

# Assessment of compliance with the Code of Practice for Official Statistics

## Statistics on Scottish Community Care

*(produced by the Scottish Government)*

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### **About the UK Statistics Authority**

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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## ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment Reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, Reports may point to such questions if the Authority believes that further research would be desirable.

Assessment Reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment Reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment Report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

# Contents

Section 1: Summary of findings

Section 2: Subject of the assessment

Section 3: Assessment findings

Annex 1: Suggestions for improvement

Annex 2: Summary of the assessment process and user views

# 1 Summary of findings

## 1.1 Introduction

1.1.1 This is one of a series of reports<sup>1</sup> prepared under the provisions of the *Statistics and Registration Service Act 2007*<sup>2</sup>. The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*<sup>3</sup>. The report covers the sets of statistics included in the following National Statistics<sup>4</sup> produced by the Scottish Government:

- *Home Care Services, Scotland (HCS)*
- *Free Personal and Nursing Care, Scotland (FPNC)*
- *Registered Blind and Partially Sighted Persons, Scotland (RBPSP)* and
- *Self-directed Support, Scotland (SDS)*.

1.1.2 The Act also allows Ministers to request an assessment of other official statistics in order for them to gain National Statistics status. The inclusion of the set of statistics published in the following release is in response to such a request:

- *Mental Health Officers Survey, Scotland*<sup>5</sup> (MHOS)

1.1.3 This report was prepared by the Authority's Assessment Team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

## 1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible and managed impartially and objectively in the public interest. The Statistics Authority confirms that the statistics detailed in paragraphs 1.1.1 above are designated as National Statistics and has determined that the statistics in paragraph 1.1.2 should be so designated, subject to the Scottish Government implementing the enhancements listed in section 1.5 and reporting them to the Authority by June 2011 (Requirements 5 and 8-9) and by the next scheduled publication date of each release<sup>6</sup> (Requirements 1-4 and 6-7).

## 1.3 Summary of strengths and weaknesses

1.3.1 The statistics included in two of the outputs covered by this assessment (HCS and SDS) have been undergoing major improvements in data collection. This should increase the quality and usefulness of these statistics and the producer team has worked hard to obtain the support of local authorities for the changes.

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<sup>1</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

<sup>2</sup> [http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga\\_20070018\\_en.pdf](http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf)

<sup>3</sup> <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

<sup>4</sup> These outputs are available at:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Publications>

<sup>5</sup> See footnote 4

<sup>6</sup> Currently June 2011 for *FPNC* and *MHOS*, September for *SDS* and November for *RBPSP* and *HCS*

We have major concerns about the quality and utility of the statistics in two of the other outputs (FPNC and RBPSP).

- 1.3.2 The team producing these statistics has links with Scottish Government policy colleagues, local authorities, health boards and the Information Services Division of NHS Scotland via numerous working groups. Engagement with local authorities (many of which use the statistics as well as supplying the underlying data) has been improving in recent years, but more could be done to investigate and document the needs of users and potential users.

#### **1.4 Detailed recommendations**

- 1.4.1 The Assessment Team identified some areas where it felt that the Scottish Government could strengthen its compliance with the Code. Those which the Assessment Team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

#### **1.5 Requirements for designation as National Statistics**

<b>Requirement 1</b>	Take steps to develop a greater understanding of the use made of each set of statistics, the needs of current and potential users, and user views on the service provided. Publish the information and assumptions and use them to better support the use of the statistics (para 3.3).
<b>Requirement 2</b>	Re-issue the time series for the free personal and nursing care statistics so that they are consistent as to the inclusion of overheads, Supporting People Grant and resource transfers (para 3.17).
<b>Requirement 3</b>	Review the checks carried out on free personal and nursing care data and describe them for users (para 3.19).
<b>Requirement 4</b>	In consultation with users, contextualise the registered blind and partially sighted persons statistics with information from other data sources and explain how the characteristics of those who register may differ from the general population of blind and partially sighted people (para 3.24).
<b>Requirement 5</b>	Report the estimated costs to local authorities of completing the community care returns (para 3.29).
<b>Requirement 6</b>	Provide a more comprehensive overview of data quality in each release, including strengths and limitations, and ensure that issues affecting the data of individual local authorities are readily available for

users who wish to make comparisons or examine trends over time (para 3.41).

**Requirement 7**

Provide more information about the operational context in the *Free Personal and Nursing Care* and *Registered Blind and Partially Sighted Persons* releases (para 3.43).

