

Performance Inspection

East Ayrshire Council 2009

Performance Inspection of Social Work Services

East Ayrshire Council 2009

Acknowledgement

We wish to thank the council staff, stakeholders, people who use services and their carers for the warm welcome that they extended to us at all stages of this inspection. We are grateful to those who took time to fill in and return our questionnaires. We would also like to thank the staff from social work services who helped us to carry out the case file audit at the beginning of the inspection process.

We appreciated the meticulous organisation of all aspects of the inspection by key staff from East Ayrshire who worked so hard to put arrangements in place and provide the information we requested.

We found everyone we met during our inspection responded openly to our questions and were enthusiastic in the way they shared information and views with us.

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Contents

	Page
	iv
Social Work Inspection Agency	iv
Chapter 1	1
Summary, evaluations and recommendations	1
Chapter 2	6
Context	6
Chapter 3	12
Key outcomes for people who use services	12
Chapter 4	25
Impact on people who use services and other stakeholders	25
Chapter 5	42
Delivery of key processes	42
Chapter 6	59
Management	59
Chapter 7	93
Leadership and direction	93
Chapter 8	101
Capacity for improvement	101
Appendix 1	104
SWIA performance inspection model (PIM)	104
Appendix 2	105
SWIA performance inspection methodology	105
Appendix 3	106
SWIA performance inspection process	106
Appendix 4	108
Social work services structure	108

Social Work Inspection Agency

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

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

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

The evaluation scale

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

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

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

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

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

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

Summary, evaluations and recommendations

Summary

Most people who responded to our surveys or who we met during the fieldwork agreed that they could rely on the services they received and the majority agreed that services were of good quality. People were mainly positive about the difference these had made to their lives. Carers were broadly positive about social work services in East Ayrshire.

We found a number of good practice examples, including creative involvement of people who used services in service development. Social work services had worked hard at shifting the balance from residential care to care at home and they performed well in this area of service delivery. There were good joint working arrangements in place across a number of services and care groups.

Whilst trends were moving in the right direction, improvements were required in educational attainment, pathway planning processes, access to employment, further education and suitable accommodation for young people leaving care. Managers were monitoring progress through East Ayrshire's corporate parenting action plan.

Standards of assessment and care management varied. Risk assessment practice was improving but was not consistently good. We found the quality of assessments and permanency planning in adoption and fostering work also needed to be improved. A high proportion of reports were not sent to the children's reporter on time. Managers were developing plans to improve practice.

Staff were motivated in relation to the work they did, with a marked improvement in morale since new structures had been put in place. Social work services had experienced important changes in both leadership and service organisation over the past year. Some staff were still coming to terms with these changes.

Partnership working with health was a key strength. There was evidence of positive work being undertaken with other partners. Social work services had made good progress on performance management and service improvement through best value reviews.

A specific plan for social work services needed to be developed and used to inform commissioning and financial planning. Sustaining levels of services within available resources posed a serious challenge. The council was actively seeking ways to resolve it.

Social work services will continue to face challenges in relation to capacity issues but with their strong commitment to partnership working and social work regarded positively both within the council and by external agencies, there was optimism that the present momentum for continued improvement would be sustained.

Evaluations

Areas for evaluation	Rating
1. Outcomes for people who use services	Adequate
2. Impact on people who use our services	Good
3. Impact on staff	Adequate
4. Impact on the community	V. Good
5. Delivery of key processes	Adequate
6. Policy and service development, planning and performance management	Good
7. Management and support of staff	Adequate
8. Resources and capacity building	Good
9. Leadership and direction	Adequate
10. Capacity for improvement	Good

Recommendations

Key outcomes for people who use services

Recommendation 1

Social work services should build on existing systems to improve the range, quality and consistency of the information they collect about outcomes for all people who use services and their carers. These outcomes should be embedded in all social work service plans and used to consider the range and quality of the services.

Impact on people who use services and other stakeholders

Recommendation 2

Social work services should improve its performance both in the number of carers assessments recorded and completed and in achieving the outcomes for carers which result from these assessments.

Impact on people who use services and other stakeholders

Recommendation 3

Social work services should engage with children and young people more effectively in planning their care and make sure that reviews are properly conducted.

Impact on staff

Recommendation 4

The Department of Educational & Social Services should continue to develop ways in which communication with staff could be developed further.

Impact on the community

No recommendations

Delivery of key processes

Recommendation 5

Social work services must introduce a more systematic workload management process and make sure that all teams have the capacity to prioritise and manage the demands for their service. Information on workloads should be subject to robust management monitoring.

Recommendation 6

Social work services needs to increase the number of reports that are submitted to the children's reporter within expected timescales, with targets and a clear plan, subject to regular monitoring and review, to address this issue.

Recommendation 7

Social work services needs, as a priority, to improve the time taken to make decisions for children being considered for permanency, and to meet their needs.

Recommendation 8

Social work services should prioritise improving the quality and consistency of assessments and care plans for children and families. Improvement and scrutiny processes should be closely linked.

Recommendation 9

Social work services must ensure that more detailed review records for looked after children are completed.

Management

Policy and service development, planning and performance management

Recommendation 10

Social work services should develop systems to audit, review and update their policies, procedures and guidance documents for staff.

Recommendation 11

Social work services should ensure that an action plan is developed to monitor and review the National Standards for the Mental Health Officer service, with agreed timescales for implementation.

Management and support of staff

Recommendation 12

Systematic leadership development, with appropriate focus on social work services, should be available and undertaken by all senior, middle and first line managers within social work services. This work should link to the social work services workforce plan and EAGER.

Recommendation 13

Social work services should ensure that each service area has a training plan that is based on a training needs analysis and links to the training strategy and workforce plan.

Resources and capacity building

Recommendation 14

The council must ensure that it continues to address the problem of sustainability in relation to the provision of its social work services.

Recommendation 15

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

Leadership and direction

No recommendation

Capacity for improvement

No recommendation

CHAPTER 2

Context

Introduction

The inspection of East Ayrshire social work services took place between August and November 2008. Our inspection team consisted of SWIA inspectors, sessional inspectors, an associate inspector and a carer inspector.

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

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

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

Area profile

East Ayrshire has a population of 119,570¹ living in a number of towns and villages. It covers an area of 1,262 square kilometres. The population density is 95 people per square kilometre. The main towns are Kilmarnock (44,000 population) and Cumnock (9,000). Kilmarnock is the main administrative centre for the council. The population of East Ayrshire has decreased by 0.6% since 2001, while overall Scotland's population has increased by 1.6%.

People of working age in East Ayrshire account for 61.7% of the total population compared with the Scotland figure of 62.7%. Eighty per cent of working age people in East Ayrshire are economically active, which is similar to the Scottish average. Twenty per cent of the population are of pensionable age compared to the Scottish average of 19.5%. 18.2% per cent are under the age of 16 compared to the Scottish average of 17.8%.

¹ All reference to population statistics within this section and where reference is made to working population and those of pensionable age, were obtained from the mid-2007 population estimates, General Register Office for Scotland.

The claimant count unemployment rate² in East Ayrshire was 4.7%, which was higher than the Scottish average of 3.3%. Eighteen percent of East Ayrshire's population live in one of the 15% of Scotland's most deprived communities.³

Compared to 2006, the population of people in East Ayrshire of pensionable age is projected to increase by 9.0% by 2016 and by 14.9% by 2026. The average for Scotland is an increase of 9.1% by 2016 and of 18.4% by 2026. The population of people over the age of 75 in East Ayrshire is projected to increase by 23.0% by 2016 and 68.4% by 2026. The equivalent percentages for Scotland are 21.4% by 2016 and 62.7% by 2026.

The 2001 national census found that people from minority ethnic communities made up 0.7% of East Ayrshire's population, which was less than the national average of 2.0%.

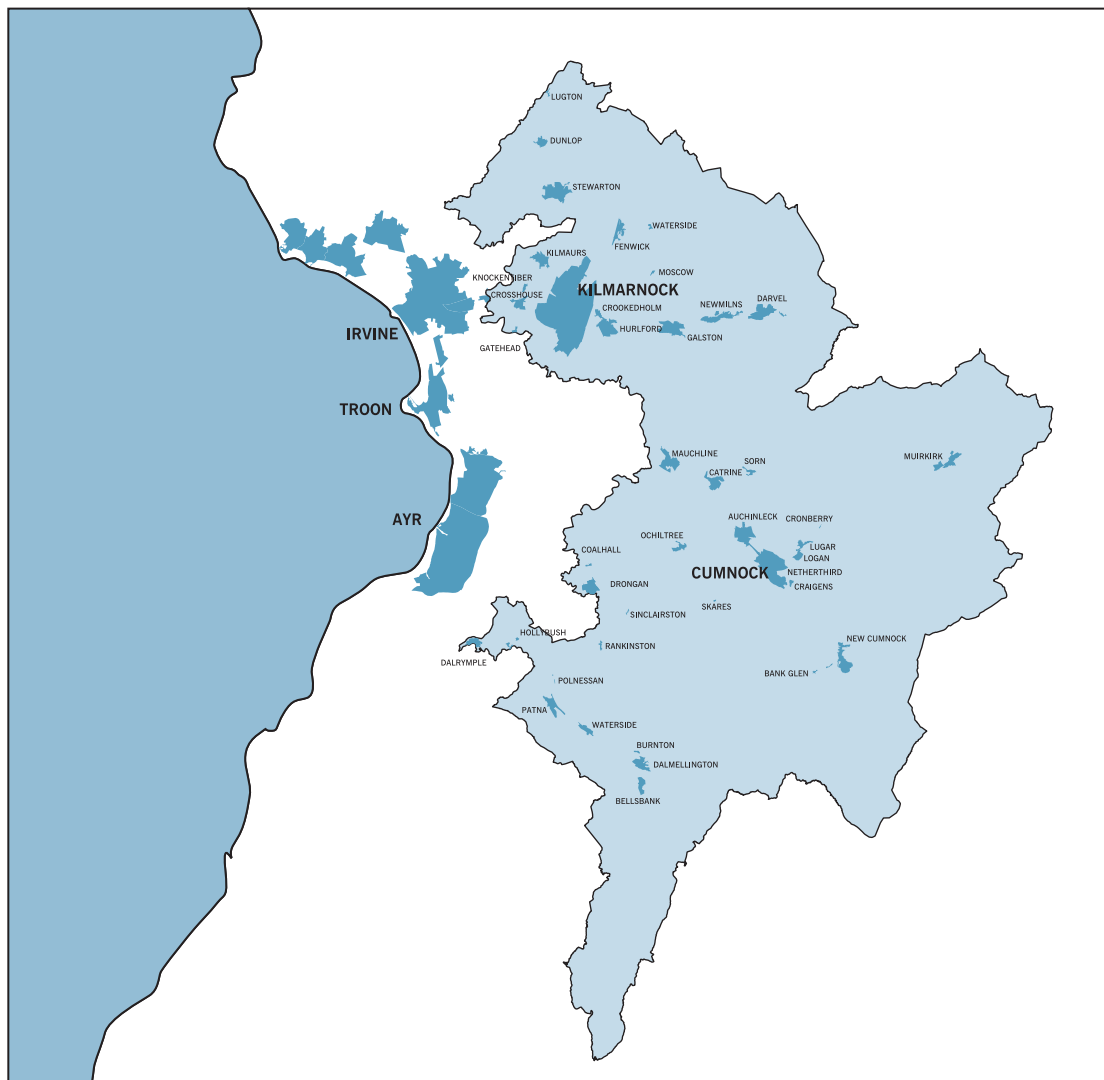
The male life expectancy at birth in East Ayrshire is 74.0 years. This is less than the overall Scotland figure of 74.8. The council is ranked number 24 out of the 32 local authorities for male life expectancy at birth.

