

**Mapping Survey of Social Services provision for  
adults aged 16 years and over with acquired brain injury  
and their carers in England**

**Appendices (Final Report)**

**UKABIF**

**United Kingdom Acquired Brain Injury Forum (UKABIF)**

**February 2004**

## Appendix 1. Mapping Survey

### Mapping Survey of Social Services provision for adults aged 16 years and over with acquired brain injury and their carers in England

For the purpose of this survey acquired brain injury is defined as brain injury resulting from trauma, or other single-incident pathology for example sub-arachnoid haemorrhage, anoxic episode or infection. The definition **does not** include strokes, congenital conditions, or progressive neurological diseases.

Acquired brain injuries characteristically cause a combination of physical, cognitive and behavioural impairments. The latter often create particularly difficult problems with social integration.

The following case histories provide examples of the difficulties adults with acquired brain injury commonly face.

A 19 year old male student was injured in a motor bike accident in which his friend was killed. He has mild physical impairments but severe problems with memory, planning, judgement and outbursts of aggressive behaviour. He is inconsistent in recognising his own needs and blames the behaviour of others for his difficulties.

A 35 year old unmarried mother of children aged 6 and 8 was assaulted in a pub. She has impaired vision, reduced use of her left hand and problems with planning and organisation. She is depressed and has recently taken an overdose of anti-depressant tablets.

A 70 year old male who was knocked down by a car on a pedestrian crossing previously cared for his wife who is disabled by arthritis. He is now unsteady on his feet, very forgetful and has difficulties in planning and decision-making.

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Please return the questionnaire as soon as possible by post to:

**Jane Godden, UKABIF Survey Officer  
University Health and Rehabilitation Research Unit  
Level E, Centre Block, Mail Point 886  
Southampton General Hospital  
Southampton  
SO16 6YD**

Or fax to: **023 8079 4340**

Please enclose any documentation that may support your answers. If you have any questions concerning this survey please do not hesitate to contact me.  
Email: [jg1201@soton.ac.uk](mailto:jg1201@soton.ac.uk)

**Section 1: Your authority**

Name of local authority .....

Name of social services department .....

Is there anybody who takes a strategic lead for adults with acquired brain injury in your authority?

Yes  No 

If yes, please give details

Name .....

Job Title .....

Contact details .....

Does your authority have a published strategy for acquired brain injury?

Yes  No 

Is there a current strategy group for acquired brain injury?

Yes  No 

If yes, which agencies/professions are represented?

.....

.....

.....

Is acquired brain injury recorded as a specific category on the client database for your authority?

Yes  No How many new referrals did social services receive for people with acquired brain injury, in the period 1<sup>st</sup> April 2002 to 31<sup>st</sup> March 2003?

.....

How many people with acquired brain injury are recorded on the database at present?

.....

Are there any joint funding mechanisms in place with health for adults with acquired brain injury?

Yes  No 

Does the Local Delivery Plan/Community Care Plan have a specific category for acquired brain injury?

Yes  No 

If yes, please enclose a copy.

**Section 2: Organisation of service provision for acquired brain injury**

Is there a central point of contact for adults with acquired brain injury and their carers in your authority?

Yes  No

If yes, please give details

Name .....

Job Title .....

Contact details .....

Does the local authority provide a specialist brain injury service?

Yes  No

***If yes, go to Section 2A. If no, go to Section 2B.***

**Section 2A: Specialist brain injury service**

Where is your specialist brain injury service located?

Hospital

Community

Within which department is your specialist brain injury service provided?

Physical disability services

Mental health services

Learning disability

Other, please specify

.....

Please indicate any age criteria for your specialist brain injury service(s).

Hospital .....

Community .....

What type of local health team does your specialist brain injury service work with?

Specialist brain injury team

Community neuro-rehabilitation team

Primary care team

Other, please specify

.....

What is the working relationship between your specialist brain injury service and the health team?

- Interdisciplinary team
- Access to advice
- No formal link

Is acquired brain injury specified in the written protocols for the transition of care between the following services?

- Children and families to adult services Yes  No
- Adult to older peoples services Yes  No

**Go to Section 3**

**Section 2B: Non-specialist brain injury service**

If you do **not** have a specialist brain injury service where are services for the majority of adults with acquired brain injury located?

