

Performance Inspection

South Ayrshire Council 2009

Performance Inspection of Social Work Services

South Ayrshire Council 2009

Acknowledgement

We wish to thank those who assisted us during the inspection. We received a very warm welcome from everyone we met in social work services and throughout South Ayrshire. We are grateful to all the people who took the time to complete and return our questionnaires and participated during our fieldwork. In particular, we would like to express our thanks and appreciation to the social work services inspection co-ordinator who provided support and guidance to the team throughout the inspection. Thanks also to those members of staff who assisted us with the case file reading.

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Social Work Inspection Agency

The Social Work Inspection Agency (SWIA) is undertaking performance inspections of all Scotland's council social work services. Each inspection focuses on the approach to continuous improvement of the council.

SWIA will monitor the implementation of the recommendations made in this report and will undertake a short follow-up inspection one year after the publication of the report.

SWIA uses a six-point scale in its inspection of council social work services. In this report, the inspection team has provided an evaluation in relation to each of the 10 areas for evaluation of the performance inspection model (PIM), as set out in appendix 1.

The evaluation scale

Level	Definition	Description
Level 6	Excellent	Excellent or outstanding
Level 5	Very good	Major strengths
Level 4	Good	Important strengths with some areas for improvement
Level 3	Adequate	Strengths just outweigh weaknesses
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weaknesses

The report uses the following words to describe numbers and proportions when we quote findings from our surveys or from our file reading exercise:

almost all	90% or more
most	75% to 89%
majority	50% to 74%
less than half	35% to 49%
some	15% to 34%
a few	14% or less

The comments and evaluations made in this report are based on evidence that has been substantiated from a wide range of sources, that is they are triangulated.

We use quotations from people only where they illustrate widely held perceptions. They are not the views of just one person.

The full set of results for South Ayrshire Council from the file reading, and from the surveys of service users, carers and staff, is available on the SWIA website at www.swia.gov.uk. Corresponding results for the other authorities which have been inspected so far, are also available.

Summary, evaluations and recommendations

Summary

The directorate of children and community delivered good outcomes for many people who used its services. Those people who used services that responded to our survey and that we met during the inspection were satisfied with the help they received and the way they were treated. They had generally been involved in their assessments and care plans were in place. Carers were less positive overall about their experiences of support for themselves.

We found there were key strengths in multi-disciplinary and partnership working at an operational level and identified examples of good practice in these areas. Whilst the majority of services were being provided within appropriate timescales, managers needed to pay more attention to ensuring that thresholds for decision making and prioritisation of work were consistent between teams. Assessment and care management worked well in adult services. While much had been achieved in developing integrated assessments in children's services, the directorate needed to improve its assessment and management of risk to vulnerable children.

There had been considerable changes during 2008. The new chief executive had led political, organisational and managerial changes and the new executive director for children and community had launched an ambitious but necessary improvement agenda required to modernise key services, such as home care and resources for accommodated children, within significant financial pressures.

Despite the changes the majority of staff we met or who responded to our survey remained motivated and committed to their work and particularly valued the support they had from their line managers, within their teams and in accessing training. However staff morale was affected by uncertainties about the future direction of services and more work was required to involve staff in owning the vision for the directorate and the process for improvement.

There were some good quality services available, often supported by effective integrated working at an informal level. But there were gaps caused by the absence of strategic service plans and commissioning arrangements. New structures and processes were in place to improve the reviewing, planning and commissioning of services and maximise partnership opportunities. Senior managers were committed to improving their use of information to manage performance.

The challenge to the new directorate management team to deliver sustainable improvements and engage the workforce in the change process was considerable. However, we concluded that leadership had improved substantially within the last year and the capacity for further improvement was good.

Evaluations

Areas for evaluation	Rating
Key outcomes for people who use services	Good
Impact on people who use our services and other stakeholders	Good
Impact on staff	Adequate
Impact on the community	Adequate
Delivery of key processes	Adequate
Policy and service development, planning and performance management	Adequate
Management and support of staff	Adequate
Resources and capacity building	Adequate
Leadership and direction	Adequate
Capacity for improvement	Good

Recommendations

Key outcomes for people who use services

Recommendation 1

The directorate should systematically gather information on outcomes for people who use services. It should examine its information gathering systems and ensure they are designed to enhance the tracking of outcomes at all levels in the organisation.

Impact on the community

Recommendation 2

The directorate should make sure that the model it adopts for locality working across adult and children's services is aligned to corporate and partnership planning arrangements.

Delivery of key processes

Recommendation 3

The directorate should review their duty systems to ensure adequate arrangements for cover and consistency of decision making between teams. Written guidance should be provided for staff and managers.

Recommendation 4

The children and families service should develop and implement specific prioritisation/eligibility criteria across teams to ensure consistency.

Recommendation 5

The directorate should ensure there are adequate arrangements for the assessment, review and support of children in kinship care placements and their carers. These arrangements should be supported by written guidance.

Recommendation 6

The directorate should update its child protection procedures to ensure that these comply with current policy, legislation and best practice. Social work procedures should link clearly to inter-agency child protection guidance and additional protocols for assessing and managing risks in a range of situations.

Recommendation 7

The directorate should ensure the quality and consistency of risk assessment and management practices in child protection is improved and that all decisions about appropriate response are based on sound and timeous multi-agency assessments.

Policy and service development, planning and performance management

Recommendation 8

The directorate should ensure there is sufficient management capacity within the new planning processes and that staff with planning responsibilities are adequately trained, supported and resourced to undertake this role.

Recommendation 9

To support more effective quality assurance the directorate should adopt a systematic approach to auditing operational performance including SMART targets and clear reporting arrangements to ensure compliance.

Management and support of staff

Recommendation 10

The directorate should draw up an over-arching workforce strategy linked to a staff training plan. Part of this strategy should be to ensure that the quality and impact of the training provided is evaluated.

Resources and capacity building

Recommendation 11

Service plans should be completed and thereafter clearly linked to financial plans to demonstrate that the service priorities and objectives are fully supported by available resources.

Recommendation 12

The directorate should develop an initial suite of management information reports in consultation with front line managers in both services. Senior managers and staff should improve their collection and scrutiny of accurate performance information. Such scrutiny should identify outcomes for people using services, areas of good practice and areas of under performance.

Recommendation 13

The directorate, in conjunction with the child protection committee and adult protection implementation group, should routinely collate and analyse referral information in order to gain a better understanding of local trends. Managers and staff should use this information to monitor the quality of practice, the application of consistent thresholds for intervention, compliance with procedures and use it to support service planning.

Recommendation 14

The council should ensure that full partnership joint financial management information is further developed and that appropriate financial monitoring data for all partnership arrangements are regularly submitted to elected members for scrutiny.

Recommendation 15

The directorate need to ensure that the commissioning strategy it develops covers all the services it commissions including those provided in-house. The directorate should engage in a structured way with existing and potential provider organisations so that they have a good understanding of the strategic vision and objectives for the different care groups. This should include the development of personalised approaches.

Recommendation 16

The service should ensure that up-to-date contracts or agreements are in place for all providers.

CHAPTER 2

Context

Introduction

The inspection of South Ayrshire social work services took place between November 2008 and March 2009. Our inspection team consisted of SWIA inspectors, an associate inspector, a carer inspector and sessional inspectors. SWIA also involved young people as lay inspectors. The young people led focus groups with young people who had received throughcare and aftercare services and young people who had been accommodated. They also led the interview with the children's advocacy worker.

During the inspection we read a wide selection of material about the local authority and the social work services it provided or commissioned. We analysed questionnaires received from staff, adults who use services, carers and stakeholders. Together with some staff from South Ayrshire social work services we spent four days examining case files. The team then spent a further two weeks in South Ayrshire looking at services as part of a fieldwork exercise.

During fieldwork, we spoke to people who used services, their carers and people who were responsible for delivering or arranging services. We met with representatives from a range of organisations and groups as well as elected members and other stakeholders. We also visited places providing social work services and people's homes when they received services there. As a result, we collected an extensive range of evidence that informed the content, evaluation and recommendations contained in this report.

This report is not a detailed description of all the social work services in South Ayrshire. It gives an overview and concentrates on the work being undertaken with people who need assistance and the areas where improvements are needed. It does not duplicate the inspection of services which are regulated by the Scottish Commission for the Regulation of Care (Care Commission) and Her Majesty's Inspectorate of Education (HMIE). In order to achieve this, the Care Commission and HMIE provided us with information about their inspection reports from South Ayrshire.

Area profile

South Ayrshire has a population of 111,670 which is the 18th largest population of the 32 authorities, and covers 1222 square kilometres. The population density is 91 people per square kilometre. The population of South Ayrshire has decreased by 0.4% since 2001, while overall, Scotland's population has increased by 2.1%.

The age profile of South Ayrshire's population is older than Scotland as a whole. In South Ayrshire, 59.0% of the population are of working age. This compares with a Scotland figure of 62.6%. 24.4% of the population are over 65 (Scotland figure is 19.7%), while 16.6% are under the age of 16 (Scotland's figure is 17.7%).

From the 2006-based population projections, the population of South Ayrshire is projected to

remain largely unchanged by 2016, and to decrease by 0.3% by 2026 (Note: both changes relate to the 2006 population). The equivalent Scotland figures are a 3.0% increase by 2016 and a 4.8% increase by 2026.

South Ayrshire's under 16 population is due to decrease by 6.9% by 2016 and decrease by 7.5% by 2026. The equivalent Scotland figures are decreases of 2.8% by 2016 and 3.8% by 2026. The working age population of South Ayrshire is due to decrease by 1.7% by 2016 and decrease by 4.9% by 2026. The equivalent Scotland figures are decreases of 2.8% by 2016 and 3.1% by 2026.

South Ayrshire's population of those aged over 65 is due to increase by 9.3% by 2016 and increase by 16.5% by 2026. The equivalent Scotland figures are increases of 9.1% by 2016 and 18.4% by 2026. More specifically, South Ayrshire's 75+ population is due to increase by 22.4% by 2016 and increase by 63.7% by 2026. The equivalent Scotland figures are increases of 21.4% by 2016 and 62.7% by 2026.

The male life expectancy at birth in South Ayrshire is 75.7 which is greater than the overall Scotland figure of 74.8. This means South Ayrshire is ranked number 17 out of the 32 local authorities for male life expectancy at birth. The female life expectancy at birth in South Ayrshire is 80.6 which is greater than the overall Scotland figure of 79.7. This means South Ayrshire is ranked number 11 out of the 32 local authorities for female life expectancy at birth.

The Scottish Index of Multiple Deprivation indicates that 9708 (8.7%) of the population of South Ayrshire were living in one of the 15% most deprived areas in Scotland in 2006. South Ayrshire was ranked 15 highest out of 32 authorities for the percentage of its population living in the 15% most deprived areas in Scotland in 2006.

According to the 2001 national census report, those from a minority ethnic background make up 1.1% of South Ayrshire's population, less than the Scotland figure of 2.0%.

Map of South Ayrshire



Organisation of social work services

2007 and 2008 had seen many changes for the organisation of social work services and the council's corporate management team (CMT). In 2007 the (then) department of social work housing and health restructured, creating new management arrangements for community care services.

The introduction of a new chief executive in April 2008 and director of social work, housing and health in May 2008 provided the impetus for the CMT to embark on an improvement agenda focused on the change required to improve the overall performance and deliver improved outcomes for individuals and the community at large.

In October 2008 the chief executive sought approval to modernise the management arrangements of the council, and from November the revised structure comprising three executive directors for children and community, corporate services and development and the environment was created.

The previous director of social work housing and health was appointed to executive director for children and community, bringing social work and education services within the same directorate. Five heads of service posts were created, two with operational responsibility for social work services. The head of community care and housing and head of children's services were confirmed in post just prior to our arrival for fieldwork in March 2009.

Community care services were delivered through dedicated teams/services to meet the needs of:

- older people
- people with learning disabilities
- people with mental health problems
- people with physical disabilities/long-term health conditions/sensory impairment
- people with addictions

Children's services were delivered through locality based teams and supported by specialist services for:

- fostering and adoption
- youth justice
- youth support
- children with a disability
- throughcare and aftercare
- family support
- residential
- outreach

Criminal justice services were delivered through a formal partnership, encompassing management structure and budgetary arrangements, with the Ayrshire Criminal Justice Social Work Partnership to develop joint criminal justice social work services within the three Ayrshire council areas. In addition, South Ayrshire Council was a member of South West Scotland Community Justice Authority (CJA) which had a duty to develop a strategy to reduce re-offending across South West Scotland and involved working closely with the other members of the CJA and all the statutory partners. These included Strathclyde Police, Scottish Prison Service, Crown Prosecution Service, Job Centre Plus, NHS Ayrshire and Arran Health Board and a range of voluntary organisations.

The directorate for children and community had an office base in Ayr and had local social work offices in Ayr, Prestwick, Maybole and Girvan. The directorate had a total of 1100 staff (906 FTE) in social work services, located in 34 different work locations across the council area.

Appendix 4 contains a diagram of the management structure of the social work service.

Political structure

South Ayrshire was led by 30 elected members and its political make up at the time of our inspection was as follows:

Scottish Conservative	12
Scottish Labour	7
Scottish Nationalist	8
Independent	3

The council moved to a cabinet model in May 2007 with a leadership panel, five standing scrutiny panels, a number of other decision making panels, a scrutiny review process and a call in process. When the system was reviewed in 2008 the leadership panel was expanded from five to seven portfolio holders, the number of scrutiny panels reduced from five to three and the number of elected members on each panel increased by four to eight.

The children and community directorate reported to a number of panels including community services, the leadership panel, and the community health partnership committee.

Other inspections

Audit Scotland published their *Audit of Best Value and Community Planning* (Audit Scotland Report) for the Accounts Commission in April 2009¹.

Her Majesty's Inspectorate of Education (HMIE) joint inspection of services to protect children and young people in South Ayrshire (HMIE Report) was published in June 2007². They undertook a follow-through inspection at the same time as SWIA's fieldwork in South Ayrshire and some of the focus groups and interviews were done on a joint basis.

Care Commission inspection reports of the fostering and adoption services in South Ayrshire were published in July 2007³. The Care Commission inspected fostering and adoption services and inspections of some other regulated services at the same time as SWIA's fieldwork and some of the focus groups and interviews were also done on a joint basis.

SWIA led a multi-agency pilot inspection of learning disability services provided by the NHS Ayrshire and Arran and the three Ayrshire local authorities which was published in 2007⁴. A follow up multi-agency inspection took place in July 2008. As a result, this performance inspection did not cover learning disability services in the same detail as other performance inspections.

1 The Audit of Best Value and Community Planning South Ayrshire Council, April 2009

2 Joint inspection of services to protect children and young people in the South Ayrshire Council area, June 2007

3 www.carecommission.com

4 Multi-agency inspection of services for people with learning disabilities in Ayrshire March 2007

SWIA inspected the Ayrshire's Partnership's criminal justice social work services in 2007⁵. The partnership had developed an action plan which SWIA was monitoring as part of its follow up process. However, South Ayrshire Council asked SWIA to include criminal justice services in this performance inspection because the directorate wanted a comprehensive, up-to-date review of all its services.

Inspection methodology and process

The structure of this report is based on the SWIA performance inspection model which asks six key questions about the performance of local authority services.

1. What key outcomes have we achieved?
2. What impact have we had on people who use services and other stakeholders?
3. How good is our delivery of key processes?
4. How good is our management?
5. How good is our leadership?
6. What is our capacity for improvement?

The following chapters address each of these questions in turn.

A more detailed description of the inspection methodology and the way in which we carried out our inspection are included in Appendices 2 and 3.

5 Performance inspection of criminal justice social work services, report on the Ayrshire partnership, 2007

CHAPTER 3

Key outcomes for people who use services

Outcomes for adults, carers, children and families who use services

We define outcomes as the direct benefits in people's lives from the social work services they receive. Overall we found performance in this area to be good, with important strengths but with some areas for improvement.

People who used services and their carers were generally positive about the difference social work services made to their lives. The directorate performed better than the Scottish average against a number of statutory performance indicators. These included ones that related directly to improved achievements, such as educational attainment for looked after children, and improved independence, such as intensive home care and tenancies for adults with learning disabilities. We were concerned about sustainability in view of the overspend in children's services but noted the directorate was taking urgent steps to reduce the numbers of out of area placements which should impact on this.

Some in-house and purchased services were beginning to develop their own outcome measurements. The directorate was working to focus its performance management system more on outcomes in the future but still had some way to go. For example, safeguarding services and services for people with mental health problems could not provide information that evidenced effective outcomes.

Measuring outcomes

Measuring outcomes is not yet common practice in social work services across Scotland. National and local performance measures and targets are sometimes used as proxy outcome measures in this chapter. We use a consistent set of indicators for all councils, as well as other significant measures and targets.

South Ayrshire did not yet have an established framework for measuring outcomes across social work services. However they were working towards streamlining their performance management information to focus more on outcomes.

The council's performance management system (CPMS) was used to report progress against priorities from the council's vision and single outcome agreement. The directorate planned to increase its focus on outcomes by drawing on other sources of performance information to assess the difference services were making in attaining the identified outcomes.

The directorate used a range of methods to evaluate its performance including feedback and consultation with people who used services, inspection reports, externally commissioned performance reports and statutory performance indicators.

Some teams were beginning to develop their own outcome measurements. For example the youth support team and the Ayr family centre had devised clear frameworks which identified their desired outcomes and how they would be measured. However these were not yet linked to any directorate wide system.

We found a range of local improvement targets in place for community care services, and information suggested of these majority of targets were being met. However some key health information was missing. Identifying targets within children and families services was less well developed.

Recommendation 1

The directorate should systematically gather information on outcomes for people who use services. It should examine its information gathering systems and ensure they are designed to enhance the tracking of outcomes at all levels in the organisation.

People who use services views on outcomes

As part of this inspection we surveyed people who use social work services in South Ayrshire. The survey had one of the highest response rates⁶ compared to other authorities. Most of those who responded agreed social work services had helped them to feel safer, lead more independent lives and feel part of the community. This result was comparable with other authorities.

Views of carers on outcomes

South Ayrshire provided a list of over 1300 carers known to them and we sent a questionnaire to a random sample of 500 carers. However the response rate of 17% was disappointing and one of the lowest in comparison to other authorities.

The majority of carers who responded to our survey agreed they felt valued and supported, that they were consulted and listened to and that they had a say in how things were done. However just less than half agreed that they were helped to have time for family, work or other commitments. The majority agreed that services had resulted in an improved quality of life for the person they cared for and that social work services had helped the person they cared for feel safer and lead a more independent life. However less than half agreed that social work services had helped the person they cared for feel part of the community. These results were comparable with other authorities inspected.

⁶ 500 questionnaires were issued and 178 returned giving a response rate of 36%. This is the joint highest response rate so far for this survey. These 178 responses correspond to around 9.3% of the total adult social work case load provided by the authority.

During fieldwork we met with a group of parents of children with disabilities and they agreed that social work services had made a positive difference to their children, themselves and their families.

Views of staff

Almost all of the staff who responded to our survey⁷ agreed that the services their team provided were successful in:

- helping people lead as independent a life as possible;
- helping people lead less isolated lives;
- doing everything they could to keep people safe;
- helping people to live in the community; and
- working well with other agencies in protecting children and/or vulnerable adults.

These responses were broadly comparable with other authorities.

Partners and stakeholders

We also surveyed key partners and stakeholders and other council services for their views. Almost all of the 24 organisations who responded agreed social work services provided good outcomes for people who use services and their carers. Most agreed that overall the directorate was in a position to improve the service and outcomes for people who use services and their carers. Most agreed that overall people who used services and carers valued social work services and found them a positive experience.

File reading

We read a sample of 105 files; 61 community care files and 44 children and families files. Most of the files had a care plan. Most of these files contained evidence that the objectives set out in the care plan had been, or were in the process of being achieved. Most of the files read contained evidence that the person had been helped to access mainstream services. In the majority of files the individual's circumstances had generally improved during the period under scrutiny. These findings were comparable with other authorities. We also read 10 criminal justice community supervision files and looked at how well staff applied national standards. We found standards and enforcement were generally good, though there was room for improvement in home visiting.

⁷ 500 questionnaires were issued to staff in South Ayrshire and 190 returned giving a response rate of 38%. This represented 18% of the workforce.

Services for children and families

Children in need

The directorate told us it had a long history of successfully supporting children and young people in their families and communities. Indeed we found a wide range of services for children in need including preventative initiatives such as the Kincaidston Youth Café, Target Leisure and the family centres. Also the directorate led on the development of a parenting and family support strategy which was based on a tiered model of intervention. We found a clear commitment to preventative working in South Ayrshire. However the challenge of measuring the success of prevention made it difficult for South Ayrshire to demonstrate the difference these initiatives were making.

Children with disabilities

South Ayrshire performed well compared to other local authorities on the statutory performance indicators for respite for children. They were ranked 4th out of 31 local authorities on the total daytime respite hours provided for children per 1000 population. They were ranked 11th out of 31 on the total overnight respite nights provided for children per 1000 population.

The children with disability team told us their work was focussed on ensuring that all young people were maintained, as far as possible, within their home environment, achieved their full potential and led as independent a life as possible. During fieldwork we met with team leaders and heard that over the last 10 years they had reduced the number of children in residential placements from 15 to two. Parents of children with disabilities confirmed they benefited from services to support them as carers. We concluded that the team was providing good outcomes for those who were getting a service although some families had to wait a long time to be allocated a worker.

Child protection

HMIE carried out their follow through inspection of services to protect children in March 2009. This took place at the same time as the SWIA fieldwork and we shared information and ran some joint sessions. HMIE identified progress in a number of areas but found that services had only made weak progress towards improving processes for assessing risk. We agreed with this analysis and discuss this further in chapter five.

Scottish Government statistics show that on 31 March 2008 there were 29 children's names on the child protection register in South Ayrshire. This was equal to 1.6 per 1000 of the population aged 0-15 and was less than the Scottish figure of 2.7. In 2008 there were 134 child protection referrals, which was equal to 7.2 per 1000 population aged 0-15. This was less than the figure for Scotland which was 13.6.

Managers were unable to explain why referral rates were low, or to reassure us that enough children were being referred for help. The child protection committee (CPC) recognised they needed to enhance their data to allow them to measure their performance and this work was underway.

