



Cities for Active Inclusion

The Quality of Social Services in Cities: Birmingham

**EUROCITIES NETWORK
OF LOCAL AUTHORITY
OBSERVATORIES ON
ACTIVE INCLUSION**

EUROCITIES-NLAO

The EUROCIITIES Network of Local Authority Observatories on Active Inclusion (EUROCITIES-NLAO) is a dynamic network of ten European cities - Barcelona, Birmingham, Bologna, Brno, Copenhagen, Cracow, Lille Métropole - Roubaix, Rotterdam, Sofia and Stockholm - each with a Local Authority Observatory (LAO) within its administration. Their aim is to share information, promote mutual learning and carry out research on the implementation of the active inclusion strategies at the local level.

The ten observatories are coordinated by EUROCIITIES, the network of major cities in Europe, and supported through Inclusive Cities for Europe, a partnership between the European Commission (DG Employment, Social Affairs and Inclusion) and EUROCIITIES.

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1. Introduction: the delivery of social services at city level

1.1 City context

Birmingham is an exciting and vibrant city: it has over a million residents and attracts increasing numbers of visitors. The city has the youngest profile of any major European city with 37% of residents under 25. With a history of welcoming migrants, by 2024 the city is forecast to have no single majority ethnic group: a global city with a local heart. As the capital at the centre of the city-region, Birmingham is the driver of the region's economy.

Birmingham's Council Plan has recently been refreshed against a challenging national backdrop. New pressures and challenges have emerged and the economic cycle has shifted. Nevertheless, Birmingham continues its journey towards excellence. Frontline services remain paramount, and almost all of these are now rated good, very good or excellent by clients.

Birmingham as a Council is committed to continual improvements in its services to residents. One of the many quality-improvement programmes detailed in the Council Plan¹ is the 'Changing Social Care for Adults' programme. This will give adults more control to live the life they choose by supporting them to remain independent for longer. One of the ways of achieving this is that by April 2011 we plan to have given service users individualised budgets to enable them to choose the care they need.

The City Council employs a core workforce of 53,000 of which 27,000 are schools based staff. However, due to the economic climate and cuts in public expenditure the number of people directly employed will have to fall. This reflects plans to reduce net expenditure by £330 million over the next 3 to 4 years, which will affect the city's employment rates in particular, and also other services. Unemployment figures show that in August 2010 the number of unemployed people in Birmingham increased by 867 to 46,758. Birmingham's unemployment rate remains significantly above the national level and that of the UK's core cities: of the eight core cities, Birmingham's rate is the highest. However, working with the Council directorates, Birmingham hopes to help address national skills gaps in core employment areas, including planning and social work, and in particular children's social work.

For 2010-11, two of the Council's most immediate priorities relevant to the discussion in this report are:

- Improving education and skills (employability);
- Protecting vulnerable people (children and adults).

The purpose of this report is to look at the quality of social services in Birmingham as part of the European Commission's focus on social policy and active inclusion. We have chosen to focus on adult social care, typically provided for older adults or those with disabilities.

¹ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Policy-and-Delivery%2FPageLayout&cid=1223292221317&pagename=BCC%2FCommon%2FWrapper%2FInlineWrapper

1.2 Policy priorities for social inclusion

- **Delivering adult social care:** Social care in the UK covers a wide range of services that can help people to carry on in their daily lives and is one of the major public services. At any one time, up to 1.5 million of the most vulnerable people in the UK rely on social care workers and support staff for help. Birmingham's Adults and Communities directorate provides and commissions services that help adults in the city to live as independently as they can and to be part of their local community by supporting people in living the life they choose.
- **The seven key outcomes:** Birmingham has adopted seven key outcomes for adults who use social care services. All our services, and the services we commission from other organisations, are measured against these outcomes. They are:
 - Improved health;
 - Improved quality of life;
 - Making a positive contribution;
 - Choice and control;
 - Freedom from discrimination and harassment;
 - Economic wellbeing;
 - Personal dignity.