The female life expectancy at birth in East Ayrshire is 77.9, which is less than the overall Scotland figure of 79.7. East Ayrshire is ranked number 30 out of the 32 local authorities for female life expectancy at birth.

2 Labour market statistics – local economic profiles, Scottish Government., December 2008.

3 Scottish Index of Multiple Deprivation 2006

Map of East Ayrshire



Organisation of social work services

There are three departments within East Ayrshire Council and a Chief Executives Office.

- Corporate Support;
- Neighbourhood Services; and
- Educational & Social Services.

The Department of Educational & Social Services (the department) was created in June 2000, by bringing together the two previously separate services of education and social work. From 2000-08, the department had five operating divisions: schools; community support; facilities management; resource support and social work. They reported to the executive director of educational & social services. The executive head of social work, who had the role of chief social work officer (CSWO), represented social work on the department's senior management team.

Social work services were intended to be delivered in line with the council's four guiding principles of quality, equality, access and partnerships. The three key priorities identified for social work were:

- protection;
- partnership; and
- performance.

The executive head of social work managed three senior managers, covering the following areas:

- community care;
- children, families and criminal justice; and
- performance and resources.

There were four operational service units within community care:

- older people and health;
- adults;
- fieldwork; and
- independent living and review.

There were three operational service units within children and families services:

- children and families area services (fieldwork);
- care and review services; and
- youth and addiction services.

Area fieldwork services were initially delivered on a partnership area basis, covering community planning partnership areas across the authority area. In 2007, social work services created six partnership area manager posts (PAM). Three for children and families services and three for community care. Their role was to provide a bridge between the strategic leadership role of the service manager and the first line management role of team leaders.

The performance and resource section provided administrative, technical and support services, including performance management, strategic planning, training, commissioning, contracting and administration.

Revised senior management arrangements were agreed within the department in July 2008. Appointments to two heads of service posts, including the role of CSWO, had been made but the staff were not yet in post. As a consequence there were interim senior management arrangements in place within social work services at the time of our inspection.

Appendix 4 contains a diagram of the social work services structure that was in place when our performance inspection took place.

4 2007 Social work staffing return, Scottish Government publication.

Staff

Social work services employ 1,056 staff, who are deployed widely across the council area.⁴

Political structure

The council had 32 elected members. Until May 2007, the council had a majority Labour administration. The political make up of the council changed after the May 2007 elections. It was as follows:

Scottish National Party	14
Scottish Labour	14
Scottish Conservative	3
Independent	1

From May 2007, the council was run by a Scottish National Party minority administration. A cabinet system and corporate governance and scrutiny committee were established in 2007.

Inspection methodology and process

The structure of this report is based on the SWIA performance inspection model, which asks the council six key questions.

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

The following chapters address each of these questions in turn. A more detailed description of the inspection methodology and the way in which we carried out our inspection are included in appendix 3.

Other inspections

Audit Scotland published *The Audit of Best Value and Community Planning report* (Audit Scotland report) in September 2006.⁵ The report highlighted the council's commitment to Best Value and community planning and acknowledged the council was developing a culture of continuous improvement throughout the organisation.

⁴ 2007 Social work staffing return, Scottish Government publication.

⁵ The Audit of Best Value and Community Planning: East Ayrshire Council October 2006 is available from Audit Scotland website www.audit-scotland.gov.uk/accounts, thereafter referred to as Audit Scotland Best Value report.

Audit Scotland also reports on an annual basis. The latest report published in October 2008 highlighted significant budget pressures facing social work services. Senior management and the political leadership had set up a sustainability board to address the future spending profile of the service for the coming years.

Her Majesty's Inspectorate of Education (HMIE) joint inspection of services to protect children and young people in East Ayrshire Council (HMIE report) was published January 2008.⁶ The report identified areas of strength. These included successful approaches used to raise public awareness of child protection and the quality of relationships between staff and children, which helped children effectively communicate their needs and views. HMIE inspectors were not confident that staff identified all children at risk of harm, abuse or neglect and in need of protection early enough to receive the help and support needed.

The Care Commission published reports on the council's fostering and adoption services in January 2008,⁷ and throughout 2008, reported on their residential, day care and care at home services.

The Social Work Inspection Agency (SWIA) led a multi-agency pilot inspection of learning disability services provided by NHS Ayrshire & Arran and the three Ayrshire local authorities in 2006.⁸ A follow up multi-agency inspection of learning disability services took place in July 2008. As a result, this inspection did not cover learning disability services in the same detail as other performance inspections.

We did not look at criminal justice services as SWIA had completed an inspection of criminal justice services in East Ayrshire in January 2007 as part of a national programme of criminal justice inspections.⁹

6 HMIE joint inspection of services to protect children and young people in East Ayrshire Council area January 2008. The full report is available from Her Majesty's Inspectorate of Education at www.hmie.gov.uk, thereafter referred to as HMIE.

7 East Ayrshire Council Fostering Service 8 January 2008, The East Ayrshire Adoption Service 8 January 2008. A full copy of all Care Commission reports can be obtained from the Care Commission website. www.carecommission.com.

8 The report *Multi-Agency Inspection of Services for People with Learning Disabilities in Ayrshire* was published by SWIA in March 2007 and is available at www.swia.gov.uk.

9 Performance Inspection of Criminal Justice Social Work Services – Report on the Ayrshire Partnership Criminal Justice Social Work Services June 2007. A full copy of this report can be obtained from www.swia.gov.uk.

Chapter 3

Key outcomes for people who use services

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

The Social Work Inspection Agency defines outcomes as the improvements in people's lives that result directly from the services that they receive. We found that East Ayrshire's performance in this area was adequate, with strengths that just outweighed weaknesses.

Service outcomes for older people were positive. The provision of effective home and day care services enabled an increasing number of older people to live at home. No delays were being experienced in discharges from hospital and people were quickly provided with any equipment they required.

Outcomes for people with learning disabilities were generally positive. Some positive aspects included assistance with life planning, support through advocacy, community short breaks and alternative day opportunities. There needed to be more opportunities for training and employment.

There was limited information about outcomes for people with mental health problems, disabilities, sensory impairment, dementia and for people who misuse substances.

Whilst trends were moving in the right direction, outcomes for looked after children needed to be better. We found that the educational attainment for looked after children was much lower than the Scottish average. Improvements were also required in pathway planning processes, access to employment, further education and suitable accommodation for young people leaving care.

Our survey and focus groups showed that the majority of carers felt that services had improved the quality of life for the person they cared for. However, they felt that more could have been done to improve the quality of their own lives. This was particularly true for parents of children with disabilities.

Social work services were promoting choice by increased use of direct payments.

On balance, we evaluated key outcomes as adequate.

Measuring outcomes

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

Measuring outcomes was established practice in East Ayrshire and linked to performance management frameworks. These processes in turn were reflected in the single outcome agreement (SOA) that had been developed by the council and its community planning partners.

Within social work services, the resource manager oversaw the collection and collation of information about performance across the range of services and provided service managers with regular reports. Whilst much of this was positive we identified some things that could be improved. For example, commissioning arrangements for services purchased by the council did not include enough detail about the desired service outcomes.

We also found that managers, particularly in children and families services, were not using all the available information about outcomes for children to inform their practice sufficiently well.

Recommendation 1

Social work services should build on existing systems to improve the range, quality and consistency of the information they collect about outcomes for all people who use services and their carers. These outcomes should be embedded in all social work service plans and used to consider the range and quality of the services.

Views of people who use services on outcomes

We asked people who used services and their carers about the difference social work intervention had made to their lives, by sending written surveys and by asking them about outcomes when we met with them on fieldwork.

According to the survey we carried out with service users¹⁰ most people who used social work services in East Ayrshire were positive about the service they received. Social work services had made a real difference to their lives in a number of ways:

- most (79%) said that social work services had helped them feel safer;
- most (77%) said that social work services had helped them to lead a more independent life; and
- the majority (65%) agreed that social work services had helped them to feel part of the community.

This response was similar to survey results from our inspections of other authorities to date. These views were confirmed in our meetings and observations of practice.

¹⁰ 500 questionnaires were issued by SWIA to service users and 150 were returned giving a response rate of 30%. The average response rate for the 25 authorities surveyed to date is 26%, so East Ayrshire's response rate is above average.

For example, we met a vulnerable young woman who had been helped to get her own home. She was being well supported to live there. Some people told us that service delivery was slow, in some instances taking several months.

As a means of trying to measure user satisfaction in a more systematic way, the council and partners had commissioned Stirling University to develop a model to measure user and carer satisfaction of community care services. This model was piloted with a small number of people. The results were encouraging.

Views of carers on outcomes

The findings from our survey of carers¹¹ about social work services in East Ayrshire were broadly positive. When compared with the results from other local authorities they were close to or slightly above the average. For example:

- the majority (61%) agreed that social work services had resulted in an improved quality of life for the person they cared for;
- the majority (64%) agreed social work services had helped that person to feel safer;
- the majority (51%) said that social work services had helped that person lead a more independent life;
- the majority (56%) also felt valued and supported as carers, consulted and listened to (60%) and involved in decision-making (61%); and
- less than half (49%) considered that services helped them to have time for family, work and other commitments.