Looked after children

The proportion of children in South Ayrshire who were looked after on the 31 March 2008 was 1.2%. This was similar to the Scottish average (1.3%). A proportion of 86.2% of looked after children were living in community settings, including those who were looked after at home. This was a little less than the Scottish average of 89%. 13.8% were in residential care compared to the Scottish average of 11%. This suggested that South Ayrshire had room for improvement in the balance of community settings to residential care.

In 2007-08 South Ayrshire supported 61 children in out of authority placements. Thirty-two children were in community based independent fostering placements and 29 were in residential schools. We were concerned by the numbers of children and young people being placed away from their immediate home environment and the possible negative impact on them that might result. We were also concerned about the significant overspend in the budget as a result of the high costs attached to the placements. New senior managers had taken steps to address these issues. We discuss this in more detail later in the report.

Providing stability is key to achieving positive outcomes for children and South Ayrshire performed well in this area. Of the children looked after away from home in South Ayrshire 17% had three or more placements which was considerably less than the Scottish average of 31%.

The Care Commission inspections of the fostering and adoption services noted a number of strengths but also set a number of requirements. SWIA joined Care Commission officers on some fieldwork during the Commission's inspection in March 2009. Although generally the requirements from the previous year's inspection had been met, the service had been slow to submit its action plan.

Educational attainment

The educational attainment of looked after children in South Ayrshire compared well with Scotland as a whole. In 2006-07 47% of all care leavers had qualifications in English and Maths. A proportion of 58% had at least one qualification at SCQF level 3 or above. This was higher than the Scottish averages of 34% and 52% respectively.

The youth support team was the departmental link with school support teams and the care and learning group supported the needs of looked after children. During the inspection a senior education manager explained that mentoring arrangements were in place for all poorly performing children. The school transport system allowed children to maintain local school attendance as part of their care plans. Both of these initiatives supported the education of

looked after children. However during fieldwork we noted some problems with transport when children were placed in neighbouring authorities.

We observed a meeting of the care and learning steering group and heard about the flexible curriculum project. The majority of young people who attended this project were looked after at home. The project noted some “softer” outcomes for young people in improved socialisation and self esteem. Staff in Psychological services were carrying out an evaluation of the project.

Health

There was a nurse based in the throughcare team. We heard from the throughcare manager that the nurse addressed mental health needs and ensured all young people were registered with a GP and dentist. In their recent inspection of this service, the Care Commission found evidence that young people were being supported to meet their health and wellbeing needs.

A second nurse for looked after and accommodated children came into post in January 2009 and was still developing her role. She was part of the care and learning steering group, offered health assessments to all accommodated children and was working with a group of girls on safety issues. She will attend post admission meetings to ensure that children have their health needs met.

Throughcare and aftercare services

Local authorities, as corporate parents, have a duty to prepare young people for leaving care and to support and advise those who have moved on to independence. Of the 42 care leavers in South Ayrshire in 2007-08, 60% had a pathway plan and 62% had a pathway coordinator. These figures were similar to the Scottish figures of 55% and 57% respectively.

However only 51% of care leavers were still in touch with social work services compared to 81% for Scotland. Of those young people still in touch with social work services, 41% were in employment, education or training which was similar to the Scottish figure of 42%. During fieldwork we spoke to staff who questioned these figures as they were confident that a higher number were still in touch with social work services.

The youth housing support group agreed provision and tracked young people who presented as homeless, including care leavers from placements in and out of South Ayrshire. The group told us their approach had reduced the number of moves for young people between leaving home and living independently.

We met young people receiving throughcare services who were generally positive about the help they were getting, including support into training and employment.

Good practice example

Throughcare mediation service

Young people aged 16-21 were offered a mediation service at the point of presenting as homeless. The mediation process involved individual meetings with the young person, parents and key people, and a family meeting, where the resolution process began. A mediation agreement was drawn up and signed by parties, and a review process agreed. An evaluation of a 6 month initiative to enhance the service reported that out of 26 young people who engaged, 23 returned home following intervention or were prevented from becoming homeless. Other positive outcomes included reduced offending and reduced substance misuse.

Youth justice

In 2007-08 the number of children referred to the reporter on offence grounds was equal to 3% of the population aged 8-16. This was higher than the overall Scotland figure of 2.6% but slightly less than in previous years.

The number of persistent young offenders referred in South Ayrshire 2007-08, was 34. This was equal to 0.30% of the population aged 8-16 and was higher than the overall Scotland figure of 0.23%. During fieldwork we heard that the current figures were lower. Although this was no longer a formal Scottish Government target, South Ayrshire had reduced their number of young people meeting the criteria for persistent offending.

Criminal justice

The South Ayrshire criminal justice service had recently started to run the Constructs PSSO (positive steps to stop offending) group work programme for offenders over 18 who posed a medium to high risk of re-offending. This accredited programme aimed to help offenders to address attitudes and behaviours that were related to their offending and helped them improve their social and problem solving skills. The results were to be fed into an external national evaluation of this initiative. The community sex offenders group work programme had been similarly introduced.

Some commissioned projects were beginning to deliver positive outcomes. In 2007-08 only three women out of 18 on the Barnardo's support project for women offenders breached their probation orders. These figures represented a 60% improvement on previous years. Other outcomes this group achieved included a reduction in offending, access to training and employment opportunities, more stable accommodation, better self care, improved income and less isolation.

A recent internal evaluation of an employment project for offenders also showed encouraging results. This was a pilot of a joint venture by the council's regeneration STEP project and the Access to Employment voluntary body. Although more work needed to be done to increase the engagement rate, 82% of those offenders who did engage with the project had an outcome which had enhanced their prospects of employment.

Community care services

Older people's services

In common with other parts of Scotland South Ayrshire had an aging population. The latest projections from the General Register Office for Scotland show that South Ayrshire's population of people aged over 75 will rise by 63.7% by 2026 which was slightly higher than the equivalent figure for Scotland. As a result the directorate expected to see an increase in the demand for community care services. They had made a significant investment in services to older people and were making progress in shifting the balance of care to support people in their own homes and local communities.

Care homes

The number of long stay care home residents aged 65 or over was 810. This was equal to 35.0 per 1000 population aged over 65 which was slightly less than the Scottish rate of 36.7 per 1000 population aged over 65. The directorate had maintained this rate over the last five years whilst steadily increasing the percentage receiving home care.

Home care

In comparison to other local authorities the directorate performed well on their provision and targeting of home care. They were ranked:

- 5th out of 32 local authorities on the total hours of home care they provided as a rate per 1000 population aged over 65;
- 3rd out of 32 local authorities on the percentage of older people receiving intensive home care; and
- 5th out of 32 local authorities on the number of home care clients over 65 receiving care at weekends as a percentage of clients.

However they were ranked 20th out of 32 local authorities on the number of home care clients over 65 receiving care in the evenings/overnight as a percentage of clients. Providing home care in the evenings can be key to enabling people to live in their own homes as independently as possible. Senior managers were committed to reviewing home care hours and improving the flexibility of the service. However they also needed to make financial savings.

Telecare/community alarms

Telecare systems help older people live independently by enabling them to get assistance quickly when they have a problem. In September 2008, 480 people used telecare/telehealth services. An evaluation of the telecare development fund was based on the results of a questionnaire completed by people who used telecare in South Ayrshire. Most people said they felt safer at home, more independent and less stressed since telecare had been installed. However, some of the targets for reducing care home and unplanned hospital admissions had not been met during the early part of 2008. Information about performance was limited.

Short breaks and day care

Short breaks and day care are important parts of the network of social care services which support older people to remain in their own homes. South Ayrshire Council was ranked 9th out of 31 local authorities on the total respite overnights provided for older people per 1000 population, an increase of 2.2% from the previous year. On the other hand they were ranked 24 out of 30 on the total daytime short break hours provided, although within this they were ranked first for providing 100% of short breaks outside a day centre setting. This performance had been maintained for the last three years.

In 2007 there were eight day care services for older people in South Ayrshire and 289 places which was equal to 12.7 places per 1000 population of over 65s. This was greater than the overall Scotland figure of 8.1 places per 1000 over 65s.

Delayed discharge

In April 2008 there were 11 delayed discharges and none had been delayed by more than six weeks. This position had been maintained since 2007. Census figures for January 2009 indicated a drop in performance with three discharges being delayed for more than six weeks. Managers described this as a “seasonal spike”. They told us that since January they had returned to their previous position of having no hospital discharges delayed for more than six weeks. The work of the multi-agency rapid response team and the integrated care team had been key to achieving this consistent performance.

Learning disability services

The SWIA led multi-agency inspection of services for people with learning disabilities in 2006 evaluated the services in South Ayrshire as achieving very good outcomes.

These services continued to perform well in relation to national indicators. In 2007 19% of adults with learning disabilities in South Ayrshire had employment opportunities. This was higher than Scotland’s figure of 16%. Forty-two per cent lived in their own tenancy which was higher than the Scotland figure of 33%. Nine per cent had community short breaks which was similar to the Scotland figure of 8%. Two-hundred-and-seventy-three adults with learning disabilities had alternative day opportunities. Therefore the estimate of adults with learning disabilities with alternative opportunities as a percentage of all known was 54%. This was higher than the Scotland figure of 27%.

Managers recognised that the high costs associated with achieving some of these outcomes were not sustainable and were reviewing parts of the service.

Physical disability and sensory impairment

Referral information on people with physical disabilities was collected and services held registers of people with hearing and visual impairments. In 2007 there were no adults with physical disabilities or mental health problems attending day centres. Managers told us that during the inspection adults with physical disabilities were attending day care as part of the provision for other groups of people who use services. There was no outcome information available.

Mental health

The directorate recognised they needed to work in partnership with others, in particular NHS Ayrshire and Arran, in order to achieve positive outcomes for people who used mental health services. Immediate priorities for mental health services were identified which were directly linked to improved outcomes for people. Although they had information from referral analysis, managers could not provide us with any outcome information in this area.

Substance misuse

The directorate jointly commissioned a range of substance misuse services with health. Service specifications identified intended outcomes for people using the services and these were agreed between NHS Ayrshire and Arran and the council. Individual services had been evaluated and were being monitored. Whilst some information about outcomes was available from each service, managers had not yet drawn this information together in a consistent form to report on the outcomes being achieved.

Adult protection

The Adult Protection Committee had not yet been set up in South Ayrshire at the time of our inspection. A pan Ayrshire implementation group had developed interim procedures. However, managers had not yet started to gather comprehensive management information about this area of work. As a result there was no information on outcomes. (We say more about adult protection in chapter five.)

Direct payments

Direct payments are one option that allow people to purchase and manage, for themselves, some, or all of the care they need. The directorate had not managed to increase the number of people using direct payments over the previous three years. In 2008 39 people in South Ayrshire received direct payments, which was also the figure in 2007 (41 in 2006). This was equal to 3.5 per 10,000 population which was less than the Scottish average of 5.1 per 10,000 population. The average value of payments had increased though and was higher than the Scottish average.

The directorate recognised that some people were wary of operating direct payments. As a result they were working closely with Ayrshire Independent Living Network, who already provided a range of supports to people receiving direct payments, with a view to commissioning them to take on a more extensive support role from 2009-10.

Memorandum of understanding

South Ayrshire Council and the Care Commission had signed a memorandum of understanding in 2005. This allowed the Care Commission to share information relevant to protecting people and avoid duplication in contract monitoring.

CHAPTER 4

Impact on people who use services and other stakeholders

This chapter looks at three areas for evaluation:

- **impact on people who use services**
- **impact on staff**
- **impact on the community**

We define impact as the direct experience of people who use or deliver social work services or benefit from them directly.

Impact on adults, carers, children and families who use services

Overall we found performance in this area to be good, with important strengths and some areas for improvement.

Most people who used services were satisfied with the help they received and the way they were treated. People we met had positive experiences of being involved in groups. They had seen their assessments and contributed to deciding what help they received. Care plans were in place and were being reviewed. However, less than half of people who used services and carers were satisfied with the service provided out of office hours.

Carers were less positive about their own experiences, although they thought that the person they were caring for was treated respectfully and that services were planned and reviewed. They had mixed views on the quality of services.

Service users and carers had limited awareness of direct payments.

People's views on finding out about and contacting services

People who used services who responded to our survey were generally positive about their experiences of finding out about and contacting day time services. We found that:

- most people agreed that they found it easy to get clear information about the range of services that might help them. This positive response was higher than the average for authorities inspected to date;
- most people agreed they got a good response when they were first in touch with services. This was comparable with other authorities; and
- most people agreed that they got a good response from social work services during the day, one of the highest levels of agreement to date.

Carers were less positive overall, although a majority of those who responded to our survey agreed that they found it easy to get clear information. This level of agreement was above average from inspections to date. Similarly a majority agreed that they got a good response when first in contact with services and a good response during the day.

Evidence from our surveys told us that people who used services and carers were dissatisfied with the service they received out of office hours. Less than half of service users who responded and only 24% of carers who responded agreed that they got a good response during weekends and evenings. These results were comparable with other authorities, although at the lower end of the range. The directorate should include the views of service user and carers in their current review of out-of-hours arrangements.

During our fieldwork we spoke to carers and people who used services. Groups of carers told us that information about services was not well promoted and not always available in the most useful places including information about getting an assessment as a carer. Service users who represented groups for people with a sensory impairment told us that initially it was hard to find out about what was available so they had produced an information booklet.

Views of people who use services about their experiences

The people who used services who responded to our survey were generally very positive about the help they received.

Almost all of those who replied agreed that they were treated with dignity and respect. This result was comparable with results from other authorities inspected. People we met in focus groups agreed and we confirmed this in practice sessions we observed. This was particularly true of the young people we met.

Most service users agreed that they had seen a written assessment of their needs, and almost all said they had been fully involved in deciding what help or services they received. These results were well above the average achieved in other inspections.

In terms of making use of services, our survey evidence indicated strong performance:

- most (83%) respondents agreed that they had been given a clear plan to describe the services they were receiving; and
- almost all (90%) said there was a meeting at least once a year to discuss the services they received.

Both these results were the highest achieved to date and significantly above the average.

We met groups of people who used mental health services. They were very positive about the support they received from social workers. One of the groups particularly valued the involvement of community psychiatric nurses.

We met young people who were accommodated and others who were involved with the throughcare service. They were not all clear about whether they had a care plan or pathway plan. The majority knew about their reviews and told us they happened regularly. Most of those involved with the throughcare service told us they had regular contact with their worker.

Adults and young people we met in focus groups spoke highly of the support they received from groups they attended:

- service users with addiction problems were positive about the support from two services, Addaction and Turning Point;
- people with mental health problems said they were well supported in the “Troon group” by people who understood their needs and who they felt comfortable with. They valued the ability of social workers and psychiatric nurses to help sort out social and health problems; and
- people with sensory impairments were positive about the support groups they attended, the sensory impairment support group (SISG), and the group at the disability resource centre.

Good practice example

We observed a session of the “nurture group” at the family centre. The group was specifically designed for young mothers involved with the throughcare service and their babies. They prepared food together and practised baby massage as a means of raising self esteem and improving parenting skills. Those who attended valued the support they received from the staff and told us it had helped them strengthen relationships with their children. We found staff were enthusiastic, respectful and warm in their approach towards the young mothers.

Most respondents to our survey of people who used services said they got help when they needed it and most agreed their social worker or care manager responded quickly to important changes in their situation. Both these results were well above the average achieved in other authorities.

People with a physical disability or sensory impairment who completed our survey or who we met during fieldwork were more likely to respond negatively about the quality of the help they received. A group of visually impaired people we met agreed that the council did its best for them, but were concerned about the length of time between diagnosis and other health and care services becoming involved.

The criminal justice service had undertaken a survey to obtain the views of offenders about their experiences on statutory supervision. The feedback from those who responded was positive and offenders said the way they had been treated and the work they had done had helped them to stay out of trouble.

Views of carers about their experiences

As is the case in the majority of our inspections, carers were less positive than those who used services about their overall experiences. Within this, they were more satisfied with the services for the person they cared for than with their own experiences as users of services. Responses to our survey placed South Ayrshire in the mid range of results when compared with other local authorities. This mixed view was mirrored in our fieldwork.

From those carers who responded to our survey:

- most carers agreed the person they cared for was treated with dignity and respect;
- the majority agreed there was a clear plan which described the service the person they were caring for would receive and similarly, a majority agreed there was a meeting once a year to review services; however
- less than half agreed they had seen a written assessment of the needs of the person they cared for; and
- less than half agreed they have had their own needs assessed as a carer.

When asked if the person they were caring for received help at the time it was most needed, the majority of respondents agreed. The majority also agreed that services were reliable and of good quality.

We met a range of carers during our fieldwork who confirmed this mixed picture. One carer we met in an observation of practice was very happy with all the services he had received from social work and was particularly pleased with the continuity of the carers who looked after his wife. He also told us he was able to phone his social worker at any time. Two other carers we met had cancelled home care services as they were not sufficiently flexible in relation to time and to the availability of a male carer. Parents of children with disabilities valued the help they received but told us they had had to wait for services to start. We say more about this in chapter five.

We met a group of eight young carers from three different groups at the Carers' Centre, who told us about some of the good things that they felt social work had helped them with such as:

- the young carers group;
- the befrienders project; and
- visiting the young carers' festival in Blackpool.

They told us they would like more help with their parents so they could get out more. Some of the group said the social work service for the person they cared for was good, others that it was not so good.

Informing and involving people who use services and their carers

The directorate used a variety of different models to seek user and carer views about services, including stakeholder conferences and surveys. Managers told us that South Ayrshire was committed to promoting the Recovery approach within mental health social work practice which had led to an increase in the involvement of service users. We sat in on a well attended mental health “Recovery” event for users, carers and staff, sponsored by South Ayrshire Council, and NHS Ayrshire and Arran. A group of young carers agreed that the key thing that would make a difference to them was people listening more to them. Some young people in the throughcare service had been involved in interviewing staff, and a few had been asked for their views on how individual staff had been performing.

In criminal justice services a survey had been carried out to obtain the views of service users about their experiences on supervision.

Good practice example

A snapshot service user survey was carried out in 2008 across the Ayrshire criminal justice partnership with positive feedback received. Service users said they had been treated politely; were seen on time; had been informed of any delay; were allowed to put their views forward; felt that the reason for their contact with the service had been properly explained and had reduced their offending.

Practitioners told us that they had never seen any aggregation or analysis of this information.

Staff in day services told us that they used client’s meetings, questionnaires, suggestion slips and surveys to find out what people did and did not like. Managers in children’s services told us that children’s and parents’ views were incorporated into assessments and care plans although we found that more could be done to aggregate and analyse the information.

The directorate acknowledged that it worked well with service users and carers to gather their views on an individual basis, but that it was less effective in drawing this information together to provide a council-wide appraisal of their experiences. The directorate should build on its commitment to seek feedback and ensure that this is collated and used to evaluate services as a whole.

Direct payments

We did not find that the service users or carers we met had a good understanding of direct payments. In a group of seven parents of children with disabilities, only one knew about direct payments and she had been told about them by an Independent Living Fund Inspector. No one else in the group had been offered direct payments or any information about them. Managers told us that the numbers and value of direct payments to families of children with disabilities and/or complex needs had increased from six to 11 since 2007.

Impact on staff

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

Our survey and fieldwork data showed that, in the main, staff were motivated and satisfied in their day-to-day work. They also considered that they had access to relevant training and professional development opportunities to improve their practice. They felt their teams were effective and that their line managers supported them well.

Staff were less positive about other aspects of their working environment and staff absence levels were high. In a context where senior managers recognised that there was much to do to modernise services there was evidence that some staff had not experienced the steps that they had taken as sufficiently inclusive.

Staff showed some awareness of the council's overall vision for services, including social work services. However some staff had found these aspirations difficult to reconcile with continuing uncertainties about service redesign.

Motivation and satisfaction

Staff motivation, commitment and satisfaction

In our survey we requested staff views about the outcomes and impact of services, their working conditions, their working relationships with partner agencies and their experiences of operational management and strategic leadership.

Staff responded positively to many of our questions. In particular they thought the teams they worked in provided good outcomes for people who used services and that they worked well with other agencies in protecting vulnerable children and adults. Almost all respondents enjoyed their job and the majority felt well supported in risky situations. Most respondents agreed that they had regular team meetings and the majority considered that these meetings were purposeful and effective.

Staff responded less positively to some questions. For example less than half agreed that morale in their team had been good for at least the last six months, less than half agreed that senior managers communicated well with staff and only some expected their working conditions to improve over the next 12 months.

Overall, South Ayrshire's staff survey results were comparable with those of the other authorities we have inspected to date and tended to be in the middle and upper end of the range of responses.

Sixty-three of the 190 staff who completed our staff survey added some written comments. These helped build our understanding of factors that were affecting staff motivation and morale. Fieldwork staff were particularly positive about the teams they worked in and the support they received from their line managers but they registered concerns about pressure of work, the volume of paper work and lack of time to spend with service users and communication with senior managers. Managers showed they were aware of the impact of the uncertainty that had surrounded restructuring on staff morale. Some also pointed to a need for better contact and communication with senior managers about direction and strategy.

South Ayrshire staff survey

South Ayrshire Council carried out their own employee opinion survey in early 2008. Positive findings from a sample of 244 social work employees were that almost all respondents were clear about their responsibilities, understood how their job contributed to the service and were committed to helping the department achieve its objectives. Less positive findings were that less than half of social work employees felt informed about council decisions about future plans and an even smaller percentage felt they could influence these.

During our fieldwork we met staff who were motivated and positive across a range of service teams and it was clear to us that they much appreciated the support they received from their teams and immediate managers. However the focus groups and individual interviews pointed to a number of issues that were adversely affecting motivation and morale. These included:

- lack of sufficient communication and consultation both about some specific issues – for example the closure of a residential unit and about wider service development issues – for example the review of day care;
- protracted delays in taking forward the single status process which staff said had extended over years;
- high workloads with some staff carrying flexi-time they never had time to take;
- uncertainty about departmental restructuring and the future direction of services; and
- delays in filling staff vacancies.

Trade union representatives we met said that in their view staff morale was low and that information sharing and consultation could be much improved. We considered that staff were right to be concerned about the delay in resolving single status and that the future shape of some services had not yet been agreed. Nevertheless the chief executive, the executive director of children and community and other senior managers had taken a number of initiatives to address these issues. We talk more about this in chapter six.

