



A Carer's Induction and Resource Guide

to participation in the inspection of
social work services

June 2009

Foreword by the Chief Social Work Inspector and Director of Carers Scotland

This handbook is the product of a partnership between carers, SWIA, and Carers Scotland. It is designed to support the induction and involvement of unpaid carers in inspection programmes and is to be used in the training of inspectors.

Involving carers as equal and expert partners has proved highly successful in enhancing the inspection process.

We hope that this resource will help equip carers to continue to make an important and effective contribution to the work of SWIA and to the continued improvement of social work services.

It should also provide a model of good practice in involvement of unpaid carers and all lay inspectors to take forward into the new scrutiny body which will be in place from 2011 onwards.

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Chief Social Work Inspector

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Director

Contents

Page

SECTION 1

1. Introduction to SWIA inspection process	5
1.1 What is SWIA and Performance Inspections?	5
1.2 What is the purpose of Performance Inspections?	5
1.3 What areas will a performance inspection cover?	5
1.4 The Performance Inspection and Improvement Models	6
1.5 How will a performance inspection be carried out?	6
1.6 Other types of inspection	7
2. The SWIA handbook	7
3. The inspection team	8
3.1 What is expected of the inspection team members?	8
3.2 The roles and responsibilities of the inspection team	8
3.3 The role and responsibilities of carer inspectors	9

SECTION 2

4. An outline of the expectations of carer inspectors during the inspection process	11
4.1 What carer inspectors may expect of the lead inspector and inspection teams	11
4.2 Stages of the inspection process	12
4.2.1 Advance Information for carer inspectors	12
4.2.2 Pre-fieldwork for carer inspectors	12
4.2.3 Fieldwork for carer inspectors	13
4.3 Report writing	13

SECTION 3

5.	Supporting carer inspector involvement	15
5.1	Induction and training	15
5.2	Mentoring/peer support	15
5.2.1	Support and guidance	15
5.2.2	Emotional support	16
5.3	Resources	16
5.4	Performance management	16
5.5	Travel and subsistence	16
5.5.1	What can be claimed?	17
5.5.2	Subsistence rates	19
5.5.3	Sample expense form	20
5.5.4	What do you do if a receipt is not available?	20

SECTION 4

1.	Sources of reference	21
2.	Glossary	25
3.	Appendices	
A.	Performance Inspection Model applied to 32 local authorities	27
B.	Pilot multi agency inspection model for substance misuse	28
C.	Pilot multi agency inspection model for older people	29
D.	Pilot multi agency inspection model for people with learning disabilities	30
E.	Code of Conduct for all members of SWIA performance inspection teams	32
F.	SWIA fees claim form	39
G.	Carer inspectors experiences	41

SECTION 1

1. Introduction to the Social Work Inspection Agency (SWIA) inspection process

An introduction to the SWIA inspection process will be covered in depth at the SWIA led induction day(s). The following is a summary of the inspection process.

1.1 What is a SWIA and performance inspection?

SWIA was established in April 2005 to undertake performance inspections of all Scotland's local authority social work services between 2005 and 2009. Each inspection focuses on the approach to continuous improvement of the local authority. Therefore a performance inspection is an examination of all local authority social work functions. It results in a published report, which will deliver overall conclusions about social work services. In response to the inspection report, the local authority will produce an improvement action plan setting out how it will make any changes that are needed. This must be agreed with SWIA. There will be a jointly agreed programme for monitoring how the plan is put into effect

1.2 What is the purpose of performance inspection?

. The purpose of performance inspections is to:

- tell the public how well people are being served by their local social work services;
- help these services to improve;
- help safeguard the interests of people who use services, and carers; and
- work with local authorities to develop their own approach to improving services.

1.3 What areas will a performance inspection cover?

Each published performance inspection report includes:

- the overall context - a description of the local authority, including population, urban / rural characteristics, and key issues such as employment and deprivation levels;
- a broad description of the organisation of social work services within the local authority;
- a broad overview of the social work services delivered and commissioned by the local authority;

- other partners involved in the delivery of outcomes for people, such as NHS Boards.
- Impact on people who use services and other stakeholders
- Summary, evaluations and recommendations
- Good practice examples

1.4 The Performance Inspection Model

In particular, the inspection and eventual report covers six key questions for local authorities to answer:

- what key outcomes have been achieved for people who use services?
- what impact has been made on people, who use services, and other stakeholders?
- how good is the delivery of key processes?
- how good is the management?
- how good is the leadership?
- what is the capacity for improvement?

Other multi agency inspections use a variant of this performance model and whilst there are similarities in the contents of reports each model covers different key questions for local authorities and their partners to answer reflecting the specific theme. These are discussed in more detail in 1.6.

The multi agency inspections use different areas for evaluation and associated quality indicators. Six areas of evaluation were used for the older people's inspection and the multi agency inspection for people with learning disabilities used 11 quality outcomes.

(Please refer to appendices for illustrations of the different models.)

1.5 How will a performance inspection be carried out?

A variety of methods are used to judge how well people's needs are being met by services and how well the local authority has organised itself to maintain and improve services.

These include:

- Carer surveys;
- Service user surveys;
- Stakeholder surveys;

- staff surveys;
- analysis of case files;
- interviews with people, who use services, and carers;
- interviews with people who are responsible for arranging or delivering services;
- meetings with representatives from a range of organisations and groups; and
- visits to places where social work services are provided.

SWIA want to provide a realistic picture, finding out both where services work well and where improvement is needed. SWIA will not duplicate the work of other regulatory and inspection bodies such as the Care Commission and HM Inspectorate of Education (HMIE). SWIA will collaborate closely with them to obtain the relevant information they hold.

1.6 Other types of inspections

Pilot multi agency inspections started in 2006 as a way of supporting collaborative working between NHS Scotland and local authorities. The pilot multi agency inspection focuses on the way that the agencies work together rather than on specific services. In doing so it promotes collaborative working. The development of the model and methodology has been led by SWIA in partnership with NHS Quality Improvement Scotland and the Care Commission.

Pilot multi agency inspections have now been completed on services for people with learning disabilities, substance misuse and older people. Criminal justice inspections have been carried out in all 32 local authorities.

2. The SWIA Handbook

The SWIA Handbook is a helpful guide to performance inspections in Scotland. It is intended to provide an accessible source of all the paperwork for the performance inspections. The Carer's Induction and Resource Guide should be used along with the SWIA handbook as a supplementary resource..

Inspections require considerable effort and resources. It is hoped the Handbook will make it easier for everyone to understand and prepare for a performance inspection. It will guide all inspectors through the different phases of the performance inspection process and the activities associated with them. It contains information such as briefing materials, templates, forms, and protocols.

All documents mentioned throughout the Handbook are available on the SWIA website: www.swia.gov.uk

It is extremely important for Carer Inspectors to take personal responsibility for 'reading, digesting and understanding' the SWIA Handbook prior to undertaking an inspection.

3. The inspection team

The performance inspection team will normally consist of a lead inspector, a Depute Chief Inspector, several SWIA inspectors, a number of associate and sessional inspectors, and one carer inspector. The inspectors are people who have wide experience of social work services across Scotland. The team includes associate and sessional inspectors who may have come from or who are still members of senior management teams in other local authorities or have specialist knowledge.

SWIA will provide photographs and pen pictures of the team prior to the inspection process. This will usually be circulated during the first team development day.

All Inspectors are accountable for the work they do. They are expected to abide by:

- the SWIA Code of Conduct for performance inspections; and
- the agreed process of inspections.

