

Improving Social Work in Scotland



social work
inspection agency

A report on SWIA's Performance
Inspection Programme 2005 - 09

Improving Social Work in Scotland

© Crown copyright 2010

ISBN 978-0-9563265-5-3

Social Work Inspection Agency (SWIA)
Ladywell House
Ladywell Road
Edinburgh
EH12 7TB

Produced for the Social Work Inspection Agency by RR Donnelley B60415 03/10

Published by the Social Work Inspection Agency, March 2010

The text pages of this document are printed on recycled paper and are 100% recyclable

	Foreword	2
	Executive summary	4
	Chapter 1 Introduction and context to report	8
	Chapter 2 Services and supports for adults	12
	Chapter 3 Services and supports for children and families	43
	Chapter 4 Criminal justice services	69
	Chapter 5 Services and supports for carers	81
	Chapter 6 Social work services workforce in Scottish councils	90
	Chapter 7 Strategic commissioning	100
	Chapter 8 Leading social work services	107
	Chapter 9 Resourcing social work services	115
	Chapter 10 Managing and improving performance	121
	Appendix 1	131
	Appendix 2	139
	Glossary	141

2009 marked the end of a round of performance inspections of social work services, which began in Scotland in 2005. During this time, SWIA also led multi-agency inspections of services for people with learning disabilities, older people and people affected by substance misuse. In addition, we completed a programme of criminal justice inspections and undertook a joint inspection on assessing and managing high risk offenders. We also undertook a number of special inspections and investigations.

Social work services attract public criticism when things go wrong, but seldom attract comment or commendation for all the things they do well. Across the country, people's satisfaction with social work services was high and our reports highlight many examples of good practice in the delivery of services, partnership working and leadership. Those responsible for social work services, their staff and partner agencies deserve to be recognised and valued for the positive difference they make to so many people's lives.

We made recommendations where we identified areas for improvement. I am pleased to report that in the vast majority of cases, recommendations made by SWIA were acted upon, with evidence of improvement during follow-up inspections. However, further improvement work is needed in some key areas, especially as social work services strive to meet rising demands within a context of limited resources.

From our inspection programme, we have a baseline from which to measure continuing progress and improvement in social work services. I look forward to a continuing partnership between scrutiny bodies and councils as the improvement effort shifts from scrutiny to rigorous self-evaluation. This work will continue under the new scrutiny body, Social Care and Social Work Improvement Scotland to be set up from April 2011.



Alexis Jay
Chief Social Work Inspector

This report describes how well social work services are performing and what people who use services think about them. The messages are clear; the majority of people of all ages who use services and their carers have valued them and think they have made positive differences to their lives. Staff who provide services are committed and look for ways to improve the services they offer to people.

Opportunities to be supported in their homes and communities were top of the agenda for many people and their carers. The report describes many creative services, often delivered jointly with strategic partners, which supported older people with declining health and people with disabilities to stay at home and where possible avoid admissions to hospital.

However, much more needed to be done by social work services, and their strategic partners, to improve the care of older people. They were twice as likely to be in care homes as they were to be supported by intensive care in their own homes. Repeat, unplanned admissions to hospital continued to rise despite a national target to reduce this.

Levels of home care and intensive home care were falling in some parts of Scotland against a backdrop of growing numbers of older people who were physically very frail, or had dementia. Rural issues presented an added dimension to providing care at home. However, the most critical factor was how well local partnerships worked together to strategically manage their combined resources, and deliver joined up health and social care to people in their own homes, as an alternative to having to move into a care home.

Some issues stood out in adult services. One was variability of provision in different parts of the country, with wide differences in levels of services and funding for all the main adult groups. There was not generally a good range and quality of services for people with dementia. Social work resources were under pressure at a time of increased needs and service pressures. In many parts of the country, preventive and early intervention services were diminishing. This carried a risk of some people's needs escalating to critical levels before they received help.

Social work services have a key responsibility to assess and plan for children in need and their families. Misuse of drugs and alcohol by adults has resulted in more children becoming looked after. However, services needed to examine more carefully social work practice and partnership working where there were disparities in the numbers of children becoming looked after, especially those looked after away from home.

Councils were developing their approaches to corporate parenting and some were promoting kinship care. Not enough had consistent and coherent approaches to achieve long term security for children who could not live with their birth families. Children were not being found permanent placements quickly enough, and in many instances, not at all. This meant poorer outcomes for those children. In addition, better planning was needed for older children who had not been found permanent placements at an earlier stage.



Variability of funding and services for children was an issue, and there was a need to improve the efficiency and effectiveness of some services.

There have been significant policy changes in criminal justice services in recent years along with a number of national initiatives to protect our communities from violence and sex offending. Work with sex offenders was improving through effective joint working between key partners, although there was still room for further improvement. The management and supervision of violent offenders was not well developed and needed to receive more attention in order to bring about improvement.

Carer inspectors contributed to almost all our inspections and played an important part in identifying improvements needed. Unpaid carers of all ages play a crucial role caring for children and adults of all ages who require support in the community. Carers valued the services and supports available to them, and even modest interventions could make a significant difference to their lives. The range and quality of services and support available to carers, especially young carers, was inconsistent across Scotland. Although there were good examples of carer involvement, unpaid carers were not always treated as equal partners.

The report charts the growing recognition of risk as a key concept in working to protect children, adults and communities, and an increased emphasis on the contribution of a wide range of agencies in helping to keep vulnerable people in our society safe. Although adult protection arrangements were being put in place in all parts of Scotland, there were differences in the effectiveness of risk assessment and risk management. Similarly,

in children's and criminal justice services, the quality of risk assessments was variable.

Leadership was critically important. It impacted on outcomes for people who use services, as well as staff morale. The role of the Chief Social Work Officer in providing professional leadership had increased in prominence across Scotland. Staff needed to feel confident that senior managers gave a clear sense of purpose and direction. Social work managers were better at managing people than leading change and improvement. Action was needed to improve staff confidence that social work services were valued by elected members.

There was no clear association between levels of expenditure and performance in that the highest spending councils were not necessarily those which performed best overall. SWIA concluded that an efficient and effective service is comprised of a complex set of variables, in which finance and resources play a key part, together with good leadership, creative approaches to problem solving and effective long and short term planning.

In all parts of the country, social work services were facing increased levels of need, at a time when there were severe constraints on public sector finance. In going forward it is vital that councils take a strategic approach to managing social work resources and continue to invest in the services that make a real difference to people's lives. This means improving care for older people and people with dementia, supporting people with disabilities and long term health conditions, protecting vulnerable children and adults, and thus delivering the best social and economic returns for their communities in the long term.

Social work services were good at asking people what they thought of their services and how they would like them to improve and develop. A culture of performance management was developing in social work but it needed to become more widespread.

Improving the quality of outcomes data for key areas of social work services continues to be a challenge for local and central government. A more systematic approach was needed to bring about improvements in the quality and analysis of social work performance data. And most importantly, services needed to get better at agreeing and implementing action plans to address their improvement priorities.

SWIA has established a baseline from which to measure continuing progress and improvement. It will continue to work in partnership with councils to support the on-going development of rigorous self-evaluation as a core element in the continuous improvement of social work services.

Chapter 1: Introduction and context to report



This report provides a high level overview of the findings of SWIA's performance inspection programme 2005-2009. During this time SWIA also completed criminal justice inspections, multi-agency inspections and individual investigations, and we have included evidence from these other inspections.

SWIA's performance inspections covered a wide range of services and supports for people within a council area and considered these from a number of perspectives.

Performance Inspection Methodology

The performance inspection methodology used with councils was based on the EFQM¹ business excellence model. The model posed six key questions and identified 10 areas for evaluation. See Appendix 2 for the Performance Improvement Model (PIM).

Our starting point was for councils to evaluate themselves against each of the 10 areas. In each inspection we read case files, conducted surveys and interviews, held focus groups and observed practice. We examined data from national sources and from councils' own reporting systems. We met with a range of people who used services, carers and staff from across services and at all levels, including chief officers and elected members, as well as partners from statutory, voluntary and private agencies. In compiling this report we have used evidence derived from all of these activities.

Our inspection teams included people who use services, carer inspectors, full time and sessional inspectors employed by SWIA and a secondee from Audit Scotland. We carefully built in an element of peer review to each inspection by using associate inspectors, senior managers from other councils in Scotland, as well as using local staff to work alongside us in reading case files. We worked in close partnership with councils in our performance inspections. An important aspect of our methodology was the councils' role in completing action plans in response to our published reports. These plans formed the basis of ongoing dialogue about service improvement and provided a platform for our follow-up inspections, which we undertook one year on to see how well recommendations had been addressed.

¹ European Foundation for Quality Management.



Joint Work with Other Scrutiny Bodies

SWIA has worked closely with a range of partner scrutiny bodies in undertaking inspections and individual investigations, including Her Majesty's Inspectorate of Education (HMIE), the Scottish Commission for the Regulation of Care (Care Commission), Her Majesty's Inspectorate of Constabulary for Scotland (HMICS), the NHS Quality Improvement Scotland (NHS QIS) and Her Majesty's Inspectorate of Prisons for Scotland (HMIP).

In addition, we have worked in close collaboration with the Mental Welfare Commission for Scotland (MWC), Audit Scotland and increasingly with the Scottish Housing Regulator, through our involvement in local area networks for each council.

We have not sought to repeat detailed information in this report on child protection services in recognition of HMIE's joint inspection of these services and of the overview HMIE published in November 2009 of its first round of inspections. These joint child protection inspections have included a SWIA secondee and they have looked at the social work role in protecting children.

Structure and content of the report

We have structured the early chapters of the report around services for adults, children and families, criminal justice and carers. These chapters follow a broadly similar format.

In the later chapters of the report we deal with cross cutting issues concerning workforce, strategic commissioning, leadership and resourcing of services, and managing and improving performance.

Unless we state otherwise:

- financial data is actual gross expenditure taken from local government finance statistics which are based on local financial returns made by councils. We are aware that there can be inconsistencies between councils' local financial returns;
- national or other official statistics have been used as the source of data. Where data is provisional or comes from another source, this is made clear in the text. We are aware that there can be inconsistencies between councils in what they include in statistical returns;
- the main terms we use in the report are defined in the glossary; and
- we refer to social work services (SWS) and councils throughout the report. We use councils when we refer to the corporate body and social work services or services when we refer to service level planning and delivery.

Sharing good practice

Throughout our inspections we identified good practice examples and many of these are included in our inspection reports. SWIA is committed to recording and sharing good practice. In this report we have identified councils to provide examples of where we recorded that things were working well. Details of these can be found in individual performance inspection and other reports.

We acknowledge that the good practice examples cited may frequently occur in councils that we have not named and indeed some examples may now be common practice.

Equality

In all our inspections SWIA considered equality issues in respect of access to services and consultation and involvement of people who use services and their carers. We included examples of good practice in equality and inclusion in our reports. *Fair for all*², guidance from the Scottish Government and Disability Rights Commission, sets out ways in which agencies that provide services must act to meet their responsibilities under equality legislation.

² Fair for All Guidance, HDL (2002)51. This agenda for NHS Scotland was about developing a culturally competent health service, aimed at eliminating discrimination and promoting equality of opportunities for all.

Chapter 2:

Services and supports for adults



In this chapter we report on services and supports provided to adults, including older people.

Key messages

- Most social work services were at early stages of focusing on how to measure and achieve better outcomes for adults.
- Progress was slow in some areas in moving from caring for people in hospitals and care homes towards supporting them at home.
- Levels of intensive home care remained low in some areas and services needed to improve the responsiveness of home care services.
- Social work services were facing challenges in sustaining and developing services which gave adults choice and control over the way they were supported.
- In most councils, resources for adult services were under pressure at a time of increased needs and service pressures.
- Preventive and early intervention services were not readily available in some areas, and were reducing in others. This carried the risk of some people's needs escalating before they received help.
- Eligibility criteria for services were tightening in many parts of the country but this was not well monitored or reported.
- Support for people with dementia needed to get more priority in most areas.
- In most areas, the input of NHS professionals to single shared assessments was limited.
- Electronic sharing of information is receiving national attention but this was a barrier for many local partnerships.
- Social work services were implementing new requirements to support and protect adults at risk. The quality of risk assessment was variable and needed improvement.

Context

Adult social work services have undergone significant changes in recent years. Four key themes bring together policy and legislation and the need for people to have influence and control over their lives:

- increasing people's choice and adopting personalised approaches;
- supporting and protecting adults at risk;
- optimising people's independence and recovery in the community; and
- involving people who use services and their carers in the planning and delivery of services.



Increasing the choices of people who use services was central to *Changing Lives*³. A national strategy for self directed support is currently being developed by Scottish Government.

Prominence has increasingly been given to personalisation⁴ and achieving better outcomes for people using social work services. The Association of Directors of Social Work (ADSW) has published a statement on the principles and challenges of adopting personalised approaches⁵. The community care outcomes framework has performance measures grouped into six inter-related themes. This was designed to establish a strategic understanding of performance in improving outcomes and work on this continues.

In the late 1990s inquiries such as those into abuse of older adults and people with learning disabilities led to increased focus on minimising risk on an inter-agency basis and a re-examination of legislation to protect adults at risk. Scotland was at the forefront of developing progressive legislation, which introduced powers and duties to protect adults at risk and enhanced peoples' rights. Legislation was introduced for adults with incapacity, people with a mental disorder and for adult support and protection. The principles underpinning these Acts included minimising restrictions on people's lives, ensuring safety and well being, equality and participation. The legislation also gave primacy to involving people who use services and their carers, or representatives, in making decisions about their care and treatment.

The National Health Service and Community Care Act (1990) set out the duty to assess people in need of community care services and emphasised integrated working between councils and the NHS. In addition, the Joint Future⁶ agenda provided added impetus to joint working and improving outcomes for people who use community care services.

National strategies for both older people and people with dementia are currently being developed. The Scottish Government has recognised the need for improved treatment, care and support for people with dementia as a national priority. In addition, a succession of reports and initiatives⁷ have highlighted the need to improve and co-ordinate action by councils and the NHS, so that older people are effectively supported in their own homes, with less emphasis on institutional care.

*The same as you?*⁸ (SAY), which reviewed services for people with learning disabilities, has a continuing significance and influence on empowering people to be fully included in their communities. It confirmed the policy that no-one with learning disabilities should have a hospital as their home, and promoted people living in their own homes with support. It also emphasised the importance of access to education and employment, improved access to health services and self advocacy.

3 *Changing Lives: Report of the 21st Century Social Work Review*, Scottish Executive, 2006.

4 Personalisation fundamentally moves the location of power, decision making and expertise from the system to the people who may need support.

5 Personalisation, ADSW, November 2009.

6 The Scottish Executive set up the Joint Future group in 1999 to improve partnership working between agencies and to secure better outcomes for people who used services and their carers.

7 *Better Health, Better Care* (2007): *All our Futures* (2007) *Joint Future: the Outcomes Approach – the Next Steps* (2006) *Delivering for Health* (2005): the Kerr Report – National Framework for Service Change in the NHS in Scotland (2004).

8 *'The same as you?'* – A review of services for children and adults with learning disabilities, Scottish Executive, 2000.

Mental health is also a national priority. *Delivering for Mental Health*⁹, the national delivery plan, set out targets and commitments for the development of mental health services for all age groups, and emphasised the importance of recovery. The plan recognised that service development and improvement could only be realised by effective strategic partnerships between the NHS and councils, voluntary sector service providers and people who use services and carers.

All sectors of social work services are dealing with the impact of alcohol and drug misuse as it affects the lives of children and adults. The Government's strategic approach to alcohol and drug issues sets out a broad programme of action to tackle Scotland's drug problem and places the promotion of recovery at the centre of work to tackle drug misuse. The growing awareness of parental substance misuse led to the strengthening of policy about the need for strong collaboration between adult and children services.

Currently, Scotland has no national strategy for physical disability, although aspects of wider policy initiatives, such as the management of long term conditions and anticipatory care have addressed some key issues. The Disability Discrimination Act 2006 introduced a legal imperative on public bodies to involve disabled people in planning and review of services and also, where appropriate, requires them to treat disabled people more favourably than non disabled people.

The Government reviewed community eyecare services in 2006. The review¹⁰ set out to improve eyecare services for adults and children and made a number of detailed

recommendations. The emphasis was on organising services around the person by integrating support at a local level. It established standards to guide the planning and delivery of services.

Data and Trends

This section provides a summary of expenditure, trends, social and demographic changes and service activity.

Expenditure

It should be noted that expenditure and service activity for people with dementia is often not identifiable from the rest of older people's services. We make specific comment on dementia services where these can be separately identified.

Gross expenditure by councils in 2007/08 on adult social work services amounted to £2.45 billion. During the four years to March 2008, gross expenditure on all adult groups increased, in real terms, by 14%.

Older people's services

Older people are by far the largest group receiving adult services, accounting for 46% of all social work expenditure in 2007/08. Over the four years, expenditure on older people's services increased in real terms by 13%, with a range for mainland councils of +25% to -9%. Expenditure on older people's services decreased in real terms in three councils. Expenditure by the three island authorities increased by between 15% and 56%.

9 *Delivering for Mental Health*, Scottish Executive, 2006.

10 *Review of Community Eyecare Services in Scotland*, Final Report, Scottish Executive 2006.



In 2007/08 expenditure on older people's services was £1,495 million. Per head of population expenditure increased nationally by 9%, with a range of +25% to -15%. It decreased in real terms in five councils. There were wide differences in levels of spend between councils, relative to the population of older people. Interestingly, the gap in spend between the highest and lowest spending councils was much wider in 2007/08 than it was in 2003/04. The wide variation in levels of spend on older people's services suggests the need for further examination nationally and at council level.

Other adult groups

In expenditure terms, learning disabilities is the second largest group, accounting for almost a quarter of expenditure (£552 million) on adult services in 2007/08. Whilst spend on learning disabilities services increased by an average of 20% in the four year period, it decreased in two councils. Again, there were major variations at council level.

Expenditure on services for adults with physical or sensory disabilities increased on average by 8% over the period reviewed, but decreased in nine authorities (by as much as 45% in one council).

Expenditure on services for adults with mental health problems increased on average by 7% over the period under review. Expenditure fell in real terms in three authorities.

There were wide variations in expenditure per head for the main adult care groups in 2007/08. This suggests the need for further examination by councils.

Spend on alcohol and drug services in Scotland has increased, as the Scottish Government allocated additional funds for this purpose to NHS Boards. Just under 1% of NHS and councils' combined revenue budgets was spent on designated drug and alcohol services in 2007/08. Significantly more was spent on drug services than alcohol services¹¹.

Resource transfer

Resource transfer arrangements have been in place since 1992¹². NHS boards transferred £337 million to councils in 2007/08 and a total of £315 million in 2008/09¹³ to help meet the cost of services to support people moving from hospital into more appropriate forms of care in the community. COSLA is working with the Scottish Government to review current arrangements and guidance for resource transfer. This is in recognition of the challenges that currently exist for councils and the NHS in the deployment of resources towards agreed outcomes. Issues of scope, consistency and accountability are under consideration with the intention of developing a fairer and more transparent resource transfer policy.

¹¹ Drug and alcohol services in Scotland, Audit Scotland, March 2009.

¹² NHS MEL (1992) 55, Scottish Office.

¹³ www.ISDSScotland.org

Demographic and social trends

The most significant demographic factor impacting on adult services is the increase in older age groups within the population. Between 2005 and 2008, the numbers of older people aged 65 and over increased by 3%. However, the numbers aged 85 and over increased by 11%. The older population is projected to increase further between 2008 and 2018, when numbers of older people aged 85+ are expected to have increased by 40%. Some council areas may have increases of up to 60%.

Increases in the higher age groups means more older people living alone and more living with long term health conditions. Work on long term health conditions in Scotland shows that by the age of 65, nearly two thirds of people have developed a long term condition and many have two or more such conditions.

Ageing is the major risk factor for dementia. Between the ages of 85-89, 17% of men and 22% of women will be affected by dementia¹⁴.

Mental illness is a significant problem for many adults. It is estimated that one in four people over 65 years has a depressive illness that is severe enough to impair their quality of life¹⁵. Physical illness and disability are the amongst the most consistent factors contributing to depression in later life.

Ageing is also associated with increased incidence of serious sight problems. In 2009, around 26,800 older people were registered blind or partially sighted. Of these, around 2,200 also had a hearing impairment¹⁶.

A number of other trends are likely to impact upon the need for adult services including:

- a growth in the numbers of young people with very complex disabilities and high support needs who have to be planned for as they approach the transition from children's to adult services;
- people who need alternative care arrangements to be planned for the future because they are living with older carers; and
- increasing prevalence of alcohol and drug misuse resulting in pressure on addiction and mental health services and a growing incidence of acquired brain damage, especially in people under 45 years. Alcohol related hospital admissions have risen sharply in the last 10 years.

Service activity

Older people

Figures 2.1 to 2.3 (Appendix 1) provide details of older people's service activity in 2009, and trends over a five year period. The main points to note are:

- there has been little change nationally in the numbers of older people living in care homes;
- in 2009, older people were twice as likely to be living in care homes than to be receiving intensive home care;

¹⁴ Source: Alzheimer Scotland.

¹⁵ Long term conditions collaborative: improving complex care, Scottish Government, March 2009.

¹⁶ Registered blind and partially sighted persons, Scotland 2009, Scottish Government, October 2009.



- total home care hours increased over the five years nationally but fell 1% in the final year – the first fall in a number of years. Seventeen councils showed a decrease in the single year to 2009;
- over the five years, intensive home care increased by 15% with no change in the single year to 2009. It decreased in 16 councils in that year; and
- there are very wide differences between councils in levels of service and in the balance of care.

We consider that the wide variation at council level in social work services provided for older people needs to be considered further at national level, as well as by councils and their strategic partners at a local level.

Unplanned hospital admissions

Scotland had a national target to reduce the rate of older people experiencing two or more unplanned hospital admissions compared to 2004/05. In the four years to 2008/09, the national rate increased by 14%. The rate of admissions increased in 30 council areas between 2004/05 and 2008/09.

Learning disabilities

In 1980, there were over 6,000 people with learning disabilities living in hospital. By 2000, when SAY was published, there were 1,800 people who still had a hospital as their home. There are now only a small number of people living in NHS continuing care, other NHS units or private hospitals.

Between 2000 and 2008, there was a 27% drop in the numbers of people with learning disabilities living in care homes. The numbers of adults with learning disabilities receiving home care services more than doubled between 2004 and 2009 from around 2,190 to 4,440.

In 2008, eSAY¹⁷ data showed that there were an estimated 25,252 adults with learning disabilities were identified as being known to social work services. This corresponded to approximately 5.9 adults with learning disabilities per 1,000 population within a range from 2.0 to 10.4. Almost 8,000 people lived with a family carer, around a quarter of whom were older people. There were major variations in the numbers with personal life plans and the extent to which people were supported in their own homes or alternative day opportunities, including employment.

Other adults

There was not good information about services received by other adult groups. Over the last 10 years there has been a decrease in the numbers of adults receiving care in care homes.

Around 52,000 adults with physical disabilities received home care in 2009, a decrease of 8% over 5 years. Around 3,200 adults with mental health problems received home care, an increase of 10% since 2004.

17 eSAY update, Scottish Consortium for Learning Disabilities, 2008. eSAY is the national learning disabilities and autistic spectrum disorders (ADS) dataset. The most recent statistics cannot be compared with previous years.

Outcomes and impact

There were many examples of personalised approaches being used in the delivery of social work services for adults, leading to positive outcomes for many people. However, further work was needed to develop a fully personalised approach to planning, commissioning and delivering services and supports for adults.

What people told us about the services they received

- most people (88%) surveyed¹⁸ told us that they were treated with dignity and respect when using social work services; and
- most people (77%) felt that social work services had made a positive difference to their lives.

Almost three-quarters of those surveyed described positive outcomes in terms of feeling safer and being able to lead more independent lives. Two thirds were positive about being helped to feel part of the community. Older people tended to be the most positive about outcomes and people with substance misuse problems least so. The majority of carers of older people agreed that social work services had helped the person they cared for feel safer, an important outcome for many adults.

Nearly two thirds of people agreed that they had been given choices about the type of service they received, although there was a wide range of responses at council level, from 80% to 41%. Again, older people were most positive (69%), and people with physical disabilities and sensory impairment or mental

health problems least so (all 55%). Choice is about the approach of staff as well as having a range of options. We saw some examples where people who used services and carers were clearly involved in planning and deciding on the support they received.

In just over two thirds of adults' case files we read, the person's circumstances had improved in terms of reduced harm or risk, promoting independence and social inclusion. Improvements were most likely for older people and for people under 65 years with sensory impairments (both over 80%) and least likely for people with substance misuse problems (50%) and mental health problems (63%).

Whilst these findings were positive overall, there were considerable differences between care groups and councils. This led us to conclude that people who used services and carers needed to be much better supported to take decisions that fully involved them in the care and support they received.

Outcomes for older people

Older people want to live independently at home for as long as possible. This key outcome has driven the national policy of shifting the balance of care, so that older people can get health and social care services more quickly, that meet their needs and can be provided closer to home.

Generally, services for older people needed to focus more clearly on outcomes and personalised approaches, especially services for people with dementia. For example, in many home care services, older people and people with dementia were not given enough choice about how and when services were

¹⁸ There were 990 older people who responded to our surveys and 2,454 adults who responded to our surveys.



delivered. In general, councils needed to give more priority to achieving better outcomes for older people. An example of effective practice was a day service for older people in North Lanarkshire, which had incorporated personalised approaches as a core principle, and implemented systems for agreeing desired outcomes and measuring whether these were being achieved for people attending this service.

Outcomes for people with learning disabilities

A survey, 'How is it going?' of what matters most to people with learning disabilities in Scotland was published in 2006¹⁹. The clearest message from this study was the central concept of SAY, that people with learning disabilities wanted to be included like everyone else. This echoes views we heard in our performance inspections and our multi-agency inspection of services for people with

learning disabilities, that what mattered most to people were choice and independence, having your own home, friends, relationships and work and leisure opportunities.

One of the significant successes has been the increase in the numbers of people with learning disabilities who live independently in their own homes. This was partly attributable to the availability of supporting people funding. There was some variation between councils and more still needed to be done to offer a wider range of opportunities for people who had been placed in care homes before publication of the SAY report in 2000.

¹⁹ How is it going? Scottish Consortium for Learning Disability & Enable, 2006.

Defining and measuring outcomes

Whilst many people told us they experienced positive outcomes, overall social work services lacked systems for agreeing and recording desired outcomes, and measuring whether they had been achieved. The lack of reliable data on outcomes for adults has been identified as a national issue and we come back to this in Chapter 10.

Some social work services were in the early stages of developing a more systematic approach, for example by implementing and adapting the outcomes based 'Talking Points'²⁰ tool to improve the measurement of outcomes. However, much more needed to be done to define and measure outcomes.

How services were delivered

Overall, social work services did less well on the delivery of key processes than in other areas of evaluation. The following features of good practice tended to be found where performance was strong:

- consistently applied systems and procedures for assessing and managing risk, and protecting adults at risk;
- effective day to day planning, supported by clear and well understood eligibility criteria and prioritisation systems and good workload management systems;
- people not waiting for services and/or good systems for monitoring and reviewing people who were waiting for services;
- comprehensive and easily accessible information about social work services and joint services and how to access them; and

- up to date and consistently applied systems for assessing, care planning, reviewing and case recording.

Finding out about services

Those social work services which had designated staff members responsible for producing and managing public information tended to do better at providing information to the public. A number of councils provided good practice examples, including comprehensive directories of services and guides that had information about referral criteria, priority for assessment, service standards and charging policies.

We saw many good examples of leaflets and other public information developed jointly with key partners. A range of projects were funded and delivered in partnership with voluntary organisations, for example to give information, advice and support to people in the early stages of dementia, and to people with sensory impairments. In Scottish Borders, there was a comprehensive booklet on services for people with low vision, which included information on how to become involved in the Borders Visual Impairment Network. Glasgow City's website gave accessible information to people with learning disabilities, which included information about health and well-being and discussion boards, as well as information about local services.

Two thirds of adults we surveyed found it easy to get clear information about social work services. Older people were most positive and people with substance misuse problems least so. People told us how important it was to have good information about what help was

²⁰ Talking Points: Personal Outcomes Approach, Joint Improvement Team, March 2009.



available locally and how to access this. They emphasised the importance of this at critical points in their lives, for example when they received a diagnosis of dementia or conditions such as age related macular degeneration or profound hearing loss. Some people felt let down by local NHS and social work services when they experienced long delays in getting relevant information, which could have made a difference to their lives.

Social work services did not routinely provide good information to signpost people towards other sources of advice and support and this was a particular issue where it was decided that people were ineligible for social work services. We made recommendations to a quarter of councils about the need to improve the availability and quality of information they provided to the public. The accessibility of information needed to be kept under close

review, to make sure that it complied with equality legislation and met the needs of people with sensory impairment and other groups with particular communication needs.

Accessing services

People were generally positive about their first contact with social work services. Many services had reviewed and improved access and duty arrangements or were in the process of doing so. For example, West Lothian and East Ayrshire had both developed integrated access points offering a range of public services such as housing and NHS services. These were valued by local people.

Generally, social work services needed to keep their performance in terms of speed and consistency of response under close review.

Out of hours cover is crucial for people to be supported at home. In almost all of our reports we highlighted concerns about access to advice and services out of hours. Issues identified included:

- accessibility of out of hours arrangements varied;
- services were difficult to contact and responses varied; and
- many out of hours arrangements were offered on an emergency basis only and did not link well to day time services or to other agencies' out of hours services.

North and South Lanarkshire had both established new standalone out of hours services to provide local and more responsive services.

Partnership with people who use services and with carers

Generally, social work services were better at sharing information with people who used services than giving them a greater say in their care and support. Staff shared information with people in almost all of the case files²¹ we read. Some people were positive about having been helped to make decisions about the care they received, while others commented on service inflexibility, especially in home care.