Staff told us that they knew about, had benefited from and appreciated what managers were doing and that, on the whole, communication was improving. We thought some of their concerns could be traced back to the protracted period of drift and delay that had preceded the recent

management changes and we could see that senior managers were now working on a number of fronts to address these concerns. However the evidence from our survey and our focus groups and interviews with staff suggested that senior managers still had some way to go to address the full range of outstanding issues and uncertainties that had affected staff motivation and morale.

Levels of staff absence are one indicator of staff motivation and satisfaction. Audit Scotland figures for 2007-08 showed that South Ayrshire Council was 30th out of the 32 Scottish local authorities in the percentage of working days lost through sickness absence (excluding craft employees). The trend over the three year period beginning 2005-06 had been upward. The directorate provided figures showing that in 2007-08, the percentage of days lost for social work housing and health staff had been slightly higher than for the council as a whole. Community care managers highlighted particularly high rates amongst home care staff. The issue of staff absence levels is dealt with more fully in chapter six.

Staff perceptions about career and professional development

Most of the respondents to our survey considered that they had received adequate training to meet their responsibilities. Just over half considered that the council's annual appraisal system helped them to do their job. The survey told us that almost all staff were aware of their responsibilities as set out in the Scottish Social Services Council (SSSC) code of practice and most staff thought that the directorate was fulfilling its responsibilities under the code of practice for employers of social service workers. These findings were comparable with those of other authorities inspected to date.

Our interviews with staff provided firm evidence that they were able to access a wide range of learning opportunities related to their current work and professional development and that their managers were supporting them to do this. Staff said they had particularly valued the opportunities for inter-agency training that had been made available. Training and professional development is dealt with in more detail in chapter six.

Staff perceptions about working with other services and agencies

Our survey asked staff for their views about the quality of their working relationships with other agencies, local authority services and sections of their own service. Most respondents considered they had a good working relationship with other social work services and with health services. The majority considered they had a good working relationship with housing services. These findings were comparable with those of other authorities inspected to date.

These mainly positive findings were broadly supported by the evidence from our staff focus groups, interviews and observations of practice. Staff in the disability and hospital teams described good working relations with health services. Members of the throughcare team said they worked well with housing, the throughcare nurse and the voluntary sector partners in the youth housing support group. Administrative staff and managers felt well integrated with professional services.

Social work staff had some reservations about their working relationships with education services, with only 50% agreeing that these were good. Although a significant proportion neither agreed nor disagreed, the overall result was the lowest from other authorities inspected. Managers told us that traditional service boundaries got in the way of integrated working and were hopeful that the structure of the new directorate would address this. Working relationships across organisational boundaries appeared to be better where there were defined arrangements for collaborative working.

Staff views on team work

Most respondents agreed that they had regular team meetings and the majority considered that these meetings were normally purposeful (although 13% disagreed and a further 20% neither agreed nor disagreed). Most respondents agreed that their team had a plan that provided clear direction for carrying out their day-to-day work. These findings were comparable with those from other authorities inspected.

These figures offered a positive picture of team work in the authority. This picture was confirmed in our focus groups with staff. For example the throughcare team were proud of what they had achieved and of the range and scope of their work. Similarly the children with disabilities team felt they worked well together to provide an inclusive, child centred service.

Staff ownership of vision, policy and strategy

Staff understanding of the council's vision for social work services

Our survey showed that the majority of staff who responded agreed there was a clear vision for social work. However a significant proportion of responses were neutral with staff neither agreeing nor disagreeing. This was comparable with the findings in other authorities inspected to date.

The directorate told us it had been developing its vision with the staff and had communicated this in a number of ways (we say more about this in chapter seven). These included aspirational statements to be the best and to meet the individual needs of service users in flexible ways that promoted independence and social inclusion and that challenged discrimination. Senior managers told us they had taken steps to make staff aware of national policies and strategies for specific groups of service users which incorporated a vision for services. These included *The same as you?*⁸ and *Getting it Right for Every Child*⁹.

The evidence from our focus groups and individual interviews with staff showed that most staff had some awareness of the council's overall vision for services and knew about local and national policies for delivering services. Staff also appreciated the thinking behind the

8 *The same as you?* – A review of services for people with learning disabilities, Scottish Executive: May 2000

9 *Getting it Right for Every Child* – Scottish Executive

comprehensive scope of the frameworks they were using to assess the needs of and risks to service users although they raised some issues about their implementation (see chapter five).

Some staff said they found the council's vision statements and aspirations too general and commented that these were difficult to reconcile with their experience of current uncertainties both about the detail of implementation and about the implications for services of anticipated budget constraints. There were also occasions when some staff said they had not been consulted about service plans and changes in policies and procedures.

Within children's services, senior managers had identified the high number of children placed out of authority as a priority for action. During fieldwork we found not all staff were clear about the plan to bring children back to South Ayrshire. Some thought it involved bringing them back, others thought it meant not sending any more away.

Despite the undoubted efforts of senior managers to spell out their vision we concluded that the prevailing view amongst staff was of some uncertainty about the future direction of services.

Impact on the community

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

Recent changes to the structure of South Ayrshire's community planning partnership had raised the profile of social work services. There needed to be a more consistent definition of locality planning across services. Although there was some good evidence of managers consulting people who used services they were not using this consistently to inform service development.

Stakeholders were generally positive about their involvement with social work. We noted some good examples of services for young people provided in response to need identified by local communities. The directorate recognised they needed to improve community involvement in the strategic development of services for older people. We found a number of examples where the directorate had supported effective community projects and initiatives. There were also areas where community capacity needed to be improved, for example by increasing the relatively low number of foster carers.

Community perception, understanding and involvement

South Ayrshire Council had been slow to develop strategic community planning. Although the community plan 2006-10 was developed in 2005, the community planning board did not agree to restructure the community planning partnership until May 2008. It also appointed a community planning co-ordinator in June 2008 to implement the improvement plan. This included revising the theme group structure of the partnership which helped to raise the profile of social work.

The integrated children's services strategic group had just become a community planning theme group in its own right at the time of our inspection. There were clear links between the integrated children's services plan and the single outcome agreement which included children's services indicators. However the council had not yet decided on locality planning areas. As a result the directorate had made its own decisions about localities. It was not yet clear whether these would match those eventually decided for community planning purposes.

Recommendation 2

The directorate should make sure that the model it adopts for locality working across adult and children's services is aligned to corporate and partnership planning arrangements.

The citizen's panel survey of 2008 found that 40% of respondents wanted a bigger say in what the council did. The report recommended that community planning partners should be more transparent in responding to the survey. We talked earlier in this chapter about how the directorate sought feedback from people who used services and carers.

There were some examples of wider consultation with children and young people such as the Barnardo's Big Foot event. A public consultation tool on the CHYPS¹⁰ website had also been used to develop specific projects, which was both accessible and potentially useful. However there was less evidence that the information from these initiatives had been systematically pulled together to inform and improve services.

The directorate had developed some specific projects for young people in response to community based concerns, for example the lack of activities for young people and alcohol related public disturbances. Kincaidston Youth Café had been developed in one area with close links to the regeneration committee and the Kincaidston Action Group. Target Leisure was a similarly community-based service with a good profile locally.

The directorate told us that some communities were wary of more change and were not convinced that they had been listened to in the past. Senior managers recognised they needed to improve how they involved people who used services and the wider community in developing social work services. Recent initiatives had included presentations to the elderly forum and the joint development of a community directory of services for older people.

¹⁰ www.chyps.co.uk

Elected members' role in promoting social work services

Fewer than half the stakeholders who responded to our survey agreed that elected members were well informed and engaged with the work of social work services. Not all elected members we met were sufficiently aware of the range of social work issues to enable them to promote social work services positively in the community. However elected members told us they found the new senior management team more inclusive and consultative, and they were keen to be clearer about the vision and direction for social work services. The CHP and CJA included elected members on their committees.

Public understanding of the range of social work services available

The council website contained details of social work services and managers had worked hard to raise the public's awareness of services. We observed a health improvement awareness event in Girvan which was well attended and informative. We learned about other initiatives in relation to child protection, family support and domestic violence. Managers had also promoted community service work by offenders to increase its visibility and the public's awareness of its benefits to the community.

HMIE's inspection of services to protect children in 2007 evaluated the promotion of public awareness of child protection by the services as very good, highlighting the CPC website and publicity materials. However in chapter three we noted the rate of child protection referrals to social work was low which might indicate that the information was not reaching all parts of the community. The CPC had begun to look at this issue.

The directorate had developed community care eligibility criteria. These were out for consultation and had not been published at the time of our inspection. Similarly the directorate's tiered intervention GIRFEC model had not been finalised and publicly circulated.

Impact on other stakeholders

We carried out a survey of stakeholders. Most of those who responded agreed there were effective planning structures and processes for social work services that engaged all major stakeholders. Almost all respondents agreed that social work provided a good range of services to people who used services and their carers. Almost all of the respondents agreed that social work services worked well with partners to provide services.

Comments from stakeholders indicated "good working relationships" and "good communication" with staff. One stakeholder spoke of "a committed, proficient workforce, motivated by doing the best it can for the population it serves". During fieldwork we met a range of different stakeholders, the majority of whom were positive and knowledgeable about social work services. We found examples of successful work to develop services with stakeholders such as the mediation project for young people who were at risk of becoming homeless.

We found evidence that the directorate was developing a number of forums to improve its strategic engagement with stakeholders in areas that had been underrepresented. This included those for particular groups of people who used services, for example, the elderly forum and the disability forum. A forum for adult service providers had just been established. Forums for carers and people who use services were being set up as part of the review of day services for people with learning disabilities.

Community service beneficiaries had completed returns showing that they appreciated the work that offenders had done for them and this was confirmed by our own survey.

Community capacity

Social work's contribution to the council's single outcome agreement commitments included quantifying need and resources for befriending, advocacy, foster care and adult placements. We noted there were 27 registered foster carers, 10 shared carers, five supported carers and 39 independent sector foster care providers. There were also a high number of kinship placements although arrangements to support these needed to be developed. The directorate had acknowledged it did not have enough foster carers locally and this had led to a heavy use of external placements. Despite the directorate's commitment to increasing numbers of foster carers, a recent recruitment drive for enhanced carers had produced limited results so far.

Community members in South Ayrshire were involved in a range of other social work related activity. There was a befriending project which trained volunteers to work with children and young people aged 8-18. The reporter to the children's panel talked of having an experienced, stable group of committed panel members. Citizen Advocacy Support Services (CASS) was an independent advocacy organisation which used volunteers to provide citizen advocacy. Local churches supported a number of initiatives, for example providing starter packs to young people who were not eligible for other funding to assist them to set up in their own accommodation. The care and share group which won an award this year, offered a hot meal, health services and advice to about 40 to 50 people who were homeless. The Riverside church provided the premises and its members assisted with practical tasks.

Good practice example

Directorate staff were part of a team including health and voluntary sector staff who won the top Gold award in their category of "Health Improvement" in the 2009 COSLA Excellence Awards for a "Care and Share Project". They reached the finals from over 100 entries submitted by local authorities across Scotland. The team provided a weekly drop-in centre offering a range of support and advice for homeless people – a one-stop shop which demonstrated effective partnership working. Between 1 April and 31 August 2008, 437 homeless people attended and subsequently 138 people were referred on to specialist care teams, testifying to effective engagement with vulnerable people to provide improved access to services and a vital social support network.

The directorate should consider developing a volunteering strategy as a means of promoting further involvement of volunteers.

We noted a number of initiatives that suggested both a good level of current community capacity as well as development potential for the future. For example:

- The local area coordinator in Girvan was involved in a partnership development to introduce supported employment for adults with a learning disability and also supported volunteering.
- Viewpoint, a service run by Turning Point for people with learning disabilities, emphasised and developed naturally occurring social networks and links with community groups.
- Class Diamonds, an activity programme for older adults, operated within local leisure facilities. Although social work and health initiated this, it was now supported by universal services.
- People receiving services for substance misuse problems were encouraged and enabled to attend gym and sports facilities on a phased and subsidised basis.
- The access panel aimed to ensure that those involved in the design of new buildings or reconstructions and adaptations took full account of the needs of people with disabilities.

We concluded that the directorate was able to demonstrate its commitment to expanding the capacity of the community and considered this could be improved through the development of a more strategic approach.

CHAPTER 5

Delivery of key processes

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

The directorate had a strong commitment to multi-disciplinary working which was well supported by partners and stakeholders. Inter-agency protocols generally worked well, although improvement was required in some areas.

There was evidence that staff in adult and children's services worked in partnership with people who used services and advocacy arrangements were effective where they were available. More progress was needed in developing personalised services.

Assessment and care management generally worked well and care plans for people who used services were in place. Social workers were still the primary providers of single shared assessments.

Information about services was available and the enquiry and information team offered an effective service. Wider duty systems and access to services out of hours needed some attention. The majority of core services were being provided within appropriate timescales although eligibility and prioritisation criteria were not yet in place.

The directorate needed to review their inter-agency child protection procedures and we found that staff in children and families services did not assess and manage risk consistently. The implementation of the Adult Support and Protection Act was progressing though we were concerned that despite the service making an early start on this there had been a loss of momentum.

The directorate had not yet developed an equalities ethos across all services.

Access to services

Comprehensive information

The directorate had a range of leaflets on children's and adults services. There was a comprehensive resource directory that included information for people who used services and their carers on education, housing, health and substance misuse services. A booklet entitled *Looking forward in South Ayrshire – Information and advice for those over 60* included information for carers. Standard leaflets on criminal justice social work were available, giving information to service users. We considered that information about services could be improved by the council adopting a house style and a mechanism for keeping the information up to date.

A group of parents of children with disabilities suggested information leaflets should be more widely available, in pharmacies and GP surgeries for instance. Service users with sensory impairment and carers we met had not find it easy to get information about services although

they found the council website helpful. The council website had contact and referral information for social work services, including recent additions on adult support and protection and links to the child protection committee.

Referral systems

The enquiry and information team had been set up to deal with the large number of enquiries relating to housing and benefits and to help completing forms. This was the principal public referral route to community care services and to a lesser extent to children and families services. Groups of staff in locality teams we spoke to told us the introduction of this team had reduced the volume of enquiries and increased their capacity for other work.

In addition to the enquiry and information team, individual community care and children and families teams operated their own duty systems. The team leader was the full time duty senior and main grade staff worked on a daily rota. Some of the specialist teams across both services had their own arrangements for duty.

We were concerned to learn that the enquiry and information team closed between 12 noon and 1.30 p.m. Its calls were diverted to the local community care team where administrative staff had to field calls at what was a busy time. We understood that this problem had now been resolved.

The children and families service implemented a practice guidance note in January 2009 to standardise responses and the recording of duty referrals. This was in response to concerns raised in two cases reviewed by the child protection committee where referrals, key decisions, and routine information had not been recorded adequately. We also noted this as an issue during our file reading exercise in January 2009 and endorse the need for practice in this area to change.

Although duty social workers were on a daily rota, they carried unfinished referrals forward until their completion or allocation to another worker. While this continuity was positive, in practice it led to workers carrying cases for long periods prior to formal allocation. The impact of this on workloads needed to be considered.

We found team managers were generally experienced and confident about their professional judgement, but we were concerned there were no written prioritisation criteria or processes for ensuring a consistent threshold for decision making across locality teams in both services.

Recommendation 3

The directorate should review their duty systems to ensure adequate arrangements for cover and consistency of decision making between teams. Written guidance should be provided for staff and managers.

Out-of-hours services

The out-of-hours service was provided by the West of Scotland standby service through a contractual arrangement with Glasgow City Council. It was supplemented by formal arrangements for in-house home care management cover. There was also an outreach team providing some out-of-hours cover to support vulnerable family situations to prevent family breakdown and young people becoming accommodated.

We found there were problems with the standby service. Our surveys highlighted dissatisfaction with the out-of-hours service. A group of managers of private care homes, who had no complaints about contact during office hours also considered standby arrangements to be problematic. Also, police officers told us that even initial contact with standby was a problem with calls taking a long time to be answered during the night. The directorate acknowledged this and had been working with other joint users to review and improve standby service provision.

The directorate had identified a particular need to improve out of hours MHO cover and was addressing this specific area in partnership with the other Ayrshire Councils and NHS Ayrshire and Arran. Together they were looking at options for a comprehensive integrated out of hours service. In our staff survey, the majority of respondents agreed that there were effective links between the out of hours service and the wider social work service, which was comparable with other authorities inspected to date. However, 44% of managers who responded disagreed.

Access to offices and units

South Ayrshire social work services were provided in public offices in the main towns and in local hospitals. Generally the buildings were accessible but there was some variation with better access to newer offices than those in older buildings, which had been adapted.

Day-to-day planning and resource allocation

Effective day-to-day planning and use of resources

Locality teams in children and families and community care were generally able to provide core services without significant delays. This was also the case with some of the specialist services such as throughcare, home care and the adult mental health team. Other services had people waiting.

Notably, managers and staff in children and families services said that all child protection and statutory work was allocated. Each team had some “pending” work, which usually meant children and families were waiting for a social worker to be allocated to them, though not necessarily without an assessment. Although managers told us that pending numbers of people waiting for an allocated social worker continued to be low they were unable to tell us the actual numbers.

The children's disability team had approximately 60 children awaiting further assessment after screening, some stretching back three years. Although we heard that things had recently improved, there had been delays in transferring young people in transition to adult services, affecting the team's capacity to pick up new work. Families of children with disabilities we met confirmed they had waited for a service. There were small numbers of people waiting for shared care, young carers and for parenting assessments. The head of children's services acknowledged that a more consistent approach to managing unallocated work was required and we agree.

Over the past three years South Ayrshire had submitted fewer reports to the children's reporter within the target timescales than the Scottish average. In 2006-07 the figure was 26% against a Scottish average of 39%. The figures available for 2008-09 so far showed that to December 2008 South Ayrshire had submitted 34% within the target timescales – an improvement but still less than the Scottish average of 41%. Managers in children's services and the authority reporter were working together to actively address this issue and were confident that they could continue to improve performance.

Despite demand for criminal justice services increasing in recent years South Ayrshire's delivery against statutory performance indicators and national standards was generally good and improving.

Managers in the community care teams said they were mostly able to allocate work to qualified staff within a few days. The timescales for assessment and service delivery were five days to allocate a case, four weeks to complete assessment and 8 days thereafter for the delivery of the service, though complex packages of care sometimes took longer. Information submitted to the Scottish Government by the South Ayrshire joint future partnership recorded that for 2007-08 they had achieved an average compliance of 87.5% with this standard.

People who were referred to the disability resource centre were seen within two weeks. The number of people waiting for occupational therapy assessments was a concern. Action had been taken to reduce the time spent waiting but this had risen again to 12 weeks.

Prioritisation and allocation systems

Children and families

We found first line managers in children and families prioritised their work on the basis of making professional judgements about which families were in most need. The directorate provided no written guidance about how to prioritise work although in practice child protection work was always allocated, as indeed was all statutory work. While managers did meet as a group, they did not compare thresholds. The service needed to assure itself that the same standards for allocation were being applied across the authority.

Recommendation 4

The children and families service should develop and implement specific prioritisation/eligibility criteria across teams to ensure consistency.

Children and families services planned and allocated resources in a number of different ways. These included the formal reviews for looked after and accommodated children and screening groups like the youth offending resource group (YORG) and the multi-agency screening and resource group for disability services. The placement and resource allocation group (PRAG) made decisions about children who may need to be accommodated. First line managers considered they had good access to resources and we saw this when we observed practice and read files. Screening processes for children's placements had been reviewed and strengthened as a means of reducing the increasing numbers of children being placed out of the authority.

Community care

Senior managers told us that the criteria were with key stakeholders for consultation and were undergoing an equality impact assessment. We thought this should be progressed as quickly as possible.

There was a resource allocation panel which made decisions about accessing residential care. Decisions about home care and short breaks were made by senior social workers as the budget holders.

Workload management systems

The directorate did not have a formal workload management system or notional caseload figures for each social worker. Managers mainly used supervision to monitor workloads. Managers in children and families said that they used weekly meetings to look at the complexity of work, the capacity of individual workers, and that they allocated work on that basis. Children and families practitioners told us that they carried no more than three child protection cases at any one time. We considered that it would have been helpful if the service had had a clearer picture of what constituted appropriate and manageable workloads.

In criminal justice services, workloads had increased over the previous three to four years because courts were asking for more reports and making more court orders involving social work. At the time of our inspection, offenders we met told us that some of those placed on community service who were in employment were having to wait more than the maximum national standard of three weeks before they could begin their community service work placements because of problems providing placements at weekends. National standards now require work placements to start within five working days of the making of the order.

Assessment and care management

Assessment of need

We read 105 files in South Ayrshire, 61 community care files and 44 children and families files. We found that:

- there was an assessment in 90% of the files read; and
- eighty-eight per cent of these assessments had been completed in the 12 months before the inspection.
- In most (82%) of these cases, the timing of the assessment was in keeping with the needs of the service user.
- The quality of the most recent assessment was judged to be “good”, “very good” or “excellent” in 67% of files read.

These results were comparable with other authorities inspected, but evaluations on the quality, timing and level of assessment showed there was more room for improvement with children and families files than with community care files. There was a chronology of key events in 50% of the files read and this was higher than the average for other authorities inspected. It was more likely that a community care file would have a chronology than a children and families file.

Community care

The single shared assessment (SSA) was the primary model for assessment of need across community care services. Practice guidance was available to staff and the model had been reviewed and amended.

Most SSAs were completed by social workers. Community-based occupational therapists could complete them and a small number housing staff could also contribute. Partners and stakeholders were generally positive about the assessment process. A manager from the dementia support association described it as outcome focussed and holistic. Staff from residential and day care services agreed they received copies of assessments and that these would be updated as people’s needs changed. Private home care providers said most assessments they received were of good quality.

Despite multi-disciplinary training, the numbers completed by health staff were low. Social work staff told us that they thought that the problem arose because of nurses’ grading issues. Social work managers told us that they “liaised with health” rather than carried out joint SSAs.

Nurse managers we spoke to who were responsible for developing the Integrated Care Pathway for people with mental health problems said that they were looking at how the SSA would fit into the framework they were developing. Assessments for people with sensory impairment were carried out by qualified social workers and for people who were deaf/blind, by senior social workers. For children with disabilities at the point of transition to adult services staff used the SSA and person-centred planning.

