

Comhairle nan Eilean Siar Scrutiny Report

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1. INTRODUCTION

This report is the result of scrutiny and assessment work carried out by the Care Inspectorate. We decide how much scrutiny a local authority's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic and service levels.

The ISLA focuses on answering nine risk questions:

1. Is there evidence of effective governance including financial management?
2. Is there effective management and support of staff?
3. Is there evidence of positive outcomes for people who use services and carers across the care groups?
4. Is there evidence of good quality assessment and care management?
5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
6. Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
7. Is there effective partnership working?
8. Do policies, procedures and practices comply with equality and human rights legislation and are there services that seek to remove obstacles in society that exclude people?
9. Are there any areas that require urgent attention and improvement?

We carried out an initial assessment social work services during August and September 2011. We did so by:

- reading 76¹ case records, supported by five local file readers;
- considering the content of approximately 600 documents, either provided by the Comhairle or sourced by the Care Inspectorate;
- taking account of the Social Work Inspection Agency's performance inspection report (published November 2006) and follow-up reports

¹ Children and families = 20 case records; Community Care = 46; Criminal justice = 10.

(dated October 2008 and February 2009) to track progress made on recommendations and SWIA's inspection report on criminal justice social work services in the Northern partnership (published November 2005);

- analysing published national performance statistics;
- considering the findings of other scrutiny activity, including HM Inspectorate of Education inspection of services to protect children (published January 2010); Care Commission reports on fostering and adoption (most recent published in February 2011) and the Audit of Best Value and Community Planning, published by Audit Scotland in November 2011; and
- participating in the Local Area Network shared risk assessment, led by Audit Scotland, in preparation for the 2012-15 Assurance and Improvement Plan.

2. SUMMARY OF ISLA FINDINGS

Social work services in the Comhairle are delivered by two departments. The education and children's services department provides social work services for children, young people and their families; the social and community services department is responsible for adult social work services, including criminal justice.

We assign initial risk assessment to one of three levels. Our overall initial assessment indicated social work services in the Comhairle to be level three, summarised as 'significant risks, varied levels of performance and a need for clearer focus on improvement.'

Our risk assessment was based on three categories: areas of significant risk, areas of uncertainty and areas where no significant risks were indicated. We found no areas that required urgent attention and improvement. Based on the evidence available, We also found no significant risk in one of the eight remaining areas – i.e. equality and human rights.

We found indications of significant risk in three areas:

- governance;
- assessment and care management; and
- risk assessment and risk management.

We identified four areas of uncertainty because we had insufficient evidence or information to be able to conclude on the risk level. These areas were:

- outcomes for service users and carers;
- management and support of staff;
- self-evaluation resulting in improvement planning and delivery;
- partnership working.

We summarised our findings in a report that we sent to the Comhairle in October 2011. This also set out a targeted, proportionate² scrutiny response of 36 sessions – around one-third of the inspection activity included in the 2006 SWIA performance inspection.

3. TIMING OF SCRUTINY

Our scrutiny activity was carried out in Lewis during the week 21 to 25 November, and in Uist on 22 November and 13 December.

4. SCOPE OF SCRUTINY

The scrutiny that emerges from an initial scrutiny level assessment is targeted and proportionate and does not constitute a full performance assessment of all social work services.

Based on the positive findings in the ISLA, we did not carry out any scrutiny in relation to equality and human rights. Equality policies were in place, and there was evidence that equality impact assessments were being carried out. According to Audit Scotland, the Comhairle was well prepared for changes arising from the Equality Act 2010³. Its single equality scheme had been updated to reflect the Act and while existing guidance and templates on undertaking equality impact assessments already covered most of the additional equalities characteristics identified in the Act, they were to be updated.

There was evidence of effective equality monitoring of employment practice in the Comhairle. In education and children's services, there were good examples of work designed to involve young people. Our file reading identified that, in the main, service users were assisted to overcome barriers to effective communication.

5. SCRUTINY FINDINGS

5.1. Governance and Financial Management

Reasons for scrutiny

We had some queries relating to specific aspects of financial planning. A number of plans that we looked at lacked sufficient detail of the financial and other resources required to fulfil the plan. Moreover, there were no obvious links to financial plans.

Our risk assessment raised some questions regarding the 2009-10 and 2010-11 budgets for children's mainland placements. Our attention was also drawn to the scope of the capital plan. We intended to look at aspects of asset management and risk management. Finally, we considered that there was a

²The amount of scrutiny the Care Inspectorate carries out in a local authority relates to both the assessed level of risk and the size of the local authority. Taking these factors into account, level three initial risk assessment allows for unlimited scrutiny.

³Audit of Best Value and Community Planning, November 2011.

lack of evidence that the chief social work officer (CSWO) role was being effectively carried out.

Scrutiny findings

a) Financial planning, budget monitoring and asset management

In general, finance officers we spoke to accept our view that some plans were short on detail, and indicated that they would give consideration to including additional information in future. On the other hand, although preparatory work on the 2013-14 capital plan was being undertaken, finance officers confirmed that no plans made next year (2012-13) would extend beyond 2013 until the new administration was in place, and there was no intention to revise the five-year capital plan (2008-13) on a rolling basis beyond 2013. In view of this, restrictions on capital forward planning were set to continue.

In relation to budget monitoring, the general fund revenue monitoring reports were reasonably clear, but the overall budgetary position for any one department was not immediately obvious due to the data being presented on an objective basis. We considered that clarity of some finance related reports to elected members could be improved by setting the variances in context. Some stability had been achieved in relation to the budget for children's mainland placements – spend being within budget at the time our scrutiny took place. This was partly attributed to development and improvement in the fostering service, as well as improved budget monitoring.

In relation to concerns regarding asset management, we read some social and community services asset register documentation (children's services (outwith education) had no assets). The main asset register listed properties and included data such as floor area, condition grading and overall suitability grading. We viewed individual property survey schedules which were also appropriately graded, and we were provided with the joint services asset register. Whilst these provided evidence of some progress in asset management, the Comhairle had further work to do in this area. Asset management was very much under development and we were advised that the Comhairle had a team working on this. This was significant in that only when asset management has been substantially progressed, will there be appropriate data available to inform the capital planning process.

b) Risk management

Given the introduction of the new corporate risk management strategy in March 2010, we saw evidence of improvement in relation to risk management. Quarterly reports had been introduced by loading the education and community services risk register on to Interplan⁴ - although this had still to be achieved in social and community services. Neither the education and children or social and community services risk registers adequately reflected social work risk – something that senior managers agreed to address following their discussions with us.