- Physical disability services Yes  No
- Mental health services Yes  No
- Learning disability Yes  No
- Other, please specify Yes  No
- .....

Are there any barriers to joint working between these services for adults with acquired brain injury?

- Yes  No

If yes, please specify

.....  
 .....

What type of local health team does your service for adults with acquired brain injury work with?

- Specialist brain injury team
- Community neuro-rehabilitation team
- Primary care team
- Other, please specify
- .....

What is the working relationship between your service for adults with acquired brain injury and the health team?

- Interdisciplinary team
- Access to advice
- No formal link

Is acquired brain injury specified in the written protocols for the transition of care between the following services?

Children and families to adult services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Adult to older peoples services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Service provision

Can you indicate which of the following provided or commissioned services can make special provision for adults with acquired brain injury? Please indicate whether the service is specialist to acquired brain injury (S) or generic (G) and which sector provides the service (in-house, private sector contractor or voluntary sector partnership)

	S or G	In-house	private sector	voluntary	
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Support/enabling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Group homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Residential homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
There is no special provision for adults with acquired brain injury				<input type="checkbox"/>	<input type="checkbox"/>

Does your authority provide adults with acquired brain injury with the following services?

Active rehabilitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Ongoing support and maintenance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Does acquired brain injury present any particular difficulty in operating locally set criteria for determining the boundaries between health and social services responsibilities in the following areas?

Rehabilitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Day Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Domiciliary care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Respite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Residential care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Please indicate the type of respite services provided for adults with acquired brain injury.

Emergency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Planned respite	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

If **emergency** respite services are provided, are any of these services dedicated for acquired brain injury only?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
------------------------------	-----------------------------	--------------------------

If no, with which other client group are they most likely to be shared with?

Physical disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Older people	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mental health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Learning disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other, please specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
.....			

If **planned** respite services are provided are any of these services dedicated for acquired brain injury only?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
------------------------------	-----------------------------	--------------------------

If no, with which other client group are they most likely to be shared with?

Physical disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Older people	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mental health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Learning disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other, please state	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
.....			

Are there any limits on the amount of respite provided to an individual with acquired brain injury?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
------------------------------	-----------------------------	--------------------------

If yes, what are they?

.....  
 .....  
 .....

**Section 4: Pathways and partnership**

Does your authority participate in an operational integrated care pathway for acquired brain injury?

Yes  No

If yes, which of the following services are included within the pathway?

Social services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Voluntary Organisations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Housing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Education	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Other, please state	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
.....			

Do your services have working links with any of the following organisations in relation to services for acquired brain injury? Please indicate whether these links are informal or by contract.

	Informal	Contract	
Headway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Brain Injury Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain Injury Rehabilitation Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leonard Cheshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehab UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are contracts in place please give brief details.

.....  
 .....

**Section 5: Return to employment**

Do your services provide specialist advice to adults with acquired brain injury in the following areas?

Vocational rehabilitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Job finding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Job support/coaching	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

If no, how are these services provided?

Vocational rehabilitation	.....	<input type="checkbox"/>
Job finding	.....	<input type="checkbox"/>
Job support/coaching	.....	<input type="checkbox"/>

Do these services have links with specialist health provision?

Vocational rehabilitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Job finding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Job support/coaching	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

Are there special arrangements for adults with acquired brain injury within your Welfare to Work scheme?

Yes  No

**Section 6: Direct Payment to User Scheme**

Is there a facilitating procedure in place for adults with acquired brain injury who have decision making/cognitive difficulties?

Yes  No

If yes, please state how this is achieved.

.....  
 .....

**Section 7: Supporting People Grant**

Is the Supporting People Grant used to fund care packages for adults with acquired brain injury?

Yes  No

If yes, how many packages for adults with acquired brain injury are currently funded by this method?

.....

**Section 8: Assessment and care management**

Does your authority operate a Single Assessment Process for adults *under 65* with acquired brain injury?

Yes  No

Is there a single point of access for adults with acquired brain injury and their families for:

Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>
Advice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate where these are located?

Assessment	.....	<input type="checkbox"/>
Advice	.....	<input type="checkbox"/>

What specialist knowledge do staff conducting assessments of adults with acquired brain injury have?