Children and families

Social workers in children and families completed two types of assessment. An initial assessment based on the department of health assessment triangle, and an integrated assessment, known as the GIRFEC practice model. South Ayrshire was one of the first authorities to pilot the integrated assessment. It initially implemented it for child protection, for children who were looked after and accommodated and for hearing reports.

At the time of the inspection, partner agencies could not share or access the integrated assessment electronically. For example nominated teachers had to go to a social work office to input data.

Managers, social workers, independent providers, community health staff, and the chair of the children's panel all agreed that the introduction of this structured assessment model had improved the quality of assessments. However, the initial version was too long and repetitive. Managers were optimistic that in January 2009 they had improved the framework with a revised shorter version, and a more streamlined process. A group of first line managers thought they would have to revisit training. We talk more about assessment of risk later in this chapter.

In criminal justice, staff were using appropriate templates to assist with key processes such as social enquiry reports, reviews, children at court and community service working. We observed a well chaired review during our fieldwork.

Care management and care plans

We found evidence that staff drew up care plans and reviewed them regularly. There was a care plan or equivalent in most of the files we read. Almost all of these had been completed within the last year, and these plans had addressed risks and needs "mostly" or "completely" in most cases. These results were comparable with other authorities, but care plans for adults addressed needs and risks to a higher standard than children's plans.

Children and families

We saw some examples of effective working between staff and families. Specialist teams offered a range of interventions to support care planning although we thought there was a risk of duplication and loss of focus where too many resources were deployed.

We met young people who were or had been accommodated. They were positive about the help they got from their key workers and reasonably clear about plans and reviews. Reviews for young people in external placements had been chaired by an independent reviewing officer, but he had been seconded to another post prior to our fieldwork. The social worker's line manager now chaired reviews for accommodated children and we were concerned this was not sufficiently independent and did not replicate previous good practice. Residential and advocacy staff identified the impact of this. By the time of our fieldwork, senior managers had agreed to appoint an independent reviewing officer. We think this action should be progressed quickly to

include all accommodated children. It will support case planning and contribute to better management oversight of the planning and review systems.

Foster carers told us that permanency planning had improved recently and that delays had been reduced. We attended a permanency planning meeting that helped keep plans on track.

We were less clear about the arrangements for children in kinship care placements. There was no procedure for assessment or support and managers told us this area required attention.

Recommendation 5

The directorate should ensure there are adequate arrangements for the assessment, review and support of children in kinship care placements and their carers. These arrangements should be supported by written guidance.

In transition services for children with a disability, planning started well in advance of children reaching 16. Managers and practitioners confirmed that care packages carried over into adulthood, and that the money travelled with the person into adult services. However some parents and service providers told us that some services stopped after the child reached 16.

Community care

Two reviewing officers carried out reviews for older people in residential care. Reviewing officers carry out reviews by care home rather than carrying out reviews individually. Reviews were carried out four weeks after admission then annually. Managers said that 600 out of the 800 reviews were carried out within the target timescales.

We met a group of older people who used services who were familiar with care plans and reviewing arrangements. Private home care providers said they were invited to attend reviews, which took place at six weeks then every six months. However a recent care commission inspection of the in house home care service found that staff were not always involved in reviews and minutes were not always available.

Day services staff told us that they were generally happy with their involvement in reviews although it could depend on the social worker involved. Sometimes they were invited to a review, sometimes they were told there had been one.

Criminal justice

In criminal justice services, we read 10 community supervision files. Our file reading showed that most work was still being done on an individual basis and did not focus enough on offending behaviour. According to the self evaluation questionnaire, one-to-one interventions such as Targets for Change were used with most offenders. Domestic abuse group work materials were

also used in appropriate cases. Group and specialist interventions had been coming on-stream since the 2007 SWIA criminal justice inspection. These included the community sex offender group work programme, the constructs programme, an employment initiative and support for women offenders. However, there was a lack of anger management provision and more resources were still required for drug addiction. Managers told us they were taking steps to address these gaps.

Managers and practitioners we met told us this needed to be supported more with additional specialist resources for those with substance misuse and mental health problems. In our observed practice we saw examples of good care management.

Carer assessments

We found the updated “self assessment” form a positive step forward. It was easier to complete than the previous lengthy form and was often filled in by a member of staff with the carer.

Children and family practitioners said they offered carer and sibling assessments, and would take their lead from the family. In a group of seven carers of children with disabilities we met, one had had a carers assessment, but did not recognise any specific results, one had been offered one, but had declined, and five did not know about carers assessments. A group of advocacy providers told us that carers assessments were neither known about nor promoted by staff.

Of the applicable files in our file reading only a few (8%) contained an up-to-date assessment of the family carer’s needs and the carer had been offered an assessment in 15% of the applicable files. Comparisons here were difficult due to the small sample sizes but these results were not as good as the best performing authorities in previous inspections.

In our carers survey, of those who received help from social work, 53% said they had had their needs assessed as a carer, and 27% of respondents felt that the help they had received had met all of their needs as a carer, while 23% felt the help they received had not met any of their needs.

Risk management and accountability

Inter-agency safeguarding procedures for individuals

Most social work staff who responded to our survey agreed they had clear guidelines to follow when dealing with risk to and from people who use services. However 24% of fieldworkers who responded disagreed. Almost all agreed that their team did everything possible to keep people safe. This was comparable to other authorities.

Similarly, most partners and stakeholders who responded to our survey agreed that multi-agency procedures for protecting vulnerable adults and children worked well.

There were a range of inter-agency and local policies in place for child and adult protection.

The West of Scotland inter-agency child protection guidelines were being revised and updated although this had taken longer than expected. However, the current South Ayrshire version had not been updated to reflect changes in legislation.

In children's services, the GIRFEC practice model was designed to assess both needs and risks and had been developed on an inter-agency basis. Following evaluation, this model was amended and had been re-launched in January 2009.

The children and families service and the CPC had developed protocols to guide staff working with high risk pregnancies, domestic violence and children affected by parental substance misuse. Guidance on the arrangements for tripartite discussions between social work, health and police was in place. A risk management framework for young people with sexually harmful behaviours was due to be implemented in May 2009.

Whilst these developments were intended to improve practice and the coordination of intervention, we found there was no effective link between the formal social work guidelines and the range of local and pan-Ayrshire protocols and guidance. These needed to be regularly reviewed and better co-ordinated to ensure that staff had clear and coherent guidance to support good practice in managing risk.

Recommendation 6

The directorate should update its child protection procedures to ensure that these comply with current policy, legislation and best practice. Social work procedures should link clearly to inter-agency child protection guidance and additional protocols for assessing and managing risks in a range of situations.

Interim pan-Ayrshire multi-agency adult protection procedures were up to date, and a guide to responding to referrals was available to social work staff. The SSA framework contained a risk assessment module and partner agencies confirmed this was completed.

The implementation of the Adult Support and Protection (Scotland) Act 2007 was progressing. There was an adult protection implementation group, but as yet no committee. Social work services planned to increase their staffing to meet their new responsibilities. The Ayrshire local authorities had attempted to recruit a single independent chair for the three adult protection committees, but they had not been successful at the time of our inspection. South Ayrshire had begun developing structures and processes for the protection of vulnerable adults at an early stage. Partner agencies were positive about the way social work services had led these developments. However, at the time of our inspection, we felt that progress had lost momentum in relation to the availability of comprehensive training and performance monitoring. Managers advised us they had appointed an independent chair at the beginning of June.

Effective management of risk

Evidence from our file reading exercise showed that less than half of the applicable files we read contained an up-to-date risk assessment and risk management plan. These results were below the average for other authorities inspected. We found less consistency in the quality of risk assessment and management plans in children and families files, than in community care files. Of the 39 files where there was a concern regarding abuse, neglect or exploitation, eight were not dealt with according to procedures. Seven of these were children and families files. Compared with other authorities, South Ayrshire performed well in terms of numbers of files containing chronologies of key events.

Child protection

The rate of child protection referrals in South Ayrshire had been consistently lower than the Scottish average over the past three years, and there had been a reduction in referrals between 2006-07 and 2007-08. There had been no systematic analysis of child protection trends, and the senior managers we spoke to were unclear about the reasons for low rates of referrals. We have made a recommendation for the directorate to ensure that managers understand the reasons for these trends later in the report.

In chapter three we referred to our joint work with HMIE during their follow through child protection inspection in March 2009. We worked closely with the multi-agency inspection team during our fieldwork, focusing on social work performance in protecting vulnerable children and found evidence that supported their findings of weak progress in relation to improving the processes for assessing risk.

During file reading and the fieldwork we read assessments which contained a lot of information about the needs of children but did not focus clearly enough on risks. We spoke to first line and middle managers who considered that while the integrated assessment framework had improved the quality of assessments overall, the assessment of risk needed further improvement. This was being addressed.

In assessing risk, it is important that staff build up chronologies of key events that help them identify emerging patterns. These were built into the GIRFEC practice model and are now expected to be evident in all children's files. We read some integrated chronologies involving social work, education and health and found that individual risks did not always stand out clearly enough from other information provided in order to support an accurate overall risk analysis. Despite the considerable investment in training, partner agencies' views on chronologies remained mixed with some confusion around what information they should contain.

We observed case discussions and read case files, where an impressive range of services was involved, but where risks were not always sufficiently well monitored. A few pre-birth case conferences did not always take place in time to have a plan ready before the child was born. Responses to domestic violence referrals were not always dealt with on a multi-agency basis.

We found some examples where health professionals were not appropriately involved early enough in discussions and decision making.

Recommendation 7

The directorate should ensure the quality and consistency of risk assessment and management practices in child protection is improved and that all decisions about appropriate response are based on sound and timeous multi-agency assessments.

We also saw some positive initiatives. Video interactive guidance (VIG) was being used to help parents better understand risks. We accompanied staff from the intensive outreach service who managed and monitored risk within the family home. A helpful framework for assessing risks in respect of a child before placement in foster care had been developed, although only one of the eight foster carers we spoke to was familiar with this.

The youth justice service used specific risk assessment tools and the throughcare service had risk assessment systems in place. The Change project, which operated across Ayrshire local authorities, provided a specialist service for young people with sexually harmful behaviours. This service had structured processes for assessing and managing risks in respect of individual young people referred to it.

Adult protection

The follow up multi-agency learning disability services inspection, carried out in 2008, found that while awareness training was available to learning disability staff, more detailed training was yet to be made available. We found staff training to have been uneven. Some groups of staff, for example those working with older people's day services, in housing services, and in voluntary agencies providing services for people with sensory difficulties, were yet to receive awareness training. Managers told us that training for stakeholder groups was made available shortly after our fieldwork. There were also plans to appoint a training officer.

Social workers we spoke to generally had a good awareness of adult protection. Risks were assessed and managed within a single shared assessment framework. Managers gave us examples of multi-agency risk assessments being conducted in more complex situations. Staff who were interviewed as part of the follow up multi-agency inspection told inspectors that adult protection processes were embedded in practice. Managers confirmed that practice had improved over the last 18 months.

While a single manager co-ordinated all adult protection referrals made by the police, referrals from other agencies went directly to area teams. There were no systems for authority-wide recording, monitoring and reporting of adult protection referrals and action taken in response to these. We make a recommendation about this in chapter six.

Criminal justice services

There was good joint working between agencies to manage risk. Staff were routinely using two generic risk assessment tools to help assess the risk of reoffending and to help screen for risk of harm. They were also using specific risk assessment tools to help assess the risks posed by adult sex offenders, adolescent males who had committed sexual offences and violent adolescent males. We found however that staff were not routinely using the RA4 to assist them to carry out a full risk assessment of offenders who had been screened as high risk of harm. We considered staff should be carrying out this assessment and developing a risk management plan in these cases.

We read an internal audit carried out on a small sample of violent offenders in January 2008 which showed that there was a low level of risk assessments on file.

There was evidence of sound protocols and partnership working for the multi-agency public protection arrangements (MAPPA). Social workers were doing joint SA07 (Stable and Acute) risk assessments with the police.

Partnership with people who use our services and their carers

Involvement of people in developing their care packages

People who used services and their carers were generally involved in developing their care and support packages. Almost all service users who responded to our survey agreed that they had been fully involved in deciding what help or services they should receive, including 30% who strongly agreed. This result was the highest to date and significantly above the average. The majority of carers who responded to our survey also agreed they had been fully involved and that the person they cared for had been given choices about the type of care they received.

Most of the social work files we read provided evidence that service users' views were taken into account at each key stage. This was more likely to have happened in adult services than in children's services. Furthermore there was evidence that the service shared key information with the individual or appropriate representative in almost all of the files read and that the views of individuals were taken into account in most of the files read. These results were comparable with, although in the upper range of other authorities inspected.

During our fieldwork we found the evidence mostly supported these results. For example; looked after and accommodated children and those receiving youth support and throughcare services told us they were generally involved in planning for their support and care. The intensive outreach service worked in partnership with parents. We observed direct work with a young mother who was being assessed for rehabilitation of her baby from foster care through the use of Video interactive guidance (VIG) techniques. We also observed an effective planning with parents of a young adult with a learning disability to design a complex care package.

Good practice example

We attended a meeting to review the care plan of a vulnerable young woman. Staff had planned and structured the session in a way that allowed separate time for a solution focused discussion with the young woman and appropriate involvement of her parent. Workers supported the young woman to address difficult and sensitive issues, helped her to reach a decision she was comfortable with and agree a plan for future intervention that supported her independence and her safety.

However, we also heard from two carers of adults that they did not consider the service was working in partnership with them.

Personalised services

The directorate had identified its vision as developing personalised services. We found a mixed picture across the services of progress so far.

In community care services a personalised approach to services for people with learning disabilities was in place and the SWIA 2007 multi-agency inspection of learning disability services spoke highly of the person-centred planning approach. Parents of children with disabilities we met in a focus group commented on the flexibility of support services available to their children. Transition planning was increasingly focused on delivering personalised packages of support. However, for other adults and older people this had been slower. We met people who did not find services, home care services in particular, flexible to meet their individual needs.

Despite a relatively high proportion of children looked after by relatives, the directorate had not yet developed a kinship care strategy with clarity about supports available to kinship carers. There was a general lack of awareness about direct payments by both the carers and service users we met and we did not find that staff actively promoted them. Managers advised us that following our fieldwork five full-day sessions had been held for staff to raise awareness about self directed support options.

Many services provided by the independent sector sought service users' views about service quality. Teams made use of feedback questionnaires. We saw some examples of collective involvement of young people in services. Young people had been consulted as part of the integrated children's services plan, youth strategy developments and child protection processes. We met with young carers who had been involved in shaping services.

We met with foster carers who told us that their views had not been sought to inform service reviews and developments. Providers of advocacy services told us they thought the directorate should do more to develop a culture which ensured that service users and carers were routinely involved in improving services and make better use of opportunities that were available.

People with learning disabilities and their carers had been involved with the review of day services, and the views of people with disabilities and carers had been sought through their participation in the Access Panel. We found less evidence of older people being involved in service developments. We met older people who were not aware of the elderly Forum, and carers whose experiences were mixed.

Complaints

Audit Scotland found that the council as a whole had not monitored, reported or used complaints to inform performance and service improvement. However the directorate had reported annually on numbers of complaints received and their outcome.

Community care managers told us that the complaints process was well understood at an operational level and information had been collated to identify trends. Private home care providers we met were satisfied with the directorate's handling of complaints. In children's services, we heard from residential staff that plans were in hand to improve access to complaints leaflets for young people. Advocacy workers were keen to see this resolved. We read the social work complaints procedure. We considered it could be improved to better reflect the spirit of resolving complaints and would benefit from being reviewed and updated.

Advocacy arrangements

The directorate funded advocacy services for adults and children. We spoke to representatives of five organisations providing services for adults with learning disabilities and mental health difficulties, and children and young people. They told us that their services were well used and they were unable to meet the demand.

We spoke to users of mental health services who were aware of, and using, independent advocacy services. We met groups of accommodated children, and of young people receiving throughcare services, who said they were receiving good support from the Who Cares? workers.

We found there to be some gaps in services for people with mental health difficulties living in the community, people with dementia, people living in care homes, and young people going through transition processes. Advocacy services were also not available for people with substance misuse problems. Whilst we acknowledge the directorate's plans to review the mental health advocacy strategy, they should also give attention to the other areas identified.

Inclusion, equality and fairness in service delivery

Ethos and practice of inclusion

The Audit Scotland report found that the council had made positive progress in promoting equalities and in understanding local needs by engaging with equalities groups amongst its staff and communities. It noted that, to deliver more fully against its statutory duties, the council needed to embed equality issues within working practices. The council had equalities schemes

for race, disability and gender. Recent update reports on social work disability, race and gender action plans recorded good progress but equality impact assessments for social work services had not been published.

Staff and managers viewed the disability resource centre as the main locus of expertise and advice on disability issues. The senior social worker for sensory impairment represented social work on external equalities forums, and acted as the main conduit of communication with the disability voluntary sector. However there was no clear link to social work management.

We were not confident that equalities ethos and practice had been fully mainstreamed across social work services. We found that links between social work and corporate equalities structures were not well developed. However we hope this will improve with the new heads of service assuming some corporate responsibilities for equality and diversity.

Information

Comprehensive information regarding services, eligibility, priority and assessment processes was not available in alternative formats. Some service specific leaflets referred to the availability of information in community languages, and formats. Staff confirmed that they had access to translation and interpreting services. The directorate was aware of potential geographical inequities across the council area and managers acknowledged that they could do more to ensure that there was equal access to services across all localities.

Overcoming barriers to inclusion

Our survey of service users, as reported in chapter three, found that most respondents agreed that social work services had helped them to lead a more independent life and feel part of the community. Forty-three per cent of all files sampled related to an individual with a disability or sensory impairment and potential barriers had been taken into account in most of these cases.

The disability resource centre and community alarm service promoted independence for older people and those with disabilities and offered expertise and advice to staff working in the community and in care homes. While the centre provided a good service, we found that more progress needed to be made to support wider access to services for people with disabilities.

Managers told us that staff responded to service users' ethnic and cultural needs on an individual basis. The directorate needed to do more to provide staff with information on the needs of minority groups and to offer guidance on culturally appropriate practices.

Throughcare, youth support and intensive outreach services were deployed to support young people's reintegration to community. The social work team providing a specialist service for children with disabilities had reduced the number of children placed in residential care from 15 to two. We met with people with mental health difficulties who attended a group work programme. This was a user led group offering opportunities for benefits advice, access to computers, and

activities. Social activities on offer however were traditional in nature, and did not promote access to employment and mainstream activities.

Despite performing well against national figures the council were aware they could do more to increase the proportion of people with learning disabilities in employment. They could demonstrate greater corporate ownership of the needs of care leavers and people with disabilities by promoting social inclusion through training, work placements and employment.

While the council operated a travellers site, there did not appear to be clear links between social work services and the site.

Criminal justice services

There was a high proportion of women offenders in South Ayrshire. The support needs of some of these women were being met through a valuable Barnardo's project. In community service, a female work supervisor was available to supervise women undertaking community service work where this was needed.

We heard from stakeholders that more effort was needed to support women offenders into employment.

We found that some work undertaken by offenders on community service had involved redecorating council offices and council tenants' stairwells. These tasks were not consistent with the national guidance on community service work which state that work should not deprive others of paid employment. We understood the council had recently stopped this practice.

Multi-disciplinary working

Effective multi-disciplinary working

Multi-agency working was an area of strength for the service. Partners and stakeholders who responded to our survey, and those we spoke to during the fieldwork were positive about working with social work staff. Most social work staff who responded to our survey agreed that their team had a good working relationship with health services, and with other social work services. The majority agreed their team had a good working relationship with the housing services and a smaller majority with the education services. Most of the social work case files we read provided evidence of effective multi-agency working with clearly stated roles and responsibilities. We confirmed this during the fieldwork.

Children's services

Multi-agency working within children's services took place in the context of the GIRFEC practice model. Over 500 practitioners across South Ayrshire have been trained in the use of the model.

Screening and resource allocation groups dealing with young people included partner agencies. The children's reporter chaired multi-agency meetings to determine case progression from

children and families to the youth offending service. A multi-agency youth offending resource group met to agree plans and resources for persistent offenders. Staff in the children with disabilities team told us about effective interagency working during the transition process. We observed a meeting of the youth housing support group.

Good practice example

Youth Housing Support Group

The group included managers of throughcare, youth support and housing services, the homeless case manager, STEP (skills towards employment project), and Quarriers. The group supported homeless young people, care leavers and those returning from external placements. It met fortnightly to screen referrals, agree resources, and track young people's progress. Services provided included joint social work and housing assessments, mediation, accommodation, and a range of supports. The group had been successful in preventing homelessness, maintaining young people in accommodation and providing stability in their lives.

Staff in the children with disabilities team told us about good multi-disciplinary working with their education colleagues. The youth support team maintained good links with the school support teams. We observed the multi-disciplinary care and learning steering group, which was chaired by a social work manager. The team was in contact with looked after children and able to arrange educational provision for them, though this was not considered to be sufficient in all situations. There was still some way to go to implement corporate parenting.

Community care services

In adult services, single shared assessment acted as a means to information sharing and multi-agency working.

The mental health team for older people, led by a social worker, received good support from health colleagues. Mental health officers carried out joint assessments with learning disability nurses. We observed effective multi-disciplinary working in a practice session. However extending the responsibility for case management for health service staff had been hampered by lack of access to the social work IT system.

The views of service users and carers were more mixed. They told us about difficulties they had experienced when accessing mental health services in crisis situations, and a lack of cohesion between out-of-hours and day time services.

The integrated rapid response and intermediate care teams had been successful in preventing delayed discharges and re-admissions to hospital. Service users we met, who had been discharged from hospital, said that the process had worked well with good joint working between services.

Staff in day services for older people told us that some services had a link nurse, and they could call in a specialist mental health nurse. Home care providers for older people said that they had good relationships with social workers.

First line managers told us that they worked well with staff in the integrated care team, but communication with community nurses needed to improve. Community care managers were aware of the need to rebuild relationships with health staff following reorganisations in both agencies.

We met with members of the sensory impairment support group, who told us that they had good links with the disability resource centre. They thought there were opportunities for links to be strengthened with the community care teams and the home care service.

Housing services were now structurally located with community care, supporting good links between the services. Joint working was underpinned by protocols, and the operational manager was a member of the child protection committee and the adult protection implementation group.