3.1 What is expected of the inspection team members?

SWIA expects the inspectors to:

- approach their task in a thorough, professional manner;
- carry official identification;
- treat people they meet with courtesy and respect; and
- follow SWIA's Code of Conduct.

Full details of the Code of Conduct are available in the SWIA handbook or on the SWIA website at www.swia.gov.uk. All inspectors should make themselves familiar with the Code of Conduct prior to participation in any inspection.

How to deal with issues related to confidentiality will be discussed both at the SWIA general induction session and during the carer inspectors training sessions. The contributions from people who use services, and carers cannot be treated as entirely confidential and may be used in some detail within the report, although all case examples will be anonymous, to protect the individuals involved.

3.2 The roles and responsibilities of the inspection team

- **Lead Inspector**
Direct responsibility for the project management of the performance inspection and delivery of the final inspection report. Liaises primarily with local authority lead manager. Full time on the inspection.
- **Chief/Depute Chief Inspector**
Participates alongside the Lead Inspector in high level meetings in the local authorities. As a member of the SWIA management team, participates in the moderation of evaluations and conclusions reached by the inspection team. Part time on the inspection.

- **Inspectors**
Support the lead inspector. Have their own areas of professional and managerial competency. This also includes the Audit Scotland secondee to SWIA. Full or part time on the inspection.
- **Associate Inspectors**
These are senior managers or professional staff employed by LAs and NHS Boards, working as peer inspectors on a secondment basis to individual inspections. Part time on the inspection.
- **Sessional Inspectors**
They bring managerial or professional expertise and are paid on a sessional basis as members of individual inspection teams. Full or part time on the inspection.
- **Carer Inspector**
Carer who will bring knowledge and experience of carer issues to the inspections. Part time on the inspection.
- **Inspection Support Manager**
Will function as the support manager of the inspection. Manages the project plan and is responsible for the management of the tasks on the project plan. Links primarily with the Local Authority Inspection Coordinator (see below). Full time on the inspection.
- **Inspection Administration Support Officer**
Carries out general administrative tasks on the inspection.

3.3 The role and responsibilities of carer inspectors

The status of carer inspectors is of concerned citizens, representing the general public and more specifically carers. Their ability to form a considered view about social work services will have been gained from a range of different life experiences. Carer inspectors add a different perspective to the work of inspection and bring additional independence to inspection activities. They complement the work of professional inspectors, particularly by focusing on the experiences of people who use services and their carers in their relations with social work services and their partner organisations. Inspectorates who use lay people in inspections ask them to perform a variety of tasks. They may be involved in different phases of the inspection:

- advance information; and
- fieldwork.

The carer inspector's role will be agreed with the lead inspector at the start of each inspection since it is important that they feel able to contribute effectively but without undue stress. These may include:

- reading relevant parts of the information provided by the local authority;
- paying particular attention to evidence from consultation exercises with people who use services and carers;

- interviewing people, who use services, and carers;
- interviewing local authority staff and other service providers, including senior managers where appropriate;
- taking part in focus groups; and
- taking part in meetings of the inspection teams.
- Discussions to cover individual support needs of carers.

Carer inspectors will not be asked to be involved in:

- reading files;
- observation of practice;
- writing the report; or
- feedback meetings with the inspected authority.

SECTION 2

4. An outline of the expectations of carer inspectors during the inspection process

4.1 What carer inspectors may expect of the lead inspector and inspection teams

Carer inspectors may expect SWIA to:

- have an understanding of the role of a carer and their restrictions on attending meetings/overnight stays;
- have an appreciation that carers do not 'work within the system' and will therefore not necessarily understand the overall process;
- try to arrange early meetings for carer inspectors with the inspection team, or at least the lead inspector at an early stage, which is essential to ensure that carers are fully integrated into the team from the outset;
- make available as soon as is reasonably possible the dates for the team development day and the fieldwork dates. Generally carer inspectors will be asked to participate in the first week of the fieldwork and for a maximum of 5 days;
- facilitate structured de-briefing sessions, ensuring an inclusive approach for carers;
- agree appropriate mechanisms for reporting and updating carers if they are unable to attend an earlier debriefing;
- plan appropriate time to allow carer inspectors to write up and feedback issues and recommendations;
- allow adequate time for travel between visits/meetings, where possible providing directions on how to get from A to B; and
- promote good lines of communication.

4.2 Stages of the inspection process

4.2.1 Advance information for carer inspectors

The following documents if available will be provided to SWIA by organisations within the advance information and will be given to carer inspectors in hard copy:

- Carers' strategy
- CHCP framework
- Disability Equality Scheme
- NHS Carers Information Strategy (if it exists and if it is separate from Carers' strategy)

What are carer inspectors asked to do with the advance information?

Out of the examination of all the documents made available the carer will be expected to give feedback either verbally or in writing to the lead inspector, inspection support manager or at a team meeting their views on the quality of the documentation. Given the volume of documentation and carers' other commitments We do not expect carers to put their analysis on to the advanced information template. However copies of the completed template providing evaluation of all documentation will be given to the carer. It is important that this is kept securely; it is confidential and will need to be returned to SWIA at the end of the fieldwork.

4.2.2 Pre-fieldwork for carer inspectors

As with associate and sessional inspectors, each carer inspector should have an individual introductory meeting with the lead inspector, and where appropriate, the inspection support manager. Again, it is important that expectations are clear on all sides about the amount of time the carer inspector is providing, and how this time will be used, together with dates being identified as early as possible.

The carer inspector if possible will be expected to attend at least one of the team development meetings.

In this phase carer inspectors will:

- be introduced to other team members;
- be provided with an induction to SWIA and performance inspections;
- be provided with information about dates of fieldwork, any meetings, expenses etc;
- have an opportunity to discuss and sign the SWIA Code of Conduct; and
- negotiate areas to which they will contribute.

As a general guide, the lead inspector and carer inspector should expect to allocate 1 - 2 days for the above tasks.

Where possible and practical SWIA will share with carer inspectors qualitative information highlighting specific themes arising from the file reading and results from the surveys.

4.2.3 Fieldwork for carer inspectors

Carer inspectors would normally be expected to undertake a maximum of five days during the fieldwork phase of inspection. It is expected that prior to participation in any focus group or session that time is built into the programme to allow all inspectors opportunities to make themselves familiar with the prompt questions and with the nature of the session.

The carer inspector role at any focus group will be agreed in advance with the accompanying Inspector. Prompt questions should be agreed prior to the start of the focus group. If it is agreed that the carer inspector should take the lead they will not be required to also take detailed notes during the focus group. If the decision is made that the carer inspector will take on the role of note taker then agreement will be reached as to how these focus group notes will be transferred to the Fieldwork Template.

The format used for writing notes should be discussed at an early stage with the lead inspector and then agreed/confirmed prior to the start of any session with the specific inspector doing the joint session. Generally all inspectors involved in the fieldwork would be required to complete the Fieldwork Template with any notes they had taken. All templates are sent to the inspection support manager. The carer should give consideration as to how they would wish to be involved in this process SWIA is happy to receive written feedback in whatever format the carer felt most comfortable using.

All inspectors need to be aware that often due to circumstances outwith the lead inspector's control timetables need to be changed on a daily basis

During the fieldwork some form of inspection team de-briefings will take place. These can vary in format from one inspection to another with the structure of the briefings being set out by the lead inspector. The carer and lead inspector should discuss whether they are able to attend these sessions and if not agree how the carer might be kept informed of these discussions and outcomes.

Either at the final fieldwork team meeting or during discussion with the lead inspector, the carer inspector will share their views and findings which will inform the eventual headline feedback. The format of recording the carers views will be agreed with the lead inspector.