In the main, carers of older people were the most positive about the services provided. For example:

“Social work has been very supportive and the communication has been excellent, which is very important. The social worker that has taken care of us has done an excellent job.”

Although based on only a small number of respondents, parents of children with disabilities were the least satisfied group. For example, they were unhappy with the availability and range of respite breaks. Our focus groups with carers confirmed this view.

Views of partners and stakeholders

We undertook a survey of partners and stakeholders.¹² Most (75%) agreed that East Ayrshire’s social work services provided good outcomes for people who used services and their carers.

11 500 questionnaires were issued and 108 were returned. This was a response rate of 22%, which was lower than the average response rate of 26% for the local authorities surveyed to date.

12 50 surveys were issued and 24 were returned, giving a response rate of 48%.

File reading analysis

Overall, the findings of our analysis of case files¹³ for key outcomes were positive and were either higher or in line with the average responses from other inspections to date.¹⁴ In particular:

- in almost all (90%) of those case files where there was a care plan there was evidence that its objectives had been, or were in the process of being achieved;
- in most of the files (79%) there was evidence that the individual had been helped to access mainstream services;
- in the majority of files (72%) there was evidence that the individual's circumstances had improved; and
- in most of the files (86%), changes in dependency were found to be in keeping with the needs of the service user.

Service outcomes in adult files were more positive than in children and families files.

Services for children and families

Children in need

The East Ayrshire children and young people's service plan 2008-11 set some ambitious targets for improving outcomes for children and young people. These included the creation of opportunities for learning and social development and improved health and community safety.

We found good collaboration between health, education and social work to develop prevention and early intervention initiatives. We visited one family centre and we heard that they supported local parents in managing very young children.

The council worked closely with the East Ayrshire carers centre. The centre supported over 90 young carers. We met with a group of young carers, who attended a group once a week. They told us they liked the various activities at the group and described having had holidays and short breaks.

Good practice example

East Ayrshire carers centre, funded by the council and partner agencies, had acquired Dalmellington House, and set up a social enterprise company to provide respite/conference facilities, an information/advice service and training unit for young carers to enable them to access work.

¹³ A total of 107 case files, 40 of which were children and families and 67 community care from across the services.

¹⁴ Because the survey's estimates may be affected by sampling errors, apparent differences of a few percentage points between the figures may not be "significant". See Appendix 3.

East Ayrshire's youth strategy service worked with children and young people whose behaviour at school was problematic, to help them to continue their education and, wherever possible, to resume mainstream schooling. The service routinely collected information about attainment; achievement; re-integration and destination of youth strategy pupils, including looked after children. Staff provided evidence in respect of reductions in school exclusions and improvements in educational achievement.

We discuss the timing of reports submitted to the children's reporter in Chapter 5.

Children with disabilities

East Ayrshire was ranked 18 out of the 31 local authorities¹⁵ on the provision of overnight respite provided for children per 1,000 population. The council was ranked 31 out of 31 local authorities on the total day time respite hours provided for children per 1,000 population.¹⁶

Our earlier multi agency inspection of learning disability services identified some positive outcomes for young people with learning disabilities, particularly in the management of transitions. We met staff from the children and adult support team (CAST). This team worked with children with disabilities, aged up to 18 years. The team was at an early stage in its development. We were told the team had not yet agreed ways of collecting performance information.

Child protection

National statistics showed that at 31 March, 2008, East Ayrshire Council had the names of 83 children on its child protection register, equal to 3.8 per 1,000 population aged 0-15. This was greater than the Scottish figure of 2.7. The figure represented a steep rise from the previous year when the names of 45 children were registered. The trend over the preceding four years was one of smaller percentage rises. On 30 September 2008, the names of 86 children were registered. Of these:

- 58% were under four years old;
- 55% had been registered under the category of 'physical neglect'; and
- 31% under the category of 'physical injury'.

The Child Protection Committee (CPC) was examining the reasons behind this recent steep rise in registrations. In the authority's view, the main trigger for many of these registrations had been an increase in parental substance misuse and early identification of risk through the multi-agency vulnerable pregnancy protocol. This was consistent with evidence of high substance misuse in East Ayrshire. It was the highest of the three Ayrshire councils.¹⁷ The authority thought that the large number of children in some families, whose names were all on the register, had contributed to the rise.

¹⁵ One local authority was not included in the rankings, hence the rankings were out of 31 authorities.

¹⁶ 2007-2008 Audit Scotland performance indicators.

¹⁷ Ayrshire alcohol and drug action team (ADAT) figures.

In 2008, there were 299 child protection referrals, which was equal to 13.8 per 1,000 population aged 0-15, while the figure for Scotland was 13.5 per 1,000 population aged 0-15. Of those 299 referrals, 163 had resulted in case conferences (7.5 per 1,000 population aged 0-15). This was significantly higher than the rate for Scotland (4.7 per 1,000 population aged 0-15).

There were 98 child protection de-registrations in 2008, which was equal to 4.5 per 1,000 population aged 0-15. The rate for Scotland was 3.5 per 1,000 population aged 0-15.

The authority also collected statistical information about the percentage of children who were on the register for more than one year. Recently the quarterly figures had fluctuated, rising to as high as 22% before falling to 10%.

These figures and percentages are not in themselves 'outcomes'. They did however reflect professional views and public concerns about children's safety and well being. Given the statistical evidence available, the CPC had arranged a seminar in order to examine in more detail these statistics against other information, such as substitute prescribing rates and migration into East Ayrshire, given anecdotal evidence that these may be contributing factors to the fluctuations of these figures.

In January 2008, HMle completed a joint inspection of services to protect children in East Ayrshire. Whilst inspectors found key strengths, for example in areas of public awareness and partnership working, they identified areas for improvement in the assessment of risks and needs. They also thought that services to meet children's needs could be improved.

As part of our file reading, we read a small number of children and families files where the main trigger for assessment was to prevent abuse or neglect. We found that the quality of the risk assessment/management plan was good or better in just over half these files. This finding supported the earlier HMle finding about the need to improve risk/needs assessment and care planning, both of which were crucial to achieving good outcomes for children at risk of abuse and neglect.

Looked after children

On 31 March 2008 there were 470 looked after children and young people in East Ayrshire. This was equivalent to 1.8% of the population (aged 0-18) slightly more than the national figure of 1.3%. East Ayrshire's figures had been consistently above the national average for the previous five years. The council had a higher proportion of looked after young people aged 16 and over than Scotland (19% compared to 13%).

The accommodation types were in line with the national average with 91% (430) young people in a community setting and 9% of young people (40) in residential care (the comparable Scottish figures were 89% and 11%). At the time of our inspection, six young people were in secure care, a comparatively high figure given the size of the authority. Three of these young people had been placed there by the court and funded by the Scottish Government.

Continuity of care is important for delivering good outcomes for looked after children. Of the 276 children looked after away from home on 31 March 2008, 215 (78%) had been in placement for one year or more and 67 (24%) had had three or more placements. For Scotland, the figures were 71% and 31% respectively.

Educational attainment is critical to improving children's life chances. In 2006-07, 15% of all care leavers obtained a qualification in maths and English at Scottish credit and qualifications framework (SCQF) level 3 or above (the Scottish figure was 34%). Of those who had been looked after at home, 16% had gained qualifications (Scotland 26%). Of those who had been looked after away from home 13% had gained qualifications (Scotland 45%). These figures were much lower than the Scottish average.¹⁸

As yet unpublished figures supplied by the authority showed some improvements in 2007-08, but they were based on very small numbers. Of the 20 young people who ceased to be looked after at home, we were told that five had attained maths and English at SCQF level 3 or above. Of the four who ceased to be looked after away from home, two had gained similar qualifications. Although there were some improvements, these numbers were still low.

Staff were aware that the educational attainments of looked after children needed to be improved and they pointed to the efforts they were making and to an upward trend. They said that more children had gained both general and credit grades at standard grade level and that some children who had not sat standard grades were helped to access relevant vocational courses. There were dedicated staff in every school to support children who were looked after. All looked after children had a personal educational plan. Through the corporate parenting¹⁹ action plan, the authority and partner agencies were committed to making available a choice of training, job opportunities and work experience for all young people who were leaving school.

Adoption and fostering services

On 31 March 2007, 49 young people were in permanent fostering placements and 29 were in long term placements. Twenty-seven new placements were made between 1st April 2006 and 31st March 2007. The Care Commission undertook an inspection of the council's fostering service in January 2008. It followed up eight recommendations from a previous inspection. At the time of our inspection most of these recommendations had been addressed.

¹⁸ For some authorities the figures for educational attainment were based on small numbers. They can themselves be subject to considerable variation from year to year.

¹⁹ Looked After Children and Young People: We Can and Must Do Better, 2007

In 2008, the council placed 93 children with the council's own fostering service and 36 children with externally commissioned foster care places. More work needed to be done to recruit and support local foster carers and we noted that work on a fostering campaign was underway. Discussion had taken place with the two other Ayrshire local authorities about increasing their pool of foster carers.

External foster placements were one of the main budget pressures for the council. The council had set up a sustainability board, which comprised senior managers from across the council, to examine how the council could provide services that would continue to meet people's needs and that were financially sustainable. We discuss this in Chapter six.

East Ayrshire had supported a link carers scheme since 1996. Sixty-three extended family carers were in receipt of a link carers allowance with respect to 98 children, at the time of our inspection. The council was concluding the development of its kinship care scheme, in line with government policy.

The Care Commission inspected East Ayrshire's adoption service in January 2008. It found that the service had strengths and it had followed up appropriately on one requirement and a number of recommendations set out at the previous inspection. There had been delays in permanency planning arrangements. We discuss this in Chapter 5.

Throughcare and aftercare services

In 2007-08, there were 38 care leavers in East Ayrshire. National statistics reported that 26% had a pathway plan and 100% a pathway co-ordinator. The figures for Scotland were 55% and 57% respectively. Eleven per cent of care leavers were in employment or education, compared to the Scottish figure of 42%.

In 2007-08, all care leavers were in touch with social work services, which was greater than the overall Scotland figure of 72%. We held a focus group with a number of young people who were involved with the throughcare and aftercare team. Some were on training courses but none were in employment. Some had experienced a period of homelessness.