Inter-agency safeguarding procedures and systems

We met with substance misuse staff, who told us that an operational partnership between social work, health and the voluntary sector was not well co-ordinated. We spoke to community midwives, health visitors and school nurses, who told us they had good links with police in relation to domestic violence, and links with drug liaison officers, and the homeless team.

We heard from social work staff about effective joint working between children's services and adult social care. While this was generally so, we discovered through file reading that this did not apply in all cases and that sometimes there was no systematic monitoring of risk. Adult social care, criminal justice and substance misuse services were not always involved in assessing risks posed by parents. We found that the domestic violence protocol did not ensure that inter-agency discussions took place when necessary.

We found during fieldwork that staff in all teams and agencies valued easy access to high quality inter-agency child protection training. This was co-ordinated on an inter-agency basis by the integrated children's services team. A comprehensive training calendar was issued annually. Inter-agency training received a COSLA excellence award in 2009.

Staff considered this training had supported good ownership of the child protection agenda, and fostered staff commitment to safeguarding children. However this was not always evident in practice, for example while core group meetings for children on the child protection register were taking place regularly, teachers were not routinely attending these.

We attended a meeting of the adult protection implementation group. This had membership from the police, health services, the Care Commission, housing and legal services, different arms of adult social care, and children's services. The group was working on joint processes, documentation and training.

Criminal justice services

In general we found good joint working between the internal and external agencies working in the field of criminal justice in South Ayrshire. Police representatives we met said there were good working links and joint procedures with criminal justice social work in relation to managing sex offenders though the arrangements did not yet extend to serious violent offenders.

The council had no provision for offenders to access the day programme of the Turnaround substance misuse support project, but could refer for residential rehabilitation and to Venture Trust/APEX services for developmental and employment/training needs. There appeared to be sound links between housing and criminal justice services.

CHAPTER 6

Management

This chapter looks at three areas of evaluation:

- **policy and service development, planning and performance management;**
- **management and support of staff; and**
- **resources and capacity building.**

Policy and service development, planning and performance management

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

Senior managers had begun to establish a clearer direction and structure for planning services that had not been evident in the past. Managers had much work still to do to ensure that adequately resourced strategic plans were in place for all areas of the service. New arrangements for joint planning within the CHP were moving forward and it will be important to maintain the renewed focus on achieving improvements to services.

There were examples of effective integrated working in frontline services and informal partnerships. Options for more formal integration should now be considered within the new planning arrangements. The directorate provided or purchased a range of services a number of which were providing good outcomes. The challenge for the directorate will be to modernise key services that are financially sustainable in the long term.

Whilst there were examples of improved stakeholder involvement in planning and service development, a more systematic approach was required. Senior management was committed to developing the culture and systems to support performance monitoring and improvement. Managers had established supervision as one means of quality assurance. Auditing arrangements were developing across the service.

Policy review and development

Comprehensive policy frameworks for all services

Senior managers in both the council and health services considered the 2009 draft single outcome agreement as the framework within which to take forward a clearer strategic approach to joint planning. It brought together the commitments of the community plan: *A Better Future Together 2006-2010* and the council's vision: *Securing the Future for South Ayrshire*.

The draft corporate business and improvement plan identified 14 key aims for the council, with social work service activity included in six of these.

The directorate's vision was "to deliver personalised services which are flexible to meet the changing needs of the people of South Ayrshire". We found that the directorate had a limited range of strategies in place to support this vision. The executive director was committed to reviewing the planning process and to developing new strategic and operational models of practice that would deliver the vision across the services. During our inspection we found evidence that this work was beginning to gather momentum.

There had previously been no overarching plan for social work services and managers acknowledged there was much work to be done to update and develop a comprehensive policy framework across the service. Draft service plans for adults and children's services had been developed during 2008. They were set in the context of relevant national policy drivers, strategies and legislation. The draft community care service plan profiled demographic information and identified priorities for each care group. However, planned actions to implement these were not yet fully supported by performance targets, timescales and identified resources.

We met middle managers with a breadth of experience, knowledge and commitment to their service area who had taken a lead in planning services where need was identified. They had to fit this into the other operational demands of their job. As a result, some good services had been funded and developed. We talk more about these later in this chapter. However a history of inconsistent strategic leadership of planning had resulted in gaps in service provision, for example in resources for accommodated children. Opportunities to modernise key services such as home care had not been developed and a senior community care manager described services as being in a "state of flux". The directorate recognised the need for considerable change to move services forward. It had prioritised reviews in home care and learning disability services initially and managers acknowledged the need to set out a clear strategic direction for dementia, addiction and services for people with physical disabilities.

As a response to the increasing numbers of young people being placed out of authority, the director had taken action to strengthen arrangements for operational decision making, and had commissioned the future models group to develop proposals and plans to restructure children's services. A new service model aimed at improving outcomes for looked after children was due to go out for consultation in May for implementation later this year.

The draft integrated children's services plan 2009-12 was supported by a range of strategies, developed in consultation with partners and stakeholders. These included the youth strategy, the parenting and family support strategy and draft youth justice strategy. These contained a vision for the services and were supported by implementation groups. The multi-disciplinary GIRFEC team was responsible for supporting the implementation of these strategies across the agencies. We considered that progress could be improved if the action plans were SMARTer and more consistently monitored.

The area plan of the CJA encompassed the criminal justice service in South Ayrshire. Actions flowing from that plan and from the last SWIA inspection of criminal justice services were monitored and reported on through the partnership's performance improvement framework (PPIF).

Regular review and updating of policies

A range of policy and operational procedure documents were in place to support frontline practice. Examples included procedures for child and adult protection, assessment and care management, mental health legislation and those for looked after and accommodated children. Implementation had been supported by training. Some of these had been evaluated following consultation and subsequently revised. However there was no consistent process for policies to be reviewed and updated. Individual managers told us that they tried to pull documents together for new staff. We were concerned that such an approach did not encourage consistent practice across teams and services.

Social work managers had carried out reviews of some services leading to improvements. Other reviews had not yet implemented actions that were recommended. Services had been slow to address changes in legislation such as the increased responsibilities to assess and support children in kinship care placements.

Operational and partnership planning

Links between strategic and operational plans

We found integration between community, corporate and service planning processes to be at an early stage but there was some evidence that progress was being made.

Following the re-structure of the council in November 2008, the corporate management team began to develop their business and improvement plan 2009-12. From February 2009, the newly formed directorate of children and community began to set out plans for a clearer and more integrated planning structure. The directorate plan for 2009-12 was being developed at the time of the inspection. It aimed to set out clearly defined objectives and priorities within a single plan that linked with the council's plan and vision for South Ayrshire. These changes had been agreed by elected members and reporting arrangements to elected members were in place.

Teams and units were beginning to self evaluate and plans were being developed to conform to a standard format. We considered that further work was needed to support teams to identify strengths and weaknesses of different approaches and consider the resources available to deliver them.

Commitment to joint planning

The CJA and the partnership's PPIF informed strategic planning in criminal justice services. The PPIF incorporated work streams to take forward the recommendations of the 2007 SWIA inspection of the partnership criminal justice services. There was no specific operational plan for

criminal justice services in South Ayrshire. We thought this was an omission and that the development of a SMART plan of this kind would assist local service delivery and development.

At the time of the inspection the mechanisms for operational and strategic planning for both adult care and children's services were in transition.

The integrated children's services strategic steering group had been the structure for integrated children's service planning in South Ayrshire. Key stakeholders from the public and voluntary sector were well represented on the group and it had been responsible for developing and overseeing the implementation of the draft integrated children's service plan. Whilst the plan was based on comprehensive consultation with partners, at the time of our inspection there was no clear timescale for it to be finally agreed. We considered that the directorate and partners should build on work achieved to date and ensure the plan is agreed and implemented as soon as possible.

In the past in adult services, planning with partners was organised through a joint future group and put into practice through the joint operational group for older people and other joint working groups. By the time of our inspection these groups were no longer operating and we were concerned from reading minutes of these meetings that progress and implementation of joint planning had not been consistent.

New arrangements for joint planning were to be based around the community health partnership (CHP) which was reviewed across Ayrshire in 2008. A new structure was agreed where the CHP would no longer be directly responsible for service delivery. A jointly funded facilitator had been recently appointed to support the development of shared initiatives in South Ayrshire. Officer locality groups for adult services and integrated children's services were in the process of being set up as planning forums to replace the existing structures in both adult and children's services. Senior staff saw these groups as providing an improved local focus on joint service development and delivery. The locality groups planned to base their work plan on the commitments of the single outcome agreement.

This period of transition within the planning structures and mechanisms had slowed progress. Some of the previous arrangements had ceased before the new ones were in place and some operational managers we spoke to were feeling unclear about the way ahead. Others were more optimistic about the future. They cited work with the joint improvement team (JIT) to support the development of older people's services and by planning strategically to shift the balance of care and to extend the use of telecare.

We were told by service managers and some first line managers that they had responsibility for strategic planning but they acknowledged that they had insufficient time to carry this out.

Recommendation 8

The directorate should ensure there is sufficient management capacity within the new planning processes and that staff with planning responsibilities are adequately trained, supported and resourced to undertake this role.

Much was still under discussion with locality planning at an early stage. Staff we met were unable to give a clear definition of what constituted a locality for planning purposes. The revised CHP structure defined locality groups as the care groups within a local authority area, council staff defined localities both as areas covered by practice teams and by school clusters. Neither the community planning team nor the children and communities directorate had yet agreed the number or designation of a locality. We make a recommendation about this in chapter four.

Involvement of stakeholders in planning and service development

We saw examples of stakeholders being involved in both service planning, review and policy development. The directorate had worked hard to engage stakeholders in the introduction of the GIRFEC practice model and similarly the learning disability plan *Partnership in Practice 2007-10*. Consultation on the integrated children's services plan had involved 85 children as representatives of a wide range of groups including young people who were or who had been accommodated.

Operationally we found many examples of consultations within a number of children and young people's services. This had been increasingly evident over the past 12 months. In their recent follow-through inspection HMIE reported that the services had made good progress in increasing the involvement of children and families in planning services. Stakeholder engagement was generally well-established in both criminal justice and learning disability services. What was less clear was whether stakeholder engagement was feeding back into demonstrable changes in policy and practice. The recent review of older people's day services was two months overdue and it was not clear when and how it would report its findings. Although it engaged current service users, it did not take into account the expectations of potential users. If a wider audience of potential users had been involved other views, expectations and commissioning plans might have emerged. We were later advised by managers that this work had been merged with other service reviews which were due to conclude by March 2010.

Those who delivered home care services spoke positively about their working relationships with local frontline managers and their engagement in planning in relation to modernising contracts. They reported that they were engaged in regular discussions involving both local managers and the council's contracts team. Other providers of community care services did not feel sufficiently engaged in the more recent strategic development and planning of services. They thought that the council could do more to learn from their knowledge and experience. Managers acknowledged this and had established an adult services provider's forum. This work had recently started to map provision and to identify gaps.

Stakeholder engagement in strategic planning in relation to mental health, addictions and services for people with a physical or sensory impairment and with carers was underdeveloped. In each of these areas there was no strategic or commissioning plan to ensure that current services could be evaluated and that new emerging policy and demographic issues had been taken account of. Senior managers intended to rectify this.

Providers involved in the children's voluntary sector forum were positive about their involvement in planning and developing services. Through these strong informal relationships they learnt of any adjustments they needed to make to the nature or style of service. Private sector providers of foster care and residential care were disappointed not to be included in this group.

We think the directorate should build on some existing good practice to ensure a more consistent approach to stakeholder engagement across all services.

Developing integrated services

In South Ayrshire operational partnerships were informal insofar as they were not supported by joint protocols or procedures in areas such as complaints or delegations. Integration was most advanced in supporting people at risk of hospital admission or in need of support to ensure discharge was successful. Both the rapid response service and integrated community care team were jointly managed and had an appropriate balance of health and social care expertise. Budgets were aligned and these services represented a rare example for the council of staff being managed another agency. The managers of both services had recognised the similarities in operational practice and there was a degree of overlap in referral criteria and areas of responsibility. Each service was valued in its own right although senior managers had no way of knowing whether the service was sufficient for council-wide coverage.

The multi-agency inspection of services for people with learning disabilities found that South Ayrshire had “developed partnership working to a good standard” and it was praised for having a corporate approach to implementing *The same as you?* services developed with housing providers had helped resettle people into the community from long stay hospitals. There were some good examples of integrated working in criminal justice services across the Ayrshire councils on training, group work programmes, throughcare and for women offenders. Integrated training had a high profile within children's services. The multi-agency GIRFEC team delivered an integrated training programme that was valued and well used by a range of agencies, leading to a more joined up approach to practice.

Across other service areas we found examples of effective joint working and services being delivered alongside partners from other agencies. However, developments were not consistent across the services. Staff recognised that successful joint working often depended on the quality of personal working relationships and could be endangered when there was a change of manager in a partner agency. In some services, such as adults' mental health, the team was not co-located and relied heavily on strong informal relationships to overcome this.

Information on which to plan and develop integrated services was mainly confined to more recent strategic developments. Examples included children's services planning, criminal justice and the joint plan for services for people with a learning disability.

We concluded that partnerships rested on sound informal relationships but that formal arrangements were lacking and that opportunities for developing integrated services were underdeveloped. The new corporate structure and planning arrangements presented opportunities to deliver a more holistic and integrated approach to service delivery.

Range and quality of services

The directorate purchased or directly provided a broad range of services, and a number of these provided good outcomes for people who used them. People we met, including carers, and those who responded to our survey were generally pleased with the services they received. Similarly, many stakeholders were positive about services provided. However, a high level of investment in some services and the lack of effective planning in areas such as caring for looked after children had resulted in questions about their financial sustainability. These concerns had been accepted by managers and elected members and steps were being taken to address the problems.

Children's services

At the time of the inspection, 61 children were placed outwith the authority in independent fostering placements and residential school provision, although managers told us that a number of placements were close-by in the neighbouring Ayrshire authorities. Whilst the quality of care provided by the current pool of foster carers and local residential unit was assessed as good by the Care Commission, there was insufficient capacity to meet the demand for placements that had increased over recent years. The director had secured funding to recruit 15 foster carers to offer an enhanced service immediately and to build three new residential units over the next two years. Alongside this, services would be reconfigured to target intervention at young people at risk of being accommodated.

The initial recruitment drive for new carers had not been successful and an advertising company was now being employed to take this forward. Plans were progressing with the units. We had some concerns that the resources secured for these might not be sufficient to meet the costs but we were assured that funds would be available and that elected members fully supported the investment.

The provision of preventative services on the other hand was well developed. The family centre in Ayr provided a variety of interventions, including parenting assessments and the development of parenting skills using video interactive guidance (VIG), group work and individual work. This service worked mainly with mothers and we thought that there was room for improving the greater engagement of their male partners. The Care Commission had found that the services provided at the Stepping Stones family centre in Girvan scored highly against their inspection criteria.

Other developments were aimed at keeping young people in their local communities. The youth support team provided individual and group work activities and worked closely with schools. They worked with young people placed out of the authority and would help maintain relationships and hobbies by bringing them back to attend activities. Young people told us this was a good service as did the children's reporter.

Good practice example

Intensive outreach team

A team of four staff and a manager provided assistance to social workers monitoring and supporting children at home. They worked from late morning until 10 pm offering short-term crisis intervention and more planned support where there was a risk that without intervention it would not be possible to sustain the young person at home. The service provided a good alternative to increased statutory intervention or removal from home.

Parents of children with a disability told us they found services to be flexible. They could easily access the Ardfin respite service which provided both residential and after school care. Managers had invested in developing transition support to young people with complex needs. We heard about services provided in partnership with voluntary sector providers.

There was a good range of throughcare services and we saw several examples of workers going the extra mile to support young people in their tenancies. The mediation service supported young people involved in substance misuse and at risk of homelessness. Support was both formal and informal to suit the needs and lifestyles of the young people. Health checks and mental health assessments were easy to access. We found that partner agencies worked well together. The Chalmers Road service provided flexible support to young people in supported tenancies.

Community care services

The number of people receiving intensive home care was increasing as was the number of hours available. Externally commissioned services provided most of the home care service, with approximately a third provided directly by the council. The new head of service told us that one of his priorities was to shift the focus of home care to a re-enablement service. We agreed that services would have been improved if more care was available in the evening and flexible to the needs of the individual. There was potential to extend the use of telecare services which was being taken forward with the joint improvement team.

The pan-Ayrshire rapid response team had been developed to prevent hospital admissions and facilitate early discharge. The integrated community care team aimed to prevent avoidable hospital admissions for those over 60, promote joint working with older people and support independence. Both had contributed to good performance in avoiding delayed discharges. The services should make sure that progress is sustained.

Two day care services for people with dementia were available, although more was needed for people with challenging behaviour. Specialist accommodation for older people with dementia was provided through 12 dementia-friendly houses equipped with assistive technology and a dedicated support team. A recent Care Commission inspection evaluated the quality of care and support, staffing and management as being very good.

The directorate had made a considerable investment in supported living services for people with learning disabilities which provided personalised support. Senior managers told us they were reviewing this model of care in order to ensure it could continue to deliver best practice. Developments were underway to improve day services including increasing opportunities for employment.

People who used mental health services told us they needed more help to sustain their tenancies and more support with finding employment or other purposeful activity. The same was true of those involved with substance misuse services. We think the directorate could make use of its new links with leisure and cultural services to develop a corporate approach to accessing community activities.

The physical disability team consisted of a mix of social work and occupational therapy staff and was centrally located. Specialist social workers for autism and physical disability had been appointed to the community care teams to carry out complex assessments as well as to provide peer support and advice. The directorate supported several support groups for people with visual impairments.

Good practice example

We met with the sensory impairment support group (SISG), a voluntary organisation who provided befriending, a hearing aid service and support groups for people in the community and in nursing homes. This service, which received limited funding from the council, was developed in partnership with staff at the disability resource centre. The service supported social inclusion for people excluded due to their hearing aids not working properly. It was a small, well managed project that made a considerable impact on the lives of those it helped.

Criminal justice services

South Ayrshire had led the development of a women offenders mentoring service, which the CJA was in the process of rolling out more widely. The criminal justice partnership had recently appointed a new manager to manage the throughcare service across the three Ayrshire authorities. His team would not however be dealing with high risk offenders who would remain the responsibility of the local service. We think service managers should keep the effectiveness of these arrangements under review. We found there was a limited range of community service placements.

Quality assurance and continuous improvement

Performance monitoring framework

New senior managers within the council were aware of an under developed framework for performance management. They recognised that a culture of quality control and outcome measurement was not yet embedded within the directorate. A substantial amount of performance information was collected but not yet presented to managers in a form that helped them concentrate on the key performance priorities. Managers expressed a strong commitment to improve performance monitoring as the basis for improving services. Additional posts and structures at directorate level had been established to support this.

The CMT currently used the corporate performance management framework to report progress against individual priorities from the vision and SOA. A senior manager told us the CMT were considering upgrading to a different system. The traffic light system was used to monitor progress against statutory performance indicators and reported to elected members.

The criminal justice service had effective systems for collecting information about adherence to national standards. There were also systems for collecting service users views although these were not functioning well and this needed to be addressed if the responses they got were to be meaningful.

We found the arrangements and understanding of the need to monitor performance to be better developed in adult services than in children's services. Managers in community care teams tracked performance against local targets, waiting lists, assessment timescales and reviews through monthly spreadsheets. They told us they received plenty of information but that this was not yet sufficiently focussed on outcomes. In children's services time intervals for providing social work reports to the reporter were improving following a renewed focus on performance data. Monthly spreadsheets identifying basic performance information, i.e. numbers of looked after children and carers, had been gathered for a number of years. A single monthly report had recently been developed from these spreadsheets and introduced in children's services.

Quality assurance and standard setting

Community care managers we interviewed were able to describe the linkage between complaints and service improvements and gave examples of how they had revised both policy and practice to reflect the outcomes of investigations. Operational and contracts managers used complaints to inform the purchasing and monitoring of externally purchased services and the information gained was used as part of the service review. However, as we describe in chapter five, the overall position around the application of lessons learned was variable.

Frontline staff confirmed that managers provided regular supervision which helped ensure the quality of practice. The council was introducing formal process of performance development reviews (PDRs) which would assist in creating a clearer link between personal development and training needs. Training was given a high priority within the directorate. There was evidence of

auditing in learning disabilities and child protection, although it was not clear how frequently this happened and who was responsible for taking actions forward. In criminal justice, internal and externally commissioned file audits looked at standards of social enquiry reports. Results were addressed in staff supervision.

Recommendation 9

To support more effective quality assurance the directorate should adopt a systematic approach to auditing operational performance including SMART targets and clear reporting arrangements to ensure compliance.

In children's services we read reports from formal case reviews. There was some evidence that the learning from these was being disseminated to staff. The service should ensure that all actions arising from such exercises are implemented and subsequently audited as quickly as possible.

Seniors told us they were expected to scrutinise types of cases. Although higher levels of compliance are advisable, we found that managerial scrutiny of files in our file reading exercise was, at 56%, well above the Scottish average of 26%.

The council also gained knowledge from routine reviews it conducted with its providers in mental health, learning disabilities and home care as part of its contract monitoring processes. In all instances this showed improvements in outcomes for service users.

Best practice and continuous improvement

The director had created two new posts; a performance and business manager, and an officer. The manager had responsibility to implement plans to improve how all services were commissioned, evaluated, whether they offered best value and how they contributed to strategic objectives and outcomes and targets. In addition, the post of head of service and curriculum development was appointed in January 2009. Mechanisms to support continuous improvement were being developed and managers were open to learning from external agencies.

The increased emphasis on service evaluation was evidenced through service user questionnaires, contributions to service evaluations and participation in stakeholder days. What was not yet in place was a more systematic approach to evaluation, feedback and service improvement. Senior managers intended to address this and middle managers also recognised that this was an area for development.

In criminal justice services, the PPIF and other action plans existed to drive and monitor the progress of service improvement. However the structural complexity of organising criminal justice services in South West Scotland was time and resource intensive. This could be slowing down the realisation of improvements in actual services in South Ayrshire.

Management and support of staff

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

South Ayrshire Council had addressed staff recruitment and retention issues by developing a successful “grow your own” policy.

The directorate had a relatively stable workforce and had introduced flexible employment policies which staff appreciated. There was however a persistent problem with staff absences that managers had begun to actively address.

