regional commissioning units to secure better value for money and introduce placement choice for children.

Key points

Commissioning cost effectively

- There have been no major changes in the balance of spending in the various service areas.
- Funding has mainly been spent on meeting the needs of people who require the most intensive support; their numbers are rising and the cost of services has increased by more than the rate of inflation.
- Efficiency savings have been achieved but councils rarely have a strategy for achieving these gains which means opportunities might be lost and some actions counterproductive.
- Efficiency gains do not always sit comfortably with strategic objectives for flexible, person-centred and high-quality services.
- There is limited collaborative commissioning to help achieve value for money.

87 CSCI (2006) special study *Supporting parents, safeguarding children: meeting the needs of parents with children on the child protection register* London: CSCI.

Conclusions

6.98 Commissioning is continuing to improve. But given the raft of guidance, improvement programmes and attention focused on commissioning over a number of years, it is disappointing that the change is not more dramatic. What are the factors that have shaped good commissioning?

6.99 To achieve better outcomes for people, commissioning strategies need to be in place which ensure a well-functioning local care market. This is a market that:

- ensures consumer choice
- safeguards continuity of good-quality supply to ensure people's well-being
- deals with poorly functioning businesses – recognising that resilient businesses deliver quality services
- encourages innovation.

6.100 This has to be coupled with effective use of resources. To demonstrate that councils use their resources effectively there need to be long-term financial planning and resource allocations reflecting need and good control of costs.

6.101 The reality is that financial planning is too frequently inadequate to support longer-term commissioning strategies, even though most councils now have longer-term financial plans in place. Resource allocations continue to follow traditional patterns and there is an inadequate appreciation of costs and therefore control of those costs.

6.102 An assessment of councils' approaches to commissioning has highlighted very mixed practice in analysing needs, demand and supply; in relationships with stakeholders; in market development; and in 'commissioning for quality' with involvement of local people.

6.103 Underpinning all of this has been the challenges of dealing with severe cost pressures in the whole care system.

6.104 On the positive side, there is clear evidence that some services are improving; that most councils manage to balance their social care budgets though they are often substantially more than government allows ; that new types of services are being commissioned in some areas; and that investment is being increased to support commissioning and quality assurance.

6.105 However this has meant councils have had to tighten eligibility criteria. Commissioners need to ensure that the increasing numbers of people who are excluded from receiving funded care from councils due to tightening eligibility criteria are able to access some form of support. It is also important that people who pay for their own care get adequate advice and support. Without this, it is difficult to see how councils provide value for these people.

6.106 Councils' performance is mixed and many councils need to tackle deficiencies in their approaches to commissioning, understand better the quality of the services they commission and become more informed about the costs of those services. They must demonstrate that, through more collaborative approaches to commissioning, they can

tackle the high and increasing costs of some specialist services where providers can largely dictate the price councils pay.

6.107 Long-term financial planning in councils needs to be more effective in underpinning the procurement of services. This has to be in the context of commissioning strategies that are aiming to change the pattern and forms of service delivery to address the implications of introducing more choice and control for people who use services.

6.108 As well as these areas for development, it is clear that the challenges for commissioning are greater than ever. Commissioners are being asked to stretch resources from meeting the rising costs of care services for more people with increasingly complex needs through to the costs of a wide range of prevention and social inclusion programmes for the whole population.

6.109 In addition to these costs there are financial pressures in the NHS that are having an impact across the whole health and care system.

6.110 Commissioners also have to manage:

- increasing expectations of higher-quality services and rising demand at the same time as delivering efficiency gains
- the transformation of services at the same time as addressing workforce recruitment and retention problems
- a rapidly changing policy agenda that can give confusing signals to the sector.

6.111 Strong local leadership (as promoted in the Government's 2006 White Paper, *Strong and prosperous communities*) and political and organisational stability are important factors in supporting effective strategic commissioning. Organisational change in the NHS and upheaval in adults' and children's services threaten these key prerequisites for good commissioning.

6.112 These pressures are challenging councils to achieve a standard of commissioning that really can meet individual and community needs. This then has a detrimental impact on the lives of people who need assistance and their carers. The impact on carers' lives is explored in the next chapter.

Chapter 7
The state of support to carers

Introduction

Background and scope to this chapter

7.1 *The state of social care* report 2004-05 found that carers continue to be largely unrecognised and concluded *'Councils need to rethink their approach to the development of services to support carers.'*

7.2 One year on, we review councils' progress in response to the Carers (Equal Opportunities) Act 2004 (hereafter the 2004 Act) and to other legislation to assess whether councils have adopted a strategic and systematic approach to supporting carers.

7.3 This review looks at how far councils have implemented strategies to meet the outcomes carers have identified as important to them:

'to be recognised and fully informed'

- how councils are identifying carers, in particular at the time people become carers and those who are more difficult to reach
- how councils are informing carers of their rights under the 2004 Act

'to have my needs recognised'

- the extent to which carers' needs are being assessed and acted upon
- how well councils are responding to the diverse nature of their local communities
- the impact on carers' lives of tightened eligibility criteria for services

'to be supported in my caring role'

- what services are being provided in response to individual assessments
- how funding is being used, the provision of direct payments and whether innovative services are being commissioned
- the extent to which councils are responding to the idea of an expert carer programme as proposed in the White Paper.[88]

'time to be me'

- how councils are supporting carers, including young carers, to have their own lives
- how councils are assisting carers to remain in work or return to work

88 Department of Health (2006) *Our health, our care, our say* London: Department of Health

Carers – who are they?

- Carers are not paid. They are people who look after a spouse, relative or friend who needs support because of physical or learning disability, illness or mental ill health. Most people will be carers at some point in their lives. Many people do not want to be 'defined' by their caring role and will not associate themselves with the description of 'carer'.
- Over a lifetime, 7 out of 10 women will be carers, and nearly 6 out of 10 men. (ii)
- 4.7 million people over the age of 18 are carers in England. (iv)
- There is a turnover in the population of carers. In any one year, 301,000 adults in the UK become carers. (ii)
- 70% of the people cared for are over 65. (i)
- 1.5 million carers in England provide over 20 hours of care per week. 985,000 provide over 50 hours of care per week. (iv)
- 1.5 million carers combine full-time paid employment with unpaid care. 58% of these working carers are men. (iii)
- People from Bangladeshi and Pakistani ethnic groups are more likely to be carers than those from other ethnic groups, taking account differences in age structure. (v)
- 471,000 carers reported they were in poor health (2001 census). Of these, 30% were aged 65-plus. (iv)

References

(i) King's Fund (2003) Wanless Social Care Review: *Securing good care for older people* London: King's Fund

(ii) George M (2001) *It could be you: a report on the chances of becoming a carer* London: Carers UK

(iii) Carers UK (2001) *More than a job: evidence from 2001 census – research by University of Leeds* London: Carers UK

(iv) National Statistics 2001 Census for England and Wales

(v) Young H, et al, (2006) Joseph Rowntree findings: *Characteristics of care providers and care receivers: a longitudinal perspective*

The evidence

7.4 The evidence for this chapter has been derived from:

- Local councils' annual self-assessment of performance contained in the delivery and improvement statements (DIS) which for 2005-06 introduced a number of carer-specific questions.
- CSCI's national overview of inspection reports of services for particular groups of service users.
- Information from CSCI's inspectors' records of performance assessment of councils, part of the star ratings process.

- Feedback from carers taking part in recent CSCI seminars and earlier research completed by King's College London for the joint review of the National Service Framework for older people.
- Discussions with carers' organisations.
- Contact with two of the four Beacon councils for carer support.

Fundamental assumptions of this chapter

7.5 The following assumptions underpin the analysis of councils' progress:

- The concept of diversity is interpreted in its widest sense to include black and minority ethnic communities, disability, age, religious beliefs, gender, sexual orientation, geographical location, culture and levels of social exclusion and deprivation.
- Our starting point should be that carers are part of a social inclusion agenda in the sense that their caring role often leads to significant exclusion from participation in wider society, to the detriment of both individuals and the community.
- Carers are people with lives and aspirations like anyone else and the support and services they receive should not be exclusively to help them to be better carers. This does not preclude an acknowledgement of the need for enhanced caring skills to minimise risk and improve the quality of life of both carers and the people for whom they care.
- We recognise that carers do indeed work in the course of providing care. However, in line with common parlance, we have used 'work' and 'return to work' to relate to paid employment.

Taking a strategic, multi-agency approach to supporting carers

Legislative and policy overview

7.6 The formal responsibilities of English social services authorities in relation to carers' services and carers' rights derive from the legislation listed in the Appendix to this chapter.

7.7 Government policy on carers is multi-faceted. It is not only concerned with supporting the contribution which carers make in helping people to live independently, but also addresses the human rights of carers; the economic need to sustain carers in the workforce or return them to it; the health of carers; the potential contribution of former carers to their communities; and the social inclusion of carers.

7.8 The Carers (Equal Opportunities) Act 2004 marked:

'*a major cultural shift in the way carers are viewed: a shift in seeing carers not so much as unpaid providers of care services.., but as people in their own right: people with the right to work, like everyone else: people who have too often been socially excluded and ... often denied the life chances that are available to other people*'.[89]

89 Luke Clements (2005) *Carers and their rights – the law relating to carers* London: Carers UK.

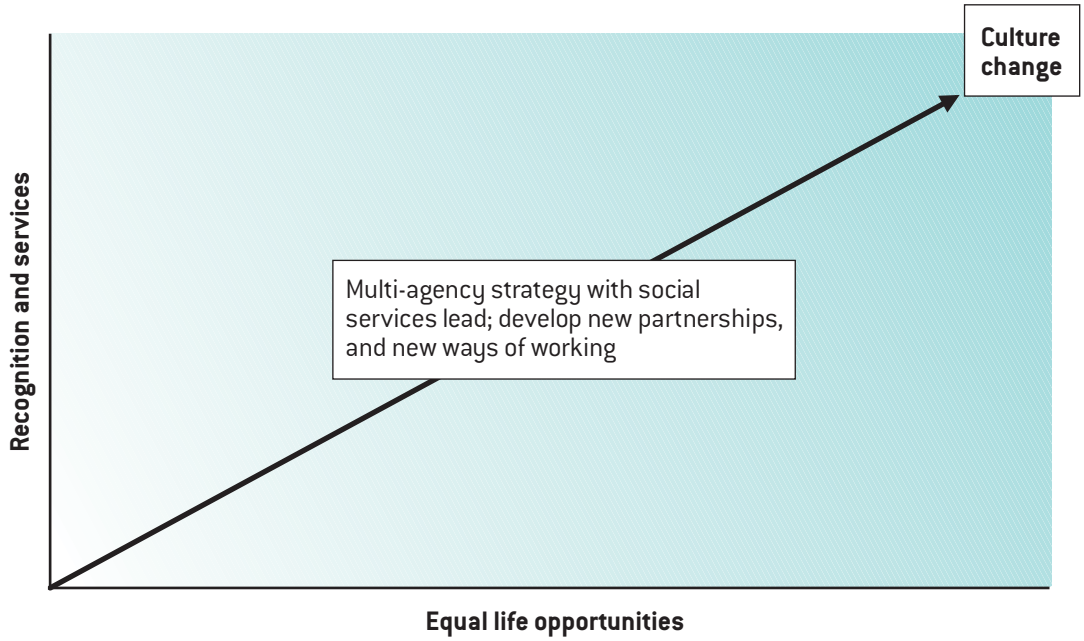
Taking a strategic approach to supporting carers

7.9 Social services authorities hold the lead role in the implementation of the 2004 Act. They have significant responsibility, not only for their own performance in securing the outcomes intended by this legislation, but also for securing the commitment and co-operation of a range of other agencies to this end.

7.10 The diagram below represents the two separate dimensions councils have to consider. Firstly, in enabling carers to 'have a life' and pursue their ambitions and aspirations like the rest of society; and secondly, providing services to support and sustain carers in their caring role, to the extent that they wish.

7.11 Meeting the aspirations of the Act represents an enormous challenge. The only way of marrying the two objectives set out on the horizontal and vertical axes is to formulate a strategic approach, on a multi-agency basis, and to develop new partnerships and ways of working. A successful outcome implies culture change.

Figure 7.1
Marrying the objectives of the 2004 Act



7.12 In assessing which councils are taking and implementing a genuinely strategic approach to meeting the needs of carers and protecting and promoting the rights of carers, we have looked for evidence of the following:

- A multi-agency carers' strategy in place.
- An identified social services lead on carers.
- A corporate approach within the council, displaying a shared ownership of the carers' agenda.

- A strategy based on local profiling to map numbers and needs of carers, including carers in work, black and minority ethnic carers and young carers.
- Proactive initiatives and good practice going beyond the basic legal requirement of taking carers' employment, education, training, and leisure needs into account in the carers' assessment. For example, the provision of flexible, reliable and emergency cover which enables carers to take part in chosen activities; imaginative ways of increasing paid employment opportunities for carers.
- Innovative carers' services and use of direct payments.
- Carer engagement in commissioning, service development and evaluation and workforce training.
- Outreach activity beyond traditional social service networks to ensure equal opportunity and equity.

7.13 Employing these criteria, **around a fifth of local councils could be described as taking a strategic approach** to meeting the needs of carers. Robust strategies encompassing the broader agenda were rare and councils' self-assessment of their strategies to support carers were, on the whole, light on specific timescales and outcomes.

Good Practice – Hertfordshire County Council

Hertfordshire County Council has had a robust multi-agency carers' strategy in place since 1995 (as recommended in guidance on the Carers and Disabled Children Act). This has provided a direction of travel for all partner agencies and helped raise the profile of carers and address their needs across the statutory and voluntary sectors.

7.14 The majority of councils focus on the objective represented by the vertical axis and on traditional social services activities; for example, individual assessments and work with the voluntary sector.[90]

7.15 Twenty-five per cent of councils identified the complexity of networks involved and challenges in developing and sustaining successful partnerships with other agencies that have differing priorities, particularly health, leisure, education and job centres.

7.16 To carers this presents as 'lack of co-ordination within the system' – one of the three main difficulties identified by carers.[91]

Corporate commitment within councils

7.17 Better integration of services for people and a corporate commitment to their delivery has been a central theme of government in recent years. Whatever governance and structure is chosen by councils, services which should be accessible and responsive to carers will be

90 Delivery and Improvement Statement (DIS) Question 2710.

91 *Living well in later life: information from interviews with carers*. King's College London, unpublished. (Interviews were undertaken as part of the joint reviews to measure progress against the National Service Framework for Older People in 2005.)

placed in different parts of local councils, and sometimes outside of the council itself, for example, where education has been outsourced. All the more critical, therefore, that councils are able to demonstrate a corporate commitment in their approach to service delivery to carers.

7.18 The Department of Health Combined Policy Guidance on the 2000 and 2004 Acts has emphasised:

'The 2004 Act aims to foster joint working to deliver comprehensive services for carers and will enable social services departments to be better able to call on other authorities to assist in supporting carers and will provide a formal basis for co-operation between authorities to deliver a more coherent service for carers.'[92]

However, only 7%[93] of councils (10) mentioned having a dedicated carers' partnership board or group and very few evidenced close cross-department collaboration.