⁴ Name of the corporate performance management system used by the Comhairle.

c) Role of the chief social work officer

It became evident in the course of our discussion with an elected member and staff at all levels that there was a much to do in establishing the role of chief social work officer⁵. Given the organisation of social work across two separate departments, and the absence of any qualified social work staff at head of service level in either education and children or social and community services, we considered this to be a significant risk. Many front line staff we spoke to demonstrated little in the way of understanding of the role, nor its significance.

Committee reports setting out the reorganisation of both education and children and social and community services made little reference to how the role was to be carried out. There had been subsequent discussion (but nothing in writing) to create a deputy chief social work officer - appointing the existing service manager in education and children's services to this position. However, the full implications of this proposal, including the impact of adding further responsibility onto an operational manager, had still to be fully thought through.

Overall, we considered that the Comhairle still faced a significant challenge in establishing the CSWO role to a degree that mitigated the corporate, professional and individual risk inherent in these circumstances. During the course of our scrutiny, we noted the commitment of both directors and the chief executive to address this issue. The chief social work officer was intending to submit a report to elected members in June 2012.

⁵According to Scottish Government guidance published in February 2009, '...the overall objective of the CSWO is to ensure the provision of effective, professional advice to local authorities – elected members and officers – in the authorities' provision of social work services. The post should assist authorities in understanding the complexities of social work service delivery – including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and the key role social work plays in contributing to the achievement of national and local outcomes. The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services. Clarity and consistency as to the purpose and contribution of the CSWO is particularly important given the diversity of organisational structures that exist.'

5.2. ASSESSMENT AND CARE MANAGEMENT

Reasons for scrutiny

There had been some improvement in the period since the 2006 performance inspection, although we had significant concerns regarding the quality of assessment and care management in both adult and children's services. We also had a number of queries regarding eligibility, unmet need and unallocated work. In adult services, it was apparent that assessment was being provided to people with either critical or substantial need. People considered to have moderate need or less were to be 'signposted' elsewhere for a service. We had a number of questions as to how this was working.

We found no evidence of systems in place to manage or record waiting times for any of the service areas. In our file reading, we came across different approaches and uses of the CareFirst⁶ system. Added to this, education and children and social and community services were at different stages in their engagement with the CareFirst supplier. This raised a number of questions about the use and development of information systems.

Scrutiny findings

a) Quality of assessment and care management

The file reading for the ISLA had revealed some improvement since the performance inspection in 2006, in that:

- 93% of the files read contained an assessment – most of which were up to date; and
- 83% of files read contained a care /supervision plan, compared to only 44% in 2006.

However, we found the quality of assessments was variable, with 40% good or very good, and 29% either weak or unsatisfactory. Almost half the assessments contained in children and families files were weak.

Other findings from the file reading gave some cause for concern. Overall, only 14% of care plans were SMART⁷. Fifty-one per cent of cases lacked a chronology. In the cases where a chronology had been prepared, 39% were completed to an acceptable standard.

In the course of our scrutiny, we found a general acceptance that assessment and care management in adult services needed to improve. Standards in criminal justice were generally better across the board. We consider efforts to improve practice in the section on risk assessment and risk management.

Social work managers in education and children's services, on the other hand, held a view that the sample of 20 children's files did not accurately reflect their

⁶ Name of the social care case management system for adult and children's services, provided by OLM Systems.

⁷ SMART – Specific, Measurable, Achievable, Realistic, Time-bound.

perception of a much higher standard of social work assessment. Nor did they accept the accuracy of the file reading results, given their knowledge of the case files we read. We were therefore concerned that they did not share our view of the extent of improvement required in relation to assessment and care management. Again, we consider ways to address this issue in the section on risk assessment and management.

The practice of regularly reviewing the care or supervision plans of service users required improvement across all social work services. Although our file reading results had been broadly similar, the lack of review in around one-third of cases in community care was compounded by an apparent absence of any policy or procedure for carrying out reviews. This was particularly evident in relation to people with learning disabilities.

b) Eligibility, unmet need and unallocated work

Across all services, managers and front line staff we spoke to confirmed that few people were waiting for services – echoing findings from our file reading, which indicated an absence of delay in the provision of services (that is, apart from some indication of unreasonable delay in assessment of children’s needs in just over a third of the files read). Closer examination during scrutiny revealed some waiting – e.g. for home care (up to 10 days) and occupational therapy.

In adult services, eligibility criteria were being applied – the general view being that almost all referrals accepted for initial assessment fell within the ‘critical’ and ‘substantial’ categories. Whilst we heard a number of accounts of people falling outwith the criteria being successfully ‘signposted’ to alternative services, there was no systematic recording of this. Generally, there needed to be a more formal approach to recording waiting times and the number of people waiting for an assessment or service provision.

In education and children’s services, the service manager had recently prepared draft eligibility criteria for children’s social work services. This work was at an early stage, and there were a number of matters to consider ahead of implementation, such as how the criteria fitted with staged intervention, and the proposed shared assessment and child’s plan, developed in accordance with *Getting it right for every child*⁸.

c) Information Systems

Although there were regular meetings with the company supplying the CareFirst system, we found a general acknowledgement that an early focus on consistent implementation had not been sustained. It was not clear where responsibility for the forthcoming upgrade of CareFirst (version 6.10), scheduled for September 2012, was located. Some staff we spoke to expressed fear of continuing drift and the potential of an opportunity lost to make significant improvements to the system.

⁸*Getting it right for every child* – the Scottish Government’s programme for change, intended to improve outcomes for children and young people in Scotland. More details at www.scotland.gov.uk/Topics/People/Young-People/gettingitright

Recommendation 1

Management arrangements in relation to current use, development and upgrade of CareFirst need to be clarified by senior managers in education and children and social and community services, in order to provide the necessary leadership, accountability, improvement and consistent operation of the system.

