National Standards for the provision of Social Care Services in the High Security Hospitals
The Social Services Inspectorate (SSI) is part of the Social Care Group in the Department of Health. SSI assists Ministers in carrying out their responsibilities for personal social services and exercises statutory powers on behalf of the Secretary of State for Health.

We have four main functions:

• to provide professional advice to Ministers and central government departments on all matters relating to the personal social services;

• to assist local government, voluntary organisations and private agencies in the planning and delivery of effective and efficient social care services;

• to run a national programme of inspection, evaluating the quality of services experienced by users and carers; and

• to monitor the implementation of Government policy for the personal social services.

**READER INFORMATION**

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>For information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>SSI</td>
</tr>
<tr>
<td>Publication Date</td>
<td>August 2001</td>
</tr>
<tr>
<td>Target Audience</td>
<td>Social Services (England): Directors; senior managers; service managers. CEs and Councillors of councils with social services responsibilities. CEs Health Authorities and CEs NHS Trusts (England);</td>
</tr>
<tr>
<td>Reference Number</td>
<td>CI(2001)16</td>
</tr>
<tr>
<td>Internet Address</td>
<td><a href="http://www.doh.gov.uk/scg/highsecurity.htm">www.doh.gov.uk/scg/highsecurity.htm</a></td>
</tr>
<tr>
<td>Further copies from</td>
<td>PO Box 777, London SE1 6XH Fax 01623 724 524 Email <a href="mailto:doh@prolog.uk.com">doh@prolog.uk.com</a> NHS Respondeline 08701 555 455</td>
</tr>
<tr>
<td>Copyright</td>
<td>This publication (excluding the departmental logo) may be reproduced free of charge in any format or medium provided that it is reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the publication specified.</td>
</tr>
<tr>
<td>Other Enquiries</td>
<td>Communications Team 020 7972 4300</td>
</tr>
<tr>
<td>Price</td>
<td>FREE</td>
</tr>
</tbody>
</table>
NATIONAL STANDARDS FOR THE
PROVISION OF SOCIAL CARE
SERVICES IN THE HIGH SECURITY
HOSPITALS

August 2001
## Contents

<table>
<thead>
<tr>
<th>Section/Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Standards</td>
<td>5</td>
</tr>
<tr>
<td>1 Responsibilities and Requirements of the Hospital Social Care Service</td>
<td>7</td>
</tr>
<tr>
<td>2 Responsibilities and Requirements of Hospital Management</td>
<td>17</td>
</tr>
<tr>
<td>3 Responsibilities and Requirements of Local Councils Managing the Social Care Service</td>
<td>20</td>
</tr>
<tr>
<td>4 Responsibilities and Requirements of Local Councils with In-Patients</td>
<td>24</td>
</tr>
<tr>
<td>5 Responsibilities and Requirements of Local Councils in whose areas High Security Hospitals are located</td>
<td>26</td>
</tr>
<tr>
<td>6 Responsibilities and Requirements of the Probation Service</td>
<td>27</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Extract from The Lewis Report</td>
<td>29</td>
</tr>
<tr>
<td>B The Lewis Report – Chapter 2: Recommendations</td>
<td>32</td>
</tr>
<tr>
<td>C Key Documents</td>
<td>39</td>
</tr>
<tr>
<td>D Glossary of Terms</td>
<td>41</td>
</tr>
<tr>
<td>E Members of External Reference Group</td>
<td>43</td>
</tr>
<tr>
<td>F Responses to Consultation Paper</td>
<td>45</td>
</tr>
</tbody>
</table>
National Standards for the provision of Social Care Services in the High Security Hospitals

Preface

These service standards address the responsibilities and requirements of all the organisations and individuals who contribute to the provision of quality social care in the three high security hospitals, Ashworth, Broadmoor and Rampton. This document should be read alongside the Review of Social Work in the High Security Hospitals¹ (the Lewis Report).

The standards are divided into six free-standing sections. Each of these addresses the responsibilities and requirements of one organisation (the Hospital Social Care Service, the Hospital itself, the local council providing and managing the social care service, the local councils with responsibilities for patients, the local councils in whose areas hospitals are situated and the Probation Service). While readers will be interested in the whole document, they will find of particular importance the section which relates to their area of responsibility.

Presenting the document in this way gives rise to some repetition with the same or similar standards recurring in different sections. Because of the way the document has been developed these repetitions are intentional.

The high security hospitals are now involved in working, and in some cases integrating, with NHS Trusts which have broader responsibilities for mental health services. The way social care services are provided has also changed. The proposed changes for social care follow broadly the proposals set out in the recommendations of the Lewis Report at Appendix B.

The provision of social work in Ashworth, Broadmoor and Rampton high security hospitals was the responsibility of the hospitals, with social workers employed by the hospitals and ultimately accountable to the Chief Executive in the employing hospital. From April 2001, councils with social services responsibilities began to take responsibility for the employment of staff and management of social care services.

The Lewis Report recommended that the social work service within the three hospitals should be reconfigured into a social care service that allows for the employment and/or secondment of people other than social workers who have specialist knowledge of and skills in the care of mentally disordered offenders, eg probation officers, those skilled in child protection work, learning and other disabilities, welfare rights and benefits and rehabilitation.

The changes will impact on:

- the provision of social care services in the high security hospitals;
- the way the high security hospitals support the social care contribution;
- the local councils which will in future provide and manage the social care services in the high security hospitals;
- local councils with patients in the high security hospitals;
- the local councils in whose areas the high security hospitals are located; and
- the way the social care service works with other agencies, in particular the Probation Service.

The service standards in this document are drawn from two main sources:

- the Lewis Report (including appendices); and
- recent SSI Inspections of the social work services in the high security hospitals.

An external reference group (see Appendix E for membership) assisted with the formulation of the standards using members’ experience of working in the high security hospitals.
security hospitals or as statutory/voluntary bodies working with patients, their families and staff.

The Lewis Report suggested a Statement of Responsibilities of Social Services Departments for Patients in High Security Hospitals and that this should become the basis for revised protocols to be agreed between each council and each of the hospitals. This statement is reproduced in Appendix A. The full set of recommendations from chapter 2 in the Lewis Report is at Appendix B.

Inspection standards for social care services in high security hospitals will be developed by SSI in a format which is both consistent with these service standards and Inspection Division's format for inspection standards.
Standards

This document sets out service standards for all those organisations and agencies with responsibilities for social care services:

1 Responsibilities and Requirements of the Hospital Social Care Service

**STANDARD 1**
The hospital social care service has as its primary task to provide an effective social care service for all patients.