7.19 Councils have identified a number of internal and external barriers to a corporate approach and commitment. The former include a lack of robust cross-departmental decision making, carers' issues being dealt with in a variety of service group forums and sub-groups within the local council, commissioning strategies spread across divisions within adult services, and separate commissioning arrangements within children's services.

7.20 Councils have also been challenged by difficulties in sharing information across agencies, poor multi-agency communication strategies, and the capacity of the voluntary sector and other partners to deliver and participate fully in partnerships.

Collaboration with health services

7.21 Fifty-five (37%) councils make specific mention of collaborative approaches with health partners, ranging from joint involvement in strategy and protocol development to close joint working with local PCTs, including specialist joint-funded posts.

7.22 In contrast, over 25% of councils referred to PCT restructuring and financial pressures within the NHS, or difficulties in establishing an effective collaborative relationship with GPs, as barriers to the delivery of their vision for 2006-07.

Collaboration with the voluntary sector

7.23 Councils have long commissioned (or grant-funded) services for carers from the voluntary sector, partially in response to carers' feedback that many are more comfortable both in identifying themselves to, and accessing services from, voluntary sector organisations.

7.24 Evidence for this review suggests that commissioning with this sector is far from robust. Councils report they are unsure as to how, precisely, the funds made available for carers' services are being spent, how many people are accessing the services and what the outcomes are for carers of the services commissioned.

92 Department of Health (2005) *Carers* and *Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 Combined Policy Guidance* London: Department of Health.

93 Delivery and Improvement Statement (DIS) Question 2710.

Collaboration with the private sector

7.25 Only 4% of councils mentioned, in their DIS returns, linking with employers outside the local authority in their responses on implementing the 2004 Act. This would appear to be a missed opportunity, particularly in engaging private sector employers in supporting carers within their workforce.

7.26 There may also be scope to consider the development of social enterprises that build on the skills and experience of carers and former carers. For example, one of the ideas floated at CSCI's *Listening to Carers* event in Coventry in June 2006 was that: 'Experienced carers could be attached to the GP surgery. It would be paid employment for carers and solve two problems at the same time. It would provide flexible employment for carers who want to work.'

Resourcing strategies to support carers

7.27 In 2004-05 the Carers Grant provided by central government to councils was £125 million nationally. This increased in 2005-06 to £185 million and remains at this sum for 2006-07 and 2007-08.

7.28 Nearly half of all councils (46%) cited financial or resource constraints that affected their ability to deliver their strategic vision for carers' services in 2005-06 and similarly in looking forward to 2006-07. There are particular concerns now that the Carers Grant is no longer ring-fenced. Insufficient resources to train staff on new duties arising from the 2004 Act, higher unit costs of services and increased demand were felt to threaten the sustainability of developments in carers' services.

7.29 However, a strategic approach to managing some of these resource pressures was not evident, nor effective carer input into prioritising activities. One Beacon council commented on the tendency to overlook the simple and cheaper services that are often a carer's top priority, such as help with housework and cleaning.

Carer involvement

7.30 Over half of all councils (52%) report that they involve carers in the planning, delivery and monitoring of services.

7.31 Many councils take a rather traditional approach to involvement, seeing membership of partnership boards and other formal bodies as the primary way of involving carers directly in policy development, commissioning and strategic decision making. A small number of councils (10) mentioned having a dedicated carers' partnership board/group. This structure has the advantage of allowing carers' interests and needs to be looked at collectively, rather than being stratified along client group lines.

7.32 Councils (17 made specific mention) identified the contribution of carers' centres to strategic planning and in providing a focal point for communication, resource and support to carers and consultation.

7.33 CSCI inspections of different care groups found that carer involvement in service planning was often under-developed and failed to take into account the difficulties for carers to take

part in meetings, some of whom have 24-hour caring responsibilities. Unsurprisingly carer inclusion on partnership boards and local implementation teams was patchy.

7.34 There are examples of good practice from the Beacon councils.

Good Practice – Sunderland

Sunderland 'has adopted a highly person-centred approach to carers' services, strongly weaving carers into all of its key processes'. (Beacon Theme Guide.) It makes an underpinning investment in briefing, training, respite and transport in order to facilitate and support effective consultation with carers.

7.35 Councils also involve carers in:

- recruitment panels
- contract development for all carer-specific contracts, ensuring that clear outcomes are integrated into the service specification
- meetings with councillors and the Director of adult social services.

Key points

Taking a strategic approach

- Only 20% councils are taking a strategic approach to meeting the needs of carers and thus there is a significant disparity between councils in the type, level and quality of services to carers.
- Corporate commitment is not evident across all councils. Partnerships with health services and the independent sector are equally variable. Work with the independent sector is underdeveloped.
- Nearly half of all councils cite financial constraints as a barrier to developing support to carers. But strategic approaches to managing resource pressures and involvement of carers in prioritising developments were not evident across all councils.

Routes for carers into services and support

Identifying and informing carers

7.36 Sixty-three per cent of councils report that they have been engaged in awareness raising and providing information for carers in response to the 2004 Act. Seventeen per cent (25 councils) have appointed specialist staff, some linked to carers' centres and with a remit of identifying unknown carers.

7.37 Councils can provide data on the numbers of carers in their area and where carers previously unidentified have been added to registers. There is no hard information overall on how well councils are identifying hidden carers nor their success in reaching those targeted. This may be through disseminating leaflets; running awareness days; offering websites, seminars, conferences, networking opportunities; work with the voluntary sector and the NHS; and personal contact.

7.38 It is recognised that carers may be more willing to identify themselves to organisations in the voluntary sector and that GP practices can play a crucial role in early identification of carers. Evidence from Beacon councils suggests a strong working relationship between social services and GP surgeries can improve the chances of effective referrals for assessment and services.

Providing information to carers about assessments and services

7.39 A recent survey of carers conducted by CSCI[94] identifies shortfalls in the provision of information about assessments and services. As part of 11 inspections on services to people with learning disabilities, 536 carers responded. Whilst the number of councils involved is small (7% of the total), the number of respondents makes the conclusions of interest. Less than 50% of the carers surveyed stated that they had been informed of their right to an assessment of their own needs.

Table 7.1
Survey of carers

Question	Yes	No	Don't know	N/A	Not stated
Have you been told about your right to an assessment of your own needs?	46%	39%	4%	4%	6%

7.40 Some carers reported that they had difficulty finding out about services available for both themselves and for their learning-disabled relative. In three councils, specific information for carers of people with learning disabilities was available but carers commented that they did not know about it. In the carers' survey, 16% of respondents stated that they were always given, 26% usually given and 32% sometimes given written information. Carers, however, are looking for personal explanation and advice.

94 The survey took place as part of the 11 CSCI inspections of council services for people with learning disabilities 2005-06.

Assessments

7.41 The Carers and Disabled Children Act 2000 (hereafter the 2000 Act) gave carers a right to an assessment of their needs independent of the community care assessment of the cared-for person. This remains the case even if the person they care for has refused one. As a result of the 2004 Act, the assessment must now consider employment, education, training and leisure issues.

7.42 Well over half of all councils (59%) report they provide information for staff and basic training around the provisions of the 2004 Act, with a particular emphasis on training on assessments. Fifty-two per cent mention the development of assessment tools and documentation to meet their new duties.

7.43 In 2004-05 194,000 carers received either an assessment or a review; 30,000 declined an assessment or review.[95] Sixty-five thousand of the 194,000 received a carer's service – a further 79,000 were provided with information and advice.[96]

7.44 Relating the numbers of carers assessed or reviewed to the total of adults receiving a community service arranged by a council in the year suggests that approximately one in eight people using services (13.3%) had a carer who was assessed or reviewed.

7.45 Performance of councils varies, as the tables below indicate. These show the full results of the carers' survey (related to inspections of services to people with learning disabilities) on assessments and subsequent provision of services.

Table 7.2
Assessment and care plans

Question	Yes	No	Don't know	N/A	Not stated
Have social services carried out an assessment of your needs as a carer in the past 12 months?	35%	52%	4%	4%	5%
Do you have your own written care plan?	21%	61%	6%	5%	8%

Table 7.3
Provision of support services

Question	Always	Usually	Sometimes	Never	Not Stated
Do you receive services to support you in your role as carers?	12%	18%	24%	35%	12%

7.46 It also remains unclear from the evidence available overall as to the quality of assessments, what choice of services is offered as a result of assessments, and what impact this has on

95 RAP feedback England Table C1a.
96 RAP feedback England Table C1b.

the lives of carers. There continues to exist a blurring between carers being assessed to enhance their caring role and being assessed to pursue opportunities outside that role.

7.47 However, there are examples of some councils who are operating robust systems to track results of assessments.

Good Practice – Sefton Metropolitan Borough Council

Sefton Metropolitan Borough Council's carers strategy and action plan has been written using a framework developed by the King's Fund[97] from research with carers and this sets out clear definable outcomes against each area of work, including assessments.

Accessing services

7.48 The practice guidance to the 2000 Act requires councils to make a graded assessment of the 'extent of risk to the sustainability of the caring role' ranging from critical to substantial, moderate or low. The purpose of the grading is to determine the extent to which 'a carer's ability to sustain a role is compromised or threatened whether in the present or in the foreseeable future by the absence of appropriate support'.

7.49 These categories for judging the risk to the sustainability of a caring role are based on those relating to disabled people's assessments. There is, however, a crucial difference. If a disabled person is deemed to have a critical need, then the council has a duty to provide services to meet that need. If, on the other hand, the carer is said to be at critical risk of being unable to sustain their caring role, the council has a discretionary power, but not a duty, to make services available to the carer.

7.50 From the evidence there is wide variation in the numbers of:

- carers, even those who may be classed as being at critical risk, who are aware of their right to an assessment
- assessments that are routinely carried out
- councils who realise that they must act and, indeed, do so.

7.51 In any case, critical risk apart, councils do have a duty of prevention and a simple service provided to a carer as an early intervention may mitigate against longer-term risk. There is, once again, limited evidence that local councils strategically plan to reduce risk to carers. This includes ensuring that carers have opportunities to pursue leisure opportunities and remain in work or develop skills that will improve their chances of re-entering the workforce, rather than simply reacting to crisis situations.

97 The Carers Impact Team (1998) *The carer's compass: directions for improving support to carers* London: King's Fund.

Eligibility for services of the person being cared for

7.52 Currently, most councils will only provide services to people who are deemed to be in the critical or substantial risk categories. A key question is how far carers are bearing the costs of these tightened eligibility criteria.

7.53 Whilst we cannot quantify this, feedback from inspectors, carers and their organisations suggest it is carers who are providing the care and support in the absence of formal services. 'If there is an able-bodied carer in the house, social services do not consider that you need help.' (Carer)

7.54 The conclusion from this situation must be that carers are more likely to have disrupted lives and, indeed, become, in turn, more at risk themselves.[98]

Key points

Routes for carers into services and support

- Over 60% of councils have been raising carer awareness and providing information to carers. It is not clear how successful these activities have been in reaching carers.
- Councils are assessing the needs of more carers but performance varies.
- There is no countrywide evidence of the outcomes of assessments, nor what choice of services are offered, if at all.
- There is no data on the numbers, but evidence indicates carers are bearing the burden of ever-tightening eligibility criteria.

98 A review of the literature for the Audit Commission in 2004 concluded that 'the community care reforms may have increased the tendency to treat carers as a free resource. The costs of community care for older people may, subsequently, have increasingly been shifted onto unpaid carers, whose costs are less visible'. Pickard L (2004) *The effectiveness and cost-effectiveness of support and services to informal carers of older people* London: Audit Commission.

Supporting carers to care

Councils' priorities for service delivery

7.55 Services to carers include those providing:

- information and advice
- flexible breaks
- ways of meeting carers' health needs
- Direct Payments
- support services, such as emotional support, support to carers in employment or support to carers by voluntary sector organisations
- support to young carers
- support to carers from black and minority ethnic communities.

7.56 Services which are directed at people requiring services, such as home care, can also provide important support to carers if they are flexible, carer-aware and of a quality that give carers peace of mind.

7.57 From the list of services above, in their DIS returns to CSCI for May 2006, councils prioritised information and advice, and provision of specific support services for carers most frequently, 77% and 71% respectively of councils included these among their three highest priorities. Young carers, carers from black and minority ethnic groups and direct payments were the most likely to fall in one of the last three priorities identified by councils.

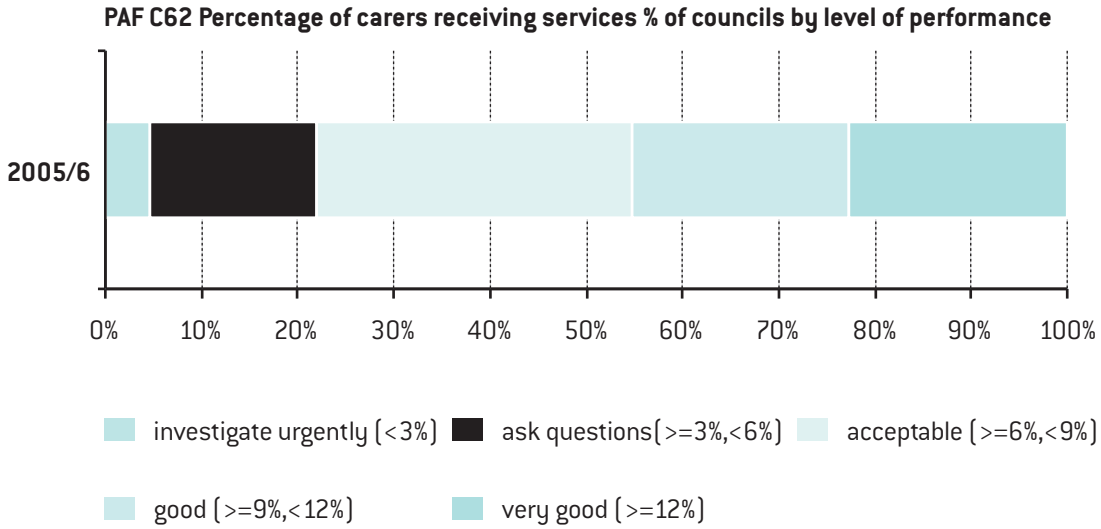
Numbers of carers receiving services

7.58 2005-06 was the first full year of collection through the DIS of the new performance indicator of how many carers were receiving services. It gives the number of carers receiving a specific carers' service as a percentage of all clients receiving community-based services. In respect of the numbers of carers receiving services, it indicates about 1 in 10 of all people using services have a carer who received a carer service in the year. Councils plan to increase this figure for 2006-07.

7.59 Seven councils were placed in the 'investigate urgently' performance category (less than 3% of carers receiving a carer-specific service) in 2005-06, with a further 26 in the 'ask questions' category (less than 6% of carers receiving a service). Thirty-four councils (23%) achieved a performance rating of 'very good', with carers of clients receiving services also receiving services in their own right in at least 12% of cases.

Table 7.4
Council performance

Level of performance	Investigate urgently	Ask questions	Acceptable	Good	Very good	Missing
No of councils 2005-06	7	26	49	34	34	0



7.60 Although 34 councils did achieve a performance rating of 'very good', this does have a relatively low baseline of 12%+ carers receiving services in their own right. The number of councils giving cause for concern, either because there is need for urgent investigation or because questions need to be asked (33 councils or 22%), is almost exactly equal to those who have 'very good' status.