In addition, we learned that staff participating in the out-of-hours rota did not have direct access to CareFirst, often relying on Faire⁹ call centre operators to access the system on their behalf. It was difficult to gauge the impact of this, given an absence of quality assurance and retrospective review of incidents. Monitoring data, as set out in the Comhairle's out-of-hours supporting guidance, was not being collected. However, we noted the intention of the CSWO to include this information in the first annual report, referred to earlier.

5.3 RISK ASSESSMENT AND MANAGEMENT

Reasons for scrutiny

The file reading we carried out as part of our risk assessment raised a number of important issues regarding the assessment and management of risk in adult and children's services. Clear, fit-for-purpose procedures had been developed for both adult and child protection. However, findings from our file reading indicated that the quality of the guidance offered was not always reflected in the standard of practice.

Scrutiny findings

a) General findings

There was some evidence of good outcomes for some service users. Overall, 62% of cases contained evidence that the services and care the person received had reduced the risks faced by or from the person (a further 22% not applicable). All criminal justice files contained a risk assessment on file, completed within an appropriate timescale.

However, a number of concerns emerged from the file reading.

For example, in relation to protection risk¹⁰:

- 53% of relevant community care files had a risk assessment on file;
- A third of children and families risk assessments were evaluated as weak; and

⁹Faire – the name of the 24-hour-a-day service operated by the Customer Services Section on behalf of the Social and Community Services Department of Comhairle nan EileanSiar.

¹⁰ Current or potential issues relating to formal adult protection, child protection or protection of the public.

- 29% of community care files had an up-to-date risk management plan (compared with 43% overall).

Equally, non-protection risk¹¹ findings gave cause for concern. For example:

- four out of nine children and families non-protection risk assessments were evaluated as weak;
- 10 out of 23 community care files contained a non-protection risk management plan that was not sufficiently up to date. A further two files contained no plan; and
- Overall, only 54% of non-protection type risk had been dealt with adequately.

Extending the focus beyond social work intervention, there were also indications that partnership working could be improved in addressing risk. Across the three services, 54% of cases demonstrated evidence of an appropriate level of partnership working that was proportionate to the level of need and risk at the assessment stage. This ranged from 70% in criminal justice to 40% in children and families.

b) Children and families

As practice in relation to keeping children safe is subject to on-going Care Inspectorate involvement with the Comhairle¹², we do not intend to comment on this area in detail. However, similar to the situation we found in relation to assessment and care management, we were concerned that children's social work managers were unable to accept some of the more critical findings from the file reading.

We accept that a sample of 20 files cannot be regarded as wholly representative. However, we could see no evidence to support the managers' view that standards of risk assessment and management were significantly better than those indicated by the file reading. We therefore consider it essential, that the Comhairle engages with the Care Inspectorate in addressing these differences.

¹¹ Current or potential issues regarding risk which require a specific response, but do not fall within the protection risk category. For additional information regarding risk definitions, please refer to the Performance Improvement Handbook 2011-12

www.careinspectorate.com/index.php?option=com_docman&task=doc_details&gid=435&Itemid=716

¹² Follow-up work resulting from the HM Inspectorate of Education inspection of services to protect children (published January 2010), taken on by the Care Inspectorate from April 2011.

Recommendation 2

Education and children's services should work with the Care Inspectorate to establish an acceptable, shared understanding of standards of assessment, risk assessment, care and risk management in the Comhairle. This should be regarded as a first step towards sustained improvement in these important areas of social work practice.

c) Adult services

As in education and children's services, we found significant room for improvement in relation to the assessment and management of risk – borne out by the some of the discussions we had with staff.

More specifically, our scrutiny of adult support and protection (ASP) was hindered by a number of factors, including the relatively small volume of ASP cases, along with the way in which assessments and care plans conducted under ASP procedures were being recorded and stored. Due to these factors, we did not conclude our scrutiny of this important area, and consider it necessary to pursue this to a more satisfactory conclusion.

Recommendation 3

Social and community services should establish an effective, sustainable approach to self-evaluation that focuses on necessary improvement in standards of assessment, risk assessment, care and risk management. As a starting point, the department should carry out a comprehensive audit of adult support and protection, supported and validated by the Care Inspectorate.

5.4 OUTCOMES FOR SERVICE USERS AND CARERS

Reasons for scrutiny

As in the performance inspection carried out in 2006, our assessment of outcomes was largely based upon available performance indicators, the outcomes reflected in the files we read and information from other inspection and regulatory activity.

A number of issues emerged from the introduction of the corporate performance framework (Interplan). We were interested to find out more about the impact this was having, and the potential to develop more outcome measures. We also wanted to find out more about how information from the receipt of complaints was being used to inform service improvement. Current information on outcomes raised a number of issues in relation to specific care groups. We also had questions about the Comhairle's approach to personalisation.

Scrutiny findings

a) Measurement and analysis of outcomes

The 2006 performance inspection report commented that ‘Like other authorities inspected to date, [the Comhairle] needs to collect and use information about service outcomes more systematically.’

Since the 2006 performance inspection, there had been progress in introducing performance frameworks. In adult services, the Community Health and Social Care Partnership (CHaSCP) had agreed a performance framework for capturing and analysing key data based around cross-cutting priorities. Across the Comhairle, the introduction of Interplan meant that both education and children and social and community services were submitting quarterly performance reports, including a range of key performance indicators and actions.

Managers we spoke to accepted that there was a need for a more systematic approach to measuring outcomes. We found evidence of some development in this area – for example, senior managers in education and children’s services referred to outcome measures applied in schools which helped to gauge the effectiveness of staged intervention measures.

In relation to dealing with complaints, education and children’s services had a well-established system for monitoring complaints. Senior managers pointed to tangible changes in education services – said to be due, in part at least, to systematic consideration of complaints. There was no evidence of any of this activity having an impact on social work services for children and families.

Quality improvement officers (QIOs), linked to each of the five learning communities, dealt with all education and children’s social work complaints. It was not clear what support was available to QIOs from social work qualified colleagues in dealing with social work matters.

