

Adult Social Work

2008/2009

Orkney Islands

INSERT 'NS' IN CELLS WHERE THERE IS NO SERVICE

COMMUNITY CARE SERVICES

1 **Achievement of targets for assessment and service delivery**

a) **Assessment**

Number of people receiving an assessment

Number of people
620

Number of people assessed within local target times

401

Percentage of people for which local assessment target times were met

64.7 %

b) **Delivery of care service**

Number of people receiving first service

Number of people
1,021

Number of people receiving first service within local target times

982

Percentage of people for which local service target times were met

96.2 %

This reflects reporting in accordance with email of October 2008

PI values
05/06 06/07 07/08

RESIDENTIAL ACCOMMODATION: STAFF QUALIFICATION

2 a) **Older people (aged 65+)**

Care staff in Local Authority residential homes, who have appropriate qualifications for the level of post held

157

Number of **qualified** staff (not whole time equivalent)

81

Percentage qualified

51.6 %

15.0%

31.7%

38.3%

b) **Other adults (aged 18-64)**

Care staff in Local Authority residential homes, who have appropriate qualifications for the level of post held

28

23

82.1 %

25.0%

48.1%

60.6%

c) **Overall totals for older people and other adults**

Care staff in Local Authority residential homes, who have appropriate qualifications for the level of post held

185

104

56.2 %

16.5%

34.7%

42.3%

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	Source	Performance Information			PI values		
		05/06	06/07	07/08	05/06	06/07	07/08
RESIDENTIAL ACCOMMODATION: PRIVACY							
3	The number of rooms expressed as a percentage of all residential care places						
	Single rooms (by sector)						
a)	i. Older people - <i>council</i>	98	101	97.0 %	96.1%	96.8%	96.8%
	ii. Older people - <i>voluntary sector</i>	1	1	100.0 %	No Service	100.0%	100.0%
	iii. Older people - <i>private sector</i>	14	16	87.5 %	71.4%	72.2%	64.7%
b)	i. Other adults - <i>council</i>	1	1	100.0 %	100.0%	100.0%	66.7%
	ii. Other adults - <i>voluntary sector</i>	1	1	100.0 %	100.0%	100.0%	100.0%
	iii. Other adults - <i>private sector</i>	2	2	100.0 %	No Service	No Service	No Service
	Rooms with en-suite facilities (by sector)						
a)	i. Older people - <i>council</i>	63	101	62.4 %	59.8%	60.6%	61.7%
	ii. Older people - <i>voluntary sector</i>	1	1	100.0 %	No Service	50.0%	50.0%
	iii. Older people - <i>private sector</i>	4	16	25.0 %	7.1%	22.2%	17.6%
b)	i. Other adults - <i>council</i>	0	1	0.0 %	33.3%	0.0%	66.7%
	ii. Other adults - <i>voluntary sector</i>	0	1	0.0 %	22.2%	12.5%	16.7%
	iii. Other adults - <i>private sector</i>	2	2	100.0 %	No Service	No Service	No Service

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		Source	Performance Information		PI values		
					05/06	06/07	07/08
HOME CARE/HOME HELPS							
4	Level of service						
	<i>Total population aged 65+ (2007 mid year estimates)</i>	3,697					
a)	Number of people aged 65+ receiving homecare			242	416	289	286
	Total volume of service						
b)	Total number of homecare hours per 1,000 population aged 65+		Number of home care hours	As a rate per 1,000 population aged 65+	643.1	495.1	529.0
			1,629	440.6			
c)	Number and percentage of homecare clients aged 65+ receiving:						
	i. Personal care		227	93.8 %	44.2%	63.0%	63.6%
	ii. A service during evening/overnight		104	43.0 %	23.1%	31.8%	37.1%
	iii. A service at weekends		184	76.0 %	38.7%	58.8%	57.3%
RESPITE CARE							
5	Older people - aged 65+						
	<i>Population aged 65+ (2007 mid year estimate)</i>	3,697	Volume of respite care	Number per 1,000 population (65+)			
a)	Total overnight respite nights provided		2,248 nights	608.1	608.8	655.1	679.2
b)	Number and percentage of respite nights not in a care home		NS nights	NS %	9.8%	0.0%	0.0%
c)	Total daytime respite hours provided		28,715 hours	7,767.1	375.1	3,534.9	4,208.8
d)	Number and percentage of daytime respite not in a day centre		12,014 hours	41.8 %	No Service	5.4%	0.0%
	People aged 18-64						
	<i>Population aged 18-64 (2007 mid year estimate)</i>	12,063	Volume of respite care	Number per 1,000 population (18-64)			
a)	Total overnight respite nights provided		605 nights	50.2	66.0	64.8	62.9
b)	Number and percentage of respite nights not in a care home		NS nights	NS %	99.7%	0.0%	0.0%
c)	Total daytime respite hours provided		37,556 hours	3,113.3	63.5	2,374.1	2,785.3
d)	Number and percentage of daytime respite not in a day centre		11,128 hours	29.6 %	0.0%	0.0%	0.0%
CRIMINAL JUSTICE							
6	Social enquiry reports						
a)	Number of reports submitted to court during year		100				
b)	Number and proportion of reports submitted to court by due date	100		100.0 %	100.0%	100.0%	100.0%