7.61 It should also be noted that this performance measure is unable to capture the full picture of service provision. In particular:

- The benefits derived by carers from services received by the person they care for as these services are only counted if the assessor views the carer as the prime beneficiary.
- Information and advice are excluded from the count of services offered.
- 'Direct access' services are not included; an assessment has to have been carried out before the carer can be counted as having received a service.
- The count of carers receiving a service is based on the carer having been assessed or reviewed in the year in which they received the service; where reviews are less frequent than once a year council support may not be counted.

Other ways to measure outcomes are currently being developed.

Breaks for carers

7.62 Services which seek to share care and enable carers to have a break include day care services, in-home respite services, residential short and longer stays, and breaks away for both carer and the person they support.

7.63 As described in Part One, a total of 2.76 million breaks for carers was provided in 2004-05 which was 10% higher than the 2.5 million breaks provided the year before.

7.64 Thirty-five per cent of councils have a voucher scheme in place for breaks or carer services[99] that aim to offer more flexibility and choice for the carer and person supported.

7.65 On average, councils reported that 11% of the Carers Grant was spent on breaks for black and minority ethnic carers. The number of carers from black and minority ethnic groups receiving breaks has nearly doubled over the last two years, from an average of 65 to 121 per council.

7.66 However, large regional and council differences were apparent, largely reflecting the proportion of ethnic minorities in the population. The regional average ranged from 2.5% in the South West to 28% in London.

7.67 Overall, the availability of breaks for carers varies considerably across the country:

- Inspections of services for older people in 19 councils found a good range of flexible services to support carers, but inadequate respite care for people with dementia or poor mental health.[100]
- Quality home care can be a major support to carers but there is still much to do to ensure home care is commissioned in ways that meet the outcomes of people needing support as well as the outcomes carers want.[101]

99 Delivery and Improvement Statement (DIS) Question 2726.

100 CSCI Inspections of council services for older people2005-06.

101 CSCI (2006) *Time to care? An overview of home care services for older people in England* London: CSCI.

- Councils are increasingly commissioning telecare and technology services to support people living independently which have the potential to support some carers to take a break with confidence. Some are piloting telecare targeted at older people with dementia and their carers.[102]
- Inspection of mental health services in 11 councils found the range of services and support for carers was increasing and some good initiatives specifically for young carers. But the needs of older carers were not being adequately met.
- Some councils have dedicated carers' teams and specialist workers, and carers value their support.
- Inspection of six councils' services for people with physical or sensory disabilities found 'widely discrepant levels of service' to support carers.
- There is little evidence of shared care arrangements such as might be found in children's services.

Services available when there is an emergency

7.68 Provision of support in an emergency is a high priority to carers, particularly those who want to remain in paid employment or to take part in other activities, as the 2004 Act intended. Ninety-six per cent of carers said they were worried about how they would cope with unexpected events in a survey conducted by Carers UK of over 1,000 carers.

7.69 Emergency services need not be elaborate or expensive. Mobile phones were identified by carers as a way of enabling peace of mind, and there are other simple technological solutions. Some 30 schemes to support carers in an emergency are listed on the Carers UK website. Others have suggested some kind of shared care arrangements can work well, particularly in stepping in to help in a crisis, but no data is available nationally.

7.70 Carers report shortfalls in services to respond in an emergency:

'Services usually respond by taking someone into a care home, it would be better to support someone in their own home.'

(carer)

Particular difficulties for carers of people with dementia:

'When we need help, we need it now – immediate assistance. This is particularly important when caring for people with mental health issues.'

(carer at CSCI Coventry seminar)

Direct payments

7.71 The number of people receiving direct payments for carers' services has risen substantially from an average of 0.7 per council at 30 September 2002 to 36.5 per council at 31 March 2006.[103] In relative terms[104] this represents an increase from 1.3% of all direct payments

102 Delivery and Improvement Statement (DIS) Questions 2145 to 2146.
103 Delivery and Improvement Statement (DIS) Question 3338.
104 Delivery and Improvement Statement (DIS) Question 3341.

to 13.2% over the three-and–a-half-year period. However, within this increase, 43 councils reported providing no direct payments for carers; 74 councils between 1 and 30; and only 17 councils reported more than 100 direct payments for carers.

7.72 In addition, direct payments to carers of disabled children increased over the same period from an average of 1.6 to 33.7 per council.[105] Their relative share of all direct payments also rose, from 3.0% to 12.1%. In other words, just over a quarter of all direct payments went to carers in 2005-06.

7.73 Direct payments to service users are also, in some cases, being used to purchase care which enables a carer to have a break, pursue an interest or remain in work. However, this is not quantified.

7.74 Direct payments for carers have been used to replace traditional services to achieve the break or support needed. These include a break for the whole family, purchase of daily living equipment, purchase of washing machine or other white goods, and funding a travel pass.

7.75 Direct payments have also been used (but less frequently) to provide services to support carers' employment, education and training, and leisure activities. Overall, the emphasis is on using direct payments to support carers to continue caring, rather than to support their fulfilment as citizens.

7.76 There is still evidence of resistance in some areas to promoting direct payments. A culture shift is required for both social care and health staff in understanding and believing in the concept of direct payments.[106] This reinforces that good outcomes for carers may be very dependent upon the ability of councils to exercise influence and leverage with other agencies.

7.77 Older people have expressed hesitancy in taking up direct payments because they felt vulnerable employing strangers, particularly since few councils had a 'preferred list' of agencies.[107]

7.78 The use of direct payments for the full potential range of carer support is thus still limited and other ways need to be found to overcome barriers, perceived and real.

Training for carers and the expert carer programme

7.79 The majority of councils (98) identify training to assist carers in their strategic vision for social care delivery in 2006-07. Seventeen councils mentioned carers' centres as an important focal point for the delivery of training to carers.[108] This fits with government proposals for an expert carer programme to offer training to assist carers.[109] This might include training in aspects of providing care, such as medication administration, lifting and handling and tube feeding. Different training opportunities for carers have been developed across the country.

105 Delivery and Improvement Statement (DIS) Question 3338.
106 CSCI Inspections of council services for people with mental health problems 2005-06.
107 CSCI Inspections of council services for older people2005-06.
108 Delivery and Improvement Statement (DIS) Question 2728.
109 Department of Health(2006) *Our health, our care, our say* London: Department of Health.

Good Practice – The Princess Royal Trust for Carers Centre

The Princess Royal Trust for Carers Centre is one of the partners in the Berkshire Carer Preparation Programme, which also involves Berkshire Learning and Skills Council, Community Council for Berkshire, Age Concern Slough, Slough Social Services, Windsor Ascot and Maidenhead PCT and Slough PCT. The project provides learning opportunities for carers to equip them with new skills, reduce feelings of isolation and inspire confidence. The training programme is intended to cover some of the practical skills identified by carers as well as the personal health protection of carers and other issues relating to the carer him/herself.

7.80 A broader approach which looks at the well-being of the carer and offers understanding and support in their relationship with the person they care for, as well as enhancing their ability to care (as in the example above), chimes with comments from carers that their own needs and existing expertise should not be overlooked.

'Existing carers could be utilised to provide initial advice to carers. There is a large experienced, untapped workforce that could be used.'[110]

7.81 The views expressed by carers in the CSCI seminars endorse the importance of training for carers but suggest that few carers have had the opportunity to benefit from such training. Carers for people with dementia specifically requested 'short bursts of training for each new stage of the illness'.

Key points

Supporting carers to care

- There is a wide range of performance in councils' provision of services to carers but even those councils described as 'very good' have a relatively low baseline of 12% of carers receiving services in their own right.
- Breaks for carers have increased to 2.76 million breaks over the last year but their availability varies considerably over the country.
- Councils report that 11% of the total Carers Grant was spent on breaks for carers from black and minority ethnic communities.
- There are no specific data on different services which can help carers in an emergency but Carers UK identifies 30 carers' emergency schemes across the country.
- Training for carers is seen as a priority by the majority of councils. Carers are concerned that this training takes a broader approach than just training them to provide care.

110 CSCI Coventry carers' seminar June 2006.

Diversity and equal opportunities

Supporting carers to have their own lives

> *'I look after my mum who has dementia ... I work full time and I'd like to have my own life too.'*[111]
>
> **(carer)**

7.82 Social services are charged with promoting inclusion under the 2004 Act and ensuring that carers are not denied the life chances enjoyed by other sections of society. When asked to report progress on response to the 2004 Act, 71 councils mentioned support for access to employment, training and leisure opportunities.

7.83 Employment is regarded as a relative priority yet only 35% of councils cited proactive steps that they are taking to support carers in this area.

7.84 Nearly half of all councils have taken some steps to facilitate access to employment, training and leisure opportunities for carers – through special arrangements with other organisations, arranging bespoke training and providing flexible cover.

7.85 This review, however, has not been able to quantify the considerable work being carried out by carers' centres and other voluntary organisations to support carers to remain in, or return to, employment and to support carers to have their own lives. Many of these voluntary organisations are funded by councils and PCTs and report considerable concerns about the security of their funding, particularly when council and PCT budgets are under pressure.

Supporting carers to remain in paid employment

7.86 Twenty-seven per cent of councils have identified assisting carers with employment opportunities as a specific theme within their strategic vision for social care delivery to carers.

7.87 Inspections of services for older people in 19 councils concluded that 'assisting carers to continue or return to work was not considered by councils in a proactive way'.

Addressing diversity

7.88 Diversity in its widest sense includes issues relating to black and minority ethnic communities, disability, age, religious beliefs, gender, sexual orientation, geographical location, culture and levels of social exclusion and deprivation.

7.89 There are some examples of creative approaches to meet the diverse needs of carers from different communities of interest but for the most part our evidence does not reveal a broad interpretation of diversity and relatively few innovative approaches to the diverse needs of local communities.

111 *Living well in later life: information from interviews with carers.* King's College London, unpublished. (Interviews were undertaken as part of the joint reviews to measure progress against the National Service Framework for Older People in 2005.)

7.90 Inspections of services for people with learning disabilities reported very slow progress in providing services and support for carers from black and minority ethnic communities. Inspectors also found that councils were making slow progress in meeting the 'valuing people' objective of identifying older carers in order to plan services in partnership with them.

7.91 However, rural councils have developed some innovative approaches such the use of direct payments for driving lessons to enable carers to travel more easily and coffee evenings to bring carers together and break isolation on a regular basis. These may seem like simple solutions but they work for the geographical area.

7.92 The DIS analysis[112] shows that 15 councils (10%) had established support groups, especially for women, and 10 councils (7%) had groups for women of African origin.

7.93 By and large, with a few honourable exceptions and some reports of good practice, gay men and lesbians are barely mentioned in any context, except in engaging service users and carers who are affected by HIV.

Young carers

7.94 There are 149,942 self-identified[113] young carers in England and Wales, although, given the nature of the circumstances in which young people care, it is likely that there are significant numbers who have not been identified as such. The two largest groups are aged 12 to 14 (46,394) and 16 and 17 (52,580). There are also 30,566 under the age of 12.[114]

7.95 Young carers taking part in a CSCI workshop[115] said their main tasks were to:

- give other people emotional support
- provide 24-hour personal support, including toileting, washing and putting someone to bed
- be the support and backup person to whoever is the main adult carer, often involving jobs around the house and looking after other children in the family
- take messages and do the shopping
- look after themselves more than most of their peers because fewer things get done for them
- keep the person they care for company and take them out
- give out medication.

7.96 Young carers said they wanted better support for the person they were caring for and opportunities for a break. Young carers at the workshop had received little help from social services and many said that social services did an assessment but decided that all was well because the young carer seemed to be coping –'because we can cope day to day they say we can manage – but we need help as well'. Others felt the 'first option is to take you into care, not help or solve problems'.

112 Delivery and Improvement Statement (DIS) Questions 2164, 2230, 2314, 2414, 2504 and 2607.

113 2001 Census.

114 Ditto for all figures.

115 CSCI (2006) *Being a young carer: views from a young carers workshop* London: CSCI.

7.97 However, young carers valued young carers' groups and being put in contact with others who could help. They wanted a staff member at their school to be available to support them and teachers and doctors aware of the demands on them as carers.

7.98 Young carers said they were concerned that their needs should be considered as well as the needs and problems of the adult they are looking after.[116] Different parts of the council need to link up to do this.

7.99 Given the separation of adults' and children's services, and our assessment that no more than 20% of councils are taking a wholly strategic approach to carers' services, it is hard to see how young carers' issues can be routinely addressed unless there are clear and robust interdepartmental policies and procedures. This is another important collaboration issue as organisational arrangements change across adults' and children's services. Care needs to be taken that addressing the needs of disabled parents and young carers does not fall between stools.

7.100 There are examples of very good practice across the country. In response to the Combined Practice Guidance on the 2000 and 2004 Acts, some councils have already issued agreed guidance for front-line professionals working with children and specialist adult services.[117] In respect of mental health services, CSCI's report on the inspection of 11 councils concluded that: 'Generally the range of services and support for carers was increasing. There were some good initiatives specifically to develop support and services for young carers.'

Good Practice – Knowsley Council & Rochdale

Knowsley Council has a website dedicated to young carers which contains not only useful and relevant information on health, schools, and local contacts, but has a section for young people themselves and sections with creative work, fun and games and a music player.[119]

Rochdale has a young carers' service was 'established in 2003 based on a Children's Fund commissioned consultant's report. It is a joint funded service located in the voluntary sector, offering assessments, advice, information, advocacy and support of carers aged 5 to 18. It also plays a vital role in awareness raising and advice on young carer issues amongst professionals in health, social care and education settings'.[120]

116 See SCIE (2006) Knowledge review 11: *Supporting disabled parents and parents with additional support needs* http://www.scie.org.uk/publications/details.asp?publD=107

117 A sample of such a protocol can be found at http://www.youngcarers.net/professionals

118 www.knowlseyyoungcarers.co.uk

119 IdeA *Knowledge beacon theme guide* www.idea-knowledge.gov.uk/idk/aio/1141039

Key points

Supporting carers to have their own lives

- Assisting carers to continue or to return to work is regarded as a relatively high priority by councils but only 35% of councils say they are taking proactive steps to support carers in this area.
- Considerable support for carers to have their own lives is undertaken by the voluntary sector, often funded by councils, but this review has not investigated the extent of this work.
- There appear to be limited innovative approaches to meeting the diverse needs of carers from different communities of interest.
- Clear and robust policies and processes are needed as adults' and children's services separate to ensure the needs of young carers and parents with disabilities are properly addressed.

Conclusion

7.101 Councils are beginning to address the requirements of the 2004 Act and there are some positive examples of services designed not only to support carers in their caring role but also to meet the needs of carers as individuals. Overall more assessments of carers are being carried out. More breaks are being provided for carers. Opportunities are opening up for leisure, education and employment. There has been some increased use of direct payments for a few carers.

7.102 However, this progress is limited in the context of the number of carers in England. Support and services are patchy across the country and for carers in different caring situations. There is little evidence about the outcomes of assessments, whether these lead to any choice of services for carers and the impact on their lives.