The carer inspector and associate inspector's involvement in the inspection finishes at the end of the fieldwork.

4.3 Report writing

It is not expected that carer inspectors write the final report. Each inspection should provide clear, well evidenced and well considered evaluations about performance that can be understood and acted upon by a wide range of stakeholders, locally and nationally.

All these stakeholders have a right to expect that the final evaluations are consistent, based upon rigorous analysis of evidence, robustly tested and demonstrated conclusively in the report made to the local authority.

Further evidence will not be accepted from the local authority from one week after the headline feedback meeting, unless the lead inspector specifically requests it.

Once all the evidence has been gathered and assessed, there follows a rigorous process of discussion and challenge both within the inspection team and by SWIA moderation panel before the conclusions are shared with the local authority. This is intended to ensure that all evaluations:

- draw on the whole range of qualitative and quantitative evidence;
- derive from correct application of the inspection methodology;
- are rigorously tested against known criteria; and
- are deliberate, fair, consistent, informed and free from bias.

The discussion and challenge process within SWIA is a crucial element in the process of analysis and quality assurance. The discussion will draw on all the evidence from the inspection process.

The inspectors responsible for writing specific chapters of the report will draft the report with the Lead Inspector taking primary responsibility for the production of the final report.

Reports constitute a key tool in pursuing SWIA's aim in undertaking performance inspections - to make a positive contribution towards the future improvement of social work services. Reports will contain a mixture of observed and reported facts, opinion, interpretation and judgement.

Reports are public documents with a variety of audiences: people who use services and their carers, politicians and the public, partners and stakeholders, practitioners and Inspectors of social work services. Inevitably, they will contain some technical terms or phrases, which are widely used within social work services but not elsewhere. Inspectors will be careful to avoid expressions which confuse the reader or which may demean people. They will follow good practice in their writing with regard to equal opportunities - as far as possible, language will be gender neutral and sensitive to ethnic and cultural issues. Reports will be concise, clear and consistent.

The final report is not the responsibility of any one individual although the lead inspector holds the final responsibility for the completion of the report. It is hoped that the final report will reflect the contributions of all members of the team.

As a matter of course the carer will be sent a copy of the final report once published.

SECTION 3

5 Supporting carer inspector involvement

5.1 Induction and training

A one day course (or two days depending on the needs of individual participants) for carer inspectors provides an opportunity to meet with fellow inspectors and representatives from SWIA. It is anticipated that this course will precede the SWIA induction

Objectives of the course

By the end of the course the participants will be able to:

- understand the process of inspection;
- understand the role and function of the carer inspector; and
- understand the boundaries of their role.

Overview of the day

The course leader will facilitate discussion around the following areas:

- exploration of thoughts, feelings and anxieties around the inspection process;
- sharing experiences of service provision; and
- sharing ideas based on experience of inspection processes either SWIA or other.

The course leader will lead discussion using up to date government reports and publications to explore serious failures and lessons learned from social work/care practice to inform knowledge base.

Participants will have the opportunity to take part in role play to simulate activities they may be involved in as part of the inspection process e.g. chairing a focus group.

There will be a question and answer session facilitated by a SWIA representative; the purpose of this is to address the practicalities of taking part in SWIA Inspection for carer inspectors with a view to offering helpful advice and guidance for potential difficulties.

The training will be informal and relaxed. It is an exciting opportunity to mix with carers with diverse needs from a variety of backgrounds who can offer a valuable contribution to the Inspection process.

5.2 Mentoring/peer support

5.2.1 Mentors

Mentoring can be a one-to-one process, formal or informal, and which often occurs naturally and spontaneously. Mentoring relationships may include:

- Informal – conversations that happen by chance or by arrangement;
- Formal – relationships in a structured program; or
- Peer mentoring - two colleagues mentor each other.

New carer inspectors will be assigned a mentor from the group of the more experienced carer inspectors and will be given ongoing support from either the lead inspector or designated member of the inspection team. No carer inspector will ever be expected to do a visit or session by themselves.

5.2.2 Emotional support

Participating in inspections can raise personal issues/dilemmas for inspectors. Where during an inspection a carer inspector becomes aware of issues that might affect their contributions they should be encouraged to acknowledge these with the lead inspector.

5.3 Resources

Whilst on fieldwork, carer inspectors will have access to a laptop if they felt this would be helpful, and a USB memory stick with all the information/templates they require. Carers will be given an inspection pack which contains contact details for all members of the inspection team. The lead and carer inspector will agree at the start of the process what a resources will be the most beneficial for the carer to have.

5.4 Performance management

Carer inspectors will not be subject to the SG performance management system. Lead inspectors will however discuss and assess their performance at the end of an inspection and complete a performance feedback form for the DCI who will share the contents with the carer. Carer inspectors will also be asked for feedback on their views of SWIA's performance.

5.5 Travel and subsistence

All T&S rules are standard for all staff. The inspection support manager can provide you with information that tells you what can be claimed, and the appropriate forms and rates at that time. The following however offers a summary of what currently can be claimed as at 1 April 2008.

- Inspectors have a personal responsibility to ensure that the most costs effective method of travel is undertaken at all times.
- Where feasible, SWIA will endeavour to organise all accommodation and travel requirements on your behalf for the duration that you are carrying out official SWIA business.
- The guidance will outline the additional out of pocket expenses for which you can claim reimbursement, in the course of carrying out official SWIA business.

- Claims for alcohol, gratuities, speeding and parking fines will not be reimbursed from public funds under any circumstances.
- If you have any doubts about your entitlement to specific expenses, please contact the inspection support manager prior to incurring the expenditure and certainly before completing the claim form.
- A travel and subsistence form must be completed and signed with all relevant receipts. If a receipt is not attached, the reason must be stated on the travel and subsistence expense claim form, otherwise reimbursement may be refused.

Attendance at training and team development days as well as days on fieldwork

5.5.1 What can be claimed

- **Day subsistence allowance** – can be claimed to cover the cost of meals (if they have not been provided for you) when official business requires you to be absent from your home. There are 2 qualifying periods i.e >5 hours and >10 hours.

For subsistence allowance purposes the period of absence is the actual time from when you leave home for official business to when you return home. Accurate timings must be stated on the claim form.

- **24 hour subsistence** – a) If accommodation arrangements have not been made by SWIA on your behalf you may book and pay for B&B accommodation up to a set value. Receipts must be attached to the claim form.
 - b) In addition, if during this 24 hour period additional expenditure is incurred for meals there is a flat rate applicable where dinner has been provided and a flat rate to cover lunch.
 - c) For personal incidentals (i.e. telephone calls, laundry, newspapers etc) a flat rate can also be claimed for the expenses.
- **Staying with friends allowance** – if you reside overnight in accommodation provided by friends or relatives, when on official business, the only allowance you can claim is the **staying with friends allowance (which is a 24 hour rate)**, irrespective of whether the friend or relative ordinarily operates a commercial hotel or bed and breakfast business.

This payment is to cover accommodation, all meals and incidental expenses in a 24 hour period (starting when the official journey commenced). No other allowance can be claimed concurrently with this rate.

- **Air, rail or sea travel** – will only be authorised by SWIA when this is the most economical option (for instance, due to savings of subsistence allowances and official time), or where the urgency of the journey justifies the extra expenditure. In most cases SWIA will be able to provide pre-paid tickets.

Use of a private motor vehicle – Approval to use a private motor vehicle will only be given for business reasons if the total distance to be travelled in one round trip is less than 120 miles and it is the most economical method of travel or if the vehicle has been adapted to accommodate a disability or impairment.