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	Source	Performance Information		PI values		
				05/06	06/07	07/08
7	Probation					
a)	Number of new probation orders issued during the year		27			
b)	Number of probationers	26				
	Number and proportion of new probationers seen by a supervising officer within one week		26	100.0 %		
				96.2%	100.0%	100.0%
8	Community service					
a)	Number of new community service orders issued during the year		34			
b) i.	Average number of hours per week to complete community orders			3.9 hours		
ii.	Total community orders completed during the year		22			
iii.	Total hours for all community orders	3,220				
c)	Total days to complete all community orders	5,737				
				4.3 hours	3.3 hours	4.7 hours

Adult Social Work

Community care services

C

ASW 1: Achievement of targets for assessment and service delivery

	Number of People within target time per 1000 population	Number of people outwith target time per 1000 population	% of people for which target was met
Assessment			
Delivery of care service			

Definitions

The definitions of these measures are currently set out in the National Performance Framework for Community Care (nos OP5a & b in the implementation letter to council chief executives, directors of social work and others dated 4 April 2007, available at: <http://www.scotland.gov.uk/Resource/Doc/924/0049567.pdf>). Further guidance on the measures will be issued as part of the detailed implementation of the Framework in 2008-09. As part of that, the Scottish Government expects to develop target times for assessment and delivery of care services. It will issue advice on the precise content later.

A community care assessment is a series of actions, undertaken with the person being assessed, which includes identifying the extent and nature of their needs, the extent to which these may be met by community care services or support, informing the person and/or carer of the conclusion, and, where appropriate, devising a care plan and arranging services. This definition covers all community care assessments, including assessments by local authority occupational therapists of people who require equipment or adaptation services. Screening activity that does not lead to further assessment, and self assessments, are not included within this definition of assessment. Scheduled and unscheduled reviews and re-assessments of need are also not included except where a re-assessment of community care need takes place under a different service user group to that applying previously.

Any assessment of community care needs (which meets the definitions above) originating in Health or Housing, and shared appropriately with Social Work, is deemed to be a Community Care Assessment for the purpose of this Performance Indicator.

The date of first identification of need is defined as the date on which a person is first identified by social work, health or housing as requiring a community care assessment.

The date of first service provision is defined as the start date of the service to the service user or the date of provision for one-off services.

The community care outcomes are part of the development of the outcomes approach in community care. Their implementation is conditioned by the developments on outcomes generally within the Scottish Government.

Sources

Council and local partnership records of assessments and care plans.

Interpretation

It is recognised that effective service delivery is dependant on needs being assessed quickly. The indicator shows the proportion of assessments undertaken within the target period following referral and, subsequently the proportion of those receiving a service within the target period following assessment.

Residential accommodation

ASW 2: Staff qualifications: The percentage of care staff with appropriate qualifications for the level of post held, working in council residential homes for:

- a) Older people (age 65+)
- b) Other adults

Definitions

The indicator relates to care staff only, including unit managers. It includes the staff of all registered care home accommodation managed by the council and subject to inspection. Non-care staff (eg administrative; domestic; ancillary; teaching and instruction etc.) should be excluded.

'Older people' (aged 65+) includes people with dementia. (They have not been separated because residential accommodation for older people with dementia is not always provided separately).

'Other adults' includes people aged 18-64 who have physical disabilities or sensory impairments; people aged 18-64 with mental health problems or dementia; people aged 18-64 with a learning disability; people aged 18-64 with HIV/AIDS; and people aged 18-64 with drug or alcohol abuse problems. Exclude 'Adult Offenders' from this category.

