Old Virtues, New Virtues

An overview of the changes in social care services over the seven years of Joint Reviews in England 1996–2003
Joint Reviews provide an independent assessment of how well the public is being served by social services locally. The reviews identify what authorities do well, and highlight those areas that could be improved.

The work is being carried out by a specialist national team managed jointly by the Audit Commission, the Department of Health’s Social Services Inspectorate (for reviews in England), and the National Assembly for Wales (for reviews in Wales).

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Old Virtues, New Virtues

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OVERALL SUMMARY

As the new Commission for Social Care Inspection (CSCI) assumes its responsibilities, it is timely to explore the changes taking place in social care and to ask the critical question: Are things improving? This overview report seeks to address these issues by drawing on the extensive evidence gathered as part of the seven-year programme of Joint Reviews in England.

Between 1996 and 2003 every council in England, except two, had a Joint Review of its social services. Each council was assessed from the perspective of how well it was serving its community and its prospects for improvement. Joint Reviews have been unique in taking a global look at the performance of social services in both cost and quality terms.

The overview concludes that social services are improving but that there remains too big a gap between the best and worst councils. Around a third of councils have been judged to be serving most people well and just over 10 per cent not serving people well. Most councils are somewhere in the middle, mostly getting better but not at a fast enough pace. Prospects have been encouraging, with over two-thirds of councils judged promising or excellent.

Perhaps controversially, Joint Reviews have found no link between how much a council spends on social care and how good its services are. This overview acknowledges that overall social services are better organised and managed than they were in 1996 and cites the quality of leadership and management as the key factors driving improvement. It concludes that the best results have been found in councils where a modern, business-like approach is underpinned by the values of social care and why it matters to communities.

Specifically, the report says:

- On average around 70 per cent of users surveyed rated services as excellent or good. This creditable level of satisfaction has remained remarkably static over the seven years of reviews, but it ranges from over 90 per cent of surveyed users at best, to less than 50 per cent in some places. Family carers tend to view things less favourably than users of services.
- Since 1996 users have become more actively involved in decisions and plans made by councils about their care. The best councils involve users in the big decisions about how money is spent and how services need to be developed.
- Getting help quickly matters a lot to people, but delays in the system are still commonplace. Workforce pressures and gaps are causing problems in allocating work and providing continuity of care.
- There is a wider range of service options for people who need help. More flexible support is available in the home and community, but there is an enormous difference across councils as to whether such choices are the prerogative of the few or the many. Fewer people are going into residential care and there are also fewer people waiting in hospital for services to help them get home.
- There are more services designed to prevent family breakdown and promote children’s well-being. These services are valued by those using them but this investment is not yet resulting in fewer children being looked after by councils.

Bexley Council and Cheshire County Council were able to opt out of being reviewed as a result of their excellent Comprehensive Performance Assessment (CPA) rating.
There are some common gaps in services across councils, most notably for children with special needs and older people with mental health problems. Issues such as transport and help with mobility around the home undermine efforts to support people living independently.

Social services are now delivered through stronger partnerships with others in Health, Education and Housing. The better councils are forming strategic alliances with the aim of integrating services for the benefit of the user. Efforts to merge structures can distract from a focus on the user and in the absence of attention to organisational culture are unlikely to produce improvement.

The best councils now concentrate more on arranging services and less on directly providing them. New skills of commissioning, market management and procurement have been used to good effect in getting more choice and better value from services provided across public, private and voluntary sectors. Poorer councils can find themselves defending higher in-house costs without being able to demonstrate added service quality.

While councils are now better at understanding their costs, persistent problems in forecasting needs, tracking activity and controlling budgets result in unexpected overspends for a lot of councils. From a user perspective this often leads to erratic short-term measures to deal with the overspend. It also distracts management attention from devising long-term strategies to drive improvement.

In summary, while the value base underpinning social care is enduring, the councils that are doing better have sought to replace old virtues with new ones.

<table>
<thead>
<tr>
<th>Old Virtues</th>
<th>New Virtues</th>
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</thead>
<tbody>
<tr>
<td>Open access to services</td>
<td>Fair access targeted to need</td>
</tr>
<tr>
<td>Services that administer care</td>
<td>Promoting independence and inclusion</td>
</tr>
<tr>
<td>Buildings-based services</td>
<td>Home and community-based services</td>
</tr>
<tr>
<td>Professional knows best</td>
<td>User-led services</td>
</tr>
<tr>
<td>Trusting in tradition</td>
<td>Evidence-based and outcomes focused</td>
</tr>
<tr>
<td>Individual professional duty</td>
<td>Consistency assured by performance management</td>
</tr>
<tr>
<td>Council as provider of services</td>
<td>Council as arranger and watchdog in a mixed economy of services</td>
</tr>
<tr>
<td>Good relationships with others</td>
<td>Strategic partnerships</td>
</tr>
<tr>
<td>Service aspirations</td>
<td>Business planning</td>
</tr>
<tr>
<td>Balancing the books</td>
<td>Securing Best Value</td>
</tr>
</tbody>
</table>
INTRODUCTION

1.1 Overview

As the seven-year programme of Joint Reviews draws to a close it is timely to ask: How do social services look today compared with 1996 when Joint Reviews first appeared on the landscape? What has changed?

To answer these questions, this overview has drawn on evidence from the whole programme of reviews and annual publications, but in particular, has made a detailed comparison of the first and last 30 reports. The findings are organised in the following sections:

◆ How user views are changing.
◆ How services are changing.
◆ How organisations are changing.
◆ Have things improved?

1.2 Joint Reviews 1996–2003

Joint Reviews were set up by Government in 1996 primarily to assess how well councils were managing their social services monies. Joint governance by the Audit Commission and the Department of Health was arguably a groundbreaking strategic partnership ahead of its time. The intention was to bring together the value-for-money focus of the Audit Commission alongside the professional perspective of the Social Services Inspectorate (SSI) to both manage and deliver reviews. While both organisations have maintained active oversight of the programme, Joint Reviews has established its own branding and in practice new ‘hybrid’ reviewers have been recruited to the team.

While not everyone has been a fan of Joint Reviews few would deny the impact reviews have had. The conceptual approach crafted in 1996 was widely regarded as new, dynamic and challenging to local social care leaders.
Some reviews have been very exposing:

“Joint Reviews are like getting up in the morning and going to work only to realise when you got there that you forgot to get dressed. You're naked; you're totally exposed; and the world is watching. It feels like there's no hiding place and you're being stared at from all angles.”

council feedback in 2000

Each Joint Review centres around four key questions (EXHIBIT 1).

**EXHIBIT 1**

Joint Reviews ask councils four key questions

- Are you getting best value for money?
- Are individuals well served?
- Is performance managed effectively?
- Do you plan well for your communities’ needs?

Source: Joint Reviews
Importantly, reviews start from the experience of people who use services and assess the impact of leadership, professional practice and management at all levels from the perspective of the user (EXHIBIT 2).

**EXHIBIT 2**

Connecting the top to the front line

Between 1996 and 2003 all councils in England, except two, have been subject to a Joint Review. Since April 2000, the outcomes of reviews have contributed to the performance assessment of councils undertaken by the SSI. Although reviews in their current form conclude in March 2004, the Joint Review function will continue under the auspices of the new Commission for Social Care Inspection (CSCI).