**Requirement 8**

Include the statistics covered by this report in the published timetable for the 12 months ahead (para 3.48).

**Requirement 9**

Include *Home Care Services* and *Mental Health Officers Survey* in the Statement of Administrative Sources and ensure that the statement covers all the elements required by the Code (para 3.52).



## 2 Subject of the assessment

2.1 The five releases present statistics about various aspects of community care in Scotland. The data are collected from local authorities and are used to produce annual statistics at a national and local authority (LA) level. These are not statutory data collections, so LAs are not obliged to cooperate, although in practice they all do. The Scottish Government and Scottish LAs are empowered to carry out research in this area by section 8 of the *Social Work (Scotland) Act 1986*<sup>7</sup>.

- *Home Care Services (HCS)* presents statistics about social work clients who receive home care services provided or purchased by their local authority. The publication includes an analysis of age, gender, client group, hours of home care, time of day service provided, and whether the service is provided by the LA or purchased from a private or voluntary provider. Data on home care services have been collected in various ways since the 1970s. In 2010 the Scottish Government began to collect the data at the level of individual clients, rather than on an aggregate basis.
- Since July 2002, people in Scotland aged 65 and over have not been charged for personal care that is arranged by LAs and provided in their own homes, although they may have to pay for services such as help with shopping or housework. People aged 65 and over who live in care homes and meet their own living expenses (self-funders) are eligible for a fixed weekly payment towards personal and nursing care<sup>8</sup>. *Free Personal and Nursing Care (FPNC)* gives the numbers of people benefiting from personal and nursing care in each setting, and the associated expenditure.
- *Registered Blind and Partially-Sighted Persons (RBPS)* presents statistics about the number of people (by age and sex) who are registered with their local authority, and how many of them have additional disabilities. The statistics are based on voluntary registration and so do not provide a count of all blind and visually impaired people in Scotland.
- *Self-directed Support (SDS)* presents statistics about payments made to disabled people who chose to organise their own support package instead of receiving services arranged by LAs. The statistics include the number of people receiving support packages by client group, age and gender, the purposes for which support is provided and the delivery arrangements (usually a personal assistant employed directly by the disabled person, or through a contract with a commercial or voluntary sector provider). The data collection changed to a person based return in 2006.

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<sup>7</sup> <http://www.legislation.gov.uk/ukpga/1968/49>

<sup>8</sup> The payment for nursing care is also available to people below age 65 who are living in care homes.

- *Mental Health Officers<sup>9</sup> Survey (MHOS)* dates from 2009 as a statistical release, although the statistics were previously published in newsletters for mental health officers (MHOs)<sup>10</sup>. It provides information about practising MHOs, trainees, those leaving the workforce, unfilled posts and shortfalls, and it shows whether MHOs are working in specialist or non-specialist teams.
- 2.2 The Scottish Government uses the statistics to support work in various policy areas: for example monitoring expenditure on free nursing and personal care or the take-up of self-directed support. Statistics from *HCS* are used to monitor National Indicator 27<sup>11</sup> *Increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home*. We were told that *HCS* is used by Audit Scotland and by the Social Work Inspection Agency (as part of its inspection process) and to answer queries from academics, home care service providers, researchers and members of the public. The responses we received from LAs confirmed that they use most of the statistics (with the possible exception of *RBPSP*<sup>12</sup>) for monitoring, benchmarking and planning purposes.
- 2.3 Statistics on similar topics are produced elsewhere in the UK. Policy and legislative differences mean that these statistics are not always comparable: for example, in England there is a means-tested charge for personal care, and the legislation on self-directed support is different.
- 2.4 The Scottish Government told us that the estimated cost for producing the five products covered in this assessment is £116,650 a year<sup>13</sup>. This includes staff costs and set-up costs for a module on the secure electronic system that is now used to collect data for *HCS* and *SDS*. The set-up costs are one-off. The new data collection system has saved time at the quality assurance stage, which will allow more staff time on analysis, including opportunities for data linkage and for longitudinal tracking of these services.

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<sup>9</sup> Mental health officers are qualified social workers who have an additional accreditation to work in the area of mental health. They have a number of statutory duties, which can include admitting people to hospital if they pose a risk to themselves or others.

<sup>10</sup> <http://www.socialworkscotland.org.uk/resources/2009/mhonenewsletter19.pdf>

<sup>11</sup> <http://www.scotland.gov.uk/Topics/Statistics/About/NotesSP/TechnicalNotesSPNI27>

<sup>12</sup> We were told that the Royal National Institute of Blind People (RNIB) and Scottish Government policy staff use the *RBPSP* statistics, but no specific uses were mentioned.