2 Responsibilities and Requirements of Hospital Management

**STANDARD 2**
The hospital should promote and support the contribution of social care services to the care and treatment of patients and to the management of the hospital.

3 Responsibilities and Requirements of Local Councils Managing the Social Care Service

**STANDARD 3**
The managing local council must provide a high quality social care service.

4 Responsibilities and Requirements of Local Councils with In-Patients

**STANDARD 4**
All local councils must accept ongoing responsibility for patients from their area accommodated in high security hospitals and provide an appropriate social care service for those patients for whom they are responsible.
5 Responsibilities and Requirements of Local Councils in whose areas High Security Hospitals are Located

**STANDARD 5**
The host local council\(^2\) for a high security hospital should provide appropriate support to the hospital, particularly in implementing the Directions and Guidance\(^3\) governing visits by children to the hospitals.

6 Responsibilities and Requirements of the Probation Service

**STANDARD 6**
There should be agreed procedures between the hospital-based social care services and the Probation Service for the care, treatment, transfer/discharge and aftercare of patients.

---

\(^2\) Glossary of Terms - Appendix D
\(^3\) Glossary
Responsibilities and Requirements of the Hospital Social Care Service

Preamble

The role of social care agencies, and of social services departments in particular, is to work in partnership with health professionals and managers and other agencies to ensure that all the needs of patients are addressed, both to aid recovery and especially to ensure that they are discharged to an environment that will promote rather than undermine their general health and well-being.

The primary functions are to ensure that:

(a) the personal, familial, social, cultural and environmental issues that may have a bearing on the patient's illness or disorder are assessed at the outset and their importance recognised;

(b) these issues, where appropriate, are addressed while the patient remains in the hospital as part of the overall treatment and care plan;

(c) planning the patient's discharge and aftercare is done in co-operation with the council that has the primary responsibility, so that the patient will have access to the range of services and support that will assist him/her to return successfully into the community while at the same time ensuring public protection;

(d) throughout the whole of this process the needs of other groups, especially children and victims, as well as those who are part of the patient's social network in the community, are addressed and given the appropriate degree of priority.

The need to balance issues to do with public protection and the rights of the individual patients must be seen as the cornerstone of all good forensic social work practice. The development of Multi-Agency Public Protection Panels (MAPPPS) can provide agencies with a concern for patients in the high security hospitals with a community forum for assessing and managing risk.

The secondary function of the service is to work with hospital managers and other professional groups to provide within the hospital an organisational structure and environment that will best meet the overall aims and objectives of the hospital. Tasks associated with this will include support work within the hospital, within the managing council, support work for national projects.
STANDARD 1

The hospital social care service has as its primary task to provide an effective social care service for all patients.

General Principles

These general principles apply to all areas of social care practice covered within section one: Responsibilities and Requirements of the Hospital Social Care Service.

The primary functions of the social care services identified in the Lewis Report are concerned with: Pre-admission; Admission; Treatment; Planning for discharge; Transfer/Discharge; Child Protection and Child Welfare. Social care services for patients’ families and relatives also need to be addressed and agreement reached with local councils where the families and relatives live about who provides what service.

1.1 Families should be kept regularly informed about the patient’s assessment and care plan as appropriate and consistent with the patient’s wishes.

1.2 Social care workers must safeguard and promote the welfare of children and work closely with social services departments regarding leave of absence arrangements or a child visiting a patient. They must also liaise and work with Area Child Protection Committees (ACPCs) whenever necessary or appropriate.

1.3 Social care workers must work with the members of multi-disciplinary teams to ensure the implementation of patients’ Care Programme Approach (CPA).

1.4 Social care workers should ensure that they communicate fully with other disciplines, speedily and appropriately, in the interest of patients and their families welfare.

1.5 The social care service must alert the responsible social services department to the need for an assessment under community care legislation, the Carers (Recognition and Services) Act 1995 and guidance, as part of regular reviews.

1.6 The named worker\(^4\) in the responsible council should be kept informed of planning for the patient, invited to relevant meetings and views sought.

\(^4\) Glossary
1.7 Social care workers should facilitate and support patient access to the advocacy services provided by the hospital authorities, or other external or independent agencies, when required. Additionally, social care workers, along with staff employed by the hospital, must ensure patients are informed and continually reminded of their legal rights under the Mental Health Act and are prepared for Mental Health Review Tribunals.

1.8 The social care manager must ensure that all social care staff are effectively supervised, their performance regularly appraised and that a staff development and training policy is in place. Particular attention should be paid to the need for professional supervision of social workers.

1.9 The social care service must take account of the views of patients and families about care plans and services received, and ensure these are communicated to the relevant managing agencies. This should include children's views where appropriate.

1.10 Social care workers should work with other agencies before and after discharge for an agreed period of time in accordance with the agreed CPA plan and facilitate appropriate links with providers of accommodation.

1.11 Social care workers should ensure that other professionals in the hospital understand their key roles and tasks in respect of patients, family members, children and others.

Quality

1.12 The social care service must have systems in place for monitoring the quality and effectiveness of the work of the social care service in the light of its separate aims and priorities, and have a research strategy in keeping with the above.

1.13 The social care service must have effective systems that are compatible with hospital-wide IT systems for collating information and analysis which inform management decisions.

1.14 Management arrangements must ensure the practice of case recording meets accepted good professional standards and the policy and procedural requirements of the social care service.

1.15 Social care workers should facilitate and support patient access to the advocacy services provided by the hospital authorities, or other external or independent agencies, when required.
1.16 Social care workers should facilitate access to the hospital's and managing council's complaints procedures by patients and their families.

1.17 Social care workers must have effective ways of consulting with patients about their communication and information requirements (e.g., needs for translation and interpreting).

1.18 The social care service must act fairly and with consistency about which patients get what social care services regardless of race, gender, nationality, ethnicity, colour, religion, disability, age or sexual orientation. Social care staff must be knowledgeable about these matters and take them into account in all aspects of their work.

1.19 The social care service must be provided in a manner that is sensitive to individuals' needs, is delivered in a non-discriminatory manner and challenges oppressive practice. In particular, this includes recognising the needs of women and patients with a learning disability, sensory impairment or other vulnerability.

1.20 The social care service will require and ensure that good practice in equal opportunities is reflected in the case record.

1.21 Social care workers should ensure that patients have appropriate access to their social care records.

1.22 The social care manager must ensure that all social care staff are effectively supervised, that the managing council's performance appraisal system is regularly applied to them, and that a staff development and training policy, which includes child welfare and child protection, is in place.