People who used services also reflected a mixed picture when they spoke about being included in assessment and care management processes. In a significant number of reports we made positive comments on the way social work services engaged with people who used services and their carers in assessment processes. However there was a significant number of people who had less positive experiences. They told us that:

- they had not seen their assessment (31%);
- they did not have a clear care plan (23%);
- there was not a meeting at least once per year to review their services (26%); and
- they did not agree that they were given choices about the type of service they received (22%).

Overall, it was still not routine in most councils for people to have an ongoing and active role in the care and support they actually received.

Assessing people's needs

Many councils needed to take action to improve the quality of assessments in adult services. In a significant number of reports we commented on their variability and/or made recommendations on the need to improve the quality of assessments and assessment procedures and to apply them more consistently.

Overall, we judged the quality of assessments to be good or better in 63% of case files. There were no discernible differences in these findings for older people and other adults. Twenty five per cent of assessments were judged to be very good or excellent and 10% as weak or unsatisfactory.

Single shared assessment

Single shared assessment (SSA) was introduced for older people from 2003 and extended to all other adults from 2004. It was intended to provide faster access by having a single point through which the services of all relevant agencies could be accessed, avoiding duplication of information gathering and activity by the different agencies.

Despite efforts by local partnerships on agreeing protocols and procedures and providing a range of joint training it was evident that in most partnerships, SSA was still not fully realising these objectives. Although every council area had an agreed SSA assessment tool that was routinely used to record community care assessments, it was unusual in most areas to find SSAs completed by staff other than social work services staff. However, in some areas housing staff had been trained to complete simple assessments.

21 During the course of performance inspections we read 674 older people and 1,220 other adult files. We read additional files during our four multi-agency inspections.



In addition, while some progress had been made in electronic sharing of information and in advance of the full development of the eCare framework, many local partnerships faced barriers in linking electronically and sharing information to SSAs. From 2009 the eCare framework could be used for electronic sharing of SSAs. This was intended to resolve the long standing issues of incompatible electronic systems across councils and NHS boards. Further eCare developments are planned to support joint reporting on outcome measures for adults with community care needs.

We highlighted a lack of sustained and effective partnership working to improve SSA processes in a number of reports.

The national eligibility framework

In September 2009, following a period of consultation, a national eligibility framework was introduced for access to services by older people in Scotland²². The criteria can be applied to other adult groups, but councils are not required to do so. The framework considers urgency as well as risk to a person's independent living or health and well-being. It has introduced a maximum waiting time of six weeks for personal and nursing care services for older people assessed as being at critical or substantial risk. No parallel arrangements are in place for other adults.

How councils prioritised needs

Social work services, in partnership with the NHS, originally introduced eligibility criteria in adult services to improve consistency in matching services to assessed needs. However, councils were not always applying eligibility criteria consistently or on the basis of agreed policies or written procedures and most did not have good systems for monitoring or reporting their impact.

Generally, most councils provided services to people assessed as having critical and substantial needs. A small number of councils provided services only to people assessed as having critical needs. Some councils counted people who were waiting to be discharged from hospital as people with critical needs, whilst others did not.

Many councils used resource panels to decide priorities and make decisions about allocating resources. These operated variably, and sometimes ineffectively. There were examples of panels delaying decisions and increasing response times whilst in other councils they improved decision making and consistency.

In a minority of adult services, eligibility criteria were used solely as a budgetary control mechanism, and applied inflexibly. This caused inconsistency and prevented them dealing with peaks and troughs in demand throughout the year. The impact of restricting services through the use of eligibility criteria was generally not well reported. Many elected members seemed unaware of poor outcomes people experienced as a result.

²² National Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People, Scottish Government, 2009.

The time people waited for assessments and services

Until 2008, the time people spent waiting for assessments and services was reported to Scottish Government as part of the joint performance and improvement framework (JPIAF). There were significant differences in how councils performed on waiting times, with three councils arranging services an average of five or fewer days from first identification of need through to a small number where the average waiting time was nearer 50 days. Average times people waited showed a slight increase between 2006 and 2008, although the 2008 figures were based on incomplete returns. Sixteen councils did not report the time people waited for assessments and services after the national requirement to do so was removed. We consider it important for social work services to minimise delays and

publicly report performance on waiting lists for all adult groups.

There were examples of effective practice in different parts of the country to speed up how people accessed equipment services. These included West Lothian's self-assessment arrangements for simpler items of equipment and other services; short initial self assessments for people with a hearing impairment in Scottish Borders; electronic/online ordering and delivery systems at Renfrewshire's joint equipment store; and the mobile equipment service in Dundee.

Preventing unnecessary admission of people to hospital and supporting their timely discharge

A major focus of national policy is to prevent people experiencing avoidable unplanned hospital admissions and to reduce delays when





people are ready to be discharged. There is clear evidence that spending unnecessary time in hospital settings results in poor outcomes for the person, in terms of delayed recovery, deterioration in their physical and mental well-being, and the capacity for them to return to an active life. It can also cause great distress to families and carers.

As a result of sustained effort at national and local level, there have been major improvements across Scotland in reducing the numbers of people waiting for assessments and/or services in order to be able to be discharged from hospital. Numbers delayed peaked at over 2,500 in October 2001, and reduced to almost zero in April 2009.

However, in October 2009, there were 632 people waiting in hospital for community care assessments and/or services. Eighty people had been waiting more than six weeks, a similar number to the October 2008 census. The census data does not cover people with complex disabilities and high support needs where there is no appropriate service available, or people subject to adults with incapacity provisions. Some people in these groups remain in hospital for long periods waiting for suitable community services to support their discharge.

Direct Payments

Direct payments are just one option for implementing personalised approaches and they should be considered and offered during the assessment process. In the year to March 2009, 3,017 people were receiving direct payments. People aged less than 65 years made up 71% of the total.

Nationally, the take up of direct payments has been slow. We made a number of recommendations about the need to support better uptake of direct payments together with improved staff training. Our findings echoed those of the 2008 Scottish Government review²³. The future of direct payments in Scotland will depend on the willingness of councils to take a more a pro-active approach to promoting direct payments as an option.

People who received direct payments were positive about being able to control their own support. However, the administration of direct payments did not always work well and there were some examples of social work services being unnecessarily involved in controlling the way people used their direct payments.

Care Management

As with assessment, there were considerable differences in the quality of care planning and care management. There were care plans in the majority (72%) of adult case files. In over three quarters of these, people's assessed needs were judged to have been addressed in the care plan, with performance in older people's case files slightly better than other adults. For example, Scottish Borders performed well in this area.

Many councils and their partners were still working out the best arrangements to support care management. There were differences not only amongst, but also within councils about this. In a number of joint teams for mental health, learning disabilities, dementia and substance misuse, care management responsibilities were shared amongst social work services and nursing staff team members.

23 A Review of Self Directed Support in Scotland 2008 <http://www.scotland.gov.uk/Publications/2008/05/30134050/2>.

Most social work services had procedures in place to ensure that people using services had the right person involved in planning and reviewing their care. Protocols for involving a qualified member of staff when someone's care became more complex were not always implemented speedily enough.

There was national agreement that nursing staff would undertake the care management role for people requiring end of life care. For other adults, issues included making sure services were well co-ordinated. Key to this was the adoption of a single care plan, co-ordinating the input of all agencies and avoiding unnecessary duplication. While some progress had been made, much remained to be achieved across the country.

Reviewing people's needs

Our case file reading results suggested that there was no discernible difference in the review arrangements for older people and other adults. Over three quarters of case files we read showed care plans were being reviewed at regular intervals, which reflected the needs of the person using services.

However, during fieldwork sessions we heard that reviewing the needs of people living in care homes or receiving home care services often presented significant challenges to social work services. Both involved large numbers of people. In a number of councils reviews were not routinely carried out and we made recommendations about this. Social work services needed to be more pro-active in prioritising reviews where people had complex disabilities and high support needs, where people lacked capacity or where there was no

involvement of family members or friends to support the person.

In some areas, social work services had created review teams. These appeared to work well in dealing with backlogs of reviews and making sure that reviews took place on a regular basis and represented a pragmatic response to managing the workload.

In many inspections, we concluded that social work services needed to improve links between care planning, reviews of people's care and the way they monitored delivery of services. Service providers commented that the lack of regular care reviews was a common problem, resulting in a lack of responsiveness on the part of social work services to people's changing needs.

Social work services often made out of area placements at points of crisis in people's lives. This usually happened when people's behaviour challenged local services. Lack of follow up and care reviews meant that unsuitable placements were not identified soon enough, and changes in needs were not understood or acted upon. This meant they could spend lengthy periods in inappropriate settings, isolated from their local communities and not receiving appropriate support or care. These people were often highly vulnerable and we considered that social work services needed to take action to avoid this happening.



Effective recording

The benefits of good recording and managing this process effectively are covered in a separate SWIA publication²⁴. Recording is a vital part of casework and inquiries into social work service failures over the years have identified it as a significant area of concern. This is true across all care groups.

We made a number of recommendations to social work services on the quality of recording, making more effective use of electronic case records and the need for more regular audits of case files. Generally, councils needed to improve recording in adult case files.

Assessing Risk

Assessing risk in adult services requires striking the right balance between potentially conflicting rights and responsibilities. Effective partnership arrangements are also needed with all relevant agencies.

Practice in assessing risk varied across the country and we made recommendations to more than half of all councils on the need to improve the quality of their risk assessments and accompanying procedures and training.

Barriers to sharing of information present critical problems for assessing and managing risk. Risk issues were not well captured in the forms for single shared assessments and in some case files the risk assessment section was not completed. A considerable amount of work was needed to improve core risk assessment tools and incorporate these into standard forms for single shared assessments, supported by good joint information systems.

Staff in joint teams, for example, mental health and learning disability teams, used a variety of tools e.g. the Sainsbury assessment tool²⁵, to enable them to carry out specialist risk assessments as the SSA did not adequately fulfil this requirement.

We concluded that a more systematic approach to assessing risk was needed not just by social work services but by all agencies involved, to ensure all staff were confident to act and to improve practice.

There were however, examples of positive and proactive approaches to assessing risk in extremely complex situations. These were sensitive to people's needs and experiences,

²⁴ Practice guide – "on the record – getting it right" Effective management of social work recording, SWIA 2010.

²⁵ Sainsbury Modified Assessment Tool: An initial risk assessment tool for primary care mental health and learning disability services.

and responsive to changing circumstances. There was evidence of co-operation with relevant agencies, for example, focusing on the needs of frail older people and creatively using assistive technology. Choice and control are critical elements in moving towards more self directed support. This had been explored, for example, in North Lanarkshire which had developed procedures and practice guidance on risk assessment for personalised services.

Managing Risk

Just over half of all adults' case files had an up to date risk management plan. Only a few contained contingency arrangements if the level of risk altered. There were good risk management examples that had challenged services' understanding of what people with severe and complex disabilities could achieve in terms of rights, risks and independence. This included creative use of welfare guardianship that had helped people to remain in their own homes with support.

The following features of effective risk management practice tended to be found in councils where performance was good:

- staff had confidence to make decisions within a supportive organisational culture;
- agencies had a shared responsibility for assessing and managing risk, with the person concerned involved in their own assessment and subsequent decision making;
- balancing consideration of individual risk with the person's safety as well as the safety of staff and the public; and
- supervision and clear governance arrangements were in place.

Implementation of the Adult Support & Protection (Scotland) Act 2007

Although some councils were well prepared for the introduction of this new legislation and had set up adult protection committees, progress was at different stages across the country. Several councils did not have an independent chairperson for the committees. Accountability and governance arrangements for the committees were also at different stages of development, with involvement at chief executive or director of social work/chief officer demonstrating the importance councils attached to improving adult protection.

At national and local levels, public awareness initiatives on adult protection had taken place or were planned. The heightened focus on adult protection was already challenging some social work services, for example there were early signs that substance misuse was featuring in more adult protection referrals than had been anticipated.

Partnership arrangements

The support and protection of adults at risk is a key area of joint working. A national multi-agency adult protection training framework was developed to prepare staff from a range of agencies, including the voluntary and private sectors. At the time of our inspections, almost all councils had implemented joint training. Despite this there remained different interpretations amongst some partner agencies about the definition of harm and the identification of thresholds and triggers for intervention. Additional joint training initiatives, using case examples, should help staff to develop a more consistent approach to the support and protection of adults at risk.



The Joint Improvement Team (JIT)²⁶ worked on an adult protection shared learning initiative in Glasgow, Dundee, Perth and Kinross and Angus, together with their NHS partners. These highlighted important lessons for improved multi-agency working practices, including risk assessment and protection planning formats. The majority of councils and partner agencies had in turn included these formats in their inter-agency adult support and protection procedures, which staff found helpful to use. These had wider applicability in assessing and managing risk, such as augmenting SSAs. Most staff surveyed (80%) agreed they had clear guidelines to follow when dealing with risk to/from people who used services.

We expected to see a range of inter-agency procedures and these were in place across almost all councils. Some councils had reviewed, updated and improved their policies and procedures. Adult protection guidelines and data sharing protocols were still sometimes in draft format. There were some problems with incompatible software, which affected information sharing between agencies.

What did we learn from adult support and protection case records?

There was evidence of some good practice in assessing risk and protection planning. Where the main trigger for the risk assessment or risk management plan was to prevent abuse, or neglect, including self harm, the quality of the risk assessment was at least good in the majority (71%) of adult case files and in most (81%) older people's case files²⁷.

Concerns regarding abuse, neglect or exploitation had been dealt with in accordance with procedures in three quarters of adults' files and in most (80%) older people files. However, there was little evidence of supervision or first line management scrutiny in our file reading exercise. Where staff supervision policies stated that adult protection cases must be standing items for supervision sessions, and case file audits were routinely carried out, regular reviews of protection plans took place.

Where significant risks to the person, staff or the public were identified, it was important for staff to build up chronologies of key events to help them identify any emerging patterns. Chronologies are useful for people subject to adult protection procedures. They are also important when people lack capacity or have significant communication difficulties. There were chronologies of key events in 22% of the adult files we read. SWIA has published a practitioner's guide on chronologies, in order to inform and further improve practice²⁸.

There was a more consistent approach to adult support and protection work in councils where:

- there were lead officers;
- there were electronic adult protection information sharing messaging systems; and
- a critical services oversight group, involving senior managers from partner agencies, including the police, learnt from complex cases and 'near misses'.

²⁶ Joint Improvement Team: Adult Protection Phase 2 Project Report (2007) & Adult Protection Assessment & Protection Plan (2007).

²⁷ We read 123 adult protection files.

²⁸ Social Work Inspection Agency: Chronologies – a guide 2010.

Councils and their partner agencies have still to develop their quality assurance frameworks to demonstrate the impact on communities and good outcomes for people identified at risk of harm. Although it is too soon to gauge the impact of the legislation, early signs were relatively encouraging.

Range and quality of supports and services

Advocacy

Our reports charted the development of advocacy from small scale and service specific to an approach that was increasingly mainstream and more strategically underpinned. This was in part due to the statutory responsibilities arising from mental health and adult protection legislation. All of our inspections identified room for improvement in the development and support of advocacy.

Social work services that performed well had embraced a broad concept of advocacy and were taking forward a clear strategy to realise it. There were good examples where councils recognised the importance of independent advocacy in helping people to communicate their views and represent their interests.

Some groups, including older people and people with dementia, had difficulty accessing advocacy because there were insufficient resources. There was some, but not enough advocacy for people with dementia that had explicitly addressed issues of capacity. A continued theme of inspections was the need to ensure that local advocacy was available to people who needed it, and that people were given information about advocacy options. This was mentioned in a third of our reports.



There was growing recognition across the country of the role and legitimacy of collective advocacy. This was especially the case in representing the views of people who use services in service planning and development.

Services and supports for older people

Nationally, work is progressing on an integrated resource framework²⁹ to help partners become clearer about the cost and quality implications of local decision-making about care. This recognises that improving integrated working is an imperative to delivering better care but also to addressing significant economic and demographic issues.

We have seen from the data and trends section that shifting the balance of care for older people is still largely an aspiration rather than a reality. In some partnerships, the balance of care is shifting in the wrong direction. So although new approaches and the joint services described below are to be

²⁹ Scottish Government – The Integrated Resource Framework – 2009.

welcomed and supported, the real challenge is to move on from pockets of innovation and good practice to whole system change, where improvements are spread and sustained throughout Scotland³⁰.

There were many examples of good practice in the development of joint and integrated front line services for older people. In some areas, such as Clackmannanshire, Aberdeenshire, East Ayrshire, Perth and Kinross and Shetland, older people's services were delivered from local resource centres which provided a mix of services, including home care, integrated day care, care housing, respite care and carers support, and in some cases palliative care all delivered from the one centre.

Promoting health, self care and recovery for older people

Councils faced challenges in achieving a balance between targeting services on those with greatest need and early intervention and prevention. Preventive services are designed to promote the well-being of older people and prevent crises that might bring about illness and loss of independence. There were examples of resources being used imaginatively in this way, for example, the Renfrewshire service to reach out to older adults, the befriending service in East Dunbartonshire that recruited people with limited mobility to provide telephone support to others and 'good morning West Dunbartonshire' that gave a daily telephone call to older people who were socially isolated to check on their well-being.

In our multi-agency inspections of older people's services, we looked specifically at the extent to which agencies collaborated to promote well-being and self care. There was a good range of local projects designed to achieve this, based on collaboration between health promotion staff, councils' leisure and recreation services and voluntary organisations. This included small scale community activities, as well as good development of volunteering and befriending amongst older people.

Falls are a major cause of admission to hospital and many older people fail to recover their independence after a fall or hip fracture. In many parts of the country, agencies were working together on falls prevention schemes. These included initiatives to identify people at risk, who were falling frequently, in order to offer early access to assessment, therapy, equipment and advice. Falls training courses were delivered to health, social work and voluntary agency staff in care homes, sheltered housing and home care services.



³⁰ Scottish Government Health Delivery Directorate Improvement and Support Team & Joint Improvement Team *Improving Complex Care for Older People and People with Long Term Conditions*, 2009.

Better support for people with long term conditions and improving end of life care are two of the action plans developed in response to the Scottish Government's programme to deliver a healthier Scotland³¹. A number of partnerships were collaborating on information sharing, using nationally developed risk prediction tools, in order to identify and support older people at high risk requiring complex care. In a number of partnerships social work staff were engaged in multi-agency groups to improve anticipatory care planning and end of life care. For example, in West Dunbartonshire the Macmillan carers service had been developed in partnership with the NHS and Macmillan Cancer Care. It provided flexible and responsive support to carers of people with cancer and people living with cancer, at any stage on the cancer journey.

Intermediate care services aim to bridge the period between episodes of illness and recovery by providing care on a short term basis for people who need some degree of recuperation. It might be provided in the person's home or in other settings such as care homes, sheltered housing or a community hospital. It usually lasts six weeks or less, with some services designed to offer support for two weeks.

In some partnerships, these services had involved a high level of collaboration between the NHS, social work services and housing agencies, whereas others had been mainly NHS led, without strong social work involvement. There was sometimes a degree of duplication between different services, and a need to improve management and co-ordination. Some local partnerships were making progress on this.

There was some variation in intermediate care services. Usually they included integrated and rapid response teams, re-ablement and rehabilitation teams, early supported discharge teams, and sometimes falls response teams. There were many examples of good joint practice. These included the STARS project in Dumfries and Galloway, the integrated response team in one of the acute hospitals in Fife and the short term assessment and rehabilitation service for older people in East Ayrshire.

Caring for older people in their own homes

There were many excellent examples of responsive home care services, delivered through partnerships involving social work services, community nursing and the voluntary and private sectors. Examples included the mobile home care service in Clackmannanshire, progressive care centres on island communities in Argyll and Bute and the Scottish Borders night support service.

However, there were aspects of home care that were not working well, in directly provided and commissioned services. Intensive home care for older people had developed unevenly and remained low or was reducing in some councils. Although older people were generally very satisfied about their experience of home care they were more critical about home care than other services they received. Issues they raised included:

- inadequate time for support tasks;
- too many changes of staff and not knowing who to expect;

³¹ *Better Health, Better Care: an Action Plan*, Scottish Government, 2007.



- unreliability as to when staff would arrive and depart;
- inflexibility of evening services, with people being helped to prepare for bed long before they wished to retire; and
- poor communication about service changes.

Within the spectrum of home care provision, there was a need across all sectors to develop specialist home care services for people who required such care. This included services for people with dementia, reablement and end of life care services. Some had been developed but more were needed.

Telecare

There has been a significant investment in telecare through the national telecare development programme, which commenced in 2006. By 2007/08, over 16,000 people were receiving a service. Over 85% were older people, and almost 1,500 were people identified as having dementia. Monitoring of the programme³² shows that for a third of people receiving the service, provision was to meet a low level of need; for a quarter provision was to support informal carers in their caring role and to prevent or lessen the risk of hospital admission or facilitate discharge; and for a tenth, to prevent admission to a care home.

In West Lothian, a second generation telecare approach, initially piloted in 1999, had been mainstreamed and was pivotal to the care and support for older people. By the time of our inspection there were 1,950 households with a comprehensive set of home safety devices and supports. Additional devices were provided where people were assessed as requiring them. The independent evaluation of the service showed it had a positive impact on people's lives, as well as being cost effective and successful in preventing people's discharge from hospital being delayed.

Supports and services for people with dementia

We observed some good local services and projects to support people with dementia and their carers. These were provided directly by social work services or in partnership with national voluntary organisations such as Alzheimer Scotland or local voluntary groups. They included joint teams, specialist care

³² *Monitoring Telecare Progress*, Newhaven Research, 2009.

housing, specialist day care, drop-centres/cafes and housing models and flexible support services, which recognised the crucial role of activities and stimulation. There were good examples in Angus, Aberdeenshire and North Ayrshire.

We looked for a range of supports and services for people, including:

- diagnosis and post diagnostic support for people with dementia and their carers;
- good assessment and regular reviews of the person's and carers' needs, including assessment of capacity;
- access to specialist services when required;
- advice, and advocacy for both the person with dementia and their carer;
- competent and well trained staff;
- services that were sensitive to cultural needs, including the needs of black and minority ethnic communities; and
- appropriate supports for people with early onset dementia.

The position across Scotland was patchy. Services were generally inadequate to meet the scale of needs and the increasing incidence of dementia. One of the main gaps we identified in many areas was a lack of support at the point someone was diagnosed and in the early stages of illness. Better outcomes for the person and their carers were possible if they had been well supported early on. There were gaps in services to support carers, day opportunities, flexible short breaks and support for younger people with dementia.

There were a number of joint initiatives around the country where staff in specialist multi-disciplinary teams provided dementia training for home care, care home and extra care housing staff and/or carers.

We concluded that services for people with dementia needed to be given much higher priority by councils.

Promoting older people's mental health and well-being

Mental health is a crucial component of older people's health and well-being. Older people are at risk of depression and other mental illnesses which impair their quality of life. This did not generally receive the attention it required in partnership working, although there was some good practice. For example, in Lanarkshire a practice development practitioner led a multi-agency learning programme for care home staff and care managers. This included dementia awareness training, the mental health needs of older people and signposting to the appropriate community services.

Supports and services for people with learning disabilities

Almost a decade on, performance in services for people with learning disabilities through the implementation of SAY was variable. We found examples of good practice in most councils, and some areas where they performed less well.

Local area co-ordination had been successfully developed by some councils, and was making an effective contribution to improving the quality of life of people with learning disabilities by putting them in touch



with local supports, for example, in Stirling and East Dunbartonshire. The potential of local area co-ordination for other care groups, such as for people with dementia, was beginning to be explored by some social work services.

The lack of active care planning and review was often a significant factor in people not being given options for their future care. A quarter of people known to services lived with older carers. Family bereavement often triggered crises for them and admissions to care homes. This could have been avoided if supports and services were planned at an earlier stage.

Day opportunities were still predominantly organised around day centres. Forty per cent of people with learning disabilities attended a day centre, although more inclusive models, such as community cafes within centres, were becoming more common. North Lanarkshire had redesigned day services to create locality based day opportunities and was successful in creating mainstream employment opportunities by using job coaches to support people into employment. Other areas that were successful in creating job opportunities were Orkney and Shetland. Over a third of people with learning disabilities had some form of day opportunities³³. We met people in different parts of the country who described being helped to enjoy full lives because of day opportunities and supports that helped them to take part in mainstream community activities.

A personal plan was often the key to achieving desired outcomes and making real changes to people's lives. Some councils had implemented person centred planning as a tool to promote and develop personalised approaches. However

progress was varied and slow. The Scottish average for people known with learning disabilities who had a personal life plan rose by only 10 percentage points to 32% between 2003 and 2007. This suggests that most councils still had much to do to improve outcomes for people with learning disabilities.

Respite was a major issue, with all social work services facing a high demand from people who used services and carers for respite services, and having to manage waiting lists. This was not just an issue about the overall resources available for respite, but the way these were organised and deployed. Some areas were developing cost effective alternatives with input from local area co-ordinators, such as the short breaks and opportunities team in Edinburgh, but this was by no means common.

There were increasing numbers of people with complex disabilities and high support needs. This included people with complex physical disabilities, mental illness, challenging behaviour and forensic needs. A range of service models was required to ensure these different needs could be met. Most councils were facing issues of affordability and sustainability. Action was needed to:

- make sure that care and support was well designed and cost effective;
- allocate resources fairly, relative to needs;
- develop or sustain preventive services;
- further develop the potential of strategic commissioning, especially for people with complex disabilities;
- use resources more efficiently; and

³³ eSAY update, Scottish Consortium for Learning Disabilities, 2008.

- make sure all councils adopted the best practices of councils that performed well in terms of service quality, equity and efficient use of resources.

Supports and services for people with mental health problems

A number of social work services and their NHS partners had or were in the process of redesigning their mental health teams, in accordance with national policy, to focus both on mental illness and mental well-being. There was room for improvement in incorporating a recovery approach in the delivery of supports and services. Some social work services had begun this process, for example, resource centres in Midlothian and Falkirk offered a



range of opportunities and supports for people and their carers, including at times of crisis.

As well as strengthening legislation and developing policy to support people with mental illness, increasing attention had been given to mental health improvement. This resulted in the publication of *Towards a Mentally Flourishing Scotland*³⁴. In addition, there had been a number of policy initiatives such as *See Me* to tackle stigma, *Choose Life* to prevent suicide and the introduction of integrated care pathways (ICPs) to improve the co-ordination of mental health services provided by the NHS, councils and the voluntary sector. Standards for ICPs³⁵ were published in 2007 and were endorsed by SWIA in recognition of their applicability in councils. Councils were responding positively to these initiatives and in some areas social work services had taken the lead role.

There was insufficient recognition or concerted action from councils on their statutory duties to promote well-being and social development with social, cultural and recreational activities, training and employment opportunities. Responding to the needs of people with mental health problems goes far wider than statutory intervention, although that was what we tended to hear about during our inspections. To respond to these duties effectively a corporate approach was needed as well as joint work with strategic partners. Many councils were at early stages of this wider work, having focused attention and resources on the compulsory detention aspects of this legislation.

³⁴ *Towards a Mentally Flourishing Scotland; the future of mental health improvement in Scotland 2008-11*, Scottish Government.

³⁵ *Integrated care Pathways for Mental Health*, NHS QIS, December 2007.



Most councils had reviewed and enhanced their Mental Health Officer (MHO) services to respond to the additional duties placed on these services by legislation. Most MHOs we met described challenges in meeting the demands placed upon them and especially in meeting timescales for submitting applications and reports, but they were managing to meet statutory requirements. Continuity of MHO input was important. People valued having the same social worker/MHO over several years, which they stated had helped their recovery. We made a number of recommendations about the lack of emphasis placed on the national standards for MHO services³⁶ and the need for systems within social work services to monitor implementation of these.

There were some good services jointly provided with the NHS and housing and commissioned from the third sector. In addition, there were good specialist services, such as intensive home care and recovery teams and intensive support services for parents who had mental health problems and needed support in caring for very young children. There were also a number of good joint training initiatives, involving psychiatrists, CPNs, mental health officers and other social work staff.

Supports and services for people with physical disabilities

In meeting their responsibilities under disability legislation, councils work with other public bodies to remove the barriers disabled people experience in taking part in everyday life as equal members of society. These include physical and other barriers which prevent or limit access to transport, education and employment and leisure activities. The range of

services and supports provided by social work, in collaboration with the NHS and the voluntary sector included:

- community based rehabilitation, including early and specialist rehabilitation where required;
- support at home;
- day opportunities, sometimes delivered from day centres;
- short breaks; and
- a range of suitable housing options, with support where required.

There were inconsistencies in service provision across Scotland and in many areas services for people with physical disabilities and sensory impairment had a low profile in planning and service delivery.

The majority of people were positive about the support that they got at home and from attending a day centre, but they wanted more assistance to be able to go to college or to be more involved in their local communities. There were inconsistencies in service provision across Scotland.

Equipment and adaptations enable people to regain and maintain their independence at home. Some occupational therapists worked in housing services. This ensured quicker completion of minor adaptations to properties. In most areas, joint health and social work stores were performing well on timescales for delivering equipment once needs had been assessed. In many councils people waited a long time for assessments for equipment and aids to daily living. The scope of assistive

³⁶ National standards for mental health officer services: Scottish Executive 2005.

technology to help disabled people, as for other people, was wide ranging but not yet realised.

People need rehabilitation services to enable them to regain or re-learn skills lost through illness or accident. There were many good services in the community. For example, community rehabilitation teams and re-ablement services in Edinburgh and Angus prevented admission to hospital and facilitated hospital discharge, but these services still needed to be developed in some areas.

Disabled people and their carers identified short breaks and breaks from caring as a gap in service provision.

People identified the lack of accessible, flexible and affordable public and specialist transport as the biggest single barrier to accessing services and mainstream activities.

Services and support for people with sensory impairment

For people with sensory impairment, a number of factors were particularly important. These included:

- having easy access to good quality information in the right format;
- access to independent advocacy;
- access to a range of specialist services and supports; and
- front line staff trained in sensory awareness, including training in communication skills.