<sup>13</sup> This figure includes the wages element of staff costs but not the overhead costs.

### 3 Assessment findings

#### Principle 1: Meeting user needs

**The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.**

- 3.1 Statisticians from the producer team attend meetings of various networks and working groups involving Scottish Government policy colleagues, LAs, health boards, the Information Services Division of NHS Scotland and others. The remits of these groups include the reshaping and delivery of care services for an ageing population; benchmarking services within LAs; performance targets; and data linkage. A few LAs told us that they had found the Social Work Statistics Liaison Group to be valuable: this group was wound up in 2008 because many of the topics in its remit were covered by other groups.
- 3.2 The producer team consults LAs (as users and data suppliers) through meetings, emails and events. Conferences were held in February and September 2010 for policy makers and LA staff (researchers, planners, and home care managers) in order to consult about proposed changes to *HCS* and *SDS*. Feedback from a presentation to the Association for Directors of Social Work's subgroup on home care was incorporated into the September event.
- 3.3 The producer team adds extra information or analysis to the relevant release if there is significant demand from the ad hoc requests made by users. However, there is little documentation about the uses of the statistics, the types of decisions they inform or the needs of users. As part of the designation as National Statistics, the Scottish Government should take steps to develop a greater understanding of the use made of each set of statistics, the needs of current and potential users, and user views on the service provided. It should publish the information and assumptions and use them to better support the use of the statistics<sup>14</sup> (Requirement 1). As part of Requirement 1, we suggest the Scottish Government refer to the generic classes of use put forward in the Authority's monitoring brief on the use made of official statistics<sup>15</sup>.

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<sup>14</sup> In relation to Principle 1 Practice 2 of the Code of Practice.

<sup>15</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

## Principle 2: Impartiality and objectivity

**Official statistics, and information about statistical processes, should be managed impartially and objectively.**

- 3.4 The statistics covered by this report are released free of charge on the Scottish Government's website. They are presented impartially and objectively.
- 3.5 A policy on revisions and corrections to statistics is set out on the website<sup>16</sup>. This states that the attention that is drawn to corrections will depend on the nature of the error. Minor errors will be clearly corrected in the next edition of the relevant publication<sup>17</sup> and the reasons explained. The presence of corrections is mentioned in the text of the community care releases and in footnotes to the tables, but there is no indication of the scale of, or reason for, each change. We suggest that this be done.

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<sup>16</sup> <http://www.scotland.gov.uk/Topics/Statistics/About/CPsonRevisionsCorrections/Q/EditMode/on/ForceUpdate/on>

<sup>17</sup> The producer team told us that the latest release of each set of community care statistics should be considered provisional. They are not labelled as such, and nor should they be unless subject to scheduled revisions.

### **Principle 3: Integrity**

**At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.**

- 3.6 No incidents of political pressure, abuses of trust or complaints relating to professional integrity, quality or standards were reported to or identified by the Assessment Team.

## Principle 4: Sound methods and assured quality

**Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.**

- 3.7 The background information section in each release contains information about data sources, methods and the quality and reliability of the statistics, but in some instances we felt that this was insufficient (see Principle 8).
- 3.8 We found clear evidence that the producer team has been seeking to improve the statistics in recent years. This particularly applies to the collection of person level data in *HCS* and *SDS*, but also to *FPNC*, in spite of the reservations we express in paragraphs 3.14 to 3.19.
- 3.9 The producer team told us that when appropriate to their work, staff take part in meetings of the Adult Care Information Network<sup>18</sup>. This group aims to improve adult social care information across the UK.

### *Home care services and self-directed support*

- 3.10 The data for these releases are now being collected at person level, with LAs providing the Scottish Government with an extract from their management information systems. These changes will make it possible to present information about the provision of these services in more detail, to link the data with other information about the same person, and to carry out longitudinal analysis.
- 3.11 The producer team told us that the move away from aggregate data collection has improved data quality, with a reduction in the amount of missing information that has to be estimated. This is particularly the case where LAs bulk-purchase services from private or voluntary sector providers. These care providers are now providing LAs with person level data from their own systems.
- 3.12 Automatic data validation checks are incorporated into the upload process so that LAs can resolve problems before the data are transmitted to the Scottish Government. Further checks are carried out by the Scottish Government, and LAs are asked to sign off the tables before they are published.
- 3.13 The 2010 *SDS* release states that the new return has allowed for more accurate calculation of average direct payment values. It presents the average payment (per person, per year) for each LA in 2009 and 2010, calculated under both the old and new methods. The new method has increased the estimated average value of the package in every LA, and in a few cases has more than doubled the estimated value. We suggest the Scottish Government provide more explanation of the difference between the two methods of calculation and the reasons for the large change in the estimates for some LAs.