Youth justice

In 2007-08, there were 465 children and young people referred to SCRA on offence grounds, which represented 3.51% of the population aged 8-16. While decreasing year on year since 2004, this figure was still higher than the overall Scotland figure of 2.64%. The figure had been above the Scottish average for the last four years.

Forty-eight of the young people were defined as persistent young offenders. This number was lower than in 2004-05 and 2005-06, but represented a significant increase on the baseline 2003-04 figure of 26. The percentage of local referrals attributed to qualifying persistent offenders in 2007-08 for East Ayrshire was 38.2%, while for Scotland, this figure was 32.1%.

Youth justice services were the subject of routine monitoring in respect of service outputs but not outcomes. This was just one part of a wider picture across the range of children and families services where management oversight of statistics was not sufficiently pro-active.

Community care services

In 2007-08, the average time taken to provide community care services from the first identification of need to first service provision for East Ayrshire was two days. This was significantly less than the overall Scotland figure of 23 days. This was an improvement on 2006-07, when the average time was 12 days (the Scotland figure was 22 days). East Ayrshire was one of the top performing councils in this aspect of service provision.

Older people's services

Care homes

In line with the implementation of the council's strategic direction of older people's services, the objectives of the joint future partnership to shift the balance of care from institutional to community based care and following a best value review, East Ayrshire re-provisioned residential care services.

As of March 2007, there were 21 care homes for older people in East Ayrshire provided by the private sector. There were 905 places in care homes and there were 697 older people placed at the time of the inspection. This was equal to 34.5 places per 1,000 population aged 65 and over. This was significantly less than the Scottish average of 44.1. Over the past five years, care home places had reduced by 26.3%, a much bigger reduction than the 4.9% seen in Scotland as a whole. Out of area placements were only purchased if the older person and/or their family chose such a resource.

In terms of respite for older people, East Ayrshire was ranked 15 out of 31 local authorities on the number of overnight respite hours provided per 1,000 population in 2007-08.

Day care

As of March 2007, 286 older people attended registered day care services run either by the council or by voluntary sector or private providers. This was equal to 14.2 per 1,000 population aged 65 or over and very close to the overall Scotland figure of 14.1 per 1,000. The council was ranked 10 out of 30 local authorities on daytime respite hours.

Home care

East Ayrshire provided a relatively high level of home care and people were generally satisfied with the service. As of March 2007, 1,480 older people received home care. This was equal to 73.3 per 1,000 population aged 65 or over, which was above the national figure of 67.1 per population aged 65 years or over. Of the 1,480 people who received home care, 1,315 received free personal care. This equated to 89%, which was higher than the Scottish average of 73%.

In 2007-08, for people 65 years and over, the council was ranked:

- 7th out of 32 local authorities on the total number of home care hours as a rate per 1,000 population aged 65+;
- 9th out of 32 on the number of people receiving personal care as a percentage of all clients;
- 5th out of 32 on the number of people receiving care in the evenings and weekends as a percentage of all clients; and
- 3rd out of 32 on the number of people receiving care at the weekends as a percentage of all clients.

As of March 2007, 25.3 per 1,000 of the population aged 65 or over received 10 or more hours of home care per week. This figure was well above the figure for Scotland as a whole (17.3 per 1,000).

Telecare

As of March 2008, 123 people used telecare services to support them to live at home. This exceeded local targets and had particularly helped people with complex needs and people with dementia to continue living at home, enabling them to live more independent lives.

Delayed discharge

There were no delayed discharges in East Ayrshire at the time of the inspection and there had been no delayed discharges for over a year. East Ayrshire performed strongly in this area. At a focus group, we heard from older people that there had been no delays in receiving the necessary equipment for discharge from hospital.

Joint performance and assessment framework (JPIAF)

The Scottish Government gathers information from local authorities and the NHS about how effectively they work in partnership to deliver aspects of community care. During the relevant reporting period the system for doing this was the joint performance and assessment framework (JPIAF). The system had changed in 2007-08 so that outcomes were evaluated within the national community care outcomes framework. This related to the wider SOA negotiated between central and local government.

For the last two years to which the JPIAF framework applied (2006 and 2007), East Ayrshire was assessed as making 'good progress' both in shifting the balance of care and in achieving its local improvement targets (LITS). For 2008-09, East Ayrshire Joint Future Partnership continued to use the local improvement targets, grouping them under the six interlocking themes in the new national community care outcomes framework.

Their submission (July 2008) showed that nearly all of the targets were met. Performance in respect of delayed discharges was particularly strong. This should, however, be set against the prevention of re-admissions where the local target had not been met. Another area for improvement was to ensure that more carers' needs had been fully explored through the offer, and greater uptake, of carers assessments.

Taken together these figures and service user feedback showed that the council had been successful in shifting the balance of care from residential care to care at home. Within community care, East Ayrshire had developed a range of services to support older people to remain at home, for example telecare, rapid response services, home from hospital services, intermediate care and short term assessment and rehabilitation services. These resources, along with the flexible use of a range of other community based resources, had contributed to this strong performance.

Learning disability services

Information about service outcomes for people with learning disabilities was collected according to a set of national performance indicators introduced in 2003 following publication of national policy document *'The same as you?'*²⁰ In 2007, 519 people with learning disabilities were known to social work services. The relevant statistics showed that in 2007:

- 36% had a personal life plan (Scotland 32%);
- 60% had an independent advocate (Scotland 12%);
- 4% had employment opportunities (Scotland 16%);
- 19% were in further education (Scotland 20%);
- 3% had training opportunities (Scotland 7%);
- 27% had community short breaks (Scotland 8%);
- 32% lived in their own tenancy (Scotland 33%);
- 4% were using the services of an area co-ordinator (Scotland 13%); and
- 35% were using alternative day opportunities (Scotland 27%).

Of the 148 people who attended a day centre, 65% attended five days per week. This was considerably higher than the Scottish average of 25%.

East Ayrshire had taken steps to develop employment opportunities and at the time of our inspection, there was evidence they were making progress. The authority had appointed a supported employment co-ordinator and approved funding for three job coaches and had one job coach in post for some months. Seven people were in paid open employment and over 70 referrals had been made to the supported employment service. Twenty-six people were supported in employment settings.

²⁰ *The same as you?* A review of services for people with learning disabilities. Scottish Executive 2000

We met a group of service users during our recent follow up to the multi-agency inspection of learning disability services. Seven of the ten people we met had a paid job. They spoke positively about the support they received from their advocates.

Physical disability and/or sensory impairment services

Social work services had a sensory impairment team. In 2007-08 the team received 276 referrals. They provided 178 pieces of specialist equipment for people with visual impairment or hearing loss. The team did not routinely collect information about service users' experience of the services they provided.

The joint health and social work community equipment store met its delivery timescales. Once the team received a request for equipment, they usually delivered it within one day of request, but always for high priority cases. This efficiency made a real contribution towards positive outcomes for people with physical disabilities.

Mental health services

Outcome data on mental health was limited in East Ayrshire, as in most other local authorities. Local authorities have statutory obligations to provide services that promote wellbeing and social development such as opportunities for employment and training. There was acknowledgement from both health and local authority managers that recovery focused approaches to care were under developed.

We spoke with a group of people with severe and enduring mental illness who talked warmly of the support they received from social work services including valuable assistance in sustaining their own tenancies. They valued having had the same social worker/mental health officer (MHO) over several years, which they believed had helped their recovery.

We visited Alzheimer's Scotland day and evening service for people with dementia. The service did not collect specific information about service outcomes as there were no systems yet in place to provide detailed statistical returns to the council as part of the contract monitoring process.

Substance misuse services

In partnership with the NHS and voluntary sector providers, the council provided services for people who misuse substances. The information that the local authority collected was more about mapping the service profile than about recording service outcomes. For example, there was information about the numbers of looked after children affected by parental alcohol and drug use and what agencies were involved. There were plans to introduce a database for recovery and recovery based outcomes for service users. The service provided statistical returns on a quarterly basis to the council, but provided little outcome focused data.

Personalisation of services and direct payments

The numbers of people receiving direct payments had increased from 36 in 2006 to 64 in 2008. This was equal to 5.4 per 10,000 population, which was more than the Scottish average of 5.1 per 10,000 population. The proportion of direct payments had been greater than the Scottish average for four out of the last six years. The estimated average value of each payment was £11,600, slightly above the Scottish average.

Client group	No. receiving direct payments
People with physical disability	42
Children with disabilities	16
Other /unknown	6
TOTAL	64

Social work services did not routinely record outcomes for people who received a direct payment.

Care Commission

The council had signed a Memorandum of Understanding in 2005 with the Care Commission. This allowed the Care Commission to share information relevant to protecting people and avoiding duplication in contract monitoring.

Impact on people who use services and other stakeholders

This chapter looks at three areas for evaluation:

- impact on people who use services;
- impact on staff; and
- impact on the community.

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

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

We concluded that performance in this area was good with some important strengths and some areas for improvement.

Most people who used services in East Ayrshire were positive about their experiences and the services they used. They received a good response when they were first in touch with social work services and they found services were reliable. The majority of people did not have to wait long for services. Social work services consulted service users and carried out surveys to find out their views.

Some young people voiced concerns about there having been too many changes of social worker and they had not always been involved in planning and reviewing services. However there were some good examples of creative involvement of service users.

Carers generally reported good experiences but families caring for a child with disabilities expressed some reservations about the range of services.

Views of people who use services about their experiences

Most people who used services (89%) who responded to our survey agreed that they got a good response when they were first in touch with social work services. Most respondents (82%) agreed that they received the help at the time it was most needed. These results were comparable with the other local authorities inspected to date. This comment from our survey summed up the views of several people.

‘When needed, social work became involved and dealt with my situation straight away. I now enjoy my life and I’m satisfied if I need their help I know it’s there.’

Most respondents (88%) agreed that they were treated with dignity and respect, which was comparable with other local authorities inspected so far. The majority of people (72%) agreed that they had been given a choice about the type of service they received, which was one of the highest results achieved to date.

The adults we met during our fieldwork generally supported these views. For example, a group of older people spoke positively about their home carers 'who could not do enough for them'. Adults with physical disabilities said they regarded highly the support they received from social work services staff, who delivered what they said they would deliver.

Care Commission reports for day care services for adults and older people were positive. They stated that people who used these services were satisfied. We visited two day care centres. The people we met were positive about the service. Some people had received help at times of crisis. They said that social work services provided a good response.

