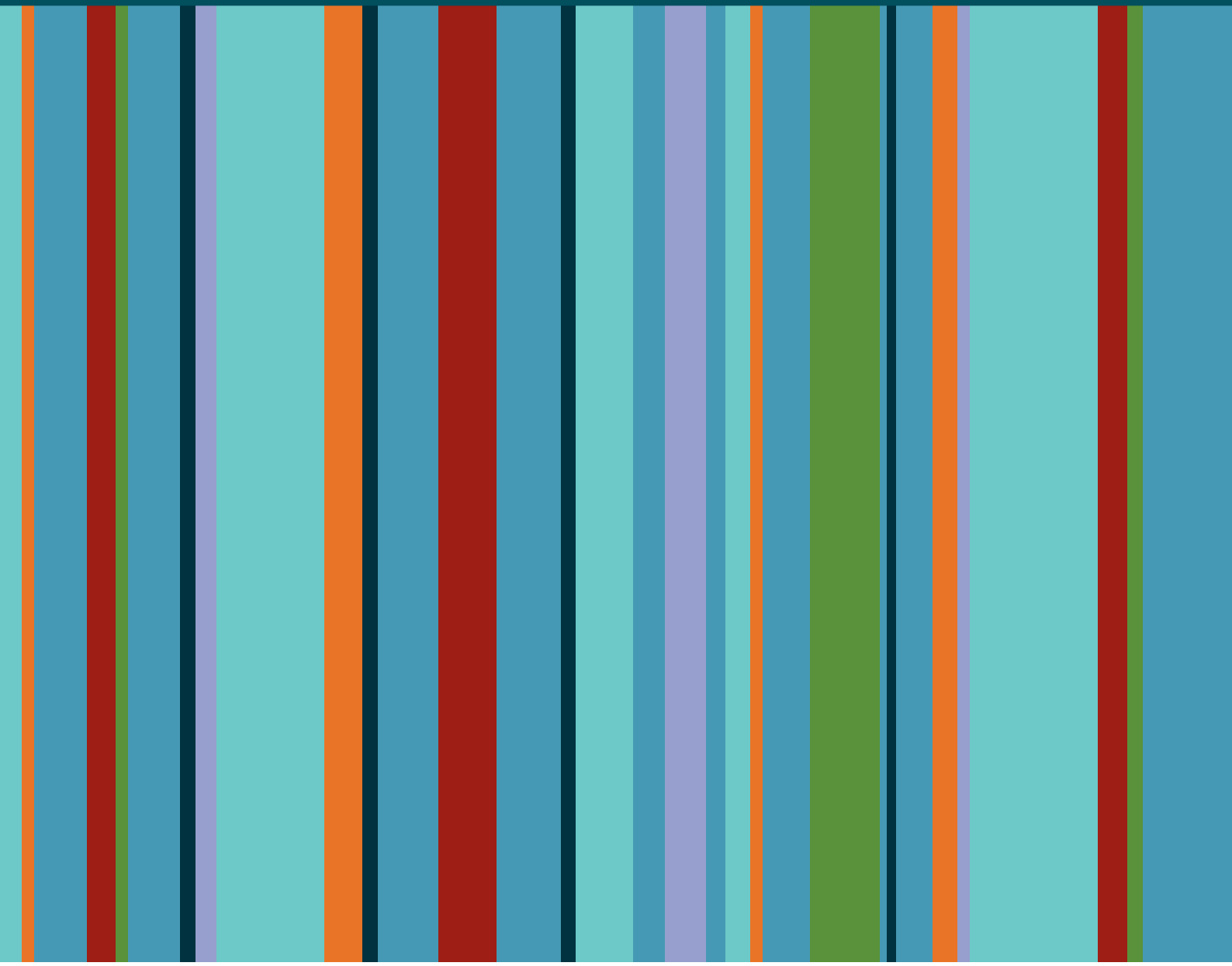
social work inspection agency

PSIF

The Scottish Government

guide to **SUPPORTED SELF-EVALUATION**

building excellent social work services



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building excellent social work services

January 2009

ACKNOWLEDGEMENTS

This guide is the product of collaboration between the Social Work Inspection Agency (SWIA) and its key partners in local government, Changing Lives, and the Local Government Improvement Service. We also consulted HM Inspectorate of Education (HMIe).

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FOREWORD

This guide enables social work services to carry out self-evaluations. SWIA created it in partnership with colleagues in *Changing Lives*. We have also worked closely with volunteering local authorities in drafting and testing the materials and involved the Improvement Service. We intend that this guide will remain relevant as the structures for social work and social care scrutiny and regulation go through changes in the years ahead.

This guide represents an evolution of the SWIA performance inspection model (PIM) from an inspection tool to a self-evaluation tool. In this guide, the *Performance Inspection Model* becomes the ***Performance Improvement Model***.

Social work services in Scotland have come a long way since the inception of performance inspections. Services are using self-evaluation more and more to improve service performance and the quality of life for people who use services.

We have designed this guide so it can be used on its own, or in conjunction with other quality management systems. It adds value to corporate quality management systems when applied to social work services since it is tailored to the evaluation of social work.

Self-evaluation is about continuous improvement toward better outcomes for people using services. However, it will also be important in determining proportionate inspections. When I publish plans for the next generation of inspection scrutiny of social work services, they will have links to this guide.

As planned we will move to a proportionate system of inspections after we conclude our initial performance inspection programme. The new focus on outcomes and local accountability underlines that this is the correct approach.

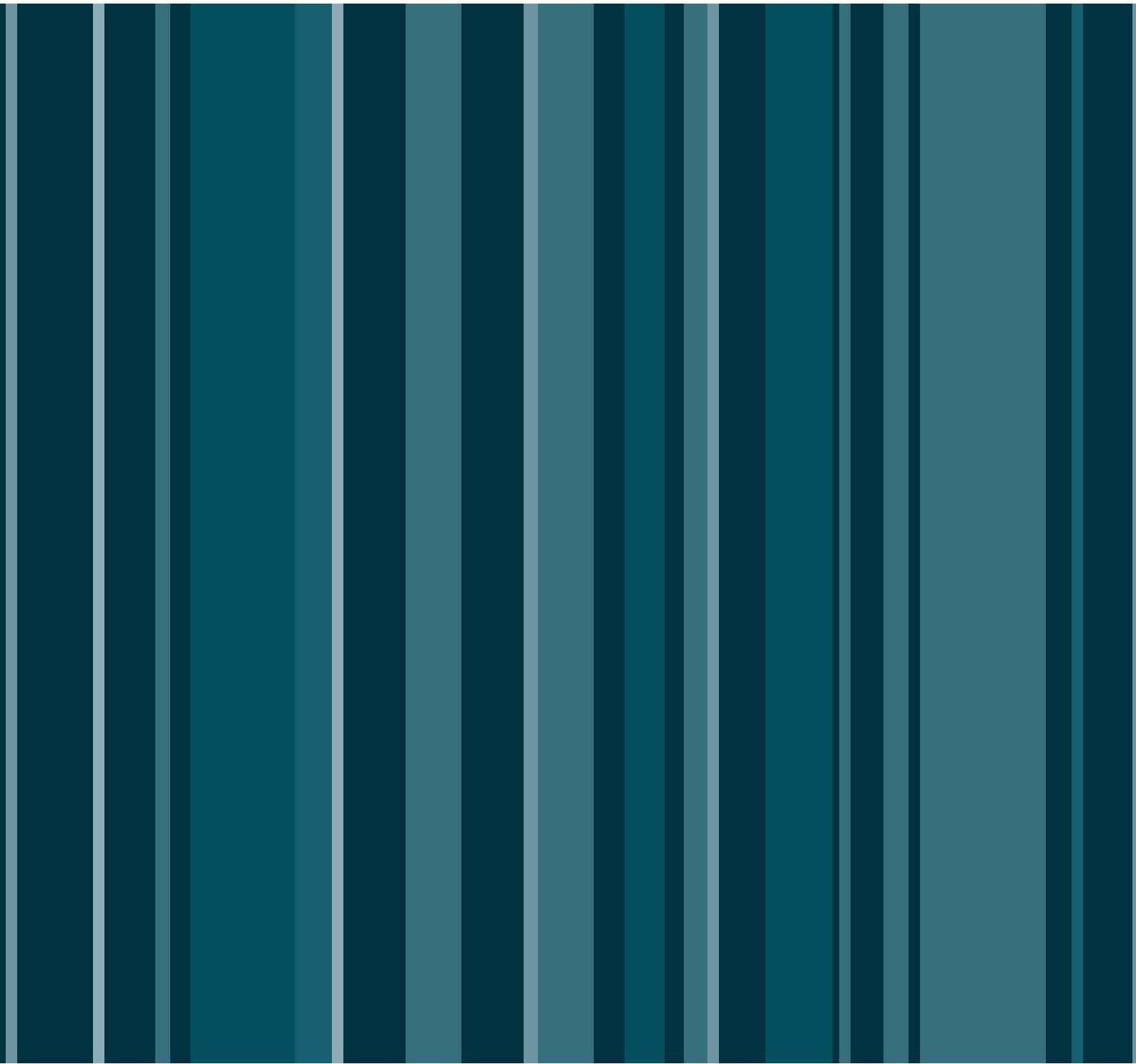
In order to know that what we are doing delivers the right outcomes for people using services we have to be able to fully evaluate what we are doing. We need to know what works well and understand why, as well as what we can do better.

This guide will help with that. I commend it to all local authorities and their key partners as they pursue continuous improvement through the process of self-evaluation.

Alexis Jay
Chief Social Work Inspector

01

GETTING STARTED WITH SELF-EVALUATION



INTRODUCTION

Social work services need to be able to show that they are doing the right things to deliver excellent outcomes and do so efficiently. Self-evaluation is therefore a critical and necessary task for every social work service in Scotland. Evidence from the SWIA programme of performance inspections shows that local authority social work services across the country are at different stages in implementing self-evaluation, some very far advanced and others less so. We intend that this guide should support and assist those councils already engaged in purposeful self-evaluation, and enable those at an earlier stage to make progress.

We use the term 'social work services' throughout the guidance to refer to all the social work services that councils are responsible for providing or purchasing, however structured.

The end of the SWIA performance inspection programme in 2009 provides us for the first time with a national baseline about the performance of social work services.

SWIA hopes that this guide will make a contribution to shifting the emphasis away from cyclical inspection and toward steady self–evaluation and improvement, with external verification through proportionate inspection.

We will help you make the most of this guide by:

- providing an accompanying e-tool[1];
- providing practical support and advice in using the guide; and
- providing day-to-day advice, guidance, and assistance through your link inspector.

Separately, SWIA will develop a new, more proportionate approach to external scrutiny. This will develop the role of the link inspector as a verifier of self-evaluation conclusions and as a source of support and advice. This will see a much more integrated relationship between SWIA and those who provide the services we inspect.

There will be an important link between self-evaluation and scrutiny. Using this guide, or a satisfactory alternative system, will be an essential strand of evidence in SWIA's future proportionate inspections.

Key Point

The SWIA methodology for proportionate scrutiny after April 2009 will integrate fully with this guide.

This guide and the SWIA PIM complement the principles of best value because they focus on getting the right results, having the right processes to deliver these and emphasise the role of leadership and high standards of corporate governance.

Self-evaluation has a part to play in identifying and disseminating good practice across individual agencies and nationally. It is important to celebrate success and build up a practice-based catalogue of effective practice. It is not limited to finding weaknesses and fixing deficiencies.

1 The e-tool is an electronic system that enables users to carry out a self-evaluation against the PIM and record the conclusions in a manner that generates an action plan and enables the monitoring of progress in delivering it. See more details on page 22.

USING THIS GUIDE WITH OTHER QUALITY SYSTEMS

Key Point

This guide is useful for the self-evaluation of social work services whether you use a corporate quality management system to assess social work performance or not. You can use it as a tool to conduct your self-evaluation or as a reference text for EFQM/PSIF facilitators.

How a local authority uses this guide is for it to decide. The guide can stand alone, or it can complement an existing approach to quality management. In either scenario, it is important that there are competent quality systems covering the right territory.

Whether or not your authority uses a corporate quality management approach will influence how you should use this guide and the PIM. If you already rigorously apply an EFQM[2]-based system to all services, you can use the PIM key factors, questions, evidence sources, and illustrations in Section 3 as a reference to help you apply the generic questions in a specific professional social work context.

We set out the relationship between this guide and other main EFQM-based corporate quality management systems in Appendix 3.

For councils using the PSIF[3] as their main corporate quality system, SWIA has worked with the Improvement Service to describe the use of this guide in the application of PSIF to social work. This essentially involves the PSIF facilitator using this guide to help put a specific social work context to the generic PSIF questions. Your PSIF facilitator will provide further assistance with this.

The PIM in this guide is fully consistent with the Quality Improvement Framework in 'A guide to evaluating services for children and young people using quality indicators' published by HM Inspectorate of Education in January 2007. There is a common language, evaluation scale, and approach based on asking the same six key questions and focusing on similar areas for evaluation.

There is no need to carry out parallel self-evaluations using the PIM and another system that covers similar areas. Whatever approach you take to using this guide, it should result in a reliable, evidenced, outcome-focused self-evaluation supporting improvement actions, and capable of being verified by external scrutiny.

USING THIS GUIDE IN EVALUATING PARTNERSHIPS

This guide is about the evaluation of outcomes delivered for people who use services, carers, and the wider community. It is primarily for social work services, but has clear relevance to social work or social care services provided in multi-agency and multi-disciplinary partnerships and in integrated teams.

2 EFQM is a quality system promoted by the European Foundation of Quality Management, which organisations and agencies tailor to their business context. Look up http://www.efqm.org for the EFQM website, and http://en.wikipedia.org/wiki/European_Foundation_for_Quality_Management for a wiki explanation of the model.

3 The Public Services Improvement Framework is a self-evaluation quality management system for public bodies in Scotland, introduced and sponsored by West Lothian Council, IIP Scotland, Quality Scotland and the Improvement Service. It derives from the EFQM method. At the time of the publication of this guide, a number of local authorities and other public bodies used the PSIF as a quality system, and more still had indicated their interest in using it. Look up http://www.improvementservice.org.uk/psif/ for more details.

Key Point

It is for authorities to decide how to use this guide with partners – it may be that you use this guide mainly to assess your organisational contribution to partnership services, or use it together with partners to assess the quality of services and outcomes.

The growth of partnership working has sometimes caused traditional service boundaries to become blurred. Engaging partner agencies in a process of self-evaluation will likely lead to different challenges in each area. As with all self-evaluation, an evidence-based approach to assessing partnership performance is a key feature.

Where you consider that partnerships are not working well, it is important to gather evidence that helps set out what the problems are, who has responsibility for what, and a coherent plan to address difficulties and move forward.

THE SELF-EVALUATION TEN-STEP PROCESS

SWIA proposes that there are ten key steps in getting ready to carry out a self-evaluation and in successfully conducting the evaluation.

At the outset, it will be necessary to set out the purpose of the self-evaluation, who the information is for, and how your organisation will use it. These overarching considerations will shape every aspect of the process that follows. It is important also that any action plan arising from the evaluation feeds into the strategic, service and operational plans for the services evaluated.

When there is any element of scrutiny, it is prudent to have agreed in advance how to handle sensitive issues such as confidentiality, sharing of findings, and what will happen if the review finds unacceptable practice or concerns about the adequate protection of children or adults. These issues apply to self-evaluation, and when using external partners in peer review or similar exercises.

Key Point

Agree beforehand how you will manage sensitive findings, including a system to allow the evaluators to transmit to senior managers any concerns that suggest immediate action is necessary.

1. Set the scope for the evaluation. Is it a high-level scan or are you looking at a particular area or theme?	• Use this guide to help you conduct a high-level scan, or to focus on particular aspects of services. • If you want to 'take a closer look' at particular themed areas check whether there is a SWIA good practice self-evaluation guide available for that topic[4].
2. Agree the membership of the evaluation team and appoint a lead evaluator. We suggest that the self-evaluation team should:	• Include about 4-6 members, led by a senior manager. • Include members from different levels of the organisation. • Include a representative spread of expertise.
3. Agree the timescale for the self-evaluation.	• Consult staff in the services you want to evaluate about timing and implementation. • Minimise service disruption by gathering evidence as quickly and efficiently as possible. • For bigger projects, carry out the evaluation exercise in phased parts.
4. Agree the evaluation tools that your team will use.	• Decide whether you are going to use this guide in full, following sections 2 and 3 to evaluate yourself across the PIM. • Are you going to use the SWIA e-tool? • If you are using another quality system, such as the PSIF, use this guide to help facilitate the application of that method in a social work context. • If you wish to take a closer look at a particular area or theme, check if there is a SWIA good practice self evaluation guide available, as these provide a level of detail not available in this guide.
5. Decide what evidence the team will need, and how to get it.	• Consider carefully what types of evidence you will need to produce reliable conclusions about the area for evaluation. • Match the depth of the evidence gathering to the purpose of the self-evaluation – high-level scans require less depth than taking a closer look at a particular area of practice or theme. • Consult the guidance on 'high level scans' (page 9) and 'taking a closer look' (page 11) in this guide, and the possible sources of evidence in Section 3 (page 23).

4 SWIA will produce 'good practice self evaluation guides' that flow from this guide, but focus down into particular topics and themes to support a very detailed professional evaluation.