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<sup>18</sup> <http://www.ic.nhs.uk/services/social-care/adult-care-information-network>

### *Free personal and nursing care*

- 3.14 Expenditure on free personal and nursing care is collected through a local financial return (specifically LFR3, which collects information on social work services). Client information is collected via a quarterly community care return. The 2010 release (covering 2008-09) mentions inconsistencies between LAs in their treatment of (i) Supporting People Grant<sup>19</sup> and (ii) resource transfers from Health Boards. We were told that these issues affect the data from 3 or 4 of the 32 LAs. The producer team told us that Supporting People Grant is no longer available so this will not be an issue for future data collections.
- 3.15 The 2010 release also refers to inconsistencies in the treatment of overheads<sup>20</sup> and presents a table showing which authorities have included or excluded overheads in each year between 2003-04 and 2008-09. Over the six year period the proportion of LAs not including overheads in their FPNC figures has declined from around a half to a quarter. The situation is further complicated by the fact that some LAs have excluded overheads in their care home data but not their home care data, or vice versa. The producer team obtained the information for the table after sending LAs a dedicated questionnaire on the subject in early 2010. They told us that the amount added by those LAs that included overheads averaged 11 per cent, but they have reason to think this figure varies quite widely.
- 3.16 These inconsistencies make it extremely difficult for users of the statistics to compare LAs or to examine trends over time. The 2010 release includes a sentence to this effect, but only in an annex where LA level tables are presented. An Audit Scotland report<sup>21</sup> in 2008 noted that incomplete data, limited checks on the quality and accuracy of LA financial returns and inconsistent application of accounting practice in relation to overheads meant that there was no easy way to identify the total costs of FPNC.
- 3.17 As part of the designation as National Statistics, the Scottish Government should re-issue the time series for the FPNC statistics so that they are consistent as to the inclusion of overheads, Supporting People Grant and resource transfers<sup>22</sup> (Requirement 2).
- 3.18 The 2010 release suggests that these inconsistencies account for a situation where a few LAs appear to be spending more on personal care services in people's homes than they spend on home care services in total. In the course of carrying out this assessment, a user drew our attention to other apparent

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<sup>19</sup> Supporting People Grant provided housing-related support such as debt counselling and the provision of emergency alarms.

<sup>20</sup> The Chartered Institute of Public Finance and Accountancy's *Best Value Accounting Code of Practice* ([http://learning.cipfa.org.uk/default.asp?content\\_ref=3245](http://learning.cipfa.org.uk/default.asp?content_ref=3245)) has legislative authority in Scotland and other parts of the UK. We understand that it requires the inclusion of overheads and that the LFR3 return has been drawing attention to this since 2006/07. The producer team informed us that while all LAs include overheads somewhere in their return, the columns and rows in which they are added can vary, making comparisons difficult at all but the highest level.

<sup>21</sup> *A review of free personal and nursing care*, Audit Scotland, January 2008 <http://www.audit-scotland.gov.uk/media/article.php?id=68> Evidence presented to the Finance Committee of the Scottish Parliament in 2007 also made passing criticism of the 2004 statistics on free personal care, suggesting that they were subject to a 'considerable margin of error' and that social care statistics were treated as a 'Cinderella area' in the allocation of resources, in spite of the needs of an ageing population. <http://www.scottish.parliament.uk/business/committees/finance/papers-07/fip07-01.pdf>

<sup>22</sup> In relation to Principle 4, Practice 2 of the Code of Practice

anomalies in *FPNC* in earlier years. For the most part, the Scottish Government was able to suggest explanations for these figures, but there were some improbably wide variations in costs per hour for personal care delivered in the home, with the figures for some LAs coming close to or below the minimum wage.

- 3.19 The inconsistent recording practices described earlier are likely to have contributed to these anomalies. The 2008/09 statistics appear more plausible, but there is still a wide range of costs per hour for personal care in the home<sup>23</sup>. We understand that the producer team has increased the checks carried out on *FPNC* data, although from the examples provided it seems that these focus more on consistency checks within an authority and over time, rather than making comparisons between LAs. As part of the designation as National Statistics, the Scottish Government should review the checks it carries out on *FPNC* data and describe them for users<sup>24</sup> (Requirement 3).