7.103 For the most part, the emphasis is on supporting carers in their caring role rather than the promotion of equal opportunities for carers. Councils could play a much more proactive role in assisting carers to continue in employment or return to work.

7.104 This fragmented and limited response is directly related to the lack of sustainable, multi-agency strategies to support carers and few strategies have identified how outcomes will be monitored. This strategic approach is particularly important in managing the combined impact of the loss of ring-fenced monies, financial pressures in the health and care system and the need for more effective commissioning of a range of services for carers.

7.105 Robust commissioning includes tackling the quality of services to carers. Some councils have used the quality standards for carer services developed as part of the national strategy for carers to support good quality local developments.[120] Support to build the capacity of the voluntary sector or social enterprises led by carers may be an important component of local multi-agency strategies.

7.106 At the heart of this picture on the state of support to carers, there are major tensions for councils in their policies to support carers. They are charged with improving efficiency and targeting resources effectively and are consequently restricting eligibility to services. But at the same time they are looking to support carers, recognising the risk that without support many carers own health and well-being may suffer and they, too, will need help in their own right. The danger, as ever, is that carers are only seen as a 'resource' and some carers continue to be socially excluded and barred from the opportunities others would expect.

120 Quality standards for carer support services www.carers.gov.uk/qualitystan.htm

Appendices

Appendix A
Council Expenditure 2001-05

TABLE A1 OVERALL COUNCIL EXPENDITURE SPLIT BETWEEN ADULTS, OLDER PEOPLE AND CHILDREN'S SERVICES (£1000s)

	2001-02	2002-03	2003-04	2004-05
SERVICE STRATEGY	**73,078**	**72,592**	**74,871**	**78,431**
CHILDREN'S AND FAMILIES' SERVICES				
Commissioning and social work	844,579	932,220	1,081,504	1,199,600
Children looked after	1,492,644	1,631,722	1,825,199	2,000,736
Family support services	499,872	553,117	621,519	707,765
Youth justice	178,371	228,177	254,788	270,996
Other	309,610	380,267	461,994	512,014
TOTAL CHILDREN'S AND FAMILIES' SERVICES	**3,325,076**	**3,725,504**	**4,245,004**	**4,691,111**
ADULTS AND OLDER PEOPLE				
Over 65 (including older mentally ill)	6,503,987	7,174,579	7,544,596	8,140,882
Under 65 physical/sensory disability	986,516	1,109,725	1,191,464	1,311,453
Under 65 learning disability	2,469,490	2,886,044	3,038,515	3,372,840
Under 65 mental ill health	822,138	936,260	936,677	1,011,617
Other	144,177	179,602	308,889	227,352
TOTAL ADULTS AND OLDER PEOPLE	**10,926,308**	**12,286,210**	**13,020,141**	**14,064,144**
ASYLUM SEEKERS	**563,262**	**549,144**	**485,796**	**344,532**
TOTAL PERSONAL SOCIAL SERVICES	**14,887,725**	**16,633,449**	**17,825,813**	**19,178,218**

TABLE A2 OVERALL COUNCIL EXPENDITURE SPLIT BETWEEN ADULTS, OLDER PEOPLE AND CHILDREN'S SERVICES (%)

	2001-02	2002-03	2003-04	2004-05
SERVICE STRATEGY	**0.5%**	**0.4%**	**0.4%**	**0.4%**
CHILDREN'S AND FAMILIES' SERVICES				
Commissioning and social work	25.4%	25.0%	25.5%	25.6%
Children looked after	44.9%	43.8%	43.0%	42.6%
Family support services	15.0%	14.8%	14.6%	15.1%
Youth justice	5.4%	6.1%	6.0%	5.8%
Other	9.3%	10.2%	10.9%	10.9%
TOTAL CHILDREN'S AND FAMILIES' SERVICES	**22.3%**	**22.4%**	**23.8%**	**24.5%**
ADULTS AND OLDER PEOPLE				
Over 65	59.5%	58.4%	57.9%	57.9%
Under 65 physical/sensory disability	9.0%	9.0%	9.2%	9.3%
Under 65 learning disability	22.6%	23.5%	23.3%	24.0%
Under 65 mental ill health	7.5%	7.6%	7.2%	7.2%
Other	1.3%	1.5%	2.4%	1.6%
TOTAL ADULTS AND OLDER PEOPLE	**73.4%**	**73.9%**	**73.0%**	**73.3%**
ASYLUM SEEKERS	**3.8%**	**3.3%**	**2.7%**	**1.8%**

TABLE A3 COUNCIL EXPENDITURE SPLIT BETWEEN ADULTS AND OLDER PEOPLE'S SERVICES (£1000s)

	2001-02	2002-03	2003-04	2004-05
OLDER PEOPLE				
Assessment and care management	585,610	650,581	773,814	908,943
Nursing home placements	1,318,104	1,516,671	1,421,537	1,490,512
Residential care home placements	2,584,899	2,886,022	3,041,331	3,170,618
Supported and other accommodation	33,114	33,576	31,579	38,128
Direct payments	5,231	10,759	21,981	40,746
Home care	1,342,594	1,419,276	1,553,522	1,727,625
Day care	303,617	315,812	325,447	343,272
Equipment and adaptations	66,546	76,137	84,893	100,848
Meals	99,266	99,507	100,124	98,409
Other services	165,007	166,239	190,368	221,782
TOTAL	**6,503,987**	**7,174,579**	**7,544,596**	**8,140,882**
UNDER 65 WITH PHYSICAL/SENSORY IMPAIRMENT				
Assessment and care management	166,679	189,089	207,701	235,098
Nursing home placements	93,044	127,109	124,026	133,220
Residential care home placements	188,362	221,178	217,098	222,160
Supported and other accommodation	8,973	12,535	9,191	9,043
Direct payments	48,150	65,609	90,446	123,926
Home care	210,977	227,138	243,396	265,825
Day care	120,160	124,960	131,920	132,012
Equipment and adaptations	79,516	75,273	93,555	108,652
Meals	2,973	2,699	3,792	2,567
Other services	67,682	64,136	70,339	78,950
TOTAL	**986,516**	**1,109,725**	**1,191,464**	**1,311,453**

	2001-02	2002-03	2003-04	2004-05
UNDER 65 WITH LEARNING DISABILITIES				
Assessment and care management	**135,454**	**163,854**	**188,585**	**216,664**
Nursing home placements	48,726	86,417	79,348	87,605
Residential care home placements	1,217,681	1,458,760	1,499,301	1,637,903
Supported and other accommodation	221,911	251,744	240,558	278,565
Direct payments	4,898	8,395	14,974	28,532
Home care	171,204	191,861	246,548	285,478
Day care	576,860	617,674	652,827	686,250
Equipment and adaptations	1,745	1,296	1,195	1,128
Meals	595	814	1,498	743
Other services	90,415	105,228	113,680	149,972
TOTAL	**2,469,490**	**2,886,044**	**3,038,515**	**3,372,840**
ADULTS AGED UNDER 65 WITH MENTAL ILL HEALTH				
Assessment and care management	241,294	264,121	286,257	315,404
Nursing home placements	50,435	65,650	60,157	67,519
Residential care home placements	233,939	281,360	271,970	286,801
Supported and other accommodation	37,961	49,405	41,976	51,333
Direct payments	460	1,029	1,433	3,180
Home care	43,854	43,236	47,673	49,001
Day care	99,635	104,325	105,276	107,707
Equipment and adaptations	476	632	922	689
Meals	466	273	431	681
Other services	113,616	126,229	120,582	129,302
TOTAL	**822,138**	**936,260**	**936,677**	**1,011,617**

TABLE A4 COUNCIL EXPENDITURE SPLIT BY ADULT CLIENT GROUP (%)

	2001-02	2002-03	2003-04	2004-05
OLDER PEOPLE				
Assessment and care management	9.0%	9.1%	10.3%	11.2%
Nursing home placements	20.3%	21.1%	18.8%	18.3%
Residential care home placements	39.7%	40.2%	40.3%	38.9%
Supported and other accommodation	0.5%	0.5%	0.4%	0.5%
Direct payments	0.1%	0.1%	0.3%	0.5%
Home care	20.6%	19.8%	20.6%	21.2%
Day care	4.7%	4.4%	4.3%	4.2%
Equipment and adaptations	1.0%	1.1%	1.1%	1.2%
Meals	1.5%	1.4%	1.3%	1.2%
Other services	2.5%	2.3%	2.5%	2.7%
UNDER 65 WITH PHYSICAL/SENSORY IMPAIRMENT				
Assessment and care management	16.9%	17.0%	17.4%	17.9%
Nursing home placements	9.4%	11.5%	10.4%	10.2%
Residential care home placements	19.1%	19.9%	18.2%	16.9%
Supported and other accommodation	0.9%	1.1%	0.8%	0.7%
Direct payments	4.9%	5.9%	7.6%	9.4%
Home care	21.4%	20.5%	20.4%	20.3%
Day care	12.2%	11.3%	11.1%	10.1%
Equipment and adaptations	8.1%	6.8%	7.9%	8.3%
Meals	0.3%	0.2%	0.3%	0.2%
Other services	6.9%	5.8%	5.9%	6.0%

	2001-02	2002-03	2003-04	2004-05
UNDER 65 WITH LEARNING DISABILITIES				
Assessment and care management	5.5%	5.7%	6.2%	6.4%
Nursing home placements	2.0%	3.0%	2.6%	2.6%
Residential care home placements	49.3%	50.5%	49.3%	48.6%
Supported and other accommodation	9.0%	8.7%	7.9%	8.3%
Direct payments	0.2%	0.3%	0.5%	0.8%
Home care	6.9%	6.6%	8.1%	8.5%
Day care	23.4%	21.4%	21.5%	20.3%
Equipment and adaptations	0.1%	0.0%	0.0%	0.0%
Meals	0.0%	0.0%	0.0%	0.0%
Other services	3.7%	3.6%	3.7%	4.4%
ADULTS AGED UNDER 65 WITH MENTAL ILL HEALTH				
Assessment and care management	29.3%	28.2%	30.6%	31.2%
Nursing home placements	6.1%	7.0%	6.4%	6.7%
Residential care home placements	28.5%	30.1%	29.0%	28.4%
Supported and other accommodation	4.6%	5.3%	4.5%	5.1%
Direct payments	0.1%	0.1%	0.2%	0.3%
Home care	5.3%	4.6%	5.1%	4.8%
Day care	12.1%	11.1%	11.2%	10.6%
Equipment and adaptations	0.1%	0.1%	0.1%	0.1%
Meals	0.1%	0.0%	0.0%	0.1%
Other services	13.8%	13.5%	12.9%	12.8%

TABLE A5 COUNCIL EXPENDITURE SPLIT BETWEEN CHILDREN'S SERVICES (£1000s)

	2001-02	2002-03	2003-04	2004-05
Children's services – commissioning and social work				
Commissioning and social work	844,579	932,220	1,081,504	1,199,600
Total children's services – commissioning and social work	**844,579**	**932,220**	**1,081,504**	**1,199,600**
Children looked after				
Children's homes	760,701	835,400	896,715	971,686
Secure accommodation (welfare)	25,930	20,676	27,108	34,021
Fostering services	628,379	703,695	809,768	889,764
Other services	77,635	71,952	91,608	105,266
Total children looked after	**1,492,644**	**1,631,722**	**1,825,199**	**2,000,736**
Family support services				
Family centres	153,504	159,354	159,809	171,896
Services for under 8s	143,317	148,831	175,782	178,646
Direct payments	736	1,343	3,679	11,197
Home care	21,548	25,109	28,073	31,948
Equipment and adaptations	8,504	10,966	11,870	13,750
Other services	172,263	207,514	242,305	300,329
Total family support services	**499,872**	**553,117**	**621,519**	**707,765**

A

	2001-02	2002-03	2003-04	2004-05
Youth justice				
Secure accommodation (justice)	29,864	35,787	43,102	35,408
Youth offender teams	118,306	150,530	163,716	183,662
Other services	30,201	41,861	47,970	51,926
Total youth justice	**178,371**	**228,177**	**254,788**	**270,996**
Other children's and families' services				
Adoption services	101,498	117,641	140,977	164,695
Leaving care services	98,879	152,277	191,049	198,837
Other services	109,233	110,349	129,968	148,482
Total other children's and families' services	**309,610**	**380,267**	**461,994**	**512,014**

TABLE A6 COUNCIL EXPENDITURE SPLIT BETWEEN CHILDREN'S SERVICES (%)

	2001-02	2002-03	2003-04	2004-05
Children's services – commissioning and social work				
Commissioning and social work	100.0%	100.0%	100.0%	100.0%
Total children's services – commissioning and social work				
Children looked after				
Children's homes	51.0%	51.2%	49.1%	48.6%
Secure accommodation (welfare)	1.7%	1.3%	1.5%	1.7%
Fostering services	42.1%	43.1%	44.4%	44.5%
Other services	5.2%	4.4%	5.0%	5.3%
Family support services				
Family centres	30.7%	28.8%	25.7%	24.3%
Services for under 8s	28.7%	26.9%	28.3%	25.2%
Direct payments	0.1%	0.2%	0.6%	1.6%
Home care	4.3%	4.5%	4.5%	4.5%
Equipment and adaptations	1.7%	2.0%	1.9%	1.9%
Other services	34.5%	37.5%	39.0%	42.4%
Youth justice				
Secure accommodation (justice)	16.7%	15.7%	16.9%	13.1%
Youth offender teams	66.3%	66.0%	64.3%	67.8%
Other services	16.9%	18.3%	18.8%	19.2%
Other children's and families' services				
Adoption services	32.8%	30.9%	30.5%	32.2%
Leaving care services	31.9%	40.0%	41.4%	38.8%
Other services	35.3%	29.0%	28.1%	29.0%

Source: Health and Social Care Information Centre

Appendix B
Council Activity

B

TABLE B1 OLDER PEOPLE AND YOUNGER ADULTS RECEIVING SERVICES FROM COUNCILS (SNAPSHOT AS AT 31 MARCH EACH YEAR)

	2001-02	2002-03	2003-04	2004-05
18-64 Physical/sensory disability				
Home care	43,000	44,000	42,000	42,000
Day care	23,000	24,000	21,000	19,000
Direct payments	3,900	6,000	8,400	12,000
Residential care	10,000	12,000	11,000	10,000
18-64 Learning disability				
Home care	13,000	15,000	18,000	19,000
Day care	49,000	52,000	51,000	49,000
Direct payments	400	900	1,800	3,100
Residential care	32,000	36,000	36,000	35,000
18-64 Mental illness				
Home care	12,000	14,000	12,000	14,000
Day care	28,000	27,000	26,000	25,000
Direct payments	100	200	400	900
Residential care	12,000	13,000	13,000	12,000
65+				
Home care	338,000	338,000	318,000	319,000
Day care	115,000	122,000	114,000	100,000
Meals	143,000	138,000	121,000	110,000
Direct payments	700	1,500	3,200	6,100
Residential care	207,000	219,000	214,000	205,000
All adults and older people				
Home care	408,000	412,000	392,000	395,000
Day care	218,000	226,000	214,000	195,000