Likewise, a group of young people unanimously expressed their appreciation of the support they received from the throughcare team and the Who Cares? Scotland worker. We met a group of children who were in foster care locally, most of whom were still in primary school. They told us they were happy with their placements and seemed to understand why they were not able to live with their parents. Almost all had monthly contact with their social worker and they had been able to contribute to reviews about their future.

Young people in residential care gave a more varied response. They were concerned about changes of social workers and the impact that this had had on them. A group of foster carers, who felt well supported by the family placement team, were less positive about the children's social workers. They said that some staff did not always turn up for appointments and that many young people had experienced a number of changes of social worker and placements. We heard this from a number of other sources.

Views of carers about their experiences

From our survey:

- the majority of carers (61%) who responded agreed that they got a good response when they were first in contact with social work services;
- the majority of carers (64%) agreed that the person they cared for received help at the time it was needed;
- most carers (83%) agreed that the person they cared for was treated with dignity and respect; and
- the majority of carers (51%) also agreed that the person they cared for had been given a choice about the type of service they received.

At a focus group of adult carers, all present spoke highly of the good support they received from social work services. The majority had experienced few changes of social worker. This had been of immense help in building enabling and supportive relationships.

Only a few respondents (14) cared for a child with disabilities, but these parents were less positive about their experiences of social work services than other carers. Some parents spoke of having to fight for any service with a history of there being changes of social worker and of few delivering what they had first promised. This comment from a parent summed up the views of several carers:

'I feel that you are just left to get on with it, especially if you are not very assertive.'

On the other hand, we met parents who had had a completely different experience. For example:

"I have found social work services to be very helpful and informative. They do their best to provide a practical and emotional range of help, when it is most needed."

People's views on finding out about services

The majority of people who used services (65%) and the majority (52%) of carers who responded to our surveys agreed that they found it easy to get clear information about services that might help them. This level of agreement was comparable with other local authorities surveyed to date.

Some service users and carers told us about the limited information they had seen about mental health services and community support for adults with physical disabilities during the evening and at weekends. They said that some information leaflets on display were not particularly user friendly. However a service user who was registered blind told us she had received good information regarding aids and community provision and she was greatly assisted by her social worker.

We met some carers and people who used services who were not aware of information about carers assessments and direct payments. Managers and front line staff we met agreed there was a low awareness of carer assessments.

Recommendation 2

Social work services should improve its performance both in the number of carers assessments recorded and completed and in achieving the outcomes for carers which result from these assessments.

People's views on obtaining and using services

People who used services held positive views about obtaining and using services. Of those who responded to our survey:

- most (82%) people who used services agreed that they could rely on the services they received;
- the majority (73%) agreed there was a good range of services available;
- most (85%) agreed that services were of good quality; and
- the majority (74%) agreed that their social worker or care manager responded quickly to important changes in their situation.

These results were comparable to those we received in surveys of other councils.

A service user who responded to our survey wrote:

'... The social worker could not have been more polite or understanding and helpful at a time when I was really vulnerable. So I cannot thank the social work services enough.'

Several people said they had received the service quickly and appreciated the help they had received. Others did not. One person wrote:

'Service is extremely slow ... despite two phone calls to chase up the referral I have heard nothing.'

Overall, carers who responded to our survey were positive about obtaining and using services. However, in line with other inspections, they were less positive than people who used services:

- the majority (70%) agreed that social work services were reliable;
- the majority (53%) agreed that there was a good range of services available.
- the majority (70%) agreed that services were of good quality; and
- the majority (67%) agreed that the social worker or care manager responded quickly to important changes in their situation.

A carer who responded to our survey said:

'The people who came into care for my husband were absolutely wonderful. It is only due to them that I did not have a total breakdown.'

The young people receiving throughcare were appreciative of the support given but they wanted more opportunities to help them increase their independence skills and for more appropriate accommodation if made homeless. Some had experienced a period of homelessness. The work of the throughcare team was largely based on individual work. We considered there might be additional benefits for the young people if some structured group work sessions covering key areas for development, such as problem solving, was available.

Informing and involving people who use services and their carers

Of the people who responded to our survey:

- most people who used services (76%) agreed that they had been fully involved in deciding what help or services they should receive;
- the majority (69%) had seen a written assessment of their needs;
- most people (76%) had a clear plan to describe the services they were to receive; and
- the majority 70% agreed that they had a meeting at least once a year to discuss the services they received.

These results were comparable with other councils we had inspected to date.

A majority of carers (71%) who responded to our survey agreed that they had been fully involved in deciding what help or services the person they cared for should receive whilst less than half (42%) had seen a written assessment of the needs of the person they cared for. A majority of carers (58%) agreed that there was a clear plan that described the services the person they cared for would receive and that there was a meeting once a year to discuss the service.

There was evidence from our file reading that the services shared key information with people or with an appropriate representative in 95% of files read. There was also evidence that the views of the individual were taken into account at each key stage in 91% of the files read.

Almost all (93%) respondents to the Stirling University pilot service user satisfaction survey said that they felt that their care package had taken account of all the information they had provided and the majority (73%) felt they had been involved in the design of their care package.

We visited a new unit for older people with learning disabilities. They had been fully involved in the development of this facility, influencing the choice of site, decoration and furnishings and in the recruitment of staff. The people we met and family members saw the positive changes this service had meant for their quality of life.

During an observed practice session with a service user living in her own home we saw her being given a draft report by the social worker for a forthcoming review. She was encouraged to discuss and comment on it. However, we found that sometimes parents of looked after children were not sufficiently prepared for reviews and that they had not received reports in advance of the review meeting.

A group of young people spoke in less positive terms about their experiences of being involved in their reviews. Some learnt for the first time that they were being removed from their current placement. None of those young people had effectively engaged in their pathways planning process. They said the forms were too long. These forms are not prescriptive and efforts should be made by staff to ensure that all looked after children are involved in preparing their pathway plan.

Recommendation 3

Social work services should engage with children and young people more effectively in planning their care and make sure that reviews are properly conducted.

In contrast a group of young people spoke enthusiastically about their involvement in preparing a DVD. The DVD informed other young people about coming into care, and was a good example of empowering young people. The young people told us about some theatre work they had been involved in, as a key presentation to elected members about being looked after. The young people spoke proudly about their involvement in this presentation.

Good practice example

'Admission to Foster care' was produced and launched in partnership with young people who had been looked after, Who Cares? Scotland, SOLAR BEAR Theatre company and East Ayrshire social work services. Consideration was being given by the council to disseminating the DVD on a wider basis for use as a tool for promoting good practice.

Personalisation of services and direct payments

Some people we met had little knowledge about direct payments. Those people we spoke to who were in receipt of direct payments, were positive about their experience. One person described having a direct payment as 'life changing'. We discuss self-directed care in Chapter 6.

Impact on staff

Performance in this area was adequate, with strengths that just outweighed weaknesses.

Most staff spoke positively about the services they provided and they were committed to delivering a good service. On balance, we found morale was good, but the interim management arrangements and staff vacancies had adversely affected staff morale in some areas of the service. There was evidence that staff had been consulted and involved in new developments but not all teams had been fully engaged in the process of change.

Staff generally appreciated the training opportunities available, especially multi-disciplinary training and routes to qualifications. We heard many accounts of positive working relationships between social work services and other agencies.

The council had made efforts to improve communication and to celebrate success but some staff did not consider that managers valued them.

The majority of staff had a good understanding of the vision for social work but the demands on staff to deliver services had on occasion impeded full ownership of national and local standards.

Motivation and satisfaction

Staff motivation, commitment and satisfaction

We issued 500 staff questionnaires²¹ and received 206 returns, representing around 16% of social work services staff. The relatively low response rate may have been affected by a recent council staff survey and industrial action. The full range of staff groups responded to the SWIA survey.

In response to our survey, most people (82%) agreed they enjoyed their job, which was comparable to the average (88%) of other authorities inspected to date. Many of the staff we met were proud of the work they did and were committed to delivering a good service.

Thirty-five per cent of respondents considered that morale in their team had been good for the last six months. This figure was significantly lower than the four best performing local authorities in Scotland and, whilst comparable with the average (44%) of other authorities, it was at the lower range of the scale. Residential and day care staff were more positive about morale, while administration and fieldwork staff were less positive.

²¹ Questionnaires were issued to 500 staff and 206 were returned giving a response rate of 41%. East Ayrshire's response rate was below the average figure (45%) from inspections so far.

During fieldwork, the picture of morale in teams emerged more clearly. Most staff we met in community care services reported high morale in their teams. The views of children and families team members on team morale were more mixed, although the majority of managers and front line staff told us morale was improving. The reasons included better management, more regular team meetings, development days and feeling more listened to than before.

Other reasons for these positive views from staff included;

- working in new purpose built premises;
- co-location; and/or
- working within small multi-disciplinary teams, with a clear role and remit.

The main reasons for the less positive views were:

- staffing problems resulting from vacancies/acting up arrangements;
- workload pressures;
- staff sickness;
- uncertainty over the re-design of administration services;
- impact of budget pressures on the home care service; and
- lack of leadership and management support.

We explore staff vacancies in Chapter 6. We found evidence of the impact of staff shortages in general, and management vacancies in particular, during our fieldwork. There had been acting up arrangements in key management posts and at various levels within social work services. Staff initially appreciated these arrangements. However, they ultimately contributed to the overall depletion of resources and some managers and partner agencies reported that this had had a detrimental effect on staff morale and on services. For example:

“Situation feels very much like a ‘holding on’ and expectation that further change is imminent.”

The majority of staff (65%) considered their workload was manageable, with residential and home care staff more positive than managers and fieldworkers. These results were comparable with the average (70%) from other authorities inspected to date. Some managers raised the pressure of workloads. During fieldwork, we heard about the particular challenges facing team managers in children and families teams. The demands appeared to result from the increase in referrals as well as the daily requirement to provide supervision and support to some inexperienced social workers.

When offered the opportunity, staff said they welcomed involvement in the design and development of services and this was evident in the development of new service provision in both children and families and community care services. One respondent to our staff survey illustrated the benefits of teams being involved in service development:

“I have been impressed by the autonomy available to local teams and support provided by senior managers.”

During fieldwork, most staff from a range of services commented positively on the benefits of team meetings for keeping staff involved and informed about new developments. In contrast, staff from some units and offices, where there were closure plans or uncertainties about their future, expressed frustration and said they lacked information about future service developments.