#### *Registered blind and partially sighted persons*

- 3.20 The annual return sent by LAs includes the number of registered blind and partially sighted persons on 31 March, by age, sex and additional disabilities. It also includes the number of new registrations during the year, but not how many names are removed from the register.
- 3.21 The statistical release points out that many blind and partially sighted people do not register with their local authority, quoting RNIB surveys that suggested only 23 per cent of eligible adults were registered in 1991 and under a third in 2001. The release also mentions that entries are not always removed when someone dies, although in this respect the data have improved in recent years because more authorities are making use of the register of deaths.
- 3.22 The release does not compare registrations with other, more up to date estimates of the number of blind and partially sighted persons in Scotland, or say whether there is any bias in who chooses to register (for example, whether a partially sighted person is less likely to register than a blind person, or whether people with multiple disabilities are more likely to register). It states that better cleaning of the data by LAs may account for some of the decrease in the number of registered persons since 2000, so care is needed when commenting on trends. It does not mention whether LAs are able to update the register when someone moves out of their area.
- 3.23 The guidance accompanying the return sent to LAs does not comment on how the requested information on additional disabilities might be collected. Some LAs told us that they had difficulty supplying this information and that it was not clear to them whether expert evidence was expected before recording an additional disability. We suggest that the Scottish Government work with LAs to draw up some guidelines on this issue.
- 3.24 All these issues make it difficult to interpret the *RBPS* statistics and although we have little information about how they are actually used, it is difficult to see how they can be fit for many purposes. As part of the designation as National

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<sup>23</sup> Costs for 31 of the 32 authorities range between £11 and £26, with an outlier at £7.

<sup>24</sup> In relation to Principle 4, Practice 2 of the Code of Practice



Statistics, in consultation with users the Scottish Government should contextualise the statistics with information from other sources (such as the Scottish Household Survey, the Scottish Health Survey or the forthcoming Census) and explain how the characteristics of those who register may differ from the general population of blind and partially sighted people<sup>25</sup> (Requirement 4). We have been told that the Scottish Government may wish to consult users about whether to continue with *RBSP*, given that any additional resource could be to the detriment of other statistical products. The deadline we have set for this requirement allows sufficient time for such a consultation to take place. We also suggest that the Scottish Government publish information about how each authority maintains its blind and partially sighted register.

#### *Mental health officers survey*

- 3.25 In contrast to the other statistics in this assessment, the data collected for *MHOS* are essentially a staffing return. Some tables have a footnote saying ‘figures for each year are not comparable’ – from the background information it would appear that this is because data on each MHO’s age, gender and ethnicity are only provided with their consent. Elsewhere, there are references to ‘double counting by one local authority’ or ‘not every local authority was able to provide a response’, but there is no overview of data quality. We think users would benefit from this (see Principle 8).

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<sup>25</sup> In relation to Principle 4, Practice 2 of the Code of Practice

## Principle 5: Confidentiality

**Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.**

- 3.26 The Scottish Government has assured the Assessment Team that it takes all necessary steps to protect the confidentiality of the data collected and used in its community care statistics publications. It has a clear, plain language guide on the subject for its staff<sup>26</sup>. We were told that members of staff adhere to these guidelines, and check that community care data are not disclosive before responding to ad hoc requests for information.
- 3.27 Data for *FPNS*, *RBPSP* and *MHOS* are collected through aggregate returns. Some categories in the *MHOS* tables are merged or suppressed in order to protect confidentiality where numbers are low. The person level data for *HCS* and *SDS* are collected through a secure electronic system (ProcXed<sup>27</sup>). They are anonymised and stored on secure servers. A fair processing notice<sup>28</sup> is provided for LAs to use in connection with *HCS* and *SDS*. This explains to clients that data will be shared with the Scottish Government and used for statistical purposes only. A privacy impact assessment<sup>29</sup> was carried out for *HCS*: this explains the rationale for the change to a person-based return, the methods to be used and the processes that will be in place to ensure that confidentiality is protected.
- 3.28 The producer team is currently working with the Office for National Statistics to develop disclosure control methods for the *HCS* and *SDS* data. This aims to minimise the risk of disclosure while making as much data as possible available to researchers via the UK Data Archive. The team has received funding for this work from the UK Statistics Authority's Quality Improvement Fund. When complete, the Scottish Government hopes to use it as a model for other administrative datasets where disclosure could be an issue. We understand that the Scottish Government intends to publish the outcome of this work.