	2001-02	2002-03	2003-04	2004-05
Meals	152,000	147,000	131,000	118,000
Direct payments	5,300	8,600	14,000	22,000
Residential care	265,000	284,000	278,000	266,000

i) Data includes clients formerly in receipt of preserved rights

ii) Data includes Boyd loophole residents and clients formally in receipt of preserved rights

Source: Health and Social Care Information Centre

TABLE B2 LOOKED AFTER CHILDREN BY PLACEMENT, 2002-05[1]

Placement	2001-02	2002-03	2003-04	2004-05
Foster placements	**39,200**	**41,100**	**41,200**	**41,700**
Living independently or in residential employment	**1,100**	**1,200**	**1,500**	**1,400**
Secure units, homes, hostels and schools	**7,900**	**7,700**	**8,200**	**8,100**
Secure units	220	210	250	270
Children's homes and hostels	6,540	6,460	6,800	6,700
Residential schools	1,100	1,100	1,200	1,100
Placed for adoption	3,600	3,400	3,600	3,100
Placement with parents	**6,700**	**6,400**	**5,900**	**5,700**
Other	1,100	990	810	850
All children	**59,700**	**60,800**	**61,100**	**60,900**

Source: Children Looked After in England, 2004-05: Statistical Volume (Table E). Health and Social Care Information Centre

1 Historical data may differ from older publications. This is mainly due to the implementation of amendments and corrections sent by some local authorities after the publication date of previous materials

TABLE B3 LOOKED AFTER CHILDREN BY PLACEMENT 2002-05 (%)

Placement	2001-02	2002-03	2003-04	2004-05
Foster placements	**65.70%**	**67.60%**	**67.43%**	**68.47%**
Living independently or in residential employment	**1.80%**	**2.00%**	**2.45%**	**2.30%**
Secure units, homes and schools	**13.20%**	**12.70%**	**13.42%**	**13.30%**
Secure units	0.40%	0.30%	0.41%	0.44%
Children's homes and hostels	11.00%	10.60%	11.13%	11.00%
Residential schools	1.80%	1.80%	1.96%	1.81%
Placed for adoption	**6.00%**	**5.60%**	**5.89%**	**5.09%**
Placement with parents	**11.20%**	**10.50%**	**9.66%**	**9.36%**
Other	**1.80%**	**1.60%**	**1.33%**	**1.40%**

Source: DfES

Appendix C
Registered Services for Adults

TABLE C1 ADULTS' AND OLDER PEOPLE'S SERVICES REGISTERED AS AT 31 MARCH 2006

	Private		Council		NHS		Other		Voluntary		Total	
	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places
Care homes												
Nursing homes	3612	161821	18	813	5	53	52	1945	357	12121	4044	176753
Non-medical nursing homes	12	245	-	-	1	6	1	17	0	0	14	268
Personal care only	9812	177992	1251	31987	180	1413	206	3404	3211	49518	14660	264314
Adult placement schemes	11	-	98	-	2	-	5	-	7	-	123	-
Domiciliary care agencies	3288	-	787	-	43	-	103	-	402	-	4623	-
Nursing agencies	828	-	2	-	1	-	19	-	9	-	859	-

TABLE C2 ADULTS' AND OLDER PEOPLE'S SERVICES REGISTERED AS AT 31 MARCH 2005

	Private		Council		NHS		Other		Voluntary		Total	
	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places
Care homes												
Adult placements	651	1425	6	8	0	0	4	6	9	26	670	1465
Nursing homes	3646	160351	8	376	2	28	55	2107	365	11932	4076	174794
Non-medical nursing homes	8	122	0	0	0	0	1	17	1	16	10	155
Personal care only	9915	176410	1306	33833	157	1355	186	2915	3383	51424	14947	265937
Adult placement schemes	8	-	40	-	0	-	1	-	0	-	49	-
Domiciliary care agencies	2923	-	732	-	31	-	75	-	361	-	4122	-
Nursing agencies	896	0	2	0	1	0	8	0	7	0	914	-

TABLE C3 ADULTS' AND OLDER PEOPLE'S SERVICES REGISTERED AS AT 31 MARCH 2004

	Private		Council		NHS		Other		Voluntary		Total	
	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places
Care homes												
Adult placements	1487	3141	7	10	0	0	4	8	17	37	1515	3196
Nursing homes	3689	160551	4	168	2	28	58	2185	368	11971	4121	174903
Non-medical nursing homes	8	137	0	0	0	0	1	17	0	0	9	154
Personal care only	10174	178046	1346	35472	139	1229	190	2900	3523	53028	15372	270675
Nursing agencies	1385	-	357	1509	10	-	42	-	175	-	1969	-
Domiciliary care agencies	908	-	6	-	1	-	4	-	6	-	925	-

Appendix D
Registered Children's Services

D

TABLE D1 CHILDREN'S SERVICES REGISTERED AS AT 31 MARCH 2006

	Private		Council		NHS		Other		Voluntary		Total	
	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places
Residential children's homes												
Homes	1232	6089	650	4117	5	18	12	146	126	1279	2025	11649
Halfway houses	6	26	2	20	0	0	0	0	0	0	8	46
Schools	12	260	0	0	0	0	0	0	1	43	13	303
Secure unit	0	0	21	393	0	0	0	0	1	17	22	410
Boarding schools	374	43904	26	2819	0	0	89	14210	46	6846	535	67779
Residential special schools	62	2030	116	1704	0	0	21	843	28	775	227	5352
Fostering agencies	206	-	147	-	0	-	10	-	43	-	406	-
Adoption agencies	0	-	148	-	0	-	0	-	51	-	199	-
Residential family centres	22	158	8	34	0	0	3	31	8	59	41	282
Further education colleges	24	1372	10	468	0	0	18	1115	4	304	56	3259

TABLE D2 CHILDREN'S SERVICES REGISTERED AS AT 31 MARCH 2005

	Private		Council		NHS		Other		Voluntary		Total	
	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places
Residential children's homes												
Homes	1189	5741	657	4243	6	24	7	81	126	1271	1985	11360
Halfway houses	4	22	2	20	0	0	0	0	1	5	7	47
Schools	13	249	1	25	0	0	0	0	1	43	15	317
Secure unit	0	0	20	355	0	0	0	0	1	17	21	372
Boarding schools	384	45651	29	2892	0	0	89	14069	49	7197	551	69809
Residential special schools	66	2447	121	2111	0	0	22	945	30	993	239	6496
Fostering agencies	188	-	146	-	0	-	5	-	46	-	385	-
Adoption agencies	0	-	146	-	0	-	0	-	61	-	207	-
Residential family centres	19	124	9	38	0	0	2	25	8	59	38	246
Further education colleges	23	1380	10	556	0	0	16	691	4	387	53	3014

TABLE D3 CHILDREN'S SERVICES REGISTERED AS AT 31 MARCH 2004

	Private		Council		NHS		Other		Voluntary		Total	
	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places	Services	Places
Residential children's homes												
Homes	1080	5273	573	3656	6	22	5	71	119	1080	1783	10102
Halfway houses	4	22	2	20	0	0	1	7	0	0	7	49
Schools	11	227	1	25	0	0	0	0	2	86	14	338
Secure unit	0	0	21	375	0	0	0	0	1	17	22	392
Boarding schools	381	45133	28	2787	0	0	90	14065	49	7197	548	69182
Residential special schools	68	2544	127	2129	0	0	25	969	31	1025	251	6667
Fostering agencies	131	-	138	-	0	-	4	-	40	-	313	-
Adoption agencies	0	-	144	-	0	-	0	-	62	-	206	-
Residential family centres	11	131	4	56	0	0	1	3	5	150	21	340
Further education colleges	18	818	11	556	0	0	14	691	5	450	48	2515

Appendix E
Overall Performance of Services for Adults Against the National Minimum Standards

E

TABLE E1 AVERAGE PERCENTAGE OF NMS MET BY ADULTS' SERVICES AS AT 31 MARCH

	2003				2004				2005				2006			
	Private	Council	Voluntary	All*	Private	Council	Voluntary	All	Private	Council	Voluntary	All	Private	Council	Voluntary	All
Residential care																
Older people**	58%	61%	68%	**59%**	71%	72%	79%	**72%**	76%	78%	84%	**77%**	78%	81%	84%	**79%**
Personal care homes	57%	61%	67%	**58%**	70%	72%	79%	**72%**	76%	78%	84%	**77%**	78%	81%	85%	**79%**
Nursing homes	60%	-	69%	**60%**	71%	-	79%	**71%**	76%	-	84%	**77%**	77%	-	81%	**77%**
Younger adults**	61%	57%	67%	**63%**	73%	70%	78%	**75%**	80%	76%	82%	**80%**	81%	80%	83%	**82%**
Personal care homes	60%	58%	67%	**63%**	74%	70%	77%	**75%**	80%	77%	82%	**80%**	82%	80%	84%	**82%**
Nursing homes	63%	-	70%	**66%**	70%	-	78%	**73%**	77%	-	83%	**80%**	79%	-	84%	**81%**
Domiciliary care agencies	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	65%	63%	75%	**66%**	72%	72%	76%	**72%**
Nursing agencies																

* Column ALL includes private, voluntary, council, NHS and other sectors

** Includes personal care homes, care homes with nursing and non-medical care homes

" – " indicates no services or a very small number of services

Appendix F
Overall Performance of Services for Children Against the National Minimum Standards

TABLE F1 AVERAGE PERCENTAGE OF NMS MET BY CHILDREN'S SERVICES

	2003				2004				2005				2006			
	Private	Council	Vol	Total	Private	Council	Vol	Total	Private	Council	Vol	Total	Private	Council	Vol	Total
Children's homes	57%	62%	62%	**58%**	70%	64%	72%	**68%**	78%	73%	81%	**76%**	81%	77%	83%	**80%**
Residential special schools	68%	58%	64%	**61%**	74%	63%	70%	**67%**	81%	73%	75%	**76%**	88%	83%	85%	**84%**
Fostering agencies	74%	56%	77%	**57%**	71%	60%	80%	**67%**	73%	73%	84%	**74%**	81%	80%	90%	**82%**

Appendix G
Percentage of Services for Adults and Older People Meeting or Exceeding Individual National Minimum Standards

G

TABLE G1 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – YOUNGER ADULTS' RESIDENTIAL CARE

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Information	18%	52%	69%	77%	14%	41%	64%	73%	16%	51%	69%	79%	17%	51%	69%	77%
Assessment	66%	82%	87%	88%	66%	76%	82%	83%	73%	86%	89%	90%	69%	83%	88%	88%
Meeting needs	72%	81%	84%	86%	62%	75%	79%	81%	78%	85%	89%	90%	75%	82%	85%	87%
Visits	82%	91%	94%	95%	70%	90%	91%	94%	86%	94%	96%	96%	84%	92%	94%	95%
Contract	34%	60%	73%	78%	21%	49%	65%	75%	38%	58%	74%	80%	35%	59%	73%	78%
Service user plan	46%	61%	68%	71%	48%	53%	63%	66%	57%	67%	71%	71%	51%	63%	69%	70%
Decision making	66%	79%	84%	88%	63%	88%	89%	91%	77%	86%	89%	92%	70%	82%	86%	89%
Participation	62%	80%	88%	89%	55%	77%	83%	85%	70%	86%	91%	92%	65%	82%	89%	90%
Risk	57%	70%	77%	78%	62%	70%	74%	74%	72%	78%	79%	81%	63%	73%	77%	79%
Confidentiality	64%	82%	89%	91%	66%	82%	90%	92%	75%	87%	92%	92%	68%	84%	90%	91%
Development	85%	90%	92%	92%	87%	91%	92%	90%	91%	94%	95%	95%	88%	91%	93%	93%
Education	87%	90%	92%	91%	91%	92%	91%	90%	91%	95%	96%	94%	89%	92%	93%	92%
Community links	85%	90%	92%	93%	73%	89%	93%	92%	90%	94%	95%	94%	87%	91%	93%	93%
Leisure	76%	83%	86%	88%	59%	81%	84%	86%	81%	87%	88%	91%	77%	85%	87%	89%
Relationships	90%	95%	97%	97%	94%	95%	96%	96%	93%	96%	98%	99%	91%	95%	97%	98%
Daily routines	67%	81%	88%	91%	61%	79%	85%	93%	76%	88%	92%	95%	71%	84%	89%	92%
Meals	79%	84%	87%	89%	74%	82%	85%	89%	84%	88%	89%	90%	81%	86%	88%	90%
Support	83%	88%	91%	92%	80%	89%	91%	90%	87%	92%	93%	92%	85%	90%	92%	92%
Healthcare	84%	88%	89%	89%	86%	90%	86%	86%	87%	90%	90%	88%	86%	89%	89%	88%
Medication	43%	56%	62%	66%	42%	50%	56%	67%	50%	59%	63%	68%	46%	57%	62%	67%
Ageing	60%	74%	83%	85%	68%	75%	83%	84%	65%	78%	84%	86%	62%	76%	83%	85%
Complaints	45%	75%	83%	86%	38%	67%	81%	88%	52%	78%	84%	87%	48%	76%	83%	86%
Protection	41%	63%	71%	72%	66%	69%	74%	79%	55%	71%	76%	77%	47%	66%	73%	74%
Premises	53%	63%	67%	68%	41%	42%	50%	56%	52%	57%	61%	63%	52%	59%	63%	65%

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Space requirements	75%	90%	94%	93%	51%	76%	84%	85%	75%	90%	94%	93%	75%	89%	93%	92%
Furniture & fittings	50%	68%	78%	82%	42%	54%	71%	77%	58%	73%	80%	84%	53%	69%	78%	83%
Bathrooms & lavatories	66%	77%	80%	83%	51%	64%	66%	74%	66%	73%	77%	80%	66%	75%	78%	81%
Space	76%	84%	86%	88%	61%	73%	79%	83%	75%	81%	85%	86%	75%	82%	85%	87%
Adaptation & equipment	81%	86%	88%	90%	63%	72%	77%	82%	80%	88%	89%	89%	80%	85%	88%	89%
Hygiene	63%	74%	79%	84%	68%	69%	74%	83%	66%	76%	81%	83%	64%	74%	80%	83%
Staff roles	66%	80%	89%	90%	71%	88%	91%	92%	76%	87%	93%	93%	71%	84%	90%	91%
Staffing	61%	70%	74%	74%	68%	69%	74%	76%	65%	75%	81%	80%	63%	72%	77%	77%
Staff team	62%	72%	77%	79%	47%	71%	74%	74%	66%	75%	77%	78%	64%	73%	76%	78%
Recruitment	45%	55%	63%	69%	29%	42%	55%	64%	50%	54%	63%	70%	47%	54%	62%	69%
Training	40%	56%	67%	70%	52%	63%	70%	70%	60%	72%	78%	78%	49%	63%	71%	73%
Supervision	43%	63%	73%	75%	61%	76%	80%	82%	66%	78%	83%	83%	53%	70%	77%	79%
Operations	47%	55%	62%	71%	51%	59%	65%	73%	57%	61%	64%	74%	51%	58%	63%	72%
Ethos	85%	91%	93%	92%	83%	89%	93%	90%	90%	95%	95%	94%	87%	92%	94%	92%
Quality assurance	27%	47%	59%	63%	23%	47%	53%	59%	39%	55%	63%	68%	32%	50%	60%	65%
Procedures	38%	64%	75%	78%	33%	58%	69%	74%	49%	69%	78%	80%	43%	66%	76%	79%
Record-keeping	52%	64%	71%	72%	55%	54%	65%	67%	56%	66%	70%	73%	54%	65%	70%	72%
Safety	36%	46%	55%	60%	33%	40%	50%	56%	44%	50%	56%	60%	39%	48%	55%	60%
Conduct of the service	54%	71%	79%	80%	39%	66%	75%	76%	60%	75%	82%	83%	56%	72%	80%	81%