The council implemented a new pay and grading scheme for local government employees with effect from 1 April 2006, taking forward the job evaluation and pay requirements of the single status agreement. Revised terms and conditions were due to be implemented during 2009.

The trade union representatives said that many of the appeals against the outcome of job evaluation were still being progressed. There was a timescale for this work to be completed. Issues relating to revised terms and conditions had yet to be addressed. This was a cause of anxiety for some staff we met.

Our survey found that most staff (76%) agreed their employer offered flexible working practices, which made their job easier to manage. One-third of staff considered their working conditions would improve within the next year, which was comparable to other authorities inspected to date. The availability of support from team members was identified by 64% of staff as being the most important factor that would improve their working conditions, followed by strong leadership (33%), improved physical environment (28%), and IT accessibility (15%).

Seventy-one per cent felt the council was fulfilling its duties under the Scottish Social Services Council (SSSC) code of practice for employers. This was comparable with other authorities inspected so far. In contrast, slightly fewer than half (48%) felt valued by managers. This was below the average (62%) for other authorities inspected to date. It was the joint lowest response to this question.

The council had developed a communication strategy and range of initiatives to value staff, recognise their achievements and improve communication. These included the intranet, team briefings, focus groups and listening lunches. The views reflected in our survey and expressed by some staff indicated that there continued to be barriers to communicating with some staff. The initiatives outlined above had not redressed these difficulties.

Recommendation 4

The Department of Educational & Social Services should continue to develop ways in which communication with staff could be developed further.

Staff perception about career and professional development

The majority (68%) of staff in our survey considered that they had had adequate training to fulfil their responsibilities. This result was comparable with the other authorities in Scotland, where the average was 73%. Most staff said that they were aware of EAGER²² and considered it was an effective tool to identify and record their training needs.

Staff we met were generally positive about the training opportunities offered to them and about how this supported their career and professional development. Training opportunities included internal training courses, routes to qualification through accredited Scottish Vocational Qualifications (SVQ), Higher National Certificates and the Open University, and access to a range of external courses relevant to their professional development.

Almost all staff who responded to our survey were aware of their responsibilities to register with the SSSC and residential, day care and home care staff appreciated the opportunities that were available to them to train and gain qualifications required for registration.

Staff perception about working with other agencies

Most respondents (83%) agreed that their working relationships with health were good. The majority (73%) considered that they had a good working relationship with education and (65%) agreed they had a good working relationship with housing. These results were comparable with our findings in other local authorities. During fieldwork, we heard many accounts of positive working relationships between social work services and different agencies. For example:

- youth strategy staff were enthusiastic about joining education and social work in a single service;
- staff from the residential child care units valued the work of the teacher who was responsible for working with young people who were looked after and accommodated to help to improve their educational performance;
- the substance misuse nurse, who was based in early years services, was funded by social work services; and
- the community care teams and G.P. practice boundaries were aligned, which had improved working relationships.

²² East Ayrshire General Employee Review

Good practice example

We observed a meeting at a GP surgery where the care needs of people who required multi-disciplinary services were discussed. GPs, district nurses, the carers centre representative, an occupational therapist, social work management and home care manager attended the meeting. The meeting looked widely at the care needs of the individual as well as their carer's needs and the possible role of wider mainstream community supports. This process was replicated in other GP practices.

Staff views on teamwork

Our staff survey showed that staff were confident that their teams delivered effective services. Almost all (95%) of the respondents perceived their team to be successful in helping people lead as independent a life as possible. Similarly:

- almost all (97%) agreed that their team did everything possible to keep people safe;
- almost all (93%) agreed that they helped people live in their community;
- almost all (91%) agreed their team helped people be less isolated; and
- most (77%) agreed their team was successful in helping people develop their skills and abilities to the full.

These results were comparable with other authorities to date, but East Ayrshire's figures were the second highest figure in Scotland on helping people lead independent lives and being less isolated.

The majority (64%) of staff agreed that their team had a plan, which gave them a clear direction about carrying out their day-to-day job. Day care workers were the most positive and fieldworkers the least positive. East Ayrshire's result was comparable with the average (70%) of other authorities, though at the lower end of the range.

From our survey, the majority of staff (56%) considered that the quality of social work services offered by their team had improved in the last year. The overall perception of team effectiveness was reflected in fairly positive views about how the team was managed. For instance:

- most staff (86%) who responded to our survey agreed they had regular team meetings;
- the majority (64%) considered that the team meetings were normally purposeful and effective;
- most respondents (87%) considered their team responded effectively to a crisis; and
- the majority (70%) considered management responded effectively to a crisis.

Most respondents (86%) said they had clear guidance to follow when dealing with risk to and from people who used services. This response was the second highest response from all authorities inspected to date. This positive response was echoed during fieldwork.

However, in common with most other authorities, less than half of respondents (37%) agreed there was sufficient staff capacity to undertake preventive work. Less than half (38%) perceived that the level of administrative support to front line workers was adequate, and this was the lowest response to this question from all the authorities inspected to date.

Staff ownership of vision, policy and strategy

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

A majority (56%) of respondents to our staff survey agreed there was a clear vision for social work in East Ayrshire. This was higher than the average (48%) response for other local authorities inspected to date. We met staff from a range of services who had a good understanding of the vision for their service and what social work was doing for people who used services and their carers. We also met a few staff who were unaware of or unable to articulate the vision for their service.

We learnt through our surveys and in focus groups, that some staff and managers were unclear about the role of the partnership area managers. Given the pressures on front line services, they had questioned the benefits of these posts. We considered that the role and function of these posts needed clarification.

Staff awareness of local and national standards and frameworks

From our survey, almost all (90%) of respondents agreed that they were aware of the standards that their team was expected to follow. When we asked about this, most staff were aware of the local and national standards and frameworks within which they were working.

The drive and confidence of some community care staff in their contribution to shifting the balance of care was clear. They could identify their contribution to reducing delayed discharges and maintaining people to live at home. MHOs were familiar with the national standards for MHO services.

Integrated assessment plans for children and young people were less developed and were only being used for child protection work, although full roll out of this framework was planned. Staff looked forward to the plans being more widely implemented. However, although staff were aware of national standards, there were areas in children and families services where national targets/standards for improving practice were not seen as a priority by staff. For example, improving the number of care leavers who had a pathway plan and response times on initial enquiries to the children's reporter. We learnt that plans were being developed to address these issues, but they had not been actioned.

Impact on the community

We considered performance in this area to be very good, exhibiting major strengths.

We found a strong corporate commitment to community planning and engagement with all key partners, including community organisations. Infrastructure had been reviewed and re-designed to further strengthen community engagement and consultation processes.

We found that there was a good public understanding and interest in social work services and social work related matters. We also found that elected members had a clear understanding of social work and were actively engaged in promoting social work services and highlighting both achievements and challenges. Partners and stakeholders were mainly positive about social work services.

In response to the issues of deprivation and poverty within East Ayrshire, we found that emphasis was placed on income maximisation and key staff were trained and given ongoing information to support this work.

Community perception, understanding and involvement

Recognition of the needs of different communities

Community planning was well established in East Ayrshire. In accordance with the principle of 'one council, one plan', the council had adopted the community plan as its corporate plan. The community planning partners took the decision to develop a community planning partnership SOA.

To advance community engagement further, in 2008 the council set up four new local community planning forums. They covered specific geographical areas, aligned to the council's nine wards. These forums linked to the children and young people's and equality forums. Equalities networks covering disability, older people, gender and black and minority ethnic communities supported the equality forum. Each of the forums fed into the community planning partnership board. There were two federations of community groups that were full members of the community planning partnership board.

The work of the council and its planning partners was underpinned by the national standards for community engagement. The council had a number of action plans and supporting policy papers, in relation to community engagement, equality and public involvement. The community planning partners used an integrated impact assessment tool. This enabled them to undertake a range of impact assessments on an integrated basis to meet statutory and other requirements, such as health or equality impact assessments.

There was a strong commitment in the council to consultation and to community planning, with considerable energy and effort devoted to this. Consultation papers on the development of strategies and services were clear and produced in various formats. Good attention was paid to equality and diversity issues, as well as to the wider economic issues caused by the demise of traditional local industry. Opportunities were encouraged for participation and inclusion for a range of vulnerable people and people from minority communities, for example, through the equalities forum. A range of communication supports, including a sign language interpreter, was available at meetings, which were well attended. The disability network had over 40 individual members and 12 organisations that participated in meetings to improve opportunities for people with disabilities. One outcome was the shopmobility project in Kilmarnock.

Public understanding of the range of social work services available

We found examples of consultation with a range of service users groups and the wider East Ayrshire community. A residents panel had been established with an impressively large and diverse membership of almost 1,000 people. Residents' surveys were undertaken every three years and these were used to identify satisfaction and perceived importance of a range of social work services, including child protection, home care and addiction support. The most recent survey indicated that the majority (57%) of people were very or fairly satisfied with care for people with disabilities and the majority (54%) indicated that they were very or fairly satisfied with services to older people.

A large scale survey of people's views who were using home care services was well underway and a survey of looked after and accommodated young people had been undertaken. In addition an annual older people's conference, that we attended, had focussed on community safety, fuel poverty and keeping healthy.

We attended an Asian women's group for around 40 women and children. The women said that they had not needed social work services but were interested to know about them. The group had held a number of information evenings and had invited social work and teaching staff. Unfortunately social work staff were unable to attend. We thought this was a missed opportunity for social work services to explain its services to the group.

Public recognition of the value of social work services

We found that there was generally a good public understanding and interest in social work services and social work related matters. We heard from staff working in joint teams that integrated working had assisted in de-stigmatising social work intervention and in improving public appreciation of what social work services could offer. There was public interest in social work services demonstrated through regularly held and well attended events that both informed and sought views from the public. We learned that a specially commissioned residents survey on child protection had provided feedback. This had led to the development of child protection leaflets that were made widely available along with child protection committee posters.

Elected members' role in promoting social work services

The council had a cabinet and a corporate governance and scrutiny committee, within which two elected members were the nominated portfolio holders for the theme of community wellbeing. Social work services were located in the theme of community wellbeing within the council structure. These two elected members were described as the social work champions. Elected members we met were actively engaged in promoting social work services and highlighting both achievements and challenges.