After protracted delays, single status was about to be implemented. These delays had been a source of concern to staff and had adversely affected staff morale.

New policies for staff supervision and employee development had been introduced but were not yet fully implemented. Staff we met were generally positive about arrangements for their support and development. Although managers were identifying staff training needs these were not linked to training plans across the service.

The directorate had a well established and co-ordinated inter-agency training programme for staff, particularly for those working with vulnerable children and young people. Improvements were needed in assisting staff to gain the SVQ qualifications required to register with the SSSC.

First steps were being taken towards developing an over-arching workforce plan and related training plans.

Recruitment and retention

We noted from statistics that South Ayrshire Council performed reasonably well in recruiting and retaining staff. The staff vacancy rate as of October 2007 was 8.1%, slightly below the rate for Scotland of 8.5%. This rate had remained relatively stable and close to the Scottish rate over the previous five years. As of October 2007, the council employed 789 whole time equivalent (WTE) social work staff. There were 7.1 WTE staff per 1,000 population compared with the overall rate for Scotland of 8.6.

The council had reviewed the grade and pay scale for qualified social workers and senior social workers, paying them more and enabling them to progress more quickly to the maximum point on the scale. These changes had assisted recruitment, enabling the council to compete for qualified social work staff with neighbouring authorities. Managers were concerned that the current, council wide, job evaluation scheme could affect the council’s capacity to attract and retain qualified social work staff in the future.

The statistics showed that the directorate had had more difficulty in recruiting and retaining some other categories of staff, particularly home care and residential care staff. Home care services were expanding and the council had recognised the need to find ways of attracting greater numbers of suitable staff. Managers reported they had introduced ‘incentives’ including opportunities to undertake formal SVQ qualifications and, more recently, the possibility of an element of career progression by introducing ‘senior home carer’ posts. The self evaluation questionnaire also referred to the “incentive” of undertaking SVQs to attract residential care staff. In practice, training for all these posts had to be a priority to raise service standards and to meet the registration requirements of the SSSC as they are introduced.

The council had recently produced a document entitled *Workforce Strategy: a Framework for People Management*. The document was primarily about how the full range of HR policies and practices could help to deliver the council’s vision for services. It touched on workforce planning but was not intended to address this issue in any detail.

The director had recognised the need to strengthen workforce planning capacity and was in negotiation with the SSSC to identify a resource to help them take this important piece of work forward.

Sound recruitment practices

The council had introduced sound procedures for staff recruitment including clear guidance about the screening and selection of staff for “excepted posts” involving unsupervised access to vulnerable children or adults. The council had recently introduced an assessment centre approach to the recruitment of staff for residential care units in particular. They felt that this more intensive scrutiny had enabled them to make more accurate assessments of the qualities and motivations of staff seeking to work with vulnerable service users.

Supporting and retaining staff

To tackle the national shortage of qualified social workers the council had successfully operated a “grow-your-own” approach, encouraging a range of staff to take up training that led to a social work qualification. They had taken part in the Scottish Executive’s “fast track” social work training programme and participated fully in the West of Scotland learning network. During our fieldwork we met a number of staff who had been helped to qualify in this way and who had greatly appreciated the opportunities they had been afforded.

South Ayrshire had introduced policies to support flexible working and phased retirement which in their view helped to the council to retain skilled and experienced staff. We met staff who had taken these options and who valued the flexibility they afforded.

The council had developed policies relating to equal opportunities and race equality. A report on equalities monitoring was presented at a leadership panel but it contained little analysis of or discussion about what the figures meant.

Staff absences

We discussed the high levels of staff absences in chapter four. Audit Scotland reported that during 2008 the council had improved its approach to managing absence. During our fieldwork we learned that senior managers had given the issue priority and taken steps to move this agenda forward. Absence management was a standing item on the agenda of fortnightly directorate meetings. The council had a detailed policy document on managing absence that was introduced in 2004. It set out a range of procedures including the opportunity of referral to occupational health and counselling services. Managers received detailed information about staff absences each month. Return to work interviews for home care staff were planned. Better links with occupational health were being forged. An absence working group had been established.

Trade union representatives said that there was, as yet, no consistent approach to absence management. They thought staff needed better information about occupational health and counselling services and suggested that staff should be able to refer themselves to these services.

We concluded that the directorate needed to evidence, as soon as possible, that the range of measures they had implemented were making a difference. It should ensure it has an accurate analysis of the reasons for absence and understand why the policy, which has been in place for five years, has not been consistently applied.

Staff deployment and teamwork

Clarity about roles

All social work staff had job descriptions and there were established procedures for reviewing posts. South Ayrshire Council's own staff survey showed that almost all respondents were clear about their responsibilities, understood how their job contributed to the service and were committed to helping the directorate achieve its objectives (see chapter four).

Appropriate staff mix in teams and units

Most staff were deployed in specialist teams, giving them the opportunity to acquire and use appropriate knowledge and skills with different groups of service users. We commented earlier (chapter four) on the positive views that most staff held about the teams they worked in. Whilst no teams had fully integrated staff across health, social work and education services we found a strong commitment to inter-agency working and training, particularly in children's services. In adult services the rapid response and the integrated community care teams also demonstrated effective joint working. There was some evidence that the current hospital base for adult mental health services team was placing staff under pressure to undertake tasks in the hospital that were not consistent with their remit.

Managers were not using any formal system of workload management and said they mainly monitored workloads through staff supervision. Evidence from our staff survey showed that the

majority of staff felt that their workloads were manageable within normal working hours although some staff registered their disagreement. Managers were the only staff group to register an overall negative response to this question.

Our staff survey and fieldwork interviews revealed a range of concerns about the administrative support services and the ways in which administrative staff were managed and deployed. These focused on sustaining services when posts were vacant or staff were absent through illness and on differences in the range of tasks that staff at the same grade were being asked to undertake.

We were told that the council had established a corporate workstream to develop and improve the provision of clerical and administrative support across council services. At the same time the directorate of children and community was completing a review of administrative support aligned to the overall objectives of this workstream. Administrative staff we met said that they had heard about a planned review but that they had not yet been asked to participate in it. As well as looking at staffing ratios, we think the review should address line management arrangements, contingency planning and career development.

Single status

The council had yet to implement proposals for a new single status package (implementation scheduled for 16 August 2009). Staff registered their concerns at this slow progress with us (South Ayrshire was one of the last councils in Scotland to be in this position). Some staff said that their job evaluations had been undertaken a number of years ago and that they no longer accurately reflected what they did. A small number of posts had yet to be evaluated.

We were told that the lack of a corporate HR manager over a considerable period of time had delayed the council in tackling single status. This post had been filled and the necessary work was now being progressed. There was no doubt that these delays had adversely affected staff morale. The delay had also placed managers in a difficult position in terms of future workforce planning.

Development of staff

We found evidence the directorate had invested much effort in the development and training of staff although there was a need for this effort to be more clearly aligned to workforce planning and staff training strategies and plans.

All new staff were required to attend an induction into the work of the council. A specific induction programme for social work staff was being planned.

Personal development and supervision

The council had introduced a new policy for staff supervision in 2008 linked to policies for employee development (PDR). This was being implemented incrementally. The evidence from our

fieldwork was that, with few exceptions, staff were receiving structured supervision, although the intervals varied (the variation within criminal justice services was particularly marked). The new procedures for PDR had not yet been widely implemented. Staff said however that training needs were usually discussed in the context of supervision.

The council had produced a detailed, generic “competency framework” for staff to be used in conjunction with its plans for a more structured approach to the review of staff performance and the identification of staff development requirements (PDR). This framework had been adapted and made more specific for social work staff. It was not yet in use but we thought it had considerable potential as a means of increasing staff effectiveness.

In the field of children’s services, the appointment of a children’s services training officer and the creation of a training unit had led to a comprehensive programme of inter-agency training. As well as reaching many social work staff, the initiative had reached other staff from a wide range of organisations concerned with the welfare and protection of children and had helped to create a genuine ethos of collaboration. The training unit had identified strategic groups of staff working in key areas of practice and had analysed their training needs. This had led to the creation of an integrated training calendar. The initiative had recently won a COSLA excellence award and we also considered that it demonstrated good practice. Looking to the future we think the unit should now take steps to evaluate the contribution of its training to the improvement of practice.

Good practice example

South Ayrshire Council had established the children’s services integrated learning and development unit to improve outcomes for vulnerable children and young people by developing and implementing a comprehensive programme of training for staff across a range of agencies who were working with vulnerable children. The work of the unit had:

- increased staff participation in training whilst reducing its overall cost impact;
- expanded core child protection skills to health and education staff;
- facilitated access to relevant training materials for a wide range of staff and promoted flexible learning; and
- established virtual consultation groups across services via email and an internet portal.

The directorate had recognised that its performance in assisting staff to attain the SSSC requirements for registration had not been strong, although since 2005-06 performance had improved from a very low base. The 2007-08 figures show that the council was still amongst the lower half of Scottish local authorities in respect of all three categories of staff reported on nationally. Managers said they were tackling this by making the social work SVQ assessment centre part of the authority’s corporate training resource, bringing assessment in-house and

targeting staff groups to meet registration deadlines, the first priority being child care staff. Some staff told us that in their experience some of these changes, particularly the withdrawal of unit-based assessors, was slowing down the achievement of SVQs.

Training had been provided to address key components of care management and new mental health legislation. In the criminal justice field the CJA had appointed a training co-ordinator and had introduced a systematic approach to identifying and addressing training requirements which took account of South Ayrshire staff.

Most of the staff we met said that they had good access to training. The new council wide system of performance appraisal and employee development had not yet been widely implemented (it was being piloted within the HR and administrative sections of social work). This meant that there was, as yet, no way of formally identifying and aggregating staff training needs to inform a workforce-wide training strategy and related plan.

Overall we found the directorate had paid considerable attention and commitment to staff training and development with innovative practice in children's services taking forward integrated training for staff working with vulnerable children and young people. In adult services an active MHO forum had been established with links to neighbouring authorities. Training was more piecemeal and required better planning. Whilst the quality and impact of some training had been evaluated, we thought this could be improved by linking it to the supervision and appraisal systems thereby involving line managers in assessing the impact of training on practice.

We think that the delivery of good quality social work services in the future would benefit from the development and implementation of an overarching, forward looking workforce plan, linked to a recruitment and training strategy. The case for this rests on the need to plan for anticipated changes in the demand for services and the available resources, the changing profile of service users and changes in the nature of the services themselves. The age profile of staff, succession planning and staff registration requirements also needs be taken into consideration.

Recommendation 10

The directorate should draw up an over arching workforce strategy linked to a staff training plan Part of this strategy should be to ensure that the quality and impact of the training provided is evaluated.

Resources and capacity building

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

The directorate was still finalising its 2009-12 plan at the time of the inspection financial plans and budgets needed to be more priority focused.

Good budgetary control information was produced by corporate finance, and senior managers within the directorate were striving to address certain budget pressures. More effort was required to avoid reactive adjustments to budgets and the movement of significant amounts of money between budgets. Managers needed to improve their financial management information and control for jointly provided services under partnership arrangements.

Health and safety arrangements were satisfactory. Managers needed to develop asset management and risk management arrangements and embed them within the directorate.

Some key partnership structures had been reviewed and strengthened and work was becoming increasingly targeted on improving outcomes. Management information was not used systematically across services. The directorate had taken action to improve this.

The directorate had well established contracting arrangements although a comprehensive commissioning strategic plan for all services was not yet in place. New processes were in place at corporate and directorate level to take this work forward.

Financial management

Financial plans

The budgeted spend for the social work service was higher than grant aided expenditure (GAE) for the three years to 2008-09 and particularly so in 2008-09. (£63,905k v £50,467k)¹¹.

The budgets for children and families services were significantly above GAE with the variance between the two increasing over the three-year period. In 2008-09 the budget was more than double the GAE figure (£14,950k v £5,842k). The budgeted spend on all children aged 17 or under was 9th out of 32 councils and the average spend per child looked after was £39,993 compared with the Scottish average of £31,313. The increase in numbers of children placed outwith the authority was largely responsible for the recent increases in spend.

¹¹ Although budgets can be broadly compared to GAE data, there is no obligation on councils to set their budgets at GAE levels.

Likewise, the budgeted spend for adults with physical disabilities, learning disabilities, mental health and addictions was higher than the GAE level for all three years, and particularly in 2008-09 (£17,239k v £9,030k).

The budgets for older people were generally in line with GAE for the three-year period as was the budgeted spend per adult aged 65 and over.

In December 2007, the council agreed a new vision *Securing the Future for South Ayrshire*, outlining the council's key priorities and themes. However, the vision was not yet fully supported by a corporate plan and detailed service plans. Audit Scotland, in its best value report, said that service planning was not well developed with plans across departments varying in format, maturity and quality. At the time of our inspection, much work had been undertaken and the council was developing a clear corporate standard and guidance for service plans. We considered implementing the framework would be a challenge as linkages between all plans still needed to be developed. Officers told us that service plans were to be drafted for a three-year period with a target date for completion of 31 March 2009. We viewed a draft council plan 2009-12 and draft children and community directorate plan 2009-12. The draft directorate plan contained no indication of resources required. These plans had not been finalised by 1 April 2009. Following our inspection, we were advised that the council plan and corporate improvement plan would be reviewed by full council in July. In line with this, further development work would be undertaken on the directorate plan which was due to be completed by the end of June.

We were told that the council was committed to a priority-focused budgeting process from 2009-10 onwards. The council did not have a longer-term financial strategy at the time of our inspection but we understand that one has since been approved covering the period up to 2012-13. We viewed the three-year budget/plan which contained only high level figures for years two and three. For the 2009-10 budget, the council had tried to match resources with priorities, but this had not been achieved completely.

A budget working group had been formed with a view to progressing a priority-led budgeting process. Significant resources had gone into this process but it had not progressed as intended.

Senior management reported that considerable efforts had been made to progress the alignment of financial planning and key priorities of the council. We saw little evidence of this. The links between the various plans were still being developed and we were of the opinion that more work was required to align the plans to ensure that planned activity was affordable within available resources.

Recommendation 11

Service plans should be completed and thereafter clearly linked to financial plans to demonstrate that the service priorities and objectives are fully supported by available resources.

Budgetary control

In October 2008, Audit Scotland highlighted that the council's financial strategy was high risk and that the council as a whole faced severe financial pressures.

In 2006-07 and 2007-08 the social work services outturn was relatively close to budget. The main area of service pressure in 2008-09 was within the social work costs of out of authority placements. Spend in this area had increased from £1.3m in 2002-03 to a projected spend of £5.8m in 2008-09.

The director's report to the leadership panel in September 2008 highlighted the need to reduce the use of out of authority placements. As at 30 September 2008, there was an overspend within the social work service of £0.323m which was due mainly to the higher costs in respect of residential schools offset partly by lower costs of care packages. This overspend would have been considerably greater (£1.85m) if a departmental virement had not taken place. This was in addition to an increase of £900k in the 2008-09 budget to develop the fostering service.

There were plans to increase capacity in children's residential homes through the development of three six-bedded units to be built over the next two years. Officers had calculated that this development, plus the remodelling of other aspects of children's services, (in particular foster care), would reduce the future potential overspend by about £1.1m once all three units were operational and all 30 enhanced foster carers were in place.

Notwithstanding the additional funding and viring of budgets, as at 30 September 2008 the projected overspend for the year for out of authority placements was £1.285m. However, senior management indicated that a break-even situation was being predicted for the year end to be achieved, in part, by vacancies of some front line social worker posts and by senior posts not being filled.

The 2009-10 budget included a further £1.854m for out of authority packages following the pressures experienced in this budget in 2008-09. In January 2009, senior managers stated they were looking to reduce their expenditure on out of authority placements by 50% and bring the provision in-house. It was considered, however, that this would take some time to be achieved.

We observed that there was a reasonably high level of virements but noted that they were contained within the directorate budget. During 2007-08, there was a transfer of £1.235m into out of authority placements from other social work budgets and, as at the end of January, there had been further transfers into this budget totalling £1.702m including a transfer of £531k from learning disabilities' care packages.

Officers identified other future budget pressure areas as relating to the increasing older people population and the learning disabilities service. The increased spend in relation to the increasing number of older people had been managed in 2008-09 by using thresholds for access to care

packages. However we noted that the 2009-10 budget contained over £1.5m additional monies to cover contractual increases for existing levels of care including care home fees and free personal care.

Community care services were committed, in 2009-10, to find savings efficiencies of £2.582m. The two main areas of savings were a reduction in the average number of home care hours and increased efficiency of service (£0.966m), and a review of models of service delivery within learning disabilities (£1.215m). Senior and middle managers were confident that modernising the in-house home care service would save money and increase capacity without compromising the quality of service. Some of these managers told us they were more concerned about the impact of reducing the external service. In respect of learning disabilities services, senior managers had recognised the need to review the models of care they had invested in to ensure best practice and sustainability.

The 2009-10 budget included proposals for changes to the delivery of key social work services including a remodelling of children's services and the development of partnership working to modernise care for older people across South Ayrshire.

We were told that governance was maintained through the bi-monthly reports to the leadership panel, the regular meetings of the budget scrutiny groups and the monthly budget reports for social work managers. We viewed examples of the reports presented to both members and social work managers/budget holders and found them to be clear and comprehensive.

Budgetary control matters were not routinely discussed at the social work services senior management team, the children and families or community care management team meetings. However, we viewed evidence of budgetary control issues being discussed by officers at the regular meetings of the budget scrutiny group which was the main forum for such discussions. Towards the end of our inspection, this group was replaced by monthly *financial accountability and attendance management* meetings.

There were a number of significant budget pressures in various areas of the service. We were of the view that liaison between managers and front-line budget holders was generally good. However, more involvement from the budget holders in the budget setting process would ensure budgets were realistically set and achievable and that budgetary control was well managed thereafter.

It is essential that the council continues to consider and resolve the pressure areas within the social work services budget.

We comment on partnership financial management in the *Partnership arrangements* section below.

Capital expenditure/planning

The council did not have an overarching capital investment strategy nor did it have a long-term capital plan; the plans were set only on an annual basis. Officers advised that they intended to develop a 3-5 year plan once the asset management strategy and plans had been established. We were later informed that the strategy was reported to the leadership panel on 16 June. The 2009-10 social work service capital plan included expenditure on children's residential estate totalling £600k. A further £500k was included to cover council wide Disability Discrimination Act compliance.

In October 2008 Audit Scotland reported that the council had only delivered 74% of its planned general services capital programme in 2007-08 and that it was therefore failing to deliver many of the improvements in services that these programmes were intended to achieve. Officers had undertaken a fundamental review of the general services capital programme to ensure that planned expenditure was incurred by 31 March 2009. At the time of the inspection, officers were unsure as to whether the programmed expenditure would be completed on time, but the council later advised us that 93% of the programmed work had been achieved in 2008-09.

Capital monitoring reports were presented to the leadership panel. Their frequency had recently been increased to monthly reporting due to concerns regarding the slippage in the programme. There was no slippage within the social work and social justice capital programme. The capital budget process was co-ordinated by the general services core capital group and all departments of the council were represented on this group.

The council had a formal capital bidding process in place. Managers recognised that there were limited funds and that bids therefore had to be prioritised. However, in recent years, there had been no significant social work capital projects bids that had been refused funding.

Managers raised some concerns in relation to the quality of accommodation. We considered that the lack of investment, together with the poor quality of accommodation in some instances indicated an unambitious capital programme.

Income

The directorate reported that there was a clearly defined charging policy for services delivered which was approved by elected members. We viewed a copy of the *homecare charging policy* report to the social justice committee in June 2005 which covered most, but not all, of the charges levied. Annual reviews of fees and charges were carried out prior to the start of each financial year. The council stopped charging for food preparation in September 2004. Managers advised us that there was a corporate review underway of all council charges.

Elected members role

Elected members are the ultimate corporate decision makers in local government and so it is important that they base their decisions on clear, complete and unambiguous reports.

Budget monitoring reports were presented to the leadership panel bi-monthly. The Audit Scotland report stated that only 10 of the 25 members that responded to their survey carried out in July 2008 felt they received good quality information on which to make decisions, with seven of them feeling information was poor. Officers said they did not believe that financial reports were necessarily included in these comments as there had been no complaints from members about the standard of financial reports. We noted that, if there was a specific area of concern, the directorate could provide further information to elected members outwith the regular reporting cycle and that scrutiny panels could also be asked to carry out reviews of particular areas of service.

A member training and development policy had been approved in January 2008 and financial management was included in this. A wide range of finance related training courses had also been provided for members after the May 2007 elections and in the period since then.

Audit Scotland indicated that the training programme could be strengthened by providing members with structured training in leadership and scrutiny. Officers told us that the council was in the second year of implementing a training needs analysis programme linked to members' role profiles and that a training and development plan for elected members was being produced.

Financial skills within social work services

Financial services were provided to the directorate by means of an agency delivery model. The social work corporate finance team was directly accountable to the executive director of corporate resources. The directorate finance team operating from within the social work service provided additional on-site support to the budget managers.

Budgets were substantially devolved to senior social worker level. Monthly budget monitoring reports were provided to budget holders promptly after the month end allowing them to take corrective action as appropriate. Budget holders also received commitment information. We were informed that managers and finance staff held regular informal meetings to discuss service budget pressures.

Managers we interviewed were satisfied with the financial information received in terms of enabling them to properly monitor their budgets. We noted that the reports were provided in a variety of formats and in different levels of detail and were advised that they were produced in different formats to suit the requirements of the various managers. Finance officers agreed that the format of the information could be improved.

It is important that social work services staff with budget responsibility are sufficiently trained in financial management to ensure they have the skills to manage budgets and are aware of the action they should take to address identified variances. Only minimal formal financial training had been provided to budget holders, although for new staff, some financial training had been provided during the induction process. The corporate finance and directorate finance teams provided ongoing assistance to ensure that social work budget holders could effectively manage

their resources. Overall, finance officers considered the financial skills of staff within the directorate to be good.

Resource management

Asset management planning

An asset management plan gives clarity about balancing service needs and available capital resources. It informs a sound capital planning process linking service priorities and objectives.

The Audit Scotland report stated that the area of asset management required considerable improvement. During 2008, the council had made progress in adopting a more formal approach to asset management and had also made £0.7m of asset related savings from a review of accommodation.