1.23 The social care service should encourage the employment and/or secondment of people other than social workers who have specialist knowledge of and skills in the care of mentally disordered offenders, e.g., probation officers, those skilled in child protection work, learning and other disabilities, welfare rights and benefits and rehabilitation; and the focus of their work must be social care.

1.24 The social care service should be located within the hospital's secure perimeter, alongside other professional groups of staff. The social care team must also have a corporate base as well as links with specific wards and units.

1.25 The functions and responsibilities of the head of social care and any deputies should be clearly set out and understood by all social care staff.
Hospital Social Care Services to Patients

Pre-admission

1.26 There should be a social care assessment of the patient's needs before a decision is taken whether to admit the patient, to establish whether the hospital is the most appropriate place or whether an alternative placement can be found.

1.27 This assessment may be a review of case papers and reports from other agencies, which must include social care agencies, or may include face-to-face interviews.

1.28 There should be social care participation on the hospital's admissions panel.

Admission

1.29 The social care service should ensure that each patient is allocated a named social care worker whose responsibility it will be to provide a comprehensive social history that must include a clear assessment of risk, including child protection risk, any other child care dimension, the views of family and carers and home area agencies. The views of victims should be included where these are available.

1.30 The social history should result in the formulation of a social care action plan, which should form part of the CPA care plan. The named social care worker should be responsible for ensuring that this plan is implemented.

1.31 If family members, carers or victims have needs identified as part of this process, a referral should be made to the appropriate agency, but only with their consent (see Social Care Services to Patients' Families and Relatives at paras 1.61-1.67).

1.32 The named social care worker should inform the council with ongoing responsibility for the patient that the patient has been admitted to the hospital and request acknowledgement of responsibility, and that the patient is allocated a named officer within the council. The patient should be told which council is responsible and the name of the officer.

1.33 The named social care worker must liaise with the Probation Service to determine the nature of any involvement.
1.34 Social care workers should facilitate and support patient access to the advocacy services provided by the hospital authorities when required. Additionally, social care workers, along with staff employed by the hospital, must ensure patients are informed and continually reminded of their legal rights under the Mental Health Act and are prepared for Mental Health Review Tribunal hearings.

Treatment

1.35 The hospital social care worker must prepare for and attend all CPA reviews. This must involve contacts with the patients in advance of the meetings.

1.36 The hospital social care worker must prepare reports for and attend all Mental Health Review Tribunals. This must involve contacts with the patients in advance of the meetings.

1.37 The social care worker should continue to network with other agencies and maintain appropriate links with family members.

1.38 The social care worker must have as a primary focus social care issues.

1.39 The social care service must undertake a full social care re-assessment on every patient at least annually. This should be tied in with the CPA review.

Planning for Discharge

1.40 Planning for discharge (including securing agreement for future funding) under section 117 Mental Health Act 1983 should be started, at least in embryonic form, as soon as a patient is admitted to the hospital. Social care staff, in partnership with the responsible local council, shall take a lead in this.

1.41 The social care worker must also work closely with the responsible social services department so that a comprehensive section 47 Assessment of Need (NHS and Community Care Act 1990) is undertaken.

1.42 Social care workers must assess the social care needs of patients, taking into account the needs of their family members, or others with whom they have significant relationships, including children, on a continuing basis as appropriate, and involve them in care planning and discharge arrangements in line with the provisions of the Carers (Recognition and Services) Act 1995 and The Carers and Disabled Children Act 2000.
1.43 If family members, carers or victims have needs identified as part of this process, a referral should be made to the appropriate agency, but only with their consent (see Social Care Services to Patients' Families and Relatives at paras 1.61-1.67).

1.44 Social care workers must ensure that a social supervisor\(^5\) for restricted patients is agreed with the appropriate social services department (or Probation Service) on admission or as soon as a discharge plan is being considered.

**Preparation for Transfer or Discharge**

1.45 The patient, his/her carers and all key agencies must be made aware of the elements of the care plan, including arrangements for ongoing support and care prior to discharge. Agreement to the plan must be obtained, before the discharge takes place, from those individuals and agencies that will be providing services.

1.46 Similar arrangements should exist if a patient is being transferred to prison or another unit.

1.47 Social care workers must assess the social care needs of patients, taking into account the needs of their family members, or others with whom they have significant relationships, and including children, on a continuing basis as appropriate, and involve them in care planning and discharge arrangements in line with the provisions of the Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children Act 2000.

1.48 Social care staff must provide councils and other appropriate agencies with full background social care information, including information on child protection matters, and social care reports on patients who are being transferred or discharged. If the patient is being transferred or discharged to a community resource, consideration should be given to making a referral to the local Multi-Agency Public Protection Panel.

1.49 Social care staff may provide time-limited outreach support to patients once they have been transferred or discharged, with the agreement of their line manager and as part of a care plan.

\(^5\) Glossary
1.50 Where the hospital’s nominated officer\(^6\) is the social care manager, special responsibilities fall to the hospital-based social care services to ensure that social services departments are informed of what is required under circular LAC (99)23 and (2000)18 in each particular case.

1.51 Social care workers must be aware of and practise in accordance with the principles and requirements of the Children Act 1989, ‘Working Together to Safeguard Children’\(^7\) and demonstrate that they understand the implications for safeguarding and promoting children's welfare.

1.52 The social care service must monitor the views of patients, family members and the adult(s) with primary responsibility for a child who is visiting about the child visiting arrangements, including children’s views where appropriate.

1.53 The social care manager must ensure that all social care staff are effectively supervised, that the managing council’s performance appraisal system is regularly applied to them and that a staff development and training policy, which includes child welfare and child protection, is in place.

1.54 Social care workers must safeguard and promote the welfare of children and work closely with social services departments regarding leave of absence arrangements or a child visiting a patient.

1.55 Social care workers must work effectively within their role and ensure that other professionals in the hospital understand their key roles, particularly in relation to child protection.

1.56 Social care staff should ensure that all hospital staff understand their role in relation to child protection.

1.57 Social care workers must ensure that they communicate fully, speedily and appropriately with other disciplines in respect of issues of child protection and child welfare.

1.58 The social care service must ensure that all applications presented to the hospital’s child protection panel\(^8\) are done so in a timely and appropriate manner.

1.59 The social care service should appoint an officer who will review all

\(^6\) Glossary
\(^7\) Key documents – Appendix C
\(^8\) Glossary
applications prior to the hospital’s child protection panel, and the patient’s social care worker will attend the panel when their patient’s application is being considered.

1.60 The social care service must establish links with the local ACPC and have agreed policies and procedures for child protection work, which accord with ‘Working Together to Safeguard Children’.