There was variation in the availability and quality of services offered across Scotland. Some social work services had sensory impairment teams and provided services such

as rehabilitation and mobility training for people with visual impairment. Others commissioned services from voluntary sector providers with expertise in people with visual impairment, people who were deaf or deaf blind people. Support was available through sign language interpreter services. Some people with visual impairment waited several months for a rehabilitation service due to a national shortage of rehabilitation workers. This was a long term problem exacerbated by a lack of training for staff. Dual sensory loss or deaf blindness is a particular issue and there is a chronic national shortage of trained deafblind communicators to assist people access services.

People valued the provision of assistive technology, for example text phones and computer technology, to support independent living.

Fife and Forth Valley had sensory centres that were joint health, social work and voluntary sector initiatives. People we met spoke positively about the range of services these centres offered and said that they helped to maintain their independence in the community. They also said that the centres addressed potential barriers arising from their disability and helped promote inclusion.

People who use services were more positive about specialist services than mainstream ones, because they felt staff had the specialist knowledge, training, skills and motivation to meet their needs. Whilst specialist services play an important role, it is important that access is opened up to mainstream services, including day opportunities and employment services.



Supports and services to people with substance misuse issues

People who use substance misuse services and their carers tended to be the least positive about outcomes. Managers and staff working in this area spoke of their job satisfaction, but were aware of the challenges posed by people who used substances, some of whom were unwilling recipients of social work services. This could be as a result of child care concerns or as a condition of a court order.

There had been progress in partnership working as a result of *Getting Our Priorities Right* and *Hidden Harm*. More work was needed to ensure that social work services and their partners responded appropriately to the needs of children affected by parental substance misuse and their families. Our multi-agency inspection follow up of substance misuse services in Grampian in 2009 highlighted the need for improvements in the joint assessment and monitoring of these families.

Integrated working on tackling substance misuse between partnerships varied. Services need to be developed collaboratively by a wide range of agencies, with an emphasis on recovery.

Substance misuse services varied in their effectiveness and in how closely they worked with partners. Some services were struggling to meet the demand and their focus on drugs was sometimes at the expense of problem alcohol misuse. Partnerships needed to give substance misuse a higher priority and ensure that the level and focus of resources was based on robust evidence.

Partnership working

Strategic partnerships existed between adult social work services and their key partners, located within the wider context of community planning and single outcome agreements. Partnership working with the NHS was well advanced at a strategic level in some councils. Partnership structures varied and what was most important was effective delivery of services by frontline staff working across agency boundaries. There were examples of joint services with aligned budgets, for example joint equipment stores, but in only a few council areas were there fully integrated services with pooled budgets. One positive example was the integrated mental health service in Clackmannanshire, involving the council, community health partnership (CHP) and the voluntary sector. It operated with a single management system undertaking joint, planning, development and resource management.

Most progress had been made in developing joint teams for mental health, learning disability and some older people's services. In a few areas, services had made significant investment in joint community addiction teams. Most staff who worked in joint teams said they worked well together. Although there were some tensions for staff from different professional backgrounds and issues about different terms and conditions of employment.

There were some good services planned and delivered jointly with housing services, but there were councils where access to a suitable range of ordinary housing, where support could be provided, was limited. There were some examples of joint working with community and leisure services, but more work was needed.

This was important to ensure social inclusion and supporting access to mainstream services.

Joint working between adult and children and families services varied, especially in how well they managed the transition of children to adult services. In a number of reports, we made recommendations about the need for improved communication across services. This was especially important in adult and child protection.

Planning and commissioning services for adults

We deal with cross cutting issues relating to strategic commissioning in Chapter 7, including social care markets and the role of councils as providers. Here we cover strategic commissioning and planning for adults' services.

Councils performance in the strategic planning and commissioning of services for adults was variable. All partnerships had some form of joint planning structures although often these worked more effectively for some adult groups than for others. There were variations in the level of involvement of people who use services and their carers, as well as strategic partners. Partnership working with the NHS was particularly important and this was mixed. Lack of progress in some areas could not be attributed solely to social work services. Other key partnerships included housing, the voluntary sector and provider organisations and other services had varying levels of success in establishing and maintaining these arrangements.

Fully developed joint plans and commissioning strategies for older people were in place in relatively few areas, although work was in progress in many councils to take these



forward. Some areas had older people's commissioning or capacity plans which took a long term view. One example of good practice included Edinburgh's 'Live Well in Later Life' capacity plan for older people which together with the 'City for All Ages' strategy was a broad and inclusive approach to redesigning older people's services in the city.

Planning and commissioning for people with dementia was not well developed. There were good examples of mapping of dementia services, for example in partnerships in Tayside, but these had still to develop into a comprehensive approach to meeting future needs. There were few plans or strategies in place for supporting older people with depression or other mental illness and it will be important to address these gaps as the older population increases.



Strategic planning and commissioning for other adults tended to be patchy. There were strategies and joint plans for people with learning disabilities in most partnerships, although these were of varying quality. There were gaps in planning and commissioning for people with mental health problems, sensory impairment, physical disabilities, and substance misuse. In some areas services were externally commissioned but providers were not always given a clear strategic direction by the statutory partners about desired outcomes.

Strategies for adults needed to make better links with children and families and criminal justice services. North Lanarkshire had developed a comprehensive commissioning strategy for all adult groups. In Midlothian, joint planning arrangements for people with mental health problems had engaged all local agencies and the voluntary sector as well as people who use services and there were plans to extend the model of joint working to other adult groups.

Chapter 3:

Services and supports
for children and families



In this chapter we report on services and supports provided to children and families.

Key messages

- Social work services were looking after and providing care for increasing numbers of children. There were large increases in numbers of pre-school and primary school aged children being looked after at and away from home.
- Social work services were at an early stage in measuring the difference they made to the lives of the children they cared for. Their performance varied considerably.
- The balance of services for children looked after away from home varied widely.
- As corporate parents councils had a growing recognition of their responsibilities to improve outcomes for looked after children.
- The quality of risk assessments was inconsistent. The threshold for intervention varied both within and between services.
- Councils were not planning and achieving long term security quickly enough for all the children they looked after away from home. Services need to prioritise planning the futures of these children and avoid delays in decision making.
- Children's services were not planning and commissioning strategically enough.

Context

There are five themes at the centre of policy and practice for children and families, these are:

- reframing child protection to recognise the wider responsibilities of agencies and communities;
- initiatives to improve the services for looked after children in foster and kinship care and in residential care;
- supporting councils to discharge their responsibilities as corporate partners;
- recognising that a range of supports including early intervention can help to keep children within their own families, both for very young children and young people who offend; and
- listening to and acting on the views and wishes of children and young people who are looked after.

The legal context underpinning these five themes is complex. The Children (Scotland) Act 1995, which aimed to balance the protection of children with the rights of parents and to limit compulsory intervention to a minimum, provides much of the current legal framework for work with children and families.

It's Everyone's Job to Make Sure I'm Alright (2002) contributed to approaches to protecting children in Scotland. *Hidden Harm* (2004) and *Getting our Priorities Right* (2006) placed tackling parental substance misuse at the centre of policy initiatives in work with children affected by this.

To achieve greater conformity and consistency across Scotland, the Scottish Executive (2005) proposed a programme of change – *Getting it right for every child* (GIRFEC). This promoted an approach whereby all statutory agencies in partnership with local communities would collaborate to improve outcomes for children and young people.

Linked to the GIRFEC developments have been initiatives to improve kinship and permanent care for children. *Getting it right for every child in kinship and foster care* (2007) brought an increasing focus on clarifying and improving financial support for kinship carers. Permanency planning for children who cannot live with their birth family has been reviewed and new legislation, the Adoption Children (Scotland) Act 2007, came into effect in September 2009.

The role of councils as corporate parents was central to the conclusions and recommendations of *Extraordinary Lives* (2005) which was based on listening to the

views of young people who had been looked after, along with staff, and foster and kinship carers. These themes were developed in *Looked after children and young people: we can and must do better* (2007), and in the guidance for councils and community planning partnerships, *These Are Our Bairns* (2008) on improving opportunities for looked after children.

How to respond positively to young people in trouble has been the subject of number of initiatives. Targeting persistent young offenders has been widened to consider prevention and earlier intervention. There has been recognition of the value of specific services for young people who display sexually harmful behaviour.

Policy initiatives in the past two years have advocated the importance of intervening earlier in families. The *Early Years Framework* (2008) started from an analysis of the type of experiences that will support positive outcomes for children, based on evidence from research and from work with parents and children. This provided the basis for a new vision for early years, that is:

- children should be valued and provided for within communities which put children at the centre of service delivery;
- to provide more support through universal services when children need it; and
- children should be able to achieve positive outcomes irrespective of race, disability or social background.

Single outcome agreements, as they develop, and the community planning process will be the key local mechanisms for putting this framework into practice.



Data and trends

This section provides a summary of expenditure trends, social and demographic changes, and service activity. Unless otherwise stated, information is given for children and young people under 18 years.

Expenditure

In 2007/08, gross expenditure by councils on children's social work services amounted to £705 million. In the four years to April 2008, gross expenditure across all councils on children's services increased by more than inflation, with a national increase of 27% in real terms. Real term increases in mainland councils over the same period ranged from 9% to 67%. There were wide variations in levels of spend at council level. This suggests the need for further examination, both nationally and at individual council level.

Demographic and social trends

Between 2004 and 2008, the child population in Scotland fell by 2.6%. However, pressure on social work services increased significantly over the same period.

There is a high correlation between deprivation and the numbers of children looked after, both at and away from home. Increased prevalence of parental addiction is also a significant factor which results in increased needs. The impact of this can be seen in the numbers of children looked after by relatives, as well as those placed with foster carers.

Aspects of social work practice and partnership working also impacted on the numbers of looked after children and how changes are done. These included:

- differences in tolerance levels and risk thresholds when supporting vulnerable children and families;
- different approaches towards, and support of, kinship carers; and
- delays or missed opportunities for permanence planning which resulted in more children continuing to be looked after away from home.

Other trends which have a bearing on the need for social work services include the rise in the number of children with complex disabilities and high support needs. The number of children with autistic spectrum disorders is also increasing.

Service activity

In the four years to March 2008 there were significant increases in numbers of children in Scotland looked after at home and away from home.

The scale of change was variable at council level for both children looked after at and away from home.

Nationally, the numbers of children looked after away from home increased by 20% over the three years to 2008. The range was +86% to -10%. Six mainland and two island councils had increases of over 40%. There were decreases in two councils.

In addition, the numbers of children looked after at home increased by 21% over the three years to 2008. The range was +118% to -38%. Ten mainland councils and one islands council had increases of 40% and above. Numbers decreased in nine mainland councils and two island councils.

The scale of the differences suggests a need for further examination and benchmarking by councils. The areas with the largest increases were not necessarily city councils or areas with high levels of deprivation.

Figure 3.1 (see Appendix 1) gives information about the age of children looked after away from home, and how this has changed over time. This information is available for 2005 onwards. There were steep increases in both the number of pre-school and primary school aged children (32% and 29% respectively), and a much smaller increase in young people over 11 years (7%). The trends suggest that in the future, there may be a growing number of teenage children looked after away from home as the current group of looked after children become older. This will have significant implications for service planning and commissioning.

In 2008 most children looked after away from home (50%) were placed with foster carers. This is slightly less than the figure of 54% in 2004, although the number of children in foster care increased by 23% over the 4 years. There was a large increase (+68%) in the number of children looked after by friends or relatives. Such children accounted for 28% of children looked after away from home in 2008 compared to 21% in 2004.

There were significant variations at council level in the rates of children looked after in different settings.

Figure 3.2 (see Appendix 1) provides details at council level for the balance of services arranged for children looked after away from home, and shows very wide differences between councils.

- rates of residential placements;
- the use of foster care placements, including placements provided by private agencies; and
- rates of children looked after in kinship care.

The reasons for these differences were not well understood within social work services. Further examination and benchmarking is required to understand the impact of the differences on outcomes for children and on expenditure trends. Some councils needed to give priority to this in order to improve the effectiveness and efficiency of their children's services.

Outcomes and impact

Personalised approaches

Social work services for children and their families should be well placed to provide personalised approaches. The need to listen to the views of the child and intervening at the minimum statutory level are set out in legislation, the children's hearing system and the GIRFEC agenda. Prevention, early intervention and working in partnership with families have long been understood as the foundations of good practice.



Throughout our inspections we observed and learned of many examples of staff listening to children, representing their views and wishes and working in partnership with parents and families to promote change, for example, through family group conferencing and intensive outreach services.

However, some significant barriers to a fully personalised approach remained. These included poor quality assessments, drift in care planning and reviewing and slow progress in strategic commissioning. These resulted in poorer outcomes for children.

In the main, parents and carers were invited to reviews and other decision-making meetings about children. However, when we met with children and their families they often told us they did not always feel able to participate fully in these meetings. For example, they did not receive copies of assessments, care plans and review reports in advance of meetings.

Older children normally attended their looked after reviews, although some told us they could find it difficult to express their views because of the large number of people present. There was little evidence of efforts to obtain the views of children who, because of their age or the extent of their disability, did not usually attend reviews or other decision-making meetings.

Achieving outcomes

Although work had been done by councils on outcomes for different groups of children, no council had a comprehensive, structured approach in place to measure, monitor and review outcomes. However, managers were increasingly recognising the importance of

doing so – both in order to evaluate existing services, as well as meeting the objectives of single outcome agreements.

In view of the lack of reliable national data about outcomes, we used national performance indicators to supplement information derived from our inspections.

Figure 3.3 in Appendix 1 provides a summary for some key aspects of service for 2003/04 and 2007/08. It sets out the range of performance indicators. The variation was significant and did not change markedly over the course of the inspection programme. Most indicators showed that performance was improving, albeit slowly. Some councils were unable to provide accurate data.

National indicators in themselves do not provide a definitive view of performance. However, they can be a route to more meaningful information about the differences services make if considered alongside other variables, set within a local context. For example, the Scottish Government is introducing a new reporting framework to improve educational outcomes for looked after children in response to *We can and must do better*³⁷. It is encouraging councils to complement this with additional local information in order to understand the data. Councils could apply this approach to other current performance indicators for example asking the questions:

³⁷ *Looked after children and young people: We can and must do better*, Scottish Executive, January 2007

- *Why do we have the numbers of looked after children we have?* – does this reflect the level of preventative work; the quality of children's hearing's reports; confidence of key stakeholders in practice? Is the service risk averse, are interventions effective, are children moving slowly through the system?
- *What are we doing to improve the lives of children in residential care?* – are care plans and reviews setting and measuring outcomes, are there adequate arrangements for parental and sibling contact?
- *What are we doing to improve the stability of placements?* – are placements of good quality, flexible and suitable to the needs of the child, numbers in placements, are the moves planned, are decisions for permanency being delayed?
- *How can we improve outcomes for care leavers?* – what use is made of service user feedback, are resources adequate, are there partnership arrangements in place with colleges, employers, careers service and housing providers?

As we discuss later, children's care plans often lacked focus on outcomes. Being more specific in agreeing and recording outcomes would enable councils to collate and use information to develop more effective services. Building outcomes into assessment and review processes as well as into the evaluation of service delivery is essential to improving outcomes for children and young people. Services should be collecting better data on children and young people entering and leaving the care system to monitor their progress.

Outcomes from case file scrutiny

Services should scrutinise case files as a way of measuring effectiveness. In almost three quarters of case files we read, there had been an improvement in the child's circumstances. In nearly all of these, this was attributed at least partly to effective social work services.

In just over one quarter of case files, the child's circumstances had not improved and in almost three quarters of those case files, this was attributed at least partly to ineffective social work services. We discuss the quality of case management later in this chapter, but research from 2002 made it clear that achieving good outcomes for children was highly dependent on effective social work³⁸.

Outcomes for looked after children

It is essential that social work intervention makes a positive difference to the lives of all looked after children. In *Celebrating success: what helps looked after children succeed*³⁹ young people who had been looked after identified certain elements as critical for them:

- having people who care about you;
- experiencing stability;
- being given high expectations;
- receiving encouragement and support; and
- being able to participate and achieve.

38 *It's everyone's job to make sure I'm alright*, Scottish Executive, 2002

39 *Extraordinary Lives*, SWIA, 2006.

Corporate parenting

Extraordinary Lives concluded that:

“... the single most important thing that will improve the futures of Scotland’s looked after children is for local authorities to focus on and improve their corporate parenting skills.”

Councils were at varying stages of putting corporate parenting into action. Many had held events to emphasise the need for council services and partner agencies to work together and were developing policies and action plans. Elected members had clarity and enthusiasm about their responsibilities as corporate parents in councils where chief executives and senior social work managers had taken an active lead in driving this approach forward – for example, in East Ayrshire, Scottish Borders, Falkirk and Inverclyde.

More councils needed to translate a stated commitment to corporate parenting into practical ways of making a difference to young people’s lives.

Educational outcomes

One outcome of good corporate parenting is ensuring that children who are looked after do well educationally. However, despite successive Government reports and initiatives⁴⁰ to improve outcomes, progress has been slow. Educational attainment for children looked after at home is significantly poorer than for those who are looked after away from home and improvement in this area is needed.



A number of councils were working hard to meet the challenge of closing the gap between attainment levels in the general population and their looked after children. Contributory factors in effective services included:

- educational attainment of looked after children being a shared strategic and operational priority for education and social work;
- schools having named teachers or co-ordinators who were trained to identify and deal with any issues experienced by looked after children;
- good support provided by educational psychologists to ensure accurate assessment;
- effective tracking of progress; and
- multi-agency forums to agree support and resources.

Taking co-ordinated action to reduce exclusion rates, initiatives to maximise attendance and mentoring arrangements also featured in examples of successful improvement.

⁴⁰ *Learning with care*, HMIE, SWSI, 2001.
A Curriculum for Excellence, Scottish Executive, 2004.
We can and must do better, Scottish Executive, 2007.

Providing stability and security

Where children and young people cannot live with their parents, they need safety, security and stability in their lives in order to achieve successful outcomes.

Even where children were enjoying good quality care arrangements, too many had experienced uncertainty and drift in their placements without a focus on planning and achieving a permanent placement at as early a stage as possible. Services must continue to meet the challenge of improving performance here within the context of families in difficult circumstances.

Services were placing increasing numbers of children with kinship carers. This rapid increase was not always matched with clear policies and procedures. Without clarity about roles, social workers could be left to manage the often competing needs of the child, birth parents, siblings and kinship carers. Complex family circumstances require careful consideration and monitoring. Permanency planning for children in kinship placements was less developed than for children in foster care.

The concordat between Scottish Government and local government has a clear commitment to 'providing allowances for kinship carers of looked after children to treat them on an equivalent basis to foster carers'⁴¹. Many councils were focused on the financial implications of this and were not always taking the opportunity to develop a strategic approach to the role of kinship carers as one of a range of options for children and young people who cannot live at home.

Young people leaving care

Outcomes for young people leaving care are poorer than for the general population. Statistics for care leavers in employment, education or training as a percentage of those in touch with social work services show that in 2007/08 on average more than half of those in touch with social work services were not in employment, education or training. As with other indicators, performance varied considerably, ranging from 11% in employment, education or training in the poorest performing council, up to 100% – with an average figure of 42% for all councils.

The majority of young people we met told us they had been helped by their throughcare workers to find college places. North Lanarkshire council had recruited job coaches as part of a supported employment service to work specifically with young people who were or had been looked after away from home. A mentoring support project in Renfrewshire trained local people, as part of wider work, to engage young people in education, training and employment. However, we saw few examples of councils providing job opportunities for care leavers despite the fact they might be the largest local employer.



⁴¹ Scottish Government and CoSLA, 2007, Concordat.

Following inspection, a number of services improved their performance. Formal engagement with the careers services and local colleges, increased capacity in throughcare and aftercare services and additional targeted resources from partners in education, housing and health often featured in their improvement actions.

Children with disabilities

*Quality matters in children's services*⁴² identified three priority areas to improve outcomes for children with disabilities:

- empowerment in decision making and accessing resources;
- responsive services and timely support; and
- improving the quality of services.

Overall, services have some work to do to improve performance in these key areas. Parents consistently told us about their concerns in our carer surveys.

Families and carers told us that getting enough of the right services was a central factor in improving outcomes for their children. However, the way the services were provided



and whether they were easy to access were also important. Parents were more positive about the difference local services were making where they had been consulted and involved in planning services.

The SWIA led multi-agency inspection of services for people with learning disabilities⁴³ reinforced the view that promoting inclusion and enabling independence was best achieved where services were developed in effective partnership with families, universal service providers and communities. The day care link project in South Ayrshire was a community respite scheme which provided regular short breaks in mainstream day care services, such as child minders, playgroups and out of school groups. It recruited and trained mainstream providers who were willing to develop experience and skills in working with children with, and affected by, disabilities.

What people told us about outcomes

In all of our inspections we met with groups of children – including young people who were, or had been looked after. They gave us some positive messages about their experiences:

- many said that they were happy with the services they were receiving;
- those in residential care and those living with foster carers were generally content with the care in these placements; and
- many were positive about the care they received from specialist teams or commissioned services (for example those dealing with substance misuse or offending or facilities for young people with disabilities).

⁴² *Quality matters in children's services*; messages from research, Mike Stein 2009.

⁴³ Multi-Agency Inspection of Services for People with Learning Disabilities in Ayrshire. SWIA March 2007

Young people were particularly satisfied with the support received from their through care workers for 'being there' when they needed them, not judging them when things did not work out, being able to give them information and helping them solve problems. They appreciated the time their worker spent with them helping them to achieve success, and helping them feel part of the community.

However, young people also told us about poor experiences of services. Many children and young people complained of seeing their social workers too infrequently and about difficulties contacting them by phone. An issue of great concern was frequent changes of social worker they had experienced. Some commented that they saw their social workers only at reviews or Children's Hearings or at supervised contacts with parents or siblings. Advocacy workers generally supported this view.

Young people leaving care gave us clear messages about the need for more and better resources to help them succeed in living independently:

- they wanted more choice and help with accommodation;
- some knew they had not been ready to move into their own tenancy;
- they did not always feel safe in their tenancy; and
- hostel accommodation sometimes felt unsafe.

Advocacy

All services either had children's rights officers in post or they had commissioned advocacy from an independent provider – most commonly 'Who Cares? Scotland'. Advocacy was generally well used and valued by young people. North Ayrshire had commissioned Children 1st to offer advocacy for all children and young people whose names were placed on the child protection register.

Most advocacy services had limited capacity. Priority tended to be given to those young people who were looked after away from home, normally those in residential accommodation rather than foster care. Advocacy for children with disabilities or mental health problems was under-resourced despite the statutory requirement to provide this for children with a mental disorder.

There was little evidence that social work services used the annual reports of these advocacy services to draw lessons from the areas of concern children had raised with them and use these to inform strategic planning of children's services.





How services were delivered

Resource allocation

A few services had set up early intervention multi-agency meetings to consider who was best placed to meet the needs of children and young people, and by what means, often in relation to offending and domestic abuse. Some services were channelling all new referrals through such meetings to share information and decide on the 'lead professional', in line with a GIRFEC approach.

Some social work services found it difficult to tell us how many children were receiving a service and how many were waiting for one. This was partly because they had not kept their electronic data up-to-date. The problem also reflected the varying ways in which they defined 'unallocated' requests for a service. This created an inherent challenge for some to effectively plan, develop and allocate services. In addition, some first line managers had nominally allocated children and young people to themselves, which further masked the problem.

Most services had resource panels, often multi-agency, that considered requests for resources for young people whose needs were more complex. These panels did not necessarily lead to improvements in joint working between education and social work. There were very few instances where these panels were systematically recording the level of unmet need and using this information to inform service planning and commissioning. Consequently, gaps in education, fostering and residential resources contributed to young people being moved to (often costly) out of authority placements. While such placements

could be beneficial for some young people, this was not always the case and managers were making some decisions on the basis of a lack of local resources. This was a missed opportunity to record and quantify levels of unmet need to improve and plan services.

Assessment, care planning and review

Quality of assessments

Two thirds of the assessments⁴⁴ we read were of a good or better quality but there was room for improvement in the remainder. It was not always apparent that those making the assessments had gathered and analysed all available and relevant information to establish a full picture of the child's needs and risks. Just less than one in ten failed to meet even a basic acceptable standard. Overall, assessments of the needs of looked after children were of better quality than those of young people leaving care or children with disabilities.

There was a positive association between the quality of assessments and the level of supervision offered by first line managers and the amount of case file scrutiny by these managers. Practice was better where services had rigorous quality assurance measures in place. SWIA has produced a guide to recording and the impact of management scrutiny on case records⁴⁵.

Impact of 'Getting it right for every child'

Councils and their partners were at different stages in implementing the integrated assessment framework (IAF) which is central to the GIRFEC approach. Some had made insufficient progress.

⁴⁴ We read over 1000 and this figure excluded assessments read during the three pilot inspections.

⁴⁵ On the record, Practice Guide, SWIA 2010

Partners were increasingly delivering inter-agency training on the principles underpinning GIRFEC. The Highland GIRFEC Pathfinder has been evaluated and provides some insight into effective implementation. Most councils had not yet fully implemented GIRFEC or the IAF in practice. Data sharing was still problematic in some areas. Where councils and their partners had begun to use a common framework it was largely a social work document into which they 'cut and pasted' contributions from other agencies. The electronic framework and tools to support delivery are still being developed by Scottish Government.

Integrated assessments were becoming increasingly structured and standardised. However, it was too soon to evaluate the impact of a common framework on their overall quality. It is important that services pay due attention to addressing issues of quality while they are in the process of developing an integrated approach. Although some progress had been made, councils and their statutory partners needed to make sure that ownership of the needs of the most vulnerable children extended beyond social work services to involve all relevant agencies.

Timely assessments

Timely assessments for children and young people in need are crucial, and social work services do not always perform well in this area. Many were not meeting the target set by the Government of submitting 75% of assessment reports to SCRA⁴⁶ on time. For the period 2008-09 the Scottish average was 41%. Performance varied widely from councils who submitted less than 20% of their reports on time to a small number who met or exceeded the national target.

Pressure of work in other teams arising from the volume of referrals generally played a part. Services pointed to the impact of increasing problems of substance misuse and the pro-active approach the police had taken in referring children living in situations of domestic abuse. However, these increasing pressures did not fully explain the variation in performance. Some councils in which communities experienced high levels of deprivation and associated problems were performing better than others. Performance was better in relation to reports on young people who had committed offences. Specialist youth justice staff normally prepared these.

Care management

Services had allocated a named social worker to most children looked after away from home and almost all children whose names were on the child protection register. However, there were some areas where some children looked after at home did not have a named worker and we commented on this. Similarly, a few areas had not been able to allocate a social worker to some other children and young people who needed a service – for example, children with disabilities, young people leaving care and some children in kinship care placements. In order to achieve safe and purposeful intervention, services should make sure that appropriately qualified staff are matched with the needs of the young person when they need it. Good reviewing arrangements for children who are waiting for services are essential.

46 Scottish Children's Reporter's Administration

We looked at the more general issue of arrangements for transferring children's case files between workers and services and found that just over half of applicable case files contained a transfer summary. Transfer summaries should be prepared and accurate historical information should be available when people move within and between services to make sure that the impact of life experiences and potential risk factors are fully understood when making future plans.

Care planning

We read around 1,200 case files for children and young people during our inspection programme⁴⁷:

- most contained a care plan for the child or young person but one in five did not. Three quarters of plans mostly addressed the child's assessed risks and needs but one in four only partially addressed them or failed to do so at all;
- over 80% of care plans for children were regularly reviewed. Almost all care plans for children who were looked after away from home were regularly reviewed (92%) but only 71% of care plans for children with disabilities were regularly reviewed;
- new and reviewed care plans were often not clear enough about the timescales for planned actions. Almost 60% did not set these out;



- few care plans took a long term view of the needs of the child and it was rare to find a plan that linked actions to anticipated outcomes. Many focused solely on what activity was to take place before the next review; and
- there were few examples of care plans for black or minority ethnic children which specifically addressed their cultural or racial needs.

The need for an element of independence in reviewing the care plans of looked after children was set out as best practice in guidance to the Children (Scotland) Act 1995⁴⁸. Most services had independent reviewing officers, though in many cases the responsibilities of these officers did not extend beyond chairing reviews for children who were looked after away from home. In almost all services there was not enough clarity about the extent of the chairpersons' delegated authority to ensure delivery of care plans. There is a need to clarify how this authority is exercised.

⁴⁷ This figure excludes case files read in the three pilot authorities.

⁴⁸ Children (Scotland) 1995 Guidance; Vol. 2; Children looked after by local authorities; para. 93 states that those reviewing cases should 'ideally' not have line management responsibility for the case.

SWIA's report on deaths of looked after children concluded that the majority of children⁴⁹ with life-limiting conditions had received good care from their families, foster carers and short break services. There were some detailed and sensitive accounts of end of life care and the supports offered, and how the complex relationships between birth families and foster carers had been carefully managed.

Planning for permanence

Permanency planning was taking too long for the growing number of children looked after away from home.

Planning for permanence should be the primary objective for all placements and should begin as soon as possible. The number of children secured in placement under the terms of a Parental Responsibility Order (PRO)⁵⁰, i.e. for whom permanence plans had been implemented, had risen by 24% between 2004/08, to a total of 424. This represented just 5% of the total number of children looked after away from home. Numbers of children freed for adoption rose from 70 to 134 in the same period. Social work services were not achieving long term security for children quickly enough. Timescales for assessments were not clear, the quality of evidence presented to support decisions was variable and there were delays in implementing plans after a decision had been made.

The emotional impact on children of living with uncertainty about their futures and delays in finding planned, long term placements results in poor outcomes for them. A number of children also experienced a good deal of disruption within their placements.

A considerable number of services had invested resources in family group conferencing, often in partnership with a voluntary organisation. These brought together the child's extended family to come up with options for their care where they were at risk of abuse or neglect, or their parents were unable to care for them due to substance abuse, physical or mental ill health.

A few services were trying to be more rigorous in planning for children's futures, for example by setting up specialist permanency planning posts, establishing specialist teams, firming up procedures, training staff and improving auditing arrangements. Most needed to do much more. Staff recognised the importance of this work, but often told us they lacked experience and confidence in this area and struggled to give it the necessary priority.