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Specialist in acquired brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical disability                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult services                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please state                 | <input type="checkbox"/> | <input type="checkbox"/> |
| .....                               |                          |                          |

Does the assessment include an evaluation of a person's insight and ability to provide accurate information about their needs?

Yes  No

If yes, please give details?

.....  
 .....

Does the local authority have any difficulty in obtaining specialist health advice to support the assessment process?

Yes  No

If yes, please give details.

.....  
 .....

What type of care management review process is carried out?

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Duty review                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Review by known care manager/<br>social worker | <input type="checkbox"/> |                          |
| Other please state                             | <input type="checkbox"/> |                          |
| .....  |                          |                          |

Against which Fair Access to Care eligibility criteria is your local authority able to fund care for adults with acquired brain injury?

- |             |                          |                          |
|-------------|--------------------------|--------------------------|
| Critical    | <input type="checkbox"/> | <input type="checkbox"/> |
| Substantial | <input type="checkbox"/> |                          |
| Moderate    | <input type="checkbox"/> |                          |
| Low         | <input type="checkbox"/> |                          |

Does the decision making body for care package funding include professionals or managers with knowledge or experience of acquired brain injury?

Yes  No

What specialist knowledge do staff conducting reviews of adults with acquired brain injury have?

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Specialist in acquired brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical disability                 | <input type="checkbox"/> |                          |
| Adult services                      | <input type="checkbox"/> |                          |
| Other, please state                 | <input type="checkbox"/> |                          |
| .....                               |                          |                          |

Does your service routinely experience any of the following difficulties leading to case closure for adults with acquired brain injury? (tick all that apply)

- |                                   |                          |                          |
|-----------------------------------|--------------------------|--------------------------|
| Refusal of services by the person | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-attendance at case review     | <input type="checkbox"/> | <input type="checkbox"/> |
| Unmet needs                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please state               | <input type="checkbox"/> | <input type="checkbox"/> |
| .....                             |                          |                          |

What is the procedure for re-referral?

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Duty system   | <input type="checkbox"/> | <input type="checkbox"/> |
| Open access to known care manager/<br>social worker | <input type="checkbox"/> |                          |
| Other, please state                                 | <input type="checkbox"/> |                          |
| .....   |                          |                          |

### Section 9: Carers of people with acquired brain injury

Can a carer have access to social services if the person they care for is not in receipt of care and/or does not perceive the need for care?

Yes  No

If yes, how do you address the carer's needs in this situation?

.....  
.....

What specialist knowledge do staff conducting an assessment of a carer of an adult with acquired brain injury have?

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Specialist in acquired brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical disability                 | <input type="checkbox"/> |                          |
| Adult services                      | <input type="checkbox"/> |                          |
| Other, please state                 | <input type="checkbox"/> |                          |
| .....                               |                          |                          |

What type of care management review process is carried out with a carer?

- Duty review
- Review by known care manager/  
social worker
- Other, please state
- .....

What specialist knowledge do staff conducting a review of a carer of an adult with acquired brain injury have?

- Specialist in acquired brain injury
- Physical disability
- Adult services
- Other, please state
- .....

What systems are in place to provide long-term support to carers of adults with acquired injury?

- .....
- .....
- .....
- .....

**Section 10:User/carer involvement**

What mechanisms are in place to involve users and carers in service planning and development for adults with acquired brain injury?

- .....
- .....
- .....
- .....

**Section 11: Information strategy**

What is the origin of information specific to acquired brain injury that you provide to users? (Tick all that apply)

- Local authority
- National voluntary, Headway
- National voluntary, other
- Local voluntary, Headway
- Local voluntary, other
- No specific information is provided

How is this information made available to users? (Tick all that apply)

- |   |                          |                          |
|---|--------------------------|--------------------------|
| In face to face discussions                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Provision of printed literature             | <input type="checkbox"/> | <input type="checkbox"/> |
| Over the telephone                          | <input type="checkbox"/> | <input type="checkbox"/> |
| On your website                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Directed to brain injury specific help line | <input type="checkbox"/> | <input type="checkbox"/> |

In which of the following hospital areas is this information made available?  
(Tick all that apply)

- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| Acute wards          | <input type="checkbox"/> | <input type="checkbox"/> |
| Rehabilitation wards | <input type="checkbox"/> | <input type="checkbox"/> |
| Outpatient services  | <input type="checkbox"/> | <input type="checkbox"/> |

Where in the community is this information made available? (Tick all that apply)

- |                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| Social services office         | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability Information Service | <input type="checkbox"/> | <input type="checkbox"/> |
| GP surgery                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please specify          | <input type="checkbox"/> | <input type="checkbox"/> |

.....