Social Care Services to Patients’ Family Members and Relatives

1.61 Social care workers may make a general assessment of the separate social care needs of the patient’s family members and relatives on admission and on a continuing basis as appropriate, as part of supporting the care and treatment plan of the patient. Where this is deemed to be appropriate, approval by the team manager should be sought.

1.62 If family members, carers or victims have needs identified as part of this process, a referral should be made to the appropriate agency, but only with their consent.

1.63 Social care workers should liaise with local service providers to assist relatives and family members to have their needs assessed and met locally.

1.64 Family members, relatives and significant others should be involved in care planning and discharge arrangements as appropriate.

1.65 Social care workers should ensure that patients and their family members are aware of all the complaints procedures open to them.

1.66 Families should be kept regularly informed about the patient’s assessment and care plan as appropriate and consistent with the patient’s wishes.

1.67 The social care service should monitor the views of patients and family members about services, including children’s views where appropriate.

Social Care Services and Support to Hospital Projects

1.68 The social care service should ensure that it is appropriately represented with other professionals in the development of policies, procedures and practice in the hospital.

1.69 The social care service should therefore be appropriately represented at both policy and operational management levels in the hospitals.
1.70 Social care workers should be involved in training programmes for other professionals within the hospital.

The Contribution of the Social Care Services to the Managing Local Council

1.71 The social care service should ensure that it is appropriately represented with other staff members in the development of policies, procedures and practice within the managing council.

1.72 Social care workers should be involved in training programmes for other staff members within the managing council.
Responsibilities and Requirements of Hospital Management

Preamble

The NHS Trusts responsible for managing the high security psychiatric services should determine, in conjunction with the councils managing the social care services, the appropriate mechanisms for involving the social care service and the councils in both the strategic development of services and the operation of the service. The Chief Executives of the NHS Trusts will need to determine, in conjunction with the Trust Boards, the best mechanisms for ensuring that there is an effective dialogue with the councils on all strategic matters. Existing good practice elsewhere in the NHS should form the basis for this close liaison between Trusts and councils.

STANDARD 2

The hospital should promote and support the contribution of social care services to the care and treatment of patients and to the management of the hospital.

2.1 Hospital management should negotiate with managing councils service level agreements that reflect the key social care tasks that need to be undertaken.

2.2 A formal agreement covering the following areas should be entered into by the NHS Trust and the managing council:

- the accountability and management structures for the service both at senior and operational levels within both agencies;
- the key social care services to be provided and the staffing levels required to achieve these;
- funding arrangements;
- support to be provided by the hospital to the social care service including accommodation, administration and IT; and
- arrangements for monitoring the service and the agreement.

2.3 The hospital management should ensure that the social care service is
located within the secure perimeter of the hospital, alongside other professional groups of staff. The social care team must also have a corporate base as well as links with specific wards/units. The accommodation should be suitable for its purpose and the social care service should be appropriately resourced to enable it to carry out its responsibilities.

2.4 In carrying out their responsibilities to safeguard and promote the welfare of children visiting the hospitals, the hospitals management will look to social care staff within the hospital to play a leading role in implementing the Directions and Guidance\(^9\). This is a most appropriate task for social care staff to undertake though responsibility for ensuring the welfare and safety of children visiting falls on all staff within each hospital.

2.5 The hospital management should establish links with the local ACPC and agree policies and procedures for child protection work within the hospital.

2.6 The hospital management must ensure that all hospital staff involved in overseeing child visiting are effectively supervised, their performance regularly appraised and that a staff development plan and training policy, which includes child welfare and child protection, is in place.

2.7 The hospital management should support social care staff in ensuring that patients and their families are aware of the hospital complaints procedure.

2.8 Hospital management should liaise with councils managing the social care service within the hospitals to ensure that:

- there are clear reporting and accountability lines both within the hospital management structure and to the Director of Social Services/Chief Officer and councillors;
- adequate management support is available to this group of specialist workers;
- there are clear policies especially in respect of casework management and supervision;
- the nature of the links and relationships between social care staff and other hospital-based professional staff is made clear; and
- there is a formal workforce strategy covering recruitment, training, supervision and career development.

2.9 The hospital management should support:

- social care staff in ensuring that other professional staff in the hospital understand their key roles and tasks;

\(^9\) Key Documents – Appendix C and Glossary of Terms – Appendix D
• social care staff to participate appropriately in multi-disciplinary teams;
• joint training for social care staff with other professionals; and
• social care staff to be appropriately represented with other professionals
  in the development of policies, procedures and practices within the
  hospital.

2.10 The hospital management should be involved with the social care services
in negotiating protocols with medium secure units, other psychiatric
hospitals, the Prison Service, voluntary organisations and social care
agencies (including local councils and the Probation Service), for the
care, treatment, transfer/discharge and aftercare of patients.

2.11 The hospital management should ensure advocacy and interpreting services
are available to social care workers to enable them to communicate and
work effectively with patients and their families.
Responsibilities and Requirements of Local Councils Managing the Social Care Service

Preamble

The role of social care agencies, and of local councils in particular, is to work with health professionals and managers to ensure that all the needs of patients are addressed both to aid their recovery and, especially, to ensure they are discharged to an environment that will promote their general health and well-being.

STANDARD 3

The managing local council must provide a high quality social care service.

3.1 The social care service should be managed by a local council as part of its wider responsibilities for the care and support of people with mental health problems.

3.2 A senior council manager should contribute to the strategic and operational management of the high security psychiatric service.

3.3 Managing councils and hospitals must prepare and agree service level agreements that reflect the key social care tasks that need to be undertaken.

3.4 Councils responsible for managing the social care service within the hospitals must ensure, in co-operation with the hospital authorities, that:
   • adequate management support is available to this group of specialist workers;
   • there are clear reporting and accountability lines both within the hospital management structure and to the Director of Social Services/Chief Officer and councillors;
   • there are clear policies especially in respect of casework management and supervision;
   • the nature of the links and relationships between social care staff and other hospital-based professional staff is made clear; and
   • there is a formal workforce strategy covering recruitment, training, supervision and career development.
3.5 A formal agreement covering the following areas should be entered into by the managing council and the NHS Trust:

- the accountability and management structures for the service both at senior and operational levels within both agencies;
- the key social care services to be provided and the staffing levels required to achieve these;
- funding arrangements;
- support to be provided by the hospital to the social care service including accommodation, administration and IT; and
- arrangements for monitoring the service and the agreement.

3.6 The managing council, in consultation with the NHS Trust, should devise a policy statement which makes explicit the role, functions, responsibilities and the overall objectives of the social care service and ensures that this is reflected in workers' job descriptions.