- **Ownership of a vehicle** – mileage is payable when Inspectors use their private motor vehicle for travel on official SWIA business, where the ownership and insurance criteria are met below:
 - the vehicle must be owned (or being bought on hire purchase) and be registered in the inspectors name: or
 - the vehicle is registered in the name of the spouse/partner of the Inspector; and
 - the insurance must cover business use.
- **Calculation of mileage entitlement** – a mileage allowance is payable when a private motor vehicle is used for travel on official SWIA business.

Mileage allowance is payable for the distance travelled between your home and place of business. The shortest practical route should be taken. Mileage allowance may also be claimed for the distance travelled in a private motor vehicle for travel to or from a railway station or airport.

- **Taxi travel** – receipts must be provided to support a claim for the reimbursement of all taxi fares. Where possible taxi journeys should be shared with other SWIA staff.
- **Bus or rail travel** – receipts/ticket stubs must be provided to support a claim for the reimbursement of bus and train fares.
- **Car parking, garage, toll/ferry charges** – if an inspector is required to make a journey on official business garage, parking, toll & ferry charges incurred, will be reimbursed on the provision of receipts/ticket stubs. Overnight garage or parking charges can only be claimed where the 24 hour subsistence allowance is payable.

Inspectors should note that car parking fines incurred for illegal parking whilst on official SWIA business will not be reimbursed.

- **Unused or lost travel tickets** – must be returned to the SWIA finance team within 7 days of the intended date of travel, to enable SWIA to qualify for a partial refund. Lost tickets must be reported immediately to the finance team. Lost tickets are non-refundable and will result in a double charge to SWIA if a replacement ticket is issued.
- **Mobile telephones** - SWIA will not issue mobile telephones to external Inspectors. Inspectors will be expected to use their own mobile phone whilst carrying out official SWIA business and seek reimbursement for any costs incurred.
Pay as you go users must provide receipts for top up cards purchased, swipe cards used, or top ups by internet transactions, to cover the cost of any work-related calls made whilst on official SWIA business.

Personal mobile phone contract - users must submit an itemised bill, highlighting calls made whilst on official SWIA business.

Line rental charges will not be reimbursed for personal or company mobile phone contracts.

Any claims for mobile phone usage must be submitted with the relevant supporting documentation, otherwise reimbursement will be refused.

- **Sundry items** may be claimed by using the travel and subsistence claim form to request reimbursement for other miscellaneous items such as passport photographs required for SWIA identification cards.

Please obtain advice from the inspection support manager if you are unsure what additional items can be claimed. It will be at their discretion to consider ad-hoc or unusual requests, on an individual basis.

5.5.2 Subsistence Rates – may be subject to change, please contact the inspection support manager prior to the inspection to clarify any changes in rates.

Rate effective from April 2004

1. Day Subsistence Allowance	
Absence of more than 5 hours but not more than 10 hours	£4.90
Absence of more than 10 hours	£10.70
2. 24 hour Subsistence	
London	
Receipted cost of bed and breakfast up to a limit of	£100.00
plus meals allowance	£24.10
plus personal incidental expenses allowance	£5.00
Elsewhere	
Receipted cost of bed and breakfast up to a limit of	£75.00
plus meals allowance	£23.50
plus personal incidental expenses allowance	£5.00
3. Lodging Allowance	
London per night	£42.25
Elsewhere per night	£37.40
4. Retention of Rooms Allowance (per night)	£6.05
5. Staying With Friends Allowance per night	£25.00
6. Personal Incidental Expenses Allowance	£5.00
7. Overnight by Train or Boat (per night)	£24.10
8. Motor vehicle mileage	40 pence per mile
9. Motor cycle mileage	24 pence per mile

5.5.3 Sample expense form - Appendix B

You must sign the form and send along with receipts to the finance team in Ladywell House.

5.5.4 What do you do if a receipt is not available?

If a receipt is not attached, the reason must be stated in writing on the travel and subsistence expenses claim form, otherwise reimbursement may be refused.

SECTION 4

Sources of reference

Carers Scotland The Cottage 21 Pearce Street Govan Glasgow G51 3UT (from 18th May 2009) Tel: 0141 445 3070 Fax: 0141 445 3096 Email: info@carerscotland.org Website: www.carerscotland.org	Social Work Inspection Agency (SWIA) Ladywell House Ladywell Road Edinburgh EH12 7TB Tel: 0131 244 4735 Fax: 0121 244 5496 Email: enquiries@swia.gov.uk Website: www.swia.gov.uk
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Policy and Legislation

Carers (Recognition and Services) Act 1995 – This was the first time that legislation attempted to address specifically the needs of Carers and the first steps taken to define the rights for Carers, for further information visit – www.hmsso.gov.uk/acts/acts1995

Carers can find out about their rights and responsibilities as a parent or guardian within the **Children (Scotland) Act 1995** by visiting www.hmsso.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm#tcon

The National Strategy for Carers (UK) – The Westminster government set out its approach to the recognition of Carers in a national strategy for Carers. “Caring about Carers” was published in February 1999, for further information visit www.doh.gov.uk/carers.htm

The **Social Inclusion Strategy (March 1999)** states five key principles of the Government’s approach to social exclusion, which are integration, prevention, understanding, inclusiveness and empowerment. There are opportunities for Carers to get involved. For further information visit www.scotland.gov.uk/library/documents-w7/sis-00.htm and www.scotland.gov.uk/library2/doc07/sjmd-00.htm

Social Inclusion Partnerships (From April 1999) are one of the vehicles that the Government are using to promote inclusion and prevent exclusion in urban and rural areas. For further information visit www.communitiesscotland.gov.uk

Making it work together: A Programme for Government (September 1999). This document set out the work programme for the new Scottish Executive. It clearly stated that the

approach of the Scottish Parliament and the Scottish Executive would be “Working Together”. For further information visit www.scotland.gov.uk/library2/doc03/miwt-00.htm

Strategy for Carers in Scotland (November 1999). The main action areas within the strategy are the promotion of new and more flexible services for Carers, the introduction of national standards for such services, monitoring by the Scottish Executive of the performance of health and social services in supporting Carers, the introduction of Carers’ legislation to allow Carers’ needs to be met more directly. For further information visit www.scotland.gov.uk/library2/doc10/carerstrategy.asp

Patient Focus and Public Involvement (December 2001). This framework document states the intention that users and Carers need to be involved in designing and planning their own care, and in improving services. For further information visit www.scotland.gov.uk/library3/health/pfpi-00.asp

Partnership for Care: Scotland’s Health White Paper seeks to improve health care through development of partnership with patients and staff. The key points have implications for professionals and the need to involve Carers in health decisions ensuring that Carers are seen as “key partners in the provision of care.” For further information visit www.scotland.gov.uk/library5/health/pfcs-00.aspx

Adults with Incapacity (Scotland) Act 2000 provides for decisions to be made on behalf of adults who lack legal capacity to do so themselves because of mental disorder or inability to communicate. The decisions concerned may be about the adult’s property or financial affairs, or about their personal welfare, including medical treatment. For further information visit:

- Office of the Public Guardian: www.publicguardian-scotland.gov.uk
- SE AWIA Pages: www.scotland.gov.uk/justice/incapacity
- Mental Welfare Commission: www.mwcscot.org.uk (also relates to MH Act)

Our National Health: A Plan for Action A Plan for Change (December 2000) states the requirement to develop new models of joint working between professionals, between professionals and the public, and across organisational boundaries in the public sector. Carers need to be aware of partnerships developing in areas in order to be able to become involved in the process of collaboration and joint working. For further information visit www.scotland.gov.uk/library3/health/onh-00.asp

Regulation of Care (Scotland) Act 2001 established two regulatory bodies. It established the Scottish Commission for the regulation of Care. It establishes a system of care regulation, encompassing the registration and inspection of care services against a set of national care standards and any necessary enforcement action.