6. Arrange the first evaluation team meeting.	• Set out what you already know before the evaluation team meets, as this will help guide what you need to use the time available to discover. • Set aside the time for regular discussions between the team through the course of the evaluation to ensure that activities follow the evidence and emerging themes.
7. Allocate team responsibilities and evaluation activities, and agree the arrangements for recording and reporting findings.	• The team should agree roles in conducting the evaluation, ensuring adequate capacity to carry it out **and** record the findings. • You should draw up a detailed programme for the evaluation, and work with colleagues to minimise disruption. • Consider whether you wish to use the SWIA e-tool to record your analysis and plan the improvements, otherwise agree what the product of the evaluation will be.
8. Undertake the self-evaluation activities.	• The lead evaluator should ensure that the process runs as smoothly as possible and quality assure the evaluation and recording process. • In the event of serious practice issues emerging which require urgent action, the team should be clear about what process they should follow.
9. Write up the evaluation and prepare to report the findings.	• Have clear roles in the team about who is writing up what. • Ask for a peer review to quality assure the report, particularly the judgements and opinions drawn from the evidence. Are the conclusions defensible? • Focus on outcomes and identify the actions needed to deliver those outcomes. • The lead evaluator should take responsibility for the consistency and coherence of the report.
10. Report the outcomes of the self-evaluation, and prepare for action/improvement planning	• Assign responsibility to individuals for actions identified. • Agree how you will monitor progress. • Decide on what success will look like.

THE SELF-EVALUATION CYCLE

The self-evaluation cycle describes how councils use their self-evaluations to plan and deliver improvements. By its nature, self-evaluation is a continuous process aiming to deliver gradual improvements, prioritising areas that have a critical impact on outcomes or where there are risks of harm associated with under-performance.

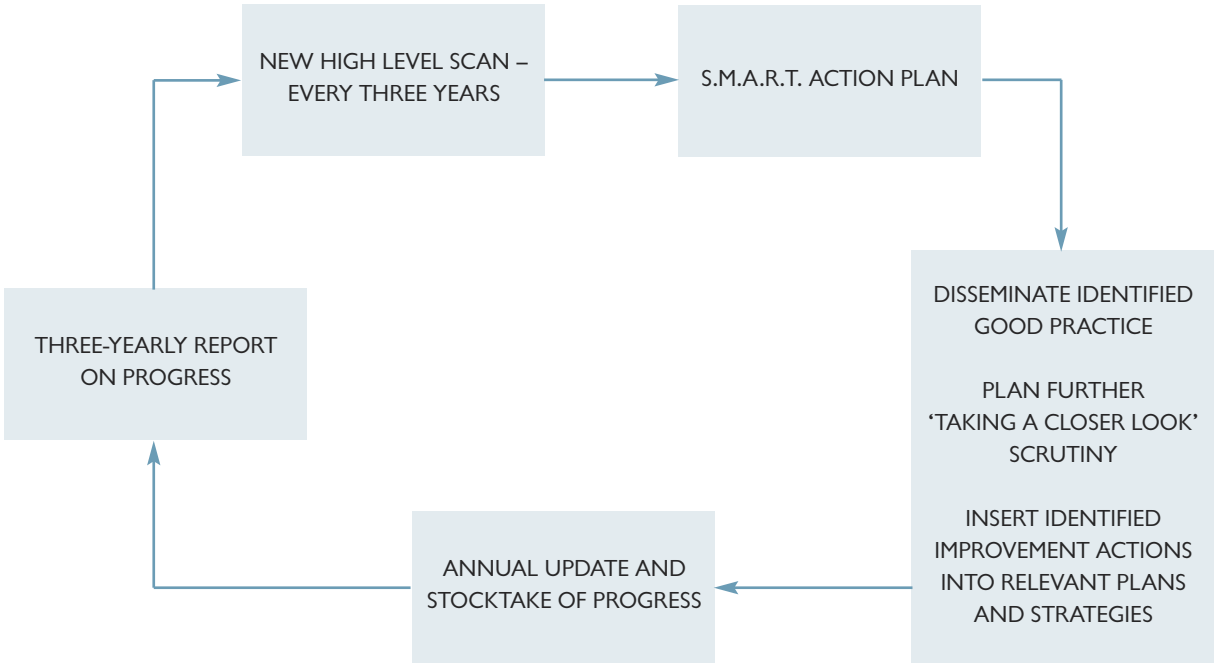
In 2009, SWIA will complete its initial performance inspection programme. As part of that process, every local authority will have completed a self-evaluation questionnaire (SEQ). There will have been detailed feedback from inspectors and a published report followed by an improvement action plan. Some local authorities may also have experienced multi-agency inspections or thematic inspections.

The process of creating and developing local outcome agreements also requires self-evaluation and performance reporting to underpin the agreement.

There will be a range of other evidence from national statistics, performance and quality management systems, reviews, and studies commissioned in-house for various purposes. We discuss possible sources of evidence more fully later in the guide.

Each cycle of self-evaluation is likely to begin with an initial scan leading to a prioritised action plan and then a thorough review of what you have achieved. The diagram below illustrates how the self-evaluation cycle can work, and how there may be opportunities to adjust direction and measure progress along the way.

THE THREE-YEAR SELF-EVALUATION CYCLE



STARTING OFF SELF-EVALUATION WITH A HIGH-LEVEL SCAN USING THE TEN-STEP PROCESS

We propose that a cycle of self-evaluation should last 3 years, at which point you should produce a report of the progress you have made against your plan. A new cycle starts at this point, beginning with another high-level scan. Three years allows sufficient time to deliver improvements and form a judgement about how successful these have been and what needs to be adjusted. It also allows improvement action plans to schedule activities that have less priority into future years, allowing for effective planning-ahead and anticipation of resources.

We suggest that you should follow the ten-step process outlined on pages 5-7. This provides a simple but comprehensive checklist of all the essential activities necessary for reliable self-evaluation.

A high-level scan should take a broad look at social work performance across the service, while still using reliable evidence. It should address performance in providing services to the different social work care groups, as well as cross-cutting themes across all social work services. The high-level scan should give you the basis to make broad judgements on performance in the following areas of practice:

- the quality of outcomes;
- the impact on users, carers and other stakeholders;
- the impact on employees;
- the quality of key processes and risk management in all the care groups including criminal justice services;
- the quality of management , including management of resources and community;
- the quality of leadership and strategic vision; and
- the capacity for improvement.

We suggest that the sources of evidence for a high-level scan are likely to be relatively *low impact* (for councils with effective management information systems) in terms of disruption to services or diversion of resources from front line responsibilities. They may include (but not exhaustively):

- performance evidence from national statistics and national targets;
- evidence from performance management systems;
- review of key strategic and planning documents;
- review of the risk register;
- evidence from best value reviews or commissioned studies;
- evidence from previous SWIA and HMIe reports or other scrutiny;
- feedback and discussions with the current SWIA link inspector;
- evidence from other official sources like Audit Scotland, Care Commission, NHS QIS, Charter Mark, IIP, healthy working lives and similar;
- evidence from regular stakeholder surveys and other internal quality management or quality assurance activities you do as quality assurance such as file reading;

- evidence of progress against existing plans such as community plans, service plans, financial plans and asset management plans; and
- evidence of local or national quality awards, such as council-recognised schemes and COSLA quality awards.

It is essential that you routinely scrutinise files and ask people who use your services, their carers and stakeholders about their experiences of using services and working with you, and record this as evidence. This vital performance management activity will underpin the quality of your high-level scans. It is also an important component of the reliability of your conclusions.

Key Point

For more help about how to do surveys and file reading effectively see appendices 1 and 2 of this guide. It is preferable to use a structured template to carry out these activities.

SETTING OUT HIGH-LEVEL SCAN RESULTS AND PLANNING FOR IMPROVEMENTS

The initial high-level scan should identify areas of strengths and weaknesses, gaps in services and areas for improvement. It is important to also recognise areas of good practice. You should prioritise each identified area for improvement. The aim is to create a S.M.A.R.T. action plan. A S.M.A.R.T. plan is specific, measurable, achievable, realistic, and time-limited. The e-tool will help you to do this effectively.

The S.M.A.R.T. action plan should set out:

- the areas for improvement and the desired outcomes;
- the actions that will follow and by when;
- who will take these forward; and
- specific success criteria that you can measure.

Key Point

It is important that you embed the tasks identified in your self-evaluation action plan into the strategic and service plans, as well as the operational service and team plans. This ensures that improvement activity occurs in full consideration of all of the other aspects of the service.

Planned action points should consistently refer to outcomes and, as far as possible, you should base them on effective practice evidence, drawing on sources such as Social Services Knowledge Scotland[5], the Criminal Justice Social Work Development Centre[6], IRISS[7] or Care Knowledge[8].

5 http://www.ssks.org.uk
6 http://www.cjsw.ac.uk
7 http://www.iriss.ac.uk/
8 https://www.careknowledge.com/home/home.aspx

Self-evaluation is a dynamic process with a clear focus on impact, outcomes, continuous improvement and the pursuit of excellence. Each year you should take stock of your progress against the S.M.A.R.T. action plan, and at the end of the three year cycle you should formally review your progress and what you have achieved in preparation for the high level scan that will begin the next three-year cycle and see the whole process start over. See page 8 for an illustration of how the cycle works.

Key Point

There is an e-tool to accompany this guide. This will help you to record your initial assessment and plan and monitor actions resulting. You can store multiple evaluations; showing your progress over time.

Working with an improvement action plan should not prevent the service from addressing key problems that emerge unexpectedly in the course of the self-evaluation cycle.

TAKING A CLOSER LOOK

A high-level scan is an essential method for achievable, ongoing self-evaluation, but it does not provide the depth that is possible with a more detailed review of a particular service area or theme.

Key Point

High-level scans and the results of previous external scrutiny should help pinpoint which areas need a 'closer look'.

A high-level scan, or information from another source, may help direct you to the areas that require priority for a 'closer look'. Where there is no such urgency, you may decide to plan and prioritise 'taking a closer look' activities over the three-year self-evaluation cycle.

'Taking a closer look' differs from best value reviews in that the primary focus is on the professional practice issues around the particular theme or topic under consideration. Best value is usually more concerned with efficiency and value for money. Best value reviews may constitute evidence towards 'taking a closer look' exercises and vice versa.

Looking closely at many areas or services at the same time is unlikely to be the best use of resources or indeed possible given limited resources.

SWIA has commissioned several detailed 'good practice self-evaluation guides' to complement this general guide. They will help you to take a closer look into specific service areas and themes. The SWIA e-tool when used to support a high-level scan will help identify areas you may want to look more closely at.

The main difference between a 'high-level scan' and 'taking a closer look' are likely to be in the level of evidence that you gather to support your conclusions, and the level of detail in your action plans. Both levels of self-evaluation should follow the ten-step process outlined on pages 5-7.

For example, file reading when 'taking a closer look' at a particular area would target specific issues more than would file reading carried out to get a general overview across the service. The action plan flowing from 'taking a closer look' will be specific and detailed.

We think that 'taking a closer look' at a particular area will involve the following types of evidence gathering:

1. Detailed reviews of policy documents about the theme or service area.
    - Records of key decisions evident in minutes and committee reports.
    - Planning statements and policy documents for the specific area.
    - Public leaflets or documents giving information.
2. Collection and review of findings from external scrutiny where these provide detailed evidence about the specific area.
    - SWIA performance inspection findings.
    - Multi-agency inspection findings.
    - HMIe child protection inspection findings.
    - Care Commission findings.
    - Audit Scotland findings.
    - Mental Welfare Commission reports.
    - NHS QIS findings.
    - Other scrutiny.
3. Review of local performance management data for the specific area.
4. Self-evaluation of a theme or area using a relevant SWIA good practice self-evaluation guide or equivalent.
5. Carrying out a focused file reading exercise in a particular theme or area (see Appendix 1).
6. Carrying out user, carer, or stakeholder surveys (see Appendix 2).
7. Benchmarking the performance of a particular area against comparators.
8. Direct observation of key policy and practice meetings.
9. Direct observation of practice.
10. Direct observation of quality assurance and performance management systems in action.

MAKING JUDGEMENTS ABOUT PERFORMANCE AND GATHERING EVIDENCE

As you will know, a self-evaluation can only be as reliable as the evidence supporting it. In order to produce reliable evaluations, evidence from file scrutiny and surveys should be rigorous. Those involved should understand the 'ground rules' of this, including passing on information that requires urgent management action.

To help you achieve rigour we have provided advice based on experience in Appendices 1 and 2 of this guide.

Another important aspect of any self-evaluation is the interpretation of the evidence. It is not easy to arrive at reliable and consistent self-evaluations.

As you will know, conclusions should rest upon a range of evidence sources. Consider evidence in context, as the relationship between cause and effect is not always straightforward. For example, there may well be a time lag between identifying a problem, making changes and seeing results.

Key Point

Reliable self-evaluation uses a range of evidence to support conclusions.

It is important to compare, through a process of benchmarking with other organisations, the inputs you make to the process (e.g. staffing levels, costs and time allocations) so that you may compare performance and make judgements. Advice and further details about how to carry out reliable benchmarking are available from the Improvement Service[9].

Key Point

Reliable self-evaluation involves benchmarking inputs, outputs and outcomes with comparator organisations.

Finally, it is important that evaluations stand up to scrutiny. This means that judgements must flow logically from the evidence and reflect real-world performance. That means thinking through how you build objectivity into the process of evidence gathering. For instance, is it possible to carry out peer scrutiny within social work services, or work cooperatively with neighbouring authorities or stakeholder organisations to enhance the objectivity of self-evaluation?

Other ways to enhance the rigour of your judgements made from the evidence gathered may include:

- senior managers deciding on the basis of their wider viewpoint;
- groups of employees considering the evidence;
- benchmarking with other councils;
- representatives of users and carers;
- moderation panels or processes;
- using external advisers; and
- using colleagues from the wider corporate structure as evaluators.

Key Point

Reliable self-evaluation is open to scrutiny and how evaluations are determined should be a transparent and credible process.

9 http://www.improvementservice.org.uk/resources/toolkits/benchmarking-for-improvement-toolkit.html

SWIA and the other external scrutiny bodies are likely to have an explicit role in the future verification of self-evaluations. However, it is for local authorities themselves to manage the quality of the processes and models they use to do their self-evaluations.

SUPPORT FOR SELF-EVALUATION

SWIA intends to provide significant support through the role of link inspector. We will develop this role to take greater account of self-evaluation in performance improvement.

The link inspector will provide guidance on conducting accurate and robust self-evaluation, as well as supporting the sharing of strategies and approaches between authorities.

In the future, social work scrutiny will work alongside and complement local self-evaluation efforts, whether those efforts are with this guide or with another system.

CHECKLIST FOR LEAD EVALUATORS

Listed below are key questions that should help evaluators check that the key elements are in place for the evaluation that they intend to carry out.

- Are we clear about what we have to evaluate, and whether a high-level scan or a closer look is required?
- Is there an identified evaluation team, with a lead evaluator and sufficient capacity to carry out the exercise from beginning to end?
- Have we consulted all stakeholders, including staff involved in, or affected by, the evaluation?
- Are we clear about what evidence we require and about how we will get it?
- Is everyone in the team clear about his or her role?
- Is there a clear programme for evaluation activities, worked out in consultation with all stakeholders affected?
- Are we clear about what our product will be and how it will be fed into improvement actions?

02

THE PERFORMANCE IMPROVEMENT MODEL (PIM) IN MORE DETAIL

INTRODUCTION

Section 1 set out the general principles of the self-evaluation process, the ten-step process, the distinction between high-level scans and 'taking a closer look', and the evidence and judgement standards necessary for competent self-evaluation.

This section covers the performance improvement model (PIM) in detail, and explains how to use it as a model for your self-evaluation.

The PIM does not assume a particular organisational structure within the council. You can apply it whether responsibility for all social work functions is within a single department or distributed across a number of different council departments.

We have developed the model in accordance with the principles of the Excellence Model of the EFQM and you may use it in conjunction with other quality models such as Investors in People (IIP), Customer Service Excellence (formerly Charter Mark), and ISO 9000. Evidence produced with other models can contribute to overall evaluations.

To accompany this guide in a practical way, SWIA has developed a self-evaluation 'e-tool' that you may use to structure and present your evaluations and plans. Like the rest of this guide, using the e-tool is optional.

social work inspection agency

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	**2. Impact on people who use our services**	**5. Delivery of key processes**	**6. Policy and service development, planning and performance management**	**9. Leadership and direction**	**10. Capacity for improvement**
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		**7. Management and support of employees**		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		**8. Resources and capacity building**		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

USING THE PIM IN SELF-EVALUATION

SIX KEY QUESTIONS

The PIM defines the broad themes of self-evaluation by asking six key questions. The six key questions are not mutually exclusive. They relate to each other at various levels, e.g. management and support of employees having a significant impact on how employees experience their workload. They are:

1. WHAT KEY OUTCOMES HAVE WE ACHIEVED FOR PEOPLE WHO USE OUR SERVICES?

You will gather evidence about the real difference and benefits that social work services have made to the lives of individuals, families, and communities.

2. WHAT IMPACT HAVE WE HAD ON PEOPLE WHO USE OUR SERVICES AND OTHER STAKEHOLDERS?

This looks at the experience of people who use your services, as well as the way in which your employees and other stakeholders perceive their own position in relation to the local authority.

3. HOW GOOD IS OUR DELIVERY OF KEY PROCESSES?

This area is all about processes for service delivery. Evidence here should illustrate the effectiveness of actions to make services accessible, well organised, flexible, accurate, personalised and fair, whether delivered by social work services alone or in partnership. This section also deals with social work's role in protecting vulnerable people from harm, and the management of people who pose a risk to others.

4. HOW GOOD IS OUR MANAGEMENT?

This will involve checking how well you are doing in understanding and implementing broad national and local strategic plans and objectives. Consider your dissemination, monitoring and review of organisational strategy, along with performance, staffing, commissioning of services and financial responsibilities. Where appropriate, this should involve looking at how you are working with your key partners.

5. HOW GOOD IS OUR LEADERSHIP?

You will consider the quality of leadership within social work services, and the contribution of corporate leadership. This includes the vision for the service, the important role of elected members and senior corporate managers, the function of the Chief Social Work Officer, and the quality of leadership communication with the workforce. It will include how well leaders direct and support effective strategic change and improvement, and retain the organisational focus on effective practice and better outcomes for people using services.

6. WHAT IS OUR CAPACITY FOR IMPROVEMENT?

This question prompts you to make an overall judgement about the likelihood of improvement across all areas for evaluation – especially considering outcomes for people who use services, impact on people and leadership and direction.