Managers needed to take a strategic approach to prioritising this area of work in order to improve performance and assessment and decision making within services. They needed to anticipate the impact of increasing levels of need, as the number of looked after children increased. Councils, as corporate parents, needed to do much more to ensure that permanence was planned for all children who were unable to live with their families.



⁴⁹ SWIA Deaths of Looked After Children annual report; May 2009.

⁵⁰ Parental Responsibilities Order, S 86 of the Children (Scotland) Act 1995. Now replaced by the Permanence Order; Adoption (Scotland) Act 2007 which came into operation in Sept 2009.

Contact and purposeful intervention

In three quarters of the case files that contained a care plan, the level of contact with the social worker was in keeping with the requirements set out in the care plan. We observed many examples of good social work practice.

These included:

- good quality assessments on which to base a comprehensive care plan that was specific about actions, their purpose and timescales;
- use of research and evidence based practice;
- involvement of children and their families; and
- good care management built on a meaningful relationship between child, family and social worker achieved through regular, good quality contact.

This provided firm evidence that social work staff had the necessary skills and knowledge to make purposeful relationships with young people and their families. Staff we met wanted more time for face to face contact with children.

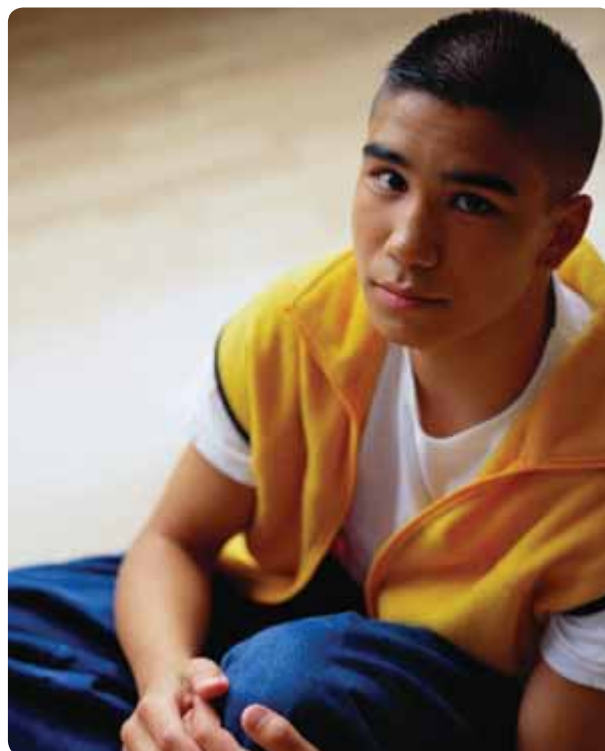
However, we did not always find it easy to gain an accurate picture of the effectiveness of care planning and delivery of services from the case files. In around a quarter of case files the quality of recording in either electronic or paper files was not good enough. Staff expressed frustration that inputting data to recording systems and assessment frameworks could absorb significant amounts of their time. There is a challenge for services to balance the need for purposeful direct work with the requirements and benefits of reflective analytical recording.

Assessing and managing risk

We did not generally find a consistent, coherent approach between and within councils to the identification and definition of risk. We read case files and observed meetings that highlighted and explored risk factors, but without a structured assessment framework that ensured an accurate evaluation of the meaning and level of risk. Consequently there were variations in establishing a consistent risk threshold within and between councils and with partner agencies. Councils that had developed a coherent approach were also the ones where children's services staff worked to the same risk assessment framework.

Assessing risk

The importance of a coherent approach to risk assessment has been recognised in child protection research and inquiries⁵¹. Having



⁵¹ For example, research studies which informed DOH 2000; NSSPCC/DOH 'The Child's World' (2005).

agreed assessment tools is important as is the exercise of professional judgement and regular supervision. There were particular issues in making sure that the consideration of risk is clearly identifiable within the integrated assessment framework within the GIRFEC model.

Risk assessment practice in youth justice services was more consistent, with most staff using accredited tools including ASSET and YLS/CMI⁵².

Children whose names were on the child protection register were most likely to have up-to-date risk assessments and risk management plans, although only 57% of case files contained chronologies. The role of chronologies as a tool to inform risk assessment and analysis was highlighted in the Western Isles Report in 2005⁵³. SWIA has published a separate practice guide on this topic⁵⁴. Councils were paying increasing attention to developing single and multi-agency chronologies, the latter in partnership with education, the NHS and other agencies.

Our analysis indicates a positive association between chronologies and the quality of assessments. Children with disabilities had some of the poorest quality assessments and only one quarter of their case files contained a chronology. Given the evidence from many studies⁵⁵ that disabled children are significantly more vulnerable to abuse, this is an area for improvement.

Managing risk

Risks cannot always be eliminated; those who carry responsibility for providing services have to manage and minimise them.

Supervision provides an opportunity to review the role of the worker and to plan responses. Other key processes such as multi-agency case conferences are central to effective risk management. A number of services had independent chairing arrangements for conferences to provide quality assurance and an additional level of scrutiny. However, the effectiveness of such processes remains dependent upon an accurate assessment of risk and the ability of professionals to analyse the impact of ongoing events and behaviour. Where risk management worked well, the following elements were present:

- compliance with procedures and processes for managing the care of children on the child protection register, including appropriate timescales for carrying out agreed actions;
- skilled chairing of child protection reviews and case conferences;
- seeking the views of the young person and their parents and carers and encouraging their participation;
- effective multi-disciplinary working involving social work services, education, health, police and the third sector; and
- universal services such as education, health and housing are fully engaged in early intervention and the identification of children at risk.

Children and families who used services experienced variable quality and intensity of risk assessment and management practice. One of the most encouraging developments was the much greater recognition of domestic

⁵² ASSET is a structured assessment tool that aims to look at the young person's offence or offences and identify a multitude of factors or circumstances which may have contributed to such behaviour. YLS/CMI is a risk/needs assessment and a case management tool for young offenders combined into one.

⁵³ An inspection into the care and protection of children in Eilean Siar; SWIA 2005

⁵⁴ Chronologies; SWIA 2010

⁵⁵ Studies referred to in Extraordinary Lives, SWIA (2006) and An inspection into the care and protection of children in Eilean Siar SWIA (2005). Stalker K; McArthur K; Green Lister P; and Lerpiniere J (forthcoming) Child protection and Disabled Children: Nordic Network for Disability Research

abuse and the development of multi-agency attempts to address this⁵⁶. Many services had positive working relationships with police and other agencies. However, they were responding in different ways to families where there was alcohol and drug misuse. Different professional groups held a range of views about perceived risks to children, as well as timing and levels of intervention. Councils and partners need to establish consistent thresholds of risk for children living with domestic abuse and substance misuse and recognise that children will experience different risks depending on their age and stage⁵⁷.

Mental health services for children and young people varied both in terms of quality and availability. We frequently heard of children having to wait for specialist assessment and support from local Child and Adolescent

Mental Health Services (CAMHS). Managing the risks presented by children who self harmed was not always well developed. On the other hand, some young people at risk received prompt responses and there were imaginative ways of trying to engage them – for example, by maintaining contact with them, providing reassurance and offering them support.

Social work services were providing or, more often, purchasing services for children and young people engaged in sexually harmful behaviour. Community-based services for these children are not subject to regulation. In work with young people who display sexually harmful behaviour, risk assessment and management was variable and often poorly developed. The work was underpinned by different theoretical models, completed to different levels, and the evidence for outcomes



⁵⁶ E.g. the four GIRFEC pathfinder projects as part of GIRFEC are testing the single trigger of children exposed to domestic abuse 5

⁵⁷ A useful discussion and definition of this can be found in NSSPCC/DOH 'The Child's World' (2005)

was not always clearly stated. Assessment reports compiled by service providers in this area were not always shared with the commissioning body.

In the wake of the *Review of the Management Arrangements of Colyn Evans by Fife Council and Fife Constabulary*⁵⁸ Scottish ministers asked for inspections of the four residential schools providing such services. These inspections⁵⁹ found variations in the quality of provision, and inconsistencies in the delivery of services and made a number of recommendations for improvement. A follow-up inspection, reporting in 2009⁶⁰ found that agencies had made significant progress in addressing the recommendations, though there remained more to do.

Transitions

Two significant points of transition for young people known to social work services are their experiences of leaving care and, for those with disabilities and complex needs, moving from having received children's to requiring adult services.

We read 260 case files involving transition between child and adult services⁶¹. Overall it had been handled well for 70% of the young people involved. In the main the young person themselves had been involved as had relevant partner agencies. However, there was less evidence that carers and parents (where appropriate) were being involved. The variation in performance between councils in this area was considerable.

Planning for young people leaving care

Pathways planning⁶² offers an outcome focused approach to assessing skills, knowledge and plans for independence and should begin well in advance of a young person leaving care.

Despite some improvement over the past five years, performance information submitted by councils showed that 45% of young people leaving care in 2007/08 did not have a pathway plan. Where we made recommendations for improvement as part of inspection, performance had improved at the follow-up stage. In 2007/08 57% of care leavers who had a pathway co-ordinator.

Some services told us that young people and staff found the pathway plans cumbersome and not easy to use and had either adapted the pathways materials, or had developed other kinds of plans. There were some good examples of effective reviewing arrangements within throughcare services.

Staying in touch with young people leaving care

Young people leaving care require flexible, accessible support systems to meet their needs – particularly during periods when they may be struggling to work out what they want and understand what they need. Most staff we met in throughcare and aftercare services were committed to providing good support, and had a sound understanding of the rights and needs of those they worked with. We saw many examples of workers going that 'extra mile' to keep young people on track and overall practice was good with those young people who had established a relationship with throughcare staff.

58 'Review of the Management Arrangements of Colyn Evans by Fife Council and Fife Constabulary' SWIA and HMICS, 2005.

59 'Review of residential services for young people with harmful sexual behaviour; SWIA, HMIE, Care Commission, 2007.

60 'Report on progress in implementing the recommendations of the review of the management arrangements of Colyn Evans by Fife Council and Fife Constabulary; SWIA and HMICS, January 2009.

61 This figure excludes records read during the three pilot inspections.

62 Pathway materials www.scottishthroughcare.org.uk



However, social work services were not maintaining contact with all care leavers and in 2007/8, figures for individual councils varied between 43% and 100% with a national average of 81%. This figure represented a drop of 7 percentage points from the previous year. The practice within some councils of placing high numbers of young people away from their home area created additional barriers to maintaining relationships and contact. Examples of initiatives to address this included the re-integration team in Perth and Kinross, supporting young people leaving residential schools and a children's unit in East Lothian that ran a football group for previous residents, which provided an effective contact point for care leavers.

Moving on from care

Care leavers will struggle to sustain jobs and complete training courses if their accommodation is not secure and safe. The lack of appropriate accommodation was the most frequent concern raised by staff we met and often left a significant gap in service provision. This resulted in some care leavers being placed in bed and breakfast accommodation – outwith their home area on occasions. Young people were moving into tenancies without the skills to cope – thereby increasing their chances of losing their home with subsequent implications for the future. Whilst senior managers were aware of the need to make improvements, progress had often been slow. There needed to be better engagement with housing providers to plan for a range of suitable accommodation.

Providing better accommodation for care leavers was also a recommendation of *Sweet 16*. The follow-up report *Sweet 16: one year on*⁶³ showed that some councils had increased provision through new flats and semi-independent units or supported lodgings and the majority were planning more provision. Other factors which had contributed to improvement were careers and employment services that engaged with young people and where former foster carers played a role in continuing to provide some support to the young people they had cared for. However, some councils reported that they had made little progress and they were still placing young people in bed and breakfast accommodation. This needed to be addressed as a priority by councils in their role as corporate parents.

Planning for young people with disabilities and/or complex needs

Here, the most frequently expressed concern was the lack of forward planning in the period leading up to leaving school. We heard many instances where assessments were left to the last minute, where funding was not in place and young people were waiting for long periods before being allocated a worker from adult services. The adoption of a more personalised approach was needed.

Lack of planning for the move from childhood to adulthood and independence raises powerful emotions for many parents and carers and described themselves as 'fighting for services'.

The challenge of managing high expectations within finite resources and balancing the conflicting pressures of providing care and



promoting independence should not be underestimated. However, services did not always involve parents, carers or young people at an early stage in a structured manner, keeping them informed with accurate information at regular intervals. This would help in supporting them to anticipate the changes both to their own role and that of the services providing support. Where transitions were working well, there was good multi-disciplinary working. Increasingly, services were developing local multi-agency forums to screen referrals, plan interventions and anticipate resource requirements. Clackmannanshire Council employed a transitions co-ordinator, based within psychological services who promoted joint working with colleges and early engagement with parents.

Transition services for young people with learning disabilities were better developed than for those with physical disability, autism and mental health problems. Some services had developed specialist resources for these groups of young people and where this was the case, families welcomed the improvements. Such improvements were usually underpinned by:

63 *Sweet 16 One Year On – Is life any Sweeter?* Scotland's Commissioner for Children and Young People analysis of local authority survey responses
24 March 2009.

- a shared perception and approach between child and adults services and partners;
- sufficient expertise in both child and adult teams and partner agencies;
- clear agreement and timescales to avoid crisis driven responses;
- accurate transfer of information between services;
- income maximisation at an early stage; and
- exploring self directed care options well in advance of transition.

Partnership working

Social work services generally worked well with partners, providing an important contribution at both strategic and operational levels. Community planning, and the advent of single outcome agreements had provided particular impetus at strategic level. The commitment made by chief officers from councils, the police and NHS to child protection strategic partnerships was evident in many areas, as was the contribution of directors of social work/chief social work officers.

The GIRFEC agenda, as well as the Scottish Government's promotion of corporate parenting, had added fresh impetus at both strategic and operational levels. The response of councils was variable in both these areas. We made recommendations where we felt partnership working needed to improve. At the follow-up stage of our performance inspections, services had often established new processes and agreements. However, in

other instances, progress had at times been slow, and the existence of a protocol was no guarantee of implementation or compliance.

Range and quality of support services

Preventive Services

*Changing Lives*⁶⁴ highlighted the importance of prevention and early intervention services and recognised the need for long term commitment and investment locally and nationally.

All social work services faced acute challenges in providing such services. All were coping with the pressure of increased demand, in particular from the rising numbers of looked after children. The increasing need to support people with complex needs meant it was difficult for social work services to move beyond core areas, and simultaneously fund early intervention services.

Despite these challenges, there was a wide range of creative and flexible services for children identified as in need. These included, early intervention screening groups, multi-disciplinary family centres, jointly funded programmes addressing specific issues, parenting programmes, fathers' groups and school based teams.



⁶⁴ *Changing Lives: Report of the 21st Century Social Work Review.*

When early intervention and preventive support services were in place, the benefits were obvious. We observed skilled and able staff in family support services working alongside children and parents to promote resilience and positive parenting, strengthen parental and sibling relationships and increase social networks. Parents told us these services were very important to them.

Services for children and young people affected by parental substance misuse

*Getting Our Priorities Right*⁶⁵ and *Hidden Harm*⁶⁶ raised the profile of children affected by parental substance misuse and focused attention on the need for all relevant agencies to work together more effectively with them.

Many services reported increasing levels of parental substance misuse and saw this as placing major demands on them, including contributing to rising numbers of looked after children and children whose names were on the child protection register. Most services were working hard, in partnership with others, to meet this challenge. Many had shared protocols and assessment tools, including a focus on pre-birth assessments. Despite the progress made, we considered there was a need for greater consistency in thresholds for intervention across the country.

Shared training had proved effective in many areas, with staff telling us how this had helped to improve practice. Some areas had also developed specialist multi-disciplinary teams that had led to more focused, evidence based assessments and care plans. However what was not so clear was the impact of these approaches on the outcomes for this group of

children and the rigour with which they were being evaluated.

Placements for children looked after away from home

A lack of strategic approaches to planning and commissioning often resulted in gaps in local resources and an over-reliance on out of area placements. These were often high cost. Some services had developed positive initiatives for cost effective support closer to home. For example, in North Lanarkshire the community alternatives service worked with young people aged 11-18 years as an alternative to a residential, custodial placement or formal supervision. The service had good evidence that it was meeting its objectives well.

In addition to the high cost of external residential provision, use of independent foster care agencies had significantly increased during the period 2003/08, but this was highly variable at council level. Services using agency foster care were paying roughly double the cost of locally recruited foster carers. Although specialist placements can deliver good outcomes, agencies were also used at points of crisis due to a lack of local carers. Independent fostering agencies paid higher rates to foster carers and in some areas were able to provide better foster carer support. This in turn impacted on recruitment and retention of local foster carers. Many councils had not performed well on local recruitment although involvement in this had clear potential to result in more cost effective local services. Fostering services need to be sustainable and be able to respond to children's changing needs.

⁶⁵ *Getting Our Priorities Right*; Scottish Executive, 2003

⁶⁶ *Hidden Harm*; Scottish Executive, 2006



Councils varied in the number of young people placed in secure accommodation. Levels of use did not always correlate to the level of deprivation and associated problems in an area, but more usually reflected the range and quality of alternative provision. Reducing or avoiding the use of secure accommodation depends on a number of key factors:

- a local policy context of not choosing secure as an option, except as a last resort;
- engaging in dialogue with SCRA and local sheriffs;
- high quality assessments of young people who present risks to themselves and others; and
- good multi-agency working leading to credible plans that are adequately resourced and effectively delivered.

There has been growth in the number of independently provided emergency short stay facilities across Scotland. Some councils were using these as a means of managing episodes of very challenging behaviour. However it was not always clear that these young people would have met the criteria for secure accommodation.

Services for children and young people affected by disabilities

For a significant number of social work services there were gaps in provision for children and young people affected by disabilities. These included:

- poor information about what services were available;
- a shortage of short breaks services of all kinds;

- long waiting lists for assessments and services; and
- a lack of resources to meet the needs of young adults in transition.

The number of children with disabilities and complex needs is rising and the costs of residential services, including short breaks, are relatively high compared to non residential options.

Although we made a number of recommendations about developing provision in this area, we identified examples of good local services. These included befriending and play schemes, holiday clubs, sibling and carer support groups and flexible short breaks. Families and carers appreciated these experiences. They gave us clear messages about the importance of staff having specialist knowledge of their children's conditions. Specialist disability teams provided more effective and innovative services and supported staff to develop expertise. Around two thirds of services inspected provided either a dedicated team or specialist workers.

Supports and services for children and young people with learning disabilities were better developed than for those with autism, physical disabilities and mental health problems.

Youth Justice Services

There has been a range of policy initiatives for youth justice services beginning in 2000, leading to the current overarching framework, *Preventing Offending by Young People: a framework for action*, published in 2008⁶⁷. Over this period the focus has shifted from targeting intervention at persistent young

⁶⁷ It's a criminal waste?; Scottish Executive, 2000

National standards for youth justice

Fast Track pilot

Youth Courts pilot

Preventing Offending by Young People: A Framework for Action, Scottish Government, June 2008

offenders, to preventive and early intervention. Most services had dedicated youth justice staff with protected workloads. This opportunity to spend more time providing a service to young people had been made possible by additional funding provided in the past by the Government for youth justice initiatives.

Young people and key stakeholders consistently spoke highly of the quality of the services these staff delivered. There appeared to be a well established pattern of youth justice teams working effectively to:

- provide well evidenced assessments and care plans;
- work with a wide range of partner agencies, particularly in multi-agency screening groups;
- build good working relationships with young people;
- seek and use regular feedback from young people; and
- impact positively on the offending behaviour of many young people. Most youth justice services were evaluating their services and were able to demonstrate that many young people had reduced their offending.





Planning and commissioning

Some councils made decisions about children's services in an unplanned way, without achieving good outcomes or making best use of resources.

Many councils had structures in place to support their integrated children's services plan, *getting it right for every child*, and child protection. However, in the main, plans were not translated into commissioning strategies for children and families. Few councils had commissioning strategies which covered all the priority groups. These would include children looked after at and away from home, children who require permanence, young people leaving care, children with disabilities, children living in kinship care and children affected by addiction.

In order to improve strategic commissioning of services and supports for children and families, councils generally needed to address the following:

- a more strategic approach to planning and commissioning of children's services;
- joint planning and commissioning of a range of local preventive and early intervention services – although councils starting from a low base will require a significant lead in time before results will be seen;
- regular reviewing and benchmarking of their usage and expenditure on residential care and private foster placements; and
- stronger links between commissioning strategies, support for kinship carers and permanence planning for children looked after away from home.

Planning and commissioning is less well developed for children's services nationally than for adult services. Making improvements here is vital if sustainable services are to be developed for the future at a time of rising demand and increasing financial constraint.

Chapter 4:

Criminal justice services





We report here on the social work services that councils provide to the courts and penal system. We inspected the main criminal justice social work services across Scotland using a different methodology from that of our wider performance inspections. We published the findings of these inspections in separate reports and in a national overview report⁶⁸. We also published a joint thematic inspection of work with offenders who present a high risk of harm⁶⁹. We included criminal justice services in our wider performance inspections when they had not been inspected for some time.

Key messages

- Social work services were doing some effective work with offenders but the overall quality of work to prevent and reduce offending was variable.
- Managers were not routinely gathering and using information about outcomes to plan and evaluate services.
- Practitioners were not using structured risk assessment tools to assess and manage the risk of re-offending and the risk of harm as well as they should.
- MAPPA⁷⁰ and ICM⁷¹ arrangements were making a positive contribution to risk management.
- Agencies were working better together in their work with sex offenders than in their work with serious violent offenders.
- Complex partnership arrangements had led to a lack of oversight of criminal justice services at senior management and elected member level in some councils.

Context

The Social Work (Scotland) Act 1968⁷² placed a responsibility on local authorities to provide reports to the criminal courts and to supervise certain offenders sentenced to a community disposal or released from custody. The Criminal Procedure (Scotland) Act 1995⁷³ consolidated the enactment of this and subsequent legislation for court reports, probation and community service orders, supervised attendance orders and supervised release orders.

Councils work to a framework of National Objectives and Standards for Social Work Services in the Criminal Justice System⁷⁴. The Scottish Government is currently revising this framework with other key stakeholders to make it more outcome focused and more closely aligned with effective practice principles.

68 Criminal Justice Social Work Performance Inspection Programme 2003-07, Final Report. October 2007.

69 Assessing and Managing Offenders Who Present A High Risk Of Serious Harm Multi-Agency Inspection. June 2009.

70 Multi-Agency Public Protection Arrangements.

71 Integrated Case Management.

72 http://www.opsi.gov.uk/acts/acts1968/pdf/ukpga_19680049_en.pdf

73 http://www.opsi.gov.uk/acts/acts_1995/ukpga_19950046_en_1

74 <http://www.scotland.gov.uk/Topics/Justice/public-safety/offender-management/community/16910/7197>

Criminal justice social work services form part of multi-agency public protection arrangements (MAPPAs⁷⁵) legislated for in 2005 to manage the risk of sex offenders in the community. They are partners in the integrated case management procedures (ICM⁷⁶) adopted by the Scottish Prison Service (SPS) in 2006. The Scottish Government has recently established a Reducing Re-Offending Programme with five Project Implementation Boards to take criminal justice practice forward in the light of the recommendations of the Scottish Prisons Commission⁷⁷. Via COSLA and ADSW, criminal justice social work services are contributing to this important work. The FRAME (Framework for risk assessment, management and evaluation) project is working to develop a consistent, proportionate, evidence based framework for risk assessment and management to apply across all sectors of the Scottish criminal justice sector. Again criminal justice social work will play a significant role in taking this forward, alongside the other partner agencies in the eight Scottish Community Justice Authorities (CJAs)⁷⁸.

Looking to the future, 'Protecting Scotland's Communities: Fair, Fast and Flexible Justice' (2008⁷⁹) sets out the Government's policy aspirations in respect of the supervision of offenders in the community. These envisage a single community payback order to which the courts may attach a range of requirements alongside proposals for improving the management of prisoners released from custody. The Government introduced the Criminal Justice and Licensing (Scotland) Bill⁸⁰ in March 2009 to take this agenda forward.

Data and trends

This section provides a summary of expenditure trends, social and demographic changes, and service activity.

Expenditure

Gross expenditure by councils on criminal justice services was £99.8 million in 2007/08. Expenditure in real terms has been above the ring fenced grant for each the last four years. It increased 31% over the four years, but fell by 5.5% between 2006/07 and 2007/08.

Core funds for criminal justice social work services are allocated according to a formula agreed between the Scottish Government and COSLA. Community Justice Authorities distribute these funds to councils. During our programme of criminal justice inspections some councils raised concerns about how well the formula took account of their individual circumstances and workloads. In our national overview report we commented that there was a case for looking at the formula again. We also commented that Community Justice Authorities should seek to allocate funds in ways which supported the strategic direction of services rather than historical practices and which made best use of joint resources available.

A review of the funding formula is being considered to take account of the introduction of the new Community Payback Orders.

⁷⁵ Multi-Agency Public Protection Arrangements

⁷⁶ Integrated Case Management

⁷⁷ Scotland's Choice Report of the Scottish Prisons Commission Scottish Government 2008

⁷⁸ CJAs provide a coordinated approach to planning and monitoring the delivery of offender services. Further information on their remit and role is available on the Scottish Government's website, as well as from the CJAs' own websites.

⁷⁹ <http://www.scotland.gov.uk/Publications/2008/12/16132605/0>

⁸⁰ <http://www.scottish.parliament.uk/s3/bills/24-CrimJustLc/index.htm>



Demographic and social trends

The report of the Scottish Prisons Commission⁸¹ summarises trends in recorded crime between 1997/98 and 2006/07. It notes an overall drop in recorded crime but points to increases in some areas of serious crime, particularly handling offensive weapons, sexual assaults and other serious assaults and fire-raising. Drug crimes also rose significantly. The Commission rightly points to the need to approach these figures with some caution, noting that they may reflect police targeting and recording practices and increased public reporting. Since 2006/07 there is some evidence of a reduction in crimes of violence whilst data for sexual crimes indicates that these have remained much the same⁸².

The Commission also comments on the extent to which drug and alcohol problems and physical and mental health problems are to be found amongst offenders noting that 7 out of 10 of those in prison have used drugs and that a similar proportion has experienced mental disorder. They also point out that prisoners are more likely to have been in care as a child and to have been unemployed. There are also significant deficits in their learning and skills⁸³. These are all problems that need to be addressed to deliver more effective practice in reducing re-offending and managing risk.

Service activity

Overall, the use of community orders increased by 40% over this last six year period. The numbers of social enquiry reports increased by 22% over the same period. In 2007/08 local authority criminal justice social work staff

supervised 8,751 probation orders and 6,202 community service orders, an increase of 4% on the previous year in respect of each disposal⁸⁴.

Variations in volumes of work were more pronounced in some councils than in others. Taking the 4 year period 2003/04 to 2007/08, the number of social enquiry reports prepared by Glasgow and Edinburgh (the two biggest councils) did not rise significantly whilst it doubled in Moray and almost doubled in the Western Isles. There was a reduction in some councils.

There were similar striking variations between councils in the numbers of probation and community service orders they supervised. Over the same period of time the number of community service orders did not rise in Edinburgh but rose by 20% in Glasgow. North Lanarkshire and Falkirk recorded rises of 79% and 73% respectively whilst Dundee and Angus recorded reductions of 23% and 34%. With regard to probation, Glasgow recorded a rise of 20% and Renfrewshire 42%. Amongst those with reductions were Inverclyde (32%) and Angus (18%).

These variations largely reflect the sentencing practices of the courts and the justices of the peace, sheriffs and high court judges who sit in them. The figures illustrate some of the difficulties of linking financial, service and workforce planning in a context where a council has to make a service available.

81 Scotland's Choice Report of the Scottish Prisons Commission, Scottish Government 2008.

82 Crime and Justice in Scotland 2009, A Fourth Review of Progress, Scottish Consortium of Crime and Criminal Justice, February 2010

83 Offender Learning: Options for Improvement: Scottish Government 2010

84 Criminal Justice Social Work Statistics 2007-08: Scottish Government Publication

In 2007/08 the Scottish Courts dealt with over 10,000 offenders who had committed serious offences against the person including sexual offences and non sexual violent offences⁸⁵. As at end March 2009, 3,765 sex offenders were registered with the police, living in the community and subject to MAPPA proceedings. Criminal justice social work staff supervise a significant proportion of these offenders, most often those on an order or licence following release from custody but also those on probation. The statistics show that that vast majority of registered sex offenders comply with their registration requirements.

As at end March 2008, council criminal justice social work staff were supervising a total of 2,306 offenders released from prison on a statutory order or licence⁸⁶. Most of these offenders had served sentences of four or more years, many for serious sexual or violent offences. The volume of this work has remained much the same for a number of years. However the work that criminal justice social work services undertake with prisoners before their release from custody has increased as a consequence of the introduction of the Scottish Prison Service's Integrated Case Management System. As at end March 2008, councils held throughcare responsibilities for 2,986 serving prisoners.

There is also evidence that the enforcement of conditions of behaviour for offenders released from custody on licence and supervised by social work staff has strengthened with a significant increase in the number of offenders recalled to custody in recent years⁸⁷.

Both the number and proportion of women prisoners has increased in recent years despite policy and practice initiatives to address this issue.

Outcomes and impact

The main aims of criminal justice social work are to protect the public, reduce reoffending and promote social inclusion to support desistence from crime.

Preventing and reducing re-offending

Reconviction statistics⁸⁸ show that of those offenders placed on probation, 58% had been reconvicted two years later. The comparable figure for community service is 42%. Offenders sentenced to imprisonment were more likely to be reconvicted (62% for all offenders sentenced to imprisonment and 74% for offenders sentenced to six months or less)⁸⁹.

Criminal justice social work services were not systematically collecting information about the main outcome, whether or not the offenders they worked with re-offended either during the course of their orders or licences or after their orders had finished. This requires the co-operation of the local police force and access to SCRO⁹⁰ and is not straightforward to achieve. It should be addressed nevertheless given its centrality to Scottish Government policy and service objectives. Collecting, evaluating and using information about re-offending is an important part of the work of criminal justice social work and partner agencies.