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<sup>26</sup><http://www.scotland.gov.uk/Topics/Statistics/About/CPSconfidentiality/Q/EditMode/on/ForceUpdate/on>

<sup>27</sup><https://www.scotxed.net/homecare/default.aspx>

<sup>28</sup><http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/HomeCareCensus>

<sup>29</sup><https://www.scotxed.net/homecare/Supporting%20Documentation/Home%20Care%20Services%20Data%20Confidentiality%20Paper.doc> As part of the privacy impact assessment, the Scottish Government also conducted a focus group with client groups and organisations with an interest in *HC* and *SDS* data.

## Principle 6: Proportionate burden

**The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.**

- 3.29 The Scottish Government does not currently report the estimated costs of compliance with its statistical surveys (including the costs to LAs of providing data for community care statistics). The Chief Statistician informed us that he is awaiting recommendations from the Government Statistical Service on ways of estimating the time taken. As part of the designation as National Statistics, the Scottish Government should report the estimated costs to local authorities of completing the community care returns<sup>30</sup> (Requirement 5).
- 3.30 The producer team told us that the new person level HCS data collection was designed to collect information of national interest while minimising the burden on LAs. However, many LAs have expressed an interest in expanding the volume of data collected because they can see further uses for the statistics. Some authorities are therefore providing additional data on an optional basis.
- 3.31 There has been some duplication in the collection of home care data between the Scottish Government and Audit Scotland, which collects information from LAs for its statutory performance indicators<sup>31</sup>. However, Audit Scotland has agreed to use the Scottish Government's data from 2011/2012.
- 3.32 The producer team told us that its publication timetables take account of work pressures and priorities within LAs. The data requests go out together but the return dates are staggered. Letters sent to LAs at the beginning of the financial year provide advance warning of the deadline for each return. Nevertheless, some LAs told us that from their perspective it seems that much of the work to provide data has to be done over the summer, when staff are often on holiday.
- 3.33 Local authorities are provided with a variable amount of guidance for completing the returns<sup>32</sup>. Some commented on this, telling us that they appreciated the additional guidance that is now available for *HCS*, for example, but that there was room for improvement in relation to some of the other outputs. We suggest that the Scottish Government review the guidance given to LAs on the completion of the *FPNC*, *MHOS* and *RBPSP* returns, consulting with them as necessary about how to resolve inconsistencies in the way they currently provide data, while keeping the burden to a minimum.
- 3.34 We received mixed comments from LAs about the burden of completing these returns and about whether the producer team fully understood their difficulties. However, many said that engagement had improved in recent years. This applied particularly to the consultations that took place before changing the method of data collection in *HCS*.

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<sup>30</sup> In relation to Principle 6 Practice 1 of the Code of Practice

<sup>31</sup> <http://www.audit-scotland.gov.uk/performance/council/>

<sup>32</sup> <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/DataSupplier>

## Principle 7: Resources

**The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.**

- 3.35 The community care statistics in this assessment are produced by a team of four – one statistician (65 per cent full time equivalent), two assistant statisticians and a statistical support manager (35 per cent full time equivalent). Members of the team also have responsibility for other outputs. They have sought efficiencies by moving to electronic, record level data collection and by working with agencies such as ISD and Audit Scotland to avoid duplication and rationalise responsibilities.
- 3.36 The producer team gave us a copy of its internal business plan. This included a timetable of activities during the year, with priority (high, medium, low) and lead officer. Records are also kept of new projects arising during the year. We were told that detailed plans are drawn up for the implementation of projects such as the recent changes to HCS and SDS and that costs and resources are monitored.
- 3.37 The Scottish Government has well-established procedures for recruiting statistical staff. It also has a dedicated training and development intranet for statistical staff that includes a competence framework and provides information about learning and development opportunities.