TEN AREAS FOR EVALUATION

Underneath these six questions, there are ten areas for evaluation. Each area has a number of quality indicators that set out the activities that are relevant for that area.

WEIGHTING

If we think that one or more quality indicator within an area for evaluation bears particular weight towards the overall rating, we spell that out in **'guidance prompts'** at the head of the section. Not every area for evaluation has an associated 'guidance prompt'.

We ask that you consider the advice in the guidance prompts before assigning your service a rating for the applicable area for evaluation.

Key Point

Where an area for evaluation has a 'guidance prompt' please consider it carefully in the process of rating performance in that area.

USING THE KEY FACTORS AND THE ILLUSTRATIONS EFFECTIVELY

Underneath each quality indicator there is another layer of guidance called 'key factors' describing the expectations and standards in relation to that quality indicator. We have also set out a number of 'key questions to ask' and 'possible evidence sources' to guide you in evaluating your performance against each PIM quality indicator. We have designed the questions to support your search for evidence.

Key Point

The 'key questions to ask', 'possible evidence' and 'illustrations' in Section 3 are only informed suggestions. In different contexts, it will be necessary to ask other questions, or rely on other forms of evidence that the guide does not anticipate.

The illustrations in Section 3 represent 'snapshots' of how the key factors might combine to create a 'very good' and a 'weak' rating. Having considered the key factors and the key questions to ask the illustrations allow you to compare what you found with two exemplars that show a pen picture of 'weak' and 'very good' performance. We recognise that in small councils, social work services rely on short lines of communication rather than on formal structures and systems. This may make some of the contents in the illustrations less relevant to you and you will need to consider this; gathering evidence where necessary to support your conclusions.

Key Point

Use the key factors, key questions and possible evidence sources to direct your evidence gathering and the analysis of your performance. Use the illustrations to help you decide where your performance sits on the six-point scale.

THE SIX-POINT EVALUATION SCALE

Your evaluation of the quality indicators in the ten areas for evaluation will require you to use a standard rating scale. Although the SWIA PIM links naturally to the EFQM model (see Appendix 3), it does not employ the 'radar' scoring system with which EFQM or Public Service Improvement Framework (PSIF)[10] users will be familiar.

Instead, we adopt a qualitative six-point scale that provides a clear differentiation between levels of performance. The six-point scale:

- is already familiar to most local authorities – SWIA and HMIe both use it;
- allows for a wide band of performance in a workable format;
- has the capacity to balance positives and negatives; and
- tracks improvement over time.

The scale is as follows:

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

Awarding levels will always be more of a professional skill than a technical process. There can be no scoring as such, as every component of the evaluation relies on professional judgement about the evidence. Performance can merit a particular evaluation in many ways. Taken together with the illustrations in Section 3, the definitions below for each point on the six-point scale will assist users of the guide in arriving at reliable gradings for the services they are evaluating.

An evaluation of ***'excellent'*** will apply to provision that is a model of its type:

- Service user outcomes and experiences will be of a very high level.
- An evaluation of *excellent* will represent an outstanding standard of leadership, management, and service delivery that others will aspire to equal and emulate.
- It will imply these very high levels of performance are sustainable and sustained.

An evaluation of ***'very good'*** will apply to provision characterised by major strengths:

- There will be very few areas for improvement and any that do exist will not significantly diminish service user outcomes and experiences.

10 www.qualityscotland.co.uk/**public-service-improvement-framework**.asp

- Evaluations of *'very good'* will represent a high standard of leadership, management, and service delivery.
- Strength will completely outweigh weaknesses, but there will be clear areas where things can get better.
- It is a highly achievable standard that all should attain.
- Services may continue 'as are'. However, there should be an intention to improve further and aim for excellent services.

An evaluation of ***'good'*** will apply to provision characterised by important strengths which, taken together, clearly outweigh any areas for improvement.

- An evaluation of *good* represents a standard of provision in which the strengths have a significant positive impact. Strength will significantly outweigh weaknesses.
- An evaluation of *'good'* will apply to performance where significant improvement is possible and where there are important strengths to build upon.

An evaluation of ***'adequate'*** will apply to provision characterised by strengths that just outweigh weaknesses:

- An evaluation of *'adequate'* will indicate that service users have access to a basic level of provision.
- It represents a standard where the strengths have a positive impact on service users' outcomes and experiences.
- Most users will experience a competent and professional service, but obvious weaknesses will constrain the overall quality of outcomes and experiences.
- It will indicate that the local authority should take robust action to fix weaknesses while building on its strengths.

An evaluation of ***'weak'*** will apply to provision that has some strengths, but where there will be important weaknesses:

- In general, an evaluation of *weak* will mean that while there may be some strengths, the important weaknesses will diminish the capacity to deliver good outcomes for users.
- It will indicate the need for structured and planned action on the part of the local authority.

An evaluation of ***'unsatisfactory'*** will apply when there are major weaknesses in provision in critical aspects:

- This will require urgent investigation of the practices behind this performance and immediate remedial action – particularly where there are clear risks to users or the public arising from the unsatisfactory practice.

In almost all cases, employees responsible for unsatisfactory provision will need support from senior managers in planning and implementing improvement. This may involve working alongside other employees or agencies outwith the local authority.

Key Point

The quality indicators, and the areas for evaluation as a whole, will not have identical weight and therefore contribute differently to the overall rating. Use well-informed judgement.

USING THE SWIA SELF-EVALUATION E-TOOL

You should use this guide to help you in gathering the evidence needed to answer the questions for each section of the PIM. The self-evaluation e-tool allows you to record your evaluations using the structure provided by the PIM, identify strengths and weaknesses, and assign a priority to each of the areas for improvement. It allows you to record the evidence that you used to make the evaluation.

The self-evaluation e-tool will allow you to generate reports about your evaluation so that you can see the data in different ways.

After you have completed your initial evaluation, you will need to decide which of the possible areas for improvement have sufficient priority to become action areas. Once you have made those decisions, the self-evaluation e-tool allows you to enter a S.M.A.R.T. target for each area for improvement, including information about targets and time scales. A senior responsible owner and realistic timescales should accompany each planned action.

There are detailed instructions accompanying the e-tool and you should familiarise yourself with them before using it.

03

QUALITY INDICATORS, KEY FACTORS, ILLUSTRATIONS & POSSIBLE EVIDENCE

AREA FOR EVALUATION 1 – WHAT KEY OUTCOMES HAVE WE ACHIEVED?

Role in the PIM

Here, you gather evidence about the real difference and benefits that social work services have made to the lives of individuals, families, and communities.

Measuring outcomes accurately remains a significant challenge for all social work services. The questions, prompts and sources of evidence in this section suggest some pointers that may help you to form a view, but to answer these effectively you will need to have defined the outcomes you want each service to achieve, and to have the relevant performance management and quality assurance systems in place to evidence how well you are doing.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		7. Management and support of employees		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

AREA FOR EVALUATION 1 – KEY OUTCOMES FOR PEOPLE WHO USE SERVICES AND THEIR CARERS		
Quality Indicator 1.1: Outcomes for adults, carers, children and families who use services		
Key Factors	Key Questions to Ask	Possible Evidence
• **The local authority enables adults and children to achieve the best possible social outcomes in terms of independence, overcoming barriers to inclusion, living law-abiding lives, and developing their abilities.** • **There are effective outcomes for people who use the local authority's services and their carers, as evidenced by other inspection bodies such as the Care Commission, HMIe, and NHS QIS.** • **The service has defined key outcomes for all its services, including those delivered in partnerships, and has systems in place to measure these.**	**To what extent can we show that:** • we are clear about what outcomes we want our services to deliver? • we do outcome-led assessments and interventions rather than service-led ones? • we can tell if people are getting the benefits from our services that we want them to? **Other questions:** • What targets in relation to outcomes for people who use services have we achieved or not achieved? • How do we compare with other similar local authorities?	• strategies and policies that set out the outcomes that the service intends to deliver; • completed questionnaires, surveys of people who use services and carers where these contain evidence of outcomes; • focus groups of people who use services and carers where these contain evidence of outcomes; • audit of files to identify evidence about outcomes achieved; • peer reviews; • benchmarking; • examples of services which have improved in relation to promoting personal choice or control, independence and social inclusion; • measurement of positive change in social circumstances; • measurement of positive change in attitudes, reducing anti-social behaviours.

Quality Indicator 1.2: Performance against national and local targets		
Key Factors	Key Questions to Ask	Possible Evidence
• **Performance against national standards and targets, e.g. National Standards for Foster Care or National Standards for Criminal Justice Social Work.** • **Performance against local targets and objectives (these may show the local authority and its partners working towards achieving national targets or having exceeded them).**	**To what extent can we show that:** • we place good outcomes at the centre of what we do? • we compare our performance with other similar local authorities? • we have set targets for outcomes and we have met these? **Other questions:** • What measures do we use for outcomes for people who use services? • How well do we perform in relation to SWIA's core data set of outcome performance indicators? • What trends do the measures show?	• evidence from performance management systems; • evidence from external scrutiny; • evidence from national statistics; • audit of files to identify evidence about outcomes achieved; • peer reviews; • benchmarking; • current use of, and trends in, self directed support, including direct payments; • data about reconviction rates.

AREA FOR EVALUATION 2 – IMPACT ON PEOPLE WHO USE OUR SERVICES

Role in the PIM

This area for evaluation is about the experience and feelings of people who use services. It is about how people understand and appreciate the services you provide, or their perceptions of waiting for a service. People's perceptions may differ from how you evaluate yourself in other areas of the PIM, and this section provides an important grounding for those other assessments.

Guidance Prompt

You should weigh heavily whether people who use services and carers report that they feel informed about services, including about delays or variations.

You should focus on whether people feel that assessments happen quickly enough after the referral, the service completes them efficiently, and services are available when they need them.

If either or both of these areas is 'weak', it is unlikely that this area for evaluation can be better than 'adequate', regardless of good or better performance found against the other evaluation criteria in the area.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
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	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
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KEY

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

Quality Indicator 2.1: Experience of individuals, children and their parents and carers who use our services		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • service users and carers say they can easily obtain information about services and eligibility criteria; • service users and carers say that they easily obtain information about prioritisation and assessment and care management processes; • the service publishes performance information that lets people know how well it is doing, including about waiting lists; • the service keeps service users and carers fully informed and involved, including those on waiting lists; • service users and carers feel listened-to; • service users and carers feel that the authority provides services without unreasonable delays; • involuntary service users say that they are informed and able to contribute appropriately to shaping the services they receive.	**To what extent can we show that:** • service users feel that their assessments and plans properly reflect and meet their needs? • service users have had copies of their assessment and plans, if appropriate? • service users are satisfied with the time they have had to wait to get a service? • service users are confident that we have listened to their views? • service users are included in and informed about their care or supervision package? • service users are able to get information about things like eligibility criteria? • offenders feel that services help them to live within the law?	• questionnaires, surveys and consumer testing; • focus groups of users and carers; • audit of advocacy provision; • asking partner's views; • audit of accessibility; • audit of files; • peer reviews; • benchmarking; • supervision exit interviews.

Illustrations for 2.1	
Very Good	**Weak**
Most people who use services and carers feel they: • are satisfied with, and understand the reasoning behind, the services they receive; • find out easily about social work services; • get a quick and helpful response when they contact social work services; • get a thorough and inclusive initial assessment that leads to a personalised service; • see their assessment and can give their own comments and views which are taken seriously; • get offered a carer assessment with their response recorded in the file; • have their views reflected in care or supervision plans; • understand the choices that they have available, any financial implications, and how the service will monitor and check the quality of services.	**Most people who use services and carers feel they:** • cannot easily access information about social work services; • experience unexplained delays when making an initial enquiry and may need to make multiple attempts before getting a response; • experience unexplained delays in services getting started; • have not seen their assessment or plan; • have not been offered a carer assessment by the service; • are uninvolved in putting together their assessment or care or supervision plan; • do not know what their rights are as service users or carers; • say they are unhappy with services or want more of the same service; • do not understand why they get a particular service, or a particular level of service; • do not have their needs reviewed when required or at least annually; • do not receive services that are value for money.

AREA FOR EVALUATION 3 – IMPACT ON EMPLOYEES

Role in the PIM

This area for evaluation is about what employees themselves think and feel about working for the organisation. Evidence here should relate to those thoughts and feelings, rather than the initiatives and measures that managers have put in place. What you are evaluating is the impact of what the organisation has done to create a motivated and satisfied workforce. Evidence and evaluations here will contrast with your evaluations in area 7, which looks at the management and development of the workforce from an organisational perspective.

Guidance Prompt

Employees' motivation is a critical factor for assigning a grading to this area for evaluation. Regardless of other findings, if employees lack motivation or feel undervalued by management, area for evaluation 3 is unlikely to be better than 'adequate'.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
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KEY

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

Quality Indicator 3.1: Motivation and satisfaction		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **employees feel motivated;** • **employees feel involved, satisfied and valued;** • **employees feel well managed, including within joint and integrated teams;** • **employees feel that teamwork is effective, including within integrated teams;** • **employees feel that their workload is reasonable and their professional opinions valued;** • **employees feel that they have good opportunities for continuous professional development (CPD) and career development;** • **employees feel the council provides a range of effective measures to support them personally and professionally.**	**What evidence is there that employees:** • feel motivated, involved and committed? • feel confident and valued? • enjoy working in our organisation? • are motivated to improve the impact of their practice through training and development? • say they are aware of the council's policy and programme for continuous professional development (CPD)? • say they can access CPD opportunities as appropriate? • feel well supported? • say they work well in teams? • feel meaningfully involved in service development? • feel listened to? • feel that their work contributes to better outcomes for people?	• employee focus groups; • survey of employee views; • use of procedures for dealing with employee suggestions and complaints; • records of events where senior managers engage with employees; • speaking to union representatives; • absenteeism, sickness, and turnover records; • evidence from care commission reports; • profile of employee support services and uptake.

Illustrations for 3.1	
Very Good	**Weak**
Most employees: • say they are highly motivated; • understand their responsibilities and those of others, including employees from other agencies; • feel supported and valued by their department, council and partner agencies; • benefit from joint training with other disciplines and partner agencies; • feel they work well with colleagues from other agencies and are effective team workers; • feel involved in developing services and are consulted; • like their jobs, get good training and have good opportunities for career development; • feel that they receive the right training to improve and take on new responsibilities; • feel that they are making a real difference in improving outcomes.	**Most employees:** • say they are motivated to do their best, but do not feel well supported by managers; • feel dissatisfied because their work does not seem to contribute to good outcomes for people; • say they get involved in developing services, but usually only on an ad hoc basis; • feel that they can request support, but think that managers do not provide this without being asked; • are unmotivated to use development opportunities; • feel they work in isolation from partners and are confused about their role in joint work; • feel managers could communicate more effectively.

Quality Indicator 3.2: Employees' ownership of vision, policy and strategy		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **employees know about and embrace the service's vision and policy in day-to-day work;** • **employees understand local and national service delivery standards and can evidence that they meet or exceed these;** • **employees understand their professional responsibility for maintaining professional and service standards.**	**To what extent can we show that:** • employees understand the vision for social work? • employees apply their understanding of this vision in their jobs? • employees understand the standards and the targets that they must meet? • employees understand policies and strategies for other council services such as housing?	• evidence that employees understand the vision for social work services; • employee surveys and focus groups; • observation of team meetings; • initiatives to disseminate learning and good practice; • use of procedures for dealing with employees' suggestions and complaints.

Illustrations for 3.2	
Very Good	**Weak**
Most employees: • know what the vision is for their own team or local service and their role in delivering good outcomes; • know what the vision for social work services is as a whole, and their part in it; • know what the corporate vision is and their part in delivering it; • know what the vision is for partnership working and their contribution; • understand the policies that apply to their work and their own role; • contribute effectively in policy development through working groups or equivalent; • understand national and local service delivery standards, targets and desired outcomes; • know how well their service and council is doing against targets and objectives through performance feedback; • actively seek learning to improve their practice and the quality of the service; • understand the nature of their professional responsibility for the quality of the social work service. **Social work services:** • reflect their key priorities and objectives in team or unit plans and in individual objectives; • have a transparent system in place to make sure that the involvement of employees is fair and representative.	**Most employees:** • understand the overall vision for social work services but cannot clearly account for their contribution; • show only a limited understanding of the strategic policy objectives and priorities of social work services and their partners; • do not see the relevance of strategy and policy to the day-to-day work of their team or individual role; • show limited knowledge about how well their service and council is doing against targets and objectives; • feel that they do not get supported well enough or challenged by managers to improve performance; • feel that they could contribute more to how services are developed.

AREA FOR EVALUATION 4 – IMPACT ON THE COMMUNITY

Role in the PIM

This area for evaluation is about how well the community understands, values, and assists with providing social work services. You are not measuring the performance of the community itself in this regard, but of the impact of your own activities to promote positive community capacity and engagement.

This area requires evidence that you understand the characteristics of the local community, and of your efforts to engage with it. It will also be important to show evidence about what the public actually thinks about social work services, and evidence of community participation such as volunteering or taking part in relevant community projects.