If no registered care home accommodation is provided for older people, or for other adults, this should be reported as NS (No Service) rather than '0%' (which reflects a failure to employ any qualified staff).

disability; people aged 18-64 with HIV/AIDS; and people aged 18-64 with drug or alcohol abuse problems. Exclude 'Adult Offenders' from this category.

If no registered care home accommodation is provided for older people, or for other adults, this should be reported as NS (No Service) rather than '0%' (which reflects a failure to employ any qualified staff).

Councils should report the position consistent with the information already provided to the Scottish Executive on the annual social work staffing return. The staffing return outlines the qualifications recommended as appropriate for residential care staff qualifications.

The indicator relates to staff in council-managed homes only. Voluntary or private sector homes are not included.

Sources

Council staff and training records.

Interpretation

This indicator measures one important aspect of the quality of residential care for older people and other adults. It reports the extent to which staff providing direct care to residents are appropriately qualified. Staff qualification is only one of a potentially large number of criteria which contribute to quality in residential care, but it is an important and measurable one. The range of different qualifications which are appropriate reflects the range of skills involved.

The indicator will be affected by:

- the availability of suitably qualified staff
- national guidance to Councils on staff qualification

ASW 3: Privacy: The number of single rooms and the number of rooms with en-suite facilities, expressed as a percentage of registered care places used by the council for each client group.

Older people (age 65+)	Number of places occupied	Single rooms %	Rooms with en-suite facilities %
Council homes			
Voluntary sector			
Private sector			
Other adults			
Council homes			
Voluntary sector			
Private sector			

Definitions

'Registered care places' are places in care homes as defined in the Regulation of Care (Scotland) Act 2001, section 2(1)(b), registered as such with the Care Commission. This excludes supported accommodation.

The 'Number of places occupied' is the number of places at 31 March that are used by the Council, that is, occupied by a resident wholly or partly funded by the local authority (whether or not the places are in homes located geographically within the local authority area). Include all people who are in a short-term placement at 31 March. This number is the denominator for the following percentage measures. [NB count all residents wholly or partly funded by the local authority, including formerly self-funding residents now receiving free personal care]. The 'Number of places occupied' should be measured in accordance with the care homes census returns submitted to the Scottish Executive.

The 'Single rooms %' is the percentage of people, wholly or partly funded by the local authority at 31 March, who are in rooms (with or without en-suite facilities) designed for use by a single person. A room which has two or more beds, but which is occupied by only one person, does not count as a single room.

The 'Rooms with en-suite facilities %' is the percentage of people, wholly or partly funded by the local authority at 31 March, who are in rooms (whether or not designed for single person use) which have en-suite facilities. 'En-suite facilities' is defined as a private toilet and washbasin either within, or directly accessible from, the resident's room. Commodes do not count as a private toilet.

'Council homes' can include places commissioned/ purchased from another local authority.

Exclude places purchased by another local authority in your own homes or in voluntary or private sector homes in your area.

The contextual information required for this indicator is, for each client group, the numerators for the percentage columns:

- the number of people in commissioned/ purchased places at 31 March who are in single rooms
- the number of people in commissioned/ purchased places at 31 March who are in rooms with en-suite facilities.

Sources

Council care commissioning and purchasing records

Care home return to the Scottish Executive.

Council care commissioning and purchasing records

Care home return to the Scottish Executive.

Interpretation

Research in relation to the preferences of residents in residential establishments confirms that privacy is of particular importance. This indicator is, therefore, a good measure of a key aspect of the quality of residential services commissioned by councils. In most councils, a significant proportion of residential care is commissioned/ purchased from the private and voluntary sectors. For that reason, the information covers those sectors also.

It is recognised that it will be desirable for councils to use some double rooms to accommodate, for example, married or cohabiting adults. For this reason, it may not be possible or desirable for councils to achieve 100% of places provided as single rooms.

The definition of 'en-suite facilities' represents a minimum standard which many, but not all, homes will have gone beyond by also providing either a shower or a bath in the apartment for the sole use of the resident.

The measure is likely to be affected by:

- limitations in the capital resources available to councils and the owners of homes in the voluntary and private sectors to improve homes by increasing the number of single rooms, or by providing en-suite facilities
- the physical layout of an existing home which may limit the scope for creating single rooms or en-suite facilities
- design standards for new homes which encourage greater provision for privacy

It is possible that the proportion of single rooms may rise because providers may close establishments (or parts of them) which fail to meet standards or rising expectations, including the recognition of the need for single rooms. In other words, it is possible that the proportion of single rooms may rise, at least in part, because of a reduction in total rooms.