At the various community planning events we attended, there was good representation and contribution by elected members. We met a group of cross party elected members. Each councillor provided examples of promoting social work services. For example, supporting service developments in the community, such as the new children's residential unit, Sunnyside. We heard that multi-member wards were working well. Information was widely available on how to access councillors through regularly held surgeries.

Impact on other stakeholders

Stakeholders' awareness of the range of social work services available

NHS colleagues, staff from other council departments, voluntary and private sector organisations we met showed a good understanding of the responsibilities, policy and practice of social work services. The strong corporate approach and community planning focus contributed to this level of understanding. Local NHS managers said they recognised that community planning and a joint approach was the only way to tackle some of East Ayrshire's underlying and critical health inequality issues, such as mortality rates and alcohol related hospital admissions. We heard that the community planning partners had made a 'pledge' to prioritise alcohol and drugs issues between 2008-10 and we found robust public debate was ongoing in this regard, including at a community planning forum that we attended.

Those partners and stakeholders who responded to our survey were positive overall and valued social work services. We found that social work services staff actively participated in community planning and other partnership arrangements, and working together with a range of partners and stakeholders. We were told by some partners that at times there were some capacity issues to enable attendance at all events. This participation had led to a greater awareness of social work services and its relationship to other services. Advocacy providers, carers groups, as well as voluntary and private sector organisations were regularly involved in providing feedback to social work services.

Stakeholders' recognition of the value of social work services

Of those partners and stakeholders who responded to our survey, most thought that social work services promoted equality and diversity in the workplace and the community. A majority also agreed that social work services were actively involved in initiatives to reduce dependence on services and to promote social inclusion.

A variety of partners and stakeholders told us that the co-location of social work services alongside a range of other services at, for example, the North West Kilmarnock Area centre, had led to a deepened understanding of social work's contribution. We found that in multi-disciplinary teams there was a sound understanding of statutory and wider social work duties.

Community capacity

Involvement of the community in social work activities

There was a strong and evident corporate emphasis placed on community involvement and social work services aimed to ensure this was achieved through its service planning, development and delivery. As part of its work on the eliminating poverty community planning priority, we found that a key focus was income maximisation. Staff were trained and given ongoing information to support this endeavour. Provider agencies such as citizen's advice and credit unions were funded to assist in this work. A Department of Work and Pensions officer was based with the hospital social work team to give benefits advice and assistance for more complex cases.

East Ayrshire had significant levels of deprivation and poverty that had created a challenging environment for progressing the eliminating poverty agenda. Nonetheless, we saw a high level of commitment and willingness to engage with this work across a range of staff.

Good practice example

A joint team was launched in December 2006 as a partnership with the East Ayrshire Supporting People Team and the Department of Work and Pensions to identify local residents who were over 60 who may have been entitled to extra benefits/income. In 2007-08, 966 claims were made resulting in 673 successful awards. This generated £1,358,662.76 extra income for older people in East Ayrshire.

We found that a number of social work services had been enhanced by an active volunteer contribution. For example, a volunteer befriender service, which had 50 volunteers, worked alongside the community youth support team. Staff told us that the group work programme could not have continued without these volunteers. Young people were positive about the support they received from volunteers. A volunteer co-ordinator recruited, trained and supervised the volunteers. The council had a volunteer strategy to guide this project and similar work.

Good practice example

Auchinleck Miners Memorial Walk

Eighteen young people who were being supported by Action for Children Chances Project had worked with the local community in Auchinleck to create a community garden with a memorial walk to commemorate local miners. It had been the young people who had chosen to dedicate the summer project to mine workers who had died working in Ayrshire pits over the past two centuries. The local community had supported the project and local elected members were also involved. The memorial walk, which won a Young Scot award, took 18 weeks to complete and was funded by social work services.

The promotion of community health and wellbeing was a high priority and social work services had appointed a community health and wellbeing co-ordinator to spearhead work on health improvement. This included work on Keep Well 2010, proactive initiatives with people at risk of hospital admission, and council wide support for a pioneering scheme to promote and support breastfeeding. We heard from a range of staff and partner agencies about the jointly funded Community Health Improvement Partnership Van, known as the CHIP Van. This was a mobile healthy living centre targeting local communities across East Ayrshire. It provided regular opportunities for local people to access information and supports on a variety of health issues.

Strategies for promoting or expanding community involvement

Social work services had representation across four of six community planning priorities and had the lead responsibility for the eliminating poverty action plan. In addition, social work services provided support to a range of community groups across all service user and carer groups and black and minority ethnic groups. Voluntary sector partners we met praised local area co-ordinators for promoting community involvement for people with learning disabilities. This included involving elected members in awareness raising sessions during learning disability week.

Foster carers told us that they had recently formed a carers committee. They were seeking to develop a more collective approach to their regular discussions with social work services and elected members on issues of common concern, such as payments to fully meet children's needs and how foster carers were resourced.

A number of voluntary organisations were supported by the council and a corporate easy to follow guide to grants was available. A number of council officers, including staff in social work services, provided assistance in obtaining and completing a grant form. Grants were intended to provide or maintain a range of activities including welfare, cultural or social facilities. For example, the council supported a local Chinese community association with more than 200 members. The Kuloc centre offered English classes and an interpreter service.

CHAPTER 5

Delivery of key processes

Performance of the service in this area was adequate with strengths just outweighing weaknesses.

People who used services could access information about services, which was available in a number of ways. The quality of this information was mainly good although some leaflets were not easy to read. The council website was comprehensive.

People could access out-of-hours and duty services although improvements were needed in the out-of-hours service. There were good systems in place to prioritise and allocate work in community care but less so in children and families services. Initial response teams were being created to respond to the increase in new referrals. All children whose names were on the child protection register and all looked after children had an allocated social worker.

Standards of assessment and care management varied. Risk assessment practice was improving but was not consistently good. We found the quality of assessments and permanency planning in adoption and fostering work also needed to be improved. A high proportion of reports were not sent to the children's reporter on time. Managers were developing plans to improve practice.

Social work services were committed to involving people who used services and giving attention to equality issues. There was good evidence of multi-disciplinary and partnership working.

Access to services

Comprehensive information

The majority of service users and carers who responded to our survey agreed that they found it easy to get clear information about the range of social work services that might help them. Of the staff who responded, the majority perceived that it was easy to get relevant information about what help was available. Our stakeholder survey revealed that while information on services was well regarded, a small number of partners thought it was not always available in the right places for some groups, including those from minority ethnic communities. Language line services were available in each of the frontline offices to assist people for whom English was an additional language.

The council used its award winning website to provide a range of information about its services and contact details. This site had a comprehensive 'A-Z' of services. The social care and health section had produced further information about the services provided by the department, including up to date information on social work services eligibility criteria and charging policy. This site was easy to use, with useful and appropriate information.

A good range of information leaflets about social work services was available. The child protection leaflets were simple, colourful and easy to access. As were the leaflets for direct payments, young carers and the parenting handbook. Some community care leaflets were not sufficiently user friendly.

Many of the information leaflets we saw were not very accessible for people for whom English was an additional language. For those people requiring information in another language or in large print, the leaflets offered the opportunity for them to be translated. This was in small print at the back of the leaflet that was only written in English. Social work services should review their information leaflets to make sure they are all easy to read and understand.

Referral and out-of-hours systems

First contact could be initiated in a number of ways, for example self referral, on-line and telephone. Duty/referral systems operated in the social work offices during office hours for personal and telephone callers. The two main front line services; community care partnership teams, and children and families assessment and prevention teams, provided the first point of contact for people.

Following a review of the community care duty system, access to community care services was via three duty teams operating in the three partnership areas. Each team was staffed by an occupational therapist or social worker and support assistant. Overall staff thought the new system worked well and partner agencies we spoke to were satisfied with the service. We observed a duty session and it was responsive to the requests it received.

In addition, the community learning disability and mental health teams, CAST and sensory impairment team provided a secondary duty system predominately for people already known to these teams. There were separate referral systems for the different professional groups involved in the multi-disciplinary teams. We considered that a single referral point for the specialist teams would be more effective.

In April 2008, there were a significant number of outstanding initial referrals to children and families duty services. They had been screened and were waiting for more information or a manager's decision. A minority of these referrals dated back as far as early 2007. A short-term team had successfully worked through the backlog during the summer.

The children and families duty service was then reviewed. An initial response team was created in the north of the authority and an additional team manager post established to deal specifically with the demands of the increased referral rates. This team was at an early stage of developing systems and services.

Chapter 5: Delivery of key processes

Similar developments were planned in the south of the authority and a staff development day was about to take place to look at this. We were concerned that with the high rate of child protection referrals, a backlog of initial referrals could build up again and children and families could be left waiting for long periods before getting a service. We make a recommendation about this later in the chapter.

Health staff said the MHO service was easy to access and responsive and that MHOs provided a good quality response. MHOs told us that they were usually able to respond within an hour of referral.

From those who responded to our surveys, most people who used services and the majority of carers agreed that social work services responded well during the day.

Out-of-hours systems

The majority of respondents who used social work services agreed that services responded well during the evenings and weekends but only some carers who responded agreed with this statement.

The home care service offered a flexible approach to out-of-hours services to all client groups including children and families, people with learning disabilities and people with mental health problems. We spent an evening with the out-of-hours home care team. They responded to emergencies and provided planned evening and overnight care to support people to stay in their own homes.

During this visit, we saw evidence of strong effective partnership working with the telecare/community alarm service based in the council's risk management centre, local out-of-hours community nursing service and NHS 24. We concluded that the social work services had effective local systems for responding to planned and emergency situations.

The West of Scotland out-of-hours service provided social work services. We heard that the out-of-hours G.P. service found it hard to get through to this service. This had improved since council staff had received a direct dial number. Foster carers still had problems contacting the service and they tended to contact the police rather than the standby service. East Ayrshire and the two other Ayrshire authorities were reviewing this service and considering the option of providing the service themselves across the three authorities.

Access to offices and units

The main social work public offices, day care and residential units and one-stop shops complied with the Disability Discrimination Act (DDA). Most were well decorated and welcoming. We met attentive staff on reception.

A few of the offices we visited were in unsuitable buildings. One meeting we attended was held in a building that presented barriers to some disabled people. The council had a capital building programme to improve social work services public offices.

Day to day planning and resource allocation

Effective day to day planning and use of resources

Both community care and children and families services faced challenges in meeting the increased demand for social work services. There were eligibility criteria for both children and families and community care services. Staff said these were easy to use and had helped them prioritise their work.