It also established a new independent body, **the Scottish Social Services Council**, to regulate social service workers and to promote and regulate their education and training and makes a number of amendments and minor changes in related areas and legislation. For further information on the Regulation of Care (Scotland) Act 2001 visit:

- Care Commission: www.carecommission.com/
- National Care Standards: www.scotland.gov.uk/about/HD/CCD1/00017652/nationalcarestandard.aspx
- Scottish Social Services Council: www.sssc.uk.com/

The **Community Care and Health (Scotland) Act 2002** is expected to deliver major improvements in community care services, including free nursing and personal care. It will lead to improvements in care services by legislating to provide free nursing and personal care, expanding local joint working and pooled budget arrangements between NHS Scotland and local authorities. For further information visit:

- Guidance on provisions to support carers: www.show.scot.nhs.uk/sehd/viewpublication.asp?PublicationID=831
- Background: www.scotland.gov.uk/about/HD/CCD1/00017654/ccandhbkgndandlinks.aspx
- Direct Payments: www.dpscotland.org.uk
- Free Personal Care: www.scotland.gov.uk/about/HD/CCD1/00017655/freepersonalcare.aspx

Mental Health (Care and Treatment) (Scotland) Act 2003 replaces the Mental Health (Scotland) Act 1984 and it follows the extensive review of mental health law in Scotland carried out by the Millan Committee. The major changes in the Act are in the provisions for compulsory care and treatment and makes provision for matters concerning the care and welfare of people with mental health disorders. For further information visit www.scotland.gov.uk/health/mental_healthlaw

Care 21: The Future of Unpaid Care in Scotland

The development of this report involved carers from the beginning – as stakeholders, in focus groups and interviews. Five thousand carers also participated in an online survey. Outcome was a report making 22 recommendations.

www.carerscotland.org/Policyandpractice/Keylegislationandpolicy/care21

NHS Carer Information Strategies

This places a statutory duty on NHS Boards to produce a Carer Information Strategy that meets set minimum requirements. No new resources have been made available for implementation. The minimum requirements that each strategy must include are:

- Arrangements for involvement of carers in the development of the strategy
- Clear demonstration of how boards have identified the information carers need, how it will be provided and by which lead

Changing Lives

The Scottish Executive has published an initial implementation plan for Changing Lives: 21st Century Review of Social Work. Five change programmes will be established, with funding of £14.82million to take work forward over the next two years.

www.carerscotland.org/Policyandpractice/Keylegislationandpolicy/ChangingLives

Other Useful Links

Scottish Executive: www.scotland.gov.uk

- Central Research Unit: www.scotland.gov.uk/Topics/Research
- Joint Future Unit: www.scotland.gov.uk/health/jointfutureunit
- Health Department: www.show.scot.nhs.uk/sehd
- Scottish Parliament: www.scottish.parliament.uk
- Westminster Parliament: www.parliament.uk
- Scottish Public Services Ombudsman: www.scottishombudsman.org.uk/
- Audit Scotland: www.accounts-commission.gov.uk

Glossary

ADSW

Association of Directors of Social Work

BASW

British Association of Social Workers

CAMHS

Child and Adolescent Mental Health Services

Care Commission

Scottish Commission for the Regulation of Care

Carer

The legal definition of a carer is someone who provides substantial amounts of care on a regular basis for either an adult or a child, where that adult or child receives or is eligible to receive support services under the Social Work (Scotland) Act 1968 or the Children (Scotland) Act 1995.

The term unpaid carer is generally accepted by carer organisations and used to describe individuals who care for an ill, frail or disabled family member, friend or partner without receiving paid income in addition to income received through the benefits system e.g. carers allowance.

CCPS

Community Care Providers Scotland

Charter Mark

National quality assurance scheme

Community care plan

A document produced every year by local authorities which sets out how they will develop services for adults in the community over the next three years

COSLA

Convention of Scottish Local Authorities

CPD

Continuous professional development

DipSW

Diploma in Social Work

ICT

Information and communications technology

Independent sector

Agencies that are non-statutory, covering voluntary and private service providers

IT

Information technology

Joint Future agenda

National initiative for local councils and health jointly to deliver a range of health and social care services

Learning with Care

Initiative to improve educational provision for looked after children

MGF

Modernising Government Fund

Multi-disciplinary

A range of professionals working together

NHS QIS

NHS Quality Improvement Scotland

Outcome

The benefit or other result from an intervention

Partnership in Practice

Agreement between departments to provide services

Ringfencing

Dedicated funding for a particular project or area

SCVO

Scottish Council for Voluntary Organisations

SER

Social enquiry report

Single shared assessment (SSA)