## Section 12: Provision of equipment

How is the provision of equipment organised?

- |                     |                          |                          |
|---------------------|--------------------------|--------------------------|
| Jointly with health | <input type="checkbox"/> | <input type="checkbox"/> |
| Separately          | <input type="checkbox"/> |                          |

Does equipment provision by your authority include:

- |                    |                              |                             |                          |
|--------------------|------------------------------|-----------------------------|--------------------------|
| Communication aids | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
| Memory aids        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |
| Low vision aids    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> |

## Section 13: Staff training

When employing/commissioning staff to work with adults with acquired brain injury what type of training do you require them to have?

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| Specialism in acquired brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical disability (neurological)  | <input type="checkbox"/> |                          |
| Physical disability (general)       | <input type="checkbox"/> |                          |
| Adult services                      | <input type="checkbox"/> |                          |
| Other, please specify               | <input type="checkbox"/> |                          |

.....

How is training in acquired brain injury provided for staff?

- In-house
- Externally

If externally provided, who does the authority use?

.....

Which of the following areas does this training cover? (Tick all that apply)

- Cognitive/perceptual deficits
- Personality changes and adjustment
- Behavioural management
- Family adjustment
- Other, please specify






.....

**Section 14: Local service evaluation**

Have any recommendations for services for adults with acquired brain injury come out of your Best Value Reviews?

- Yes  No

If yes, which review and when was this carried out?

.....

.....

Describe the recommendations made for services for adults with acquired brain injury

.....

.....

.....

Do you work to specific performance indicators for acquired brain injury?

- Yes  No

Do you use any specific outcome measures for adults with acquired brain injury?

- Yes  No

If yes, please specify

.....

**Section 15: Service developments**

Are you undertaking any service developments this year (April 2003 - March 2004) that relate to services for adults with acquired brain injury, their carers and families?

Yes  No

If yes, please indicate what they are

.....  
.....  
.....

What priority rating do these developments carry in the overall development plan?

High   
Medium   
Medium-low   
Low

Have you identified any current gaps in service provision for adults with acquired brain injury?

Yes  No

If yes, please specify

.....  
.....  
.....

What do you perceive as the key barriers and constraints to the provision and improvement of effective services to adults with acquired brain injury?

.....  
.....  
.....

In developing your services for adults with acquired brain injury have you referred to any other social services models?

Yes  No

If yes, please specify

.....  
.....

Please identify any changes in health service structures or delivery that would improve your provision of services to this client group.

.....  
.....  
.....  
.....

**Any other comments**

Details of person who completed the questionnaire

Name .....  
 Job Title .....  
 Contact details .....

Thank you for your time in completing this questionnaire.

**Now please post to:**

**Jane Godden, UKABIF Survey Officer  
 University Health and Rehabilitation Research Unit  
 Level E, Centre Block, Mail Point 886  
 Southampton General Hospital  
 Southampton  
 SO16 6YD**

(S.A.E. enclosed)

Or fax to: **023 8079 4340**

## Appendix 2. Respondents

*	Barking and Dagenham	London Borough Council
	Barnet	London Borough Council
	Barnsley	Metropolitan Borough Council
	Bath and North East Somerset	Council
*	Bedfordshire	County Council
	Bexley	London Borough Council
	Birmingham	City Council
	Blackburn with Darwen	Borough Council
	Blackpool	Borough Council
	Bolton	Metropolitan Borough Council
*	Bournemouth	Borough Council
	Bracknell Forest	Borough Council
*	Bradford	City Council
	Brent	London Borough Council
*	Brighton and Hove	Council
	Bristol	City Council
*	Bromley	London Borough Council
	Buckinghamshire	County Council
*	Bury	Metropolitan Borough Council
*	Calderdale	Metropolitan Borough Council
*	Cambridgeshire	County Council
	Camden	London Borough Council
	Cheshire	County Council
*	Cornwall	County Council
	Coventry	Metropolitan Borough Council
*	Croydon	London Borough Council
*	Cumbria	County Council
*	Darlington	Borough Council
*	Derby	City Council
*	Derbyshire	County Council
*	Devon	County Council
	Doncaster	Metropolitan Borough Council
*	Dorset	County Council
*	Dudley	Metropolitan Borough Council
*	Durham	County Council
	Ealing	London Borough Council
	East Riding of Yorkshire	Council
*	East Sussex	County Council
	Enfield	London Borough Council
*	Essex	County Council
*	Gateshead	Metropolitan Borough Council
+	Gloucestershire	County Council
*	Greenwich	London Borough Council
*	Hackney	London Borough Council
*	Halton	Borough Council
*	Hammersmith and Fulham	London Borough Council
*	Hampshire	County Council
	Haringey	London Borough Council