In social and community services, there was a less systematic approach to dealing with complaints. The residential services manager held responsibility for dealing with complaints, but this post was vacant at the time we carried out our scrutiny. Although there was a register of formal complaints, managers accepted that informal complaints were not satisfactorily recorded. No formal links between complaints and business planning existed. We considered that, in filling the residential services manager vacancy, social and community services should review its approach to reporting on complaints.

b) Outcome focus

Adult services

Overall, the Comhairle performed well in the provision of intensive homecare – ranking fourth in Scotland according to the most recent figures. In relation to delayed hospital discharge, the Comhairle and NHS Western Isles had worked effectively together to achieve some good outcomes. The July 2011 census figures demonstrated that delayed discharges in the Western Isles,

expressed as a percentage of occupied hospital beds, had totalled 0.9% - the best performance in Scotland.¹³

Good progress in tackling delayed discharge of older people was confirmed by our scrutiny – particularly over the previous two years. There was evidence of the Comhairle and NHS Western Isles working in partnership to positive effect. Managers from both organisations expressed some optimism in relation to the impact of the Change Fund¹⁴ on future delayed discharge figures, given the joint commitment to an accelerated discharge from hospital for older people; a move towards a re-ablement¹⁵ model and an increase support at home for older people, including investment in tele-healthcare¹⁶.

There was little aggregated information available regarding outcomes for people with learning disabilities. However, care home and support services for people with learning difficulties had consistently been awarded good and very good grades by the Care Commission, reflecting positive outcomes for service users. An employability partnership forum had been established, with a view to supporting employment partnerships, meeting four times a year to monitor progress. We found evidence of a well presented, successful application for European Union funding in support of this and other employment work.

Changes to local area co-ordination, presented to us as a good practice example, had allowed learning disability services to shift focus more onto young people undergoing the transition from school to adult services, and the preparation of essential lifestyle plans for people with more complex needs.

Other good practice examples included the Macmillan benefits pilot – providing information and welfare benefits advice for people diagnosed with cancer or other debilitating long-term illness. In addition, the development of the Western Isles Sensory Centre - a dedicated base for services to people with sensory impairment - had provided a one-stop-shop for services, staff training and other resources – to be independently evaluated by the University of Stirling.

Children and Families

During the period 2008-11, nursery provision had attracted mainly very good and excellent grades from the Care Commission for quality of care and support. In terms of educational outcomes for looked after young people, low numbers involved made it difficult to draw any clear conclusions, though some good outcomes were being achieved.

¹³ Equal to that achieved in Dumfries and Galloway.

¹⁴ Scottish Government funding, initially available in 2010-11, available at least until 2014-15. The fund is intended to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services.

¹⁵ For information how Home Care Re-ablement achieves better outcomes for service users, visit <http://www.jitscotland.org.uk/action-areas/care-at-home/>

¹⁶ Similarly, information regarding tele-healthcare can also be found at the Joint Improvement Team website, as indicated above.

The HMIE inspection of services to protect children, carried out in November 2009, had found that vulnerable children received a very effective, immediate response from services. However, inspectors had considered that families facing the effects of domestic abuse were not fully benefiting at an early stage from the range of services available. The Comhairle and its partner agencies had responded by providing relevant training to improve performance in this area.

HMIE had also commented on children experiencing drift in planning and lengthy delays. The education and children's services improvement plan for 2010-11 had set out to ensure that all children looked after away from home for more than 12 months had a permanency plan in place. Latest performance figures indicated that this was being achieved in 80% of all cases.

Asked about permanency planning, there was a general view expressed by many staff we spoke to that there was much greater emphasis on avoiding unnecessary delay, and that there had been steady improvement over a period of time. However, there was little management information to support this widely held view. We considered that a renewed focus on performance management in this area, reviewing and possibly adding to existing management information, would be helpful. Encouragingly, senior managers in education and children's services told us that they had already started to review management information contained on Interplan.

c) Personalisation

We saw little evidence of a strategic approach to personalisation. Our discussion with staff and service users served to confirm this. We found a general lack of awareness surrounding self-directed support, which reflected the absence of strategic direction. We heard some good examples of personalised care achieving good outcomes – but these owed more to individual circumstances and initiative, rather than a response to policy. The written information available to service users thinking about direct payments was generally satisfactory.

Despite this, there were signs of progress – for example, the number of people in receipt of direct payments had increased steadily, from eight in 2007 to 21 in 2010. In social and community services, performance targets in relation to direct payments had been set – the Comhairle figures marking this as an area for further improvement for the group of people aged 18-64 years. However, we found no related plans or intended measures to support the targets set in this area.

5.5 MANAGEMENT AND SUPPORT OF STAFF

Reasons for scrutiny

In planning our scrutiny response, we set out to look at a number of aspects of staff development and support. Given the concerns in relation to assessment and care management highlighted earlier, we wanted to know more about the effectiveness of staff supervision. We wanted to find out more about learning opportunities for staff. We also had little information about how senior managers in education and children and social and community services communicated with their colleagues.

We had also noted some recent changes to the organisational structure of both departments, and wanted to find out more about the impact of these changes –both on senior managers and other staff.

Scrutiny findings

a) Recruitment and retention

According to Scottish Government statistics (up to 2009), the full-time equivalent social work staff employed by the Comhairle was much higher than the Scottish average – i.e. 17.8 per 1,000 population, compared with 8.0 per 1,000 nationally. According to the latest (2009) figures, vacancy rates tended to be lower than the national figure. The notable exception to this was in relation to 'strategic /central staff', which, at 18.2%, was double the Scottish figure.

We noted Audit Scotland's comments regarding improvements in corporate workforce management and planning, contained in the November 2011 Best Value report.

Overall, the Comhairle had done well in filling vacant posts at various levels. In some situations, both education and children and social and community services had re-designated posts – e.g. from head of service to service manager, and from social worker to social care assessor. We considered that a more systematic approach to monitoring the impact of such changes was required. However, these measures were generally regarded as a positive, pragmatic response by most of the staff we spoke to.

Despite this, a small number of remaining vacancies – caused either by post holders moving on or periods of sickness absence – were having a disproportionate impact in terms of staff perception. We considered it necessary for the Comhairle to be seen to be applying its absence management policy equitably, efficiently and effectively in these circumstances.

b) Development and support of employees

The Comhairle's employment handbook was comprehensive, covering all employee relevant policies. There was evidence that this important document was regularly reviewed and updated.

Training plans were in place for both education and children and social and community services. We came across evidence of some good training events – e.g. staff supervision, and a three-day management course.