Joint assessment of people's needs by social work and health staff

Stakeholders

People with a shared interest in services, either as a provider or user

Supporting People

Framework for accommodation support services for vulnerable people

SWD

Social work department

SWIS

Social work information system

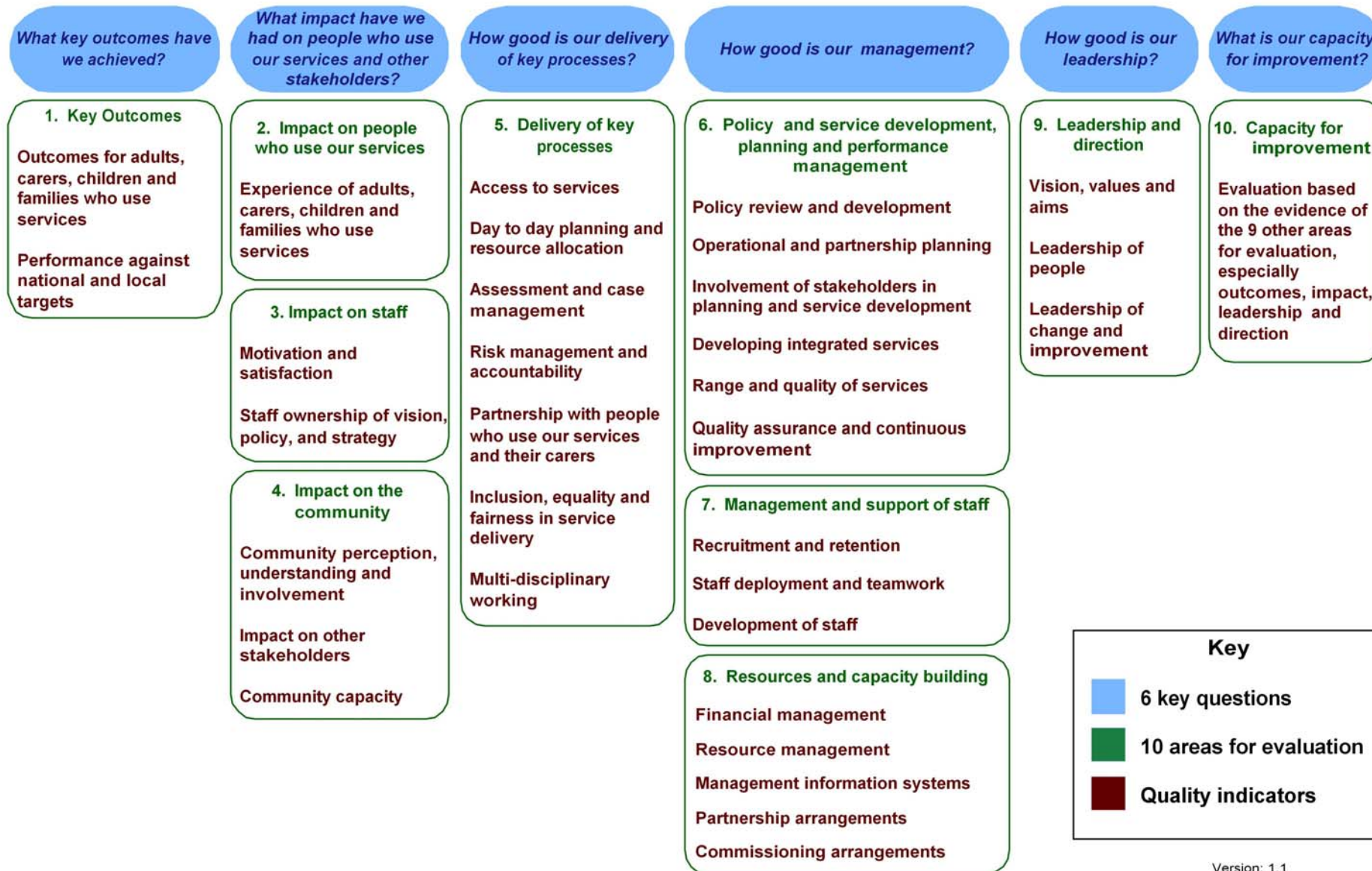
SWs

Social workers

APPENDIX A



Performance Inspection Model (PIM)

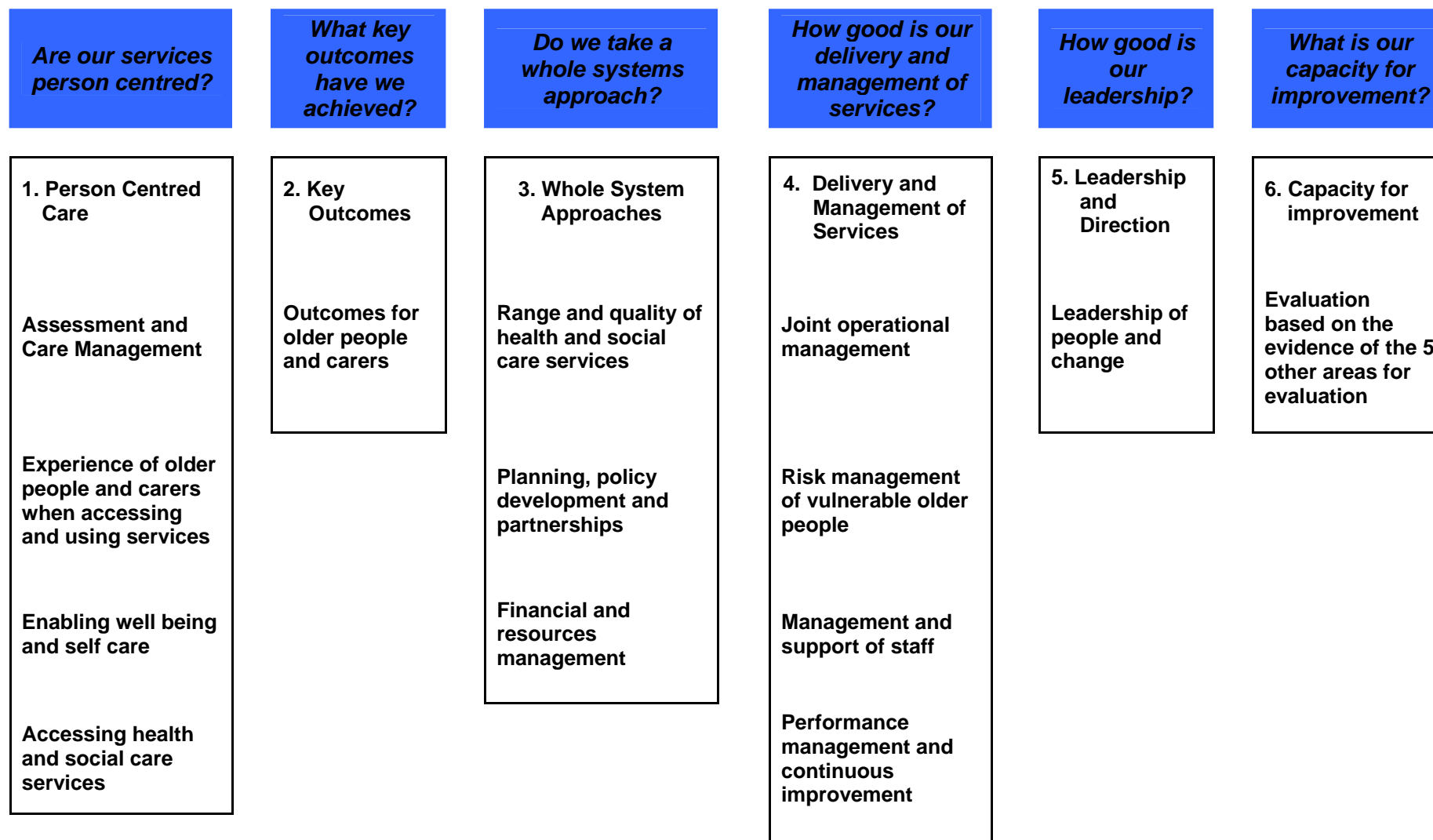


Version: 1.1

APPENDIX B

<u>Multi-agency inspection of substance misuse services - inspection model</u>					
1. What key outcomes have we achieved?	2. What impact have we had on people who use our services and other stakeholders?	3. How good is our delivery of key processes?	4. How good is our strategic management and leadership?	5. How good is our partnership working?	6. What is our capacity for improvement?
1.1 Outcomes for people who use services, their families and carers	2.1 Experience of people who use services, their families and carers 2.2. Experience of staff 2.3 Impact on community wellbeing	3.1. The journey of the service user and their family through the service 3.2. Multi-agency and multi-disciplinary working and integrated person-centred care 3.3 The involvement of and partnership with people who use services, their families and carers 3.4. Inclusion, equality and fairness in service access and delivery	4.1. Visions, values and aims 4.2. Joint planning and development of services 4.3. Commissioning arrangements 4.4. Range and quality of services 4.5 Quality assurance and continuous improvement 4.6 Management information	5.1 Partnership arrangements 5.2 Development and review of joint policies, procedures, protocols and guidance 5.3 Recruitment, deployment and development of staff 5.4 Joint budgeting and use of financial resources	6.1 Evaluation based on the evidence in the other 5 key questions

Model for Multi-agency Inspection of Services for Older People



1. Enabling and Sustaining Independence

1.1 People with learning disabilities are able to have a say in how they live, including where and with whom. They should be able to access mainstream services and facilities wherever possible. Where people need extra support, they should be able to access high quality services and facilities which are individually planned and developed in partnership with the person and their family/carer.

2. Promoting Inclusion

2.1 There is an up-to-date strategy for disability awareness and disability equality training, which takes account of the needs of children and adults with learning disabilities, including those with associated needs such as Autistic Spectrum Disorder or mental health problems. Inclusion is a fundamental right, achieving it can be difficult.

2.2 Children and adults with learning disabilities and their family carers can safely access services.

2.3 The needs of children and adults with learning disabilities are considered in relation to transport and general transport services.

2.4 The Community Health / Social Care Partnership has an agreed policy on health improvement and well-being activities, which takes account of the diverse general and complex needs of children and adults with learning disabilities and addresses health inequalities. People with learning disabilities enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and safe and healthy lifestyles.