TABLE G2 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – OLDER PEOPLE'S RESIDENTIAL CARE

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Information	26%	58%	72%	78%	16%	53%	71%	76%	30%	60%	76%	84%	26%	58%	72%	78%
Contract	49%	72%	81%	85%	34%	62%	74%	78%	58%	79%	85%	89%	50%	72%	81%	85%
Needs assessment	55%	76%	82%	85%	75%	78%	84%	85%	65%	83%	88%	87%	57%	77%	83%	84%
Meeting needs	71%	79%	81%	83%	80%	80%	82%	84%	80%	86%	88%	90%	72%	79%	82%	84%
Trial visits	85%	93%	96%	97%	80%	93%	93%	94%	92%	97%	99%	99%	86%	94%	96%	97%
Intermediate care	75%	78%	80%	86%	81%	80%	81%	82%	81%	88%	90%	92%	76%	80%	82%	86%
Service user plan	33%	49%	56%	57%	44%	49%	58%	55%	43%	53%	57%	58%	34%	50%	56%	57%
Healthcare	73%	77%	77%	77%	84%	77%	80%	83%	77%	82%	83%	84%	73%	78%	78%	78%
Medication	45%	53%	56%	59%	35%	49%	60%	60%	50%	57%	58%	58%	45%	53%	56%	59%
Privacy & dignity	80%	85%	88%	89%	81%	91%	90%	92%	89%	93%	94%	94%	81%	87%	89%	89%
Dying & death	76%	83%	88%	89%	75%	83%	86%	87%	83%	90%	93%	92%	77%	84%	88%	89%
Social contact & activities	71%	77%	80%	78%	73%	80%	82%	79%	81%	87%	87%	86%	72%	79%	81%	79%
Community contact	85%	94%	97%	98%	91%	95%	97%	98%	91%	97%	98%	98%	86%	94%	97%	98%
Autonomy & choice	73%	85%	90%	90%	80%	90%	94%	93%	81%	90%	95%	95%	74%	86%	91%	91%
Meals & mealtimes	77%	81%	84%	84%	87%	85%	86%	89%	84%	88%	89%	91%	78%	82%	84%	85%
Complaints	50%	78%	85%	86%	51%	77%	86%	88%	58%	84%	91%	90%	51%	79%	85%	87%
Rights	85%	92%	96%	96%	91%	95%	97%	97%	92%	97%	98%	98%	86%	93%	96%	96%
Protection	45%	66%	73%	73%	63%	78%	82%	85%	56%	78%	82%	83%	46%	69%	75%	75%
Premises	55%	64%	68%	66%	38%	51%	57%	63%	63%	71%	76%	73%	55%	64%	68%	67%
Shared facilities	75%	86%	89%	87%	74%	82%	88%	88%	83%	89%	93%	92%	76%	86%	89%	88%
Lavatories & washing facilities	63%	74%	78%	79%	58%	70%	74%	79%	73%	82%	84%	86%	64%	74%	78%	80%
Adaptations & equipment	54%	66%	75%	77%	57%	69%	77%	81%	68%	80%	88%	89%	56%	68%	77%	79%
Space requirements	64%	88%	93%	93%	49%	83%	90%	90%	74%	91%	95%	95%	65%	88%	93%	93%
Furniture & fittings	42%	60%	70%	77%	40%	55%	70%	76%	59%	77%	84%	88%	44%	61%	72%	78%
Heating & lighting	42%	56%	67%	72%	42%	57%	70%	75%	55%	71%	78%	82%	43%	58%	68%	73%

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Hygiene & infection control	55%	66%	72%	75%	61%	69%	74%	82%	67%	78%	83%	85%	57%	67%	73%	77%
Staff complement	71%	75%	79%	80%	46%	65%	73%	79%	77%	81%	84%	84%	71%	75%	79%	81%
Recruitment	43%	51%	59%	64%	47%	51%	60%	71%	53%	60%	67%	71%	45%	52%	60%	65%
Staff training	42%	60%	69%	70%	63%	72%	77%	79%	62%	76%	83%	82%	44%	63%	71%	72%
Day-to-day operations	58%	62%	67%	72%	74%	70%	74%	81%	74%	79%	82%	84%	60%	65%	69%	74%
Ethos	75%	85%	89%	88%	86%	91%	94%	94%	85%	91%	95%	94%	77%	86%	90%	89%
Quality assurance	30%	49%	60%	66%	41%	55%	66%	71%	43%	63%	71%	78%	32%	51%	61%	67%
Financial procedures	61%	77%	85%	87%	54%	77%	86%	89%	74%	86%	92%	94%	63%	78%	86%	88%
Staff supervision	24%	50%	62%	65%	69%	73%	77%	81%	49%	68%	75%	75%	28%	54%	65%	67%
Record keeping	49%	61%	67%	67%	54%	63%	65%	68%	53%	67%	73%	73%	50%	62%	67%	68%
Safe working practices	39%	46%	52%	53%	48%	48%	54%	59%	51%	54%	62%	62%	41%	47%	53%	54%
Qualifications	46%	57%	61%	70%	56%	63%	72%	84%	58%	74%	77%	80%	47%	59%	64%	72%
Service user money	73%	83%	87%	87%	72%	82%	88%	90%	81%	87%	92%	93%	74%	83%	87%	88%

TABLE G3 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – DOMICILIARY CARE AGENCIES

	Private		Council		Voluntary		All Services	
	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06
Information	49%	66%	39%	64%	55%	71%	48%	66%
Care needs assessment	66%	77%	69%	75%	74%	80%	68%	77%
Meeting needs	76%	80%	79%	80%	89%	91%	78%	81%
Contract	65%	76%	65%	76%	69%	82%	65%	77%
Confidentiality	83%	88%	80%	88%	89%	90%	83%	88%
Responsive services	78%	77%	75%	76%	91%	87%	79%	78%
Service user plan	41%	51%	41%	49%	57%	62%	43%	52%
Privacy and dignity	88%	93%	90%	94%	94%	96%	89%	93%
Autonomy and independence	83%	89%	82%	88%	91%	94%	84%	89%
Medication and health related activities	50%	58%	43%	53%	65%	63%	51%	58%
Safe work practices	69%	76%	76%	80%	77%	81%	71%	78%
Risk assessments	52%	63%	51%	59%	68%	70%	54%	63%
Financial protection	64%	73%	68%	76%	72%	79%	66%	74%
Protection of the person	53%	64%	54%	70%	72%	76%	55%	66%
Security of the home	73%	78%	58%	69%	76%	78%	71%	76%
Records kept in the home	62%	69%	60%	65%	74%	77%	63%	69%
Recruitment and selection	52%	59%	50%	64%	63%	65%	53%	61%
Requirements of the job	71%	81%	76%	86%	85%	89%	73%	82%
Development and training	60%	65%	63%	68%	74%	75%	62%	67%
Qualifications	63%	68%	57%	67%	72%	79%	63%	69%
Supervision	45%	52%	51%	69%	68%	65%	49%	57%
Business premises, management and planning	85%	83%	76%	79%	85%	88%	84%	83%
Financial procedures	95%	95%	88%	91%	99%	97%	94%	94%
Records keeping	66%	70%	67%	72%	76%	76%	67%	71%

	Private		Council		Voluntary		All Services	
	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06
Policies and procedures	69%	75%	67%	78%	80%	76%	70%	76%
Complaints and compliments	66%	75%	64%	78%	75%	82%	66%	76%
Quality assurance	54%	65%	46%	60%	64%	73%	54%	65%

TABLE G4 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – YOUNGER ADULTS' CARE HOMES WITH NURSING

	Private				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Information	27%	54%	71%	73%	23%	58%	79%	84%	25%	55%	73%	77%
Assessment	70%	76%	85%	86%	79%	81%	87%	86%	74%	79%	86%	85%
Meeting needs	74%	76%	81%	86%	80%	86%	87%	87%	77%	80%	83%	86%
Visits	82%	88%	92%	95%	92%	97%	98%	97%	86%	92%	94%	96%
Contract	42%	61%	76%	81%	43%	63%	79%	87%	43%	62%	77%	82%
Service user plan	52%	58%	60%	66%	65%	65%	64%	68%	57%	60%	61%	66%
Decision making	70%	81%	85%	86%	76%	85%	88%	93%	72%	83%	85%	88%
Participation	59%	75%	84%	88%	67%	85%	89%	89%	62%	78%	86%	88%
Risk	66%	73%	81%	75%	75%	80%	81%	84%	70%	76%	81%	78%
Confidentiality	70%	82%	88%	88%	78%	87%	93%	93%	73%	85%	90%	90%
Development	81%	83%	85%	87%	92%	91%	94%	96%	86%	87%	88%	90%
Education	80%	80%	87%	86%	91%	93%	93%	90%	85%	85%	89%	87%
Community links	81%	83%	89%	89%	87%	90%	94%	93%	83%	86%	90%	90%
Leisure	64%	74%	78%	81%	81%	86%	87%	89%	71%	78%	81%	83%
Relationships	92%	95%	98%	95%	95%	96%	97%	99%	93%	95%	97%	97%
Daily routines	71%	74%	84%	85%	72%	84%	90%	90%	72%	78%	86%	87%
Meals	78%	81%	81%	84%	83%	85%	86%	86%	81%	82%	83%	85%
Support	80%	85%	85%	87%	86%	89%	91%	91%	83%	86%	87%	88%
Healthcare	87%	81%	85%	84%	88%	92%	90%	84%	87%	85%	87%	84%
Medication	61%	56%	60%	61%	62%	57%	71%	66%	61%	57%	63%	63%
Ageing	73%	79%	84%	86%	79%	84%	89%	90%	75%	81%	85%	88%
Complaints	55%	74%	83%	87%	58%	78%	80%	92%	56%	76%	82%	89%
Protection	55%	64%	73%	73%	65%	73%	80%	80%	59%	68%	76%	75%
Premises	44%	56%	60%	61%	53%	63%	62%	63%	48%	59%	61%	61%
Space requirements	66%	82%	88%	88%	67%	84%	90%	95%	66%	83%	89%	89%

	Private				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Furniture & fittings	46%	58%	70%	78%	57%	76%	81%	85%	51%	65%	74%	80%
Bathrooms & lavatories	62%	70%	74%	80%	60%	77%	81%	81%	62%	73%	76%	80%
Space	71%	76%	83%	85%	77%	79%	88%	87%	73%	77%	85%	86%
Adaptation & equipment	75%	78%	83%	84%	79%	87%	87%	86%	77%	81%	84%	85%
Hygiene	61%	66%	76%	81%	67%	73%	83%	81%	64%	69%	78%	80%
Staff roles	78%	83%	89%	90%	77%	87%	95%	95%	78%	85%	91%	92%
Staffing	64%	69%	75%	75%	71%	77%	82%	81%	67%	72%	78%	77%
Staff team	63%	70%	80%	83%	71%	78%	79%	82%	67%	73%	80%	83%
Recruitment	48%	50%	63%	67%	59%	49%	61%	67%	51%	49%	63%	68%
Training	42%	60%	68%	70%	63%	73%	84%	79%	51%	64%	74%	74%
Supervision	34%	54%	65%	68%	60%	75%	76%	82%	44%	62%	70%	74%
Operations	50%	56%	66%	73%	64%	73%	74%	81%	56%	62%	69%	76%
Ethos	84%	89%	94%	89%	92%	94%	96%	93%	87%	91%	95%	91%
Quality assurance	30%	51%	62%	60%	42%	57%	69%	73%	34%	53%	64%	66%
Procedures	48%	68%	78%	82%	58%	76%	82%	85%	52%	71%	79%	83%
Record-keeping	60%	64%	69%	70%	65%	67%	76%	79%	61%	65%	72%	73%
Safety	43%	50%	55%	60%	56%	57%	63%	62%	48%	54%	58%	60%
Conduct of the service	59%	71%	82%	82%	66%	81%	89%	87%	62%	76%	85%	84%

TABLE G5 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – OLDER PEOPLE'S CARE HOMES WITH NURSING

	Private				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Information	31%	59%	74%	78%	37%	54%	81%	80%	31%	59%	74%	78%
Contract	52%	72%	81%	85%	62%	77%	84%	86%	52%	73%	82%	85%
Needs assessment	62%	78%	84%	85%	71%	82%	93%	87%	63%	78%	84%	85%
Meeting needs	74%	79%	81%	82%	82%	84%	86%	86%	75%	79%	82%	82%
Trial visits	85%	94%	97%	98%	87%	94%	99%	99%	85%	94%	97%	98%
Intermediate care	67%	72%	74%	81%	77%	80%	88%	86%	68%	72%	75%	81%
Service user plan	35%	49%	53%	56%	46%	52%	52%	50%	36%	49%	53%	55%
Healthcare	71%	73%	74%	72%	78%	82%	80%	78%	71%	74%	74%	72%
Medication	53%	56%	55%	56%	55%	54%	52%	55%	53%	56%	55%	56%
Privacy & dignity	77%	82%	85%	86%	85%	89%	92%	91%	78%	82%	85%	86%
Dying & death	81%	83%	88%	87%	86%	90%	94%	92%	81%	83%	88%	88%
Social contact & activities	67%	73%	77%	76%	81%	88%	85%	78%	67%	74%	77%	76%
Community contact	86%	94%	97%	97%	93%	97%	98%	98%	87%	94%	97%	97%
Autonomy & choice	74%	86%	90%	88%	77%	91%	95%	90%	74%	86%	90%	89%
Meals & mealtimes	74%	77%	80%	80%	79%	84%	86%	87%	75%	78%	80%	80%
Complaints	57%	78%	84%	86%	58%	85%	89%	88%	57%	79%	84%	86%
Rights	86%	93%	96%	96%	91%	97%	97%	98%	86%	93%	96%	96%
Protection	52%	69%	75%	74%	60%	78%	86%	81%	52%	70%	75%	75%
Premises	54%	61%	66%	65%	64%	75%	79%	74%	55%	62%	67%	66%
Shared facilities	72%	82%	87%	84%	83%	89%	92%	91%	72%	83%	87%	85%
Lavatories & washing facilities	61%	71%	76%	77%	80%	82%	85%	83%	63%	72%	77%	78%
Adaptations & equipment	54%	67%	75%	76%	71%	82%	90%	92%	56%	68%	76%	77%
Space requirements	65%	87%	93%	92%	79%	93%	94%	93%	66%	87%	93%	93%
Furniture & fittings	38%	54%	66%	73%	59%	74%	83%	83%	39%	56%	67%	74%
Heating & lighting	54%	65%	74%	76%	65%	77%	79%	83%	55%	66%	74%	76%