The role of councillors in representing the views of the community to senior social work managers, and in helping the community understand issues that often surround complex social work services where there may be a degree of risk, is important in area for evaluation 4. In this, you are not evaluating the personal performance of your councillors, but your activities to brief and prepare them to carry out their important role.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
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	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

AREA FOR EVALUATION 4 – IMPACT ON THE COMMUNITY		
Quality Indicator 4.1: Community perception, understanding and involvement		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • the local authority recognises and consults diverse local communities about levels, range, quality, and effectiveness of social work services, and takes account of the findings; • the community understands the positive role social work services play in promoting community wellbeing, for example in reducing re-offending; • the wider community participates meaningfully in service planning, prioritisation, and delivery; • elected members help the wider community to include and support vulnerable children and adults; • elected members help social work services understand public views and concerns about social work services; • there is strong positive engagement between social work services and local community and voluntary groups.	**To what extent can we show that:** • we know about our local community and its diverse composition? • we reflect this diversity in what we plan and deliver? • we reach out to the range of groups in the community to get their views and contributions? • the public has confidence in what we do? • employees promote social work services when they engage with the community? • our activities encourage increased community investment in services such as adoption and fostering or adult placements? • we help local people interested in providing community-run services work together? • councillors play an important role in promoting social work services? • councillors play an important role in helping the community understand the complexities of managing risk in the community?	• citizen panel surveys; • public participation forums; • council surveys e.g. MORI polls or social work surveys; • communication strategy; • record of involvement of councillors, e.g. visits to teams/units; • community consultation events; • community engagement strategies and activities; • community engagement standards; • evaluation of community service projects and public feedback about these. • council race equality plan

Illustrations for 4.1	
Very Good	**Weak**
Social work services: • know the demographics and nuances of the local area; • handle effectively the challenges presented by providing services in rural and remote locales and areas of social deprivation; • contribute to valuable preventative services provided by partner agencies; • listen to community groups and take account of what they say; • reach minority populations in ways those populations find accessible; • use the media to promote the success of social work services. **Elected members:** • inform their decisions with sound local intelligence; • promote social work services in the community; • help the public to understand the importance of providing effective and stable supervision to those who may pose a risk to others, but who are living in the community. **Local managers:** • successfully engage with the local community to hear their views; • consult the local community imaginatively and successfully using a range of means. **The public:** • express satisfaction with the quality and contribution of social work services.	**Social work services:** • plan unilaterally and set priorities without reference to key partners and representative community groups; • tell community representatives about plans but offer too few opportunities for them to get involved; • know little about community concerns and therefore miss opportunities to tackle inequality, discrimination and social exclusion; • fail to communicate to the community the role of social work in preventative work such as income maximisation and health promotion; • fail to engage representative community groups, meaning that most do not know what services they are entitled to. **Elected members:** • evidence limited awareness of diverse groups in the community and a limited understanding of social work services. **The public:** • express limited confidence in the ability of social work services.

Quality Indicator 4.2: Impact on other stakeholders[11]		
Key Factors	**Key Questions to Ask**	**Possible Evidence**
The extent to which: • **stakeholders know which social work services are available and what they do;** • **services provided by stakeholders complement those provided by social work services;** • **stakeholders value social work services and believe they are effective.**	**To what extent can we show that:** • we help partners and stakeholders learn about what social work services exist? • we engage stakeholders so that they can know about, and work better alongside, our services? • we share information with stakeholders about our performance and plans for improvement? • we make sure our services support and add value to those provided by stakeholders?	• a directory of local services that is widely available to stakeholders; • stakeholder consultation events; • joint training with stakeholders; • evidence of outcomes from involving stakeholders in planning processes; • stakeholder surveys.

11 We define other stakeholders as any bona fide organisation or group, voluntary or private sector agency, with a relevant stake in the provision of services in the practice area concerned.

Illustrations for 4.2	
Very Good	**Weak**
Stakeholders feel that social work services: • keep them informed about the range of available services and eligibility criteria; • advise the public effectively about the range of relevant services available via other stakeholders; • have created a useful and easily accessible directory of local agencies providing social and related services in the area; • formally and otherwise, consult stakeholders about the impact and value of social work services; • offer joint training with stakeholders about local issues and services, improving the capacity for joint working; • ask their views and take appropriate action in response to stakeholder feedback.	**Stakeholders feel that social work services:** • disseminate some information for stakeholders about social work services, but with important gaps and relatively little online content; • rely on enthusiastic employees to make information available to stakeholders rather than a systematic approach across all services; • have infrequent direct contact with stakeholders leading to misunderstandings about services and important issues; • have disjointed strategic and operational plans because stakeholders have not contributed fully; • offer stakeholders relatively few joint training opportunities and have no systematic approach.

Quality Indicator 4.3: Community capacity		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **the community is involved in a wide range of social work related activities, such as befriending, independent advocacy, foster caring, and adult placements;** • **the local authority has clear strategies to promote and expand community involvement;** • **the service helps community organisations that support vulnerable people and provide preventative services.**	**To what extent can we show that:** • we help communities develop self-help and social enterprise initiatives? • we work to improve community attitudes and behaviour toward socially and culturally excluded groups? • we promote volunteering by community members? • we know about positive community initiatives and support these to develop? • we play a full part in community planning?	• volunteering strategy; • evidence of support for self-help strategies and projects/services developed by social work services; • community development plans, annual reports and outputs; • evidence about action taken by social work services to reduce social isolation, promote social inclusion and reduce discrimination; • evidence of support of local voluntary organisations that promote community capacity; • data on the use of out-of-area placements; • data on the recruitment and retention of foster carers and other similar roles undertaken by community members.

Illustrations for 4.3	
Very Good	**Weak**
Social work services: • have a systematic and proactive approach to developing community capacity that links to wider corporate regeneration plans; • effectively support people who volunteer for services, either directly or via one or more voluntary councils; • have a steadily increasing number of volunteers and a good level of volunteer retention. Volunteers say they are content; • can demonstrate wider community involvement in almost every part of service planning and delivery; • give clear guidance to voluntary organisations and community groups on how they can get funds and how social work services can help support them; • offer voluntary organisations and community groups appropriate access to training and help fund training. **Most voluntary and community groups:** • feel content about the support they receive.	**Social work services:** • have no significant strategic approach to increasing community capacity or supplementing the work of statutory agencies; • have some good relationships with community groups that come from employees using initiative and not sponsored by senior management; • have a relatively low level of volunteer participation in the delivery of social work services with, for example, a steadily reducing number of council foster carers; • struggle to retain volunteers. **Most voluntary and community groups:** • feel they have little or no direct or indirect communication with social work services; • feel that they could contribute more to developing services.

AREA FOR EVALUATION 5 – DELIVERY OF KEY PROCESSES

Role in the PIM

This area is all about processes for service delivery. Evidence here should illustrate the effectiveness of our actions to make services accessible, well organised, flexible, accurate, personalised and fair, whether delivered by social work services alone or in partnership. This section also deals with social work's role in protecting vulnerable people from harm, and the management of people who pose a risk to others.

Guidance Prompt

How well do you deal with new referrals and people whose needs have changed? If there is evidence of widespread problems in screening new referrals, waiting times for assessments and putting people in touch with the right services then that is significant in area for evaluation 5. Also, weigh heavily if your service does not actively monitor and manage waiting times and waiting lists to ensure responsive services for people with high levels of need and their carers.

Weigh heavily the quality of assessments and care or supervision plans, and if people need to 'fit in' to services rather than receiving personalised responses. If there are widespread serious problems in risk assessment and management for people needing protection, or those who pose a risk themselves, then that is significant in this area for evaluation.

If there are weaknesses in any of the above areas then the whole of this area is unlikely to be any better than 'adequate'.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		7. Management and support of employees		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

Quality Indicator 5.1: Access to services		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **the local authority provides clear information about social work services and how to get them, eligibility criteria, service priorities, and assessment processes;** • **service users can easily access buildings, offices, and centres;** • **there are good systems for receiving enquiries from all potential sources (including outside office hours) and for obtaining relevant information;** • **we work with partner agencies to improve and speed up access to social work services;** • **there are good systems for referral taking, including correct identification of concern;** • **the service responds to referrals promptly, and within published targets.**	**To what extent can we show that:** • there is a comprehensive public information strategy? • we make information in accessible formats easily available? • we keep partners informed about our range of services and how people can get them? • we respond to referrals promptly and provide the right services as quickly as possible? • we check the quality of our initial assessment practice? • we have comprehensively trained our employees in applying our eligibility criteria? • we know whether our policies about access to services are working well? • we ensure the health and safety of service users in our premises or when receiving a service? • we liaise with courts about community penalties? • we liaise effectively with the Reporter to the Children's Hearing? • we meet relevant standards in doing things on time, for instance, meeting criminal justice national standards?	• published eligibility criteria procedures for intake work; • file reading; • user, carer and employee surveys; • relevant performance management data; • observed practice; • results of previous scrutiny or audit; • minutes of meetings; • memos to employees; • review of relevant plans and policies; • examples of leaflets; • quality and accessibility of web content • quality of call centres or 'one-stop-shop' provision; • evidence of liaison with sentencers; • relevant performance management data.

Illustrations for 5.1	
Very Good	**Weak**
Social work services: • publish clear and readily available information in a range of ways; • have translated leaflets and have developed access routes that are sensitive to the diverse culture of local communities; • produce accessible information for people with learning disabilities, mental impairment, visual impairment and literacy problems; • assist carers to access services and support; • keep published information up-to-date; • have accessible premises that are fit for purpose; • respond effectively at all times of the day and night; • routinely consult service users, carers and stakeholders about the quality of information about services; • publish eligibility criteria in clear English and other languages; • liaise effectively with sentencers about the availability, content and impact of community penalties. **Service users and carers:** • feel satisfied that they get a good first response from social work services; • say they know about the range of services – for instance, there is a good general awareness of self-directed-support, including direct payments, across most care groups; • say they know how to make comments, suggestions and complaints and are confident that social work services will consider fairly what they say.	**Information for the public:** • is rather out of date, has significant gaps, and is not available where the public could most easily get it; • is not in formats and languages that reflect the diversity of the local community; • does not set out very clearly how to make a referral and what to expect. **Social work services:** • have not made adequate practical arrangements for people with a disability to readily access services situated in unsuitable buildings; • do not have a systematic approach to creating, disseminating and reviewing public information; • have no clear approach to managing initial contact with the public – meaning variation in the quality of service; • struggle to have the necessary capacity for intake duty – busy front line employees perceive it as an extra burden rather than as a vital part of effective services; • have difficulty assuring the recording of initial enquiries and do not adequately monitor the pattern of referrals and capacity.

Quality Indicator 5.2: Day-to-day planning and resource allocation		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **there is effective day-to-day planning by operational managers, including resource and employee deployment, and joint planning with partners;** • **there are effective systems for workload allocation and management;** • **eligibility criteria help managers and professional employees effectively screen and prioritise work;** • **priority systems consider carers who need support to continue caring;** • **the service actively manages, monitors, and reports waiting times;** • **operational managers are aware of the range of service options, and plan to deliver personalised services;** • **decisions about termination or change of service reflect the service's priorities and the needs of the person and carer(s).**	**To what extent can we show that:** • we have efficient systems for allocating work to the right place? • statutory work is allocated in line with relevant national standards? • eligibility criteria help us use our resources effectively? • services to manage those who pose a high risk of harm in the community get appropriate priority? • we have coherent operational plans and processes? • we have flexibility in delivering services day-to-day? • we refer-on to universal or specialist services when appropriate? • we have clear workload allocation systems? • we know about and effectively manage unallocated work? • we review any unallocated work to ensure that we assess and respond to changing needs?	• service strategy; • team plans; • employee survey evidence about effectiveness of planning; • minutes of team meetings; • eligibility criteria; • evidence about allocation practices; • workload management system; • file reading evidence about the range of resources used by a team; • evidence about unallocated cases; • policies about reviewing unallocated work; • relevant performance management data.

Illustrations for 5.2	
Very Good	**Weak**
Social work services: • have a planned rather than a reactive culture; • have the right blend of employees across the service; • manage workloads effectively by a system of workload management; • make sure that employees know about the range of services and options that are available for service users; • link people into universal services where these are more appropriate than social work intervention; • flexibly match resources to need and demand. **Team or unit managers:** • use information to gauge demand and prioritise work, leaving capacity to handle urgent referrals; • actively manage and continuously review any waiting lists for lower priority work; • allocate work efficiently, involving team members in the process through group or individual discussions; • make decisions about ending services in accordance with local priorities and keep people informed about reasons why. **Most employees:** • agree that for most of the time, their workloads are manageable within agreed working hours.	**Social work services:** • do not prioritise and review waiting lists well enough; • have a poorly understood or inconsistently applied system for dealing with referrals; • do not promote the availability of universal public services; • do not flexibly match resources to demand. **Partner agencies:** • want clearer decision-making and feedback. **Team or unit managers:** • are reactive and do not plan very well; • make ad hoc decisions at variance with eligibility criteria; • do not manage waiting lists well enough; • keep cases open too long. **Most employees:** • are unaware of the full range of local resources; • feel overwhelmed with work and are merely reactive; • feel that they are under-qualified for some tasks; • feel unsure about the content of eligibility criteria.

Quality Indicator 5.3: Assessment, care management and statutory supervision		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • a robust framework for assessment and care management adheres to local and national standards; • all services address risk and need, and focus on delivering good outcomes for people; • people get a good assessment within a reasonable time and it is multi-disciplinary where appropriate; • assessments and S.M.A.R.T. care or supervision plans focus on the outcomes the person wants and managing any risks they may face or pose; • the service reviews care or supervision plans at appropriate intervals to ensure effective delivery of services and satisfactory progress towards desired outcomes.	To what extent can we show that: • we check the quality of the assessments and plans we do? • we record unmet need and how effectively we respond to it? • users and carers get their assessments, care or supervision plans and reviews? • we offer carer assessments independently of user assessments? Other questions: • how good is our employee guidance, training about assessment, and care management? • do we review and revise our procedures in these areas? • how well do we manage the transition of users from one service to another? • how 'integrated' are integrated assessments?	• results of previous scrutiny; • service strategy; • team plans; • file reading; • relevant performance management data; • user and carer surveys; • employee surveys; • observed practice • relevant procedures for assessment, planning, and care management, including reviews; • relevant performance management data.

Illustrations for 5.3	
Very Good	**Weak**
Reviewing files shows that: • most assessments on file are 'good' or better; • there are clear goals and outcomes for the services provided; • care or supervision plans match identified risks and needs; • most people have seen their care or supervision plan. **Social work services:** • work together with service users and carers and give people their plan; • deliver services on time and to a high standard; • are committed to personalised services and choice; • review plans and make changes as need changes; • carry out single shared assessments/integrated assessments; • carry out purposeful risk assessment; • deliver on the action points and targets set out in plans. **Employees from other agencies:** • can and do initiate and add to single shared assessments/integrated assessments.	**Reviewing files shows that:** • most assessments and care or supervision plans are 'weak' or worse; • more than half of care or supervision plans reviewed do not address risk and needs. **Social work services:** • fail to involve users in their assessment and plan; • fail to offer most carers an assessment; • have a weak focus on personalisation; • have problems in reviewing plans regularly; • have underdeveloped risk assessment processes. **Managers:** • do not often scrutinise assessments and care or supervision plans; • do not review the individual or strategic implementation of care or supervision plans. **Employees from other agencies:** • have a limited engagement with single shared assessment/ integrated assessment and do not use this purposefully.

Quality Indicator 5.4: Risk management and accountability		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **the Chief Social Work Officer ensures there is clear guidance about balancing risk, needs, and human rights;** • **competent risk assessment and risk management systems are applied consistently and routinely monitored;** • **the consistent application of agreed procedures, including multi-agency procedures, helps the effective management of risk to and from service users;** • **risk assessment and risk management systems link to agreed corporate and inter-agency approaches;** • **case recording practice features chronologies to support effective risk management.**	**To what extent can we show that:** • our staff properly understand the nature and assessment of risk in their professional area and make sound judgements? • we provide clear guidance on child and adult risk assessment and management to employees? • we provide clear guidance on child and adult protection to employees? • employees have had the right training to carry out the risk assessment tasks they do? • we ensure offenders comply with the terms of statutory supervision? **Other Questions:** • how good are we at multi-agency risk assessment? • how effectively do we review and revise our guidance in these areas? • do we apply our risk assessment policies effectively – how do we know? • how do we learn from situations where there were adverse outcomes? • how effective are we at identifying and responding to emergencies?	• senior managers' communications; • risk assessment and management procedures for adults and children; • results of previous scrutiny or audit; • file reading, including scrutiny of risk assessment practice and risk management plans; • user and carer surveys; • employee surveys; • observed practice; • minutes of meetings; • memos to employees; • evidence about training; • past serious incident reviews; • protocols and procedures for joint work and joint risk management activity; • evidence of unannounced visits to high risk offenders; • evidence that offenders can access programmes to tackle risk; • evidence from joint risk management processes e.g. MAPPA minutes; • evidence of learning from adverse outcomes and 'near-misses'.

Illustrations for 5.4	
Very Good	**Weak**
Social work services: • have clear risk assessment methods for children and adults, including offenders; • use evidence-based risk assessment approaches; • where necessary assess and plan for risk in a multi-disciplinary way; • where appropriate encourage considered risk taking by weighing the potential benefits against risk; • have a very clear focus on risk of serious harm as central to the effective management of risk; • openly review practice and learn when things go wrong; • take account of user and carer views about risk – listen; • where appropriate, monitor known warning signs that indicate heightened risk; • make sure that case records dealing with risk management have high quality chronologies on file. **Most employees:** • understand that risk is inevitable and identify that there is a structure that supports controlled risk-taking; • feel well trained in risk assessment, including in the use of any structured tools; • feel that they engage very well with colleagues in other agencies and disciplines in risk management; • create and keep updated an accurate and useful chronology to support their risk management practice.	**Social work services:** • have an approach to risk assessment that does not provide the basis for defensible decision-making, especially regarding risk of serious harm; • have employees who do not always accurately follow risk assessment protocols; • have inadequate, or underdeveloped, risk management systems in place to manage the behaviour of those thought to pose a serious risk of harm to the community; • have a risk-averse culture that limits the possible good outcomes for users; • have weak case recording standards in high-risk cases, for example, many case files lack useful chronologies; • are reactionary in the face of isolated adverse events; • have a 'blame culture' when things go wrong. **Most employees:** • see risk assessment as a bureaucratic process that they 'have to do' rather than as a critically important process; • are reluctant to take controlled risks because of a 'blame culture'; • feel that the supports are not in place to permit controlled risk taking; • do not adequately connect the results of risk assessment work to the process of risk management.