Home Care / Home Helps

ASW 4:

- a) **The number of people age 65+ receiving homecare**
- b) **The number of homecare hours per 1,000 population age 65+**
- c) **As a proportion of home care clients age 65+, the number receiving:**
 - **personal care**
 - **a service during evenings/overnight**
 - **a service at weekends**

Definitions

The definition of 'home care' for this indicator is identical to that used for the Scottish Executive statistical return on Home Care (Form H1). Home care services bought from other councils or other external providers (e.g. voluntary and private sector providers) should be included without double counting of clients. Equally, services provided for residents of other councils should be excluded

The number of people receiving home care, the hours they receive, and the percentage receiving personal care, an evening or overnight service, and/or a service at weekends, are reported for the week (7 days) containing 31 March at the end of the year. However, if the SE selects a different week for completion of stats return H1, that week should be used so as to provide comparable data.

People receiving home care aged 65+ are service users who were aged 65 years or over on 31 March.

The number of homecare hours should comprise only actual contact time, and should exclude travel time.

Personal care services are defined as help with using a toilet, washing/bathing, dressing, getting in/out of bed, feeding, medication, a sitting service and other personal help as defined in the Regulation of Care (Scotland) Act 2001 and the Community Care and Health (Scotland) 2002

Evenings/overnight services are those provided at any time during the period from 7:00pm up to 7:00am, on any day during the relevant week.

The contextual information required for this indicator is the numerators in parts b) and c):

- the total number of home care hours received by all service users aged 65+ during the week
- the number of home care service users aged 65+ receiving personal care in that week
- the number of service users aged 65+ receiving home care during evenings or overnight in that week
- the number of service users aged 65+ receiving home care during the weekend of that week.

Sources

Council's home care records and information systems, including information about services purchased from other providers.

Return to the Scottish Executive stats return H1.

Council's home care records and information systems, including information about services purchased from other providers.

Relative to the SE stats return H1.

Home care is one of the most important services available to local authorities to support people with community care needs to remain at home. The indicator measures the overall volume of service for the largest client group, in terms of both the total number of clients and the total number of home care hours provided or purchased per 1,000 people age 65+.

Increasing the flexibility of the service is a key policy objective for both central and local government, to ensure that people receive the type of assistance which they need, when they need it. The indicator measures flexibility in terms of the extent to which:

- care is provided outwith normal working hours to meet clients' needs
- personal care is provided, in addition to help with domestic tasks.

The indicator will be affected by:

- the pattern of need and demand within the council area, influenced by the age-structure of the elderly population, the distribution of poverty and ill health, household composition, and other factors
- the particular needs of people who receive the service
- the balance between home-based and residential care services in the council area.

The indicator only captures 'home care services' which are provided on an hourly basis. Other services which support people at home, such as laundry services, home shopping, community alarms and meals-on-wheels, are not included.

Respite care

S	ASW 5: Provision of respite services:	
	Per 1000 older people (65+)	Per 1000 other adults (18-64)
	a) Total overnight respite nights provided	
	b) % overnight respite nights not in a care home	
	c) Total hours daytime respite provided	
	d) % daytime respite hours provided not in a day care centre	

Definitions

Respite care is a service intended to benefit a carer and the person he or she cares for by providing a short break from caring tasks. The break is made possible through alternative care arrangements. Breaks provided to people without carers are excluded from this performance indicator, which is intended to measure a key element in support for carers. This indicator only concerns respite care provided or purchased by the Council, or by voluntary organisations funded for this purpose by the Council.

A carer is an adult, young person or child who provides a substantial amount of unpaid care on a regular basis for a partner, parent or child, other relative, friend or neighbour who is unable to manage at home without help because of physical or mental ill health, age or disability. Carers may or may not be living with the person for whom they are caring. Exclude people providing such care as a volunteer working for a voluntary organisation or on any contractual basis. "Substantial and regular care" is not defined in carers' legislation and should be interpreted in terms of the impact of the caring role on the individual carer and their family (Scottish Executive Circular CCD 2/2003).

A person cared for is an adult with community care needs, with a carer. Older people (65+) include people with or without dementia, aged 65 and over. Age should be calculated as at 31st March. Other adults (18-64) includes people with learning disabilities, physical disabilities, mental health problems, dementia, HIV/AIDS, drug/ alcohol abuse problems, etc., aged 18 to 64 inclusive.