We were provided with information that demonstrated that there was a tracking system in place to monitor the registration of practitioners with the Scottish Social Services Council (SSSC)¹⁷. However, it was less clear as to how compliance with the codes of practice and referrals to SSSC were monitored and dealt with.

Whilst most staff recognised the efforts of their line managers to provide regular supervision, there was evidence that this was not being achieved across both departments. Lack of regular, protected supervision affected all levels of staff we met, regardless of experience. Despite this, staff were able to point to some recent improvement in terms of frequency, and the general perception of the standard of supervision, when it took place, was positive.

In terms of improvement across a range of issues – assessment, care management, achieving better outcomes for service users – we consider it essential that the Comhairle significantly improves its performance in relation to supervision. The corporate appraisal system, recently applied to social work staff, needs to be fully implemented.

Recommendation 4

Both education and children and social and community services should fully implement the social work supervision policy. Management information systems and appropriate self-evaluation should be applied to support this. The Care Inspectorate will offer appropriate assistance in support of this recommendation.

Whilst staff we met generally spoke positively about training opportunities (within a context of some limitation to opportunities in view of the geography of the Western isles), one group of staff perceived themselves as subject to an indefinite embargo on training – said to have been imposed due to high demand for services. We considered it important that managers resolved this situation with the group of staff concerned, given concerns about professional development and possible implications for future SSSC registration.

c) Absence and vacancy management

Whilst education and children's services (excluding teaching staff) were recorded as carrying some of the highest sickness absence rates in the

¹⁷ The Scottish Social Services Council (SSSC) set out minimum requirements in relation to post registration training and learning. Details can be found at <http://www.sssc.uk.com/sssc/already-registered/post-registration-training-and-learning-prtl.html>

Comhairle (average 6.35%), this figure did not compare unfavourably with other local authorities. Whilst the figures suggested relatively low and improving absence figures across the board, managers were focused on this as an area of concern, with good reporting processes in place.

d) Workload management and allocation

As referred to earlier, workload management systems were in place in both departments, designed to assist managers and frontline staff to review and plan workload demands.

Across both services, social work staff we spoke to generally regarded their workloads as manageable. However, one group of staff, despite working with similar numbers of service users, were perceived as being under a greater degree of pressure than other social work teams – a perception that had been around for some time (interestingly, the same group subject to an apparent embargo on training). We considered it necessary for managers to explore this further with the staff concerned.

e) Communication and engagement with staff

We came across a range of difficulties in communication with staff – particularly in relation to aspects of the reorganisation and establishment of the two departments.

Encouragingly, an Investors in People¹⁸ assessment of education and children's services, completed in December 2011, had found the department was meeting the requirements of the Investors in People standard. In reaching this conclusion, the assessor had recognised the potential of the integrated service, and identified some good practice.

However, we found that some of the difficulties faced by education and children's services had stemmed from difficulty and delay in integrating social work staff into the five learning communities. Despite the length of time the department had been in existence (changes approved in November 2009), there had been a lack of progress in reaping any advantages of integrating children's social work and education services. On the contrary, some recent changes – for example, to the role, line management arrangements and job title of inclusion officers based in the learning communities - had caused some confusion. Staff perceptions of other, arguably more straightforward issues such as relocation, were also negative – with some evidence of managers failing to communicate basic information. Generally, front line staff we met considered themselves to be 'out of the loop'. This view was apparent both in Uist and Barra and amongst those staff based in Stornoway. Managers in education and children's services needed to address these perceptions.

We were provided with evidence of a staff survey in education and children's services (11 out of 45 responses from social work or social work related areas

¹⁸Name of a business improvement framework, designed to improve financial performance, profitability, productivity and increase employee involvement and focus. Details at www.iipscotland.co.uk/

of the service), completed in December 2010. Areas covered in the survey included leadership, management and support, how to improve services and partnership working. Responses were generally positive, although social work related responses in relation to communication, continuous professional development and workloads were more critical. There was no action plan to show how results of the survey were to be taken forward. Amongst staff, we found some recollection of this having taken place, but no awareness of either the results from the survey, nor any impact or improvement as a consequence.

For social and community services, there were unresolved matters surrounding professional leadership and accountability. The appointment of non-social work qualified managers into the two head of service posts responsible for adult social work (along with other non-social work community services) had presented a number of issues in terms of professional accountability and decision-making. There was no firm proposal to address these important issues at the time of our scrutiny took place, other than an intention to create two additional posts, both at principal officer level, in order to address these matters. Whilst acknowledging that the director was aware of the implications of these appointments in advance of them being made, we consider that these circumstances should have been addressed more proactively, at an earlier stage. The link inspector will monitor steps taken by the Comhairle to address these issues in the course of 2012.

Recommendation 5

Managers in education and children and social and community services need to improve communication with their front-line colleagues, starting by addressing the issues emerging from reorganisation of social work services. In support of this, the Comhairle should carry out a staff survey at the beginning of 2013 in order to gauge progress in this area.

5.6 SELF-EVALUATION, IMPROVEMENT PLANNING AND DELIVERY

Reasons for scrutiny

We noted the existence of long-standing, well established arrangements for self-evaluation in education services, and wanted to find out more about the potential for extending and adapting this to social work services for children. We also had a number of questions regarding self-evaluation in social and community services, which appeared to have achieved varied levels of success. There were a number of issues related to the quality and scope of service planning. We also wanted to find out more about quality assurance in both departments, given a general lack of evidence in this area.

Scrutiny findings

- a) Self-evaluation

Within education and children's services, there was long-standing experience of self-evaluation, based on HMIE /Education Scotland school and INEA¹⁹ improvement materials. Across the five learning communities, a team of three quality improvement officers supported self-evaluation in schools. Consideration was being given to how this well-established model might be applied to children and families social work. For example, self-evaluation material, although primarily focussed on learning outcomes, had to varying degrees included social work.

Our scrutiny confirmed the potential for social work to benefit from well-embedded self-evaluation in education. However, this remained at an early stage for social work, lacked impetus, and had suffered due to difficulties in integrating social work and education services.

Most self-evaluation of children's social work services had, in the main, arisen out of the need to prepare for external scrutiny – for example, the HMIE inspection of services to protect children in 2009 and the Care Commission inspection of fostering and adoption services in 2010.