3.7 The council and the social care service should provide management structures, operational guidance and systems which enable the agreed objectives of the social care service to be met in an effective, efficient, economic and equitable manner.

3.8 The council should ensure that:

- the social care service has a statement of its priorities, its quality standards and the minimum level of service that all patients and their families can expect;
- the social care service has the required level of professionally qualified staff to meet the agreed objectives and quality criteria of the service; and
- the functions and responsibilities of the head of the social care service and any deputies are clearly set out and understood by all social care staff.

3.9 Social care staff should be supported in ensuring that other professional staff in the hospital understand their key roles and tasks in respect of patients, families, children and others.

3.10 The council should agree protocols between the social care service and medium secure units, other psychiatric hospitals, voluntary organisations and social care agencies (including local councils and the Probation Service), for the care, treatment, transfer/discharge and aftercare of patients.

3.11 The council should ensure that the social care service has established links with the local ACPC and has agreed policies and procedures for child protection work. Where different, the council will need to support this through dialogue with the council in whose area the hospital is situated.
3.12 The council should support social care staff in safeguarding and promoting the welfare of children and the protection of the public by working closely with local councils regarding leave of absence trips or a child visiting a patient.

3.13 The councils providing the service to the hospital Trusts should, as part of a comprehensive staff development strategy, offer social care staff within the councils the opportunity for secondment into the hospital-based teams. Equally, opportunities should be created for all staff from other agencies, especially the Probation Service and learning disability services, to be seconded into the service and for staff of the service to be seconded out.

3.14 The council should ensure that the social care service adopts the council’s equal opportunity policy and has a strategy for implementing and monitoring it.

3.15 The council should ensure that its recruitment to the social care team reflects the ethnic and gender profile of the patients.

3.16 The managing council must ensure that the social care teams in the hospitals have access to the complete range of community services and staff support. This should include services for people with a learning or other disability, specialist mental health forensic social care support / supervision and ongoing planned specialist and multi-disciplinary training.

3.17 The council should support and encourage joint training for social care staff with other professionals.

3.18 The council should ensure that all the staff of the social care service are effectively supervised, their performance regularly appraised and that a staff development and training policy, which includes child welfare and child protection, is in place.

3.19 The council should ensure that the social care service has effective systems for collating information and analysis, which inform management decisions and are compatible with the hospital and council IT systems.

3.20 The council’s information strategy for service users should include consideration of how the social care service will communicate with patients and their families. The strategy should identify an appropriate range of information including patients’ rights, complaints procedures and social care services, and should consider how it is to be delivered to intended recipients.

3.21 Leaflets or other written material should be available in forms which appropriately set out the social care service’s policies and procedures in
formats and language that can be easily understood by patients and their families, and by other professional colleagues and interested parties.

3.22 The council should review the social care service’s information strategy and practice at regular intervals.

3.23 The council, in co-operation with hospital management, must ensure arrangements for independent interpreters and translators for people who need them should be available to the social care team for patients and their families when they need them.

3.24 The council’s supervision of the social care team should ensure that non-discriminatory practice, within a framework of equal opportunities legislation and guidance, is reflected throughout the social care service’s practice and is evidenced in case records.
Responsibilities and Requirements of Local Councils with In-patients

Preamble

Responsibility for meeting the social care needs of patients in high security hospitals does not rest solely with the hospital-based social care service. All local council social services departments, as the primary agencies for social care services in the community, must accept their ongoing responsibility for patients from their area accommodated for the time being in the high security hospitals. A court case (R v (1) Mental Health Review Tribunal, (2) Torfaen County Borough Council, (3) Gwent Health Authority, ex parte Russell Anthony Hall) has clarified the responsibilities of councils in planning and providing aftercare services under section 117 of the Mental Health Act 1983, a process that should begin at the time of admission to hospital. Aftercare should be provided by the local council jointly and in partnership with local health services and, where appropriate, the Probation Service.

STANDARD 4

All local councils must accept ongoing responsibility for patients from their area accommodated in high security hospitals, and provide an appropriate social care service for those patients for whom they are responsible.

4.1 All councils must be aware of and have systems in place for carrying out their own responsibilities for patients within high security hospitals.

4.2 Each council and the social care service in each of the high security hospitals should confirm their agreement to the nationally agreed protocol for work between the social care service and the council whenever a patient from their area is admitted to a high security hospital.

4.3 All councils should:

- provide the social care service with an assessment under the community care legislation and guidance as part of regular reviews;
- work with the social care service before and after discharge and ensure appropriate links with commissioners; and
4.4 As the lead social care agency councils should ensure that all members of the ACPC are kept fully informed of, and involved, as appropriate, in issues to do with the safety of children from their area visiting the high security hospitals.

4.5 Councils must ensure that the welfare and safety of children are given priority when they receive requests from the hospitals to contribute to discharge plans or are consulted about leave of absence arrangements.

4.6 When councils receive a request for a child who may have lived in their area in the past to visit a patient in a high security hospital, they have a responsibility to respond quickly to requests for information. They should have systems in place for ascertaining whether such children might have been known to other agencies in their area and whether these agencies should be consulted.

4.7 All councils should be fulfilling their ongoing responsibilities as set out in LAC (99)23 and LAC (2000)18 for the welfare of any child in contact with a patient in a high security hospital. Similar responsibilities apply in respect of patients on leave from the hospital.

4.8 All councils need to balance issues to do with public protection and the rights of the individual patients. The development of Multi-Agency Public Protection Panels (MAPPPS) can provide agencies with a concern for patients in the high security hospitals, or on being discharged, with a community forum for assessing and managing risk.

4.10 Each council with responsibility for in-patients in the high security hospitals should provide the hospitals with the name of a senior manager for formal liaison purposes and as a point of contact.
Responsibilities and Requirements of Local Councils in whose areas High Security Hospitals are located

5

Preamble

Each local council is responsible for taking the lead in setting up an Area Child Protection Committee (ACPC) to cover its area. "The ACPC is an inter-agency forum for agreeing how different services and professional groups should co-operate to safeguard children in that area, and for making sure that arrangements work effectively to bring about good outcomes for children." (Working Together to Safeguard Children, para 4.1) ACPCs in each area where a high security hospital is situated, should work with and offer support to the hospital to ensure that the arrangements for children to visit patients are in accordance with government policy and guidance, and with good practice.

STANDARD 5

The host local council for a high security hospital should provide appropriate support to the hospital, particularly in implementing the Directions and Guidance governing visits by children to the hospitals.