Some services were identifying and analysing changes in offenders' attitudes and behaviours and circumstances by testing or re-testing, mainly using the LSI-R⁹¹ and psychometric tests. Information about the outcomes of referrals to services to address problems associated with offending like substance misuse, education, employability or accommodation was not readily enough available.

85 Criminal Justice Social Work Statistics 2007-08: Scottish Government Publication

86 Scotland's Choice Report of the Prisons Commission Scottish Government 2008

87 Reconviction rates in Scotland:2005-06 and 2006-07 Cohorts: Scottish Government Publication

88 MAPPA Statistics October 2009: Scottish Government Publication

89 Scottish Criminal Records Office

90 Scottish Criminal Records Office

91 Level of Service Inventory-Revised



As a consequence, criminal justice social work service planning and the allocation of funding was mainly based on the volumes of service outputs (for example numbers of probation orders and social enquiry reports) and not on information about outcomes. Community Justice Authorities had recently adopted a performance framework which should provide a better basis for planning and evaluating services and allocating resources.

Research suggests that work to prevent and reduce re-offending should have a number of elements⁹². Offenders may need help to examine their attitudes and behaviours and to improve their problem-solving and thinking skills. They may also need help with problems associated with their offending, for example, substance misuse, homelessness, employability and relationship difficulties⁹³. A positive working relationship between the practitioner and offender is also important⁹⁴. Where there is an identified risk of serious harm to others, staff must work closely with the offender and other agencies to manage this risk. Criminal justice work services could strengthen their practice by basing it more on research evidence about how best to work with offenders to reduce their offending.

In Scotland the effective practice agenda is being taken forward by the Scottish Government's Reducing Re-Offending Programme, together with the Scottish Accreditation Panel for Offender Programmes. To date the Panel has accredited three programmes, one for sex offenders⁹⁵, one for offenders assessed as being at medium/high risk of re-offending⁹⁶ and a programme for domestic abusers⁹⁷.

The overall quality of the work undertaken in the first accredited programme for sex offenders was good. Groups were well run and staff were doing their best to maintain the integrity of the programme. At the time of our inspection programme the service was not available in every council but it is now widely available although there are some residual staffing and accommodation issues in one or two authorities. The second accredited programme 'Constructs' PSSO, a general offending programme for men aged 18+, had been more recently accredited and was not fully rolled out. When we inspected we found delays in implementing this programme and it is not yet available to every council area. In some areas, drop out rates have been high and the quality of data being supplied to evaluate the programme has not been strong.

Apart from those convicted of sexual offences, offenders had relatively little access to accredited programmes. In the main interventions to help offenders with their attitudes, behaviours and thinking were being delivered through individual supervision (often using structured materials) and some short, non-accredited locally developed group work programmes.

Where offenders attend group work programmes it is important that supervising social work staff keep in contact with the offender to support their attendance and to deal with any issues that may affect it. This was not always happening and supervising social work staff were often not working sufficiently closely with group work staff whilst programmes were running.

92 Reducing Re-Offending: Key Practice Skills: McNeill F Batchelor S, Burnett S and Knox J, 21st Century Social Work: Scottish Executive 2005

93 Reducing Re-offending by Ex-Prisoners, Report of the Social Exclusion Unit, the Cabinet Office 2002

94 Working with Involuntary Clients: A Guide To Practice, Trotter, C (1999)

95 The Community Sex Offender Group Work Programme

96 Constructs: Positive Steps to Stop Offending

97 The Caledonian Programme

Overall, there was considerable variation in the range and quality of work with offenders to reduce their offending. Over the course of our inspection programme and in our follow-up work we identified some improvements both in the availability of accredited programmes and in services to address problems related to offending, although the picture remained patchy. Some of the variations are now being addressed through the setting of national priorities and the work Community Justice Authorities are progressing to monitor performance, co-ordinate planning and align funding more closely with service priorities. The appointment of training co-ordinators at CJA level should also help staff deliver more effective services. There should be a clear strategy for the delivery of accredited programmes across Scotland.

Offenders' views

Some social work services had surveyed offenders to find out what they thought about the services they had received and whether they had helped them to stop offending. Much of this feedback was positive but it was not collected consistently. We thought that services should do more to collect and analyse feedback from offenders about the services they receive when they are supervised in the community.

How services were delivered

Assessment and planning

Social enquiry reports should include relevant information about the offender and their personal circumstances, including an assessment of the risk of re-offending and possible harm

to others. Reports should contain an initial action plan when they propose a probation order as a sentencing option.

We read over 1000 reports across councils. Whilst we judged just under 40% to be either good or very good, we evaluated over 60% to be adequate or poor. The main weaknesses were in the quality of the analysis, particularly of offending and the risk of re-offending and possible harm to others. The language used was also often over complicated and insufficiently clear. We say more about risk assessment and risk management later.

When offenders are placed on probation or released from prison on licence they are supervised by criminal justice social work staff. National Standards require that staff prepare supervision plans together with the offender and that these plans are regularly reviewed.

Supervision plans were contained in over three quarters of the case files we read. Some were well focused and made good use of all the relevant information about the offender and his or her circumstances. Others were much less clear and needed to be more specific and SMART⁹⁸. Where plans were SMART the service follow through in addressing offenders' behaviours and crime-related needs was generally better. Supervising social workers made more use of available information to focus supervision on the specific issues that influenced the offender's risk of reconviction.

Statistics for reviews showed that, too often, services did not review offenders' supervision plans and progress in achieving identified tasks and goals at the intervals required by national standards. This led to a considerable

⁹⁸ specific, measurable, achievable, realistic and time-limited

amount of 'drift' and to reactive rather than pro-active practice. This can have adverse consequences for the offender, their families and the wider community. Practitioners need to improve the quality of their analysis of current and previous offending and the possible reasons for it. They also need to make sure that supervision plans are better focused and more regularly reviewed.

Victim awareness

As part of the effective practice agenda, staff should be helping offenders to examine their attitudes, beliefs and behaviours towards the victims of their crimes. In writing reports for the courts and the Parole Board, staff should also explore and comment on offenders' attitudes towards their victims.

Most reports covered offenders' attitudes towards their victims, if superficially. However, victim awareness was addressed in less than half of cases under supervision, most frequently and thoroughly with sex offenders. The victim element was usually a component of group work.

Supervision on community service

Community service is a court disposal that enables the offender to make amends for their offending by undertaking unpaid work. Offenders are required to maintain standards of attendance and conduct and, under supervision, to apply themselves to the job in hand. In the tasks completed, community service delivers positive outcomes for the community and the experience can also stimulate positive outcomes for the offender.



A great deal of the work we observed during our inspections was of genuine value to the community and most offenders we interviewed saw the value of what they were doing. A few had continued as volunteers when they had completed their orders.

Some councils made specific provision for women offenders and for offenders who could not undertake the more physical aspects of community service work through ill-health, disability or addiction. Some had established women-only work teams and had made special efforts to recruit female work supervisors, for example South Ayrshire. A number of councils had developed good workshop facilities.

Some offenders had developed new skills as a result of the work they had undertaken. A small number of schemes had built on this by making explicit links with employment agencies and further education colleges. Work supervisors had been trained as SVQ assessors so that they could accredit the skills offenders had acquired.

There were many good examples of community service schemes making a positive difference including in Renfrewshire, Shetland, North Ayrshire and Falkirk.

Social work services were making efforts to publicise such work and achieve greater public recognition for the work that offenders were undertaking and its benefit to the community. We also received evidence from the direct beneficiaries of community service work that most work had been completed to a satisfactory standard and that they were very pleased with the results.

Assessing and managing risk

Assessing and managing the risk posed by certain offenders to the public has become an increasingly important aspect of the work of criminal justice social work services. Public concern, particularly about sex offenders and other offenders assessed as posing a very serious risk to the public has led to a range of new legislation, policies and procedures.

Over the past 10 years social work staff and staff in other agencies working with sex offenders and other violent offenders have been using structured risk assessment tools to assist with the assessment of risk and need.

We identified uneven and sometimes weak practice in the way social workers were using these tools to help inform their assessments both of the risk of re-conviction and the risk of harm to others. This was particularly the case in assessing the risk posed by violent offenders. There were a number of reasons for this. Staff guidance had not been sufficiently clear and well enough disseminated, training had not been available or good enough and,

most importantly, the development and introduction of a comprehensive, national approach to risk and needs assessment had been slow⁹⁹.

To be robust, risk assessments must be informed by as much relevant information as possible. MAPPAs were helping to facilitate information sharing about sex offenders to assist the risk assessment process. However, there was much less ready information sharing about violent offenders. There were serious deficiencies in the way the ViSOR¹⁰⁰ database was working (this provides for the recording and sharing of relevant information between the police, social work, prisons and health).

We asked some offenders who presented a high risk of harm about their experience of being risk assessed and found that many did not fully understand the process and its meaning for them. It is important that offenders understand this process as it affects them. Supervising social work staff need to communicate more effectively with offenders about the risks they pose to the public and themselves and the steps they can take together to manage and reduce the risk.

Regular assessment (including re-assessment), planning and review are critical components of managing risk effectively. MAPPAs had helped to improve the ways in which agencies were working together and taking joint decisions about how to manage sex offenders. Criminal justice social work staff were alert to their responsibilities for identifying possible child protection issues with the offenders with whom they were working.

99 Level of Service Case Management Inventory (LSCMI)

100 Violent and sex offender register



Assessing and managing risk well also extends to work with forensic units and there were some examples of good collaborative work with forensic mental health services, such as in Angus Council.

Overall, assessing and managing the risks posed by sex offenders was better than for serious violent offenders. Sex offenders were more likely to be regularly assessed and to have a robust supervision plan that was regularly reviewed by criminal justice services and through the MAPPA process. They were also more likely to have access to a programme that helped them to address their offending. Staff were also more likely to monitor their whereabouts and behaviour through home visits. Violent offenders are not currently subject to the MAPPA process, though the Scottish Government is working with other partner agencies to include them.

Chronologies

One aspect of assessing and managing risk is piecing together and understanding an offender's history. In this context the use of chronologies could assist the assessment process. SWIA has recently published a practice guide on chronologies, which includes a section on chronologies in criminal justice social work. The guide recommends that chronologies could be helpful for all high risk offenders and for complex cases.

Meeting National Standards

The extent to which authorities adhered to National Standards varied. They were very good at delivering reports to the criminal courts on time (this performance compared favourably with the delivery of social

background reports to the children's hearings) and in seeing offenders quickly when placed on probation or released from prison.

Weaker performance was most frequently related to undertaking home visits and completing reviews on time. Follow-up work has helped to bring about improvements in working to these standards.

In some councils there were waiting lists for offenders placed on community service that were undermining the credibility of this disposal. Community service work should now start within 5 working days of the order having been made. Follow-up work has helped to rectify this but there are still some delays.

Partnership working

Joint working to manage risk and access resources

In our inspection of services for offenders who presented a high risk of harm there were examples of good joint working in managing the risk posed by sex offenders between criminal justice services, other social work services, the police and housing services. This was taking place within MAPPAs, in conferences about individual cases and in local review meetings. However, NHS services were not contributing sufficiently well to MAPPAs. The NHS is a partner with an important contribution to make to the MAPPA process and especially in respect of mentally disordered offenders. We therefore recommended a review of joint and integrated working practices. We also recommended that the strategic oversight of MAPPAs should be strengthened.

The report concluded that there needed to be significant improvements in joint working in managing the risks posed by serious violent offenders.

Across our inspections there were examples of constructive joint working between criminal justice social work services, other council services and other agencies providing services that helped offenders with problems related to their offending. However there were also examples of poor co-ordination, for example agencies providing relevant services were not always asked to attend and contribute to offender's supervision plans and reviews of their progress.

Analyses of the social circumstances of offenders show that most are socially disadvantaged. Statistics reveal high levels of family breakdown and unemployment, low levels of educational attainment, relationship difficulties, poor life skills, alcohol and drug misuse, mental and physical health problems and accommodation¹⁰¹ difficulties. Finding ways to help offenders to tackle problems of this kind are frequently an important component of an action plan to reduce offending and to support positive outcomes, including reduced offending.

Our evidence showed that offenders' crime-related needs were being better addressed than their attitudes, behaviours and thinking, sometimes markedly so. We observed some examples of good practice in joint working, for example, in addressing substance misuse problems and homelessness.

Community Justice Authorities

Criminal justice social work services are part of council social work services. They also all belong to one of the eight CJAs and may work in formal partnerships with other council criminal justice social work services.

At senior management and committee levels, arrangements for managing and overseeing criminal justice social work services can be complex. In comparing the findings of our separate criminal justice inspection programme with those of our wider performance inspections it was evident that good performance in the wider performance inspection was not always mirrored by good performance in the criminal justice inspections. We concluded that this was because, at individual council level, senior managers were not always giving criminal justice social work services sufficient management attention on the basis that oversight was being exercised through partnership arrangements. However, these partnerships were not always working well. This could be reflected in a lack of oversight of and accountability for the service, a lack of scrutiny of operational performance and a failure to grasp the strategic agenda.

Whilst every council criminal justice social work service is now part of a CJA and whilst they may be in formal partnerships with other councils it is important that senior managers and elected members in every council take active responsibility for their criminal justice social work services leading them, scrutinising their performance and promoting service effectiveness.

¹⁰¹ Reducing Re-Offending by Ex Prisoners: Report of the Social Exclusion Unit, the Cabinet Office 2002



Commissioning for criminal justice services

Criminal justice staff could refer offenders to services available to the wider public (such as housing, employment or health services) or to resources provided or commissioned by the council. However, as the needs of other people who used services often had greater priority, criminal justice social work services also made additional arrangements, either by commissioning services specifically for offenders from other independent sector agencies or by developing services in-house.

Commissioning in criminal justice services was very underdeveloped and better links were needed with commissioning strategies for mental health, substance misuse and children and families services, in particular.

Chapter 5:

Services and supports for carers





In this chapter we report on the support and services provided to unpaid carers. Carers are key partners for councils and the NHS in providing care and support for children and adults, many of whom have complex problems and disabilities.

Carers have been *key partners* for SWIA in carrying out inspections. Almost all of our inspections have included carer inspectors. They have been recruited, trained and supported in partnership with Carers Scotland, and paid for their contribution. Carers played a vital role in the inspection process and they have assisted us in arriving at a better understanding of what needs to be done to support and improve the services accessed by carers and people who use services¹⁰².

Key messages

- The range and quality of services and supports to carers was inconsistent across Scotland.
- Scotland's ageing population and the contribution of unpaid carers is set to grow over the coming years. Some councils and their partners had started to strategically plan for this growth but this needed to be done in all councils.
- Carer assessments were not carried out routinely and when these were undertaken the quality was variable.
- Carers were not always approached as equal partners in providing care and support, though there were some good examples of full involvement.
- A more active partnership approach was required, where carers are always treated with respect, their contribution to caring not assumed but negotiated, and they receive support to help them in their caring role.
- Carers valued the services and support available to them and even modest interventions could make a significant difference to their lives.
- Specialist services for young carers had been developed across the country and were providing valuable support, but more needed to be done.

Context

Many people are caring for an older relative, a sick friend or a disabled family member. They do it unpaid and often without support. There has been a growing recognition of the role of carers in the past twenty years and this has been supported by legislation.

¹⁰² Inspecting for excellence, conference report 2009. SWIA and Carers Scotland

Key themes in the discussion of carers are:

- who are carers and what do we know about them?
- the roles of carers
- how can carers be supported?
- legal and policy context.

One in eight people in Scotland are believed to be caring for one or more people. There are about 657,000¹⁰³ unpaid carers in Scotland, which include children, young people and older people. Around 80 per cent of carers are of working age, with approximately 60% being women and 40% men¹⁰⁴. The extent of the caring role varies but over 100,000 carers provide care for more than 50 hours a week. There are however some groups of carers about which little is known due to lack of identification at either a national or local level. For example, there is very little aggregate information available on the particular needs or issues for, disabled carers, gay and lesbian carers, or black and minority ethnic carers. One small study¹⁰⁵ of the roles of black and minority ethnic carers found that carers tended to be younger than the average and to make few demands on services.

Carers have a wide range of roles. These can include extensive personal and domestic care, sometimes covering 24 hours and involving lifting and moving people with complex conditions. Carers may also have to liaise between and coordinate care services. There is also the emotional support and comfort that people need when they are lonely, frightened and in pain or discomfort. Unpaid carers can provide all the care a person would receive in a

care home or supported accommodation but often without regular breaks or holidays. Carers are therefore the lynchpin of community based support. Some people do not necessarily see themselves as 'carers' but as friends and family who look after their relatives or friends as something they would naturally do.

Legislation to formally recognise and support carers is relatively recent. The Carers (Recognition and Services) Act 1995 provided for the assessment of the ability of carers to offer care. The purpose was to provide legal recognition of carers and to support carers through the community care assessment process. Carers were able to request an assessment for themselves, within the assessment process for the person using services.

The Community Care and Health (Scotland) Act 2002 marked a cultural shift in the way carers were viewed. The new provisions introduced for carers included rights of assessment, a duty to tell carers of this right and to take their views into account in putting together care and support services.

Both Acts apply to all carers irrespective of their age. In addition to the benefit of a carer's assessment under the 1995 and 2002 Acts young carers are entitled to services in their own right under the Children (Scotland) Act 1995.

The Care 21 Report: The Future of Unpaid Care in Scotland 2005 sought the views of statutory and voluntary sector professionals, unpaid carers, researchers in social policy and policy makers in central and local government, on how to meet the future needs of unpaid

103 Scottish Household Survey, 2007-08

104 Princess Royal Trust website – UK facts about carers.

105 Scottish Borders Council Housing (2007) – carers from Minority communities



carers in Scotland. The report made a number of recommendations to improve services and support for carers.

Carers' policy in Scotland is being reviewed and updated currently to plan and guide work with carers into the next decade, through the development of a national carers strategy.

Responses to carers' needs

We looked at carers' needs and what help they received. Over 3,500 carers returned questionnaires to us and we met with many more carers during fieldwork, as well as with a large number of carers' organisations.

Although there was good practice in some social work services their response to carers' needs was variable across the country. Carers were consistently more critical of social work services than were people who used services. Less than half of the carers who responded to our surveys gave positive responses to key questions about the availability of social work services. Carers of older people were the most positive about the response to their needs and carers of children and young people with disabilities were the most critical.

For many children, disabled people and older people the level and types of social work services they receive is considerably influenced by whether a family carer is available. This can have the impact of reducing choices for people who use services as well as creating reliance on a carer, while also risking economically and socially disadvantaging carers¹⁰⁶.

What did adult carers tell us?

- it was not usual to be offered an assessment of their needs, and offers were sometimes not encouraging;
- it was hard to find comprehensive information from any one source;
- short breaks could be hard to obtain and were often of variable quality;
- carers centres could provide excellent holistic advice and support;
- social work services could provide excellent help but *'you often had to scream and shout to get this'*;
- caring responsibilities had often severely reduced their income;
- out of hours services were hard to reach;
- having a named contact would assist in getting help when it was needed; and
- just less than one half told us that they felt valued as carers and supported to maintain their own lives.

From this we concluded that social work services and their partners needed to better support carers in their caring role. More systematic planning was needed to establish comprehensive systems of support, which take account of increasing numbers of carers and their diverse needs and wishes.

¹⁰⁶ "Rethinking social care and support: What can England learn from other countries?" Caroline Glendinning and David Bell, November 2008. Joseph Rowntree Foundation

Finding out about services and getting help

Less than half of the carers who responded to our surveys found it easy to get information about services, but when services were obtained nearly two thirds thought they were of good quality and that help was given when needed. However, less than half thought there was a good range of services.

The carers we met reflected the variability in our surveys. A few told us enthusiastically about well organised, effective and sensitive care and support arrangements, sometimes extending over many years. It was more common to hear accounts of failures to recognise or respond to carers' needs. Overall, carers were more positive about the help they had received from Carers' Centres than they were about directly provided social work services, although they did not always realise these centres were substantially and sometimes wholly funded by councils.

Parents and carers of children or young people with a disability gave us powerful messages. Only one fifth agreed there was a good range of services available, and only one quarter agreed the person they cared for had been given choices about the type of care they received. Slightly more, around two fifths agreed that the services they received were reliable and of good quality.

Carer assessments

Personalised and effective carer assessments can be the key to providing carers with the information, advice and support and breaks from caring they require. Less than half of the carers who responded to our surveys said they



had had their needs assessed. In the case files we read, less than one fifth had an up to date assessment of the carer's needs, and less than a quarter of the carers had been offered an assessment. Some carer assessments consisted largely of tick box responses to questions which could only provide the most basic information. In focus groups we often heard from carers who were unaware of their right to have an assessment.

We made many recommendations in our reports about the quantity and quality of carer assessments. When we followed up our earlier inspections some action had been taken and improvements made, but targets often remained modest. Arrangements for self assessment, or for assessments to be undertaken by Carers' Centres, could improve uptake but more needed to be done. Personalised approaches to carers needs were largely underdeveloped, even though many requests for help and support could be fairly modest. We heard of



few attempts to aggregate the needs identified in carers' assessments to assist community care planning; and few councils were systematically recording carers' unmet needs.

There were several explanations offered for this lack of response to local authority powers and duties set out in the carers acts of 1995¹⁰⁷ and 2002¹⁰⁸ Acts. Social work staff and their managers told us that carers' needs were always considered as part of the assessments of individuals. On the evidence we had we did not think that most assessments of a person who had an unpaid carer included recognition of the carer's needs.

We also heard that many carers refused assessments when offered. We are aware that this can happen, although it was rare for this to have been noted. Increasing the rate of take up of carer assessments can be influenced by:

- the timing of the offer of assessment, which should include making the offer on more than one occasion; and
- the manner in which the offer of assessment is made.

Some social work staff hinted that they were ambivalent about carer assessments because of the limited investment in available services and supports. They were cautious about examining carers' needs in any depth because these could seem overwhelming and difficult to meet. However, most carers we met had realistic and quite modest expectations about the help that would be available. Even limited support could make a major difference to their lives and therefore also to the lives of the people they cared for. This included good, easily accessible information, training in some

of the practical aspects of caring, for example lifting, and opportunities to reflect on their own wishes and priorities.

The evidence from our case file reading and carers' own accounts showed that best practice could provide timely, sustained and imaginative support for carers. For example, in North Ayrshire support offered to carers of people with dementia included provision of carers groups, a newsletter for carers and focused work to help carers understand the importance of carer assessments. This support sustained carers own quality of life to their advantage and that of their relatives. However, despite occasional examples of good practice, social work services did not in general recognise carers as key partners. Effective intervention was often delayed until there was a crisis, with carers then unable to continue their support, or only able to do so at great personal cost. There was also an absence of longer term planning for people being looked after by older carers.

Such practice is far from the guidance to the 2002 Act which states that local authority assessments should consider what support is necessary to sustain the carer's role and should meet the needs of both the cared for person and the carer, as far as possible and appropriate.

Assessments for carers of children with a disability

A third of parents and carers of children or young people with a disability who responded to our surveys said that they had had an assessment of their own needs. In the case files we read, around 15% had or had been

107 The Carers (Recognition and Services) Act 1995

108 Community Care and Health (Scotland) Act 2002

offered such an assessment. One third of the parents and carers who responded to our survey told us that they had been helped to have more time for their family, work and other commitments. Conversely two thirds of parents and carers told us that they were fully involved in deciding what help or services the child they cared for should receive. Just under half said that they had seen an assessment of the child they cared for and only a third agreed that there was a clear care plan in place.

We concluded that the poor performance on carer assessments is unlikely to improve significantly without a shift in attitudes. Rather than being seen as a burdensome statutory obligation, a better understanding is needed about the very real benefits and improved outcomes which carers can achieve from having their own needs considered, identified and met. The Talking Points digital story *Getting it right for carers*¹⁰⁹ was a good example of a tool for improving this understanding. Overall we considered that a comprehensive, integrated approach to undertaking carer assessments and responding to their needs was required. This included providing support which maintains carers' own health and wellbeing and support that helps carers who wish to remain in or return to work.

Young carers

It is estimated that there are over 100,000 young carers in Scotland. Better support for young carers is a widely shared concern and has been given increased prominence, especially since the Care 21 report was published in 2006¹¹⁰. This report, although covering all carers, paid particular attention to

young carers and was located within a wider vision for carers, in turn based upon the Universal Declaration of Human Rights¹¹¹ and the UN Convention of the Rights of the Child¹¹².

An important aspect of current policy is to differentiate between the partnership approach that is promoted for adult carers and the approach taken with children and young people. This requires that social work services and their partners should recognise and enable young carers to be children and young people first and foremost and be treated as children in need. In addition, they should aim to make sure that children and young people are relieved of inappropriate caring responsibilities.

What did young carers tell us?

- they wanted to continue to help their families and wanted their teachers and social workers to recognise and respect this;
- they needed help to make up missed schooling;
- they wanted opportunities to have fun and the same leisure opportunities enjoyed by their peers;
- they were frightened to ask for help because they thought social work services might take them away from their families; and
- young carers' centres and workers offered 'brilliant' help which included practical support, advocacy and leisure activities.

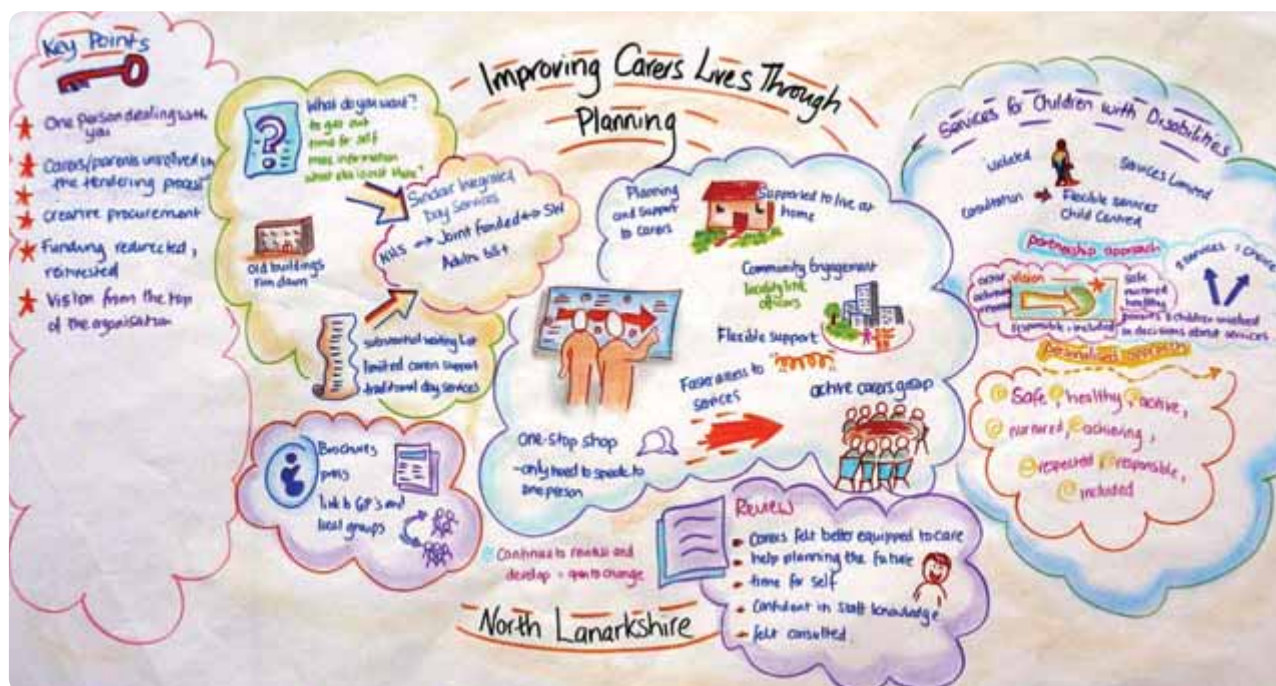
Social work services have shown increasing awareness of young carers' particular needs and vulnerability. Many have set up specialist projects, often run by voluntary organisations

109 "Getting it right for carers". Sharing best practice (Carers Coalition) – The Talking Points Collection 2008

110 "Care 21 Report" 2006, sets out the recommendations of a research project on the future of unpaid carers in Scotland.

111 The Universal Declaration of Human Rights (UDHR) was proclaimed by the United Nations General Assembly in Paris on 10 December 1948

112 UN Convention of the Rights of the Child 1989, adopted by the UK Government in 1991



and funded by councils. We saw some excellent and imaginative work undertaken by these projects. Many young carers spoke movingly about the support they received and how this helped them to continue their roles as carers, as they wished to do, but still have some semblance of life as a child or young person.

There was an added problem for mainstream work with young carers because this could straddle both adult and children and young people's services. In some councils it appeared to have a home with neither. Greater attention needed to be paid to transition points for young people who were caring. Support available to a young person when at school could come to an abrupt end when they moved on. Despite social work services increasing awareness of young carers and the development of specialist projects, they still need to improve their identification, assessment and service responses for these young people. This

should be integral to the children and family assessment and reviewing processes within the overall context of GIRFEC.

The contribution of carers' centres

These centres provided good quality help for both adult and young carers. They supported carers to make known their own views and interests and to take a proper part in consultation about the development of services. However, some question the merits of providing help within mainstream services or dedicated projects. With strong partnership and good communication between these centres and mainstream services, this arrangement had some positive outcomes for carers.

Carers involvement in service and strategic planning

All councils stated they were committed to the principle of carer involvement in the planning of care. Our inspections showed that many councils did well in involving individual carers in the planning of their own support arrangements. This is the crucial first step in personalising services. However, social work services were generally less successful with the collective involvement of carers in developing services. Only in better performing councils did we find examples of carers being involved in service redesign and strategic commissioning processes. Overall, there was much more scope for social services to use carers knowledge and experience by involving them in service planning and development in a more systematic way.

Chapter 6:

Social work services workforce in Scottish councils



In this chapter we look at how council social work services perform in recruiting, supporting, developing and managing their staff.