2.5 Accessible information on the range of health and social services is available.

2.6 All services are culturally sensitive to and responsive to the needs of black and ethnic minority children and adults with learning disabilities and family carers. Health promotion and/or health improvement programmes address diversity and are responsive to the range of needs.

3. Meeting Healthcare Needs

3.1 People with learning disabilities receive the services and support that will keep them healthy and enable them to participate fully in society. Children and adults with learning disabilities accessing health services have an up to date multi-disciplinary care plan.

3.2 Assessment of health and capacity of family carers is addressed, and linked to assessment of users need.

3.3 There is a named specialist practitioner known to each primary care team.

3.4 Primary care services are sensitive and responsive to the needs of those with learning disabilities and their carers / families.

3.5 Those with learning disabilities are included and supported to participate in national screening programmes.

3.6 Specific health needs are assessed and addressed

3.7 There is appropriate health and social care intervention for older people with learning disabilities.

3.8 Wheelchairs and seating services are provided which meet the needs of those with learning disabilities.

3.9 There is a programme for education and training for healthcare professionals in primary, secondary and tertiary settings with regard to the rights and needs of children and adults with learning disabilities and family carers

3.10 There is a referral system in place to ensure that paediatric and general hospital services can get assistance from specialist staff in learning disabilities.

3.11 All hospital services and services provided by paediatric hospitals/units address the needs of children and adults with learning disabilities and their families and meet them appropriately .

3.12 Palliative care services are able to take account of the needs of those with learning disabilities.

3.13 Clinical guidelines for specific illnesses are followed and take account of the needs of children and adults with learning disabilities, e.g. Scottish Intercollegiate Guidelines Network (SIGN), NHS Quality Improvement Scotland (NHS QIS).

11 Quality Outcome Indicators

Quality Outcome Statements

4. Safety and Protection

- 4.1 Partners have established a multidisciplinary group for the protection of vulnerable adults. There is a fully operational and implemented inter-agency policy and procedure for the prevention and reporting of abuse of vulnerable adults.
- 4.2 People with learning disabilities feel safe and secure. Family Carers are confident that their relatives are protected, safe and secure.

5. Record Keeping and Communication

- 5.1 All case files are up to date and record keeping is of a high standard.
- 5.2 Information is exchanged appropriately between and amongst services.
- 5.3 There is evidence of routine opportunities for children and adults with learning disabilities and family carers to make observations, give views, express concerns about any aspect of their care and treatment, individually and/or collectively and with support from an advocate if necessary.
- 5.4 There are local early diagnostic and early intervention services for children with learning disabilities
- 5.5 People with learning disabilities are well supported in transitions

6. Meeting Staff Needs

- 6.1 Staff from all the relevant partners have the necessary skills for their job and good opportunities for continuing professional and career development. Training needs for all staff are effectively identified and met through staff appraisal schemes. People with learning disabilities and carers have the opportunity to participate and contribute to staff training programmes

7. Developing Partnership Working

- 7.1 There is effective partnership working at strategic level, which directly benefits service users. People with learning disabilities and their carers should be involved.
- 7.2 There is effective partnership working at operational level, which directly benefits service users.

8. Leadership and Direction

- 8.1 Joint management across health and social work provide leadership and direction for learning disability services Managers are suitably qualified and competent.
- 8.2 There are quality assurance and continuous improvement systems in place for all quality outcome areas. People with learning disabilities and family carers should be involved in this process.

9. Financial Resource and Information Management

- 9.1 Financial management, resource management and information management systems are robust and are regularly audited.

10. Meeting Life Long Learning Needs

- 10.1 People with learning disabilities should have access to individually tailored education opportunities to develop their skills, confidence and self esteem
- 10.2 Schools work with parents, children and young people and other establishments and agencies in planning for transitions within education and for transitions from education to other services

11. Capacity for Improvement

- 11.1 Overall improvement has been made to achieving key outcomes and impact on people and stakeholders
- 11.2 Leadership and management is demonstrably and currently effective
- 11.3 Quality improvement arrangements are demonstrably and currently effective and organisations have the capacity to continue improving

28. Code of Conduct for all members of SWIA performance inspection teams

Introduction

1. It is important that everyone taking part in a performance inspection knows how inspectors should conduct themselves.
2. They should have confidence in the ability of inspectors to do their job in a professional manner.
3. Where they feel inspectors have not achieved these standards, information should be readily available about the way in which their concerns will be handled.
4. These systems should work without unnecessary delays and in accordance with the procedures set out in this document.
5. The outcomes should be fair and explained in full to the person expressing the concerns.

Information about the Code of Conduct which includes the complaints process, should be made available (by the lead inspector) to all those who are involved in a performance inspection.

Inspectors are guided by eight general principles:

- 1. Keeping a focus on people who uses services and on outcomes for them in all that we do.**
We spend a lot of time talking to people who use services and their carers about the links between social work services and their quality of life.
- 2. Working in partnership with the council.**
We ask the council to assess its own strengths and areas in need of improvement. We talk to staff at the frontline as well as managers and leading councillors.
- 3. Including all the stakeholders in the inspection.**
We meet with important partners such as the health service, education, housing and the police. We also see private and voluntary social care providers working in the area.
- 4. Giving evidence for all our judgements.**
Our report sets out in detail the basis for judgements and the evidence on which they are made. We use fair comparisons with similar councils.
- 5. Applying a common, consistent approach to our inspection practice.**
The council is provided with details about our methods of work in advance. Arrangements are in place to ensure that we deliver the whole inspection in accordance with these commitments and with best practice.
- 6. Looking at the contributions of the whole council to social care.**
The inspection looks at the overall priority given to social work services, how well the council unites its services and how well councillors and officers work together.

APPENDIX E

7. Giving the council a clear agenda for future improvements.

To make a difference in practice, we try to ensure the council has a good action plan and the capacity to work on the areas needing improvement. We also follow up to see what progress has been made.

8. Being open about the results of our work.

The findings of the inspection are presented to public meetings of the council and our reports are available to all. We are challenging, where necessary, but we also highlight those areas where the council is doing well.

What can you expect from the performance inspection team when it visits YOUR council?

All inspectors undertake to meet the following standards of behaviour:

Keeping an open mind

You can expect us to be even-handed and fair. We will be starting each performance inspection with information provided by the council itself. We will also have information from our colleagues in the Care Commission, NHS Quality Improvement Service (NHS QIS), HMLe, Audit Scotland and other public bodies. However, there will be no advance guesses or judgements made, unless there is firm evidence on which to base them. The performance inspection is intended to serve the whole community: there will be no political bias in our approach.

Valuing and respecting difference

You can expect us to treat everyone with respect and consideration, regardless of the language they use, the religion they practice or the ethnic community to which they belong. We will ensure help with communication is provided to allow people to take full part in the inspection. We expect councils to arrange meetings taking mobility into account. Inspectors will welcome any advance requests for help.

Active listening

You should not expect to get a lecture from an inspector: in fact, you may do most of the talking! We will be listening carefully to what people have to say. Our job is to ask probing questions, to check out that we have understood the answers and to consider what has been said in an even-handed way.

Open and honest feedback

You can expect us to give clear explanations about how we are making our judgements and to answer your questions frankly. By remaining open to sharing our views, there should be no surprises when the findings or the final report arrive. Information will be withheld only where the public interest demands or where legal restrictions apply.