Following the inspection of services to protect children in 2009, the child protection partnership had undertaken work with the managing inspector in April and September 2011, in order to complete a multi-agency file audit. Leading on from that, an improvement plan had been developed, focussing on quality of reports, early intervention and parity of resources across services.

In adult services, a file audit, based upon the SWIA file reading template, had been carried out in March 2011. Attempts to introduce a system of regular file audit had faltered. However, one of the team managers involved in the ISLA file reading had taken the initiative in using our file reading template as part of a peer audit. In view of positive feedback from team members, the intention was to repeat this on a regular basis.

The Comhairle had worked effectively with SWIA and partner organisations in the Northern Criminal Justice Authority in carrying out a self-evaluation of services to high risk offenders. Criminal justice services had managed to introduce and sustain a quarterly audit, looking at 10% of social enquiry reports prepared for the courts. The manager responsible was able to give an account of the benefits emerging from this in terms of professional dialogue and service improvement.

b) Service Planning

Children and families

The education and children's services management plan for the period 2011-12 to 2015-16 was linked to the single outcome agreement (SOA)²⁰ and local outcomes. It was broken down into three areas: children's services,

¹⁹Inspection of the education functions of local authorities.

²⁰ The means by which Community Planning Partnerships agree their strategic priorities for their local area and express those priorities as outcomes to be delivered by the partners, either individually or jointly.

education and quality improvement. The education section of the plan contained more detail. The quality improvement section of the report was focused solely on education.

The plan was high level, and it was unclear where the detailed actions, timescales etc. were contained. The plan identified, via SWOT²¹ analysis, areas for improvement, including long term planning for children. Actions in relation to each area for improvement were to be included on Interplan.

Older People's Services

We considered that the action plan for the development of services for older people in the Western Isles 2011-12 lacked detail. Although the plan was said to have been published in May 2010, the version we received was still to be completed.

Other services

There were a number of significant gaps in the range of service plans we were provided with, including learning disability, physical disability, mental health and sensory impairment. According to managers, these were covered within the general business plan and (mainly) via joint strategy with the CHaSCP. Despite this explanation, we considered that there was scope for greater clarity in service planning across adult services, and a more active, strategic role in other service areas – notable sensory impairment.

c) Service Improvement

Each department submitted a quarterly action and KPI²² report to the Comhairle, in accordance with Interplan, the corporate performance management system. Progress in relation to each action was indicated by a red, amber or green tag. We were unclear how some of the actions relating to social work had been selected, and how they might be reviewed to reflect changing priorities /areas for improvement. The introduction of Interplan as a performance management system represented a significant improvement since the performance inspection in 2006. However, there was evidence that a significant proportion of the information fed into Interplan was not useful in managing and improving performance. Both directors stated their intention to review this in advance of the 2012-13 reporting year.

Also of concern was that 50% of education and children's services actions and 31% of KPIs were 'off-track' – mainly attributed to vacancies, lack of capacity and review of the department's structure. For social work, only one out of six actions and eight out of 16 KPIs were on-track.

At a corporate level, colleagues in Audit Scotland reported that the Comhairle responded well to external appraisal through audit and inspection. However, we were less certain of this in relation to social work. A service improvement

²¹ SWOT – Strengths, Weaknesses, Opportunities, Threats.

²² Key performance indicator.

plan for 2010-11, incorporating issues raised from the 2006 SWIA inspection and follow-up activity, listed a number of actions, timescales, desired outcomes and progress at March 2011. Whilst this provided a helpful summary, it was evident that matters had not fully progressed on a number of fronts.

In education and children's services, implementation of *Getting it right for every child* was regarded by a number of the managers we spoke to as an important vehicle for improving outcomes, streamlining services and facilitating integration of education and social work around a common agenda. We were given a draft committee report which outlined proposals for implementation of *Getting it right* in the Western Isles. Implementation – scheduled for 2012 – was to be accompanied by a programme of staff training and awareness raising events. Whilst we understood and accepted the concept of using *Getting it right* as a means of service development and improvement, we had some concerns regarding the lack of inter-agency activity behind this initiative (see section on partnership working below).

d) Quality assurance

Children and families

The Department of Education and Children's Services: Standards and Quality Report 2009-10 (dated February 2011) is required by statute. The only reference to social work in this version was a reference to successive annual Care Commission inspections of fostering and adoption services. However, this format held potential in providing a helpful format for reporting aspects of children and families social work.

Adult services

As stated above, we were provided with evidence of a recent file audit (March 2011), resulting in an action plan. However, as the plan was not SMART, it was unclear how the proposed changes would be implemented, monitored and reviewed.

Criminal justice

We found evidence of effective auditing of report writing going back to 2004-05. Carried out in partnership with other members of the Northern CJA, this had resulted in demonstrable improvements in practice, with the Comhairle performing well in comparison with the six other councils involved.

Overall, a general absence of systematic self-evaluation in social work, coupled with difficulties in delivering effective supervision to staff (referred to in an earlier section) both contributed to a lack of effective quality assurance. Improvement in response to our recommendations concerning supervision and the establishment of effective, sustainable self-evaluation will be important first steps in ensuring greater quality and better outcomes.

Allied to this, the Care Inspectorate is committed to providing proportionate levels of advice and support to both departments in developing a programme of sustainable self-evaluation that both reflects and supports the necessary changes identified in this report.

5.6. PARTNERSHIP WORKING

Reasons for scrutiny

Overall, the various strategic partnerships were well established, although we were left with some questions about how they were functioning. There was some evidence of key objectives being achieved, but a lack of SMART action plans mean that there was little to demonstrate their effectiveness. There was a lack of clarity regarding the degree to which service users and carers were involved in the planning and improvement of services.

Scrutiny findings

a) Key strategic partnerships and partnership planning

Strategic partnership

The Community Health and Social Care Partnership (CHaSCP) was the key partnership in health and social care. It had been established in June 2007 and had a scheme of establishment which was a well written and substantial document which detailed the scope and implications of closer partnership working. However, a report published by Audit Scotland in June 2011²³ contained some criticism of the partnership – considering it not to have developed a clear role, and to have made insufficient progress in facilitating better joined-up health and social care services.