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1 Bexley Council and Cheshire County Council were able to opt out of being reviewed as a result of their excellent Comprehensive Performance Assessment (CPA) rating.
2 HOW USER VIEWS ARE CHANGING

2.1 Overview

The Joint Review Team probably holds the largest database of user opinion of social care. The views of users and carers are ascertained through a postal survey, face-to-face discussions with individual service users and their families, and through meetings with user and carer organisations. Since 1996, over 50,000 users and carers have been surveyed, and over 30,000 have met with reviewers during the course of fieldwork.

The overall views of users and carers have remained relatively static over the life of Joint Reviews. Since 1996, an average of 70 per cent of users and carers have rated the services they receive as excellent or good, a very creditable result (EXHIBIT 3). At the other end of the spectrum, an average of 11 per cent rated services as poor or very poor (EXHIBIT 4). There has, however, been a significant difference between the best and worst councils (EXHIBIT 5).

EXHIBIT 3

Percentage of users and carers who said that services were excellent or good

Source: Joint Reviews User/Carer Survey
Percentage of users and carers who said that services were poor or very poor

Source: Joint Reviews User/Carer Survey

The range of users and carers, across reviewed councils, saying services were excellent or good

Source: Joint Reviews User/Carer Survey

Some caution is warranted before making an assumption that lack of improvement in user rating reflects a failure on councils’ part to improve the services on offer. The last seven years have seen changes in consumer attitudes to public as well as private sector services. People are less deferential, better informed of their rights and more likely to demand a better service. There are persuasive arguments that expectations are rising in line with the improvements councils put in place. Many councils have made real efforts to involve users and carers and give people a voice in shaping services. Not unreasonably that voice is used to press for further change.

“Empowered users are going to be critical of services.”

member of user organisation in 2003
The more detailed shifts in user opinion of services are set out in the following table:

<table>
<thead>
<tr>
<th>According to users.....</th>
<th>Things that have got worse</th>
<th>No change</th>
<th>Things that have got better</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Continuity of carer</td>
<td>• Access to help</td>
<td>• Users’ and carers’ involvement in shaping and redesigning services</td>
</tr>
<tr>
<td></td>
<td>• People keeping in touch</td>
<td>• Quality of assessments</td>
<td>• Being able to manage one’s own care</td>
</tr>
<tr>
<td></td>
<td>• Getting a speedy response</td>
<td>• Understanding entitlement</td>
<td>• Getting all the services needed</td>
</tr>
</tbody>
</table>

### 2.2 Getting timely help

**First impressions count.** Getting timely help is a high priority for users. User experience at this first hurdle shapes the longer-term relationship between the individual and the council. A speedy, organised response depends on two things: good information, and customer-orientated care management.

Over the life of Joint Reviews, there has been modest improvement in user views of the information they receive about services (with average responses to the question about having access to information prior to seeking help increasing from 23 per cent to 28 per cent). **Surprisingly perhaps, there has been a decline in the percentage of surveyed users who reported getting a response within one day (EXHIBIT 6) and no change in the percentage of people seen within two weeks.**

### EXHIBIT 6

**Percentage of people who received help within a day of getting in touch**

![Diagram showing percentage of people who received help within a day of getting in touch from 1996/7 to 2002/3.](source: Joint Reviews User/Carer Survey)
The correlation between how quickly people are responded to and how satisfied they are with services is confirmed in EXHIBIT 7. More recently users have reported increasing delays in care management for people with lower priority needs, most especially children in need and people wanting assessment for help with mobility. Interestingly, there appear to be shorter waits for services, once agreed. This may reflect social work and occupational therapy recruitment problems leaving gaps in care management teams or delays caused by short-term measures to manage demand that are sometimes introduced by councils in financial difficulty.

**EXHIBIT 7**

**Correlation between speed of response and satisfaction**

How councils conduct their relationship with people matters. Many users seen as part of a Joint Review experience the care management process as a series of hoops or hurdles to go through to get help. There is evidence of councils improving performance on such things as providing users with a copy of their care plan. However, it is clear from both discussions with users and the analysis of case files that there is considerable room for improvement in the processes designed to match needs to services. Users, however, do appreciate the efforts made in many councils to integrate assessment processes with those of other professions.

“We have traipsed round from Health, Housing and Education with everyone passing the buck.”

parents of a disabled child in 1998

“Real improvements have been made in working with Education and Health, it used to be a nightmare for parents.”

a parent of a child with disabilities in a group discussion with other families in 2003
2.3 Extending choice and empowerment

Indisputably, between 1996 and 2003, a wider range of services have been developed to support vulnerable people in the community. This has been driven, in part, by action from the Government in the form of national priorities, hypothecated investment and performance assessment. However, the impact locally varies markedly depending on the coherence of council planning, the quality of local partnerships and the extent to which that planning has sought to involve people using services.

User-based partnerships with councils are much more prevalent now than they were in 1996. Social Services often have much to teach the wider council and health services about user empowerment. Some councils have sought to involve users in particularly meaningful and imaginative ways (SEE GOOD PRACTICE BOX – SURREY).

GOOD PRACTICE

SURREY

User involvement in the Learning Disabilities Partnership Board

The meetings are co-chaired by a service user. He is well prepared for his role and has acquired skills that give him a manner and presence that make his role real, not just a token gesture to user participation.

Minutes are typed during the meeting and handed out at the end to all attendees, with, for example, cartoon pictures, photos and very readable text included; a good tool to facilitate meaningful participation and representation as the user and carer representatives can then use these notes in their feedback to their relevant groups.

This is done by staff from one of the social firms in Surrey who offer work experience placements in printing and publishing.

On top of this, more detailed, but still user-friendly, copies of the minutes are distributed to 3,500 people.

Service users said “The meetings make people with learning disability feel part of it.”

During the period of Joint Reviews there has also been an impressive increase in the level of users who reported getting all the help they thought they needed (EXHIBIT 8). This positive finding must in part reflect the efforts of councils to extend choice and availability of services.
The percentage of users and carers who said they had received all the help they thought they needed

EXHIBIT 8

Source: Joint Reviews User/Carer Survey

The growth in schemes to enable people to manage their own care has been steady but nevertheless disappointing overall. Where councils have made efforts to introduce Direct Payments there is appreciation by the users and carers involved – often referring to how this has transformed their care package and ability to be independent.

“I was at the end of my tether with all the different home care and other arrangements, but now I have Direct Payments I can organise things as I want them – it is brilliant.”

carer in 2003

2.4 Continuity of support

Continuity of support is a top priority for all user groups from the youngest to the oldest, yet it remains a bigger challenge today than in 1996 according to users. While councils recognise the importance of continuity of care, in practice, workforce, commissioning and quality assurance weaknesses make it harder to translate this aspiration into user experience. Significantly many more of the later Joint Review reports refer to difficulties in allocating looked after children to a social worker, with the consequent impact on critical decision making for the children concerned.