Quality Indicator 5.5: Personalised approaches		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which social work services: • **understand and respond to the needs and preferences of individuals;** • **support service users and carers to make decisions that put them in control of the care and support they receive;** • **for those who pose a risk to others, create a personalised risk management plan to address risk and need appropriately;** • **offer self-directed-support, including direct payments, and other types of assistance to maximise people's ability to direct and determine their own support package;** • **actively monitor people's experiences and adjust services to take account of individual preferences;** • **support advocacy for users and carers.**	**To what extent can we show that:** • we engage with service users, carers and stakeholders, such as care providers and advocates, to ensure we maximise personalised responses to individuals? • we create personalised risk management plans for those we think pose a risk of serious harm in the community? • we actively support advocacy for all groups? • we have systems for learning from advocacy? • we learn from users and carers to make our services more sensitive to needs and preferences? **Other questions:** • are our access, assessment and care or supervision planning systems driven by a commitment to personalised approaches? • do we encourage imagination and innovation when assessing and responding to the needs of individuals? • do we fit people into services, or do we arrange services around individuals by responding to their particular circumstances and preferences?	• policies and guidelines on how services are to be personalised; • strategic and operational plans; • care or supervision planning systems for obtaining and recording feedback from individual service users and carers; • file reading; • evidence from consultation events and processes; • user and carer surveys and related action plans; • complaints procedures and complaints logs and action following; • suggestions, comments and compliments from users; • evidence about commissioned advocacy; • employee surveys; • Care Commission reports; • risk management plans.

Illustrations for 5.5	
Very Good	**Weak**
Social work services: • value users and carers as full partners in the care process; • involve users and carers in developing care or supervision packages; • get and take in feedback from users and carers at every assessment and review; • regularly survey service users' and carers' views; • have a good compliments and complaints system, accessible in a range of ways; • handle complaints quickly with fairness and courtesy and take appropriate remedial action when needed; • commission good advocacy services, where appropriate, in partnership with health services. **Service users and carers:** • understand that they have a choice in the services they receive, for example, there is a high take-up of self-directed support packages; • feel that they can give honest feedback about services – anonymously if they choose; • when they present a risk of harm, understand their risk assessment and contribute to the risk management plan.	**Social work services:** • do not fully involve users and carers in service planning and delivery; • have policies and procedures for service delivery that understate the importance of user involvement; • have weak systems for consulting users and getting feedback, resulting in services that are less tailored than they could be; • do not routinely offer users and carers explanations about delays or do not offer services; • often do not record the views of carers and users in case records; • have a weak complaints procedure that is hard to access and understand and which is relatively under used; • fail to develop a range of advocacy services for users. **Service users:** • do not feel they have an element of control in decisions made about them. **Most employees:** • feel that advocacy is an unwelcome challenge to their professionalism.

Quality Indicator 5.6: Inclusion, equality and fairness in service delivery		
Key Factors	Key Questions to Ask	Possible Evidence

The extent to which:
• **all services comply with current equality and human rights legislation, and are culturally sensitive;**
• **the service ensures that service users and carers have a voice if they feel unfairly treated;**
• **the service actively promotes social inclusion in its dealings with individuals, community groups and the wider public;**
• **the service tackles obstacles in society that exclude people on the grounds of their:**
  • **disability;**
  • **ethnicity;**
  • **minority community membership;**
  • **sexual orientation;**
  • **gender;**
  • **religion;**
  • **using alternative means of communication;**
  • **having limited or no access to transport; and/or**
  • **experiencing social exclusion.**
	To what extent can we show that:
	• all employees and key stakeholders clearly understand their responsibilities regarding equality and inclusion?
	• we have effective and accessible written guidance on equalities for employees?
	• our services are sensitive to the needs of different minority groups in our community?
	• we have clear policies and procedures to ensure equitable delivery of social work services?
	• we monitor service uptake to identify poor uptake of services by minority groups within the community?
	• we allow people to effectively challenge our decisions they think are unfair?
	• we assist people to access advocacy when we decide they are not eligible for services?
	• we communicate effectively with advocacy organisations?
	• we make sure that offenders can access universal services as much as possible?
		• leaflets and publications in various languages;
		• existence of and uptake of a translation service;
		• evidence of positive links with universal services to promote inclusion;
		• evidence of monitoring impact relative to populations across care groups and services;
		• user and carer surveys;
		• eligibility criteria;
		• diversity policies and employee training;
		• training in diversity and anti-discriminatory practice;
		• file reading;
		• employee surveys;
		• support for advocacy organisations;
		• uptake of advocacy;
		• an Equality Action Plan.

Illustrations for 5.6	
Very Good	**Weak**
Social work services: • have a clear vision for equality of services in the area and a strategy to put that into practice; • publish eligibility criteria for services and these are readily available and understood by employees and the public; • successfully engage excluded and hard-to-reach groups and individuals in the community; • are committed to promoting independence and providing personalised social work services; • have built alliances with partners to ensure that families and individuals at risk get support from universal services and extra social work support when necessary; • gather information about minority communities in the area and use that to improve the quality of services; • are striving to implement the Disability Equality Duty. **All employees:** • implement equality policies and practices in their work. **Service users and carers:** • feel included and treated fairly and with sensitivity; • feel supported to use mainstream services that they would otherwise have found it difficult to find out about and use.	**Social work services:** • apply their policy about inclusion and fairness inconsistently and with no credible improvement strategy; • have based their approach to inclusion and fairness on a very limited consultation with stakeholders; • have a relatively crude system for gathering information about minority populations in the area. **Service users and their representatives:** • feel that social work services could listen more and better, and those representing very small minorities in the community feel this especially.

Quality Indicator 5.7: Joint and integrated delivery of services		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which joint and integrated delivery of services features: • **effective joint assessment and service delivery, focused on outcomes;** • **effective inter-agency delivery arrangements to protect vulnerable people;** • **co-ordinated multi-disciplinary responses for people with complex needs;** • **good day-to-day involvement of service users and carers;** • **service compliance with agreed joint procedures.**	**To what extent can we show that:** • we deliver services in joint and integrated ways where this improves user outcomes? • we engage in whole-systems thinking when delivering services with partner agencies? • we encourage provider participation in joint delivery initiatives? • we learn from best practice in joint and integrated working elsewhere? • we carry out joint training with key partners? • we routinely evaluate how effectively joint and integrated working delivers improved outcomes for users? • we overcome any operational barriers to effective joint working? • we have clear, accessible, up-to-date, and fit for purpose operational procedures for joint and integrated services?	• partnership plans, agreements and protocols; • joint child and adult protection operational procedures; • joint youth justice operational procedures; • joint operational procedures for high risk offender management; • user and carer surveys; • employee surveys; • file reading, including scrutiny of joint risk management plans; • observed practice evidence; • results of joint scrutiny or audit; • stakeholder surveys; • relevant performance management data; • MAPPA meeting minutes.

Illustrations for 5.7	
Very Good	**Weak**
Social work services: • deliver very good services though effective partnerships and links • promote among employees the value of joint and integrated working – with demonstrable outcomes; • deliver multi-agency training to improve the quality of joint working; • have well-understood and applied multi-agency procedures for child and adult protection; • conduct multi-disciplinary risk assessments where appropriate; • link effectively together across roles and services to manage risk, for example children's services and adult addiction teams; • have good information sharing and joint working infrastructure – for example single shared assessment processes or MAPPA arrangements; • promote the uptake by service users of 'universal' supports and services where appropriate; • provide professional supervision to employees working in multi-disciplinary teams managed by another discipline. **Social work services and its partners:** • have good systems to resolve operational disagreements with appropriate recourse to senior managers when needed; • have single points of contact with the public where that makes sense. **Employees:** • understand and apply agency policy for handling and sharing sensitive or highly confidential data. • feel well supported in working in multi-disciplinary contexts.	**Social work services:** • have failed to put in place clear inter-agency protection arrangements for adults and children at risk; • have not put in place adequate safeguards against abuse and neglect of those getting social work services. **Social work managers:** • demonstrate weak leadership in partnership working and there are few examples of purposeful joint work. **Most employees:** • do not realise the benefits of multi-agency work and may see it as time wasted or being otherwise unproductive; • do not communicate well enough across agency boundaries about risky situations and this amplifies risk; • have a weak grasp of information sharing rules; • feel poorly supported in working in multi-disciplinary contexts. **Social work services and its partners:** • do not have good or clear systems to resolve disagreements – leading to uncertainty and inconsistency in service delivery. **Employees:** • do not always get the professional supervision that they need; • have relatively weak access to joint training, making it even harder to work collaboratively.

AREA FOR EVALUATION 6 – POLICY AND SERVICE DEVELOPMENT, PLANNING AND PERFORMANCE MANAGEMENT

Role in the PIM

This area for evaluation is about the organisational and strategic management of social work services. Evidence gathered here will show the extent that strategies and plans comply with all relevant guidance and legislation, and reflect properly the vision for the service. Relevant evidence should show the extent to which you have appropriate and effective strategic and operational plans and planning processes in place and how purposefully you involve service users and carers in service development. You should be able to show whether you have implemented an appropriate range of services to meet local needs, in partnership where this adds value.

Also assessed here is the quality and extent to which you use quality management systems effectively to drive improvements, such as that represented by this guide or other self-evaluation approaches.

Guidance Prompt

You should weigh heavily evidence of poorly formulated or out of date policies and procedures in key operational areas such as assessment and care/supervision management, risk management, and eligibility and priority for services.

Also weigh heavily if strategic and partnership planning is not good enough, for example if there has been no assessment of the current and predicted needs of the population, or poor information from care or supervision planning about needs. For plans to be effective, they must have focus on outcomes and have S.M.A.R.T. objectives and action plans.

Evidence of major gaps and problems with the range and quality of services for the major care groups, and poorly developed personalised services should also weigh heavily.

It is also a serious problem if your service does not have, or has a weak, self-evaluation system in place, supported by effective performance management and monitoring frameworks. You should be able to readily report its performance against national and local indicators.

If there is weak performance against any of these areas then it is unlikely that area for evaluation 6 can grade better than 'adequate' regardless of 'good' or better performance against other criteria in this area.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		7. Management and support of employees		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

Quality Indicator 6.1: Development of policy and procedures		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **policies and procedures reflect relevant national standards and guidelines;** • **coherent policies and procedures reflect the strategic objectives and operational requirements of the service;** • **there are comprehensive records of plans, intentions, and effective implementation processes;** • **the vision of the social work service and its partners is evident in day-to-day work;** • **all policies comply with current equality and human rights legislation.**	**To what extent can we show that:** • our policies and procedures are well implemented, evaluated and updated? • our policies and procedures reflect an outcome focus? **Other questions:** • do we have clear policies and procedures for all parts of the social work service that are consistent with our strategic vision and objectives? • are there significant gaps in our policies and procedures? • do we sign off new procedures and assign responsibility for communication and implementation? • do we have good communication and management systems to ensure employees understand and implement our policies and procedures? • do social work policies and procedures fit with our corporate objectives and partnership agreements? • are we forward-looking in promoting best practice through the development of new policies and procedures? • are our policies subject to regular equality impact assessment? • do we contribute effectively to the Equality Action Plan?	• strategic and operational plans; • committee reports; • employee newsletters, bulletins and other communications; • procedures manuals; • audits and reviews of policies and procedures; • guidance to employees; • equality impact assessments; • disability equality duty policy; • other equality policies.

Illustrations for 6.1	
Very Good	**Weak**
Social work services: • have comprehensive and S.M.A.R.T. policies setting high standards for all services, reflecting local and national policies; • make sure that every policy is dated and unambiguous as to whether it is a draft or not; • fully consider equality and human rights issues when developing policy and procedure; • develop policy and procedures from the basis of achieving good outcomes and do so taking full account of evidence-based principles; • have policies that reflect local and national priorities; • provide detailed standards and guidelines for employees delivering services; • involve employees at all levels in creating policy; • use performance management results to plan and deliver improvements.	**Social work services:** • have policies of variable quality; • fail to properly consider equality and human rights issues in developing policy and procedure; • are too reactive in practice because policies do not exist for important functions, for example risk assessment; • have out-of-date policies and policies that are not clear about whether they are in draft or fully implemented; • provide employee training typically as a reaction to untoward events rather than as a planned process; • have not developed good performance management systems and therefore misses important gaps in performance; • do not have the evidence they need to target the right areas for improvement and investment; • have plans across the service that seem disconnected from aims and objectives stated in higher-level documents.

Quality Indicator 6.2: Operational and service planning		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **there is an up-to-date service plan that sets out what will happen to what intended effect over the next three years;** • **each team or unit has a suitable operational plan (or plans);** • **operational and service plans link coherently with strategic plans;** • **operational plans reflect the priorities, policies and standards set by the service, including partnership priorities;** • **operational plans are reviewed to ensure continued relevance;** • **operational plans take account of and address risks identified for the service.**	**To what extent can we show that:** • we have effective mechanisms for developing, implementing and evaluating operational plans? • there are good links between operational plans and the strategic management of risk? • we inform our plans with comprehensive data and information about our past performance and changing patterns of need and demand? • employees at all levels are involved effectively in planning and evaluation? • we have a robust service planning process that ensures coherence between operational and strategic plans? • our service plan contains an action plan that meets S.M.A.R.T. criteria?	• strategic and operational plans; • minutes of team planning events; • team meeting minutes; • guidance to employees; • review of relevant plans and policies; • planning framework (governance); • results of scrutiny or audit; • risk registers; • performance reports.

Illustrations for 6.2	
Very Good	**Weak**
Social work services: • have a clear commitment to planning in partnership with users and carers; • make sure that plans are also a vehicle for evidencing performance in improving outcomes for people using our services and supports. **Social work services:** • have a S.M.A.R.T. and up-to-date service plan; • always link service plans to financial plans; • play an active part in the community planning process; • reflect council and national priorities in all plans; • have high-level plans that translate into effective project plans for delivery; • plan across service and agency boundaries with the user at the centre. **Most employees:** • understand and embrace their role in the planning process.	**Social work services:** • have a fractured connection between the high-level service plan and plan at individual service level; • have a fractured connection between service planning and financial planning; • have plans that are often not S.M.A.R.T. enough; • have plans that have insufficient regard to local and national priorities; • have plans that seem disconnected from what really happens in practice; • have parts of the service that should complement other parts better – for example addiction services and children's services; • have underdeveloped planning relationships with users and carers; • have plans that do not really help with measuring performance.

Quality Indicator 6.3: Strategic planning including partnership planning		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **strategic plans reflect national priorities and objectives for social work and partner agencies;** • **strategic plans set out to develop and promote evidence based practice in service delivery;** • **partnership plans set out long-term objectives and outcomes for each group;** • **a good joint understanding of how population needs, and the outcomes of care or supervision planning processes, informs plans;** • **plans focus on best value and developing personalised services;** • **there are effective processes for strategic and partnership planning, reviewed appropriately.**	**To what extent can we show that:** • all our joint plans comply with S.M.A.R.T. criteria? • all our plans, including joint plans, align in relation to protecting vulnerable people? • best practice and innovation, both locally and in other parts of the country, informs planning? • plans flow from proper consideration of all the options available (option-appraisal)? • we have robust monitoring and review arrangements for the implementation of strategic and partnership plans? • our strategic plans take a sufficiently long-term view of the needs of our population? **Other questions:** • do we get the full benefits of partnership working with other local authority services as well as with external statutory partners? • along with our partners, do we focus on making the best use of resources while delivering the best outcomes? • have we developed a shared understanding with our key stakeholders about the profile of local need for social care and related services, and the resources available to meet needs?	• joint strategic plans and care group strategies; • capacity plans; • S.M.A.R.T. action plans; • progress reports on implementation of plans; • option appraisals[12]; • analysis of needs and resources; • service mapping and gap analysis; • benchmarking information; • minutes of partnership planning meetings; • interagency planning events; • reviews of joint planning mechanisms; • joint surveys (service users, carers, employees and providers).

12 The process of examining possible options for service development and applying set criteria, including financial constraints and how options fit with strategic objectives, to decide which option is best.

Illustrations for 6.3	
Very Good	**Weak**
Social work services and their partners: • include the statutory and voluntary sector in joint strategic planning forums for adult and children's services and criminal justice; • have a sound system of option appraisal in place as the starting point for strategic planning; • plan consistently with meeting local and national targets and delivering good outcomes for service users; • plan consistently with effective practice evidence for the services concerned; • have sound governance arrangements for all joint and integrated services they plan; • value diversity of skills and professional identity in planning multi-disciplinary services.	**Social work services and their partners:** • have a joint planning structure that appears disconnected from joint working practices on the ground. • have joint planning structures that exclude important players from the voluntary sector. • have integrated service plans that, although contained in the same document, actually do not provide for effective collaboration. • experience considerable duplication of effort among the partners' services. • have weak or ill-defined governance arrangements for resources committed in joint and integrated plans.

Quality Indicator 6.4: Involvement of users, carers and other stakeholders[13]		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **there is regular consultation with service users, carers and other relevant stakeholders;** • **planning processes (operational and strategic) incorporate the views of users, carers, and other relevant stakeholders, including those considered hard to reach.**	**To what extent can we show that:** • we effectively include the representatives of users and carers in planning services, and consult them about changes in policies? • we consult effectively with providers and other relevant stakeholders when planning services? • we use feedback from users and carers and from providers and other stakeholders to help us plan more personalised services? • we know whether users, carers and other relevant stakeholders are satisfied with how we involve them in planning? • we involve disabled people in the design and evaluation of services?	• evidence of focus groups, working groups, targeted consultation groups; • public partnership forums or similar; • consultation framework, policy and procedures; • communication framework, policy and procedures; • agendas and minutes of meetings; • policy and procedures for complaints; • policy and procedures for inter-agency working; • public performance reporting; • evidence of service user feedback in performance reporting.

13 We define other stakeholders as any bona fide organisation or group, statutory, voluntary or private sector agency, with a relevant stake in the provision of services in the practice area concerned.