These seven outcomes are sourced from the UK Government's White Paper - Our health, our care, our say: a new direction for community services², published in 2006, which has led to a new approach to adult social care.

1.3. Provision of adult social services

The main adult social services offered in Birmingham are as follows:

- Carers³: Information and support if you look after someone who uses adult social care services.
- Learning disabilities⁴: Social care for adults with a learning disability.
- Mental health⁵: Support for adults with mental health difficulties, in the community and in residential care.
- Older adults⁶: Social care for people in Birmingham aged 65 or over.
- Physical disabilities⁷: Social care for adults with a physical disability, including those with sensory impairment⁸ (deaf or hard of hearing⁹ or blind or partially sighted¹⁰).

² www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127602.

³ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223092710640&pagename=BCC%2FCommon%2FWrapper%2FInlineWrapper.

⁴ www.birmingham.gov.uk/cs/Satellite/LearningDisabilityAdults?packedargs=website%3D4&rendermode=live.

⁵ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223092710564&pagename=BCC%2FCommon%2FWrapper%2FWrapper.

⁶ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223092710320&pagename=BCC%2FCommon%2FWrapper%2FInlineWrapper.

⁷ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223241672195&pagename=BCC%2FCommon%2FWrapper%2FInlineWrapper.

⁸ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223311239150&pagename=BCC%2FCommon%2FWrapper%2FWrapper.

1.4. Organisation of adult social services

Birmingham City Council is changing the way adult social services are delivered: moving away from direct delivery and instead commissioning other organisations. The Adults and Communities directorate have developed a Third Sector Commissioning prospectus¹¹. The drivers behind the development of this commissioning framework include: improving our partnerships with third sector groups, increasing their involvement in our services, and working towards strategic and longer term funding for third sector organisations, in return for a high level of quality and performance.

The council aims to achieve added value alongside price competitiveness using a full cost recovery strategy. Service delivery by third sector organisations will help to develop Birmingham's social capital and will complement and add value to existing mainstream provision. Inclusive networks, voluntary groups, trusts, social participation and civic engagement will support communities beyond the delivery of funded services and activities. The third sector can contribute added value through a clear focus on user needs. In recognising the unique features of the third sector, the council seeks to ensure that the funding for this sector is sufficient to achieve the main objectives for Birmingham's communities.

Birmingham's seven key outcomes for adult social care (as listed earlier), are the key drivers for investing in and delivering services that meet the needs of all our adult service users. The council's vision is also to achieve best performance by ensuring that commissioned services are inclusive, sensitive and safe. This means that:

- People and their carers decide on how, and through whom they access care and services;
- Services are delivered by a skilled, flexible and responsive workforce from a choice of providers who may work together;
- Services are delivered at home or close to home;
- Service users and carers are involved in the review, evaluation and design of the services offered.

1.5. Plans for reform: personalisation

People in Birmingham who use adult social services are asking for more choice and control over the type of care they get, when they get it, who provides it and how it is managed. Having consulted service users, the council has been able to develop and change the way care is organised and delivered, giving users more independence, more choice and more control over their lives.

⁹ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223256721991&pagename=BCC%2FCommon%2FWrapper%2FInlineWrapper.

¹⁰ www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Adults-and-Communities-General%2FPageLayout&cid=1223304559300&pagename=BCC%2FCommon%2FWrapper%2FInlineWrapper.

¹¹

www.birmingham.gov.uk/cs/Satellite?%26ssbinary=true&blobcol=urldata&blobheader=application%2Fpdf&blobheadname1=Content-Disposition&blobkey=id&blobtable=MungoBlobs&blobwhere=1223431590790&blobheadvalue1=attachment%3B+filename%3D85385Third+Sector+Commissioning+Prospectus+2007.pdf

This personalisation approach to adult social care is in line with the previous UK Government's commitment to transforming adult social care, which is expected to be continued by the current government. Additional information is available in the UK Department of Health document Putting people first: a shared vision and commitment to the transformation of adult social care¹² (2007) and on the Putting People First¹³ website.