“I have been in help [care] from social services since I was 12 years old. Since then, I am now 16, and have been passed around, dropped, picked back up, etc, by different social workers and my faith in the system is low, practically non-existent.”

looked after young person in 2003

Similarly, older people are stressed when multiple ‘strangers’ visit their home to undertake intimate personal care.
“In 16 months I have had 55 carers. This is due to the fact that agencies cannot get or keep the staff.”

older person in 2003

Keeping in touch to check how things are working out provides some continuity for users and is an excellent source of feedback to councils. In spite of this, performance in undertaking reviews of adults has increased only slowly over the life of Joint Reviews, reaching a modest 51 per cent of users getting a review in 2002/3, although the best councils perform in excess of 90 per cent. Performance in respect of statutory childcare reviews is much better although many children looked after find reviews as currently carried out a daunting experience.

“15 people in a room all talking about you and your problems is not a helpful environment to express your own views.”

looked after child in 2003

2.5 When things go wrong

There are mixed reports from users about complaints. Over the life of Joint Reviews, information for people about how to complain has become more readily available but there has been less progress in gaining satisfaction about how complaints were dealt with (EXHIBITS 9 AND 10).

EXHIBIT 9

Percentage of users and carers who knew how to complain

![Graph showing percentage of users and carers who knew how to complain over the years:](source: Joint Reviews User/Carer Survey)
2.6 Support for carers

Carers have always rated services less highly than users (on average 6 per cent less). The availability of carers’ assessments has increased markedly over the life of Joint Reviews, with the best councils now reporting performance in excess of 50 per cent of all assessments. Unsurprisingly, Joint Reviews have found a link between carers’ satisfaction and the number of carers’ assessments undertaken. Overwhelmingly, however, carers value speedy, flexible access to respite facilities.

Some councils have responded better to carers’ needs than others (SEE GOOD PRACTICE BOX – WIGAN).
GOOD PRACTICE

WIGAN

Dedicated Support for Carers

The carers’ helpline, Careline, a telephone helpline run by volunteer carers has been in place since 1994, and is available daily from 1pm to 10.30pm seven days a week. It offers personal support to individual carers and a range of information regarding statutory and voluntary sector agencies, leisure activities, holidays and carers’ groups.

The Carers Centre has been funded by the National Lottery and employs two part-time support workers. The Centre seeks to ensure that carers are aware of their rights and local services and resources so as to assist them in being more able to cope with their caring responsibilities. The Centre reports a large and increasing number of contacts as carers are directly accessing them for advice and assistance rather than going to social services. There are opportunities for carers to attend computer and arts and crafts classes, as well as to learn how to manage stress for example. A confidential counselling service is also available through Pensioners Link.

Wigan and Leigh Crossroads Scheme in association with Sheffield University and Add a Voice secured funding to produce a comprehensive guide for carers on employment, It’s Time for Me, that assists carers in exploring the best ways of finding and getting work and overcoming problems that may stand in their way.

A quarterly newsletter is prepared by the Carers Centre that gives in-depth information about a range of carer and user related activities.

A new call centre for people with mental health problems and their carers was launched earlier this year aimed at improving communication and knowledge of services available and a carers’ resource room is now available at Leigh Infirmary staffed by volunteers.

Plans are in hand to develop a carer support centre for carers of people with learning disabilities in Leigh.
3 HOW SERVICES ARE CHANGING

3.1 Overview

Since 1996 services have changed in five main directions:

◆ Shifting from institutional forms of care to a wider range of community-based provision.
◆ From administering care to supporting independence.
◆ Towards a greater diversity of service providers.
◆ Towards a more organised approach to matching needs and priorities to services.
◆ Towards better co-ordination across Health, Education and Housing.

Most change has been noted in areas that have been given the status of national priority, that have been subject to national performance assessment, and in some cases that have been given special monies to develop. There is, however, considerable variation in both the scope and pace of modernisation across councils.

3.2 Services for children

Joint Reviews have seen some improvement in children and family services between 1996 and 2003, although progress is by no means uniform. Reviews have identified the most significant progress when:

◆ a clear national priority has been supported by investment;
◆ progress is measured and monitored in terms of results on the ground;
◆ professionals work together in an integrated way;
◆ councils have an explicit strategy to support more children and families at home; and
◆ councils work in close partnership with voluntary and private sector providers.

Recruitment difficulties at the front line and service gaps continue to undermine progress and result in failures to offer timely, appropriate help.
How are services improving?

<table>
<thead>
<tr>
<th>1996</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing the child protection and children looked after systems</td>
<td>Efforts to manage the whole system for children in need</td>
</tr>
<tr>
<td>Services available for priority needs only</td>
<td>A wider network of support through initiatives such as Sure Start and restyled family centres</td>
</tr>
<tr>
<td>Traditional placement options</td>
<td>Proactive commissioning in response to complex needs</td>
</tr>
<tr>
<td>Children have a passive role in decision making</td>
<td>More active participation encouraged and supported by advocacy</td>
</tr>
<tr>
<td>Professionals co-operating</td>
<td>Integrated teams especially for special needs, youth justice</td>
</tr>
<tr>
<td>Council-dominated provision</td>
<td>Voluntary sector active providers</td>
</tr>
</tbody>
</table>

Many of these improvements have resulted from Government initiatives and investment. The Quality Protects programme for example, with its clarity of focus and ringfenced money, has had a major impact on services for looked after children. Funding available through Sure Start schemes has markedly extended the provision of universal services for disadvantaged children and their families. Joint Reviews have found that these initiatives work best where the council takes a strategic lead to pull the various funding streams and key providers together to create a comprehensive network of support for people. While it is too early to find definitive evidence that this investment has had a long-term impact in terms of preventing children and their families breaking down or needing access to intensive care support, Joint Reviews have noted considerable evidence of users valuing what is seen as less stigmatising forms of help.

Joint Reviews have found good examples of councils taking active steps to shift the focus of their children’s services, to ensure investment in effective preventative services as well as support to children within the child protection and looked after children systems. Gross expenditure on family support as a percentage of expenditure on all children’s services has steadily risen over recent years and now stands at 28 per cent. Actual expenditure has grown even faster, rising from £746 million in 2000/1 to £842 million a year later, a rise of 12.9 per cent. Some councils have successfully reshaped their children’s services from a low base (SEE GOOD PRACTICE BOX – WOKINGHAM/CAMBRIDGESHIRE).
The authorities who have made most progress since 1996 in reshaping their children’s services are those that have involved a wide range of agencies (SEE GOOD PRACTICE BOX – PORTSMOUTH) and taken a wider view of families’ needs for help (EXHIBIT 11).

### GOOD PRACTICE

**Refocusing services in two very different authorities**

**WOKINGHAM – a small unitary authority**

The Authority evidenced a refocusing of services for children and families by:
- a reduction in the numbers of looked after children;
- an increase in the proportion of looked after children in family placements;
- a reduction in numbers placed in residential care;
- good family support services with increased investment; and
- meeting statutory requirements for looked after children and child protection.

**CAMBRIDGESHIRE – a large shire county**

The Authority has succeeded in significantly improving its children’s services and refocusing on family support:
- There have been substantial reductions in the numbers of children looked after by the Authority and those on the child protection register, with a high level of support available to families.
- Fewer children are the subject of child protection investigations, and are instead helped as children in need.
- Frontline staff are actively encouraged to consider family support instead of statutory intervention.
- Statutory childcare services are well managed, with an effective Review and Audit Team helping to improve performance on a range of indicators.

The authorities who have made most progress since 1996 in reshaping their children’s services are those that have involved a wide range of agencies (SEE GOOD PRACTICE BOX – PORTSMOUTH) and taken a wider view of families’ needs for help (EXHIBIT 11).