Respite care breaks may last a few hours or a few weeks and may or may not be repeated at regular intervals. The duration of the service episode must allow the carer a break from caring tasks; for this reason a minimum duration of one hour is required for the service episode to count as respite for the purposes of this performance indicator. Only normal, planned activity of the respite episode will be counted. Additional care alongside the care provided by the carer (to the same or another cared-for person) provide assistance but do not provide a respite break.

There is no maximum duration for the respite break episode. Councils should exercise caution in relation to people who are recorded in information systems as having very long respite episodes; it may be that the care episode was originally provided for respite but is now being provided as long-term care.

The following kinds of respite care should be included:

- all respite care where this is part of a care plan or arranged on an emergency basis
- all respite care, whether it has been provided directly by the council, or secured by the council from another source such as a voluntary or private sector organisation
- any respite care, even if this subsequently becomes longer term or permanent care. (N.B. The

- all respite care, whether it has been provided directly by the council, or secured by the council from another source such as a voluntary or private sector organisation
- any respite care, even if this subsequently becomes longer term or permanent care. (N.B. The original provision needs to have been on a respite basis, and it is only this period which should be reported).

The **types of respite care** relevant for the purposes of reporting in relation to this indicator are:

Row type (Measure)	Setting	Service type		Definition
Overnight (nights)	At home	(1)	Overnight sitter services at home	Support provided in cared-for person's normal residence that enables the carer to be absent, if they wish.
	Away from home	(2)	In a care home	Accommodated away from home in a registered care home. Excludes respite care in hospital in-patient beds or in supported accommodation.
		(3)	In other accommodation with support	Accommodated away from home in accommodation with support.
		(4)	In another's home	Overnight respite care with another family or individual. Holiday breaks* involving overnight stays (unless in care homes or supported accommodation).
Daytime (hours)	At home	(5)	In cared-for person's normal residence	All respite services provided in the home of the cared for person, except overnight. Includes home care and daytime sitter services.
	Away from home	(6)	In a day centre	Day centre attendance (only counted when the provision of a respite care break to the carer is an <i>explicit</i> reason for day centre attendance recorded in the care plan of the carer or the cared-for person).
		(7)	Day activities not in a day centre	Day services and activities outside the home providing respite for the carer and not based in a day centre.
		(8)	Other day respite	Respite care in another family's home in daytime; Holiday breaks* without overnight stay.

Note: ***Holiday breaks** include opportunities for the carer and cared-for person being supported to go away together, as well as breaks for either carer(s) or cared-for person(s) to go on holiday separately.

In **row (a)** Councils should report the total number of **nights** (for service types 1 to 4 in the table above), and in **row (c)** the total number of respite care **hours** (for service types 5 to 8), received during the reporting year, as rates per 1,000 population, adding up all respite episodes in the year, whether or not the respite care episode started in the previous reporting year or has yet to be completed. Where a single episode of respite care involves both daytime and overnight support, count both the nights and the daytime hours.

In **row (b)** count the percentage of respite nights in service types 1, 3 and 4. In **row (d)** count the percentage of respite hours in service types 5, 7 and 8.

Respite is a reason for providing a service, and often is not a distinctive type of service. Short duration services provided for the cared-for person, for example emergency admission to hospital, or a programme of rehabilitation, provide the carer with a short break in the normal routine of caring as a by-product of the service provided to the cared-for person. Rehabilitation services and skills training for adults with community care needs are of great benefit to their carers in helping to promote independence. However, none of these services are respite care breaks intended to support carers and are excluded from this performance indicator definition.

Day centre services provided on a regular basis to the cared-for person also provide carers with breaks from care tasks. However, they should only be included in this performance indicator if the provision of a respite care break to the carer is an explicit reason for this service recorded in the care plan of the carer or the cared-for person.

Befriending and sitter services should not be included unless they enable the carer to take a break of at least one hour from caring tasks.

Some care homes (and supported accommodation) have beds specifically designated for respite use: exclude any long-stay residents who have been admitted to such beds. Some residents may be admitted for respite which subsequently becomes long-stay. Count the period from admission up to the point when the reason for their continued residency has changed.

Where the short break involves the carer and person cared for remaining together, for example holidays together, the respite hours or bed-nights should be counted for one person receiving the short break, rather than for two.