We noted that a high-level and somewhat basic asset management strategy was in place, having been approved in May 2008. We were told that the asset management team was, at the time of the inspection, arranging to progress the development of a council property asset management plan to be in place by the end of June 2009.

The council asset management team provided a forum for property asset management across the council and its decisions were then discussed at CMT level. Managers informed us the group was to be developed further over the coming months and consideration would be given to setting up an asset management forum within each directorate.

The directorate did not hold its own asset register and there was no single individual with responsibility for social work services asset management. We were told that the directorate plan would be used to inform detailed service asset management plans. The directorate had established that a number of its assets including care homes and offices required either replacement or significant refurbishment.

The CMT had recently established a work stream to progress some areas of asset management more rigorously. The work stream had been set a revenue budget savings target for 2009-10 of £200k with proposals relating to closure of properties in the short term and/or relocation of staff. Few of the listed properties related to the social work service.

Although the council was working towards delivering a cohesive approach to asset management, robust arrangements were not yet in place. The council needed to implement a corporate asset management plan and embed asset management across the organisation. We noted that Audit Scotland would be following this up.

Risk management

Audit Scotland, in its best value report, stated that the council did not manage risk effectively but that strategies and structured processes to better manage risks were being developed.

The council introduced its risk management strategy in 2006 and, at the time of our inspection, was updating it to reflect changes in the council's structures and incorporate a revised risk reporting framework to members. We saw the draft strategy (dated November 2008) that covered the period 2008 to 2010. We noted that the council had reviewed its strategic risk register during 2008. Previously, risk management was reported through the corporate safety officer group. The new risk management structure had not been finalised and therefore reporting mechanisms were yet to be agreed.

Audit Scotland, in its report to members in October 2008, said that departmental risk registers had recently been completed but that not all, however, were focused on the key risks to delivering their services. We were told that the departmental objectives within the service plans were to inform the operational risk registers. The service plans however were not yet in place.

We saw the directorate risk register and considered that many of the risks were generic rather than specific to social work. The risk register incorporated action plans and managers were expected to review and update these quarterly. However, we were unable to evidence this.

We were informed that, at officer level, operational risk management had to be reported quarterly to the directorate meetings and also at service level through the management team. Where appropriate, risks within the register were updated. At the time of the inspection this approach had not been fully embedded in the new council directorate.

We were told that managers across the council had received risk management training and noted that seminars to facilitate the risk management process had been held in 2008. These had been followed by a formal identification of risk owners and lead officers. Further training had been provided to those nominated to manage these risks. Refresher training, risk workshops and one-to-one support was also provided on request.

The process of embedding operational risk management had been ongoing since 2006. The council was progressing risk management, but it was apparent that processes were not yet fully developed and embedded into everyday management activity. Work in this area was very much ongoing. Again, we noted that Audit Scotland would be following this up.

Health and safety

We reviewed the council's health and safety policy, developed in January 2008. This detailed the responsibilities of departmental directors which included implementing health and safety management systems within the departments to ensure the requirements of the corporate health and safety policy and arrangements were met. The policy also identified what directors should do in relation to the main health and safety risk categories such as lone working, fire and emergency procedures, etc. There was no specific policy for children and community.

Previously there was a health and safety panel but it was planned that health and safety issues would be reported through the leadership panel from May 2009. Health and safety reports were not routinely presented to the CMT, only if there was a specific health and safety issue. Reports were submitted on a quarterly basis to the corporate safety officers group.

We saw an action plan dated December 2008. We noted that risk assessments were used to form the basis of this action plan which was updated on a quarterly basis. This plan allowed the health and safety officer to identify gaps, and offer risk assessment training where these gaps existed. The format and frequency of the health and safety forum meetings was under review at the time of our inspection.

All staff completed a corporate induction training course which included health and safety. In addition, all home and social care staff were required to attend a two week social care induction programme which covered manual handling, personal safety, risk assessment etc. During these courses, staff were made aware of department specific policy arrangements and guidelines. We also understood that first line managers had undertaken accredited health and safety training in respect of their and the council's duty of care.

Overall, we were satisfied that the council's arrangements for health and safety were fully developed and embedded in social work services.

Management information systems

Range of information systems

The social work information system (SWIS) was the core management information system for the directorate. Business objects software was used to compare data from SWIS and a range of spreadsheet based information. The system had been modernised and upgraded to improve access to information and support for key processes. Staff in community care services had reviewed their use of it and improved its function for their service. In children's services, staff were working between a paper-based and electronic system as they began to use the upgraded system. We concluded that SWIS was not yet fully developed as an effective tool for gathering management information.

The directorate accepted the need to improve its current use of spreadsheets for gathering performance information.

The monitoring of contracts required services to provide performance information. Whilst a number of the draft reports we saw began to identify performance targets and outcomes, several teams still had to define their key performance measures.

The directorate was supported by a dedicated member of the council's IT department who was responsible for system development. Areas for improvement had been agreed, including improved information, capacity to produce reports and enhanced broadband access.

Use of management information

As we discussed in chapter six, managers recognised that they did not yet have a systematic approach to the use of management information across community care or children's services but were implementing measures to address this.

The corporate management team received fortnightly performance reports against priorities from the SOA. Managers at all levels were now receiving monthly absence reports as part of a more concerted approach to improving absence levels. Managers of individual services also received information on the performance of their teams. The chief executive and director had acknowledged there had been a number of data quality and efficiency issues in the current diverse information systems. A data control group had been established, chaired by the head of service to improve the quality of information submitted for Statutory Performance Indicators. The involvement of frontline staff in the development of performance management reports would gain their understanding, suggestions and ownership.

Recommendation 12

The directorate should develop an initial suite of management information reports in consultation with front line managers in both services. Senior managers and staff should improve their collection and scrutiny of accurate performance information. Such scrutiny should identify outcomes for people using services, areas of good practice and areas of under performance.

Community care services

Frontline staff had been involved in developing and updating the electronic SSA. Care plans and review formats had been revised to reflect a more outcome focused approach. Referrals, assessments and reviews were recorded on SWIS. Administrative staff in the hospital team recorded SSAs undertaken by NHS Ayrshire and Arran staff on SWIS.

The SSA tool had the capacity to calculate the indicator of relative need (IoRN) electronically in older people's teams. Managers from health and social work used a joint information system, EDDISON (electronic discharge information system on-line nationally), to identify and target resources at those at risk of delayed discharge from hospital.

In substance misuse services managers told us they recorded and monitored service user data via the shared addiction management system (SAMS). Quarterly monitoring reports were produced and discussed at meetings with service providers.

Children's services

We noted some examples of staff using performance information; the children's disabilities team had a well established information system to track young people through transition planning. This ensured financial packages and assessments were in place at the right time. We saw information from the permanency planning tracking database aimed at improving decision making for accommodated children. We thought this could be further improved by extending the tracking period.

The future models group had been set up to plan the model for future services and reduce numbers of children placed outwith the authority. It was gathering and auditing baseline information to help inform the future shape of services. There were plans to enhance the role of the intensive outreach team, which provided a positive alternative to removal from home. However, managers had not yet measured the performance, in terms of outcomes for young people or views of parents and staff, of this service.

In terms of safeguarding, managers needed the right information to assure themselves those children or adults in need of protection were safe. There had been no systematic analysis of child protection trends, and the senior managers we spoke to were unclear about the reasons for low rates of referrals. Without an adult protection committee, responsibility for monitoring process and practice in this area rested at a relatively junior level in the organisation and there were no routine reports for senior managers or councillors that told them how well vulnerable adults were protected.

Recommendation 13

The directorate, in conjunction with the child protection committee and adult protection implementation group, should routinely collate and analyse referral information in order to gain a better understanding of local trends. Managers and staff should use this information to monitor the quality of practice, the application of consistent thresholds for intervention, compliance with procedures and use it to support service planning.

The directorate had started to develop child protection messaging linked to other public agencies but it had not been concluded this at the time of the inspection. The updated system would have the functionality to support child protection messaging between agencies but the NHS and police service did not yet have the technology to support this.

Other priorities identified by the directorate were to improve the use of information by teams to manage workloads and resource allocation, to introduce on line access to information for the public, and to develop the electronic exchange of data with SWIS.

Partnership arrangements

Partnership arrangements cover the strategic frameworks that support partnership working to achieve the best possible outcomes for populations and individuals. Earlier in the report we looked at partnership working between directorate services and the voluntary and private sector providers.

Strategic approach to partnerships

We found partnership working at a strategic level was improving and building on existing arrangements between statutory partners for the delivery of social care and health services.

The community planning partnership provided the overarching framework for strategic partnership working in South Ayrshire. South Ayrshire had developed its first SOA in 2008-09, largely as a council-focused document. The draft SOA for 2009 had been developed in partnership by the council, NHS and a range of other key stakeholders and had achieved a better focus on delivering outcomes. Senior managers across the services acknowledged that they needed to do further work to deliver this outcome-focused approach but said that the direction of travel was now much clearer.

NHS Ayrshire and Arran had reviewed the CHP in 2008 in order to improve partnership working. Three CHP committees had been created with co-terminus boundaries with the three Ayrshire local authorities. The CHP became the health theme group for the community planning partnership. Elected member representation on the partnership was strengthened and complemented the member representation already in place on the CJA. Senior managers were optimistic this new structure would deliver improvements for the partnership but acknowledged it was early days. At the time of our fieldwork, the new CHP had met twice.

Staff told us that the only jointly-provided services with aligned budgets were the rapid response team and the community integrated care team. The performance of these services was monitored as part of local improvement target reporting. At the time of the inspection, officers had not presented financial reports to elected members on these joint services. Nor was there much evidence that meetings of officers discussed available financial information or budget issues.

The directorate and its partners were at an early stage in working with in health and the two neighbouring councils to produce a joint commissioning framework for older people. This work would build on current good joint performance in older peoples services such as low numbers of people delayed in hospital. They were committed to developing joint financial planning and had agreed a framework to underpin this work. Staff from the JIT were working with health services at the time of the inspection before engaging with council finances. Partners had not progressed joint financial reporting and monitoring to any great extent.

Recommendation 14

The directorate should ensure that full partnership joint financial management information is further developed and that financial monitoring data for all partnership arrangements is regularly submitted to elected members for scrutiny.

The directorate should consider potential joint developments and opportunities presented by the new initiatives such as the community hospital in Maybole. We found that opportunities to develop partnerships within mental health services were not as well established as they were for some other adult care groups and plans to improve community based mental health services were at an early stage.

The pan-Ayrshire strategic alliance was established in 2008 to advise local partnerships and consider new opportunities. The child protection committee had begun to review its business planning processes and membership in order to increase its capacity for improving services to vulnerable children. HMIE, in their recent follow – through inspection, considered that the partner agencies had made satisfactory progress in partnership working. Partnership commitment for developing the adult protection committee had been established although progress had been hindered in part by problems in recruiting an independent pan-Ayrshire chair. The chief officers group met regularly to oversee the protection of vulnerable people.

Within the council, the new directorate structure built on previous good joint working with housing services. We found services worked together to meet the needs of young people leaving care, people with learning disabilities and people with mental health problems. Housing services also played a key role in developing protocol and practice in securing suitable housing for offenders in connection with their MAPPA function.

Following the SWIA inspection of criminal justice services, the Ayrshire criminal justice partnership had strengthened its formal partnership structure and was making progress in delivering services with the other councils.

Protocols for sharing information and assessments

NHS Ayrshire and Arran and the three local councils signed off an Ayrshire-wide protocol for sharing information in 2005 which was subsequently updated to gold standard. The protocol was effective in providing a framework for the development of electronic data sharing.

Commissioning arrangements

Strategic commissioning

Managers of children's and adult's services acknowledged the need to develop strategic commissioning of services. The lack of service plans had led to new services being commissioned incrementally rather than within a strategic framework.

A policy and procedures framework for engaging with social care providers governed the commissioning of community care services; children's services did not have a specific procedure in place. We found the definition of commissioning was rather narrow and linked to the development of new services or the contracting process.

The directorate had set up a commissioning and contracting group to develop a more consistent approach to commissioning across adult's and children's services and we understood that a commissioning strategy for the next five years was being developed. This was also an area of work at a corporate level.

Recommendation 15

The directorate need to ensure that the commissioning strategy it develops covers all the services it commissions including those provided in-house. The directorate should engage in a structured way with existing and potential provider organisations so that they have a good understanding of the strategic vision and objectives for the different care groups. This should include the development of personalised approaches.

Adult services

In community care services, there was evidence that strategic commissioning of services for older people and services for people with learning disabilities was being established. The directorate had not developed strategic thinking for other adult groups, including people with dementia, people with mental health needs, including older people with functional mental illness, and people with physical disabilities or sensory impairment. Plans to develop strategies for these groups were to be included in the directorate plan 2009-12.

Work had begun on a joint commissioning framework and capacity plan for older people's services in South Ayrshire in conjunction with the JIT. We found a renewed impetus to develop these services. We mentioned earlier that some services had not concluded best value reviews. This would have provided an evaluation of service delivery and direction. We did not see evidence of a strategic approach to commissioning services from external providers. Despite this, service providers reported that they were engaged in regular monitoring discussions involving both local managers and the council's contracts team. Private providers of home care services told us that they were engaged in the development of the service specification for home care services ahead of a possible tendering exercise.

Children's services

There were no commissioning procedures in place for children's services and no commissioning plan. The directorate had set up a future models group, involving staff from across children's services within the council and health services to develop a strategic plan for children's services.

Commissioning for children with disabilities and throughcare services was better. Young people leaving care had access to housing outreach support in dedicated accommodation. Education and voluntary sector services worked with the children's disability team to deliver services that kept children and young people with disabilities within their local community.

The balance of directly provided and purchased services

Voluntary and private sector providers delivered a significant proportion of social care services for adults and children. The directorate did not build on its process of best value reviews to ensure that it was delivering best value across all service areas. We did not find an obvious rationale for which services it directly provided and which it externally purchased.

Service-wide commissioning

The main areas of externally commissioned services for adults' were care home placements, supported accommodation, respite and day care. The service also purchased external home care and a range of community based services. Within children's services, the main areas were residential school placements, foster care from private agencies and some local community-based services.

Contracting processes

Arrangements for contracting, monitoring and review of services were set out in procedures for staff. The social work service maintained an approved providers list. The service was phasing in the use of a contract-monitoring framework and it considered complaints against providers as part of this process. The contracting procedure required an annual evaluation of contracted services. The evaluations we saw were not recent. Although managers assured us that regular monitoring arrangements were in place with providers they needed to ensure that these were fully recorded.

There were links between care management and contract monitoring. Care managers fed their views on the quality of services provided into the contract monitoring process. Providers were expected to seek the views of people using their services. Some services had been subject to external evaluation. Providers were generally positive about the support and information they received and their good links with council officers. They had the opportunity to meet regularly with these officers to discuss service progress. They were positive about the level of contact they had with designated officers in the council. Providers were aware that services were under review and the uncertainty had led to some of their staff leaving for more secure posts. The council had not provided these services with written information of their funding commitment during this review period.

Recommendation 16

The service should ensure that up-to-date contracts or agreements are in place for all providers.

The service planned to subject its own services to the same monitoring and review processes as externally purchased services but they had not yet concluded the development of internal service agreements.

Service managers and team leaders led on the development of service specifications with providers. The specification was in a standard format and included some outcome measures. Some of the specifications we read did not adapt this standard format sufficiently to give a unambiguous definition of services required. The social work service used call-off contracts¹² for purchasing most adult services. In children services, some providers had a block funding arrangements.

¹² A call-off contract is used for the supply of a specific quantity (a minimum and maximum range can be given) of services over a given time period, subject to the prices, specifications and terms and conditions agreed.

Leadership and direction

Overall we found performance in this area to be adequate, with strengths just outweighing weaknesses.

South Ayrshire Council had experienced weaknesses in corporate leadership over many years preceding this inspection. This had limited the council's progress in a number of areas. We considered that leadership within the council and social work services had improved substantially within the last year. A new chief executive had led political, organisational and managerial changes and a new executive director for children and community was modernising the delivery of social work services in the council. Together they were working hard to refresh the vision and future direction of the authority and to improve best value and strategic and service planning. Altogether across the council 12 new heads of service had been appointed. A new portfolio had been specifically created for social work services to give it a higher priority within the council. Both the chief executive and the director had made considerable efforts to communicate the changes to staff and to engage staff in taking forward service redesign.

The chief executive and director were clear that a great deal remained to be done. They acknowledged corporate working needed to become more effective and had identified improving leadership capacity as a priority. Community care services required significant reconfiguration to deliver sustainable services to meet the future needs of an ageing population. The level of overspend in children and families was indicative of a past lack of strategic focus on the modernisation of services within the council.

Because of the significant changes within and across the authority, immediate priority had been given to internal council business. Partnership working was recognised as important but would take time to be developed. The new CHP was in its infancy.

Vision, values and aims

South Ayrshire Council's vision for the future was "to establish South Ayrshire as the most dynamic, inclusive and sustainable community in Scotland". In *Securing the Future for South Ayrshire* published in December 2007 the council set out accompanying values, guiding principles and four key themes all of which contained strengths, challenges and priorities:

- Prosperous, learning and achieving
- Healthy, safe and caring
- Clean, attractive and sustainable
- Ambitious, forward-looking and responsive

The council's community plan *A better future together* had been published in 2005. It had five aims and three priority areas.

South Ayrshire's first single outcome agreement had only covered services provided by the council. The draft for 2009-10 was a full partnership agreement and the council had consulted on it widely. It had recently been submitted to the Scottish Government. The executive director for children and community had been closely involved in this process. Although it was generally considered to be on the right track, senior staff acknowledged it was still work in progress.

The council planned to review these documents in 2010 and to link them to a refreshed single vision consistent with a revised single outcome agreement.

The vision for social work services was "to deliver personalised services which are flexible to meet the changing needs of the people of South Ayrshire".

Fifty-six per cent of those who responded to our survey agreed that there was a clear vision for social work in South Ayrshire. Of those who responded, home helps/home carers were the most positive with 85% agreeing with this statement. Fieldwork staff were the least positive but, overall, South Ayrshire's result was comparable with other local authorities inspected so far.

We found varying degrees of ownership of the social work vision amongst different staff groups in the new directorate. The directorate team and senior managers were responsible for communicating the vision. Additional management capacity within the directorate and the council was tasked with improving the profile and public perception of council services.

The HMIE report in 2007 stated that whilst individual services had a clear vision to protect children, this vision was not shared amongst the partners involved in delivering child protection services and they evaluated this as weak. The follow-up inspection noted that good progress had been made.

Service plans were in draft. Managers were in the process of standardising these across the council to link them more coherently to corporate performance management systems but we heard that the existing corporate performance management system had become too detailed to be helpful. There had been errors and problems in data collection. Managers told us that the new directorate plan would be the means of monitoring and reporting on performance.

The council's self-evaluation questionnaire recognised that there was work to be done to refine and sharpen the links between the vision and service and team plans.

Cross-cutting approach within the council

The council's staff survey in 2008 which had a 100% response rate from senior officers, showed that only 26% thought that services worked together to deliver council objectives.

The Audit Scotland report published in April 2009 noted that "the absence of a corporate working within the council has resulted in inconsistent practices and a lack of joint working

between departments”. We agreed with this statement and saw the impact this had had left on social work services.

The chief executive was fully aware that the corporate management team had not been used to acting corporately and said they now needed to think and act differently. New executive directors had deliberately been given a more corporate role and the new heads of service were not just responsible for their own department but had a corporate responsibility regarding equality, diversity and performance. The council’s improvement plan identified the need to improve corporate management. We considered that the new structure should support the council in taking these aims forward.

Role of elected members

The executive director for community and children was intent on developing member support and understanding of the vision and direction for the new directorate which covered some 70% of the council’s functions. Following the changes to the council’s main political decision making and scrutiny structures in November 2008 the new directorate contained four portfolio holders. A new portfolio for social services on the leadership panel was to make sure that elected members understood key social work priorities. Another member acted as a children’s champion for young people. The director met monthly with all four portfolio holders in advance of the leadership panel to discuss leadership panel reports and he also met weekly with the portfolio holder for social services to enlist her support for his future vision. She had a visiting programme for all social work teams.

Portfolio holders had arranged away days to discuss cross-cutting issues and priorities. Further away days were planned for CMT and portfolio holders to establish agreed priorities.

Elected members told us that since 2007 they were less focused on maintaining rigid party lines and more on achieving consensus. Recently some members from different parties had started to meet before the leadership panel to ensure they were fully briefed on the papers. The leader thought this was making a difference.

Relationships between officers and members were described as good but staff told us that members were still occasionally appeared to overstep the boundaries. We heard that the communication protocol for elected members/officers had been implemented better with the arrival of the new director.

Managers had held a seminar for members on corporate parenting in December 2008 and further information and a report was ready to go to members. However we considered there was more managers needed to do to help elected members develop their understanding of their responsibilities here. The concept of acting as any parent would in nurturing, supporting or giving help to looked after children was not yet well understood by all the members we met.

A lunch and learn event had recently helped members and young people have structured discussions around the need to promote and value young people more.

Leadership of people

Leadership culture

A new chief executive in April 2008 and a newly appointed director of social work, housing and health in May 2008 had brought significant leadership changes for South Ayrshire Council. The chief executive had restructured the council in Nov 2008. The new structure comprised three executive directors for corporate services, development and the environment, and children and community. A new post of head of policy, performance and communication was also created reporting directly to the chief executive. The previous executive director of social work, housing and health became the executive director for children and community. Operational management of the social work functions was delegated to head of service level.

The chief executive was clear that South Ayrshire needed to become a different, more innovative and creative organisation. The new director for children and community shared this view. He considered his new directorate presented opportunities to “sweep away previous conflicts with other departments and leave it free to focus on outcomes”. Both the chief executive and director regarded the need to re-energise the workforce as a priority. The leader of the council expressed confidence in the new leadership but commented that the present culture within the council was still fragmented with some areas needing to become much more pro-active and solution focussed. There was still “too much talking and not enough action”.

The new structure was bedding in at the time of our inspection. We interviewed some heads of service in the new children and community directorate who had only been in post a few weeks. The scale of the changes had caused disquiet and uncertainty for some staff. Some staff did not feel valued and others were worried that some established good practice might be overlooked.