### GOOD PRACTICE

**PORTSMOUTH**

**Interagency planning for children’s services**

- There is wide involvement including Health, the City Council, voluntary organisations including community groups and young people themselves.
- Common objectives for children’s services have been agreed – the Portsmouth 8.
- The objectives are measured using performance data that is already collected.
- Services have been mapped against the objectives.
- New services are being commissioned jointly to fill the gaps.
In many councils, impressive progress has been made since 1996 in improving the voice of children, especially for children looked after (SEE GOOD PRACTICE BOX – EALING).

**GOOD PRACTICE**

**EALING**

Positive and enjoyable consultation with children and young people

The annual Outer Limits events are an innovative way of enabling children to present their views in a creative way. The one-day events combine consultation with music, fashion and fun. The young people met by the Review Team were enthusiastic about what they saw as having real control as part of an event that was actually enjoyable too.
Keeping children safe

Keeping children safe has always been a top priority for councils. While in 1996, most councils had interagency procedures on how to deal with child protection concerns, practice on the ground varied a good deal both across and within councils. The quality of the service depended more on the individual professionals at the front line and less on a tightly managed system of responsibilities and accountabilities at all levels. It is also true to say that in many places the procedure appeared to matter more than the quality of service and its outcome. While Joint Reviews found overall that investigations of child protection concerns were well handled across agencies, the flurry of activity and intervention often waned after the initial weeks leaving children and families ‘registered’ but unsupported.

A range of influences, not least the Laming Inquiry in January 2003, has laid emphasis on management responsibilities at all levels in agencies involved in child protection. Investment in the wider system of support for families and proactive sustained intervention for those families needing formal intervention has helped to reduce the numbers of children on child protection registers (EXHIBIT 12). Not all councils, though, are geared up sufficiently to identify children at risk and to offer early intervention to prevent breakdown.

EXHIBIT 12

Number of children on the child protection register per 10,000 population aged 0-17

Children looked after

Despite the increased investment in prevention referred to earlier, the numbers of children looked after by councils has increased year on year (EXHIBIT 13). Reviewers have found some councils work harder than others to get children safely back home or into other permanent homes. The focus on adoption has as yet only produced modest improvement and again there is much variation across councils (EXHIBITS 14 AND 15).
Number of children looked after per 10,000 population aged 0-17

Source: Department of Health Key Indicators

Percentage of children looked after placed for adoption

Source: Department of Health Key Indicators
Many of the children looked after by councils are better supported now than they were in 1996, although some councils are failing to ensure all children looked after have a social worker overseeing their care. The Quality Protects initiative has been instrumental in driving this change for the better. Improvements have been most noticeable in respect of:

- the role of councillors as corporate parents and scrutineers;
- stronger links with Education and the monitoring of educational progress;
- stability of care;
- involvement of the child or young person in decision making;
- greater emphasis on local care (SEE GOOD PRACTICE BOX– PORTSMOUTH); and
- more support for care leavers.

PORTSMOUTH

Commissioning better fostering

Portsmouth has developed a specialist fostering service with residential provision that has been successful in diverting young people from expensive out-of-authority placements in secure units and specialist mental health placements. The service is run by Social Services with specialist input from both Health and Education.

The Children (Leaving Care) Act of 2000 has begun to improve leaving care services and many young people are better supported as a result (SEE GOOD PRACTICE BOX – LUTON). Recent Joint Reviews have offered examples of improved support and good interagency links with Education, Employment and Training and Housing.
Children with special needs

Support for children with special needs, most notably children with disabilities and children with mental health problems, has shown only patchy improvement over the life of Joint Reviews. In the best councils there are integrated teams across Health, Education and Social Care, frontline teams work closely with families and there is joint commissioning of local support services for carers and children to which there is timely and flexible access. In poorer councils there are delays for assessment, long waits for some services, and inflexibility as to how services are accessed.

The transition between children and adult services is a particular area that has been overlooked. Families consistently report lack of early planning which causes anxiety, most particularly for older parents.

“I was left to find a transition placement myself. I had to threaten to go to a solicitor to get a care manager to attend a transition meeting for my 17 year old.”

parent of child with disabilities in 2003

3.3 Services for adults

Joint Reviews have noted changes for the better in the shape of services for adults between 1996 and 2003, although in some places improvements are too incremental and project-based. Overall, services are more focused on priority needs, community-based service choices are a reality for more people, there is new emphasis on reablement and independence, and more partnership working in the commissioning and provision of care. Service shortages and gaps continue to limit choices for people. Problems with transport and mobility help around the home undermine efforts to help people live independently.
How are things changing?

<table>
<thead>
<tr>
<th>1996</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent access to support</td>
<td>More clarity of priorities and entitlement</td>
</tr>
<tr>
<td>Unquantified delays in the system</td>
<td>Response time standards and reporting improving knowledge of waits and delays</td>
</tr>
<tr>
<td>Residential care a likely option</td>
<td>More meaningful choices for intermediate care and intensive support in the home</td>
</tr>
<tr>
<td>Inflexible home care</td>
<td>Round-the-clock provision</td>
</tr>
<tr>
<td>Limited opportunities for people with disabilities</td>
<td>Access to employment, housing and education a reality for some</td>
</tr>
<tr>
<td>Fragmented support across health and social care</td>
<td>Closer integration of care management and service provision</td>
</tr>
<tr>
<td>In-house services, excepting residential care</td>
<td>Choice and value through a range of providers</td>
</tr>
</tbody>
</table>

Managing demand

Early Joint Reviews frequently cited evidence of inconsistencies of response to requests for help from councils. Failure to agree, often at a political level, who was eligible and not eligible for a service, left the front line applying their own rules. Waits and delays in the system were not quantified and reviewers relied on contact with users to get a sense of the size of the problem. Case examples of inconsistency littered review reports.

“Access varied considerably and was dependent not so much on an agreed policy but rather on who the service user or carer spoke to first.”

director of Social Services in 1999

“It’s a lottery getting a service. How do you get an assessment? Will your judgement of need be believed? Is it clear who does get a service?”

service user in 1998

Delays in getting help continued to be a challenge in 2003, although national performance assessment alongside local budgetary pressures and the increasing volume of demand have required councils to manage demand and standards of response to people seeking help more systematically (SEE GOOD PRACTICE BOX – SURREY).
GOOD PRACTICE

SURREY
Improving service response

Core Standards: performance management at team level

The what:
25 standards covering:
◆ assessments, care plans and reviews;
◆ recording standards, copies of care plans to users; and
◆ outcome-focused care plans, value for money.

The how:
◆ Staff involved throughout.
◆ Proposals widely consulted upon.
◆ Standards prioritised and kept simple.
◆ Reports are kept brief and produced quickly.
◆ Started with large services then brought in the others.
◆ In place fast.
◆ Used to measure and improve service.
◆ Standards are reported and discussed at all levels.

However, councils vary markedly in their performance in dealing with delays. For example, considerable improvements to delayed discharges from hospitals have occurred across the board as a consequence of this having a national focus. The average level of delayed discharges according to data collected from hospital trusts was 58 per 100,000 population in March 2003. However, the range was great from 0 to 166 per 100,000.