	Private				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Hygiene & infection control	56%	65%	70%	73%	69%	85%	87%	81%	57%	66%	71%	73%
Staff complement	72%	75%	78%	79%	76%	81%	85%	82%	72%	76%	78%	79%
Recruitment	48%	53%	61%	65%	52%	63%	60%	69%	48%	54%	61%	66%
Staff training	47%	64%	72%	71%	62%	76%	85%	81%	48%	65%	73%	72%
Day to day operations	64%	65%	69%	73%	78%	86%	87%	87%	65%	66%	70%	74%
Ethos	77%	85%	88%	87%	86%	92%	95%	95%	77%	85%	89%	87%
Quality assurance	34%	54%	64%	69%	41%	70%	77%	75%	35%	55%	65%	69%
Financial procedures	65%	81%	88%	90%	76%	91%	96%	96%	66%	82%	88%	90%
Staff supervision	22%	50%	62%	63%	43%	61%	74%	67%	24%	51%	63%	63%
Record keeping	54%	63%	69%	69%	50%	65%	77%	75%	53%	63%	69%	69%
Safe working practices	44%	48%	54%	54%	53%	56%	63%	57%	45%	48%	55%	54%
Qualifications	48%	56%	60%	68%	65%	81%	78%	78%	49%	58%	62%	69%
Service user money	69%	80%	86%	86%	81%	84%	93%	93%	70%	80%	87%	87%

TABLE G6 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – PERSONAL CARE HOMES FOR YOUNGER ADULTS

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Information	17%	52%	69%	78%	14%	41%	64%	73%	16%	50%	69%	78%	17%	50%	68%	77%
Assessment	66%	82%	87%	88%	68%	76%	82%	83%	73%	86%	89%	90%	69%	84%	88%	88%
Meeting needs	72%	81%	84%	86%	61%	76%	79%	81%	78%	85%	89%	90%	75%	82%	86%	87%
Visits	82%	91%	94%	95%	70%	90%	91%	94%	86%	94%	95%	96%	84%	92%	94%	95%
Contract	34%	60%	73%	78%	20%	48%	65%	75%	38%	58%	74%	79%	35%	58%	72%	78%
Service user plan	46%	61%	68%	71%	49%	53%	63%	66%	57%	67%	72%	71%	50%	63%	69%	71%
Decision making	65%	79%	84%	88%	66%	88%	89%	91%	77%	86%	89%	92%	70%	82%	86%	89%
Participation	62%	81%	88%	89%	55%	77%	83%	86%	70%	86%	91%	92%	65%	83%	89%	90%
Risk	56%	70%	76%	79%	63%	70%	74%	74%	71%	78%	79%	80%	63%	73%	77%	79%
Confidentiality	63%	82%	89%	91%	66%	82%	90%	92%	74%	87%	92%	92%	68%	84%	90%	92%
Development	86%	90%	92%	92%	87%	91%	92%	90%	91%	94%	95%	95%	88%	92%	93%	93%
Education	87%	91%	92%	92%	91%	93%	92%	90%	91%	95%	96%	94%	89%	93%	94%	92%
Community links	85%	90%	92%	93%	75%	89%	93%	92%	90%	94%	95%	94%	87%	91%	93%	93%
Leisure	76%	84%	87%	89%	61%	81%	85%	87%	81%	87%	88%	91%	78%	85%	87%	89%
Relationships	90%	95%	97%	97%	93%	95%	96%	97%	93%	96%	98%	98%	91%	95%	97%	98%
Daily routines	66%	82%	88%	91%	61%	79%	85%	93%	76%	88%	92%	95%	71%	84%	89%	93%
Meals	79%	85%	88%	89%	77%	82%	86%	89%	84%	88%	89%	90%	81%	86%	88%	90%
Support	83%	89%	92%	92%	80%	89%	91%	90%	87%	92%	93%	92%	85%	90%	92%	92%
Healthcare	84%	88%	89%	89%	85%	90%	86%	86%	87%	89%	90%	88%	86%	89%	89%	88%
Medication	42%	56%	62%	67%	41%	50%	56%	67%	49%	59%	63%	68%	45%	57%	62%	67%
Ageing	59%	74%	83%	84%	68%	76%	83%	84%	64%	77%	84%	86%	62%	75%	83%	85%
Complaints	44%	76%	83%	86%	37%	67%	80%	88%	51%	78%	85%	87%	47%	76%	83%	86%
Protection	40%	63%	70%	72%	64%	69%	73%	80%	54%	71%	76%	76%	47%	66%	73%	74%
Premises	53%	63%	67%	69%	41%	42%	50%	56%	51%	57%	60%	63%	52%	59%	63%	65%
Space requirements	75%	90%	95%	93%	51%	76%	84%	86%	76%	90%	94%	93%	75%	89%	94%	93%

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Furniture & fittings	51%	69%	78%	83%	42%	54%	71%	77%	58%	73%	80%	84%	53%	69%	78%	83%
Bathrooms & lavatories	67%	78%	81%	83%	51%	64%	66%	74%	67%	72%	77%	79%	66%	75%	78%	81%
Space	77%	84%	86%	88%	62%	73%	79%	83%	74%	81%	84%	86%	76%	82%	85%	87%
Adaptation & equipment	81%	86%	89%	90%	63%	72%	77%	82%	80%	88%	89%	89%	80%	86%	88%	89%
Hygiene	63%	74%	80%	84%	68%	69%	74%	83%	66%	76%	81%	83%	64%	75%	80%	84%
Staff roles	66%	80%	89%	90%	71%	88%	91%	92%	76%	87%	92%	93%	70%	83%	90%	91%
Staffing	61%	70%	74%	74%	69%	69%	74%	77%	64%	75%	80%	80%	63%	72%	77%	77%
Staff team	62%	72%	76%	79%	47%	71%	74%	75%	66%	75%	77%	78%	63%	73%	76%	78%
Recruitment	45%	55%	63%	69%	29%	42%	55%	64%	49%	54%	63%	71%	47%	54%	62%	69%
Training	40%	56%	67%	70%	51%	63%	71%	70%	60%	72%	77%	78%	49%	63%	71%	73%
Supervision	43%	64%	74%	76%	61%	76%	81%	82%	67%	78%	83%	83%	54%	71%	78%	79%
Operations	47%	55%	62%	71%	51%	59%	66%	74%	56%	60%	64%	74%	51%	57%	63%	72%
Ethos	85%	91%	93%	92%	84%	89%	93%	90%	90%	95%	95%	94%	87%	92%	94%	92%
Quality assurance	27%	47%	59%	64%	24%	47%	53%	60%	38%	55%	63%	67%	32%	50%	60%	65%
Procedures	38%	64%	75%	78%	35%	58%	69%	74%	48%	69%	77%	80%	42%	65%	76%	78%
Record-keeping	52%	64%	71%	72%	55%	54%	65%	67%	56%	66%	70%	72%	54%	65%	70%	72%
Safety	36%	46%	55%	60%	35%	40%	50%	56%	43%	50%	55%	60%	39%	47%	55%	60%
Conduct of the service	54%	71%	79%	80%	41%	66%	75%	76%	59%	75%	82%	82%	56%	72%	80%	80%

TABLE G7 PERCENTAGES OF SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS – PERSONAL CARE HOMES FOR OLDER PEOPLE

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Information	23%	57%	71%	78%	16%	53%	71%	76%	28%	62%	75%	84%	24%	57%	72%	78%
Contract	48%	73%	81%	85%	34%	62%	74%	78%	58%	80%	86%	89%	49%	72%	81%	85%
Needs assessment	52%	74%	81%	83%	74%	78%	84%	85%	63%	83%	87%	87%	54%	76%	82%	84%
Meeting needs	70%	78%	81%	84%	79%	80%	82%	84%	79%	86%	88%	91%	71%	80%	82%	85%
Trial visits	85%	93%	96%	97%	80%	92%	93%	94%	93%	98%	99%	99%	86%	93%	96%	97%
Intermediate care	81%	83%	85%	89%	80%	80%	81%	82%	82%	90%	91%	94%	81%	83%	84%	88%
Service user plan	32%	50%	57%	57%	44%	49%	58%	56%	42%	53%	58%	60%	34%	50%	57%	57%
Healthcare	74%	80%	79%	80%	83%	77%	80%	83%	77%	83%	83%	85%	74%	80%	80%	81%
Medication	41%	51%	56%	61%	35%	49%	60%	60%	49%	58%	59%	59%	42%	52%	57%	61%
Privacy & dignity	81%	87%	90%	90%	81%	91%	90%	92%	90%	94%	94%	94%	82%	89%	90%	91%
Dying & death	73%	83%	88%	89%	74%	83%	86%	87%	82%	90%	93%	92%	75%	84%	88%	89%
Social contact & activities	73%	80%	82%	79%	74%	80%	82%	79%	81%	87%	88%	88%	74%	81%	83%	81%
Community contact	84%	93%	96%	98%	91%	95%	97%	98%	91%	97%	98%	98%	85%	94%	97%	98%
Autonomy & choice	72%	85%	90%	91%	80%	90%	93%	93%	82%	90%	95%	96%	73%	86%	91%	92%
Meals & mealtimes	79%	83%	86%	87%	87%	85%	86%	89%	85%	89%	90%	92%	80%	84%	86%	88%
Complaints	47%	78%	85%	87%	51%	76%	87%	88%	58%	84%	91%	91%	48%	79%	86%	87%
Rights	85%	92%	96%	96%	91%	95%	97%	97%	92%	97%	98%	98%	86%	93%	96%	96%
Protection	41%	65%	72%	73%	63%	78%	82%	85%	55%	78%	81%	83%	44%	68%	74%	75%
Premises	55%	66%	69%	67%	38%	51%	57%	63%	63%	71%	75%	73%	56%	65%	68%	67%
Shared facilities	77%	88%	90%	89%	74%	82%	88%	88%	83%	89%	93%	92%	78%	88%	90%	89%
Lavatories & washing facilities	64%	76%	79%	80%	58%	70%	74%	79%	72%	82%	84%	87%	65%	76%	79%	81%
Adaptations & equipment	54%	66%	75%	78%	56%	69%	77%	81%	67%	80%	88%	89%	56%	68%	77%	80%
Space requirements	64%	88%	93%	93%	49%	83%	90%	90%	73%	91%	95%	96%	65%	88%	93%	93%
Furniture & fittings	43%	63%	72%	79%	40%	55%	70%	76%	59%	78%	85%	89%	45%	64%	74%	80%

	Private				Council				Voluntary				All Services			
	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Heating & lighting	35%	51%	63%	69%	42%	57%	71%	75%	53%	70%	78%	82%	38%	54%	66%	72%
Hygiene & infection control	55%	66%	73%	77%	61%	69%	74%	82%	66%	77%	82%	86%	57%	68%	74%	79%
Staff complement	71%	75%	79%	82%	46%	65%	73%	79%	77%	81%	84%	84%	71%	75%	79%	81%
Recruitment	41%	50%	58%	63%	48%	51%	60%	71%	53%	59%	68%	71%	43%	51%	59%	65%
Staff training	39%	57%	67%	69%	62%	72%	77%	80%	62%	76%	83%	82%	42%	62%	70%	72%
Day to day operations	54%	61%	65%	72%	73%	70%	74%	82%	73%	78%	81%	84%	57%	64%	68%	74%
Ethos	75%	85%	89%	89%	86%	91%	94%	94%	85%	91%	95%	94%	76%	86%	91%	90%
Quality assurance	28%	47%	57%	64%	41%	55%	66%	71%	43%	61%	70%	78%	30%	50%	60%	66%
Financial procedures	59%	75%	83%	85%	54%	77%	86%	89%	74%	85%	92%	93%	61%	77%	85%	87%
Staff supervision	25%	50%	63%	66%	69%	73%	77%	81%	50%	69%	75%	77%	30%	55%	66%	69%
Record keeping	47%	59%	65%	66%	54%	63%	66%	69%	54%	67%	73%	72%	48%	61%	66%	67%
Safe working practices	37%	45%	50%	52%	48%	48%	54%	59%	51%	54%	62%	63%	39%	46%	52%	54%
Qualifications	45%	57%	62%	70%	56%	63%	72%	84%	56%	72%	77%	81%	47%	60%	65%	73%
Service user money	76%	85%	87%	88%	72%	81%	88%	90%	81%	87%	91%	92%	76%	85%	88%	88%

Appendix H
Percentage of Services for Children Meeting or Exceeding Individual National Minimum Standards

TABLE H1 PERCENTAGES OF CHILDREN'S HOMES MEETING OR EXCEEDING INDIVIDUAL NMS

	Private				Council				Voluntary				All Services			
NMS description	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Statement of purpose	24%	56%	69%	75%	31%	40%	62%	64%	27%	58%	71%	78%	25%	50%	66%	72%
Placement plans	45%	65%	72%	75%	67%	55%	64%	63%	60%	67%	73%	73%	48%	62%	70%	70%
Reviews	73%	85%	89%	91%	77%	79%	83%	87%	81%	84%	89%	93%	74%	83%	87%	89%
Contact	76%	89%	92%	95%	77%	86%	92%	94%	81%	93%	97%	97%	77%	88%	92%	95%
Moving in and leaving the home	63%	77%	84%	87%	54%	63%	76%	76%	75%	82%	90%	94%	64%	73%	82%	83%
Preparations for leaving care	52%	76%	82%	82%	74%	74%	79%	79%	73%	78%	89%	92%	56%	75%	81%	81%
Support to individual children	71%	80%	85%	88%	77%	78%	85%	87%	81%	82%	87%	90%	72%	79%	85%	88%
Consultation	75%	80%	87%	89%	70%	77%	84%	91%	76%	88%	93%	94%	75%	80%	86%	90%
Privacy & confidentiality	55%	74%	86%	90%	61%	70%	84%	91%	65%	78%	92%	93%	56%	73%	86%	91%
Provision & preparation of meals	75%	81%	86%	88%	79%	74%	82%	88%	83%	87%	85%	91%	76%	79%	84%	88%
Personal appearance, clothing etc	80%	88%	89%	92%	77%	82%	88%	91%	88%	90%	94%	94%	80%	86%	89%	91%
Good health & well-being	52%	73%	79%	82%	66%	68%	77%	78%	70%	79%	84%	86%	55%	72%	79%	81%
Treatment & administration of medicine	37%	50%	56%	68%	36%	37%	50%	65%	46%	52%	60%	69%	38%	46%	54%	67%
Education	61%	74%	80%	88%	64%	71%	83%	82%	67%	84%	93%	94%	62%	74%	82%	86%
Leisure & activities	82%	86%	89%	92%	79%	82%	88%	91%	87%	93%	96%	97%	83%	85%	89%	92%
Complaints & representation	49%	66%	74%	82%	49%	55%	72%	79%	39%	58%	77%	87%	48%	62%	73%	81%
Child protection procedures & training	42%	63%	76%	82%	66%	63%	73%	80%	49%	74%	80%	90%	45%	64%	75%	82%
Counter bullying	57%	78%	88%	92%	62%	71%	83%	85%	51%	76%	87%	95%	57%	75%	86%	90%
Absence of a child without authority	62%	80%	87%	91%	75%	77%	86%	88%	62%	84%	89%	93%	63%	80%	87%	90%
Notification of significant events	64%	80%	87%	88%	64%	77%	85%	84%	66%	83%	95%	95%	64%	79%	87%	87%
Relationship with children	81%	89%	91%	95%	84%	87%	92%	92%	87%	90%	97%	97%	82%	88%	92%	94%
Behaviour management	46%	62%	63%	70%	54%	51%	60%	69%	41%	51%	62%	82%	46%	57%	62%	70%
Location, design & size of home	78%	86%	91%	92%	70%	68%	71%	79%	71%	75%	81%	86%	77%	79%	83%	87%
Accommodation	53%	60%	70%	71%	41%	48%	55%	58%	61%	62%	70%	70%	53%	56%	65%	67%
Bathrooms & washing facilities	66%	77%	85%	87%	64%	68%	75%	80%	65%	74%	85%	86%	66%	74%	81%	84%