5.1 Councils in whose areas high security hospitals are located must have agreements with the hospitals to ensure that there are effective policies and procedures in place to safeguard children visiting the hospitals.

5.2 The host council should co-operate with the social care service of the hospital and the ACPC to ensure that the policies and procedures used in the hospital are consistent with those of the local ACPC.

5.3 The council and health service members of the ACPC have a particular responsibility to ensure that the hospitals receive the advice, support and practical help they require to implement the Directions and Guidance.

5.4 The host council should invite a representative of the hospital-based social care service to attend meetings as appropriate.

5.5 The host council should ensure that there is joint training for its own staff and the ACPC concerning the particular issues affecting children either visiting patients in the high security hospitals or coming into contact with them.
Responsibilities and Requirements of the Probation Service

Preamble

Other agencies make significant contributions to the care of patients in the high
security hospitals and to public protection. The agency that has the major
contribution to make in this respect is the Probation Service. If the Probation
Service is to carry out its own responsibilities in respect of patients in high security
hospitals, effective liaison between it and the hospital-based social care service is
crucial.

STANDARD 6

There should be agreed procedures between the hospital-based social care
services and the Probation Service for the care, treatment,
transfer/discharge and aftercare of patients.

6.1 There should be a protocol, similar to that for social services departments,
between the hospital-based social care services and each probation area in
England and Wales.

6.2 In each probation area there should be a named senior manager for formal
liaison purposes with each of the high security hospitals and for strategic
and policy issues.

6.3 When discharge planning is begun the Probation Service should agree
jointly with the social care service at the section 117 planning meeting who
is to be the social supervisor/community probation officer for the patient.

6.4 Supervising probation officers should be invited to CPA reviews and
provided with information about a patient’s progress at least annually by
the hospital-based social care service.

6.5 Particular regard must be paid to the exchange of information when planning
for discharge is taking place, under section 117 of the Mental Health Act
1983, or a patient is granted leave of absence.
6.6  The Probation Service should provide the social care service with a risk assessment when a patient is admitted to a high security hospital from prison in undertaking a risk assessment. They should also co-operate in providing information that will assist the hospital in providing these patients with the care and treatment they need.

6.7  The relevant probation area should be kept informed by the hospital-based social care service when a patient is transferred back to prison.

6.8  The Probation Service should provide the hospital with details of Schedule One and Sex Offenders Act status when a patient is transferred from prison.
Appendix A
Extract from The Lewis Report

Statement of Responsibilities for Social Services Departments for Patients in the High Security Hospitals

Introduction

In carrying out their responsibilities social services departments should be mindful of the need:

• to balance the needs of patients, the interests of children and public safety concerns. This will require of them that they carry out their own risk assessments, or contribute to those undertaken by others, and that their own practice and decision-making processes will take full account of these risk assessments; and
• to work in partnership with other local authority departments, agencies and voluntary organisations.

1 At time of admission

SSDs should:

• respond to requests from the hospital for information about the patient and the patient’s circumstances;
• respond to requests to undertake assessments of the needs of patients’ families when requested to do so, with the agreement of the patient’s family;
• accept responsibility under “ordinary residence” rules for patients from their areas;
• identify a named senior manager in the SSD who will act as the “contact” person for the hospital; and
• ensure that a protocol is agreed between the SSD and the hospital-based social care team that sets out their respective responsibilities.
2  During a patient’s stay in the hospital

SSDs should:

• ensure that they are kept informed about the patient’s progress and likely date of discharge;
• in all cases provide reports and draw up a section 117 aftercare plan as required by section 27.7 of the Mental Health Act 1983 Code of Practice (1999) for each hearing of the MHRT (see also R v MHRT, Torfaen CBC and Gwent HA); and
• following consultation with the hospital-based social care team attend MHRT hearings in appropriate cases, eg when a decision to discharge is likely and/or there are particular concerns that the MHRT should be made aware of, especially those to do with child protection and child welfare.

3  At the time of transfer or discharge

SSDs should:

(a) in the case of transfers or discharges to another unit (eg another hospital, registered mental nursing home, a medium secure unit, prison)

• ensure that the receiving unit is informed of their responsibility and level of involvement;

(b) in the case of discharges into the community

• be represented at, and contribute to, section 117 and discharge planning meetings, and agree funding, where appropriate, in conjunction with the health authority;
• in appropriate instances, provide a social supervisor and/or social worker;
• ensure that all community-based agencies (and the relevant parts of the SSD eg Child Protection staff) who need to know of the discharge are informed of the elements of the care plan and arrangements for aftercare;
• where a placement is to be made outside their own area,

(a) negotiate with the receiving SSD for the provision of and payment for appropriate services;
(b) agree how the aftercare arrangements are to be monitored; and

(c) agree that the placing local authority has continuing responsibility for the
patient until he/she acquires “ordinary residence” elsewhere in accordance with
the guidance set out in LAC (93) 7.

4 Child protection and child welfare issues

SSDs should:

• where they are the “host” local authority for the hospital, provide appropriate
  support to the hospital in implementing the Directions and Guidance governing
  visits by children to the hospitals;

• have in place effective systems for ensuring that the provisions in LAC (99) 23
  (Guidance to Local Authority Social Services Departments on Visits by Children
  to Special Hospitals) are implemented;

• respond to requests from other SSDs for information concerning a child who
  previously resided in their area in cases where a request has been made by a
  patient in a high security hospital for that child to visit; and

• co-operate with the hospitals and other agencies in ensuring that children will
  not be placed at risk when patients are “on leave” or are being discharged from
  the hospital.
Appendix B
The Lewis Report – Chapter 2: Recommendations

Introduction

This chapter provides a summary list of all the recommendations included at the end of each of the following chapters. The references in brackets are to the sections where the recommendation is discussed more fully.