Key messages

- Staff were motivated and committed to providing services that improved the lives of the people who used them.
- Most staff enjoyed their work. They reported that induction was generally good and that they were satisfied with the level of supervision they received. They were also generally satisfied with opportunities for learning and development.
- A significant number of staff reported low morale. They cited different reasons for this, reflecting circumstances in individual councils as well as pressure of high workloads and from unfilled vacancies.
- There was a good range of learning and development opportunities available across Scotland that were valued by social work services staff.
- Performance was variable in the alignment of learning and development opportunities to workforce planning and the direct requirements of service delivery.

Context

There are around 198,000 social service workers in Scotland, providing care and support to some of the most vulnerable people in our society. The majority of staff are employed within the voluntary and private care

sectors. In October 2008, 56,881 staff were directly employed by Scottish councils in social work services. The whole time equivalent number of staff was 44,219, of which 11.5% were qualified social workers. In 2008, 72.9% of council social work services staff (with a known age) were at least 40 years old while 3.3% were aged under 25 years of age. In the same period 1.1% of staff in council social work services were identified as being a member of a minority ethnic group and just under 2% as having a disability.

The Scottish Social Services Council (SSSC) was set up in 2001 to regulate the social work services workforce. It has key responsibilities to:

- set up registers of key groups of social service staff;
- publish codes of practice for all social service workers and their employers;
- regulate the training and education of the workforce;
- promote education and training; and
- undertake functions of the UK sector skills council as the Scottish partner in skills for care and development, including workforce planning and development.



As part of a raft of measures to improve the profile, regulation and development of the social work services workforce, the SSSC published Codes of Practice for Social Service Workers and Employers in 2002. These are standards of conduct and practice which all social service workers and their employers must follow. We discuss staff awareness of these standards later. In addition, the Scottish Executive developed a *National Strategy for the Development of the Social Service Workforce in Scotland: A Plan for Action 2005-2010*. The strategy focused on the development of the social service workforce to make sure that the sector had the right people, with the right skills, in the right place, at the right time and the creation of a workforce that was fit for purpose in the 21st century.

Following concerns in 2003/4 about staff recruitment and shortages in particular areas of social work, especially child care and mental health, the Scottish Executive launched a campaign targeted at making more people consider this as a worthwhile career. A fast track initiative to bring an extra 450 social workers into the profession was also introduced. At the same time councils developed a range of responses to improve retention of existing staff, including offering one off payments for staff to remain in their employment for an agreed number of years.

In order to further improve standards in social work a new honours level degree qualification was introduced in 2004. In addition, a structured framework for training of other social work services staff was introduced. Additional funding was provided to councils for voluntary organisations that provided care

services to help meet the new requirements for training.

In 2008 the SSSC and the Institute for Research and Innovation in Social Services (IRISS) developed a Continuous Learning Framework (CLF). It aimed to improve the quality of outcomes for people using social services by supporting the workforce who were delivering them to be the best they could be. The CLF is for everyone working in social work services in Scotland whether in the public, private or voluntary sectors.

In describing what people need to be able to do their job well now and in the future and what employers need to do support their employees, it focuses on four key areas:

- the qualifications and training that are needed;
- the knowledge, skills, values and understanding required;
- personal capabilities that describe the way people manage themselves and their relationships with others; and
- organisational capabilities which describe the culture and conditions in the workplace that enable social service workers to be the best they can be.

Local Practitioner Forums (LPFs) were established across Scotland through *Changing Lives*. In 2008, the Association of Directors of Social Work (ADSW) assumed professional leadership for engaging frontline staff, supported by the Scottish Government.

There is a strong correlation between a competent, confident and valued workforce and the effective delivery of social work services. In a rapidly changing environment the workforce needs to be flexible, and staff should be supported to acquire the necessary knowledge and skills to enable them to adapt and evolve in response to changing need and demand.

Developing an effective workforce requires elected members and senior managers to set out a vision which is shared by staff at all levels of the organisation. It is crucial that this is complemented by registered practitioners and all other staff taking individual responsibility for their practice and performance. Managers at all levels must understand that continuously improving and developing staff is a core management task and that workforce development is integral to service planning. Staff need to share the organisational vision and take responsibility for their own learning.

Recruitment

Councils were beginning to develop individual workforce strategies for social work services. While there is a national strategy for the development of the social services workforce¹¹³, only a minority of councils had strategies in place although the position was improving. In some councils social work services workforce planning appeared to be dictated by the pace of developments at a corporate level. Workforce strategies needed to address the recruitment and retention of staff and should also address workforce age profiling and succession planning.

Many councils had faced difficulties in recruiting and retaining staff. When we began

our performance inspections in 2005 this was a critical issue for social work services across Scotland. For some the pool of suitably qualified staff was limited. Some struggled to recruit where neighbouring councils were offering better pay and conditions. Most had developed initiatives to maintain or replace their workforce. The most popular were 'grow your own' strategies, including fast-tracking staff on to social work training courses. Some had created senior practitioner grades and encouraged more creative approaches to flexible working.

There was a 7% decrease from 2006 to 2008 in the number of WTE vacancies in Scottish social work services. This could be accounted for by the increasing trend to outsource services previously directly provided by councils. There was also a reduction in the extent of vacancies between individual councils. In 2006 the range was between 1.6% and 17.5%. In 2008 the range was between 0.2% and 13.3%.

Recruitment practices were important to staff. From our surveys, a majority believed that their council was not able to recruit sufficient staff in their area of social work. Unfilled vacancies and absences had a negative effect on staff morale and workload. A few councils had formed monitoring groups to monitor vacancies, while others did so through senior management team meetings.

Staff views varied as to whether their workload was manageable within normal working hours. The views of managers and fieldwork staff were more negative in this regard. A majority of staff agreed that their employer offered flexible working practices which made the job easier to manage.

¹¹³The National Strategy for the Development of the Social Services Workforce in Scotland: A Plan for Action 2005-2010, Scottish Executive, 2005



Few councils had a specific strategy for recruitment and retention, there was a good example in North Ayrshire. Some councils had included this in their workforce strategy. However our follow-up inspections found improvements in the recruitment and retention of staff in a number of councils for example, Argyll and Bute, Fife, Shetland and Stirling.

Retention

Induction

Key elements of the effective induction of staff include making sure they understand the organisation, their role within it, and the principles of care. Maintaining safety at work is important. Staff need to be able to communicate effectively and know how to recognise and respond to abuse and neglect. They should also know how they will be supported and developed as workers by the organisation.

Councils performed well in providing induction for staff. The majority of social work services had induction processes in place, some of which were run at corporate levels.

Managing absence

Councils generally recognised the importance of managing absence, or maximising attendance. They were moving away from a culture of managing absence to one of promoting attendance. Staff in a significant number of councils thought that their council had a good process for managing absence, most had policies in place, and had evidence that absence figures were falling. For example, South Lanarkshire had managed to achieve low absence levels on a consistent basis.

Measures to help promote attendance included preventive health care services, counselling and complementary services. Clackmannanshire had developed good absence monitoring and management arrangements and was addressing staff welfare by providing a counselling scheme and workplace mediation. The council was also piloting a physiotherapy project.

Systematic monitoring of absence by senior managers or teams was becoming more common, and there were examples where councils had appointed absence officers.

Social work absence levels were often higher than those for the council and a significant minority still had levels of absence which they recognised were too high. Absence was often higher in some parts of social work services because of work related illness such as stress or muscular/skeletal conditions resulting from physical aspects of work. In a few councils, although there were clear policies, some staff perceptions were that the implementation of absence management policies was unhelpful or unduly intrusive, or that procedures were not applied consistently.

Deployment

It is important that the resources available to social work services are deployed effectively. Staff were deployed appropriately in about half of the councils, with a good skill mix in teams, and team membership being planned and monitored. Stronger teams had a clear remit, workload protection, were fully established and were working effectively in a multi-disciplinary context. For example, Dundee had strong, effective teams in all branches of the social work service.

We recommended that a few social work services should review their deployment of staff. In many more we identified the usefulness of a review to be clearer about differences in practice in different teams providing similar services within the same council.

In a few instances there was a need to make sure the right staff were undertaking assessment and care management tasks, particularly in relation to the protection of children and adults at risk. All social work services should have guidance in place to identify what requires the professional skills of a qualified social worker or occupational therapist and what social care workers can appropriately carry out¹¹⁴. Both Glasgow and Argyll and Bute had reviewed the responsibilities of social work service staff, acting on recommendations made in our reports. They had developed clear guidance and criteria about what work required particular skills and had made good progress in implementing this.



114 The Role of the Registered Social Worker in Contributing to Better Outcomes for Scotland: Guidance for Local Authorities, Scottish Government, 2009.

Staff motivation, commitment and satisfaction

Staff were generally highly motivated and committed, even where morale was low. The importance of teams and team functioning in terms of promoting motivation and morale was consistently evident. Almost all staff enjoyed and valued learning and development. Good multi-agency working and constructive relationships with partners had a positive effect on morale.

Good morale is important in delivering good social work services. Most staff we surveyed enjoyed their work. Only a small minority said they did not. However, when asked if staff morale had been good in their team for at least the last six months, less than half agreed that this was so. Fieldworkers were less positive than other staff. They frequently told us that the pressure of high workloads was a reason for low morale, and some indicated the need for informed workload management.

The other reasons staff gave us for low morale were related to changes in structure, high workloads, unfilled vacancies and single status/pay reviews. Where councils had been slow to implement these pay reviews the effect on morale was more profound. Some staff did not feel valued by the council, and had issues about senior managers. These included a lack of confidence in senior managers, not feeling valued by them and not being consulted about changes.

Managers who had effectively addressed these issues made a positive impact on staff morale. For example, Aberdeen City had succeeded in raising staff morale in services



for children and adults, acting on the relevant recommendation in our report. In our follow-up inspection in 2009, staff reported further improvements in relation to leadership, clearer vision for the service and better communication with senior managers.

Development of staff

Supervision

Staff supervision and appraisal systems are the building blocks to developing the workforce and progressing the vision of the more autonomous professional social worker referred to in *Changing Lives*. Most social work services managers understood their value and necessity. A minority had yet to evidence that learning and development was integral to their service planning. Well established employee development sustains a learning culture. The managers role in making sure that their staff are continuously improved and developed is crucial. In addition, practitioners are individually responsible and accountable for the quality and standard of their work.

Staff agreed that they were generally satisfied with the level of supervision provided. Just over half of councils had supervision policies. These were usually of a good standard and relevant. In a small minority of social work services some specific groups of staff, for example day care staff were not properly supervised. Variable practice in recording decisions about individual case management in the case record was also an issue. Information on good recording practice is available in SWIA's practice guide¹¹⁵.

Where services had developed good supervision policies staff were positive about the regularity and quality of supervision. For example, staff in Highland, Orkney, Renfrewshire and Fife reported that they valued the supervision they received.

Some staff identified reasons why supervision did not take place. These included workload pressures and vacancies at management level. Where formal supervision was less frequently available, staff across a range of services told us that it was common practice for their managers to operate an 'open door' policy and they could get advice when needed.

Appraisal

Staff at all levels need formal evaluation and feedback on how they are performing. Appraisal supports staff by confirming what they do well and where they need to improve. The process should also identify and clarify areas where staff are developing and provide opportunities for managers to support continuing professional improvement.

Less than half of the staff we surveyed said that their annual appraisal helped them to improve the way they worked.

The majority of social work services had appraisal systems in a variety of forms. A minority either had no formal appraisal system in place, or had delayed implementation, for example because a corporate system was being introduced. Where councils were ambivalent about the value of appraisal, they gave less priority to this approach at all levels of the organisation. We made recommendations to support the implementation of formal appraisal systems.

¹¹⁵Practice guide: On the record – getting it right: Effective management of social work recording. SWIA, January 2010.



Learning and development

In this area, the focus was moving from traditional training to a better appreciation of the need to provide a range of learning opportunities. Social work services generally recognised the different ways in which people learn and were providing more accessible methods to support staff in their learning. These included initiatives which enabled staff to shadow more experienced workers. Some councils were using IT to provide a more flexible approach to supporting individuals' learning. This was useful for outreach staff and for those in more rural settings. Social work services should continue to explore the possibilities of using a whole range of approaches to developing staff, for example job coaching and opportunities to use research to guide and inform practice.

Councils with less well developed staff appraisal systems were not sufficiently linking appraisal to learning and development. It is not possible to measure the impact of investment in staff development without effective staff appraisal systems. These can hold staff accountable and ensure that training has made a difference to individual practice.

Staff were positive about the range and quality of learning and development available. Most agreed that they had received adequate training to meet the responsibilities of their job. There was evidence that most councils were providing multi-agency and joint training on a range of topics, for example on child and adult protection. Staff confirmed that this had helped to build constructive relationships with partners. The introduction of new legislation such as the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult

Support and Protection (Scotland) Act 2007 had also led to effective joint training initiatives between staff in social work services and colleagues in the NHS across Scotland.

In general, councils were performing well in relation to learning and development across the range of staff groups. However, a minority of councils still required a learning and development strategy or plan. Although they were progressing here, they were still some way from effective development and implementation of learning and development strategies. Implementation of the CLF will support a more structured approach by employers to learning and development.

We identified specific issues in a minority of social work services for some staff groups, in particular home care and administrative staff. Some social work services provided good training to home care staff, for example intensive induction courses. However, in a few social work services, home care staff told us about restricted opportunities. In a few services, administrative staff also told us about limited opportunities. Some wanted to be more included in decisions about service changes and in the identification of the training needed to support them during change.



In a few councils some specialist and more experienced staff commented that learning and development was not always at the right level, or did not provide the content they required to meet their specific requirements. It is important that learning and development strategies provide opportunities that reflect what is required by service areas, units and teams. Learning and development strategies should result in better outcomes for people using services and add capacity to services. Staff also need to be trained to respond appropriately to the move towards more personalised approaches, including self directed support for people who use services.

Performance was improving in relation to social work services efforts to make sure they adequately supported newly qualified staff to meet different registration requirements and make sure they had protected case loads.

A minority of staff identified possible barriers to training including workload pressures, lack of time available, and being located in remote work settings where distance hindered their ability to take up the training available.

Although there was some evidence of councils trying to address the need for appropriate management training, this was a neglected area. There is a need for a more systematic approach to offering effective leadership and management training for staff at all levels. Scottish Government and councils have been investing in programmes to promote distributed leadership in social work services, such as *Leading to Deliver*. It is important that staff continue to be enabled to take up these opportunities.

There was little evidence of succession planning for future leadership of social work services. In 2008 almost three-quarters of social work services staff were at least 40 years old, and nearly half of senior managers were over 50.

Support

Support from peers and managers was important to staff. When staff ranked the most important factors in improving working conditions, all groups registered staff and team support as the most important factor. Strong leadership was ranked second across all staff groups. Supporting lone workers posed a challenge for some councils. Most services had arrangements to allow staff to raise issues about personal safety. Most staff were satisfied that they were well supported by managers in situations where they faced personal risk.

A few councils had workload management systems in place. Most councils managed workloads through individual supervision. Staff valued workload management, where it existed. In North Ayrshire staff welcomed the adaptation of the service's workload management system to suit the needs of different staff groups. A number of councils provided counselling and advice. They also had staff benefits schemes, progressive HR policies such as family care leave, flexible working arrangements and opportunities to job share.

Registration and Codes of Practice for social services workers and employers

Services were supporting staff to meet SSSC registration requirements. Under the Codes of Practice for Social Service Workers and Employers, employers must support staff to undertake relevant education and training necessary to enable them to fulfil their roles. Employees also have a responsibility for their own learning and continuous development.

Our staff survey results showed that almost all staff who responded were aware of their responsibilities set out in the Code of Practice. Slightly fewer agreed that their employer fulfilled its responsibility under the Code of Practice.

Chapter 7:

Strategic commissioning



In this chapter we look at strategic planning and commissioning in social work services¹¹⁶.

Key messages

- Commissioning was not sufficiently focused on desired outcomes or best value.
- Strategic commissioning was better developed for some groups than for others and commissioning for people with dementia, children and families, and criminal justice was not well developed.
- Some councils were successful in building commissioning around engagement with people who use services and strategic partners, including service providers.
- Few councils took a cross cutting approach to commissioning.
- Most councils took a short term view of commissioning instead of making strategic decisions for the long term. This carried a high risk of wasted resources and opportunities.
- Some councils made procurement decisions, including re-tendering of services, without taking sufficient account of the impact on people's lives.
- Lack of sound procurement business processes was a common issue.

Context

The overall aim of social care commissioning is to achieve best value and the best possible outcomes for the community as a whole and for individuals who require care, support and/or supervision. Strategic commissioning should set out how people can be supported in the widest sense, and not just the delivery of social work services.

Commissioning covers the full range of services and supports which are directly provided by councils, delivered jointly with other statutory partners, or purchased from voluntary and private providers. Commissioning is not just about purchasing services from external providers, although this is an important element of the commissioning process. In some councils, those in charge of commissioning saw the process as applying only to external purchasing and not about the way they used their own resources.

¹¹⁶SWIA has also produced a Guide to Strategic Commissioning, SWIA 2009



Commissioning policies and guidelines

Few councils had clear, well written policies to ensure a consistent approach to strategic commissioning and procurement. Examples of good practice in this area were Glasgow, North Lanarkshire and Midlothian. Where they were in place, policies on commissioning and procurement promoted clarity of purpose and consistency of approach. They helped to link the service's vision and desired outcomes with planning for the future, reshaping existing services and developing new services and supports.

Overarching commissioning strategies

Ideally, councils should have comprehensive commissioning strategies which link planning and commissioning for adults, children and families and criminal justice. These should promote coherence and consistency in commissioning across all parts of social work services. This would assist strategic partners to assess and take decisions about the relative priority given to different groups. Few councils had developed overarching strategies covering all social work services which were cross cutting and made the links between:

- service planning, market analysis, partnership activity and contracting;
- the rationale for providing or purchasing different types of services;
- identification of new and unmet needs; and
- financial plans and the availability of funding.

Even in the strongest performing councils, planning and commissioning was not equally well developed for all groups. The organisational structure for social work did not appear to be a deciding factor in this. We concluded that learning and improvement in commissioning needed to be better shared across different parts of social work services within and between councils.

The general picture was one where strategic commissioning of children's services was less well developed than for adults' services. Strategic commissioning also tended to have a low profile in criminal justice services.

Care group plans and strategies

Only a small number of councils were planning and commissioning social work services strategically. Many councils needed to improve both planning and commissioning – these two functions each attracted recommendations in 27 out of 32 inspection reports. There were a number of common areas for improvement, including:

- the need to develop strategic plans and commissioning strategies for all the main groups, and to make improved links between strategic and financial plans;
- greater engagement with people who use services and other strategic partners in the design of service and in the selection of providers;
- improving data quality and the use of information for planning purposes;
- striking a better balance between prevention, early intervention and intensive supports;

- developing effective models of care and support, based on evidence, option appraisals and learning from good practice; and
- avoiding short term decisions which had the effect of undermining long term strategic intentions. Councils needed to plan at least 10-15 years ahead when making decisions about investments in assets and workforce planning.

Generally, improvements were needed in the way care and support for different people was designed to offer personalised approaches that were affordable and sustainable. This would be assisted by more benchmarking of the outcomes and costs of services and care, to influence future commissioning.

Follow-up inspections established that many councils had not made significant progress in acting on recommendations to improve strategic commissioning. There may be a number of reasons for this, including limited understanding of what is meant by strategic commissioning and a failure to see it as a cross-cutting activity. There was also a lack of commissioning expertise and organisational capacity in many councils.

Engagement with strategic partners

In most areas with up to date care group strategies, there was an infrastructure of joint planning with the NHS. Planning arrangements with the police tended to be strong. The involvement of other stakeholders was more mixed. These included





representatives of people who use services and carers, education and housing agencies.

Relatively few councils took a systematic approach to involving provider organisations in the strategic planning and commissioning of services. There was evidence of some good practice, for example support being given to the development of provider forums or other structured liaison arrangements. This was the exception rather than the norm. In many areas provider liaison did not extend to their involvement in strategic commissioning, but was confined to contracting and monitoring purchased services.

Stakeholders were generally positive about their engagement in planning structures and thought that plans and strategies were in place for social work services (two thirds of the stakeholders consulted were positive about these). They were less positive about social work services involving people who use services and their carers in service planning and development (less than half agreed). Similarly, less than half agreed that social work had an appropriate range of commissioning strategies or that there was good evidence of service reconfiguration on the basis of joint plans.

It was exceptional rather than routine for councils to provide clear information about their future purchasing intentions to assist providers with forward planning. Few councils regularly published purchasing intentions. Some were working towards this. Providers told us they received good information from some councils, but generally information for providers was not given regularly or in a consistent way.

Social care markets and the role of councils as providers

Councils should have a clear rationale for decisions about whether to provide services in-house or purchase them externally. This should be based on best value, good outcomes and service quality. This required them to develop a good understanding of national social care markets and a good knowledge of the strengths and weaknesses of local providers and community organisations. They also needed to consider how they could encourage local providers and other community organisations to build community capacity and develop local social enterprises.

We consider good practice in this area to involve making decisions based on a balanced consideration of desired outcomes, people's choices and preferences, quality, and best value, whilst taking account of the likely impact on social care markets. Some councils had an evidence based approach and used option appraisals, benchmarking and best value reviews to inform their decisions. Many more took an ad hoc approach.

The majority of councils had no clearly stated rationale for what was provided by in-house services. Some had a tradition of working well with voluntary and/or private providers, and continued this. For some councils, in-house provision was the option preferred by elected members. External providers were seen as a last resort and used in an unplanned way. This made it very difficult for providers to plan their services or to recruit and retain a workforce capable of delivering quality services. In some of the weaker performing councils, external home care providers were used in an

unplanned way to plug gaps in the council's home care services, with little apparent regard for continuity of care for people using services, or the business continuity providers should reasonably expect.

Procurement

New guidance on the procurement of social care services is due to be published in 2010. Good practice in contracting encompasses sound and compliant business processes for the procurement of social care. In addition, purchasing mechanisms are needed which balance best value considerations with desired outcomes and the needs and preferences of people who use services. There should also be effective systems for monitoring and reviewing service level agreements and contracts against intended outcomes.

On the whole, councils performed better on contracting than on strategic commissioning, with a mixed picture across the country. Contracting attracted fewer recommendations, featuring in 11 inspection reports.

Some of the strengths we identified included:

- clear policies and procedures on contracting. These contributed to the consistent application of sound business processes, fairness in treatment of providers and compliance with guidance and legal requirements;
- sound arrangements for vetting providers, good information systems and up to date service level agreements and contracts based largely on standard formats;

- progress towards service specifications which included desired outcomes as well as inputs and outputs;
- involvement of representatives of people who use services in the development of service specifications;
- realistic contract terms and funding levels, recognising the cost pressures faced by voluntary sector providers and the added value this sector can offer;
- an appreciation of the value of having a range of providers capable of delivering and sustaining a good range and quality of services required;
- decisions about the types of contract/ service level agreements used based on judgements about what was most appropriate in terms of outcomes for people, service continuity and long term strategic objectives rather than being driven only by short term cost considerations; and
- the interests of people who use services were central to all decisions about reviewing contracts and re-tendering processes.

Providers often did business with a number of councils, and were able to make comparisons between them on their general approach to the private and voluntary sectors, and their contracting processes. They confirmed that there was a lack of consistency in the approaches different councils adopted towards external providers.



A joint statement has been agreed by the Scottish Government, COSLA, SOLACE, and the Scottish Council for Voluntary Organisations (SCVO) that sets out the terms of a relationship in which councils and the Government will value the third sector.

There were particular challenges around retendering of social care services. We observed examples of retendering exercises which had not been sensitively handled. There had been insufficient assessment of the likely impact on people who use services and a lack of proper consultation with them. As a result, vulnerable people experienced sudden changes of care staff and provider organisations, without having had the opportunity to express their views. They were not prepared for changes which impacted significantly on the way their care was delivered, and by whom. Providers also expressed dissatisfaction with the way some retendering exercises had been handled.

It is entirely appropriate for councils to periodically review their procurement arrangements, including making decisions about retendering of services. However, some councils needed to improve their decision making and make sure people who use services were properly informed and consulted. There also needed to be a fuller assessment of the impact of retendering on local social care markets. For example the trend towards using a smaller number of providers needed to be balanced with supporting smaller scale and local providers who are frequently the mainstay of preventive community supports.

When monitoring and reviewing purchased services, councils needed to use the information already held by the care regulator and avoid duplicating regulatory activity through information requests or site visits. Most councils needed to give higher priority to making sure that there was good information from the care management process to inform contract monitoring, particularly for people who are very vulnerable or unable to speak for themselves. Some councils lacked even the basic systems to enable them to purchase social care effectively. Some did not have service level agreements or contracts in place for purchased services and had poor information about what services they were purchasing, from whom and at what price. In many councils children and families and criminal justice services had weaker arrangements than adult services.

Some councils needed to improve systems for purchasing home care from external providers. In a small number of councils, lines of accountability for the management and delivery of external home care services were blurred, with council home care managers purchasing external services informally outside a proper contractual framework.

Chapter 8:

Leading social work services





In this chapter we focus on leadership of social work services at a senior level, including corporate and political leadership.

Key Messages

- Leadership was of critical importance in the performance of social work services.
- Leadership of social work services was good or very good in nineteen councils.
- Leadership was weak or unsatisfactory in five councils and adequate in a further eight councils.
- The quality of leadership impacted on outcomes for people who use social work services.
- Leadership of social work had a direct impact on staff morale and confidence.
- Action was needed to improve staff confidence that the social work service was valued by elected members.
- The role of the chief social work officer in providing professional leadership was well recognised and had increased in prominence across Scotland.

SWIA evaluations of leadership

Inspections judged leadership of social work to be good or very good in 19 Scottish Councils, adequate in eight and weak or unsatisfactory in five.

Where we had been particularly critical of leadership, improvements had been made by the time of our follow up inspections,

although the pace of change varied. These improvements had taken place at a service, corporate and political level and covered key areas such as communication and the establishment of vision, values and aims for social work services. Improvement work had on a few occasions included major organisational change. One challenge for the future will be for councils rated as good to aspire to excellence, whilst leadership needed to continue to improve in those councils evaluated as adequate or below.

Vision values and aims

In the best performing councils, leadership of social work services was supported by strong corporate and political leadership. These councils had a strategic vision for public services in their area, underpinned by a clear set of corporate values and principles. Social work services had a high profile in many of the key cross cutting activities and there was a high level of consistency between the corporate vision and the vision for social work services.

Staff at all levels in social work services looked for their leaders to show commitment to the values of social work and to give them a clear sense of direction. This directly impacted on staff morale and confidence. From our inspection experience, they were acutely aware when these elements were absent.



In almost all councils, there was an overall positive response from staff about there being a clear vision for social work services and clearly set out local social work priorities. Managers were most positive about the vision for social work where almost two thirds agreed. Half of the home carers and residential care workers we surveyed agreed. Field social work staff were more likely than other staff groups to disagree that there was a clear vision.

In all councils, including those where weaknesses in leadership were identified, most staff at all levels and in all sectors demonstrated a commitment to core social work values and aims, such as fostering independence, helping people to develop their skills and abilities to the full, supporting social inclusion, protecting children and adults at risk

and helping people to be safe. Almost all staff were confident that their teams made a positive contribution to these values and aims.

Elected members

The question of values and the extent to which corporate and political leaders saw the social work service as important was a significant factor for staff and for stakeholders. Our evidence suggests that more needs to be done across Scotland to strengthen confidence that social work services are highly valued by elected members.

Staff concerns about elected members valuing social work did not apply to the same extent to members with portfolio responsibility for social work services, such as conveners or spokespersons. Staff generally thought such members were knowledgeable. They



frequently expressed frustration at how members' interventions on behalf of individual constituents could distort agreed priorities, especially against the backcloth of tight resources and rationing.

Some external stakeholders expressed concerns about political leadership. In our surveys, less than half agreed there was strong political leadership for social work services and only one third thought that elected members were well informed and positively engaged with the work of social work services. Most stakeholders responding to these questions gave neutral responses.

More encouragingly, with the large numbers of new members elected in May 2007, we have seen induction programmes in several councils, which have included a strong emphasis on areas such as corporate parenting, the role of the Chief Social Work Officer (CSWO) and child and adult protection. In our follow-up inspections there were continuing improvements in providing elected members with good quality information on which to base political decision making.

Leadership of people

In this area, the key factors we evaluated included:

- senior managers and elected members set an example in the way they do their business;
- senior managers communicate their aims and objectives for social work well; and
- staff feel valued and have a positive perception of the quality of leadership.

In high performing councils staff were confident in the quality of leadership and felt empowered to express their views, whether they were negative or not. They regarded senior people as approachable and accessible. Good support and direction from immediate line managers complemented firm leadership at the most senior level.

In councils where weaknesses in leadership were identified, there was little face-to-face contact between senior managers and frontline staff. There was also the perception of a negative leadership culture at all tiers of the organisation. Lines of accountability were often unclear.

A common problem in many councils was the issue of communication between senior managers and the wider workforce. This was in contrast to our evaluations of management and support of staff, where staff responses were much more positive and where there were many examples of good support and a wide range of learning and development opportunities.

Staff in approximately one third of councils had recognised efforts senior managers had made to improve communication, but in some it was still thought to be one-way. In our follow-up inspections, where there were recommendations about improving communication, staff in many councils, such as Highland and Argyll and Bute, thought that progress had been made through a combination of initiatives. These included making managers more accessible and visible and providing information about new developments. In some areas a communications strategy had been produced and was being implemented. However, in

several councils, this had still to result in a discernible impact on staff morale.

There was a correlation between staff morale and the management of change, and we refer to this in the next section. High morale, once established, motivates staff at all levels to strive to improve performance. Low morale appears hard to turn around quickly once it has emerged, even if general circumstances have improved. We observed genuine and well considered efforts in some services to address issues of morale, which appeared to be slow in achieving the desired change. Approaches that promote staff access to senior managers seem to have some impact and initiatives included:

- staff bulletins;
- e-mail access;
- consultation events;
- dedicated phone-in time; and
- visits to workplaces and services to meet people face-to-face.