Confidentiality and sharing information

You should expect us to be professional about the way we handle information and its sources. We rely heavily on people's willingness to tell us their views. This means we must take proper care to ensure confidentiality as much as possible and to protect them from any undesirable

APPENDIX E

consequences. However, there may be times when we have an obligation to take appropriate action. We will take immediate action if evidence of serious risk or wrongdoing is brought to our attention. You may want us to pass on your comments. This can be done, but normally only as general information, and not about specific cases, and we will not be able to advocate on your behalf.

Freedom of Information (Scotland) Act 2002

As a government agency we are subject to the Freedom of Information (Scotland) Act 2002 which places a legal requirement on us to act in the spirit of openness and provide information we hold when requested unless there is strong reason not to. If you wish any information you may provide us with to remain confidential, please tell us and we may then consider if this is possible.

Good manners

You can expect us to be polite and respectful at all times. Even though we may be challenging in our questions, we take a supportive and constructive approach to our work. We will do our best to arrive promptly for meetings and to ensure that proper introductions are made. You can expect us to present ourselves in a business-like manner. We will carry official identification.

Gifts and hospitality

You should expect us to meet our own expenses. Although hospitality may be intended as a friendly gesture, the public needs to know that our report is written entirely on merit. The provision of light refreshments is welcome on occasions, especially if it allows work to continue over a rest break or if it helps inspectors and people who use services enjoy a more relaxed discussion. Gifts cannot be accepted.

Conflicts of interest

You can expect us to keep people who use services and their carers at the centre of everything we do. This means that we must not let our personal interests influence our work. If an inspector has worked in a local authority area or is hoping to do so in the future, this has to be made known to the lead inspector in SWIA to consider if any potential conflict of interest arises. Similarly, if a close family member works there or receives a service, this will be declared.

Answering for what we do

You can expect us to answer for everything that we say or do.

And if you are not happy with what we have done

You should expect us to deal quickly and fairly with any queries or complaints that you raise about our behaviour in accordance with our published complaints procedure. In the first place, these should be brought to the attention of the lead inspector. If you are still not satisfied, you can pursue your complaint through our Corporate Manager.

APPENDIX E

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APPENDIX E

Appendix 1

DEALING WITH VULNERABLE PEOPLE

Inspectors must be aware that they occupy a position of considerable trust, power and privilege. At all times they must seek to use that position responsibly and with due regard for the interests of those with whom they work.

Inspectors must take special care in dealing with vulnerable people, to ensure that the legitimate need for information does not override the need of individuals for care and protection. Inspectors must be careful also not to lay themselves open to accusations of malpractice or abuse.

A vulnerable person has been defined as one “who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation”. In practice, inspectors carefully consider a wide range of people who are not able to take full responsibility for their lives, including making a choice about whether or not to be seen by inspectors. This includes all children and some adult users of services. Inspectors should manage their contacts with all people who use services to minimise the risk of harm or misinterpretation.

Appendix 2

PLANNING CONTACT WITH PEOPLE WHO USE SERVICES

Contact with people who use services should be planned.

For individual interviews, inspectors should consult with social work services staff in making arrangements. Staff should be asked to say whether there are any special factors that would make contact unhelpful or difficult. Inspectors should use their judgement in deciding whether to go ahead with interviews, with a presumption in favour of giving the choice to the person who uses services. People who use services should be given notice of interviews and should be made aware that they can choose whether to be seen or not. All people who use services should be given copies of the performance inspection leaflet in advance or at the outset of the interview.

For group settings (such as residential homes or day centres), inspectors should make every effort to ensure that people who use services are informed about the nature and purpose of the visit in advance and that individuals have the right to choose whether to speak to inspectors. Copies of the leaflet provided by SWIA should be made available to all people who use services.

Interview settings and demeanour

Inspectors should think about the right degree of formality and informality to be used, especially with children. They should also think carefully about the degree of privacy required, to allow people who use services to talk freely without danger of misinterpretation.

Inspections are official events and contacts with people who use services should retain a certain formality. Inspectors should dress and conduct themselves in a manner appropriate to their role. It should be apparent to people who use services that inspectors are there for a purpose; therefore, what is said to inspectors matters and may be written down.

Interviews should take place in settings appropriate to the task. If this is in a person's home, it will usually take place in a living room or sitting room. It will rarely happen in a bedroom, unless this is unavoidable (e.g. because a person who uses services is bed-bound or, in a communal setting, because of the need to observe conditions). Interviews in cars or in social settings are usually inappropriate.

Inspectors should avoid secluded contact in bedrooms or similar settings. Where possible, interviews should take place where they can be observed by a third party and where either party has the possibility of ready exit.

APPENDIX E

Appendix 3

CONDUCT OF INTERVIEWS

Inspectors should explain who they are and why they are there. They should carry official identification, ensure that the person who uses services has seen the leaflet provided by SWIA and understood its contents.

During the interview, the inspector should gauge the reaction of the person who uses services and be sensitive to:

- strong feelings;
- signs of disturbance; and
- any problems that may require additional attention.

If there are matters that go beyond the scope of the interview and need to be tackled the inspector should explain this and refer the matter to the appropriate carer or staff member.

At the end of the interview, the inspector should:

- thank the person who uses services or carer for their contribution;
- explain again the part played by interviews in building up evidence;
- give the opportunity for comment or question; and
- confirm what happens next.

Further contact

Inspectors should make clear that they cannot pursue individual grievances or have contact outside the inspection. If people who use services do seek to contact them outside the inspection, they should report this to the local authority lead manager.

If the inspectors identify a cause for particular concern that cannot be resolved in immediate discussion with the relevant local authority manager, the lead inspector will raise this formally with the local authority lead manager. It is then for the local authority lead manager to see that appropriate action is carried out.

Carer Inspectors experiences

(Comments filtered and themed in paragraphs with an introduction to make them more useful and to add significance to their inclusion suggest the following)

The carers who participated in the 32 Local Authority SWIA Inspections were asked about their experiences as inspectors. They were asked what they had learned about themselves and what they would take from the inspections.

The carers highlighted the value they placed on being included in inspections, being part of a team and treated as integral partners in the process

“...Valued as a person, pleased to be doing something that could make a difference and knowing that various people would value a carers input...”

“...Invaluable to include carers as part of the inspection team. Their involvement ensures real partnership working...”

“...It was an opportunity, as a carer to understand the process of SWIA inspections...”

“...How helpful & supportive the inspectors are of each other, and how quickly we become a team...”

What surprised some carers was the time and effort put into an inspection. This enabled carers to understand that the final documents/report could not always include everything. Some carers expressed disappointment at this outcome.

“...I have been involved since the pilots in 2005 however the amount of pre fieldwork information is huge but necessary and significant...”

“...The immense amount of preparation and organisation required prior to inspection was surprising yet very reassuring from a carer perspective...”

“...a small window, within the vastness of the inspection process, is fed back in the final report with the expectation of fairness that reflects the whole picture...”

Carers acknowledged the personal impact of participation and their own significant contribution to inspections

“...That I am not as stupid as I some times feel. That I can work...”

“...Rich memories of engaging with others within the team at SWIA and those who access services and their carers...”

“...I will take away pride in my involvement in the inspection...”

Carers further recognised the value of their contribution.

“...what was interesting was the variety of people I met, both carers & service users and people in their work situations and how they related to me (& probably all carer inspectors) more easily than the other inspectors...”

APPENDIX G

“...we need to continue to recognise the positive contribution that lay people bring to the inspection process, which should lead to improving the quality of services to service users and carers/families...”

In conclusion carers felt that participation the Inspection benefited both themselves and the process and it provided *them* with an opportunity to be equal and expert partners in a process which will ultimately enhance services for and to carers.