The new directorate was responsible for some 70% of the council’s business. Whilst we agreed with the views we heard about the enormous potential this presented to improve cross cutting working, we had some concerns as to whether the director would be able to manage this and still deliver the strong professional leadership required to drive forward the necessary changes for social work services within the council. As a qualified social worker, the director held the responsibilities for chief social work officer (CSWO). We considered he would need to keep this under review. The director told us he planned to produce his first report to council as CSWO following the publication of this inspection report.

The chief executive had led a number of management engagement events throughout 2008 to engage managers in the change process and a series of similar events for employees was planned for 2009.

The CMT met fortnightly and the executive director of community and children met with his management team (heads of service and business and performance manager) every two weeks to review performance against objectives and discuss key issues.

The chief executive and the director were keen to improve the profile of South Ayrshire nationally. South Ayrshire had made nine submissions for the Cosla excellence awards, two had been short listed. One – a multi-agency approach to child protection training had achieved a silver award and the other – a Care and Share project offering support for people who were homeless and those at risk from homelessness – won the gold.

The council held an annual awards ceremony for all council employees. We noted the council website had photographs from the last ceremony in September 2008 when awards were given for long service and achievement to a number of staff members including social work staff.

Involvement of staff

The council's employee opinion survey in March 2008 found that 42% felt involved in making decisions that affected their job and the services they provided.

Both the chief executive and the director had made communicating with staff a priority and had gone to great lengths to make sure they were as open and transparent about the changes as possible.

The chief executive had commenced a series of bulletins to staff to make sure that news of proposed changes reached them as soon as possible. He had encouraged staff to email any questions they might have directly to him and had promised to reply as soon as possible. He made it clear in his communications to staff that the way of doing business had changed at a corporate level. The director had also commenced a series of regular newsletters to staff in his directorate to make sure they were all as informed as speedily as possible about important developments in the council and the directorate such as the council re-structuring and the inspection. Both the bulletins and the newsletters gave strong messages about the need for a shift in culture.

In order to maximise the use of new technology and to communicate with staff in fresh ways the director had set up a blog and a specific email address so staff could contact him directly. He had asked for volunteers to work with him on improving communication within the department. He had visited almost every unit, attended practitioner's forums and personally signed off all SSSC registrations which gave him the opportunity to meet frontline staff every week. He had met the masters' graduates within the authority to encourage them to champion a modernised approach within their individual teams.

Both the chief executive and director had "walked the patch" to see and meet people in the community as well as staff running services at first hand to discuss the proposed changes with as many people as possible. Many in the community were very appreciative of this and their expectations of change for the better were running high. Some staff, whilst appreciative of the interest, had found the experience discomfiting and said they had not received any feedback.

Leadership of change and improvement

Political leadership and capacity

A wide range of training courses was on offer to members. The uptake had been good. All members had participated in induction training. A member training and development policy was approved in January 2008. By the end of June 2008 all members had agreed a personal development plan. During the course of 2008, the council had participated at a national level with the improvement service in the pilot continuing professional development project.

Forty-five per cent of staff who responded to our survey agreed that the social work service was highly valued by elected members. Home care staff were the most positive about this statement with 79% agreeing with it. South Ayrshire's result was comparable with other local authorities inspected so far.

Political decision making

The council moved to a cabinet model in May 2007 with a leadership panel, five standing scrutiny panels, a number of other decision making panels, a scrutiny review process and a call in process. When the system was reviewed in 2008 the leadership panel was expanded from five to seven portfolio holders, the number of scrutiny panels reduced from five to three and the number of elected members on each panel was increased by four to eight.

The directorate reported to a number of panels including the leadership panel, and the community services standing scrutiny panel.

Some members we spoke to had more to learn about social work services and the main challenges and priorities for the future.

A survey of members in 2008 revealed that only 40% agreed they received good quality information on which to base decisions. Some members told us they received little performance data. The chief executive acknowledged they needed to develop better guidance about scrutiny and provide members with better information.

Leadership of change

Previous scrutiny reports have commented on weaknesses in the political and managerial leadership in South Ayrshire.¹³ The council's own *Leadership Panel's Annual report for 2007-08* stated that "political mismanagement over many years had eroded its strengths, left it with no clear direction and created a backlog of neglect that has left it with many challenges".

However, the Audit Scotland April 2009 report noted that "leadership has been improving during the last two years along with a stronger appetite for change and a greater level of self awareness. More effective leadership has been demonstrated by effective cross-party working

¹³ Audit Scotland's Audit Risk Analysis and Plan (ARAP) 2006/7.

among members, the impact of a new chief executive and other senior staff and revised political and managerial structures”.

Elected members told us they were confident in the new senior management appointments and more confident in the leadership, strategic decisions and advice about difficult decisions. The new regime was considered more inclusive and consultative although many in the new management team were as yet untried and untested.

The chief executive appreciated the enormous change the council was experiencing but considered they were still some way off where they needed to be. Immediate challenges included implementation of single status, modernising the approach to budget processes and modernising services and agreeing the best value improvement plan. All of this required to be taken forward at a time when the council faced severe financial pressures. The absence of clear plans and strategy had in the past meant that spending tended to be reactive.

The union representatives we met were highly critical of the way single status had been taken forward to date. They said the exercise had been going on since 1995 and there were still a few posts to be evaluated.

In social work services, the director was confident that he knew what needed to be done, nonetheless children’s services were facing considerable financial difficulties. There was a pressing need to reduce the number of costly out of authority placements not just to reduce the level of spend but to allow investment in local options which were also likely to deliver better outcomes. The director was in the process of agreeing a process with the leadership panel. Information submitted by managers following the inspection indicated the numbers of young people in residential placements was reducing.

The director had championed the “Changing Lives” agenda within the council.

Both the chief executive and director were aware that as a council South Ayrshire did not have a good track record of delivering change. They were keen to identify some quick wins but it was not yet apparent what, or where, these would be.

The CHP was very new at the time of the inspection. Essentially a partnership committee it was chaired by a local authority representative who was also on the NHS board. A facilitator had been appointed and had been in post seven weeks at the time of the inspection.

The chief officers group met regularly. The chief executive said that relationships were good but that there were capacity issues.

Forty-two per cent of those staff who responded to our survey agreed there was effective leadership of change of the social work service.

CHAPTER 8

Capacity for improvement

Overall we found performance in this area to be good, with important strengths and some areas for improvement.

We have based our evaluation of capacity for improvement on three key factors:

- **improved outcomes for people who use services;**
- **effective leadership and management; and**
- **quality improvement and performance management.**

We found evidence that where they were being measured, outcomes for people who used services were generally good with some areas continuing to improve. Considerable progress was required to identify and measure outcomes across all service areas.

The chief executive and director had recognised the scale of improvement challenges they had inherited. They had taken steps to strengthen senior management structures and increase capacity at a corporate and directorate level. Similarly, improvements in the role and governance of elected members were being made. The pace of change within significant financial constraints required careful management involving and including staff at all levels.

We found all levels of the directorate committed to improving social work services, although some staff were less clear about their role in this. Managers and staff were aware of the need for performance management to support the improvement process and they were making progress to embed this, albeit from a low starting point. They were establishing an infrastructure for continued improvement and the directorate was making use of external sources of support.

On balance therefore we evaluated performance in this area as good.

Improved outcomes for people who use services

The director and chief executive were committed to developing a framework for measuring outcomes across services. They were making progress in identifying the information needed. A framework for future service planning was being adopted, linking outcomes to performance. Teams were aware of the need to collectively measure and evidence the impact of their work although this approach was still at a very early stage.

The directorate was performing to a good standard in relation to some of the statutory performance indicators that were linked to improved outcomes. These included educational attainment for looked after children, numbers of adults with learning disabilities living in their own tenancies and the provision of intensive home care. Other areas, such as levels of evening and overnight home care performed less well although plans were in place to improve these.

The director and senior managers had recognised the high costs associated with some areas currently delivering stronger outcomes. A review of home care was underway and one was planned for models of care for adults with learning disabilities to address the substantial budget savings identified in these services. Managers were confident these reviews would lead to more efficient and sustainable services. In children's services, placement costs for children accommodated in out of authority placements were high and managers believed that outcomes for these children would be improved by increasing local resources. Plans to achieve this were progressing.

The commitment of the director and recently appointed senior managers to sustaining good outcomes and to improving those for others was clear. The challenge will be to achieve the savings and the outcomes within the timescales identified. The director was confident he could deliver service redesign within the resources available.

Effective leadership and management

We considered that leadership within the council and social work services had improved substantially within the last year. Changes to the corporate management structure had increased the profile of the new directorate within the council. Opportunities to cut across traditional service boundaries were being taken and arrangements for political scrutiny were improving.

The director had adopted a rigorous approach to improving the understanding of key elected members of the social work agenda and enhancing their role within this. We found evidence of clear support for the services and for the leadership. However elected members needed to build up their knowledge of the full range of social care issues that they were responsible for.

Five heads of service were appointed within the directorate over the course of our inspection, two carrying strategic and operational responsibility for adult and children's social work services. The director was driving the change process within his new management team to address the gaps in strategic service planning. The portfolios for the head of children's services and head of community care and housing provided many opportunities for leading change and maximising the benefits of the new structure.

In chapter seven we described the range of communication activities established by the chief executive and director, as a means of modelling their commitment to change and improvement and engaging staff in the process. We found that staff were generally positive and supported in their day-to-day work. They were committed in principle to helping the directorate to achieve improvements but less clear as yet about what the changes meant for them. This included some managers. Senior managers should continue to build on measures they have developed to address staff morale, staff absences and staff involvement in the change process. There were plans to review the role of third tier managers. These staff will play a vital role in addressing the challenges identified in the delivery of some key processes and planning arrangements.

Quality improvement and performance management

Structures and processes to monitor and manage performance had been significantly underdeveloped across the council and within social work services. Audit Scotland reported that the council had begun to establish a stronger culture of improvement and had recognised where this was most needed. The chief executive and executive director had accepted this as an area for priority action and had created managerial capacity at a corporate level and within the directorate to support the improvement process. A range of corporate working groups had been established which would feed into the new council plan and the corporate improvement agenda.

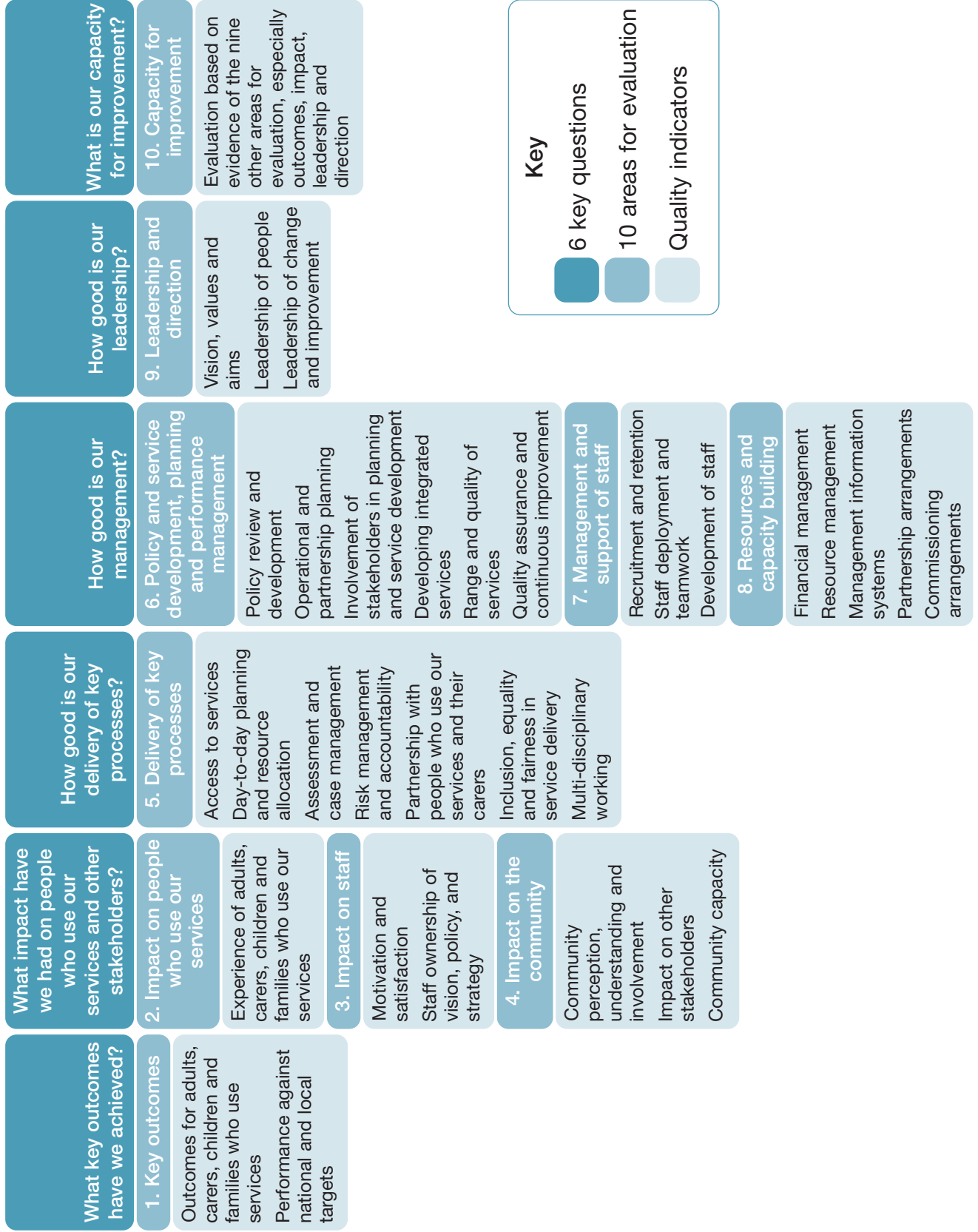
At the directorate level the management team had begun to focus their activity on key areas for action. Work was underway to finalise directorate and service plans that conformed to a corporate standard and linked to council objectives. A quality improvement framework for the directorate was agreed in March 2009 which was to be implemented by a newly formed quality development team within the directorate.

Below senior management level we did not find a systematic approach to the use of management information to improve performance or fully developed systems to support this. Accurate self evaluation was accepted as being important, though still developing.

Some quality assurance measures were in place. Supervision was well regarded and within criminal justice services, auditing was routine. However, we found room for improvement in terms of consolidating other quality assurance practices and in increasing the capacity for quality assurance of existing plans to address this.

The chief executive and executive director were keen to learn from external resources. These included engaging SOLACE to support the work with service planning; the JIT in Scottish Government to support the review of older people's services and SSSC. Following critical interim feedback from HMIE, the head of children's services had established a multi-agency improvement team to consider immediate actions that were necessary.

Performance Inspection Model (PIM)



Key

- 6 key questions
- 10 areas for evaluation
- Quality indicators

APPENDIX 2

SWIA performance inspection methodology

The team conducted this inspection using the SWIA's performance inspection model (PIM). Senior social work managers in the council were asked to consider the following six key questions and develop a self-evaluation of their performance. The same six key questions were used to structure the fieldwork in the council. This report reflects the PIM, with a chapter addressing each of these questions.

1. What key outcomes for people who use services have we achieved?

Here the inspection team gathered evidence on the actual difference that social work services have made, and are making, to the lives of individuals, families and communities. SWIA defines outcomes as the improvements in peoples lives directly resulting from the social work services they receive.

2. What impact have we had on people who use our services and other stakeholders?

The inspection team looked at the direct experience and perceptions of the people who use social work services as well as those of employees and other stakeholders.

3. How good is the delivery of our key processes?

Here the inspection team looked at the day to day planning, management and delivery of services from initial contact with the person using the service through assessment and care planning.

4. How good is our management?

This involved examining managers' and staff's understanding and implementation of broad national and local strategic plans and objectives, their dissemination, monitoring and review of organisational strategy, along with performance management, integrated working, staffing and financial responsibilities.

5. How good is our leadership?

Here the inspection team looked at corporate vision, values and aims, the ability to work together across council departments, organisational culture and the leadership and management of change at all levels.

6. What is our capacity for improvement?

Here the inspection team brought together all the evidence and reached an overall evaluation about the capacity for improvement, taking into account both strengths and areas of weakness.

The inspection team reached evaluations based on the 10 areas for evaluation in the Performance Inspection Model. The full PIM is set out in appendix 1.

SWIA performance inspection process

The lead inspector for this performance inspection was Judith Tait (tel 0131 244 4087).

We began the inspection process by asking the council's social work senior managers to complete a self-evaluation questionnaire about how well they were meeting the six key questions of the Performance Inspection Model (see appendix 1).

We also asked for a range of background information including strategic plans, policies, guidance, procedures, commissioning arrangements and information relating to performance, finance and quality assurance. We read the reports relating to the council from other regulatory bodies and inspectorates such as Audit Scotland, the Care Commission and Her Majesty's Inspectorate of Education (HMIE).

We sent out questionnaires to staff, and adults who use the council's social work services, carers, partners and stakeholders.

Groups	Sent	Returned	Response rate
People who use services	500	178	36%
Carers	500	85	17%
Staff	500	190	38%
Partners and stakeholders	50	27	54%

Together with five members of staff from the council's social work services, we spent 4 days reading a total of 105 case files, 44 of which were children and families and 61 community care from across the services.

We then spent two weeks in the council examining aspects of both the services directly provided or services commissioned from the independent or voluntary sectors. We looked at services for children, young people and their families including criminal justice; youth justice, services to adults relating to physical disability, mental health and substance misuse; and services to older people. We also examined strategic planning and support services. We did not inspect those aspects of services which are already regulated by the Care Commission.

Appendix 3

We examined services in a number of ways:

- meeting people who use social work services and their carers;
- interviewing staff at all levels of the organisation, both individually and by bringing them together in focus groups;
- meeting with elected members and with staff and managers from other parts of the council;
- meeting with partner organisations and voluntary organisations providing services;
- observing relevant meetings and visiting a range of services; and
- following up examples of good practice from case files which we had earlier read in the case file exercise.

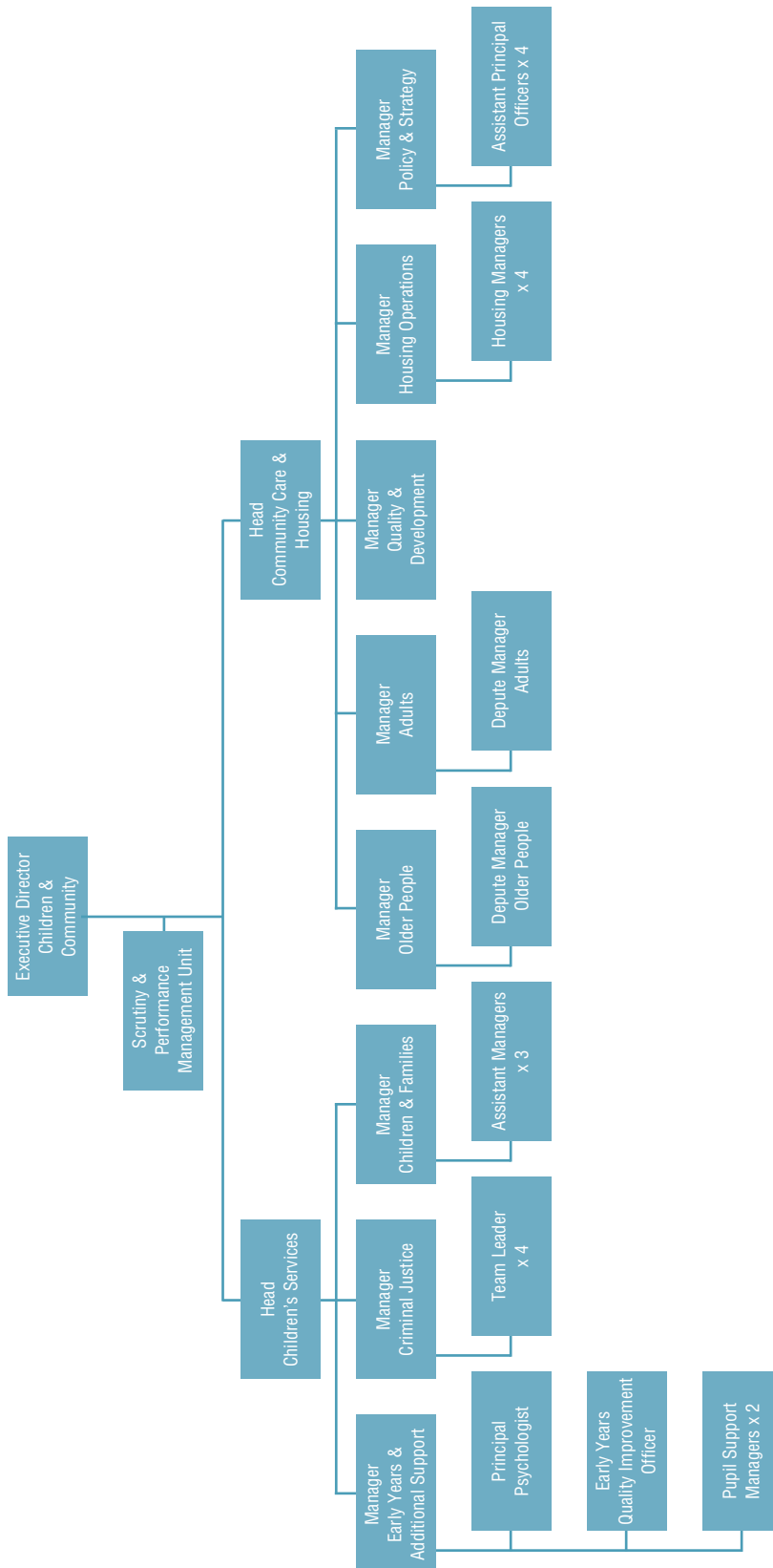
The table below sets out the number of sessions we undertook.

Inspection activity	Number undertaken
Visits to centres and offices	6
Meetings with people who use services	10
Meetings with carers	3
Meeting with frontline staff, first line managers and middle managers	40
Meetings with senior social work managers, council officials and elected members	13
Meetings with partner and provider organisations	15
Observation of meetings	17
Observed practice, case file and good practice follow up	16
Total sessions	120

After the inspection

Following the inspection, the council will be asked to develop an action plan to take forward the recommendations in the performance inspection report. SWIA will monitor the improvements taking place over the next year and will undertake a follow-up inspection one year after the publication of the performance inspection report.

South Ayrshire social work service structure chart



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