A further important aspect we discerned in a few councils where there was good staff morale, was the development of a set of expected management behaviours and competencies, aimed at improving communication with staff. For example, Dundee social work services had undertaken such work, resulting in policies and strategies to ensure effective leadership.

One practical issue which featured in *Changing Lives*¹¹⁷ and came up regularly in our inspections was the quality of office accommodation in which staff work. Whilst we saw modern, clean and well equipped offices there remained too many run down and uncared for premises which were neither pleasant to work in nor welcoming to the public.

For there to be effective leadership of people, people themselves have to be willing to follow. We resist the view that the responsibility for the delivery of high quality services to the public lies solely with senior managers. In the small number of areas where we evaluated leadership as poor, this tendency has sometimes been evident. Frontline staff, such as registered social workers, are individually responsible for the quality of work that lies within their control and should be held accountable for it. Examples of this might be the absence or presence of care plans, effective implementation of risk management plans and compliance with policies and procedures.

Leadership of change and improvement

In this area, the key factors we evaluated included:

- effective arrangements are in place for political scrutiny of performance;
- there is organisational stability and well managed change processes which benefit people who use services;

¹¹⁷ *Changing Lives* 2005, the report of the 21st century review of social work.



- there are internal processes for self-evaluation, challenge, tests of competitiveness and comparison; and
- there is effective leadership of partnership working on social work services.

In effectively performing councils, there were high levels of political scrutiny, and a proactive, confident approach to change on the part of the whole workforce. Trade unions reported early involvement in any change process and maintenance of good staff morale.

In less effectively performing councils, managers did not systematically plan or implement change successfully. They may have commissioned reviews of services that pointed to clear directions for improvement but these were not followed through to make the necessary changes. In such circumstances, elected members were distant from the change and policy development process, and there were diminished levels of respect for senior managers.

Over a third of staff were positive about there being effective leadership of change and improvement in social work services. Just over a quarter of staff were negative about this aspect of leadership, with many being neutral. In our surveys no council had a result where the majority of staff agreed there was effective leadership of change in social work.

We know that 'live' issues at the time of surveying can have a direct impact on responses in this area as they also do on surveys of staff morale. We have tested these results in various fieldwork activities, with some consistent themes emerging:

- job evaluation;
- organisational restructuring;
- perceived loss of professional identity; and
- perceived undervaluing of social work by elected members and senior staff.

All of the above appear to impact on staff morale and confidence in leadership of change and improvement. Leaders and managers of social work services will have considerable influence over these areas but rarely be wholly in control of them.

A range of stakeholders whom we consulted reflected similar doubts about the leadership of change whilst being reasonably positive about partnership working, joint planning and the quality of the services provided. We consistently heard that clear plans and strategies were in place, based on good analysis of need and demand, but that implementation of these plans was not always well led and managed. Just over a third of stakeholders were positive that change was well managed in social work. Better performing councils had the following features incorporated into their change management programmes:

- proposed changes were understood in the context of the bigger picture and vision either for social work or for the council;
- proposed changes were conveyed in ways which made clear how they were going to improve outcomes for people who use services;
- key changes were understood across the social work service and in individual teams;

- communication and consultation were given priority so that leaders retained the confidence of staff;
- means of monitoring and evaluation of the impact of changes were in place; and
- leaders assessed the risk associated with the proposed change and its impact on individuals, and took avoiding action.

Professional leadership The Chief Social Work Officer (CSWO)

The area of professional leadership had increased in importance during the course of our inspections reinforced by the *Changing Lives* report and revised guidance on the role of the CSWO¹¹⁸.

The many different ways social work services were organised had given increased impetus to the consideration of the CSWO role. In many councils, social work was part of a configuration of services run by chief officers who were not social workers by professional background. We interviewed many of these chief officers in the course of inspections. Almost all strongly supported the need for professional leadership and considered it essential to have a senior source of advice and guidance, as vested in the role of the chief social work officer, available to them.

Most of the chief executives we interviewed asserted their commitment to the role and took its statutory functions seriously. There was tangible evidence for this in a number of processes and reporting arrangements that were in place to ensure that the CSWO was given high status in the organisation, being

located at director or head of service level in nearly all councils.

The strengthened professional leadership role for the CSWO in respect of its responsibility for values and standards, was the least visible of the role's functions, although some councils had stated their commitment to move in that direction.

Our findings confirmed that the way in which this statutory role is given effect by councils is of critical importance to questions of quality assurance, governance, morale and confidence of the workforce in overall leadership.

Councils' self-evaluation of leadership

SWIA has analysed each inspected council's self-evaluation of its social work services, compared to our assessment of them. This showed that:

- a very high level of agreement between councils' self-evaluations and SWIA evaluations of leadership in the 19 Councils SWIA judged to have good or very good leaders;
- all eight councils judged by SWIA to have 'adequate' leadership self-evaluated as 'good' or above. In all but two of these, the self-evaluation was one grade above the inspection evaluation; and
- all but one of the five councils judged by SWIA to have weak or unsatisfactory leadership self-evaluated two or three grades above the SWIA inspection evaluation.

¹¹⁸The role of the Chief Social Work Officer. Principles, Requirements and Guidance prepared by the Changing Lives Practice Governance Group pursuant to Section 5 (1) of the Social Work (Scotland) Act 1968. 2009



There was some correlation between overall weaker performance in the inspections and significant variation in leadership evaluation. Some councils needed to develop a realistic, accurate and evidence based approach to assessing the quality of their social work leadership, including leadership by elected members. Most needed to work harder to achieve excellent leadership.

Chapter 9:

Resourcing social work services





In this chapter, we consider the extent to which strategic service plans are supported by available resources including finance, premises and equipment and how well financial plans are aligned to social work service plans. The strategic allocation of resources is of interest not only to members, social work management and other chief officers, it is also important to key partners and to people who use social work services and their carers.

Key messages

- Some councils were well advanced in linking their financial plans to their service plans, whilst others still had much to do in this regard.
- In general, the day to day financial management of social work services was good.
- Councils were generally facing the challenge of meeting escalating service demands with limited resources, which required careful prioritisation, and it is likely that this will continue for the foreseeable future.
- Most councils had prepared at least high level financial forecasts for the two years ahead but there remained room for improvement in the forward financial planning for social work services.
- There was not a close association between the resources spent in providing social work services and performance achieved.
- Overall, 11 of the 32 councils were given an evaluation of good or higher for their resources and capacity building.

Expenditure on Social Work Services

In endeavouring to meet increased needs, councils had allocated an increasing proportion of their total budget to social work services during the period 2003/04 to 2008/09.

The 5 year increase in social work budgets was 45% against total council increases of 34%. However, it should be noted that the 2008/09 estimated spend of £2,577,957 was not directly comparable with previous years. Prior to 2008/09, SWS estimates were net of any specific government grants outside the core local government finance settlement. From 2008/09, almost all of the previously ring-fenced grants (including Supporting People Grant) were included within the core settlement, thus resulting in an increase in the net SWS budgets. Nevertheless, in relative terms, the trend for the 4 year period to 2007/08 was very similar, with a 28% increase in SWS budgets compared to a 20% increase in council budgets.

Over the same period the SWS budgets, as a proportion of the Councils' total estimated net spend on services, increased from over just over 19% to almost 21% (and is budgeted to be increased further to 22% in 2009/10).

There were further indications of SWS budget pressures in the relationship between SWS outturns and Grant Aided Expenditure (GAE). In 2003/04, the net expenditure outturns in 14 councils were below GAE levels. By 2005/06 this had reduced to 9 councils and in 2007/08 only 2 councils out-turned below GAE (and both by less than 1%).

Gross expenditure on the main social work service divisions had moved, by 17% in real terms, over the period from 2003/04 to 2007/08. Further analysis of the data indicates that higher increases in budget were allocated to children & families, adults with learning disabilities and criminal justice than to other care groups. It is noteworthy that, whilst almost half of the available social work service funding is allocated to older people's services, the older people's share of the total social work spend is decreasing over time. We estimated that this reduction equates to about £47.4 million in 2007/08 alone.

Whilst an increased resource allocation may assist the performance of social work services in coping with demand pressures, our inspection activity suggested that, particularly in children's services, resources were not always used efficiently or effectively. Our data indicates that higher spending does not, in itself, lead to the provision of a better quality and range of services. Other important factors also influence the standard of services provided, including for example the overall quality of leadership and management at individual councils, the extent to which social work services plan and commission services strategically, how well best value is understood and implemented, how and when councils start to modernise their services, how well they use their available funding, and the extent to which they focus on income maximisation.

Financial planning

When social work services are facing cost pressures such as those noted above, it is essential that financial forecasts are prepared for at least three or more financial years ahead, to allow potential pressures to be considered sooner rather than later. This allows councils more time to plan how they will resolve funding gaps and, if required, reconfigure services. It is also important that there are financial forecasts to support strategic commissioning of services which require a longer term financial horizon, for example when decisions are being taken about investment (or disinvestment) in physical assets.

Furthermore, due to the pressures arising from demographic and social changes, coupled with the difficult economic climate that is likely to persist for some years, the provision of social work services will present an even greater challenge bearing in mind that such factors can result in an increase in demand for services.

We found that most councils had prepared at least high level forecasts for two years ahead but there was generally room for improvement in forward financial planning for social work services. The sustainability of future services is currently one of the most critical issues facing local authorities and it is absolutely essential that there is adequate future planning (including the provision of good unit cost data and performance management information) to ensure that the services are provided in the most efficient and cost effective manner under best value principles.



Budgetary Management

It is important, particularly in times of serious budgetary pressures, in addition to budget monitoring information being produced regularly, that it is scrutinised and acted upon promptly in order to resolve or minimise budgetary problems.

In general, we found that the day to day financial management of social work services was good. Councils' corporate finance departments generally issued prompt and sufficiently informative budget monitoring data to budget holders and management within social work services. However, although the quality of support to budget holders was generally good, there were instances where management and/or elected members had been slow to take action on adverse data presented to them. Where this is the case, there is a greater risk that changes to service provision are hastily implemented without proper planning and that the range and/or quality of service is impaired to some extent.

Furthermore, the quality of finance-related reports to elected members was variable. As members are the ultimate decision makers within councils, it is essential that the reports on which they base their decisions are clear, complete and unambiguous. Where we found it necessary to adversely comment on such reports following our initial inspections, reporting had generally improved by the time of our follow up inspections.

In total, we made 56 recommendations on financial planning and budgetary management issues. A significant number of the finance recommendations related to inadequate linkages between service plans and financial plans.

Resource Management

The operation of social work services depends not only on finance, but also on other resources such as people, premises and equipment. The management of staff is commented on elsewhere in this report. It is equally important that other assets are also properly managed.

We examined asset management planning within councils and although considerable progress had been made over recent years, we still found that more work was needed in this regard as asset management planning was generally not well developed. It is essential that comprehensive asset management plans are prepared and regularly updated and that they are used to inform the capital planning process. This, in turn, assists councils in adapting/refurbishing/maintaining buildings to a reasonable standard by ensuring that scarce financial resources are targeted to the relevant capital priorities. It is often the case that,

where staff have to work in poorly maintained buildings, morale is generally low. Staff need to feel valued and morale is generally higher where staff work in buildings that are maintained and equipped to an acceptable standard.

Likewise, although some councils had well developed strategic risk management policies and procedures, in others these needed to be improved. Efforts were ongoing to further develop and enhance risk management within social work services.

Partnership and resource sharing

We found that partnership arrangements, particularly with the NHS, were variable. Thus, the arrangements relating to the financial management of partnership or jointly provided services were also only in the course of development, although there were some instances of significant progress having been made. Even where joint resourcing financial frameworks had been agreed, there were cases where they were out of date and required to be refreshed.

Where joint budgets had been developed, these were generally aligned rather than pooled. Chief financial officers were of the view that aligned budgets afforded each partner more control over its own share of the funding for jointly provided services, particularly in the earlier stages when further development of services and financial management arrangements was still in progress. There were also instances where, rather than each partner managing its own funding, one partner had transferred its contribution to the other partner for that partner to manage the total budget.



Criminal justice social work was also a service provided by councils in partnership with their neighbours within a framework of 8 Community Justice Authorities (CJAs).

In many areas, partnership arrangements were still unclear and had yet to be further defined and developed. There were also instances where there was joint working, but there was no joint management group overseeing budgets and financial planning.

Overall, social work services still had much work to do in developing financial management and reporting systems for jointly provided services. However, we recognise that this can only be taken forward when there is sufficient development and clarity regarding the various

joint services to which the budgets relate.

Social work services were continuing to develop joint working arrangements with other agencies in order to improve the efficiency of their service provision, which in turn will mean better outcomes for people who require social work services.

Overall, 11 of the 32 councils were given an evaluation of good or higher for their resources and capacity building, with most of the remainder being evaluated as adequate. Our review of councils' resources and capacity building capabilities included not only financial and resource management, but also management information systems, commissioning arrangements and partnership arrangements.

Chapter 10:

Managing and improving performance





In this final chapter we consider whether social work services had systems in place for managing social work performance, and how effective they were in taking action to improve their performance.

Key messages

- Improving the quality of outcomes data for key areas of social work is a challenge for local and central government.
- Although many services had adopted performance frameworks, few had reached the stage of having comprehensive systems in place to monitor and improve all aspects of social work performance.
- Efforts were needed to improve the quality of performance data and its analysis.
- Services needed to get better at developing and implementing action plans to address their improvement priorities.
- There were signs that a culture of performance management was developing in social work but it needed to become more widespread.
- Social work services were good at asking people what they thought of their services and how they would like them to develop in the future.
- Self-evaluation was at a relatively early stage of development in social work services, but was a crucial element in managing and improving performance.

Context

Performance management of public services is set within the context of the concordat between the Scottish Government and COSLA, agreed in November 2007. A central element of this was the creation of single outcome agreements, based on 15 national outcomes. A number of the national outcomes are relevant to the delivery of social work services, including:

- improved life chances for children, young people and families at risk;
- steps that tackle inequalities in society;
- longer, healthier lives; and
- lives safe from crime, disorder and danger.

There is consensus that single outcome agreements present major challenges in how the public sector manages and assesses performance on the delivery of outcomes. There are specific issues around the quality of data for social work outcomes and the national project working on improving outcome indicators has identified the following areas as lacking robust outcome data:

- Looked after children
- Child protection/safety
- Community care
- Mental health
- Drug misuse

Potential ways of addressing these and other gaps are being considered nationally. In the meantime, three indicators directly relevant to social work services have been included in the national menu of local outcome indicators. These are:

- percentage of people aged 65+ with intensive needs receiving care at home;
- number of patients waiting more than 6 weeks for discharge to appropriate settings; and
- satisfaction with social care or social work services.

Performance and improvement of social work services have to be delivered within a wider national drive for improved outcomes and the Governments' strategic objectives that Scotland will be wealthier and fairer, safer and stronger, smarter, greener and healthier.

Measuring outcomes for people

In the absence of well developed outcome indicators, social work services face considerable challenges in measuring their performance. They told us of the complexities of doing so. For example they needed to find ways to measure the differences their services made in the long term and to identify fewer, more meaningful local indicators.

We made recommendations in most inspection reports about strengthening systems for defining and recording desired outcomes, and developing ways of measuring whether these had been achieved. There were some encouraging signs that social work services were beginning to address this challenge. Most councils were working to improve their

capacity to measure outcomes, in some cases using the Talking Points' toolkit.

One council, West Lothian, was evaluated as very good on outcomes for people who use services, and 18 councils were evaluated as good. Improvement was needed in 12 councils assessed as adequate, and in one evaluated as weak.

Engagement with people who use services, carers and the wider public

Social work services were well aware of the importance of capturing the views of people who use services about how well these services were performing and what needed to change. Our inspection reports described good practice in all parts of Scotland where social work services, often in partnership with voluntary organisations and advocacy agencies, had engaged with a range of adult groups and children and young people to get feedback about their experiences. For example, most social work services carried out regular surveys of people who used home care and many used surveys such as 'Viewpoint' to gather the views of those children and young people they looked after. Some had commissioned one-off projects to find out people's views, for example Stirling had commissioned research on the views of children and families who received a service. Social work services whose performance was strong could point to real improvements they had made as a result of listening to people's views.

While acknowledging some good practice in this area, we considered that there was room for improvement in that social work services needed to be more systematic and take a



comprehensive approach to finding out people's views about contact with social work. This would enable them to demonstrate that feedback from people who use services was a central element in managing and improving service performance.

Almost all councils complied with the requirements of the statutory social work complaints procedure. Alongside this, many social work services had systems to invite comments and to capture positive and negative feedback. There was limited evidence that authorities used this information systematically in the improvement cycle. All councils recognised that they needed to do more.

Most councils had made efforts to gain the views of the wider public about social work services by including a limited number of questions about the quality of these services in council wide surveys or citizen's panels. Almost all had also taken steps to inform the wider public about the performance of social work services, most commonly by providing summaries of performance against statutory indicators in councils' free newspapers.

Performance management systems

Different aspects of performance have been covered in earlier chapters of this report. These include:

- the culture and attitude of social work services and leaders, and their overall orientation to continuous improvement (Chapter 8);
- rewarding and valuing staff (Chapter 6);

- delivering key processes (Chapters 2-4);
- strategic commissioning (Chapter 7); and
- financial planning and performance (Chapter 9).

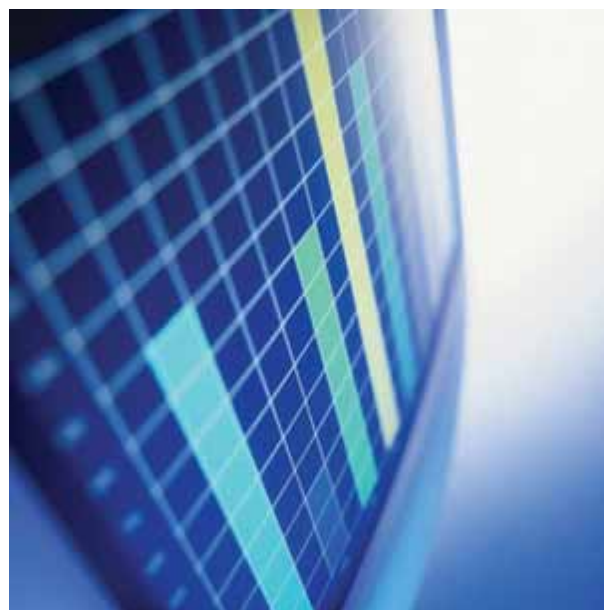
Here we consider what was in place to manage social work performance and whether this was done within a comprehensive performance management framework.

Councils have adopted a range of different corporate performance management systems. A small number of councils had well established corporate systems based structured performance management models and tools such as the EFQM Business and Excellence model, the Balanced Scorecard. Social work services had benefited from the use of structured performance approaches in these councils. Increasingly over the time that inspections were carried out, councils were beginning to use the Public Service Improvement Framework corporately and at service level. Some had adapted a self-evaluation approach used by their colleagues in education and piloted a 'How good is our team?' model. Towards the end of the inspection cycle, some social work services were beginning to use the SWIA performance improvement model for assessing the performance. All of this activity was indicative of the higher profile performance management was receiving corporately within councils, as well as within social work services. Most councils were at a relatively early stage in implementing new performance systems and the extent to which they were effective for managing social work performance had still to be tested.

Effective systems for managing social work performance require:

- real time, regular and reliable performance management data for all aspects of social work services;
- an agreed set of performance indicators with clear links to corporate and service objectives and plans, including financial plans;
- systematic reviews of performance, combining challenge and support;
- systematic benchmarking with comparators, covering all relevant aspects of best value;
- a clear analysis of performance strengths and weaknesses;
- a clear focus on managing performance in relation to assessing and managing risk, protecting vulnerable adults and children and considerations of public safety; and
- regular reports on performance designed to provide relevant information to different audiences (elected members, senior managers, staff teams, partner agencies and the wider community) and making clear what social work services were doing well and what needed to improve.

Some councils performed well in respect of some of these elements. A small number of social work services had built up well established performance frameworks that measured the level and timeliness of the services they provided. These frameworks were supported by processes to ensure that there was regular consideration of the information by senior managers and members.



Examples included the City of Edinburgh's community care framework that was routinely presented to a performance management group. Other examples of effective performance frameworks were identified in Renfrewshire and the two Lanarkshire councils. South Lanarkshire was introducing a new system that would improve performance reporting across social work services. Some services had begun to move towards joint performance reporting of services delivered in partnership with others, for example with partners in the NHS or on Child Protection Committees.

Satisfactory performance frameworks did not usually extend to all care groups. Some services were much stronger in reporting on the performance of their social work services for adults while others had developed a more robust framework for their services for children and families, for example East Lothian Council. Social work services did not necessarily apply learning or good practice from developing a framework for one care group to another.



We concluded that overall, there was room for improvement in performance management and reporting systems in all social work services.

Improving data quality

Data quality was an issue highlighted in many inspection reports. Increasingly social work services looked to their IT systems to generate much of their performance data though a few remained dependent on manual counts pending improvements to their systems. None was using the full capability of the systems they had. Data was not always reliable. In some services, further work was needed so that social work staff realised the importance of data for performance purposes, rather than viewing data entry on social work information systems as an administrative chore. Some social work services conducted 'data cleansing' exercises but this was generally accepted as a time-consuming approach that was not sustainable routinely. There was good collaboration in some councils between social work services and corporate IT managers and systems had been devised to detect data entry errors and take remedial action. Some councils conducted audits of information staff input into systems to try to identify problems at an early stage. A few had established data quality groups that were considering a range of different strategies to try to improve data quality.

Benchmarking

Most social work services needed to do more to understand how their performance compared with other services. We read many social work performance reports over the course of the inspection programme. Some included comparisons with national data and

with the performance of other councils, but many merely presented raw figures. There was insufficient analysis of differential outcomes, service activity and trends and financial performance and social work services did not do enough to learn from good practice elsewhere. In some cases, managers did not understand the reasons for differential performance from teams operating in the same service area.

There was some evidence of good practice in benchmarking, usually carried out to support reviews of particular services. Generally, systematic benchmarking had still to become routine within social work services.

Reporting of performance

Most services had given thought to how they presented performance information to social work and corporate managers and to elected members in accessible ways. Many used visual means for example 'traffic light' systems, normally linked to corporate reporting systems. These mechanisms also helped key stakeholders track progress over time. There were some examples of social work performance reporting not being fit for purpose, and this tended to be associated with wider weaknesses in performance.

In our follow up inspections, we frequently observed improvements in performance reporting, for example, Aberdeen City council had made good progress in reporting on the performance of its criminal justice services to both the Northern Community Justice Authority and the city's continuous improvement board.

Many services had only recently started to move beyond minimum reporting on statutory performance indicators to develop more comprehensive performance frameworks.

Taking action to improve performance

In most instances we did not see sufficiently comprehensive analyses of what data might mean or action plans to tackle any identified weaknesses. Links between the performance data and service planning and improvement were often unclear and underdeveloped. The use made of management information was very variable. There were examples of good practice where performance information was shared with teams and units and where staff were involved in discussions about the reasons for strong and weak performance, and what improvement action could be taken. This was not necessarily built into the performance management system, but could vary depending on individual front line and middle managers' understanding of their role in managing and improving performance.

Front line staff also varied in their awareness and understanding of the social work services actual performance, how it compared internally or externally, and the contribution they could make towards improving it. Where councils had implemented personal development plans, there needed to be clearer links made between individual objectives and those of the service in general. In addition, we have already commented that, overall, councils did less well on the delivery of key processes than in other areas of evaluation. This suggests that performance information was not always being

used systematically to support and drive improvement in these important operational processes.

Quality assurance

Most councils had some systems in place to examine the quality of individual practice, usually by reading case files using a standardised template such as that used by SWIA. A few had developed a quality assurance programme.

In addition to assuring the quality of a sample of case files, we would expect to see evidence that services ensure that there are records of worker supervision in case files as well as regular scrutiny of files by first line managers, and periodic scrutiny of files by more senior managers. In the sample of more than 3,000 case files we read, there was evidence of the impact of supervision in just one-quarter of the sample, of first line manager scrutiny in less than one-third, and of senior manager oversight in one in 20 files. These findings obscured some marked variations between councils. In some instances, they may also reflect poor recording of such activity.

Our inspection findings emphasised the key role that routine scrutiny of practice played in improving the quality of that practice. This was associated with improved quality of assessments and improvements in the circumstances of those receiving a service. In order to help practitioners and managers with this important task SWIA published a guide in 2010 on effective management of social work recording.



Self-evaluation

Most councils used reviews, including best value reviews, and in some cases externally commissioned studies, to examine aspects of performance and suggest improvements. Generally, such activities took place as standalone activities rather than as part of a systematic approach to performance management.

In some cases, reviews had not translated into purposeful action to deliver changes effectively, although improvements had been made by the time follow up inspections took place. In Dundee, for example, we suggested that the service develop a toolkit to ensure that reviews attain a high standard and produce results that lead to improvements. The service had since done so and confirmed that this has been a helpful approach.

Self-evaluation was being developed in many social work services. Many still had some way to go to develop self evaluation. During our inspection programme, we requested that social work services prepare a self-evaluation of their performance at the start of the process. In comparing the evaluations that social work services had given themselves for each 'area for evaluation' with those that SWIA gave them we found that 45% of evaluations were the same. 47% of evaluations were higher and 8% lower than the inspection evaluation. Areas where social work services were most likely to rate themselves higher than inspection findings were delivery of key process (76% of self-evaluations were higher than in inspections) and resources and capacity building (69% were higher). Generally, there was a higher level of

agreement between self-evaluations for strong performing councils, and marked differences for some of the weaker performing councils. This underlines the need to ensure objectivity in self-evaluation.

As we move towards a model of rigorous self-evaluation and steady improvement SWIA will continue its partnership with councils by working with them to improve the quality of self-evaluation.

To accompany the general guide¹¹⁹, we commissioned an online self-evaluation e-tool. Using this e-tool, local authorities can log onto a secure space and record their self-evaluation against the PIM, plan actions, monitor progress and evaluate results. We have also extended the role of SWIA link inspectors in order to offer councils a main point of contact for advice and assistance in building self-evaluation capacity.

Looking ahead

Social work services undoubtedly face a number of challenges in the years ahead. The information presented in the early chapters of this report shows a picture of rising needs which will not be met by similar increases in resources because of wider economic constraints. This is particularly an issue for older people's services and for people with dementia, with levels of provision of home care and intensive home care already falling in many council's areas. It is also an issue for supporting carers, many of whom provide intensive care with modest support from social work services. If preventive services continue to reduce, there is a likelihood of people reaching crisis point and requiring admission

¹¹⁹ Guide to Supported Self-Evaluation', 2009, SWIA. The guide includes advice on how councils can evaluate their social work services if they are using a generic corporate assessment framework such as PSIF or EFQM.



to high cost care settings, including acute hospitals. Local and national strategies will be needed to move forwards in ways that care for and protect vulnerable citizens and their carers within the resources that can be made available.

We also highlight a number of common themes and priorities where improvements are needed in many, although not all, social work services. These include:

- continuing to strengthen key processes, in particular, professional practice and multi-agency arrangements for the protection of vulnerable adults and children, with due regard to public safety;
- taking action to improve the efficiency and effectiveness of social work services, in particular services for children;
- more effectively shifting the balance of care for older people towards intensive care in their own homes, supported by a range of preventive services;

- improving the quality of performance data and action planning to deliver tangible improvements in social work performance; and
- taking a more strategic approach to planning and commissioning, with stronger links between financial plans and service plans.

Along with other public services in Scotland, social work services are entering a time when councils will lead in assessing their own performance. Our inspection findings suggest that for some councils, and particularly those which did not perform strongly in inspections, there will be a need to make sure that there is enough objectivity and rigour in self-evaluation. We strongly encourage collaboration between social work services and partnerships to promote benchmarking as a core tool to assist with the objective evaluation of performance and a means to improve best value.

Whilst we have identified common areas for improvement, we have also been able to identify a number of key features of high performing social work services. Most, if not all of these features were evident in the councils which performed most strongly in our inspections of their social work services:

- a strong corporate body in the council with good corporate systems e.g. in human resources, financial management, performance management, estate and property planning;
- a strong commitment to the principles of best value, and achieving good outcomes for people;



- well developed use of technology to help practitioners and managers in service delivery and performance management;
- long term strategic planning, including early redesign of key services to move from away from large scale institutional care;
- a network of preventive, community based support and services, especially for children and young people;
- workforce planning, including early modernisation of employee terms and conditions in high spending areas such as residential and home care;
- well established funding agreements with NHS boards;
- good management of social care markets and a clear rationale for the council's role, if any, as provider; and
- clear vision and direction, strong professional and strategic leadership, and well informed political support.