There was wide agreement that strategic working relationships – particularly those with NHS Western Isles – had improved significantly since the performance inspection in 2006. However, the partnership was some distance away from providing a fully functional health and social care management structure. In discussion, managers agreed that the potential of the CHaSCP was yet to be realised.

Some development of closer working arrangements was evident in the agreement surrounding the use of change fund monies (referred to earlier in the report). However, such developments, along with past achievements such as the establishment of Faire and a single occupational therapy service, had emerged more out of pragmatism, rather than a shared vision. Whilst this situation was accepted both by the Comhairle and NHS Western Isles, we noted more of a preference for 'organic growth' on the part of health, whereas the Comhairle were keen to explore the possibility of further integration.

²³ Review of Community Health Partnerships, June 2011.
www.audit-scotland.gov.uk/docs/health/2011/nr_110602_chp.pdf

We read a range of partnership plans. The action plan for the development of services for older people 2011-12 had good information about demographics and changing aspirations for service users. It aimed to link with the single outcome agreement (SOA) outcomes. However, it was not really an action plan as it was not SMART. Aims and objectives were broad and SOA based. A separate update of the plan reported to committee in 2011 had no information on what actual progress had been made in terms of objectives met. Progress was to be monitored by the older people's partnership but there was no information on how this would be done.

The Re-ablement Strategy 2011-12 was good on explaining the concept, why it needed to be done and how the job of a carer might change as a result. However, there was a lack of strategic content - only the final two pages addressed the development of a service and suggested a roll out programme. This was useful groundwork but there was still some way to go before this constituted a strategy.

We read a range of joint policies. These included a joint discharge policy for hospital patients, a multi-agency falls policy and a well written young carers strategy – the latter supported by some local research which provided an evidence base to prioritise needs and responses.

Integrated children's services planning and early year's partnership provided good evidence of effective partnerships in these areas. Governance arrangements in support of the integrated children's services plan were clear, and there were links to other strategic partnerships. There was good information on demographic issues and details of numbers of children whose names were placed on the child protection register. There were five learning communities (geographically based) and each had a children's service locality group focusing on the SHANARI²⁴ outcomes. An action plan for child and adolescent mental health services we saw was in early draft form.

We referred earlier to work intended to introduce a *Getting it right* approach to working with children and families in the Western Isles, including a draft committee report (intended for the December 2011 education and children's services committee meeting) which set out policy proposals to take this forward. In talking to senior managers in NHS Western Isles, we were concerned to learn that there had been a lack of engagement at senior level regarding the implementation of this policy.

Key criminal justice social work partnerships were in place – for example, Northern Criminal Justice Authority, local multi-agency public protection arrangements (MAPPA), as well as links to other key partnerships such as drug and alcohol and community safety.

Strategic commissioning

Senior managers confirmed that no significant progress had been made in relation to strategic commissioning since 2006. A number of factors were

²⁴ Safe, Healthy, Active, Nurtured, Achieving, Respected and Responsible, Included.

identified as contributing to this, including vacancies in key management positions and the reorganisation of social work services into two separate departments. Despite these constraints, we continue to consider this a priority for the Comhairle, if the demographic, social and financial challenges of the coming years are to be met. We therefore have no hesitation in repeating the recommendation we made in 2006 - the difference being the offer of supported self-evaluation on this occasion.

Recommendation 6

Education and children and social and community services should develop commissioning strategies, designed to achieve the best possible outcomes for people who use services and their carers, involving their strategic partners where appropriate. The Care Inspectorate will offer appropriate assistance in support of this recommendation.

In taking this recommendation forward, we would expect to see parallel development and improvement in relation to a number of issues highlighted elsewhere in this report, which necessarily contribute to effective commissioning of services, i.e.:

- Development of outcome measures;
- Measurement of unmet need;
- Gaps in service planning;
- Establishing a strategic approach to personalisation; and
- Achieving a more systematic approach to service user and carer involvement in the planning and development of services.

Operational and service partnership

We came across a general view that operational partnership working was mostly effective at all levels. The mainland placement panel was a screening and decision-making forum, deciding on joint-funded places outwith the Western Isles – both the Comhairle and NHS Western Isles bringing financial resources to the table.

Most front line staff we spoke to commented on the importance of effective working relationships across agencies, and how these were largely being achieved. We heard consistent accounts of effective liaison with health professionals throughout the Western Isles. In education and children's services, contact with individual head teachers was generally positive. As in 2006, the police were singled out for particular praise in their response to joint working, at all levels within both departments.

However, some staff in social and community services referred to continuing communication difficulties surrounding some hospital discharges – with the result that, on occasion, services were not initially in place to support people at home. We also heard from some staff that there was scope for improvement in links between learning disability and education services.

A common, electronic single shared assessment template had not been achieved, due to NHS Western Isles not being in a position to implement this. However, joint work with health had progressed in some areas – for example, we learned that nursing staff were acting as care managers in about 30 out of 130 open cases in Uist and Barra. A monthly liaison meeting held in Benbecula to consider complex cases was also considered to be an example of effective multi-agency working by social work staff we met.

b) Involvement of service users and carers

In general, we found little detail or mention of service user and carer involvement in the evidence we looked at. Service users and carers we talked to during the ISLA stage were unable to provide us with any examples of involvement in planning or improving services, apart from completing questionnaires. We noted the existence of locality planning groups –said to be the means by which the CHaSCP achieved public involvement in service planning.

The joint carer information strategy (November 2009) included a section on carer assessments within the SSA process. This had been sent out for consultation to the carers' strategy group and various other joint partnerships such as mental health and learning disability groups, as well as the voluntary sector.

A linked progress report (2010) on the work of the joint carers strategy and young carers strategy detailed areas of work including the development of a carer register, regular mailings, questionnaires, carer support groups, the development of a carer assessment tool, and other initiatives. This was a good, clear report with good information and evidence of actual achievement. It provided good evidence of effective partnership working in this area.

Our scrutiny confirmed that, in a number of respects, the Comhairle and its partners were making some effort in engaging service users and carers in service planning and improvement. The principal method employed by the CHaSCP was through the locality planning groups. In addition, the joint services committee of the CHaSCP included two representatives from the third sector, nominated via the Western Isles community care forum. Education and children's services had well established methods of consulting with children and young people in the Comhairle's schools.