Self-directed support is part of the personalisation approach: a new way of providing social care which puts the user in control. It means users can choose how they would like to manage their care services, giving them more control over the social care support they receive. In this way, we are providing a much more personal approach to adult care services.

Personalisation involves planning and delivering care and support services in an entirely different way. It means starting with the person as an individual: identifying their strengths, preferences and aspirations. They must be placed at the centre of the process of assessing their needs and agreeing how and when they are to be supported to live their lives as they wish. This requires a significant transformation of adult social care so that all systems, processes, staff and services are focused on putting people first.

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to influence the kind of support they receive. Personalisation is designed to give people much more choice and control over their lives. In addition, personalisation involves addressing the needs and aspirations of whole communities, to identify which services should be made available, and to ensure everyone can access the information and advice needed to make the right decisions about the support they need. Personalisation aims to ensure that people have a wider choice in how their needs are met and are able to access universal services such as housing, health, transport, education, employment opportunities and leisure, regardless of age, disability or other circumstances.

¹² www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118.

¹³ www.puttingpeoplefirst.org.uk/.

2. Quality in Social Services

2.1. Defining quality in social services in Birmingham

Like other types of social support, adult social care services, are not static in nature but subject to ongoing development to meet emerging needs. The concept of quality in this area will therefore also be subject to ongoing change and will be dependent on the location and context of the social care being provided.

Given the changing nature of social care services, with the move towards personalisation and users being in more control, quality will increasingly be defined by each individual user rather than the institutions or care providers. The definition of quality is therefore in a constant state of flux: one user's definition of quality may not be the same for another user.

2.2. Ensuring quality in social services

The Care Quality Commission¹⁴ (CQC) is England's independent regulator of health and social care. The Commission regulates England's health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. It also protects the rights of people detained under the Mental Health Act. Its overriding aim is to improve people's experience of care, by making sure that essential quality standards are being met wherever care is provided, and working toward the improvement of care services. The CQC promotes the rights and interests of people who use care services and has a wide range of enforcement powers to take action on their behalf if services are unacceptably poor. The CQC became responsible for regulating adult social care in April 2009. Its minimum quality standards are available.¹⁵

2.3 Continuous quality improvement

In order to provide financial support to help organisations to meet the national minimum standards in terms of achieving quality targets and improving the quality of services, the previous government introduced the National Training Strategy and Human Resources Development Grants. For 2003/04 the government stipulated that 50% of this funding should be given to private and voluntary organisations delivering services on behalf of local authorities; and allocations in subsequent years were to reflect the distribution of the social care workforce.

This funding initiative led to the development of the Birmingham Care and Development Agency: known as bcda. It is one of seven sub-regional employer partnerships in the West Midlands that are contributing to the government's aim of modernising the country's social care workforce. By helping social services employers train up their staff, bcda's learning and development service contributes to the national, regional and local strategic objectives of key social care organisations, including Birmingham City Council, the Skills for Care qualifications authority, the Association of Directors Of Adult Social Services (ADASS) and the Skills Funding Agency. These organisations share a number of objectives, including: the development of a national qualifications framework for social

¹⁴ www.cqc.org.uk.

¹⁵ www.cqc.org.uk/guidanceforprofessionals/adultsocialcare/changestooourassessmentsystem.cfm.

care workers; the collation of workforce data; the strengthening of employer-led partnerships; and collaboration between social care agencies.

By consulting adult social care clients, carers and care workers, bcda's learning and development service ensures that the views and experience of clients and carers are actively considered when planning training and development programmes for social care staff. As the work involved in social services has changed over the years, bcda's services have increased significantly, and now include development and delivery of care training and qualifications; multi-agency training on issues such as safeguarding adults and fire safety; care staff recruitment and retention services; and creating and facilitating networks for sharing best practice.