Illustrations for 6.4	
Very Good	**Weak**
Social work services: • have developed a practical range of ways to involve users, carers and other stakeholders in policy development; • plan effectively with partner agencies; • have good links and partnerships with other councils and get economies of scale where possible. **Most employees:** • understand the importance of representing the views of users, carers, and other stakeholder in service development. **Users, carers and relevant stakeholders:** • feel satisfied with how they are involved in planning and that their views are valued.	**Social work services:** • lack a comprehensive and practical approach to getting stakeholders involved in the planning process; • have many discontented stakeholders who feel that the service ignores their views and experience in its planning; • have not involved some important but hard-to-reach community groups in planning. **Users, carers and relevant stakeholders:** • feel that their involvement in planning is tokenistic; • feel that the service could use their knowledge better; • consider their involvement in policy development to be the exception rather than the rule. **Many employees:** • do not always appreciate the value of users, carers and other stakeholder involvement in service development.

Quality Indicator 6.5: Range and quality of services		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **there is a broad range of services to meet the needs and preferences of local people;** • **services operate to the highest professional standards and aspire to excellence;** • **services are highly flexible in responding to individuals' needs, risks, and personal preferences;** • **there is a good balance between intensive supports and preventative services, including services to manage risk;** • **the service analyses trends and gaps in services;** • **there is good information about the range of service options;** • **the service encourages employees in all settings to be familiar with available resources and record gaps in provision.**	**To what extent can we show that:** • we provide and plan to provide the right blend of services to meet current and future needs? • we strike the right balance between intensive support services and preventative services? • we use information about need to help us shape the types of services we develop? • we provide the right services to enable effective transitions? • we have systems to assure the quality of services we provide and purchase? • we use management data to make services more relevant to need and preference? • we use research and self-evaluation to sponsor best practice and innovation? • our services are based on effective practice principles? • we meet all relevant national standards?	• service strategy; • team plans; • user and carer surveys; • file reading shows standards of practice and range of services; • management information and how it gets used; • previously commissioned studies and reviews; • results of previous scrutiny; • training audits.

Illustrations for 6.5	
Very Good	**Weak**
Senior managers: • encourage innovation and the discovery of ways to provide services better to meet need and preference. **Social work services:** • have a comprehensive and imaginative range of services; • are open to learning and disseminate good practice; • set out clear standards and guidelines for each service; • use studies and reviews to improve practice. **Most employees:** • can access an online good practice knowledge resource to which social work services have subscribed; • have access to a local directory of services; • can access the SWIA website and those of other inspectorates and regulators.	**Social work services:** • provide a broad service with gaps or areas of outmoded practice – for example self-directed-support provision, including direct payments, lag well behind other authorities; • have junior managers making many ad hoc decisions, causing unnecessary service variations; • fail to equip employees with information about local applicable resources that would benefit users. **Senior managers:** • do not encourage innovation and finding ways to do things better – there is a lack of momentum.

Quality Indicator 6.6: Quality assurance and continuous improvement		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **there is an effective self-evaluation model in place across all services, applied consistently and rigorously;** • **effective information systems support the management of performance against local and national targets;** • **performance management activity generates improvements;** • **the service consistently identifies and rolls out best practice;** • **the service has involved users in the development of standards and performance management;** • **the Chief Social Work Officer ensures that there are good systems to identify weak practice, and advises senior colleagues.**	**To what extent can we show that:** • we purposefully measure outcomes from our services? • we carry out outcome-focused self-evaluation across all of our services? • our self-evaluation generates improvement plans? • we implement improvement plans? • our work meets statutory requirements? • we are measuring the right things? • we identify and disseminate best practice? • we publicise data about our performance? **Other questions** • What targets have we achieved or not achieved? • What trends does our data show? • How do we compare with other similar authorities?	• evidence of effective performance management, and how it has driven improvements; • employee surveys support that there is a constant drive for improvement in the organisation; • identified examples of disseminating best practice; • user and carer surveys evidence their involvement; • procedures for dealing with poor performance by employees; • self-evaluation systems in use; • self-evaluation findings.

Illustrations for 6.6	
Very Good	**Weak**
The wider corporate structure of the council: • focuses on delivering excellence, permeating through all social work services. **Social work services:** • have good systems to measure performance in improving outcomes against clear standards and guidelines for each part of the service; • can show that performance management delivers results in improving outcomes; • have standards and guidelines for service performance that incorporate the views of users and carers and other stakeholders as well as national and local priorities; • seek out best practice elsewhere and has applied learning from these; • reward exceptional employee performance; • know employees areas of expertise and harnesses this in policy development. **Employees:** • monitor targets and accurately record key data relevant to performance management.	**The wider corporate structure of the council:** • lacks a robust system of quality management and self-evaluation. **Senior social work services managers:** • do not give clear enough direction on improving quality and performance management systems. **Social work services:** • have many 'traditional' services that do not reflect effective practice thinking or key national priorities; • have piecemeal performance management data that does not focus on evaluating key priorities and policies; • do not involve service users, carers and stakeholders in developing standards and guidelines for performance; • make reactive changes to services to improve them in the absence of clear performance management data. **Employees:** • have no guidance about what they should be doing to monitor quality and evaluate outcomes.

AREA FOR EVALUATION 7 - MANAGEMENT AND SUPPORT OF EMPLOYEES

Role in the PIM

This area for evaluation is about how well you support, manage and develop the workforce. Evidence gathered here will illustrate the procedures you have in place across a range of employment areas. This area is a counterpoint for area for evaluation 3, for which the evidence illustrates employee perceptions of the issues covered in area 7.

Guidance Prompt

You should weigh heavily whether your systems help you to appoint only those suitable to work with vulnerable people. Consider the quality of employee supervision, development, and induction systems.

If there is 'weak' performance in either of these areas then it is unlikely that area for evaluation 7 could be any better than 'adequate' regardless of good or better performance in the other factors for the area for evaluation.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		7. Management and support of employees		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

Quality Indicator 7.1: Recruitment and retention		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **the Chief Social Work Officer contributes to policies for workforce planning, recruitment, employee support, and managing poor performance;** • **a workforce strategy sets out priorities, identifies possible staffing shortfalls, and outlines measures designed to address such shortfalls;** • **the service monitors and evaluates measures to address particular staffing shortages;** • **strictly applied safer recruitment practices help protect vulnerable service users from abuse and harm;** • **there is a culture of valuing, supporting, and retaining employees.**	**To what extent can we show that:** • there are sufficient numbers of qualified employees to deliver agreed outcomes? • we are effectively addressing any recruitment problems in specific areas? • we monitor staffing levels and review these as needs change over time? • we ensure that we have suitably qualified and skilled employees, suitable to work with people at risk of abuse? • we effectively ensure the care and welfare of employees? • we have effective procedures ensuring equality and fairness in employee recruitment and promotion? • we recognise and celebrate the achievements of our employees and volunteers? • our workforce plan addresses issues of recruitment and retention?	• recruitment and retention strategies including pay and benefits; • workforce plan; • employee surveys; • senior management meetings with employees; • policies for care and welfare of employees; • policies for safer recruitment and their implementation; • grievance procedure and analysis of the use of it by employees; • evidence from relevant quality models e.g. IIP; • evidence of a special bonus scheme or other incentives for excellent employees.

Illustrations for 7.1	
Very Good	**Weak**
The wider corporate structure of the council: • links corporate and social work services' HR systems. **Senior managers:** • have effective strategies to communicate with the workforce; • are visible and recognise and reward effective practice. **Social work services:** • have a clear code of conduct for employees; • provide and publicise employees' support services – for example an employee counselling service; • have a workforce strategy for succession planning and training to meet future need; • recruit in an open, fair and competitive manner using 'safe' practices; • recruit employees when appropriate with service user input; • effectively support new employees. **Operational managers:** • understand their duty of care to employees. **Most employees:** • understand codes of conduct and available supports.	**Senior managers:** • communicate poorly with the workforce. **Social work services:** • monitor human resources performance poorly; • have weak systems for employees' retention and succession planning; • have safe recruitment processes but do not always follow them; • have difficulty showing that they recruit employees in an open, fair and competitive manner; • do not record equal opportunities information well. **Operational managers:** • understand their duty of care to employees but find the lack of clarity from senior managers difficult. **Most employees:** • are unfamiliar with the code of conduct; • are unfamiliar with the range of personal supports that they may use; • get a weak induction.

Quality Indicator 7.2: Employee deployment and teamwork		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **the Chief Social Work Officer makes sure that when a service affects individual liberty, a registered social worker oversees practice;** • **all employees have clear job descriptions that focus on outcomes as well as duties and responsibilities;** • **at each level of the council and within each team or unit, an appropriate employee mix ensures effective service delivery;** • **the service deploys employees effectively, taking into account the breadth of their skills and experience;** • **supervision and employee development systems link individual performance to service objectives.**	**To what extent can we show that:** • our employees in all settings are clear about their roles and responsibilities? • we effectively involve employees in decision-making? • we regularly review and update job descriptions to support improving practice? • our employees are clear about lines of communication and accountability? • we effectively deploy employees to meet planned priorities? • our teams work collaboratively to improve outcomes for people using services? • our teams have the right mix of employees to deliver a good quality of service to meet users' needs?	• reviews of HR policies/job descriptions/ specifications; • workforce plan; • service strategy; • team plans; • employee surveys; • evidence from relevant quality models e.g. IIP; • focus groups; • audit of supervision notes and practices; • minutes of team meetings; • observed team meetings.

Illustrations for 7.2	
Very Good	**Weak**
Social work services: • link job descriptions to the objectives of the service; • make sure that teams have the right blend of people to deliver services effectively; • give employees roles that reflect their level of competence and qualification; • have a 'grow your own' approach to employees' development; • have a performance appraisal system that links individual objectives with service objectives; • create effective teams with the right blend of skills, including multi-disciplinary teams. **Operational managers:** • understand the importance of employees' supervision and deliver this regularly. **Most employees:** • have clear and accurate job descriptions; • understand their role in improving outcomes for people using services; • work within delegated limits of authority.	**Social work services:** • create job descriptions that describe only processes and not expected outcomes; • have poorly configured teams in terms of qualifications and experience, affecting service quality; • have teams that do not relate their plans to service plans; • have not put in place a system to link individual performance with wider service objectives. **Many employees:** • have job descriptions but these are often out-of-date or have gaps; • feel confused about their correct role, for example in multi-disciplinary settings; • express confusion about the boundaries of their authority and accountability; • feel that they have insufficient opportunity to contribute to team plans; • consider senior managers remote and disinterested in their views.

Quality Indicator 7.3: Development of employees		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **the Chief Social Work Officer promotes a clear standard for professional decision-making;** • **the service and its employees adhere to the SSSC Codes of Practice;** • **all employees receive appropriate management and professional training and development;** • **a training/employee development strategy takes account of national and local policies;** • **there are effective supervision and employee development systems in place.**	**To what extent can we show that:** • we support all new employees to become effective as soon as possible? • we support and supervise employees and develop their skills? • we appraise employees effectively? • we deal effectively with poor performance? • we target training to the outcomes we want to see? • we target training to learning needs? • our approach to multi-agency and integrated partnership training is effective? • our managers model effective behaviours – how do we know? • we understand and follow the SSSC codes of practice for employers and employees?	• senior management communication with the workforce about professional standards; • employee surveys, questionnaires and focus groups; • training and development plan; • audit of supervision notes and practices; • awareness sessions held about the SSSC codes; • policies for absence management; • workforce plan; • evidence from relevant quality models e.g. IIP.

Illustrations for 7.3	
Very Good	**Weak**
Social work services: • understand their SSSC code responsibilities; • match training to strategic priorities and development needs; • have a performance appraisal system linked to service objectives; • have a well-qualified and confident workforce; • evaluate the impact of training on outcomes; • have a comprehensive supervision policy. **Operational managers:** • receive training in being effective supervisors. **Most employees:** • get a comprehensive induction; • receive regular professional supervision; • feel that they can get CPD opportunities; • identify their personal development opportunities and find these are taken seriously; • are familiar with the SSSC codes of practice; • get access to training run by other agencies.	**Social work services:** • have no clear supervision policy beyond a general expectation that this should occur; • pay insufficient attention to the training and development needs of individual employees; • have no employee appraisal system that ensures personal objectives link to service objectives. **Most employees:** • get professional supervision, but the frequency and quality of this is inconsistent; • can feel ill prepared for some tasks their job involves because their individual training needs remain unmet; • get an induction programme but it is not tailored to their individual training needs; • have only a limited understanding of the SSSC codes and how these apply to them; • rarely get the opportunity for multi-disciplinary training.

AREA FOR EVALUATION 8 – RESOURCES AND CAPACITY BUILDING

Role in the PIM

This area for evaluation is about the financial and resource management of the service and its governance, and the extent to which business and professional social work inputs and processes combine to assist the delivery of the right outcomes for service users.

Guidance Prompt

You should weigh heavily the quality of financial planning and financial controls and governance of the service and its partnerships.

If the service fails to properly gather and use performance and management information then that is very significant here. It is also very significant if the service fails to strategically plan and commission services to meet current and predicted need, or if it demonstrates poor or unfair business processes for procuring social work services.

If any of the above areas are weak, it is unlikely that the whole of area for evaluation 8 can be any better than 'adequate'.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		7. Management and support of employees		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

Quality Indicator 8.1: Financial management		
Key Factors	Key Questions to Ask	Possible Evidence

The extent to which:
• financial planning for social work services links statutory duties, corporate policies and priorities, forward service planning and commissioning of services;
• the service analyses unit costs and uses this to help achieve best value;
• arrangements are in place for budget management and control, including:
  • schemes of delegation;
  • financial information systems;
  • financial monitoring systems;
  • support to budget holders; and
  • arrangements for charging and income;
• elected members are well informed and fully involved in financial decisions.
	To what extent can we show that:
	• a social work annual financial plan demonstrates a clear link to the objectives in the service plan?
	• strategic planning commitments are costed and affordable?
	• there is a good understanding of unit costs of different services and how these relate to outcomes for service users?
	• we have comprehensive and effective financial procedures and controls?
	• our budget holders are equipped effectively to implement financial procedures and controls?
	• we strategically manage resources by aligning budgets with agreed priorities?
	• we are resourceful in securing additional funding?
	• our budget allocations are consistent with local and national priorities?
	• we work well with finance and other services to ensure effective budget management?
	• we have effective procedures to ensure Best Value?
		• corporate plans;
		• service financial plans;
		• service strategies;
		• team plans;
		• commissioning strategies;
		• survey of elected members;
		• risk register;
		• evidence of governance procedures and their application;
		• evidence of financial training for budget holders;
		• employee survey evidence;
		• charging policies.

Illustrations for 8.1	
Very Good	**Weak**
Elected members and senior managers: • scrutinise and discuss detailed financial data presented to them and hold officers to account; • scrutinise joint financial information where appropriate. **Budget holders** • monitor financial and employees' expenditure data monthly; • can rely on excellent support and advice from finance colleagues. **Social work services** • have employees with a good blend of financial skills; • administer both mainline and non-mainline budgets very well; • provide regular, clear reports to senior colleagues; • have a clear charging scheme and publish it; • link social work services and corporate finance systems; • have a transparent budget and financial planning process. **Employees with financial responsibility** • have financial expertise and familiarity with procedures; • get suitable training and support.	**Elected members and senior managers:** • discuss finance but lack focus on the right priorities; • do not receive regular professional financial advice; • overly focus on the current year and not future strategy. **Budget holders** • do not focus on achieving best value; • do not carry out option appraisals in decision-making; • have an unclear charging policy, applied inconsistently. **Social work services** • have under-developed finance management systems; • do not feed performance management data into the budgeting process well enough; • have weak financial admin leading to under-spends, overspends or overuse of virement; • do not involve service users and other stakeholders well enough. **Employees with financial responsibility** • are skilled budget managers but do not receive the training that they need; • do not consistently receive support and advice when required.

Quality Indicator 8.2: Resource management		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **there is an appropriate and regularly reviewed asset management plan;** • **all assets and resources are subject to effective regular risk assessment;** • **operational managers are aware of their responsibility for managing assets and facilities and carry out these responsibilities effectively;** • **health and safety policies exist, with managers carrying out regular risk assessments in accordance with procedure.**	**To what extent can we show that:** • we have an effective asset management plan covering social work assets? • employees with responsibility for managing and maintaining assets are clear on their roles and responsibilities? • an effective corporate risk register sets out risks, likelihood, impact and management contingencies affecting social work services? • all employees effectively apply health and safety and risk management procedures?	• asset management plan; • corporate risk register; • governance procedures; • evidence that operational managers monitor the state of buildings and facilities; • employee survey; • health and safety policies and evidence of proper application; • minutes of meetings; • memos to employees; • employee focus groups.

Illustrations for 8.2	
Very Good	**Weak**
Elected members and senior managers: • see resource allocation in the short, medium and long term in line with strategic objectives; • apply option appraisal and best value in resource management decisions. **Social work managers:** • regularly commission health and safety risk assessments linked to a risk register. **Social work services:** • have an asset management plan for the management and development of social work buildings; • have a clear link between resource management and service/budget planning; • have a clear risk management strategy for resources and assets that ensure regular review; • have an up-to-date risk register identifying risks to social work services and possible remedies; • strive to make social work buildings as accessible as possible for people with a disability; • have an up-to-date and widely available health and safety manual.	**Elected members and senior managers:** • have a short-term view of resource allocation and this limits vision; • do not promote the principles of option appraisal and best value; • do not make resource allocation decisions in full consideration of local and national strategic priorities. **Social work managers:** • allocate resources in a very general manner, lacking a focus on specific targets; • make imprecise links between service and budget planning; • do not have satisfactory information on resources/assets; • have appropriate but outdated health and safety systems; • have an incomplete risk register for social work services. **Social work services:** • have an incomplete and vague asset management plan; • have inaccessible buildings.

Quality Indicator 8.3: Social work information systems		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **information systems offer effective support to front line employees;** • **effective information systems record performance against a range of outcomes and monitor the delivery of key processes;** • **information systems provide practitioners and managers with tools to monitor their own work and performance;** • **the service uses management information as a basis for key decisions;** • **information systems have permissions and security to protect sensitive data;** • **information systems provide accurate profiles of need and the range of care and support options.**	**To what extent can we show that:** • our social work information systems are a useful tool for practitioners in their day-to-day work? • our information systems provide data to support self-evaluation and performance management, including evidence about outcomes for service users? • our arrangements for collecting, storing, and retrieving data are effective? • our processes for analysing, evaluating, and reporting data are effective? • our information management protocols and procedures meet legislative requirements and service needs? • our systems link effectively across social work services? • our systems link across partnerships? • we have a coherent strategy to improve the way we gather and use data to improve outcomes? • we collate information about gaps and weaknesses?	• evidence of performance; • guidance documents; • policy framework; • planning cycle; • interrogation of policies; • key corporate documents; • audit information; • minutes of meetings; • memos to employees.