## Principle 8: Frankness and accessibility

**Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.**

- 3.38 All the releases include tables, charts and commentary, with some of the statistics being presented at LA level. They are available in web and pdf versions, and the tables can be downloaded in spreadsheet form. Full datasets<sup>33</sup> for *HCS* and *RBPS* are also available, from 1998 onwards, and can be interrogated using a drop-down menu.
- 3.39 Most of the releases provide at least some of the client figures on a per head of population basis, in order to provide context. However, less context is provided for the expenditure figures in *FPNC*. The care team told us that it does not present these figures on a cost per client or cost per hour basis because of the inconsistencies between LAs discussed earlier, and because authorities themselves are concerned about the prospect of league tables.
- 3.40 Looking across all the releases, a few LAs commented to us that they would find it useful to have more outcome-focused measures<sup>34</sup>. We suggest that the Scottish Government explore the feasibility of doing this with LAs and other users of the statistics, starting with *FPNC*.
- 3.41 The releases contain footnotes to record changes in the way LAs have compiled data, and the commentaries draw attention to the fact that data for earlier years may have changed because some LAs have supplied corrections. In general, however, the releases do not draw together information about the quality of the data: including, for example, the level of response from LAs; the extent to which data are missing and have to be estimated; and an assessment of the extent and impact of inconsistencies between LAs or of corrections to the data. As part of the designation as National Statistics, the Scottish Government should provide a more comprehensive overview of the quality of the statistics in each release, including strengths and limitations, and ensure that issues affecting the data of individual LAs are readily available for users who wish to make comparisons or examine trends over time<sup>35</sup> (Requirement 6)
- 3.42 Assessing the impact of the free personal and nursing care policy on expenditure on care in the home has been problematic because LAs used to have their own rules for calculating how much (if any) of the cost should be met by clients, and practice varied quite widely. This is mentioned in the release. The care team also confirmed to us that it can be difficult for LAs to apportion the time spent in a client's home between personal, nursing and other care (such as domestic tasks) because more than one type of care may be provided in the course of the same visit. Furthermore, since domestic tasks such as shopping or housework can still be charged for, there may also be an incentive for clients to request personal care from their local authority and to rely on family members for domestic services.

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<sup>33</sup> <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data>

<sup>34</sup> The LAs concerned did not provide specific examples, but one long-term possibility (made possible by the collection of person level data) might be to look at the extent to which provision of appropriate care in the home reduces the need for care home places.

<sup>35</sup> In relation to Principle 8, Practice 1 of the Code of Practice

- 3.43 The *RBSPSP* release does not explain the criteria used to decide whether someone is eligible to go on the register of blind and partially sighted people, or whether there are any criteria for recording additional disabilities. It provides little detail about how registration affects access to benefits, concessions or services. It records a decline in new registrations over the last ten years or so, but does not suggest any possible explanations. As part of the designation as National Statistics, the Scottish Government should provide more information about the operational context in the *FPNC* and *RBSPSP* releases<sup>36</sup> (Requirement 7).
- 3.44 The producer team told us that its data files are backed up regularly but that it is awaiting further guidance from the Government Statistical Service on archiving. The work being undertaken on disclosure control for *HCS* should make it possible to deposit a dataset with the UK Data Archive. This will facilitate further analysis by academic and other researchers.

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<sup>36</sup> In relation to Principle 8, Practice 2 of the Code of Practice

## **Protocol 1: User engagement**

**Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.**

3.45 The requirements for this Protocol are covered elsewhere in this report.

## Protocol 2: Release practices

**Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.**

- 3.46 The statistics covered by this report are accessible from the National Statistics Publication Hub, with the exception of *MHOS* (which is not yet a National Statistic).
- 3.47 We were told that publication dates for the community care statistics are set at the start of the financial year and reviewed monthly. Local authorities - including directors of social work and research staff - are notified of any changes. Publication is occasionally delayed, usually because of late returns from LAs. Early publication could occur as well, if the statistics were deemed ready by the producer team.
- 3.48 The Scottish Government publishes a rolling schedule<sup>37</sup> of publications for the 12 months ahead, but the 5 sets of statistics covered by this report were not on the list when we checked. We understand that this is because they are all added to the list at the beginning of the financial year, even though this may provide much less than 12 months notice. The actual month of publication for some of the community care statistics has varied quite widely in recent years. As part of the designation as National Statistics, the Scottish Government should ensure that the community care statistics are included in its published timetable for the 12 months ahead<sup>38</sup> (Requirement 8).
- 3.49 The producer team supplied us with records of who has access to the statistics before their release.