	Harrow	London Borough Council
*	Hartlepool	Borough Council
	Havering	London Borough Council
	Herefordshire	Council
*	Hertfordshire	County Council
	Hillingdon	London Borough Council
	Hounslow	London Borough Council
	Isle of White	County Council
	Islington	London Borough Council
*	Kensington and Chelsea	London Borough Council
*	Kent	County Council
	Kingston upon Hull	City Council
	Kingston upon Thames	London Borough Council
	Kirklees	Metropolitan Council
	Knowsley	Metropolitan Borough Council
	Lambeth	London Borough Council
*	Lanchashire	County Council
*	Leeds	City Council
*	Leicester	City Council
*	Leicestershire	County Council
*	Lewisham	London Borough Council
*	Lincolnshire	County Council
	Liverpool	City Council
	London	Corporation of
	Luton	Borough Council
	Manchester	City Council
	Medway	Council
*	Merton	London Borough Council
*	Middlesborough	Council
*	Milton Keynes	Council
*	Newcastle upon Tyne	City Council
*	Newham	London Borough Council
	Norfolk	County Council
*	Northamptonshire	County Council
*	North East Lincolnshire	Council
	North Lincolnshire	Council
*	North Somerset	Council
+	North Tyneside	Borough Council
*	Northumberland	County Council
*	North Yorkshire	County Council
*	Nottingham	City Council
	Nottinghamshire	County Council
*	Oldam	Metropolitan Borough Council
*	Oxfordshire	County Council
*	Peterborough	City Council
*	Plymouth	City Council
	Poole	Borough Council
	Portsmouth	City Council
*	Reading	Borough Council
	Redbridge	London Borough Council
	Redcar and Cleveland	Borough Council
*	Richmond upon Thames	London Borough Council

	Rochdale	Metropolitan Borough Council
*	Rotheram	Metropolitan Borough Council
*	Rutland	County Council
*	Salford	City Council
*	Sandwell	Metropolitan Borough Council
*	Sefton	Metropolitan Borough Council
*	Sheffield	City Council
	Shropshire	County Council
	Slough	Borough Council
	Solihull	Metropolitan Borough Council
*	Somerset	County Council
	Southampton	City Council
*	Southend-on-Sea	Borough Council
*	South Gloucestershire	Council
*	South Tyneside	Metropolitan Borough Council
+	Southwark	London Borough Council
*	Staffordshire	County Council
+	St Helens	Metropolitan Borough Council
	Stockport	Metropolitan Borough Council
*	Stockton-on-Tees	Borough Council
	Stoke-on-Trent	City Council
	Suffolk	County Council
*	Sunderland	Council
	Surrey	County Council
	Sutton	London Borough Council
	Swindon	Borough Council
*	Tameside	Metropolitan Borough Council
*	Telford and Wrekin	Council
	Thurrock	Borough Council
*	Torbay	Council
*	Tower Hamlets	London Borough Council
*	Trafford	Metropolitan Borough Council
	City of Wakefield	Metropolitan District Council
	Walsall	Metropolitan Borough Council
	Waltham Forest	London Borough Council
	Wandsworth	London Borough Council
*	Warrington	Borough Council
	Warwickshire	County Council
	West Berkshire	Council
+	Westminster	City Council
*	West Sussex	County Council
	Wigan	Metropolitan Borough Council
*	Wiltshire	County Council
	Windsor and Maidenhead	Royal Borough
	Wirral	Metropolitan Borough Council
	Wokingham	District Council
+	Wolverhampton	City Council
*	Worcestershire	County Council
*	York	City Council

**Key:** \* = responded, + = response received after report written.