2.4. Quality improvement through personalisation

Personalisation and workforce development are just two of the ways in which quality improvement is being undertaken in Birmingham.

Personalisation will require cultural change and new ways of working that not only impact on personal care assistants but also on a wide range of other individuals and services that support people to live independent lives.

Personal assistants will need to learn a wide range of new skills and remain flexible and adaptable to meet changes in the ways in which clients are supported. Terms and conditions of employment may be different and working hours may be more flexible, with personal care assistants increasingly working on their own, without the clear support of a team.

Personal assistants are increasingly likely to be employed directly by the person they support, or by an agency organisation, or they may be self-employed. Each model of employment has its strengths and weaknesses and personal assistants will need to work closely with the person they support to decide which model of employment is best for those concerned.

Learning and development will be key to helping personal care assistants to adapt. People working as personal assistants are likely to want access to learning and training that fits around their working life and that is also specifically focused on the needs of the individual client they are supporting.

3. The main challenges

Putting People First (2007) is England's national policy for self-directed care and independent living. In carrying out this policy, Birmingham will need to take into account major reductions in overall public spending as it tailors its services to meet individual needs. With reductions in non ring-fenced expenditure likely to be in the range 25-40%, the city needs to focus relentlessly on improving quality while cutting costs. This is particularly pertinent for the training and development of the social care workforce, as this has been significantly supported through government grants that are assigned specifically to them since the late 1980s.

In addition, with clients as opposed to institutions taking control of social care, ensuring the quality of personalised services will always remain a key priority.

One of the most significant challenges is how to achieve both personalisation and quality. It is important to ensure that clients make good and informed choices, and it is also important to ensure that carers deliver acceptable quality services, through continued high quality learning and training.

Birmingham's huge cultural diversity brings many significant benefits. However, such diversity can also bring many challenges in terms of the provision of satisfactory social care. Providing patients with care that is sensitive to the culture and values of particular ethnic or religious backgrounds can require carers to have cultural or language competencies.

Perhaps the most difficult challenge is the prospect of an ageing population: it has been estimated that by 2020, Birmingham will need a 25% increase in the number of people working with older people in social care. Even now, the workforce challenges are significant. With a continued need to prioritise workforce planning and minimise the impact of spending cuts, bcda is helping to maximise the retention of social care workers through its recruitment and retention programme: this is far more cost-effective than recruiting and training those who are new to social care work.

4. Good Lessons: examples of what works well

4.1. Birmingham InLAWS: personal assistant workforce

England's Integrated Local Area Workforce Strategy (InLAWS) project was set up in 2009 by the national Skills for Care qualifications authority and the Association of Directors of Adult Social Care (with support from the Department of Health and other partners). The project aims to provide social care directors and their teams with practical tools and a common methodology to develop a skilled, capable and competent workforce, in order to carry out the government's Putting People First policy across their local area.

Local authorities in England spend £10 billion a year on social services. Almost 70% of social services funding is spent on community care services for adults: people with physical or learning disabilities; older people; and people with poor mental health. Most of the balance (27%) is spent on social services for children.

In Birmingham, some adults pay for all their own social care from their own money. Many others receive help from the state, either through welfare benefits or social services funding. For example, over 70 percent of older people living in care homes have some or all of their costs met by their local council. Some people using social care are provided with direct payments from the council so that they can arrange and buy the care services they need.

Birmingham plans to use the InLAWS methodology to develop the thinking and tools to develop a personal assistant (PA) workforce to provide personalised adult social care across Birmingham. In its InLAWS positioning statement, Birmingham's adult social care services department recognises that the right tools and methodology will help further the work already begun in developing a high quality personal assistant workforce in the city. In this way, InLAWS will help people transform their communities, in line with the Shaping the Place where they live initiative.