Speed of response in getting services in place has also been variable. One area that has improved is the percentage of items of equipment costing less than £1,000 delivered within three weeks (EXHIBIT 16).
Percentage of items of equipment costing less than £1,000 delivered within three weeks

Source: Department of Health Performance Assessment Framework

Supporting independence and inclusion

Fewer people are going into residential care now than in 1996.

Access to intermediate care and rehabilitation services is now more of a reality in many places, often provided jointly with Health (SEE GOOD PRACTICE BOX – HACKNEY).

GOOD PRACTICE

HACKNEY

Rehabilitation services for older people

Rehabilitation services have been developed jointly with the Primary Care Trust and Homerton Hospital. Analysis of admissions and discharges from hospital has provided sound information on which to base the development of services. Services have been developed incrementally but in the context of overall management and good co-ordination. They include:

◆ A multidisciplinary team to prevent hospital admissions where there is no acute medical need and to facilitate discharges when fit. This service operates from 8am to 9pm, seven days a week. Interventions usually last two to six weeks. It focuses on providing optimum rehabilitation to ensure a user is enabled to maximise their independence after illness or a stroke.

◆ Developing a residential unit to provide respite and rehabilitation beds. The residential rehabilitation service has input from the Therapy at Home Team.
By 2002/3, the gradual increase in numbers of older people receiving intensive home care was beginning to show results in the reducing number of new admissions into residential or nursing home settings (EXHIBIT 17).

EXHIBIT 17

Trends in home care for older people and admissions to residential and nursing care

Source: Department of Health Performance Assessment Framework

Good quality, flexible home care is the cornerstone of any community-based service. The picture in 1996 was of a largely council-run service that was staffed by a caring workforce but was not organised to suit the needs of the users. In 2003, intensive home care had reached 10.4 households per 1,000 population as opposed to 7.9 per 1,000 in 1998/9. Over half of the total home care provision is now commissioned from a range of independent sector providers, although many businesses remain small scale and financially fragile. Housing with care schemes are increasingly available across all user groups (SEE GOOD PRACTICE BOX – DERBY).
In respect of people with learning disabilities since 1996 the settlement process from long-stay hospitals has been largely completed. Joint Reviews have noted increasing examples of good local projects supporting employment, education and independent living. People with learning disabilities also have a stronger voice in decisions and plans made by councils. However, even though councils largely have a good sense of what is needed, guided by Valuing People, progress in mainstreaming developments has been slow. Even in 2003, the traditional daycare experience was the horizon for many, with only limited progress made in accessing ordinary community facilities.

For younger people with physical disabilities there remains an even bigger challenge and a pressing need for a national framework to drive improvement. Good practice for this user group has not been easy to find.

However, there has been a steady growth of people managing their own care through Direct Payment schemes. In 2003 an average of 23 people per 100,000 population aged over 18 years were involved in Direct Payments. There are, however, big variations across councils (EXHIBIT 18). Poorly performing authorities need to strengthen arrangements to promote the take up of Direct Payments and provide more effective and positive support for service users to manage and take control of their own care arrangements.


DERBY

Tomlinson Court intermediate care project

Tomlinson Court is an extra-care sheltered housing scheme run by Housing 21. The Council funds a rehabilitation service in ten of the flats which have been refurbished for the purpose. The care team is supported by occupational therapists, physiotherapists and local district nurses and GPs. The flats allow a degree of independence and self reliance difficult to achieve in a care home setting.

The scheme has been recently evaluated by the Nuffield Institute at Leeds University, which found that despite a slow start people were assisted back to optimum independence, preventing the need for a care home and lowering the need for domiciliary care. This improved the quality of life of the service user and resulted in considerable savings for the Council.

In respect of people with learning disabilities

Old Virtues, New Virtues

Seven Years of Joint Reviews in England 1996–2003
Adults in receipt of Direct Payments per 100,000 population aged 18 and over

Source: Department of Health Performance Assessment Framework, 2002/3

Services for older people with mental health needs have made limited progress over the years. The numbers of older people suffering mental ill-health has steadily risen and is expected to increase by a further 200 per cent by the year 2020. Health and social care services are ill-equipped to cope with this rise. Joint Reviews have noted some useful initiatives to introduce dementia support workers and specialist daycare, but these resources are few and far between. Regrettably for those who develop mental health problems in residential care, a change of home is often required in order not to fall foul of legal requirements, even though a change of environment is known to exacerbate the dementia.

In 1996 integration of mental health services across Health and Social Care was at an early stage for most councils. Service users’ experiences of hospital discharge services were mixed and sometimes poor. There were relatively few examples of good rapid response or crisis support services.

By 2003 most councils had integrated health and social service teams in place and service users were seeing some of the benefits of closer joint working. The best places have integrated systems and management in order to streamline and co-ordinate support better for people. Driven by the National Service Framework, councils are improving the range and quality of services provided (SEE GOOD PRACTICE BOX – MEDWAY). Assertive outreach and crisis response services are more available and many councils are extending the hours during which services can be used. Improving links with Housing are creating housing with care schemes.
Services sensitive to the needs of black and minority ethnic communities were generally underdeveloped in 1996. Most councils had little understanding of the needs of these communities or how many people were taking up services. In many councils the overall picture was one of black and minority ethnic communities either rejecting or not being given access to mainstream services and few authorities had sufficiently well developed racially sensitive specialist services. Although public information on services was often available in different languages, efforts to take services out to harder-to-reach groups and communities was uncommon.

The picture of services for black and minority ethnic communities in 2003 remains very mixed. Unsurprisingly perhaps, minority ethnic communities are better served where they represent a higher percentage of the total population. Joint Reviews have identified reasonable levels of access to translation and interpretation services in most councils and examples of some excellent individual practice. Luton is a good example of a council that has started to make progress in meeting the needs of its ethnic communities. The cultural mix in frontline teams is also becoming more reflective of the communities served and is a strength in providing culturally sensitive services.

However, some of the service gaps identified in early Joint Reviews are still in evidence. Service development has certainly lagged way behind stated objectives contained in positive equalities policies and strategies.

MEDWAY Mental Health Resource Team

The Team provides flexible support in the community. They work only with people on the enhanced Care Programme Approach (CPA), providing up to six hours a day assistance from 8am to 8pm. The Team also provides respite for carers. Each service user has a nominated worker and a nominated backup worker, so consistency is high and the user knows who is coming. They also operate a ‘Warm Line’ for service users or staff to ring at any time. The Team covers the whole area, and helps users to access whichever base provides the most appropriate service as they all vary slightly.
4 HOW ORGANISATIONS ARE CHANGING

4.1 Overview

The shape and nature of social services authorities have shifted markedly between 1996 and 2003. Social care is now the most complex service to manage in local government: the scope of its responsibilities range across all ages, encompassing highly sensitive and sometimes high profile statutory interventions to protect people, as well as arranging a whole menu of services to offer support and rehabilitation. Matching demand and resources has always been a significant issue. In the context of the growing volume of requests for help, the extended range of service options, the integration of resources with others, and the rich tapestry of providers delivering services, the task has become immeasurably more challenging.

So, how have organisations measured up to the job? Yet again there is a big variation across councils. The language of managerialism: business planning, performance targets, Best Value and the use of modern technology is certainly well established in theory if not always in practice.