	Private				Council				Voluntary				All Services			
NMS description	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**
Health, safety & security	38%	48%	58%	64%	52%	42%	49%	59%	44%	49%	56%	67%	40%	46%	55%	62%
Vetting of staff & visitors	43%	50%	60%	71%	43%	38%	51%	64%	38%	39%	66%	74%	42%	45%	57%	68%
Staff support	43%	53%	64%	68%	49%	52%	56%	65%	51%	59%	63%	66%	44%	53%	61%	67%
Adequacy of staff	52%	62%	59%	62%	59%	62%	64%	70%	60%	72%	69%	74%	53%	63%	62%	65%
Staff are sufficient in numbers	59%	69%	78%	79%	67%	63%	72%	74%	54%	67%	78%	78%	59%	67%	76%	77%
Staff are trained and competent	45%	58%	70%	69%	61%	58%	69%	71%	45%	65%	75%	77%	46%	59%	70%	70%
Monitoring (non manager)	47%	65%	74%	79%	58%	55%	69%	73%	50%	56%	68%	87%	48%	61%	72%	77%
Monitoring the operation of the home	32%	54%	71%	75%	46%	51%	68%	71%	48%	61%	81%	81%	34%	53%	70%	74%
Business management	55%	66%	72%	71%	60%	65%	70%	69%	62%	75%	74%	79%	56%	66%	72%	70%
Children's individual case files	63%	74%	83%	84%	64%	71%	78%	77%	72%	81%	84%	82%	64%	73%	81%	81%
Secure accommodation	65%	64%	82%	95%	-	80%	89%	94%	100%	100%	100%	100%	61%	71%	86%	91%

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TABLE H2: PERCENTAGES OF FOSTERING SERVICES MEETING OR EXCEEDING INDIVIDUAL NMS

	Private				Council				Voluntary				All Services			
NMS description	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**
Statement of purpose	*	53%	63%	74%	17%	40%	64%	80%	*	58%	74%	86%	18%	48%	65%	78%
Skills to manage	*	81%	77%	86%	66%	80%	89%	91%	*	79%	87%	97%	69%	80%	83%	89%
Suitability to manage	*	70%	83%	93%	43%	69%	79%	90%	*	73%	95%	97%	46%	70%	83%	92%
Monitoring and control	*	56%	60%	78%	58%	52%	69%	79%	*	70%	68%	79%	60%	56%	64%	79%
Managing effectively & efficiently	*	75%	81%	90%	85%	78%	86%	91%	*	97%	87%	90%	85%	79%	84%	91%
Providing suitable carers	*	74%	73%	89%	63%	51%	68%	81%	*	75%	87%	94%	67%	63%	73%	86%
Valuing diversity	*	84%	88%	94%	63%	61%	76%	93%	*	91%	92%	87%	64%	74%	83%	93%
Matching	*	56%	58%	75%	43%	40%	50%	59%	*	78%	67%	88%	44%	52%	56%	71%
Protecting from abuse & neglect	*	63%	60%	71%	42%	46%	63%	68%	*	76%	77%	84%	45%	56%	63%	71%
Promoting contact	*	84%	86%	93%	57%	69%	83%	92%	*	93%	97%	97%	59%	77%	86%	93%
Consultation	*	84%	77%	86%	55%	68%	77%	89%	*	67%	92%	91%	56%	74%	79%	88%
Promoting development & health	*	68%	63%	75%	58%	65%	71%	77%	*	78%	82%	88%	58%	68%	69%	77%
Promoting educational achievement	*	79%	77%	89%	60%	73%	83%	90%	*	100%	92%	93%	62%	78%	82%	90%
Preparing for adulthood	*	65%	73%	81%	62%	66%	74%	82%	*	87%	94%	96%	62%	68%	75%	83%
Suitability to work with children	*	54%	59%	68%	34%	46%	60%	66%	*	52%	77%	84%	37%	50%	62%	69%
Organisation & management of staff	*	63%	73%	83%	58%	56%	64%	76%	*	91%	82%	90%	60%	64%	70%	81%
Sufficient staff/carers	*	78%	71%	83%	55%	57%	69%	76%	*	85%	87%	94%	55%	69%	72%	82%
Fair and competent employer	*	78%	80%	86%	46%	62%	76%	85%	*	91%	92%	89%	51%	72%	80%	86%
Training	*	66%	70%	76%	65%	63%	84%	87%	*	81%	81%	93%	66%	67%	77%	82%
Accountability & support	*	71%	78%	87%	77%	73%	87%	90%	*	88%	86%	93%	77%	75%	83%	89%
Management & support of carers	*	78%	78%	83%	49%	61%	68%	85%	*	72%	87%	83%	52%	69%	75%	84%
Supervision of carers	*	61%	62%	70%	32%	35%	53%	61%	*	61%	79%	97%	38%	48%	61%	69%
Training of carers	*	70%	69%	72%	65%	57%	71%	70%	*	78%	82%	83%	64%	65%	71%	72%
Case records for children	*	56%	58%	65%	40%	39%	55%	65%	*	75%	68%	77%	44%	51%	58%	66%
Admin records	*	62%	59%	71%	43%	51%	60%	63%	*	68%	61%	82%	47%	58%	60%	68%

	Private				Council				Voluntary				All Services			
NMS description	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**
Premises	*	88%	81%	90%	71%	77%	77%	79%	*	97%	87%	97%	73%	84%	80%	87%
Financial viability	*	86%	93%	94%	100%	100%	100%	100%	*	97%	100%	100%	100%	93%	96%	96%
Financial processes	*	89%	92%	92%	97%	96%	98%	97%	*	97%	97%	100%	97%	93%	94%	94%
Payment to carers	*	94%	96%	94%	69%	70%	79%	82%	*	84%	92%	93%	73%	81%	88%	90%
Fostering panels	*	62%	57%	67%	38%	45%	67%	72%	*	70%	68%	79%	42%	55%	63%	70%
Short term breaks	*	72%	81%	87%	88%	70%	82%	86%	*	95%	93%	100%	86%	74%	83%	88%
Family & friends as carers	*	100%	100%	100%	71%	55%	72%	75%	*	100%	100%	100%	71%	58%	75%	78%

*Note: Numbers of private and voluntary fostering agencies were too small in 2002-3 to meaningfully report percentages.

TABLE H3 PERCENTAGES OF RESIDENTIAL SPECIAL SCHOOLS MEETING OR EXCEEDING INDIVIDUAL NMS

	Private				Council				Voluntary				All Services			
NMS description	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06	2002-03	2003-04	2004-05	2005-06
Statement of the school's purpose	62%	77%	87%	98%	36%	59%	73%	83%	55%	67%	83%	90%	46%	66%	79%	89%
Consultation	86%	83%	90%	96%	78%	87%	90%	97%	75%	87%	83%	95%	80%	87%	90%	97%
Privacy & confidentiality	72%	66%	77%	91%	45%	52%	71%	91%	60%	53%	67%	80%	54%	57%	73%	90%
Complaints	45%	66%	73%	91%	28%	32%	60%	82%	40%	47%	50%	90%	36%	44%	61%	87%
Procedures & training	52%	66%	76%	91%	49%	49%	63%	83%	65%	67%	70%	90%	53%	56%	69%	86%
Anti-bullying	79%	79%	92%	94%	64%	75%	87%	94%	60%	77%	80%	100%	69%	76%	87%	95%
Health, safety & security	55%	49%	59%	83%	32%	39%	49%	86%	50%	30%	53%	85%	40%	41%	51%	62%
Child protection – vetting of staff & visitors	59%	87%	87%	93%	46%	63%	87%	97%	60%	83%	87%	95%	52%	72%	86%	85%
Notifications	70%	81%	94%	85%	62%	71%	85%	78%	65%	83%	77%	75%	67%	77%	87%	84%
Absence of a child without authority	96%	91%	94%	96%	90%	90%	92%	93%	90%	90%	83%	80%	93%	90%	92%	96%
Relationship with children	48%	66%	72%	94%	42%	47%	58%	98%	50%	63%	53%	85%	47%	55%	62%	80%
Measure of control	90%	87%	95%	98%	71%	85%	84%	96%	74%	76%	86%	95%	79%	85%	89%	93%
Admission and leaving	93%	92%	94%	70%	92%	93%	95%	64%	90%	87%	97%	70%	93%	92%	95%	95%
Residential contribution to education	93%	96%	92%	93%	90%	79%	90%	92%	95%	83%	93%	95%	93%	85%	92%	96%
Leisure & activities	54%	51%	54%	89%	34%	45%	51%	91%	60%	47%	60%	80%	42%	46%	53%	66%
Health & intimate care	76%	77%	87%	85%	72%	76%	81%	75%	85%	73%	70%	85%	74%	77%	80%	92%
Provision & preparation of meals	93%	87%	93%	87%	91%	91%	94%	88%	94%	93%	86%	75%	91%	91%	93%	88%
Personal appearance, clothing, etc.	72%	62%	84%	93%	59%	59%	63%	82%	70%	77%	73%	95%	64%	63%	71%	79%
Care planning & placement plan	69%	75%	84%	98%	52%	59%	72%	95%	60%	73%	83%	95%	56%	68%	77%	86%
Children's individual case files	66%	74%	85%	85%	48%	53%	72%	90%	63%	57%	83%	85%	54%	59%	79%	87%
General school records	82%	87%	98%	96%	87%	86%	94%	93%	80%	97%	97%	90%	86%	88%	96%	96%
Contact	91%	93%	100%	92%	89%	87%	92%	80%	94%	92%	96%	85%	91%	90%	96%	89%
Preparation for leaving care	83%	77%	92%	74%	84%	72%	81%	70%	80%	90%	90%	85%	83%	77%	87%	92%
Support to individual children	69%	77%	89%	85%	57%	62%	68%	82%	50%	57%	73%	95%	60%	67%	75%	85%
Location, design & size	45%	58%	72%	70%	31%	42%	55%	51%	40%	53%	50%	60%	38%	50%	60%	73%

	Private				Council				Voluntary				All Services			
NMS description	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**	**2002-03**	**2003-04**	**2004-05**	**2005-06**
Accommodation	55%	63%	72%	65%	41%	48%	64%	58%	65%	73%	67%	65%	46%	58%	68%	84%
Bathroom & lavatories	48%	53%	56%	91%	38%	39%	43%	84%	58%	37%	53%	85%	42%	42%	47%	58%
Adequacy of staffing	69%	74%	79%	91%	66%	65%	74%	89%	55%	87%	90%	90%	65%	72%	78%	89%
Training & staff development	59%	74%	79%	89%	52%	55%	70%	75%	45%	63%	70%	85%	52%	63%	74%	80%
Staff supervision & support	52%	64%	52%	74%	36%	44%	53%	69%	35%	50%	50%	85%	41%	50%	54%	72%
Staffing arrangements	57%	70%	70%	83%	58%	60%	68%	77%	60%	73%	70%	60%	55%	64%	69%	77%
Business management	54%	71%	74%	87%	43%	62%	67%	77%	44%	62%	72%	80%	45%	65%	71%	82%
Monitoring	55%	72%	80%	89%	43%	49%	65%	73%	32%	67%	73%	90%	44%	60%	72%	80%

Appendix I
Policy, Legislation and Guidance Relating to Carers

Carers (Recognition and Services) Act	1995	• Gave new rights and legal status to carers, defined as individuals who provide or intend to provide a substantial amount of care on a regular basis. • Introduced concept of carers' assessment, which under this Act is of the carer's ability to provide and to continue to provide care. • Applies to carers of all ages.
National Carers' Strategy	1999	• Summarised government action to date and signalled 'carers' package' of information, support and care. • Included the intention to legislate to give new power to local authorities to provide support for carers. Initial focus of these to be on breaks for carers. • Good practice in providing for young carers at a local level also highlighted.
Carers and Disabled Children Act	2000	• Gave local authorities power to provide services direct to carers, following assessment; also to make direct payments to carers (and disabled children) to meet their assessed needs. • Gave carers a right to assessment independent of the community care assessment of the cared for person. • Provides for local authorities to run short-term break voucher schemes. • Empowered local authorities to charge carers for services they receive. • Act applies to carers aged 16 and over, and people with parental responsibility for disabled children.
Employment Act	2002	• Gives working parents of disabled children under 18 the right to request flexible working arrangements. Also confers right to take (unpaid) time off for dependants in cases of emergency.

Carers (Equal Opportunities) Act	2004	• Section 1 formalises good practice on giving information to carers. • Section 2 marks a fundamental shift in the responsibilities of local authorities, from assessing carers in relation to their caring role to a requirement to promote their social inclusion. It requires that carers' needs for education, training, employment and leisure are part of the process of assessment. • Section 3 relates to co-operation between public bodies and seeks to ensure that public bodies recognise and support carers. • The Act applies to: – carers who provide or intend to provide a substantial amount of care on a regular basis to someone aged over 18 – people with parental responsibility for a disabled child, who provide or intend to provide a substantial amount of care on a regular basis for that child.
Carers and Disabled Children Act 2000 & Carers (Equal Opportunities) Act 2004 – Combined Policy Guidance	2005	• Updates and supersedes previous guidance on the 2000 Act to set out the issues for local authorities in carrying out their functions under both Acts. • Advises on the content of a carers' information strategy. • Emphasises that assessments and services for carers should be 'person-centred, seamless and pro-active'. They should focus on positive outcomes and be flexible and imaginative in the ways needs can be meet. • A specific example advises that 'a carer may be best supported through being given help with routine domestic chores rather than through additional community care services to the person they care for'.
The Social Care Institute for Excellence (SCIE) Practice Guide to the Carers (Equal Opportunities) Act 2004	2005	• Includes model framework of good practice on implementation of the Act. Summarises key research and policy findings, practice points and ideas for practice for each of the three sections of the Act.
Our health, our care, our say White Paper	2006	• Proposes a *New deal for carers:* a review of the national strategy; the development of an expert carer programme to support the carers of people with long-term conditions; more support to carers through improved emergency respite and a national helpline.
Work and Families Act	2006	• From April 2007, extends the right to request flexible working to those who have caring responsibilities for adults.

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CSCI-ARP-109-5000-TRI-122006 CSCI-186

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