4.2. Direct payments

Direct payments are at the core of the government's aim of personalising adult social care services to meet the needs of users. Through the Putting People First initiative¹⁶, councils are expected to significantly increase the number of people receiving direct payments and have been rolling out a system of personal budgets for all users of adult social care since 2008. Putting People First is the culmination of a policy process that began in 2005, with the adult social care green paper, Independence, Well-being and Choice, and was developed through the 2006 health and social care white paper¹⁷ Our Health, Our Care, Our Say.

Direct payments were introduced by the Community Care (Direct Payments) Act 1996¹⁸ and came into being in April 1997 for adults of working age. They were extended to older people in 2000. They are cash payments given to service users in lieu of the community care services they have been assessed as needing. These payments are intended to give users greater choice in their care, and must be sufficient to enable the service user to purchase services to meet their needs. They must be spent on services that users need (rather than on food or drink for example). Similarly to commissioned care, the

¹⁶ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118.

¹⁷ www.communitycare.co.uk/Articles/2006/02/03/52673/Special-report-on-the-health-and-social-care-white-paper.htm.

¹⁸ www.legislation.gov.uk/ukpga.

payments are means-tested, so in many cases clients will also contribute to the cost of their care.

Direct payments confer a responsibility on the recipient to employ their carers and to commission services for themselves. Clients therefore take on all the responsibilities of an employer, including payroll, meeting legislative requirements such as the minimum wage, and establishing contracts of employment. Some of these employer functions can be contracted out, and many councils have commissioned support organisations to help social care clients manage these responsibilities.

Services can range from long-term help such as personal assistants providing direct daily support, to one-off payments for fixtures and fittings in a client's own home. Clients are expected to arrange all the payments and provide the council with details of how they are spending their direct funding, on a three monthly basis; and they must keep all the relevant paperwork (invoices, receipts and bank statements), as well as timesheets, wages, P45 forms and so on if they use their funding to employ a personal assistant or other help.

Given Birmingham's changing demographics, it is likely that increasing numbers of social care clients will start to employ their own personal care assistants; and the number of personal assistants required in the city is forecast to grow.

For personal assistants (PAs), the personalisation of social care means they will need to:

- Tailor support to people's individual needs so they can live as full and independent a life as possible. PAs are already delivering personalised support, but some may need to adapt from focusing on task-based care and support to focusing on the client's own priorities and views.
- Ensure that clients have access to the information and advice to make good decisions about their care and support.
- Work in new, creative and person-centred ways. PAs may be much more involved in planning care and support with clients than previously, and will need to help make decisions that used to be passed to someone else to decide.
- Develop the opportunity to learn a range of new skills, and the need to remain adaptable, as the ways in which people are supported change.
- Where necessary, accepting new terms and conditions of employment and more flexible working hours, as PAs increasingly work on their own and are directly employed by the personal budget holder or direct payment holder.
- Keep in mind the seven core principles for self care OR the seven key outcomes for adults using social care services, which were developed with clients and carers, and which can help guide PAs in developing practical solutions in their social care work.
- Help personal assistant learn and develop, as this is vital for them to adapt to personalisation.

4.3 Training for personal assistants

Many UK social care workers have few if any qualifications and also have limited access to learning and development opportunities. With personalisation and the transformation

into personal assistants, many in the social care workforce will need to acquire new skills and competencies. These will include how to move away from task-based care, as well as how to adapt to new employment terms, more flexible hours, and working on their own without the obvious support of a team. Training will need to be flexible enough to fit around their working lives and will also need to provide the specific skills they need to support their particular client or clients.

Birmingham City Council has made the InLAWS workforce methodology and tools accessible to all social care learning and development organisations across all sectors in the city: public, private and voluntary. Through a government area grant PAs can enrol on courses such as manual handling, food and hygiene, and medication awareness. During the initial phase of this training project, Birmingham piloted a training programme for personal assistants to give them a National Vocational Qualification (NVQ). This qualifications based individually tailored programme was delivered in the home of each care worker's client: 13 people signed up to this course during the pilot phase.