However, Joint Reviews have found that the best results are in councils where a modern, business-like approach is underpinned by the values of social care and why it matters. The prize is the outcome delivered for users not the achievement of a target per se.
How are organisations changing?

<table>
<thead>
<tr>
<th>OLD STYLE</th>
<th>NEW STYLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional social services departments</td>
<td>A variety of structural arrangements that seek to integrate social care functions across the council</td>
</tr>
<tr>
<td>Patchy corporate and political interest in social care</td>
<td>A higher corporate profile for social care</td>
</tr>
<tr>
<td>Professional leadership</td>
<td>Managerially driven: strategic direction and business planning</td>
</tr>
<tr>
<td>Passive and paternalistic approach to users</td>
<td>Enabling and empowering</td>
</tr>
<tr>
<td>Council main provider</td>
<td>Council as commissioner</td>
</tr>
<tr>
<td>Little information on costs and activity</td>
<td>Robust performance management</td>
</tr>
<tr>
<td>Aim for good relationships with partners</td>
<td>Strategic joint commissioning and integrated structures</td>
</tr>
<tr>
<td>Single profession</td>
<td>Major workforce pressures but more skill-mix, and integrated teams</td>
</tr>
</tbody>
</table>

4.2 The changing structure of social care

Most if not all of the first authorities subject to Joint Review were configured as traditional social services departments. Seven years on less than half of the last year of reviews had this label, for the rest there were almost as many different arrangements as councils reviewed: children’s services integrated with Education, adult services with Primary Care, Housing, Community Services, and Care Trusts.

Does this matter? Have Joint Reviews found one structure better than another? Our conclusions are:

- Structural change alone rarely delivers what is intended.
- It can be an unhelpful distraction for leaders and staff.
- It can give a false impression of change.
- The benefits of structural integration are realised only where there are efforts to determine shared values and a common culture.
- Efforts to involve staff and users in the plan are essential.
4.3 Becoming better organised

The management of social care services has become much more strategic and organised over the life of Joint Reviews. There have been a number of key drivers for this including: national frameworks and priorities, performance assessment both council-wide and social service specific, Joint Reviews, and Best Value. Alongside these central drivers there have been increasing local pressures both to respond to users’ needs better and more consistently, and to deploy resources more effectively. Reviews have seen evidence of this positive shift in the better councils from:

- discussions with chief executives and council leaders who are now able to demonstrate a much clearer sense of direction for social care;
- written, longer-term strategic plans in place to direct investment;
- plans actively translated into commissioning strategies (effectively plans with money to deliver), some jointly produced;
- business planning and performance appraisal systems in place, and owned by the front line (EXHIBIT 19); and
- more effective scrutiny and monitoring.

The maximum payback from these systems comes when they are based on a firm platform of values (EXHIBIT 20).

**EXHIBIT 19** A good business planning framework

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Source: Joint Reviews
4.4 From good relationships to strategic partnerships

Good social care has always depended on good relationships with other agencies. The profession has been more comfortable than most with its interdependence on others to achieve its objectives. The last seven years though have seen a marked change towards more strategically-based partnerships. Integrated teams for individual assessment and care planning are the norm now for services for people with learning disabilities or mental health problems and integrated service provision at project level is commonplace. Yet again the policy context has been a major influence:

- 1996/7/8: close collaboration but no structural change.
- 1999: Health Act flexibilities introduced to assist pooling resources.
- 2000/2: The NHS Plan and Care Trusts.
- 2003: Children’s Trusts.

Joint Reviews have found that partnerships are more successful where they are seen as a means to an end rather than an end in themselves.

They work best where:

- there is clarity of shared purpose in user outcome terms;
- there is clarity of governance and decision making;
- there are wins for each partner;
◆ there are efforts to establish a common culture;
◆ there is explicit agreement about risk and resource sharing;
◆ attention is given to staff development; and
◆ there is agreement about the yardsticks for success.

They are less likely to be successful where:
◆ they are driven purely by national directive;
◆ they are essentially budget driven; and
◆ there are major differences of culture and governance.

**Strategic partnerships with independent sector providers have been a big challenge for social service authorities.** Joint Reviews have found general lack of trust and misunderstandings as the underlying cause of most problems (EXHIBITS 21 AND 22). Independent sector residential and home care services have become increasingly fragile over the years. The causes of this are many and complex but difficulties have certainly been exacerbated where councils have:
◆ driven fees down without regard for quality;
◆ developed little understanding of market management;
◆ used spot contracting instead of providing security and sustainability through block arrangements where appropriate;
◆ run in-house provision at significantly higher unit costs but with no added value; and
◆ applied rules and monitoring unevenly across sectors.

**EXHIBIT 21**  
Independent provider and council perspectives

**Council perspective**
- Providers don’t understand our funding streams and pressures
- The political imperatives are not recognised
- They are profit driven
- Staff are not as well trained as ours

**Independent provider perspective**
- They pay us late
- They don’t talk to us
- Fees levels not keeping pace with costs
- Standards are too complicated
- How can we plan when we don’t know the future?
- They treat us differently to their own providers

*Source: Joint Reviews*
Over the years most councils have modernised their relationship with the voluntary sector, and in many reviews it is evident that there is felt to be a common language and approach between the council and voluntary organisations. In some councils strategic partnerships with the voluntary sector have helped to transform services, most notably in respect of children’s services (SEE GOOD PRACTICE – MERTON). The demonstration of Best Value is, though, not always as explicit as it might be in these partnerships.

GOOD PRACTICE

MERTON
Rapid Response (NCH)
The Authority commissions two services from NCH at Leyton Road Family Centre. The service for families at risk of family breakdown is particularly well regarded by service users, staff and managers. The service usually responds the same day as a referral is received, arranging to see families within a very short timescale dependent on need. The service can be available at weekends. Service users complete an assessment of issues and concerns with staff and a programme of intervention is arranged. This is usually fairly intensive and can involve counselling, play therapy or other brief therapy approaches. The outcome of interventions is followed up at 3, 6 and 12-monthly intervals to ensure that interventions have been successful and sustained. The service is relatively new but already demonstrating effective outcomes for families.
4.5 Knowing what is going on

Performance management is now more firmly established in authorities (SEE GOOD PRACTICE BOX – KIRKLEES). This represents a major change from earlier reviews where the use of information was sporadic and disorganised. For example, in the first year of reviews, councils were unable to answer on average 66 per cent of the finance and activity information requested prior to the review starting; by the last year the level of unanswered questions had dropped to less than 30 per cent.

The best councils combine national indicators with measurement of achievement against local priorities.

GOOD PRACTICE

KIRKLEES

Using performance indicators to support service improvements

The Performance Assessment Framework (PAF) book in Kirklees is the core information source for staff to support the performance process. It is produced quarterly describing all the 50 PAF indicators in detail. Targets for all performance indicators for 2002/3 and beyond are stated and a commentary shows the practical, service-level steps being taken to improve performance on each performance indicator, with lead officers identified against each. The document is distributed by email every quarter to 150 managers at team level and above.

The PAF book aims to increase understanding and awareness of staff about performance issues. It shows how performance indicators monitor service developments which contribute to the meeting of local and national priorities, guidance and targets. It keeps staff informed about how the Department is performing. The links with the Service Improvement Plan are made explicit to remind staff how the strategies of the Department impact on the performance indicators.