The contextual information required is the number of respite nights and hours for each of the night

holidays together, the respite hours or bed-nights should be counted for one person receiving the short break, rather than for two.

The contextual information required is the number of respite nights and hours for each of the eight service types defined above. No information is required on the numbers of recipients.

Sources

Council assessment and care management records and information systems.

Records and information systems used by voluntary organisations providing respite care under Council contract or SLA.

Population data should be based on the mid-year estimates for the year, published by the Registrar General.

Interpretation

The indicator will be affected primarily by the pattern of need and services required, and by the availability of respite care.

Criminal Justice

ASW 6: Social Enquiry Reports

- a) The number of reports submitted to the courts during the year
- b) The proportion of these submitted to courts by the due date

Definitions

Part a) includes all Social Enquiry Reports (SERs) which were submitted to courts during the reporting year, including pre-trial reports, Supplementary Social Enquiry Reports (SSERs), and Section 203 Reports (reports prepared on someone already under supervision).

Part b) of the indicator is defined in the *National Objectives and Standards for Social Work in the Criminal Justice System* - Standard 97.1. The 'due date' means midday on the working day before the case is heard.

The percentage is this number (x100), divided by the number of reports submitted to the courts in the reporting year. The number of reports submitted (part a)) should include all reports and those letters, notes and part-reports which have been submitted in lieu of a report, where a full report has not been submitted because an offender has not made themselves available for report preparation.

Source

Client based information systems.

Interpretation

Part a) provides information about the volume of work undertaken.

Part b) measures the efficiency of the service provided in terms of the proportion of cases which meet the timescales for key social work actions set out in the *National Objectives and Standards for Social Work in the Criminal Justice System*.

ASW 7: Probation:

- a) The number of new Probation Orders issued during the year
- b) The proportion of new probationers seen by a supervising officer within one week

Definitions

In part a) the number of new orders issued during the year should include all orders either made individually, consecutively or concurrently to be supervised by that authority. Orders should include Section 229 Probation Orders (Probation with Community Service).

Part b) of the indicator is based on Standard 62.1 of the *National Objectives and Standards for Social Work in the Criminal Justice System*. 'A new probationer' is defined as a person receiving a new order. If there is more than one order for the same person to run consecutively, then that person will be counted for each order imposed; if the orders are to run concurrently then the person will be counted only once. 'One week' is seven days.

For the purposes of this indicator, probation orders transferred in from another local authority should be excluded, as they should be included in the count of new orders in the authority that had the initial responsibility.

Source

Client based information systems.

Interpretation

Part a) provides information about the volume of work undertaken.

Part b) provides some measure of the efficiency of the service. However, the proportion of probationers seen within a week of the order being made (or received by the Council) will be adversely affected by probationers not attending scheduled appointments and by late notification of orders by

Part b) provides some measure of the efficiency of the service. However, the proportion of probationers seen within a week of the order being made (or received by the Council) will be adversely affected by probationers not attending scheduled appointments and by late notification of orders by the Courts.

ASW 8: Community service:

- a) **The number of new Community Service Orders issued during the year.**
- b) **The average number of hours per week taken to complete orders.**

Definitions

In part a) the number of new orders issued during the year should include all orders either made individually, consecutively or concurrently. Orders should include Section 229 Community Service Orders Probation with Community Service).

Orders completed during the year are orders where the originally imposed hours have been successfully completed. The orders in question may have been imposed at any time, not just within the last year; it is the date of completion which qualifies them for inclusion in the indicator.

Where two concurrent orders are made on the same day, the length of the longest order should be used in the calculation of the average length of orders.

For the purposes of this indicator, community service orders transferred in from another local authority should be excluded, as they should be included in the count of new orders in the authority that had the responsibility. The responsibility information required is the number of new Community Service Orders issued during the year as a rate per 1,000 adult population, and the average length of community service (hours) for orders completed in the year.

Source

Client based information systems.

Interpretation

Research has shown that community service tends to be more effective in reducing repeat offending, the shorter the time required to complete the hours ordered by the court. Although there will be some variation in the average length of Community Service Orders imposed, it is important that Councils manage the completion of the orders in such a way as to maximize, as far as possible, the amount of time served each week.

It is also important that Councils match the programme of community service to the needs and abilities of the client. Unless the service programme is of a suitable quality it is unlikely that the order will be successful in reducing re-offending. There will, therefore be occasions when it is inappropriate to work through the order too quickly.