By developing strategies that raise skill levels and provide career development opportunities across Birmingham's public, private and voluntary care sectors, the Birmingham Care and Development Agency, bcda¹⁹, is contributing to the Government's programme of modernising the social care workforce. bcda plans to also provide training for social care users who receive direct payments, to give them the skills to be social care employers.

bcda commissions a range of training providers that have to meet the requirements of Birmingham City Council. This ensures that the organisations contracted to bcda work to an agreed standard of quality. Regular meetings are held with training providers to ensure quality is monitored, maintained and developed.

¹⁹ www.birmingham.gov.uk/cs/Satellite/bcda?packedargs=website%3D4&rendermode=live.

5. Future plans

It is envisaged that quality assurance and clinical governance systems will be strengthened both nationally and locally to maintain and improve quality in social care services, and to detect any quality deficiencies at an early stage.

On a national level, the Department of Health recently published:

A consultation on proposals: Transparency in outcomes - a framework for adult social care²⁰. This outlined proposals on a new quality and regulatory framework, and suggests an approach which gives more autonomy to local authorities and more collective working across public and other local agencies. In adult social care, councils have also set out their own priorities for the next stages for social care transformation in a new partnership agreement, Think local, act personal²¹, which focuses on outcomes, quality and transparency.

Specific proposals in the Department of Health document include a single quality and outcomes data set that brings together all routine social care data requirements. Additionally, there is no requirement for a national performance management system or league tables. However, the Care Quality Commission has been strengthened and is now focused on quality inspection, so it will continue to inspect services where concerns arise, but its annual assessment of councils as commissioners has been discontinued.

Birmingham and its partners also aim to assess the availability and quality of information from all social care providers, to ensure that all service users, including those accessing individual budgets, are genuinely able to make informed choices about their care and support. For example, Birmingham is in the process of developing a database called Quick Heart, an online information, assessment and marketplace for adult social care. This will provide social care users with access to information on all the different service choices they are eligible for, with the choice of selecting accredited or non-accredited care providers: a perfect example of personalisation.

Performance management systems, such as service monitoring visits, will be supplemented by regular client satisfaction surveys, face-to-face consultation with people in need of care and their carers via existing forums, and feedback from care providers.

In addition, , in January 2010, to further support its role as commissioner of social services, Birmingham City Council together with Coventry City Council, established a commissioning reference group. This consists of local and national experts who will advance the thinking and commissioning of health and social care initiatives. Co-chaired by Birmingham's Strategic Director of Adult and Communities, the group recently agreed to research different personal assistant accreditation models, with a view to increasing the quality of care offered to users. Fieldwork and analysis are due to be completed in January 2011. The purpose is to ask citizens, personal assistants, commissioners and other key stakeholders to review the methods and levels and methods of accreditation and of decision making support, and assess their added value. This will help to establish the importance of various accreditations, and whether, for example, clients would be compromise on the amount of support they receive, in exchange for a better quality service.

²⁰ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_121660.pdf.

²¹ www.puttingpeoplefirst.org.uk/_library/PPF/NCAS/Partnership_Agreement_final_29_October_2010.pdf.

ANNEX 1. References

A consultation on proposal: Transparency on outcomes - a framework for adult social care

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Birmingham City Council -The Council Plan

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ANNEX 2. Acknowledgements

We are grateful to members of the Adults and Communities Directorate at Birmingham City Council for their invaluable input into this report and to the objectives of NLAO as a whole. We are also grateful to the following people for the support and direction throughout the different stages of this research: Jan Marr, Head of Learning & Workforce Development, bcda Learning and Development Service; Maria Gavin, Assistant Director, Strategic Commissioning, Joint Commissioning Team; and Patricia M Daley, Social Care Workforce Development Manager, bcda Learning and Development Service.



This publication is commissioned under the European Union Programme for Employment and Social Solidarity (2007-2013). This programme is managed by the Directorate-General for Employment, social affairs & inclusion of the European Commission. It was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the EUROPE 2020 goals in these fields.

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