There have also been regular articles in staff newsletters, a series of specific training courses on performance and Best Value issues and a series of staff briefings led by the Director and Assistant Directors.

There is active management review of performance. Six-monthly all-day PAF meetings take place with the Director, the Assistant Directors and their management teams. The Director holds bi-monthly performance meetings with the Assistant Directors. There is four-weekly monitoring for most of the performance indicators. Quarterly monitoring of Best Value performance indicators and other indicators is presented to councillors. Quarterly monitoring of Best Value performance indicators is reported to the Executive Management Group. A small central team supports these processes.
Having the information and using it to support action are by no means the same thing. Joint Reviews have found good management information is used to best effect where councils:

- are information conscious and evidence driven;
- involve the front line to construct indicators and reporting systems;
- take a wider view in analysing and interpreting data;
- use activity, cost and quality measures side by side;
- share information to give feedback to staff and partners;
- put information in the public domain; and
- strive to constantly improve the quality, relevance and accuracy of information.

4.6 Spending resources well

Social care is now big business. Finances directed to social care have increased markedly through the life of Joint Reviews (EXHIBIT 23).

Good councils now take a longer-term view of the deployment of their finances. They build their strategic intent for developing, improving or changing services into their longer-term budget processes. Only a few councils though have successfully aligned their strategic finance and strategic service plans. The best of these councils are able to direct resources to invest in their new priorities, make improvements where there are identified weaknesses, realise longer-term efficiency savings and avoid cash crises caused by unmanaged cashflow.

The ability to link sound projections of activity and finance is crucial to delivering a balanced budget. Yet this remains a major challenge for many councils. The use of reliable working models to forecast trends and needs is critical in order to match
expectations at the front line in terms of eligibility and price to resources available. Increasingly the new requirements of statute have also had to be built into the planning and resource framework. Despite the big investment in social care, more reviewed councils were found to have overspent their budgets during the last tranche of reviews than the first. Of councils reviewed in 2002/3, 80 per cent were overspent (EXHIBIT 24).

However, consistently through the life of reviews no relationship has been established between how much councils spend and how well they serve local people (EXHIBITS 25 AND 26). The critical issue is how well money is spent rather than how much.
COUNCILS ARE MUCH BETTER NOW THAN IN 1996 AT UNDERSTANDING WHAT THINGS COST, AND ACCOUNTING FOR COSTS FAIRLY. MOST PROGRESS HAS MADE IN RESPECT OF UNIT COSTS OF MAJOR SERVICES, SUCH AS HOME CARE AND RESIDENTIAL SERVICES; LEAST PROGRESS HAS BEEN IN RESPECT OF CARE MANAGEMENT WHICH REMAINS ONE OF THE MOST POORLY DEFINED COSTS IN THE SYSTEM. NEW CHALLENGES ARE BEING FACED IN TRACKING SPENDING AND COSTS ACROSS ORGANISATIONS IN NEWLY CONFIGURED JOINT SERVICES.

OVER THE SEVEN YEARS OF JOINT REVIEWS, MANY COUNCILS HAVE Sought TO REALISE SAVINGS BY SWITCHING TO INDEPENDENT SECTOR PROVISION, MOST NOTABLY IN RESPECT OF SERVICES FOR ELDERLY PEOPLE. THE PERCENTAGE OF HOME CARE HOURS PROVIDED BY THE INDEPENDENT SECTOR, FOR EXAMPLE, HAS INCREASED FROM 42 PER CENT IN 1997 TO 64 PER CENT IN 2002 ALTHOUGH THERE IS STILL A BIG VARIATION BETWEEN INDIVIDUAL COUNCILS (EXHIBIT 27). BEST VALUE FRAMEWORKS HAVE ENCOURAGED THE TREND TOWARDS A MORE OPENLY COMPARATIVE AND COMPETITIVE APPROACH TO DECISION MAKING ABOUT WHO PROVIDES WHAT SERVICE. THE DIFFERENTIALS IN COST TERMS CAN BE ATTRACTIVE (EXHIBIT 28). HOWEVER, MEASURING QUALITY AND RELIABILITY AS WELL AS COSTS HAS NOT ALWAYS HAD THE SAME RIGOUR. REVIEWS OFTEN CHALLENGE COUNCILS TO DEMONSTRATE THE ADDED VALUE IN TERMS OF QUALITY FROM THE HIGHER PRICE BEING PAID.
The percentage of home care hours provided by the independent sector

Source: Department of Health Home Care Statistics, 2002

The difference between the cost per hour of externally provided home care and internally provided home care

Source: Department of Health Key Indicators, 2001/2

The Joint Review Team produced a web-based toolkit – *Making Ends Meet* – in 2003, to share its learning from councils about how to manage resources better (EXHIBIT 29).
4.7 Human resources

Workforce pressures have increased over the life of Joint Reviews. Reviews have highlighted big variations in how successfully councils are coping with these pressures, regionally as well as country-wide. Over the full programme of reviews, reviewers have met over 60,000 people working in social care, many working directly for councils. A standard area to cover is how well supported people feel to do their job.
Counsels that pay attention to this range of issues are more likely to attract and keep staff. Reviews have noted that failing councils are more likely to have a high percentage of vacancies at the front line; this can quite quickly become a downward spiral, with increasing numbers of staff voting with their feet.

**Systems for communicating with staff have improved over recent years.** Most authorities have used new technologies to develop more sophisticated mechanisms for communicating with staff using techniques of team briefings and staff newsletters.

**Councils have made efforts to recruit staff that better reflect the diversity of their communities, with noticeable impact in some places.** Overall though, council-wide workforce planning has been slow to tackle the particular problems facing social services. Operational managers are often frustrated by a lack of progress in relation to modernising and streamlining personnel policy and procedures for issues such as staff turnover, vacancy rates and sickness management.

**The management and development of staff presents a more improving picture.** More structured supervision, performance appraisal and tailor-made training and development arrangements are in place than was the case in 1996.

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**Consistently the top five things identified as mattering most to staff are:**

- They feel they are making a positive difference to users’ lives.
- They are clear what is expected of them and are given constructive feedback as to how they are doing.
- Attention is paid to their personal development.
- They have a voice in the organisation.
- Workloads and terms and conditions are fair.
5 HAVE THINGS IMPROVED?

5.1 Overview

There is evidence of overall steady improvement in social care services over the last seven years. Social services are held in relatively high regard by those who use them. However, there remains too big a gap between the best and worst councils and between what a council aspires to do and the experience of users on the ground. There is now a good understanding of the ingredients of success, but no direct connection between level of spending and successful outcomes for people.

Better organisation and management has helped to ensure more consistent, equitable, cost-conscious social services. More people than ever are being helped, and there is a wider range of services available to support independent living. Good progress has been made on developing and delivering services in concert with other partners, and last but by no means least, users have a stronger say both at an individual level and in future service design.

However, in some councils progress is at best fragile. Strategic planning, commissioning and management systems are insufficiently robust to either deliver sustained improvement or anticipate risk, budget overspends and workforce shortfalls. Crisis management diverts time from positive forward-looking service development. Good professionals look to work in better managed environments. Users experience limited choice, delay and cutbacks.