Appendix 1





Balance of care: Older people supported in intensive home care
and in care homes, 2008/09
(rate per 1,000 population aged 65+)

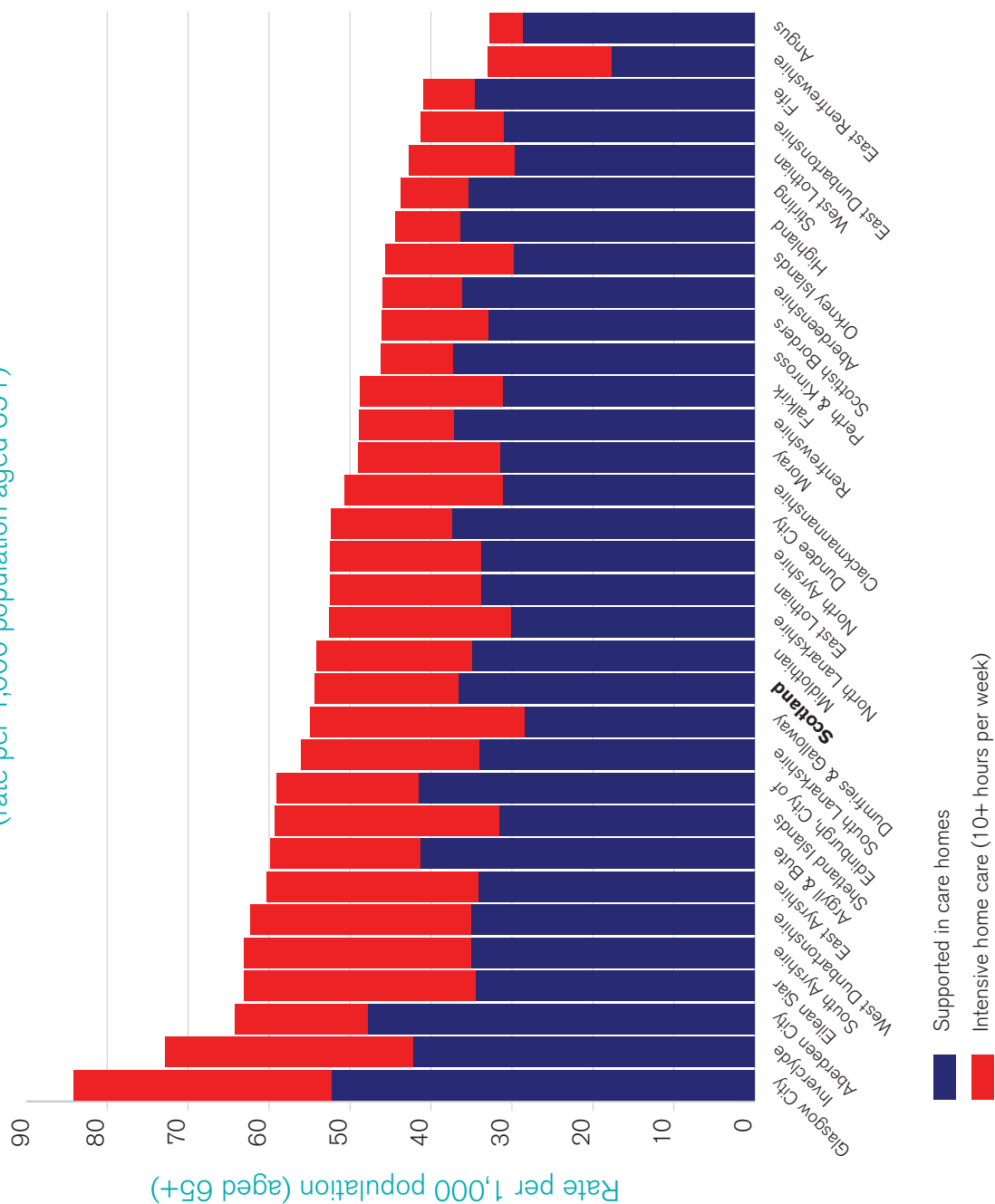


Figure 2.2

Figure 2.3

	Older people (65+) supported in care homes			Total home care hours (all groups)				Older people (65+) receiving over 10 hours per week home care			
	2008/09	% change 2003/04-2008/09	Rate per 1'000 2008/09	2009	% change 2005-09	% change 2007/08-2008/09	Rate per 1'000 65+ population 2009	2008/09*	% change 2003/04-2008/09	% change 2007/08-2008/09	Rate per 1'000 65+ population 2008/09
Aberdeen City	1,540	-8%	47.8	15,176	-24%	-13%	471.4	531	32%	6%	16.5
Aberdeenshire	1,380	-5%	36.1	21,452	-3%	-4%	560.5	380	-1%	-18%	9.9
Angus	670	-9%	31.1	6,462	7%	3%	300.0	91	7%	3%	4.2
Argyll & Bute	770	22%	41.1	7,922	0%	-8%	422.3	347	38%	11%	18.5
Clackmannanshire	240	-4%	31.1	6,877	-17%	-14%	890.7	151	-5%	-12%	19.6
Dumfries & Galloway	900	5%	28.3	20,674	-26%	-2%	650.9	841	29%	30%	26.5
Dundee City	950	12%	37.0	15,306	31%	9%	596.7	384	119%	9%	15.0
East Ayrshire	700	-4%	34.3	26,241	38%	-1%	1284.5	535	29%	-6%	26.2
East Dunbartonshire	590	13%	31.0	16,376	182%	23%	861.1	195	58%	-17%	10.2
East Lothian	570	0%	33.7	16,607	7%	-12%	982.4	318	28%	0%	18.8
East Renfrewshire	270	-40%	17.3	6,866	-7%	8%	440.6	240	22%	-1%	15.4
Edinburgh, City of	2,840	-6%	41.4	38,512	-3%	-7%	561.3	1,206	28%	13%	17.6
Eilean Siar	190	0%	34.3	5,262	-16%	2%	951.2	159	-5%	-4%	28.7
Falkirk	760	15%	31.3	23,311	61%	5%	960.8	430	16%	-2%	17.7
Fife	2,130	7%	34.5	72,859	48%	-4%	1179.8	394	-35%	-21%	6.4
Glasgow City	4,300	-10%	52.2	80,050	-5%	-2%	971.1	2,640	6%	-4%	32.0
Highland	1,450	2%	36.4	12,182	-24%	-2%	305.6	324	4%	8%	8.1
Inverclyde	600	-3%	42.1	14,860	-2%	0%	1043.8	437	58%	5%	30.7
Midlothian	460	-12%	35.5	12,302	28%	-4%	948.2	249	71%	-13%	19.2
Moray	500	16%	31.4	12,456	18%	49%	781.9	280	23%	13%	17.6
North Ayrshire	820	-5%	33.6	12,991	11%	5%	532.6	455	19%	8%	18.7
North Lanarkshire	1,450	-6%	30.1	34,833	-13%	3%	722.8	1,085	-2%	2%	22.5
Orkney Islands	110	22%	29.1	1,886	-39%	-14%	498.2	61	-12%	-11%	16.0
Perth & Kinross	1,040	-13%	37.1	9,015	30%	1%	322.0	252	6%	-5%	9.0
Renfrewshire	1,030	5%	37.1	14,276	-15%	-3%	513.5	329	-24%	-31%	11.8
Scottish Borders	720	-4%	32.7	10,172	-5%	11%	462.4	293	-3%	10%	13.3
Shetland Islands	110	0%	30.4	3,075	-1%	7%	849.4	101	57%	1%	27.8
South Ayrshire	810	7%	35.0	36,791	44%	3%	1589.1	650	11%	1%	28.1
South Lanarkshire	1,720	6%	34.0	52,088	52%	-4%	1028.7	1,113	45%	2%	22.0
Stirling	520	-7%	35.1	13,878	19%	-5%	936.8	125	38%	-8%	8.5
West Dunbartonshire	510	2%	34.9	12,915	-12%	-5%	882.7	400	-5%	-3%	27.3
West Lothian	640	8%	29.0	12,134	44%	11%	549.1	292	92%	-10%	13.2
Scotland	31,310	-2%	36.6	645,806	11%	-1%	754.0	15,284	15%	0%	17.8

Note:

* Figures are provisional and may be subject to revision

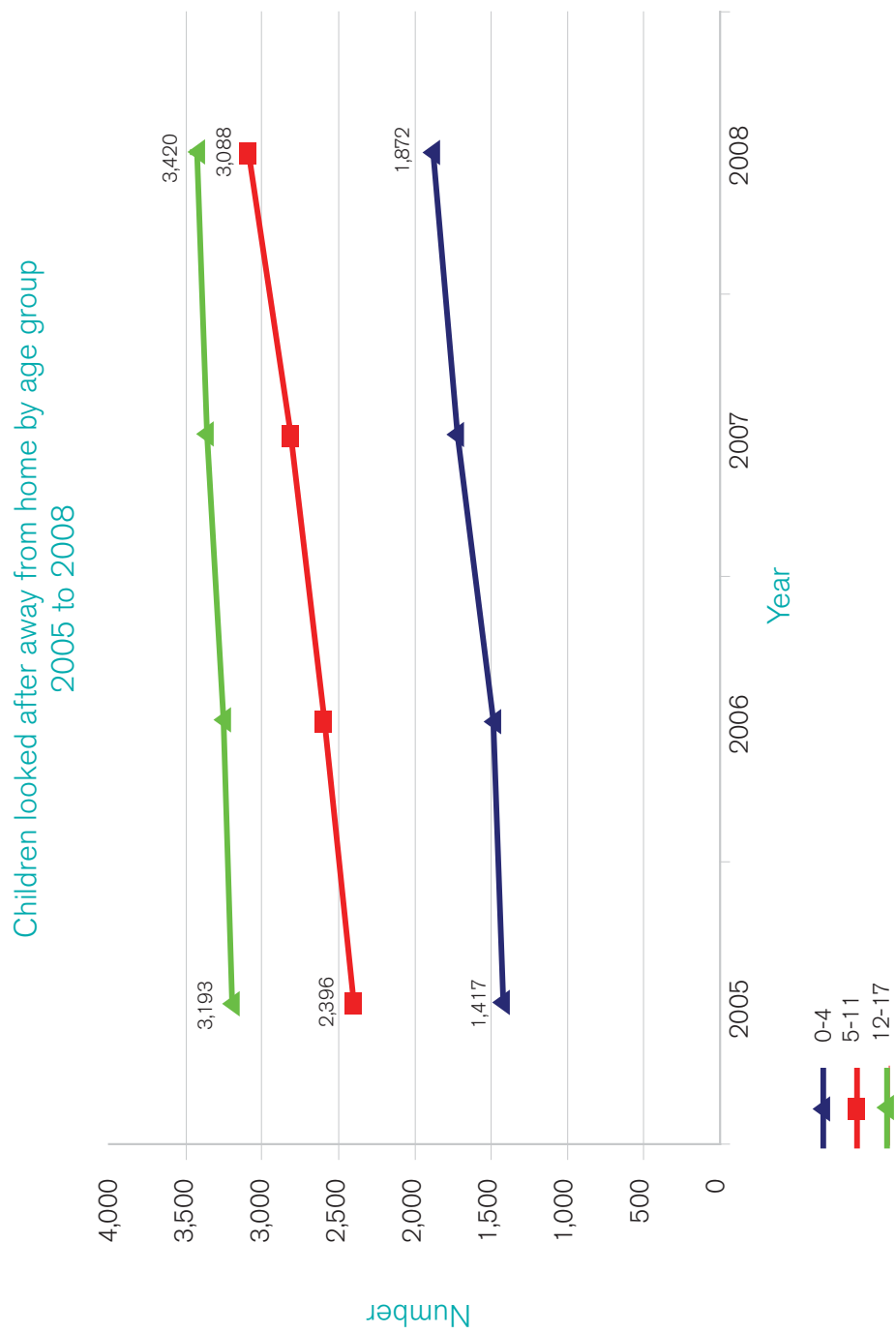


Figure 3.1

Figure 3.2

Children looked after after away from home, 2008
(rate per 1,000 population aged 10-17)

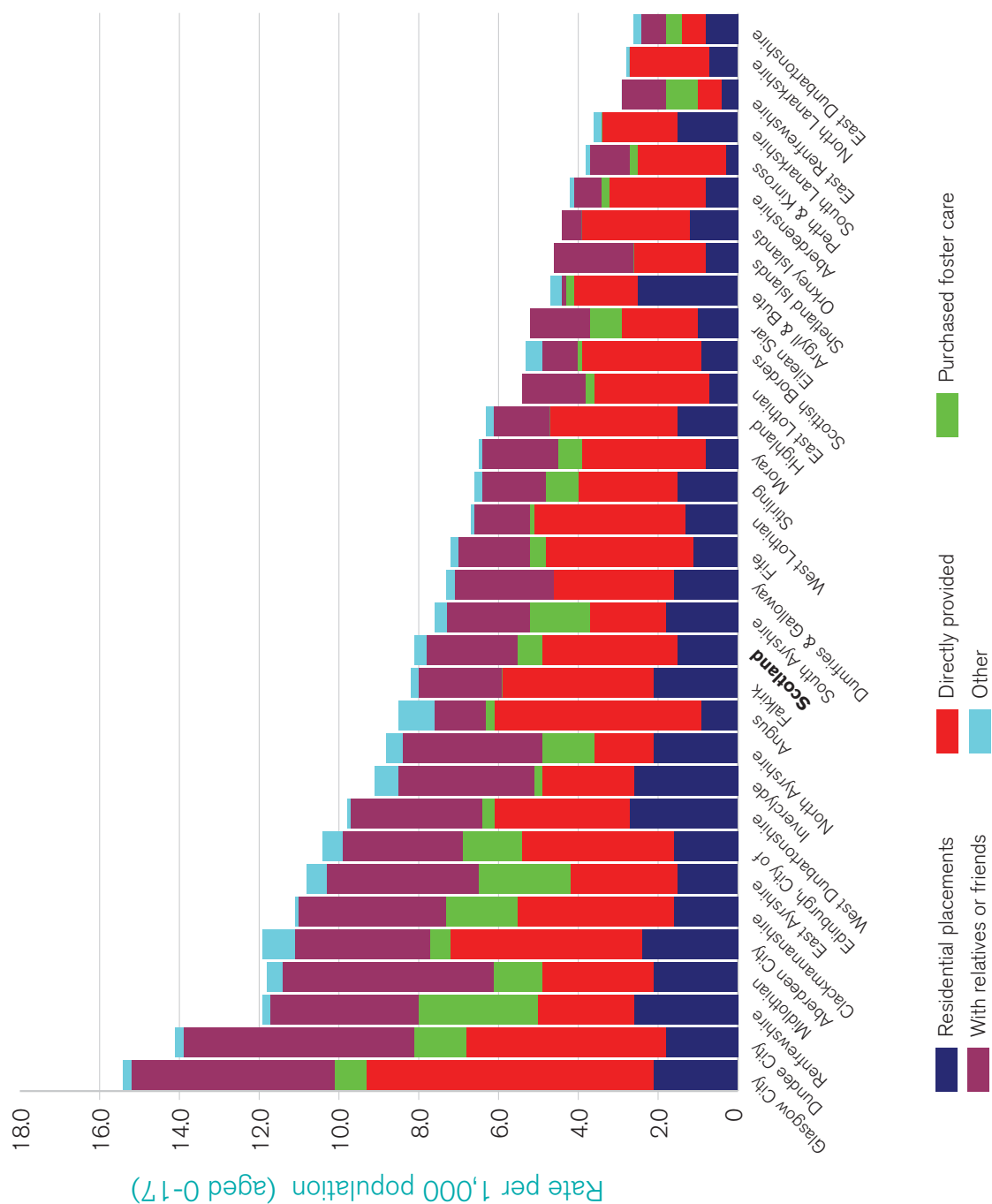
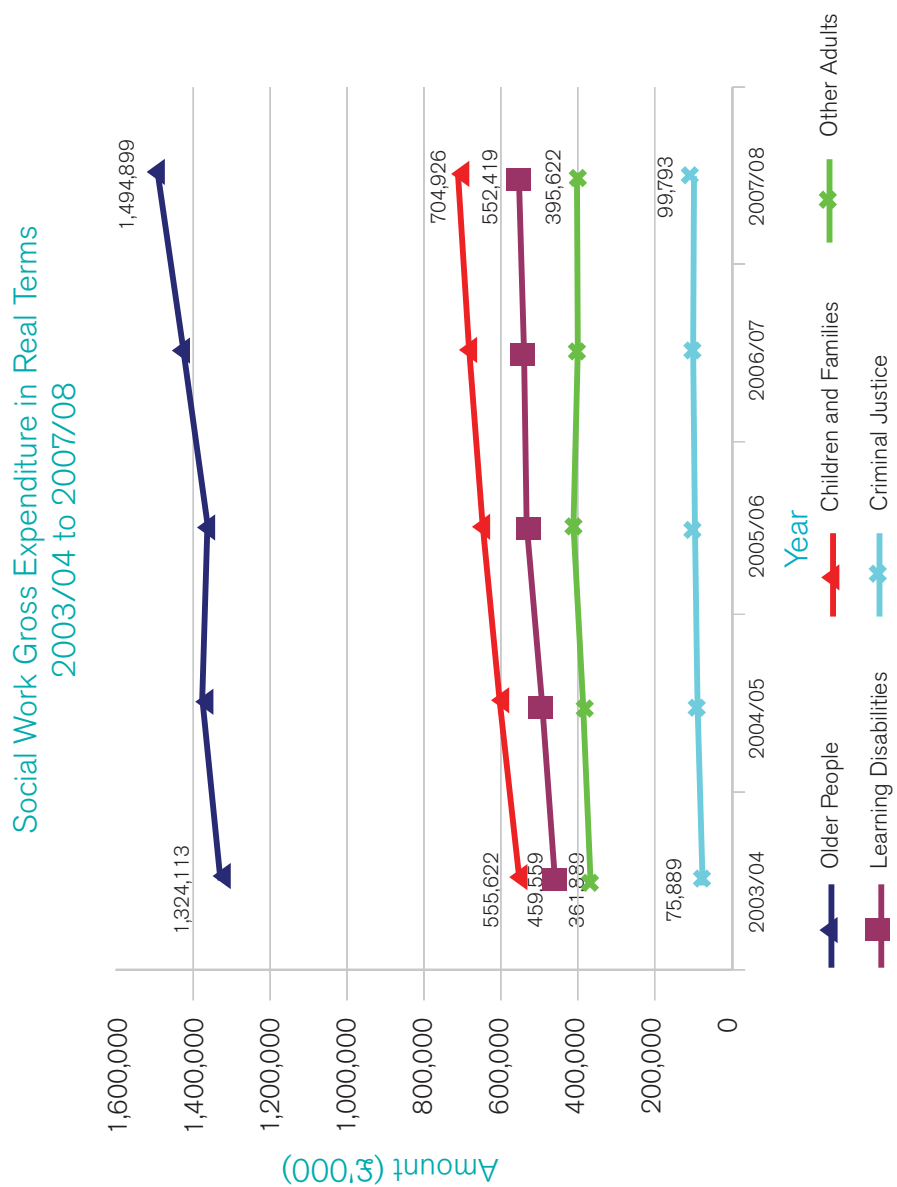


Figure 3.3

National Performance Indicator	Scottish average 2003/04	Scottish average 2007/08	Performance range 2007/08
Proportion of looked after children of the population aged 0-18	1.0%	1.4%	0.5% - 2.7%
Looked after living in community settings including those living at home	87%	89%	78% - 94%
Looked after in residential care	13%	11%	6% - 22%
Looked after with 3 or more placements	30%	31%	2% - 78%
Children looked after at home obtaining a qualification in maths and English at SCQF level 3 or above	20%	26%*	8% - 63%*
Children looked after and accommodated obtaining a qualification in maths and English at SCQF level 3 or above	37%	45%*	0 - 100%*
Care leavers in employment, education or training	36%	42%	11% - 100%
Overnight respite (short breaks) nights for children with a disability per 1,000 pop 0-17 years	32	53	21 - 88

* Please note that figures for educational attainment are based on the 2006/07 publication. Data collection methods have since changed to an individual basis. Some of the figures for individual authorities are based on very small numbers, and therefore can be volatile from year to year.

Figure 9.1



Appendix 2



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 Outcomes for adults, carers, children and families Performance against national and local targets	2. Impact on people who use our services Experience of individuals, children and their parents and carers who use our services 3. Impact on employees Motivation and satisfaction Employees' ownership of vision, policy and strategy	5. Delivery of key processes 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	6. Policy and service development, planning and performance management 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	9. Leadership and direction Vision, values and aims Leadership of people Leadership of change and improvement	10. Capacity for improvement Global judgement based on evidence of all key areas, in particular, outcomes, impacts and leadership direction
	4. Impact on the community Community perception, understanding and involvement Impact on other stakeholders Community capacity		7. Management and support of employees Recruitment and retention Employee deployment and teamwork Development of employees 8. Resources and capacity building Financial management Resource management Social work information systems Partnership arrangements Commissioning arrangements		

KEY

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

Glossary





Advocacy

Advocacy involves safeguarding people who are vulnerable and discriminated against, empowering people who need a stronger voice to express their own needs, enabling people to gain access to information, explore and understand their options, and to make their views and wishes known and speaking on behalf of people who are unable to do so for themselves. Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions.

Aftercare

A term used in local authority criminal justice social work services to describe work with offenders on their release from a custodial sentence.

Anticipatory care

Care designed to reach out to those at greatest risk. This is achieved by exploring people's wishes for the future and through planning with them for end of life, crisis, short breaks and rehabilitation needs. It involves strengthening local services; with more support for self-care; more intensive case management for individuals with serious long term conditions; and with more capacity for local diagnosis and treatment, it is possible to reduce the rising trend of unscheduled hospital admissions.

Asset

In youth justice, this is a structured assessment tool that aims to look at the young person's offence or offences and identify the many factors or circumstances which may have contributed to such behaviour.

Benchmarking

Benchmarking is the process of measuring and comparing the performance of your organisation with relevant comparators, including if possible some which are recognised as leaders in that field. The aim is to create a learning experience, where best practice can be incorporated within your organisation.

Best value

To make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.

Care management and review

Managing and regularly reviewing care arrangements for someone who needs care and support. Possibly involving a number of different services and supports.

Care planning

Planning to provide services and supports to meet the outcomes a person wants to achieve in order to meet their assessed need.

Carer

Unpaid carers give help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability. The term carer should not be confused with a care worker, or care assistant, who receives payment for looking after someone.

Challenging behaviour

A term used to describe behaviour by children or adults which puts themselves or other people at risk, and which services or unpaid carers find difficult to manage or prevent.

Complex disabilities and high support needs

A person with complex disabilities and high support needs may have physical and/or lack capacity which means they need a lot of skilled support which is well co-ordinated. They may have challenging behaviour or offending behaviour as well as other issues including mental health problems. Often, the person has difficulty or is unable to communicate. Advocacy should always be a priority for someone with complex disabilities and high support needs.

Corporate parenting

A commitment by councils to fulfil their parental responsibilities to the children they look after, especially those looked after away from home. This involves partnerships between all local authority departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people, and young people leaving care.

Direct payment

A direct payment is money given to an individual, by a council, to pay for services and supports which he or she has been assessed as needing. It provides the person who uses services or, in certain circumstances, the carer (usually a family member) with more choice and control over the care he or she receives.

Domestic abuse

A term which describes a pattern of abusive behaviours by one or both partners in an intimate relationship such as marriage, dating, family, friends or cohabitation. Domestic abuse has many forms including physical aggression, or threats thereof; sexual abuse; emotional abuse; controlling or domineering; intimidation; stalking; passive/covert abuse; and economic deprivation.

Early intervention

Intervention aimed at halting the development of a problem that is already evident. The aim is to shift to a strategy of prevention rather than crisis management.

Eligibility criteria

Guidance on National Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People was issued jointly by the Scottish Government and COSLA on 28 September 2009. This established a common standard eligibility framework for adult social care services, which categorises the needs of individuals and which is to be applied by all councils. The guidance identifies four eligibility criteria categories of critical, substantial, moderate and low.

HEAT targets (Health Efficiency Access and Treatment targets)

A core set of ministerial objectives, targets and measures for the NHS.

High risk of serious harm

A risk of harmful behaviour which is life threatening and/or traumatic and from which the victim's recovery, whether physical or psychological, can be expected to be difficult or impossible.



Integrated case management (ICM)

A term used in criminal justice services for a multi-agency approach to planning and managing a prisoner's sentence, including preparation for release.

Integrated working

This describes different agencies coming together to co-ordinate the delivery of support to children and adults in a way that enables them to maximise their potential and independence, and their health and well-being.

Intermediate care

Intermediate care is a range of enabling, rehabilitative and treatment services. They act as a bridge between the transition from home to hospital and back home, and from illness to recovery. It might be provided in the person's home or in other settings such as care homes, sheltered housing or a community hospital. It usually last up to six weeks or less.

Kinship care

A relative or a close friend who cares for a child or young person whose parents are unable to look after them where:

- the local authority places the child or young person with the relative; or
- an order by the court or children's hearing requires the child or young person to live with them.

Lead professional

A person who acts as a single point of contact for people using services, who will make sure that the different agencies act as a team and fit the help they are offering together seamlessly.

Level of Service Case Management Inventory (LSCMI)

A structured risk assessment tool used in criminal justice services for all offenders. It includes sections for full risk of harm assessment and management.

Looked after children

The majority of children and young people who are considered to be Looked After will come into one of the following two categories:

- Looked after at home, where the child or young person is subject to a *Supervision Requirement* **with no** condition of residence through the children's hearing system. The child or young person continues to live in their normal place of residence (i.e. often the family home).
- Looked After away from home (i.e. away from their **normal** place of residence), where the child or young person is subject to a *Supervision Requirement* **with a** condition of residence through the children's hearing system, or is provided with accommodation under section 25 (voluntary agreement) or is subject of a Parental Responsibility Order (section 86). The child or young person is cared for away from their normal place of residence, e.g. in a foster care placement, residential/children's unit, a residential school, a secure unit or a kinship care placement.

Multi-Agency public protection arrangements (MAPPA)

The legislative framework that requires the responsible agencies (e.g. police, social work, prisons and the NHS along with others with a duty to co-operate to manage sex offenders in the community.

National and local indicators

National indicators are a list of measures to enable the Scottish Government and councils to track progress toward the achievement of national outcomes.

Local outcome indicators are indicators agreed by community planning partnerships to track progress on the delivery of outcomes agreed in their single outcome agreement with the Scottish Government.

Offender programme

Usually a sequence of group meetings in which trained facilitators work with offenders to help them acquire better thinking and reasoning skills with the aim of reducing their re-offending.

Outcome

At an individual level, this means the impact or end results of supports and/or services on a person's life. It can also be used for the impact or end results of strategic plans and agreements.

Pathway planning

A term used in children and families services for a framework for assessing needs and planning for action for young people who have been looked after.

People who use services

We use this term to include adults, children or young people.

Performance information system and performance measurement system

A set of performance measures for the whole organisation and the processes for producing that information.

Performance management

All the activities involved in creating a performance culture, including defining goals and outcomes, engaging with staff, people who use services and partners, measuring actual performance, setting targets for improvement (at individual, team and service level) taking effective improvement action and delivering continuous improvement. Much wider than performance measurement.

Performance measures and performance indicators

These terms are usually used interchangeably and refer to measures of how well a service is performing against its objectives and the outcomes it has set itself to achieve.

Permanency planning

The primary aim is to make sure that where children cannot be looked after by their parents, this is identified at an early stage and efforts are made to find planned permanent arrangements for their future care so that young people have care arrangements that deliver continuity, consistency and security of care and support.

Personalised approaches

Approaches which focus on the individual in a child centred/person centred way, giving them the greatest possible choice and control over how they are cared for and supported.

Provisional data

An indication that the data is provisional means that returns are not yet complete and the final figure may be different to that recorded when all returns are in.



Rapid response teams

Different professionals, such as nurses, social workers, physiotherapists and occupational therapists, working as a team to provide fast support in an emergency to a person living at home possibly after being discharged from hospital.

Risk

The recognition and avoidance of potential harm to the public, vulnerable children and adults through the provision of appropriate safeguards. Risk taking is not always negative and can offer a potential learning experience.

Risk assessment

Ways of identifying risks for children, young people or adults and how these might be managed. It incorporates assessing risks to the public posed by people who have committed offences. This is a complex area and professionals may have to take into consideration different issues for different groups of people. For instance, in adult care there is a need to balance rights, autonomy and empowerment along with issues of adult protection when assessing risk.

Self advocacy

Self advocacy is when people speak for themselves either individually or as a group. Often this is helped by self advocacy groups which help people to get better at speaking for themselves.

Self directed support

An overarching term for a number of different approaches to give people in need of care services greater levels of control over how their support needs are met.

Sensory impairment

A partial or total loss of sight or hearing or both.

Single outcome agreement

An agreement between central government and local community planning partnerships which sets out what local partnerships will do to achieve and agreed set of national outcomes.

Single shared assessment

A single shared assessment seeks information once, through a lead professional who co-ordinates documents and shares appropriate information, co-ordinates all contributions and produces a single summary assessment of need. The assessment should actively involve people who use services and their carers and should seek to provide outcomes acceptable to them, and to the agencies that are involved.

Services and supports

A term used to describe both professional care services, unpaid carers and other people in the community who are not paid.

Standards

The minimum acceptable level of performance, or the level of performance that is generally accepted.

Statutory partners

All relevant council services working with social work services including education and housing, NHS Boards and Community Health Partnerships (in some areas, Community Health and Care Partnerships), other local statutory agencies, such as the police, the reporter to the children's panel, the courts and other parts of the criminal justice system, other local councils with whom strategic agreements and partnerships have been/could be formed, the Scottish Prison Service, other public sector partners.

Strategic commissioning

The term used for all the activities involved in assessing and forecasting needs, agreeing desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

Strategic partners

All relevant statutory partners with responsibility or interest in the services being examined, people who use services, their carers, and their representative organisations, advocacy organisations, community and voluntary organisations and existing and potential service providers across all sectors.

Targets

A specific level of performance the organisation is trying to achieve.

Telecare

This provides a range of options such as alarms, sensors and communication aids to help support and monitor people in their own homes.

Through and aftercare

A term used in children and family social work services to describe their duty to prepare young people for ceasing to be looked after and supporting them after they have left care.

Throughcare

A term used in criminal justice social work services to describe their work with an offender both during a prison sentence and on release.

The Parole Board

This decides on the release of people on parole and attaches conditions to parole licences and non-parole licences. It comprises a range of professional and lay members.

ViSOR

A UK-wide electronic database accessible to police, social work services and prisons that records relevant risk management information about sex offenders, including risk assessment data. It supports information sharing between agencies.

Whole systems approaches

Taking a broad view across the full range of responsibilities of councils (social work, education, housing, community safety, leisure etc) the NHS, the police, the reporter to the children's panel, and the criminal justice system.



Young offenders

Young people aged between 16 and 21 years of age sentenced by a court are classified as young offenders and detained within Young Offender Institutions (YOI). Prisoners aged over 21 may be held within a YOI if they were sentenced before the age of 21 years and are awaiting transfer to an adult establishment or if they are close to their liberation date.

Youth Level of Service/Case Management Inventory (YLS/CMI)

A risk/needs assessment and a case management tool for young offenders combined into one.

© Crown copyright 2010

Further copies and alternative formats may be available on request from the Social Work Inspection Agency. An electronic version is available along with our contact details on the SWIA website at swia.gov.uk

HR Donnelly 060475 3410

ISBN: 978-0-9503265-5-3