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<sup>37</sup> <http://www.scotland.gov.uk/Publications/2005/03/18798>

<sup>38</sup> In relation to Protocol 2, Practice 2 of the Code of Practice



### Protocol 3: The use of administrative sources for statistical purposes

**Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.**

- 3.50 Data for community care statistics are collected from LAs, either directly by the producer team or through the financial returns submitted to their Scottish Government colleagues. Much of the information is already held on management information systems within LAs and is needed for operational purposes. LAs also make use of the resulting statistics.
- 3.51 The Scottish Government Administrative Sources and Management Information Network is working on a communications strategy for promoting the use of administrative data sources. We suggest that the Scottish Government publish this strategy when available.
- 3.52 The Scottish Government has published a Statement of Administrative Sources<sup>39</sup> on its website. This provides a list of administrative sources currently used in the production of official statistics, including the sources for *FPNC*, *RBSP* and *SDS*, but not *HCS* or *MHOS*. It includes general statements on arrangements for access to administrative data for statistical purposes, auditing the quality of the source data and dealing with changes to administrative systems, but does not identify potential sources that are not currently used. As part of the designation as National Statistics, the Scottish Government should include *HCS* and *MHOS* in its Statement of Administrative Sources and ensure that the statement covers all the elements required by the Code<sup>40</sup> (Requirement 9).

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<sup>39</sup> <http://www.scotland.gov.uk/Topics/Statistics/About/StatementAdminSources/Q/EditMode/on>

<sup>40</sup> In relation to Protocol 3 Practice 5 of the Code of Practice

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the Scottish Government's community care statistics, in the interest of the public good. These are not formally required for designation, but the Assessment Team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

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|---------------------|--|
| <b>Suggestion 1</b> | As part of documenting the use of these statistics (see Requirement 1), refer to the types of use put forward in the Monitoring Brief: <i>The Use Made of Official Statistics</i> <sup>41</sup> (para 3.3).  |
| <b>Suggestion 2</b> | When correcting data in subsequent releases, make the scale of the correction clear and explain the reason (para 3.5).   |
| <b>Suggestion 3</b> | Provide more explanation of the difference between the two methods of calculation of average direct payment values in <i>SDS</i> , and the reasons for the large change in the estimates for some local authorities (para 3.13).   |
| <b>Suggestion 4</b> | Work with local authorities to draw up guidelines for the recording of additional disabilities on the blind and partially sighted register (para 3.23).  |
| <b>Suggestion 5</b> | Publish information about how each authority maintains its blind and partially sighted register (para 3.24).   |
| <b>Suggestion 6</b> | Review the guidance given to local authorities on the completion of the <i>FPNC</i> , <i>RBPS</i> and <i>MHOS</i> returns, consulting with them as necessary about how to resolve inconsistencies in the way they currently provide data, while keeping the burden to a minimum (para 3.33). |
| <b>Suggestion 7</b> | Explore with LAs and other users the feasibility of providing more outcome-focused measures in the statistical releases, starting with <i>FPNC</i> (para 3.40).  |
| <b>Suggestion 8</b> | Publish the communications strategy for promoting the use of data sources from administrative sources (para 3.51).   |

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<sup>41</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

## Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from August to December 2010.

A2.2 The Assessment Team – Jill Barelli and Kim Reimann – agreed the scope of and timetable for this assessment with representatives of the Scottish Government in August. The Written Evidence for Assessment was provided on 5 October. The Assessment Team subsequently met Scottish Government representatives during November to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

### Summary of users contacted, and issues raised

A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A2.4 The Assessment Team received 24 responses from users and suppliers. The respondents were grouped as follows:

Local authorities	19
Scottish Government	2
Academic	1
Charity	1
Other	1

All the LAs were suppliers of data, but eight of them also provided comments as users. We received few responses from Scottish Government policy staff or from non-government organisations, in spite of reminders.

A2.5 Users were broadly satisfied that the statistics met their needs, although a few of the LAs mentioned that they would like more detailed breakdowns (by local authority), more outcome-focused measures, or more user-friendly publications. One suggested that the definition of 'intensive' home care should be changed from 10 to 21 hours a week (giving an average of 3 hours a day).

A2.6 The views of LAs as suppliers of data were more mixed. A few had to extract some data manually and mentioned the burden on front-line staff. Some felt that the Scottish Government had unrealistic expectations and did not fully understand the limitations of management information systems, or the effect these might have on their ability to supply consistent data that complied with the guidance. However, a senior officer in one authority had knowledge of all the outputs and was able to comment from a long term perspective: while voicing some of these criticisms, she pointed to increased efforts made by the current producer team to engage with LAs and to validate the data.

A2.7 Many LAs were positive about the collection of record level data for *HCS* and *SDS*: they appreciated the effort made by the Scottish Government to consult and involve them in these changes, found the guidance for these returns useful, and welcomed the new analytical possibilities. A few were finding it difficult to provide data in the new format, and one authority still had concerns that the statistics might disclose personal information.

**Key documents/links provided**

Written Evidence for Assessment document