Joint Reviews have consistently found around a third of councils serving most people well, but with a hard core of 12 per cent of councils not serving the community well. Prospects have been more encouraging with around two-thirds of reviewed councils judged to have a promising future and a third a more uncertain one.

5.2 Joint Review judgements

A matrix showing the judgements of all Joint Reviews in England (148) is set out in EXHIBIT 30. This matrix was introduced in 2000 and all the judgements before then have been aggregated to fit.
The spread between the different quadrants has remained similar every year and with no regional patterns emerging. Overall:

- 67 per cent of councils reviewed were serving some or most people well;
- around a third of councils were in the top quadrant;
- 12 per cent were sufficiently worrying to be judged to be not serving people well; and
- twice as many councils had promising as opposed to uncertain futures.

The markedly higher ratings of prospects over current performance, year on year, poses the question as to whether reviews have taken too optimistic a view of councils’ capacity to improve.

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1 Some judgements did not become public until 2004.
5.3 Making good progress…

Basically, Joint Reviews have identified progress centred around six main areas:

✦ Better leadership and strategic management.
✦ An improved focus on users and carers.
✦ More intelligent commissioning of services.
✦ More robust performance management to regulate and assure.
✦ Emphasis on partnerships and working across networks.
✦ Greater cost consciousness.

EXHIBIT 31 gives an example of what the Joint Review Team was saying in its annual report back in 1997 and what it said in its annual reports of 2001 and 2002.

EXHIBIT 31 Making progress

The direction of travel looks good when the performance assessment framework (PAF) indicators as a whole are considered. The trend of national performance indicators has been encouraging. Equipment is delivered more quickly (PAF D38), users are waiting less time for care following assessment (PAF D36), children’s placements are more stable (PAF A1), more young people are leaving care with one GCSE or equivalent (PAF A2), reviews of child protection cases are happening more frequently (PAF C20), more children looked after are being adopted (PAF C23), less older people are being admitted to residential/nursing care (PAF C26) and there is more intensive home care (PAF C28). In addition, the number of older people delayed in hospital halved from 7,000 in March 1997 to 3,500 in December 2002. This improvement is reflected in the SSI star ratings (EXHIBIT 32).
Year-on-year improvements in star ratings

![Year-on-year improvements in star ratings chart](chart.png)

Source: Social Services Inspectorate Star Ratings

However, the consequences of getting it wrong can be great…

Lord Laming in the Victoria Climbié Inquiry gave serious warnings about the state of child protection services:

“**A gross failure of the system… Lack of good practice…Widespread organisational malaise.**”


**Checks on child protection services across the country indicated there was no room for complacency.**

"Local agencies tend to interpret their safeguarding responsibilities in different ways or with different emphases…where there were long-standing tensions between agencies and less cooperation, it was difficult to achieve the necessary level of inter-agency commitment… many staff from all agencies were confused about their responsibilities and duties to share information about child welfare concerns..."

Safeguarding Children, A Joint Chief Inspectors’ Report on Arrangements to Safeguard Children, Department of Health, 2002

5.4 ...but much more needs to be done

"**Many authorities still have work to complete in order for service users and carers to experience the benefits of this progress.**"


Few would argue with the statement that people working in social services have a **difficult job.** "Damned if they do, damned if they don’t” is an oft-repeated phrase. As the emphasis shifts to supporting greater independence, so the potential risks
for individuals need to be effectively weighed and managed. Public confidence rests on retaining and building trust between councils and communities. That trust can only come from more openness about the tasks in hand, by getting shared agreement about priorities and what can and cannot be done, and by councils consistently delivering what has been promised.

There are no grounds for complacency when:
- user satisfaction levels are not improving;
- outcomes for children looked after still lag markedly behind the rest of the population;
- the numbers of children within the looked after system continue to grow;
- there remain major service gaps and waits in the system, notably for children with disability and mental health needs, older people with a mental health problem, and carers;
- there are great variations in the availability of independent living and rehabilitation opportunities across councils. In many places options have yet to be mainstreamed;
- the number of users able to choose to manage their own care is still lamentably low;
- workforce problems impact adversely on the quality of users’ experience; and
- financial crises continue to destabilise councils’ social services.

5.5 The key factors for success ... the attributes of successful social services

We can be confident that spending more money will not by itself deliver success. Over the seven years of reviews, there has been a careful analysis of the features of councils alongside their effectiveness. We now have a better understanding of the pathway to success.

The top performing councils have most of these top ten attributes, they:
- see good social services as central to building inclusive, stronger communities;
- have a synergy about the vision and direction of social care across political, corporate and service leaders;
- have a clear, articulated sense of direction coming from the top, that is well informed by user and frontline views;
- are obsessed by what is being delivered at the front line;
- emphasise the whole network of care and support and focus less on divisive boundaries;
- have an informed, Best Value approach to service development and no “sacred cows” about how or what services should be provided by whom;
- ensure the basics work well: understand and manage risk, are clear about priorities, comply with statutory and regulatory requirements;
- manage the performance of people, activity, costs and outcomes fairly using a range of techniques;
5.6 Have reviews helped?

Joint Reviews have existed to help improve social services by:

- giving an outside independent perspective to politicians, chief executives, directors of service, staff and communities;
- matching user experience to aspiration at the top of councils;
- obtaining the views of user communities;
- analysing the whole network of support in order to identify organisational, cultural and practical obstacles to improved performance;
- highlighting good practice; and
- examining how money was being spent.

Reviews have been demanding of councils, in time and resource terms. Feedback has been sought, reported and acted on year by year.

Positive feedback

"They (Joint Reviews) have crafted an extremely sophisticated methodology and executed it in a highly professional manner."

"The Joint Review Team were thorough in their approach and gained the respect of staff and managers. The report not only gave us an analysis of our performance but - crucially - gave us information on our comparative performance."

"The review gave us a comprehensive picture of our performance across all services and the department as a whole and this helped to set our agenda for the future."

"The Joint Review Team was very straightforward in explaining our situation to the politicians."

Feedback from councils to Joint Review Team, 2001/2

Could do better

"The long timetable for the report and committee presentations resulted in repeated negative messages on 'past' performance during a period when much was being done to improve performance and morale."

"We received a very positive result from the user/carer survey and were in the top quartile on most of the indicators. However, the Reviewers consistently discounted this performance and this was reflected in their final recommendations. This did make it more difficult to sell the review to both elected members and employees."

Feedback from councils to Joint Review Team, 2001/2
By general consensus reviews have worked best when:

- they were seen as part of a longer-term approach to service improvement;
- they were seen as part of the council’s own efforts to do better;
- councils approached the self assessment tasks honestly;
- there was a non-defensive stance on all sides;
- there was confidence in reviewers and the management and process of the review;
- there was openness about the evidence base and judgement rules;
- there was a two-way meaningful dialogue; and
- criticisms were balanced by strengths and good practice.

In 2004, the Joint Review function transfers to CSCI and will inform the new face of regulation and inspection in years to come.
# APPENDIX A

## Joint Review publications 1997–2004

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## Old Virtues, New Virtues

### Seven Years of Joint Reviews in England 1996–2003

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**Other Publications**

- Making Ends Meet (website)

- Old Virtues, New Virtues - An overview of the changes in social care services over the seven years of Joint Reviews in England 1996–2003
£20.00

Stock Code: JJR3206

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Tel: 0800 502030.