Illustrations for 8.3	
Very Good	**Weak**
Social work services: • have a management information system that provides performance data to evaluate practice and plan improvements; • generate performance data at individual, team and service levels – and managers get well-designed, regular reports to help them; • have a core data set defined for all care groups and this brings good consistency to the quality of data; • have an information strategy that links the practice information system with other key corporate systems – for instance, the corporate finance system; • have a clear strategy to improve the quality of management information by supporting employees; • make sure that sensitive data is available to only those who need it and that it obeys all relevant legislation; • identify good performance by monitoring results; • identify areas where improvements are necessary and work with all concerned to raise standards; • have a joint store with health to support e-care, supported by careful interagency protocols that everyone follows; • use ViSOR[14] to assist in the joint management of high risk offenders with police and prison partners; • share appropriate information electronically with educational services about children and young people in need.	**Social work services:** • have a management information system but could make better use of their ability to provide performance reports; • do not have a core data set for each service area so there can be gaps in the quality of data on the system; • have no culture of diligence about accurate data resulting in 'patchy' use of systems; • generate little useful performance information from the management information system; • have a proliferation of standalone spreadsheets and databases at team level. **Most employees:** • have not had satisfactory training in using the management information system as a performance management tool; • do not fully understand the obligations placed on them by data and information legislation. **Stakeholders and partners:** • are unclear about what the basis for information sharing is between themselves and social work.

14 Violent and sex offender register.

Quality Indicator 8.4: Partnership arrangements		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **partnerships are strategic and focus on delivering key policies, plans, and initiatives;** • **the service regularly reviews partnership working – especially in relation to outcomes attained;** • **there are effective information sharing and shared assessment protocols;** • **the service takes opportunities to create partnerships that will improve outcomes for service users;** • **joint and integrated services have sound governance arrangements for financial and other resources, including employee deployment.**	**To what extent can we show that:** • we have the right partners to meet our objectives? • we work well with our partners in good relationships? • we keep the health of our partnerships under review? • we share information with our partners effectively? • we are clear in our partnerships about the resource contribution that each partner makes and about governance? • we ensure our partnerships work across agencies and disciplines? • we actively consider working in partnership where this could add value to existing or planned services?	• partnership strategies; • partnership and integrated team plans; • direct feedback from partners; • stakeholder surveys; • governance procedures for partnership and integrated services; • robust information sharing protocols; • evidence from joint planning forums; • evaluation of partnerships; • employee feedback, including partnership employees; • integrated performance management arrangements.

Illustrations for 8.4	
Very Good	**Weak**
Partnership arrangements are characterised by: • a strategic framework that encourages and supports strong partnership working; • a culture that encourages widespread involvement by employees, service users and partners; • strategic service level agreements, monitored at the operational level; • partner agencies that are engaged in planning, delivering and evaluating joint projects; • protocols for data sharing agreed with partner agencies; • joint-funding arrangements that are clear and supported by joined-up financial systems; • effective collaboration with neighbouring councils and other agencies that improve service outcomes through economies of scale; • effective and integrated performance management systems for partnerships focused on improving outcomes for people using services.	**Partnership arrangements are characterised by:** • slow progress in establishing a strategic framework for partnership working; • weak commitment of social work employees to get involved in building partnerships – partners are not 'bought in'; • a lack of scrutiny about how partnerships are performing and about how they fit with the wider strategy of the service; • insufficient effort to encourage partners and stakeholders to become involved in joint working; • data sharing protocols that employees, stakeholders and partners do not understand well; • unclear responsibilities around joint funding arrangements; there are weak links between financial systems and an absence of joint financial monitoring; • missed opportunities to improve services through partnerships; • poor or underdeveloped performance management systems for the partnership.

Quality Indicator 8.5: Commissioning arrangements		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **policies and guidelines ensure best practice in commissioning and procurement of social work services;** • **effective commissioning strategies are in place for all care groups;** • **commissioning focuses on outcomes;** • **commissioning supports increasingly personalised services;** • **the views and preferences of users and carers inform commissioning;** • **best value and best outcomes for service users determines the balance between direct provision and purchased services;** • **there are effective and fair systems for purchasing services promoting innovative delivery and fruitful partnerships with providers;** • **there are sound monitoring and review systems, including effective collaboration with regulators and scrutiny bodies.**	**To what extent can we show that:** • we commission and procure consistently? • we have well-trained managers and staff involved in commissioning? • we understand supply, and how to build and sustain market capacity? • we publicise our purchasing intentions to assist business planning by providers? • we actively build partnerships with providers, treating in-house and external providers fairly? • we have good information about individual and population needs? • there are clear links between strategic and financial planning and commissioning decisions? • we have defined outcomes as well as outputs? • we make use of individualised budgets and other means of personalising services? • we encourage market innovation? • we commission jointly where appropriate? • we have sound and compliant business processes for purchasing, monitoring, and reviewing services? • we have systems to guide how we evaluate the cost and quality of services?	• commissioning policies and guidelines; • analysis of population needs; • analysis of needs and unmet needs from care or supervision planning; • aggregate data on needs and preferences; • mapping of services and gap analysis; • evidence of strategic objectives leading to commissioned services; • joint plans and joint commissioning strategies; • user and carer involvement in planning, reviewing and commissioning services; • mechanisms for regular engagement with existing and potential providers; • published information on purchasing intentions; • option appraisals and cost benefit analyses; • records and audits of commissioning and purchasing decisions; • procurement and contracting procedures and templates; • framework agreements, tendering and other contract processes.

Illustrations for 8.5	
Very Good	**Weak**
Commissioning and procurement practice: • models best value, fairness and sound business processes; • takes a long-term view in delivering the outcomes in strategic plans; • relies on good quality data about individual and population needs, unmet need, existing resources and service gaps; • evaluates the cost and quality of different options; • matches needs and preferences to resources to deliver choice, quality and best value; • effectively involves users, carers and wider stakeholders; • emphasises personalisation and creates flexible care arrangements directed by the service user; • is joint where that adds value; • reshapes the range of available services to meet current and predicted needs; • promotes innovation by providers through positive partnership working; • makes decisions about the balance between in-house and purchased services based on best value and outcomes for service users; • is open and transparent in dealing with providers, and gives them good information about purchasing intentions; • is supported by effective procurement business processes; • works in partnership with the social care regulator to assure high quality services.	**Commissioning and procurement practice:** • is carried out inconsistently by different parts of the service; • concentrates on inputs and lacks a clear outcome focus; • has weak links with strategic plans; • focuses on individual projects rather than long term forward planning; • has poor information about current and predicted needs and service gaps; • does not evaluate the cost and quality of different options; • fails to properly involve users, carers and stakeholders; • fails to respond flexibly to individual needs and preferences; • has a weak focus on personalisation; • does not support personalisation and flexible care arrangements directed by the user; • gives insufficient regard to the balance between in-house and purchased services and cannot demonstrate best value; • gives little information about future purchasing intentions; • fails to demonstrate good practice in public procurement; • has poor arrangements for specifying, contracting and reviewing services; • purchases services in a way that causes unnecessary discontinuity of care for service users; • duplicates the work of the social care regulator.

AREA FOR EVALUATION 9 – LEADERSHIP AND DIRECTION

Role in the PIM

You will consider the quality of leadership within social work services, and the contribution of corporate leadership. This includes the vision for the service, the important role of elected members and senior corporate managers, the function of the Chief Social Work Officer, and the quality of leadership communication with the workforce. It will include how well leaders direct and support effective strategic change and improvement, and retain the organisational focus on effective practice and better outcomes for people using services.

Guidance Prompt

You should weigh heavily the quality of leadership given to social work services. There should be clear vision, values and aims for social work services, and a strategic understanding of how they link in to the wider corporate agenda.

It is important that the Chief Social Work Officer's role of professional leadership is widely understood and that clear lines of accountability are in place.

The quality of senior management and their contribution to both corporate and partnership work also weigh a lot in this area for evaluation.

It is unlikely that area for evaluation 9 can grade any better than "adequate" if performance in any of the above areas is weak, regardless of the other indicators in the area for evaluation.

PERFORMANCE IMPROVEMENT MODEL (PIM)

What key outcomes have we achieved?	*What impact have we had on people who use our services and other stakeholders?*	*How good is our delivery of key processes?*	*How good is our management?*	*How good is our leadership?*	*What is our capacity for improvement?*
1. Key Outcomes	2. Impact on people who use our services	5. Delivery of key processes	6. Policy and service development, planning and performance management	9. Leadership and direction	10. Capacity for improvement
Outcomes for adults, carers, children and families Performance against national and local targets	Experience of individuals, children and their parents and carers who use our services	Access to services Day-to-day planning and resource allocation Assessment, care management and statutory supervision Risk management and accountability Personalised approaches Inclusion, equality and fairness in service delivery Joint and integrated delivery of services	Development of policy and procedures Operational and service planning Strategic planning including partnership planning Involvement of users, carers and other stakeholders Range and quality of services Quality assurance and continuous improvement	Vision, values and aims Leadership of people Leadership of change and improvement	Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	3. Impact on employees		7. Management and support of employees		
	Motivation and satisfaction Employees' ownership of vision, policy and strategy		Recruitment and retention Employee deployment and teamwork Development of employees		
	4. Impact on the community		8. Resources and capacity building		
	Community perception, understanding and involvement Impact on other stakeholders Community capacity		Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

Quality Indicator 9.1: Vision, values and aims		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • the council's corporate and political leadership has set out a vision for social work services with clear values and aims; • the Chief Social Work Officer promotes a high standard of professionalism in the service; • the Chief Social Work Officer's role of professional leadership is widely understood and clear lines of accountability are in place; • across the council, there is evidence of a crosscutting approach to delivering the social work agenda; • social work services help set corporate priorities for the council; • elected members understand key social work priorities and their role as decision makers; • there are clear links between social work service plans, the Community Plan, corporate strategies and the Single Outcome Agreement.	**To what extent can we show that:** • our corporate managers share a vision for the council? • we place improving outcomes for people using services and carers at the heart of our vision? • the Chief Social Work Officer's responsibilities are widely understood? • our key strategic documents and plans reflect corporate priorities? • we understand and demonstrate our commitment to equality and diversity? • our elected members and senior officers have a full understanding of their key role in social work services, for example as corporate parents or in helping protect the public from the harm caused by criminal behaviour? • we evaluate the quality of decision-making at a corporate and political level, including the proper recognition and management of risks?	• senior management communication with the workforce about professional standards; • evidence of how senior managers have communicated their vision for the service; • employee surveys that evidence that employees understand the vision; • community plan; • corporate plan; • service strategies; • social work outcomes in single outcome agreements; • elected member surveys.

Illustrations for 9.1	
Very Good	**Weak**
At the highest corporate level there is: • ownership of the vision, values and aims of social work services; • confidence in social work services' corporate contribution and in its senior management team; • evidence that stakeholders have informed the direction of social work services, and that this direction is consistent with the Community Plan; • elected members are committed and active participants in policymaking and scrutinise performance. **Effective communication and engagement is evidenced by:** • most employees being clear about the vision, values and aims of the social work service and their role in the delivery of these; • good communication across all levels in the council; • managers and elected members using a range of methods to communicate effectively with employees and other stakeholders; • a constructive relationship with trade unions, contributing to effective policy and service development.	**Within the council:** • there is an unclear vision for services and insufficient focus on outcomes for service users; • there is little joint working between services; • partnership working with stakeholders lacks direction; • there are frequent delays in making progress; • there is inadequate ownership of social work services' objectives. **Elected Members:** • put constituency interests ahead of the wider corporate agenda; • along with senior managers, do not inspire employee confidence that they can lead change and improvement. **Ineffective communication and engagement leads to:** • weak employee clarity about the vision, values and aims of the social work service and their role in this; • weak communication at and across all levels in the council; • managers and elected members who do not communicate or engage effectively with employees and other stakeholders; • weak trade union relations.

Quality Indicator 9.2: Leadership of people		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **senior managers and elected members set a good example of courtesy, reflected in the way employees interact with the public;** • **senior managers and elected members are effective communicators, visible across the organisation;** • **all senior managers communicate a clear vision about key principles, professional standards, aims, and objectives;** • **employees feel valued and supported, with a positive perception of the quality of the leadership.**	**To what extent can we show that:** • leaders help people retain their focus on delivering key objectives and targets? • we model an effective approach to developing leaders and future leaders? • we ensure that senior managers and elected members are visible to the workforce? • we communicate well with stakeholders and employees at all levels? • our managers understand the limits of their delegated authority? • leaders ensure proper governance of the organisation's resources? • we train our managers in positive behaviours? • elected members and managers relate effectively to each other? • we promote shared responsibility for outcomes at all levels? • we identify and promote talent? • we develop working relationships built on trust?	• meetings of councillors and managers with employees; • quality assurance policy; • national outcomes; • reports to council; • standards and quality reports; • stakeholder questionnaires; • inspection reports; • service improvement objectives; • service progress reports on improvement objectives; • focus groups with employees.

Illustrations for 9.2	
Very Good	**Weak**
The corporate culture: • is strongly one of improvement; • is a learning culture – and not a blame culture; • leads senior corporate managers to work in close partnerships; • values employee contribution. **Social work services** • promote social work values; • get the best from employees by using their skills and experience; • understand the importance of leadership at every level; • have a good human resources policy; • link training and employees' development to service objectives. **Most employees:** • think the senior management team are accessible; • have confidence in their managers; • reflect on their own work and understand how well their team is doing against targets.	**The corporate culture:** • inhibits creativity and fosters dependence; • does not encourage change or continuous improvement; • promotes risk aversion through blame cultures; • infrequently recognises good performance; • contributes to poor morale and high employee turnover. **Social work services** • have a senior management team not leading effectively; • at the highest level are unclear about direction and have muddled lead responsibilities; • are ambivalent about partnership working and effective communication with stakeholders; • have no shared understanding of priorities; employees doing the same jobs have conflicting views about their remits; • have a weak human resources service. **Most employees** • have not met the director or heads of service nor had recognition; • lack confidence in their managers; • do not have regular opportunities to review both their individual work and that of their team.

Quality Indicator 9.3: Leadership of change and improvement		
Key Factors	Key Questions to Ask	Possible Evidence
The extent to which: • **leaders use external scrutiny and self-evaluation evidence to prioritise improvements, and monitor progress closely;** • **managers and elected members lead change well, contributing to better outcomes and a culture of continuous improvement;** • **the Chief Social Work Officer and senior managers guide and promote effective practice;** • **there are effective arrangements in place for elected members to scrutinise performance, promoting effective governance;** • **joint plans lead to evident service improvements or changing patterns of services;** • **leaders sponsor improvements in service and employee performance.**	**To what extent can we show that:** • reliable evidence about performance, outcomes, and effective practice guides our strategic direction? • our senior mangers and elected members personally drive change for improvement in service quality and efficiency? • senior managers ensure change initiatives are supported by effective resources? • we manage change well in the organisation? • our managers properly scrutinise performance and provide challenge? • we support people well enough to solve challenging problems? • when there are complex professional issues we properly brief elected members? • we use local and national evidence about effective practice to help us identify the direction for change? • we have a track record of successful change delivery?	• meetings of councillors and managers with employees; • quality assurance policy; • attainment data analysis; • national outcomes; • reports to council; • standards and quality reports; • stakeholder questionnaires; • inspection reports; • service improvement objectives; • service progress reports on improvement objectives; • employees focus groups; • employees surveys.

Illustrations for 9.3	
Very Good	**Weak**
The council: • has excellent governance arrangements and elected members have full strategic control; • has a culture of reviewing services and planning improvements; • sets aspirational but realistic goals in business plans at corporate and service levels; • has commissioned internal and external studies that show positive results in improving outcomes for people using social work services; • values employees through a framework of supervision, training, and appraisal. **Elected members and senior managers:** • adopt a high profile in pursuit of continuous improvement; • encourage employees at all levels to contribute to service improvement. **Partnership working:** • have effective partnership arrangements and shared vision and objectives; • has senior managers from all agencies working together to enhance capacity for improvement; • sets ambitious but achievable targets that form the basis for close collaboration and joint effort.	**Elected members:** • only appear to have a minor interest in social work services beyond the committee cycle; • do not challenge or support social work services unless there is a constituency concern. **Within the social work service:** • the senior management team gives insufficient attention to performance management; • the senior management team does not challenge or support employees or services to improve; • leaders partially implement action plans for improvement; • leaders do not ensure the identification and dissemination of good practice; • the quality and frequency of supervision, training, and appraisal is inconsistent. **Partnership working is ineffective because:** • there is no shared partnership vision; • there is no strategic overview of best practice, or agreement about priority tasks; • senior managers from all agencies do not work closely together to enhance capacity for improvement.

AREA FOR EVALUATION 10 – CAPACITY FOR IMPROVEMENT

Quality Indicator 10.1 Evaluation based on the evidence of the nine other areas for evaluation, especially outcomes, impact, leadership and direction.

This question is the last of the high-level questions and requires an evaluation based on the evidence and evaluations of all the other areas for evaluation.

In answering this question, councils should take into account contextual issues such as impending retirements of senior employees, plans to restructure, and significant changes in funding.

They should also consider their ability to respond quickly to change and be creative and innovative in the pursuit of excellence.
The three issues that you must prioritise in making this evaluation are:

- The degree of improvement towards achieving key outcomes and impact on people and stakeholders.
- Leadership and management are demonstrably and currently effective.
- Quality improvement arrangements are demonstrably and currently effective and the council has the capacity to continue improving.

Note the emphasis is on the fact that improvements in these three key issues must be actually happening or have happened and be capable of verification as such, as opposed to good intentions.