Discussion with social and community services managers revealed a number of contacts and consultations with community groups. A number of surveys of service users' views had recently been undertaken, although the purpose of this activity was not entirely clear. Education and children's services referred to agreement with Who Cares? Scotland to run a focus group for looked after young people. This session, undertaken in January 2012, aimed to provide the young people with an opportunity to voice their views and talk about their experiences with regard to feeling safe, healthy, achieving, nurtured, active, respected, responsible and included. We also noted the work of Advocacy

Western Isles²⁵, the local provider of independent citizen advocacy. They serve all types of service users including children.

Despite all this activity, we could find no evidence of a systematic and consistent approach to service user and carer engagement in service planning and development.

6. RECOMMENDATIONS FOR IMPROVEMENT

In taking forward the recommendations listed below, we consider it necessary to stress the need for a greater sense of leadership and direction in the Comhairle's social work services. The period since the 2006 SWIA performance inspection has seen improvement in a number of areas – for example, in performance management and the development of policy and procedure. In addition, key services such as fostering and adoption have shown marked improvement over the same period – evidenced by past Care Commission inspections. However, there has been a lack of progress in a number of significant areas.

Senior managers in the Comhairle have told us that, with recent revisions to both departmental structures, added to a ready acknowledgement and acceptance of what needs to be done, there is both a willingness and capacity to improve. Added to this, we consider it essential that necessary leadership is exercised, in order to avoid the slippage and delay of the past.

The 2006 performance inspection report contained 20 recommendations. In retrospect, we see that this approach presented an overwhelming challenge to the Comhairle. We therefore consider that, on this occasion, it will be more effective to combine a smaller number of recommendations with a sustainable, supported programme of self-evaluation.

Senior managers consider that recent changes in management will serve to ensure that the findings of this report will translate into an effective action plan. Managers have expressed a strong commitment to working in partnership with the Care Inspectorate.

The six recommendations contained in this report represent a set of measures, designed to complement and reinforce the Comhairle's existing improvement agenda, i.e.:

- i. Management arrangements in relation to current use, development and upgrade of CareFirst need to be clarified by senior managers in education and children and social and community services, in order to provide the necessary leadership, accountability, improvement and consistent operation of the system.

²⁵ Advocacy Western Isles provides a free, independent and confidential service throughout the Western Isles, for adults, individuals with learning difficulties, those experiencing mental health issues, and children and young people. It is part funded by the Comhairle and NHS Western Isles.
www.advocacywi.co.uk

- ii. Education and children's services should work with the Care Inspectorate to establish an acceptable, shared understanding of standards of assessment, risk assessment, care and risk management in the Comhairle. This should be regarded as a first step towards sustained improvement in these important areas of social work practice.
- iii. Social and community services should establish an effective, sustainable approach to self-evaluation that focuses on necessary improvement in standards of assessment, risk assessment, care and risk management. As a starting point, the department should carry out a comprehensive audit of adult support and protection, supported and validated by the Care Inspectorate.
- iv. Both education and children and social and community services should fully implement the social work supervision policy. Management information systems and appropriate self-evaluation should be applied to support this. The Care Inspectorate will offer appropriate assistance in support of this recommendation.
- v. Managers in education and children and social and community services need to improve communication with their front-line colleagues, starting by addressing the issues emerging from reorganisation of social work services. In support of this, the Comhairle should carry out a staff survey at the beginning of 2013 in order to gauge progress in this area.
- vi. Education and children and social and community services should develop commissioning strategies, designed to achieve the best possible outcomes for people who use services and their carers, involving their strategic partners where appropriate. The Care Inspectorate will offer appropriate assistance in support of this recommendation.

7. NEXT STEPS

We will ask the Comhairle to draw up a SMART action plan, based on these recommendations.

As part of our commitment to actively promote and encourage self-evaluation, there will be an option of supported self-evaluation available to the Comhairle. Where appropriate, elements of this will be included in the action plan.

The link inspector will maintain regular contact with the Comhairle. He will work closely with Care Inspectorate colleagues currently involved in scrutiny and improvement of regulated care services and services to protect children. He will monitor the performance of the service, including progress made with recommendations for improvement identified above. Information from the scrutiny report will be fed into the review of the Comhairle's Assurance and Improvement Plan update, due to be published later in 2012.

Marc Hendrikson
Senior Inspector
22 February 2012

Appendix 1 List of scrutiny sessions

Risk Area	No. Sessions	Scrutiny
Governance and financial management	8	Interview with corporate chief finance manager
		Interview with E&CS ²⁶ finance manager
		Interview S&CS ²⁷ finance manager
		Interview with chief executive, CnES
		Interview with service director S&CS
		Interview with service director E&CS
		Interview with convenor of the education and children's services committee
		Interview with convenor of the CHaSCP joint services committee
Management of staff	1	Focus group workforce planning staff
Outcomes	7	Focus group – first line managers – E&CS
		First line manager- Uist & Barra, E&CS
		Focus group - first line managers, S&CS
		Focus group - front line staff S&CS
		E&CS front line workers, Uist and Barra
		S&CS front-line staff, Uist & Barra
		Practitioner forum
Assessment and care management	8	Focus group of people using mental health services
		Focus group of people with learning disabilities
		Independent chair of the adoption and fostering panel
		Adoption and fostering team
		Interview with Service Improvement Officer, E&CS
		Joint interview with managers responsible for Care First
		Complaints handling and analysis: E&CS and S&CS
		Interview with learning disability manager
Risk	3	Interview with adult protection and mental health lead officer
		Observed practice
		Observed practice meeting with practitioner to discuss adult protection case
Self-evaluation	2	Focus group: S&CS managers responsible for self-evaluation
		Focus group: E&CS managers responsible for self-evaluation
Partnership	3	Teleconference with nurse director /chief operating officer, NHS Western Isles
		Focus group – staff working in out-of-hours service

²⁶ Education and children's services.

²⁷ Social and community services.

Risk Area	No. Sessions	Scrutiny
		Manager, Advocacy Western Isles
Total	32	
Good practice	3	Meetings with managers, front line staff, service users: <ul style="list-style-type: none"> • Local Area Co-ordination • Macmillan Benefits Pilot • Sensory Centre