Nature of the Service to be Provided

Recommendation 1

B.1 (a) The “social work service” as currently provided within the three hospitals should be reconfigured into a “social care service” that allows for the employment and/or secondment of people other than social workers who have specialist knowledge of and skills in the care of mentally disordered offenders, eg probation officers, those skilled in working in the area of child protection, welfare rights and benefits, and rehabilitation. (5.12-5.14; 5.27; see also 8.8 and 8.9)

(b) The focus of their work must be social care rather than therapy. (5.22)

The Management of the Service

Recommendation 2

B.2 This “social care service” should be managed by a local authority as part of a social services department which has wider responsibilities for the care and support of people with mental health problems. (3.3-3.5; 3.19)
The Commissioning and Funding of the Service

Recommendation 3

B.3 The commissioning of social care services within the high security hospitals should be linked to arrangements set out in the guidance issued by the NHS Executive on the commissioning of high and medium security psychiatric services at a regional level. (3.6-3.12; 3.20; 4.7-4.9)

Recommendation 4

B.4 The social care service should continue to be funded as an integral part of the NHS Service by the hospital through the mechanisms established for regional specialised commissioning. (3.17; 3.21)

Recommendation 5

B.5 The funding of the social care service should initially be based on current levels, apart from the additional cost to the host local authorities involved in the management of the service. Future costs will depend upon the extent of the service level agreements or contracts negotiated between the local authorities and the Trusts. (3.17; 3.22)

Recommendation 6

B.6 Existing service level agreements within the hospitals for the provision of social work should be revised to reflect the changes proposed and the key social care tasks identified in this report. (3.23; see also 4.13 and 4.24)

Setting Standards for the Service

Recommendation 7

B.7 Separate from the management arrangements for the provision of a social care service in the hospitals, national standards for the service as a whole should be developed. The system and process for doing this should be linked to existing methods for developing service standards within the Department of Health. (3.13-3.15; 3.24)
The Location, Functions and Staffing of the Service

Recommendation 8

B.8 The social care service must be located in the hospital, alongside other professional groups of staff. We support the view that all professional groups of staff should be situated within the secure perimeter. The social care team should also have a corporate base as well as links with specific wards/units. (5.8-5.9; 5.28)

Recommendation 9

B.9 Whilst the role of the social workers should not be prescribed too rigidly, their primary function should be to provide a social care and liaison service at:

(a) pre-admission
(b) admission
(c) reviews including M H RT hearings
(d) planning and preparation for discharge (section 117) and
(e) the point of discharge, including the arrangements for ongoing support and care planning. (5.15-5.25; 5.29)

Recommendation 10

B.10 Social care teams in the hospitals must have access to specialist mental health forensic social care support and supervision, including ongoing planned specialist and multi-disciplinary training. (5.26; 5.30)

Responsibilities of Employing Local Authorities

Recommendation 11

B.11 Local authorities responsible for managing the social care service within the hospitals must ensure, in co-operation with the hospital authorities, that:
(a) Adequate management support is available to this group of specialist workers.
(b) There are clear reporting and accountability lines to the Director of Social Services/Chief Officer and to elected members.

(c) There are clear policies especially in respect of casework management and supervision.

(d) The nature of the links and relationships between social care staff and other hospital-based professional staff is made clear.

(e) There is a formal workforce strategy covering recruitment, training, supervision and career development. (4.11-4.20; 4.21)

Recommendation 12

B.12 The local authorities providing the service to the hospital Trusts should, as part of a comprehensive staff development strategy, offer other social workers and other staff within the SSD the opportunity for secondment into the hospital-based teams. Equally, opportunities should be created for staff from other agencies, especially the Probation Service, to be seconded into the service. (4.17; 4.22; see also 5.13; 5.27, 8.8 and 8.9)

Recommendation 13

B.13 Employers should make every effort to encourage the employment or secondment of staff from a range of ethnic backgrounds, to reflect the ethnic mix of the patient population. (4.18; 4.23)

Agreement between the Employing Local Authority and the NHS Trust

Recommendation 14

B.14 A formal agreement covering the following areas should be entered into between the employing local authority and the Trust:–

(a) The accountability and management structures for the service both at senior and operational levels.

(b) The key social care services to be provided and the staffing levels required to achieve these.
(c) Funding arrangements.

(d) Support to be provided by the hospital to the social care service, including accommodation.

(e) Arrangements for monitoring the service and the agreement. (4.13; 4.24)

Responsibilities of Local Authorities for Children Visiting or in Contact with Patients

Recommendation 15

B.15 All local authorities should be aware of their ongoing responsibilities as set out in LAC (99)23 for the welfare of any child in contact with a patient in a high security hospital. Similar responsibilities should apply in respect of patients “on leave” from the hospital. (7.7-7.13; 7.14; see also 6.5ff)

Recommendation 16

B.16 Local authorities in whose areas high security hospitals are located must have agreements with the hospitals to ensure that there are effective policies and procedures in place to safeguard children visiting the hospitals. (7.5-7.6; 7.15)

Responsibilities of Local Authorities for Patients in the High Security Hospitals

Recommendation 17

B.17 All local authorities must be aware of, and have systems in place for carrying out, their own responsibilities for patients within the high security hospitals as set out in this report. (6.5-6.7; 6.13)

Recommendation 18

B.18 The current Protocol for Work between Social Work Services (Special Hospitals) and Social Services Departments should be revised to take account of the
recommendations made in this report. Each social services department and the social care service in each of the high security hospitals should agree the new protocol whenever a patient from their area is admitted to a high security hospital. (6.4; 6.7; 6.14)

Medium Secure Units

Recommendation 19

B.19 A comprehensive review of the provision of social work to the medium secure units should be undertaken. (8.13-8.17)

Probation Service

Recommendation 20

B.20 A protocol, similar to that proposed for social services departments, should be drawn up between the hospital-based social care services and each probation area in England and Wales. (8.4; 8.10)

Recommendation 21

B.21 In each probation area there should be a named senior manager for formal liaison purposes with each of the high security hospitals and for strategic and policy issues. (8.5; 8.11)

Recommendation 22

B.22 The hospital-based social care service should provide supervising probation officers with information about a patient’s progress at least annually. Particular regard must be paid to the exchange of information when planning for discharge is taking place or when a patient is granted “leave of absence”. (8.6-8.8; 8.12)
Prison Service

Recommendation 23

B.23 The hospital-based social care service must inform both the relevant social services department and the Probation Service when a patient is transferred back to prison. (8.18-8.21)
Appendix C

Key Documents

The Mental Health Act 1983
The Mental Health (Patients In The Community) Act 1995
The NHS and Community Care Act 1990
The Children Act 1989
Carers (Recognition and Services) Act 1995
Carers and Disabled Children Act 2000
HC(90)23/LASSL(90)11: Health and Social Services Development ‘Caring for People - Care Programme Approach For People With A Mental Illness Referred to the Specialist Psychiatric Services
LAC(93)7: Ordinary Residence
HS(G)(96)11/LAC(96)8: Guidance On Supervised Discharge (After-Care Under Supervision) and Related Provisions
LAC(99)23: Guidance To Local Authority Social Services Departments On Visits By Children To Special Hospitals
LAC (2000)18: Amendment to Guidance To Local Authority Social Services Departments On Visits By Children To Special Hospitals
HSC 1999/222: LAC (99)32: Mental Health Act 1983 Code Of Practice: Guidance on the visiting of psychiatric patients by children
HSC 1999/150: The Safety and Security in Ashworth, Broadmoor and Rampton Hospitals Directions (as revised in November 2000)
NHS Executive (March 2001): The Ashworth, Broadmoor and Rampton Hospitals Amendment Directions 2001
Department of Health (1999) The Mental Health Act 1983: Code of Practice (March 1999) especially Chapter 27 (After-Care) and Chapter 28 (After-Care Under Supervision)