In making the evaluation, you should take into account contextual issues such as:

- strong identity of social work services within the council;
- quality improvement agenda;
- impending retirements and appointments of key employees;
- plans to restructure;
- significant changes in funding;
- commitment and competency of the workforce;
- ability to respond quickly to changes;
- ability to be creative and innovative in the pursuit of excellence; and
- effective performance management systems.

The council should make a statement that indicates: "We are confident/can demonstrate/cannot yet demonstrate that:

- There have been improvements in achieving key outcomes and impacts on people and stakeholders.
- Leadership and management are effective.
- Quality improvement arrangements are effective and the social work services have the capacity to continue improving".

The levels of confidence expressed for each of the three components may be different and may include reservations or caveats. For example, the council's statement might say, in summary:

- "We have improved the majority of key outcomes for people who use services and their carers.
- We have improved the impact on stakeholders but there are problems with undertaking shared assessments for people who use services and for carer assessments.
- Leadership and management are effective but senior posts will become vacant in the near future.
- Employees and managers are having difficulty carrying out self-assessments and performance management systems have only recently come into operation.
- Other key issues are ..."

You should base your evaluation of capacity for improvement on the evidence and evaluations for the areas for evaluation 1 to 9 inclusive.

APPENDICES

APPENDIX 1

HOW TO DO RELIABLE FILE READING

Aim – To provide systematic evidence of the quality of social work practice and record keeping.

ESSENTIALS

- You must read enough files to reach a reliable judgement. The exact number of files you require to read will depend on a range of factors. These include:
  - ✓ the total number of files in an authority;
  - ✓ the required level of precision required in the results; and
  - ✓ whether comparisons between different types of file are required.
- It will probably be necessary to read around 90 to 100 files in order to obtain results that are generally reliable to within +/–10%.
- You must be systematic. The easiest way to do this is to use a standard form, with associated guidance for completion, such as that used by SWIA.
- This ensures that you judge all files by the same criteria and standards. Some questions on the form can have straightforward yes/no answers (e.g. is there a care or supervision plan on file?), while others can be qualitative (e.g. rate the quality of the care or supervision plan on a scale of 1 to 6).
- This allows the calculation of summary data on all the files read and a comparison between different service areas. You can also repeat the exercise again and track progress in a reliable way.

OTHER POINTS TO CONSIDER

- File reading will provide overall quantitative data on social work practice. In some cases, a more research-based approach may be appropriate. This could involve:
  - ✓ reading a smaller number of files in greater depth
  - ✓ follow-up interviews with employees, service users, or carers.
- The aim in this case would not necessarily be to obtain data on the authority's overall performance, but to gain a better understanding of the experience of individuals and the factors that influence good or poor practice.
- Choosing the right people to undertake the file reading is important. They should have suitable experience to allow them to evaluate the files they read correctly.
- External file readers may bring an additional element of independence to the process.
- Internal file readers may be able to understand local issues, systems and terminology more easily and may be able to cascade examples of good practice when they return to their own areas.
- The choice of files to read is important. A completely random selection will provide the most robust numerical results, giving the best estimate of the performance of the authority as a whole.

- Sometimes it might be more appropriate to target particular categories of file, to gain more information in a specific area such as child protection or older people.
- It may be desirable to ensure that you read a minimum number of files for each client group, team, or geographical area within an authority. This will help ensure that you have enough evidence to stand a good chance of finding any good or poor practice in a specific area.
- SWIA has a range of audit tools for file reading, and will update these over time. If you want to use SWIA tools at a local level please liaise with your link inspector.

APPENDIX 2

HOW TO DO SURVEYS

INTRODUCTION

It is important that you make surveys and feedback a day-to-day activity. Building such systems is an important part of making a high-level scan credible and will be invaluable when taking a closer look.

Those whom you may want to survey include:

- ✓ people who use services and carers;
- ✓ participants in community capacity-building activities;
- ✓ parents, guardians, carers and families;
- ✓ community groups, including voluntary organisations;
- ✓ centrally-deployed employees and those in all related direct provision or support services;
- ✓ employees in other council departments and services;
- ✓ employees from external partner agencies;
- ✓ elected members;
- ✓ the council's corporate management team or equivalent;
- ✓ trade unions and professional associations; and
- ✓ members of the public.

The remainder of this appendix is the advice of a professional statistician about how best to organise and deliver surveys to a reliable standard.

DOING SURVEYS – GENERAL GUIDANCE

Aim – To provide numerical data on the experiences and perceptions of employees, service users, carers, or other stakeholders.

ESSENTIALS

- You should issue enough questionnaires to support robust conclusions.
- The exact number of questionnaires that should be issued will depend on a number of factors including:
  - ✓ the total number in the population of interest;
  - ✓ the likely response rate to the questionnaire;
  - ✓ the required level of precision required in the results; and
  - ✓ whether or not you require to compare different types of respondent.
- As a rough guide, you should issue enough questionnaires to ensure at least 100 are returned. This will mean that the overall results are generally reliable to within +/–10%.
- You should randomly select people to get a questionnaire. In some cases, it may be possible to send a questionnaire to everyone in the population of interest.

OTHER POINTS TO CONSIDER

- If you guarantee respondent's confidentiality, their responses are likely to be more honest and response rates are likely to be better.
- Surveys can be conducted by:
  - ✓ post – using paper-based questionnaires;
  - ✓ telephone;
  - ✓ face-to-face interview; or
  - ✓ electronically, via e-mail or the Internet.
- Each method has advantages and disadvantages in terms of cost and effect on response rates. Some may be better for some groups than others e.g. younger people may be more likely to respond to an electronic survey than older people may. Some of the methods may exclude some groups, e.g. visually impaired people may not be able to complete a paper questionnaire.
- If you think different categories of respondents will have different views, you can select a minimum number of people in each category as part of building the sample. If you select different proportions in different categories, then you will need to apply overall weightings appropriately to obtain reliable overall results.
- The questions asked in a survey have an effect on the results and their interpretation. Points to consider include:
  - ✓ Is the question clear and unambiguous?
  - ✓ Do you need to define the terms you use in the question?
  - ✓ Will different respondents interpret the question differently?
  - ✓ Is the question unbiased or does it "lead" the respondent to give a specific response?
- A closed question may be appropriate to obtain specific information (e.g. "have you attended a training course within the past year?"). A more subjective question may be appropriate to obtain qualitative information (e.g. "Rate the usefulness of the training course you attended on a scale of 1 to 6"). In some cases, a completely open question may be appropriate, although the results will be more difficult to quantify (e.g. "Please suggest any improvements that could be made to the training course").
- If time and resources allow, it is always beneficial to pilot a survey before running it. This will demonstrate that the questions are worded correctly, are prompting people to answer the intended question, are not superfluous, and help pinpoint what is missing.
- SWIA has a range of survey tools to consult employees, service users, carers and stakeholders. The most up-to-date versions of these are available for you to use, and you should liaise with your link inspector to receive support with this.

OTHER WAYS TO GATHER EVIDENCE ABOUT STAKEHOLDER VIEWS

As well as structured surveys, you may use a range of other forums, procedures, and techniques to gather stakeholders' views. These often include:

- ✓ council and committee meetings;
- ✓ focus groups;
- ✓ one-to-one discussions;
- ✓ consultations on single issues, for example, policy development;
- ✓ targeted consultation groups;
- ✓ joint partnership groups;
- ✓ suggestion boxes or equivalent;
- ✓ inter-agency training forums;
- ✓ council complaints procedures;
- ✓ employees surveys and complaints procedures; and
- ✓ visits by senior employees to services where they discuss the service with users, employees, parents, and other key stakeholders.

APPENDIX 3

USING THE PIM WITH EFQM AND PSIF

The *Performance Inspection Model* derives from the EFQM. Figure 1 shows how its parts relate to those of the generic EFQM, while Figure 2 shows their relationship with the Public Services Improvement Framework (PSIF).

If you are using the EFQM or a derivative like the PSIF as a corporate assessment framework, there is no need to use the PIM as a tool. However, there are reasons why those who are evaluating social work services using a generic tool should refer to this guide as a useful reference in making sure that the right territory is covered.

As you will see, the generic EFQM and the PSIF models are very similar. Their common ancestry is apparent from the ease with which the PIM maps onto the other models. However, you should bear in mind some important differences when using the PIM and other iterations of the EFQM. These are of two types, *methodological* in relation to how you apply the model and in terms of *content* and coverage specific to a professional evaluation of social work.

METHODOLOGY

- The EFQM and PSIF use a scoring algorithm. This is not the case in using the PIM, where a six-point evaluation scale has the same function. Both measurement systems essentially record the same thing – evaluative judgements.
- The EFQM and PSIF attach a specific scoring weighting to each of the areas. The PIM also has a weighting system, which are the **guidance prompts** that you will find at the start of some of the areas for evaluation. This helps narrow the focus on to professionally crucial aspects of practice, such as risk assessment and management in area for evaluation 5, as opposed to the whole area having a weighting within the overall framework.

Overall, there are many more similarities than differences in how you carry out a self-evaluation using these models, and they should all interface with each other very well.

CONTENT

The EFQM and PSIF are suitable for application across a range of services and contexts. Because of that, their context is general, although in the case of the PSIF it is specific to public services.

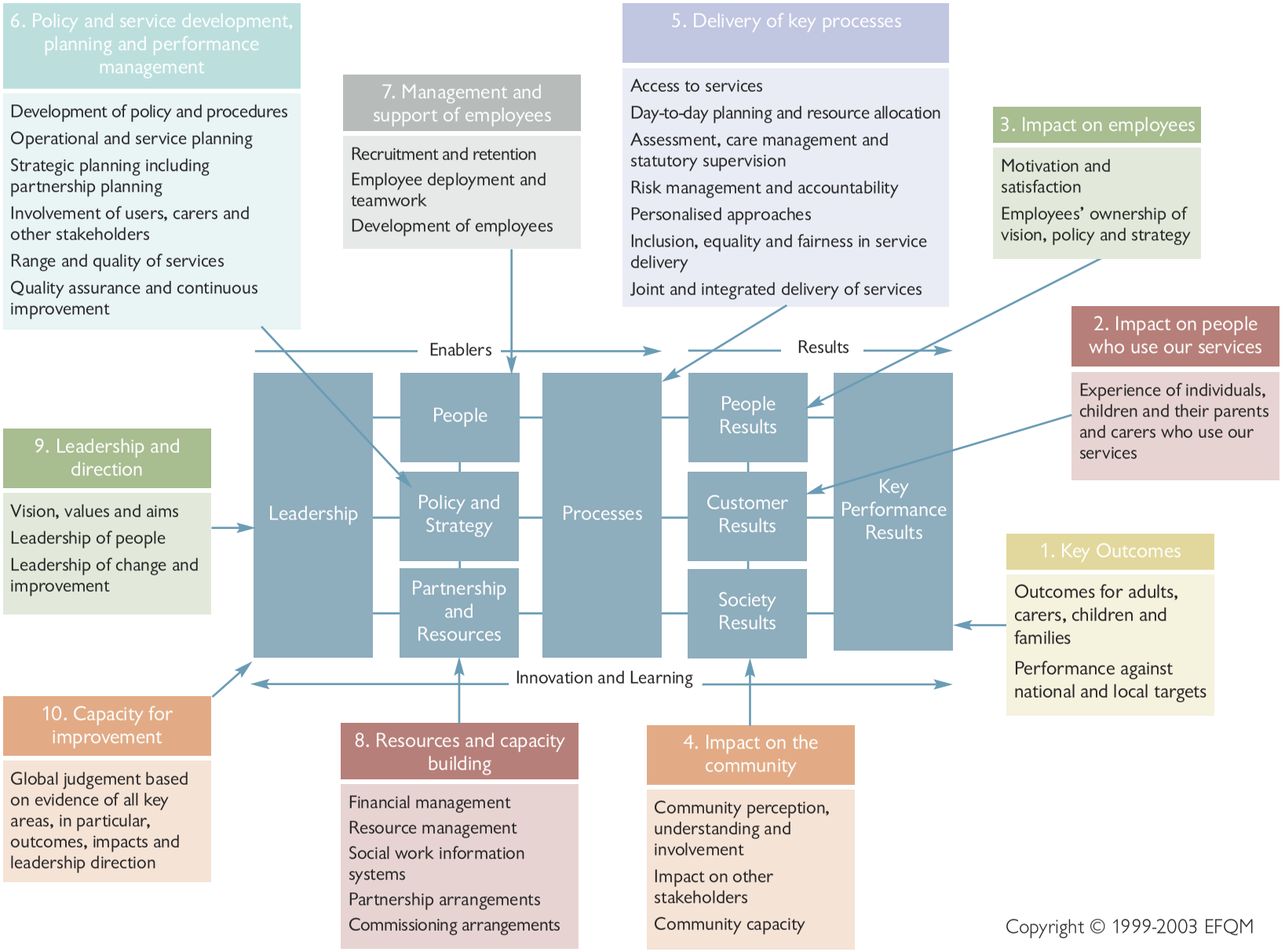
The PIM is primarily about the services people get in the general domain of personal social work services. Nowadays delivery of these is in a whole range of different permutations and by different agencies in partnership, but they remain highly relevant to the social work profession.

What the PIM does is take the content that you can find in the EFQM and PSIF and provide additional context for social work. That means that someone answering the EFQM or PSIF questions can locate the corresponding material in the PIM and refer to that when answering generic questions about professional social work services. In this way, the PIM does not compete with EFQM and PSIF but complements them.

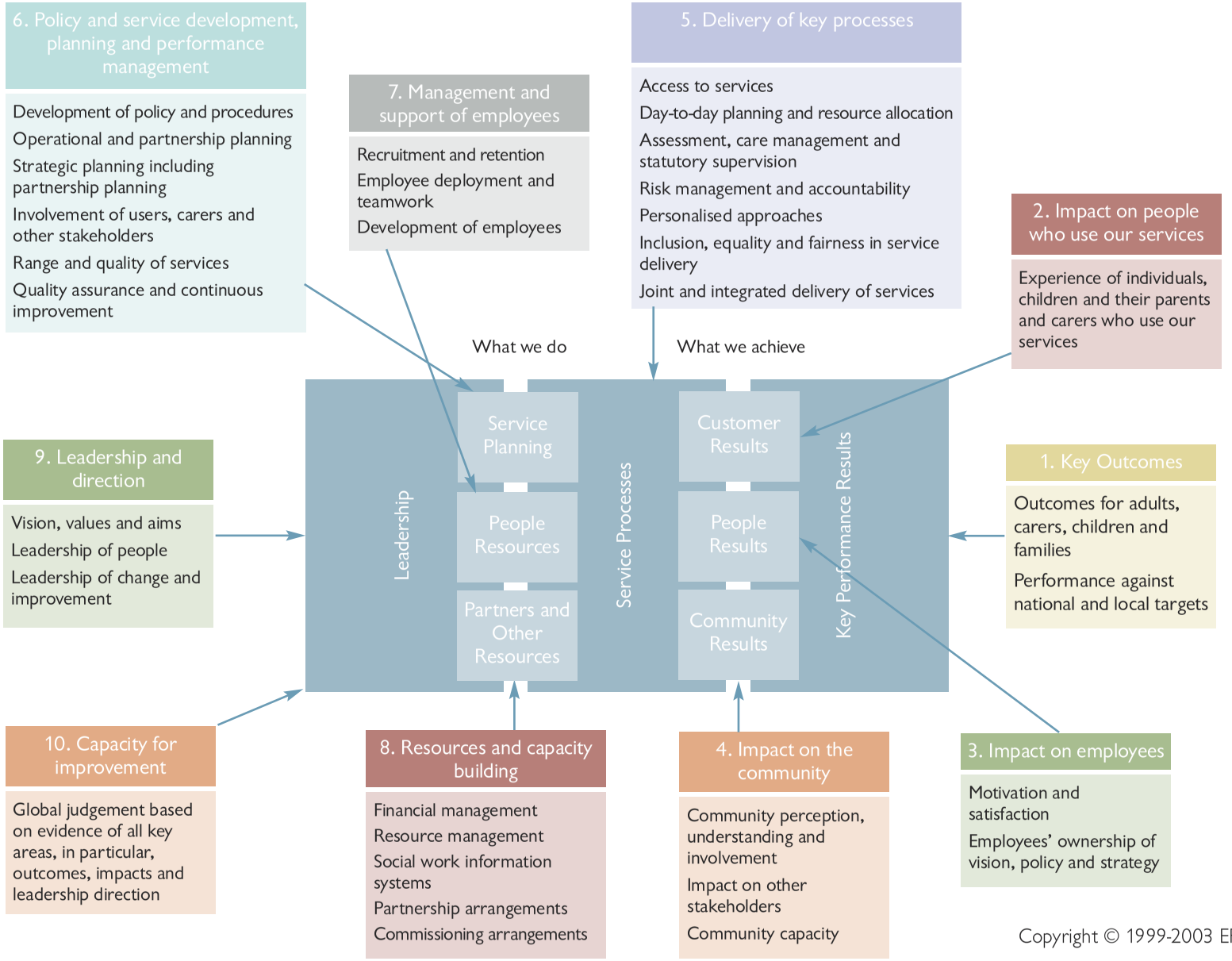
However, there are some aspects particular to social work that EFQM and PSIF do not focus on to the same level as the PIM. These are as follows:

- Risk assessment and protection of persons – This is a very important issue in social work practice that runs throughout the PIM, and especially in 5.4.
- Commissioning – in the context of social work 'commissioning' has a specific meaning that cuts across strategic planning, personalisation of social work services, redrawing the balance of care, developing the social care marketplace, partnership with users, carers and stakeholders and outcome-focused services.
- The PIM has 'capacity for improvement' as a specific area for evaluation. The EFQM has an 'innovation and learning' line that has the same function. The PSIF does not explicitly have this content. Capacity for improvement is a very important quality and we regard it as an important part of evaluating professional social work services.

EFQM AND THE PIM (Figure 1)



PSIF AND THE PIM (Figure 2)



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