SSI/NHS Executive (October 1999): Effective Care Co-ordination in Mental Health Services: Modernising the Care Programme Approach: (A Policy Booklet)


Department of Health, Home Office, Department For Education And Employment (December 1999) Working Together To Safeguard Children


Department of Health, Social Services Inspectorate (1999): Recording with Care [CI(99)1]


Department of Health (1999): Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital (The Fallon Report)


Appendix D
Glossary of Terms

This glossary does not purport to define all the terms used in this document which we believe are in current usage and understood by health and social care professionals. It confines itself to those terms which are particular to this document.

**Council managing the social care service**
This term is used to describe the council which employs the staff of the social care service.

**Council with In-patients**
This term is used to describe a council in which a patient has his or her normal residence.

**Directions and Guidance**
The terms directions and guidance are used to describe the directions and circulars issued from time to time by the Department of Health alone and with other government departments. They include all the directions, Local Authority and Health Service Circulars, Local Authority Social Service and Health Care Letters, Health Service Guidance listed in Appendix C.

**Hospital Child Protection Panel**
The term is used to describe the panel which each high security hospital must appoint to consider all applications for visits to patients by children.

**Host council**
This term is used to describe a council in whose administrative area a high security hospital is situated.

**Manager of Social Care Service**
The person appointed by the local council providing the social care service to have day-to-day responsibility for managing the service within the hospital. The Manager of Social Care Service will be based within the hospital and be the head of the service.
Nominated Officer
The officer appointed by the hospital to undertake the tasks outlined in LAC(99)23 and (2000)18. This may be a hospital employee or a member of staff of the Social Care Service.

Protocol
The term used to describe the agreement between the high security hospitals and the councils with responsibilities for in-patients and the Probation Service, setting out the services to be provided by each agency.

Social Care Service
The service within the hospital provided by the local council managing the service. Typically it will include social workers but also others who have specialist knowledge and skills in the care of mentally disordered offenders - eg probation officers, those skilled in working in the areas of child protection, learning and other disabilities, welfare rights and benefits workers and staff with skills in rehabilitation and aftercare planning.

Social Care Worker
Anyone employed in the Social Care Service with the brief to provide one or more aspects of social care to patients and their families (see above under “social care service”).

Social Supervisor
This term is used to describe a social worker or probation officer who takes a lead role in supervising conditionally discharged restricted patients in the community. Social supervisors must report to the Home Secretary on the progress in the community of such patients.
Appendix E
Members of External Reference Group

- Richard Backhouse, Head of Social Work, Ashworth Hospital Authority
- Moira Potier, Head of Psychological Services, Ashworth Hospital Authority
- Mike Isweran, Psychiatrist, Broadmoor Hospital Authority
- Paul Beard, Nurse Manager, Broadmoor Hospital Authority
- John King, Acting Head of Social Work, Broadmoor Hospital Authority
- Elizabeth Rushton, Acting Deputy Head of Social Work, Broadmoor Hospital Authority
- Sheila Foley, Chief Executive, Rampton Hospital Authority
- James Pam, Head of Social Work, Rampton Hospital Authority
- Brian Goodrun, Policy Officer, Elderly & Mental Health, Dorset / ADSS
- Ian Hotchkiss, Support Services Officer, Nottinghamshire
- Paul Gantley, Ealing SSD & MSU Managers Group
- Dot Smith, Operations Manager Mental Health Commissioning, Ealing
- David Pope, Director of Social Services, Luton / ADSS
- Tony Oakman, Assistant Director of Social Services, Sefton
- Dennis Charlton, Child Protection Co-ordinator, Sefton
- Brian McLeod, MIND representative
- Tom Narducci, National Consultancy Services Manager, NSPCC
- Angus Cameron, Senior Probation Officer, Inner London Probation Service
- Ted Unsworth, Chief Executive, Turning Point
Alan Jefferson, British Institute for Learning Disabilities (BILD)
Geraldine Mahon, Regional Director, Mental After Care Association (MACA)
Pattie Ducie, Chair, BASW Forensic Social Work Group

Department of Health:
Bill Riddell, Assistant Chief Inspector (ID), Department of Health - Chair
Tim Bishop, Inspector (ID), Department of Health
Derek Brown, Inspector (ID), Department of Health
Michael Dewane, Senior Policy Adviser (H SD 5), Department of Health
Jenny Gray, Inspector (SC 3A), Department of Health

Correspondence with:
Liz Mayne, Women in Special Hospitals (WISH)
Peter Thompson, Director of the Matthew Trust
Appendix F
Responses to Consultation Paper

James Pam, Head of Social Work, Rampton Hospital Authority
Carol Elford, NW Region Secure Commissioning Team
Brian Goodrun, Policy Officer, Dorset Social Services
BASW Forensic Interest Group
Richard Dale-Emberton (BASW)
Terry Butler, Director of Social Services, Hampshire
Norman Tutt, Director of Social Services, Ealing
Lezli Boswell, Acting Chief Executive, Ashworth Hospital Authority
Sheila Foley, Chief Executive, Rampton Hospital Authority
Dr Julie Hollyman, Chief Executive, Broadmoor Hospital Authority
Alan Jefferson, British Institute of Learning Disabilities (BILD)
Liz Mayne, WISH
Bernard Hannah, Mental Health Commissioning Manager, Barking & Dagenham Social Services
David Joannides, ADSS
Nick Johnston, SCA
Hazel Murphy, Lead Officer Mental Health, Birmingham Social Services
Home Office (Probation Unit)
NOTES
NOTES
Different formats

This publication can be made available in a number of other formats, for further details please contact the:

Communications Team
Room 642
133-155 Waterloo Road
London
SE1 8UG
Tel: 020 7972 4300
Available online at:
www.doh.gov.uk/scg/highsecurity.htm

More copies

If you require further copies of this FREE publication please contact:

DH Publications
PO Box 777
London
SE1 6XH

Fax: 01623 724 524
Email: doh@prolog.uk.com
NHS Respondeline 08701 555 455

Please quote CI(2001)16 – report 24703 1P (4k) AUG 01(CWP)

Visit our web site

www.doh.gov.uk/scg/socialc.htm