Prioritisation and allocation systems

Community care

At the time of our inspection, the locality community care teams had no waiting list for assessments. The mental health and learning disability teams had 25 outstanding assessments. They had been screened as low priority. There were no delays in transferring cases from the community care teams to these specialist adult teams. Due to staff vacancies in the sensory impairment team, 65 people were waiting for a specialist assessment. The longest wait for this service was 12 weeks, which was in line with the council's agreed priority timescales.

In 2008, the occupational service received 4,356 referrals, an average of 363 referrals per month. Due to the level of demand, the highest demand of all community care services, this service had a waiting list for low priority referrals, mainly for bathing assessments. The service was developing a self assessment process. A review of the equipment and adaption services was also underway. We make a recommendation about workload management later in this chapter.

To facilitate hospital discharge, nursing staff in Crosshouse hospital could access an agreed level of home care hours. Home care staff and managers told us that in an emergency they were able to assess people within 24 hours or a week if it was not a crisis situation, in line with agreed timescales and eligibility criteria.

A resource allocation group met weekly to authorise placements in care homes for older people. We observed this meeting and saw positive involvement from health, finance, administrative staff and legal services. There had been no waiting list for access to care homes for several years, although some people had to move to a temporary placement until their care home of choice became available. There was a similar resource allocation group for adult care services.

Children and families

The duty teams screened all referrals and made initial enquiries and visits. Where work required allocation for more detailed assessment and intervention, the case was passed to the relevant team. There were no children waiting for an assessment at the time of our inspection.

We observed the early intervention and pre-referral group for children and families. It had been meeting as a pilot group for the previous six months. The police chaired this group and social work, education, housing, health and legal services attended each week. The aim of the group was:

- to share information about new referrals that had been made to each agency regarding any concerns about children or their families;
- to decide the best way forward for each of these families; and
- to decide which agency would take the lead for any work identified.

Everyone we spoke to from each agency represented was positive about the effectiveness of this group, as were some who were not directly involved, such as the children's reporter. We heard that it had led to:

- the identification of some children at very significant risk;
- the identification of some children in need who may have previously gone unnoticed;
- better initial assessment information for decisions to be based on, especially for social work; and
- a wider range of staff and agencies taking on lead roles with families.

All agencies said that the group had added to their workloads. However, they were all clear that the benefits outweighed these considerations. The work of the group, which had the potential for improving outcomes for children and families, was being evaluated by the partner agencies. Steps had been taken to address the purpose and justification for sharing information, because of the sensitivity of some of the information brought to the group.

We observed the work of the prioritisation group for children placed in residential care, in voluntary or private resources or within one of East Ayrshire's children's residential units. This group had two main purposes:

- to ensure that the most appropriate placement was made to meet the needs of that young person; and
- to monitor the budget for these placements.

The group seemed to work reasonably well on a joint social work/educational basis. Educational psychologists and social workers discussed option appraisals with respect to outwith authority placements, including secure accommodation.

Workload management systems

The majority of staff who responded to our survey agreed that their workload was manageable within normal working hours. Managers used supervision and team meetings to allocate work. Managers had access to the day-to-day work management messaging facility on SWIFT,²³ which provided them with a range of information, including referrals, allocated work and reviews.

The duty systems ensured that emergencies were allocated immediately. Most of the stakeholders who responded to our survey agreed that social work services met their responsibilities to keep vulnerable adults and children safe, and that the service responded quickly to risky situations. The HMIE report found that the immediate response to concerns was adequate. The council and partners had taken steps to improve their response times and information sharing where there were concerns for children at risk.

MHOs were based in children and families, criminal justice and community care teams. All MHO work was allocated following discussion with the MHO and team manager. MHOs said they juggled their work and relied on their team members and managers to cover their cases when there was MHO work.

Community care services

Managers and staff told us they were able to offer a service even to those who were assessed as low priority. Priorities were given to referrals in line with agreed eligibility criteria.

The home care service provided flexible responsive care packages. Recent developments included a mobile response service. This provided a more effective response to unforeseen demands, such as when two workers were needed, for a hospital discharge or because of staff sickness. Although this service was relatively new, staff and people who used services and their carers said that it was offering a greater consistency of staff.

Children and family services

Data provided to the CPC comparing local and national statistics, suggested that there had been a significant increase in demand for child protection work as referred to in Chapter 3. Social workers and team leaders told us that they were very busy and that the numbers of new referrals were increasing. This was becoming harder to manage. Senior managers, independent review officers and the children's reporter acknowledged the pressure that team leaders and front line staff were under.

Team managers confirmed that they had regular access to management information on the performance of their teams. However, they acknowledged they were unable to use this information to effectively monitor performance of their teams as they were so busy prioritising workloads along with meeting their teams' need for supervision and support.

²³ Social care data base.

Managers and social workers said that all those children whose names were on the child protection register and all looked after children had an allocated social worker. Those children already subject to social work involvement, but whose allocated worker had left, were held as pending cases awaiting reallocation. There were 237 children in this position. Staff monitored high priority work by visits and contact with partner agencies. We were concerned that some high priority work was being handled in this way and that large numbers of young people were being held as ‘pending’ cases. We learnt that a recruitment process was underway to employ staff to address the unallocated cases.

Recommendation 5

Social work services must introduce a more systematic workload management process and make sure that all teams have the capacity to prioritise and manage the demands for their service. Information on workloads should be subject to robust management monitoring.

In 2007-08, only 21% of East Ayrshire’s reports to the children’s reporter were submitted within the target timescale. This was significantly below the Scottish average of 39%. The reporter told us that despite all her efforts and those of her staff, they had been unable to improve the performance on returning reports on time apart from the youth justice staff, who completed virtually all their reports on time.

We spoke to staff and managers about this. Staff did not appear overly concerned about the lateness of these reports due to other workload pressures. We concluded that there was not sufficient robustness in the monitoring of this important area of work. Managers told us that the authority had plans to improve their response to time intervals. For example:

- the children’s reporter was prepared to accept minutes of the multi-agency pre-referral group to meet the requirements of an initial assessment report;
- a team manager was given functional responsibility for reports to the hearing; and
- a social worker from the initial response team would have a specific remit of completing reports to the hearing.

Recommendation 6

Social work services needs to increase the number of reports that are submitted to the children’s reporter within expected timescales, with targets and a clear plan, subject to regular monitoring and review, to address this issue.

Assessment and care management

There were written guidance and procedures to cover case recording, assessment and case management, which were generally of good quality.

Assessment of need

Almost all case files (91%) we read contained an assessment and the quality of the most recent assessment was 'good' or 'very good' in the majority (64%) of the 97 applicable cases. The quality of assessment was 'adequate' in 26% of the applicable files and 8% were judged to be 'weak'. Assessments in community care files were generally of a higher standard than in children and families files.

There were more up to date assessments in children and families files than in community care. We saw evidence of appropriate chronologies in 63% of the files. This result was the highest achieved to date.

Care management and care plans

The majority of respondents to the stakeholder's questionnaire (55%) agreed people who used services had good written care plans that were up to date.

Most files (87%) contained a care plan completed within the last 12 months. In three quarters of case files that contained a care plan, this plan addressed the needs and risks identified either mostly or completely. This was comparable to other local authorities inspected to date. The care plans in adult files were more likely to address needs and risks than the care plans in children and families files.

Most care plans (82%) were reviewed at regular intervals and this reflected the level of identified need and /or risk. Almost all files (94%) had a record of all decision making or review meetings. This was the highest result to date and demonstrated a commitment to performance improvement.

Community care services

Single shared assessments (SSA) were well established in older people's and learning disability services. This was evidenced in our file reading and observed practice. Health staff we met saw the benefits from this approach. Community mental health staff told us that social workers usually took the lead role for SSA in their teams, although community psychiatric nurses fulfilled the role of care manager where this was deemed appropriate.

Community care staff saw the benefit of the development of the moving and handling service, which delivered in-house training across the department. The team had developed a consistent approach to moving and handling and ensured a continuity of support and the provision of equipment that established safe systems of work.

We observed a mental health team meeting where the multi-disciplinary team reviewed care plans. They were using the care programme approach²⁴ for people with severe and enduring mental illness. People with mental health problems told us these review meetings were helpful, as everyone involved in providing their care package attended and contributed to the meetings.

The community care reviewing team were responsible for the review of care plans for people living in care homes and for people living in the community where their care package was stable. Staff from residential, day care services, and voluntary organisations providing community care services told us that assessment, care planning and review processes were carried out well. However, independent providers of residential and nursing care home facilities said their experience of reviews was mixed.

Children and families services

The number of child protection referrals relating to unborn children had risen from 19 in 2005-06, 20 in 2006-07 to 42 in 2007-08.²⁵ Social work services identified two workers to carry out pre-birth risk assessments. The children's reporter said there had been a significant improvement in pre-birth assessments. The substance misuse workers in the teams undertook a specific assessment where there had been concerns about parental substance misuse.

Frontline staff and managers were undertaking risk assessment and management training. We saw some evidence through our observed practice of the positive impact that this had had on decision making for children. Staff who had attended the training thought that it had been worthwhile and helpful. Managers told us that this would be repeated every year and that staff would be expected to attend.

Whilst we saw good examples of assessments and care planning arrangements, we learnt from various sources, including our surveys, observed practice and interviews that the quality of assessments varied across the service. In some cases, there was little evidence of how the information was gathered or processed and linked to the child's care plans. There was a lack of analysis and attention to identified risks in a few reports, with few supporting arguments for the recommendations made.

²⁴ Care Programme Approach provides a framework for effective mental health care for people with severe and enduring mental illness, dementia and learning disabilities. It ensures close working between health and social work services and involving users and carers in the assessment and care planning processes.

²⁵ Report to East Ayrshire Child Protection Committee, November 2008.

We found evidence from our file reading, focus groups and observed practice that there had been drift in making permanent placement arrangements for some children. In one example of planning for a child, the care plan stated that permanency planning was agreed in 2005. We had concerns not only that the adoption process had not gone through, but, also that no assessment of the extended family was on the file.

To achieve security for children, additional permanency panels had been arranged. In 2008, 54 children had been transferred to permanent care arrangements through parental responsibilities orders or formal adoption, compared with 19 in 2007. The family placement team had undertaken some assessments of children. This had led to some assessments of potential foster carers being significantly delayed. Managers told us that a consultant had been appointed to help the service look at these difficulties. In addition, the family placement team manager post had been made full-time rather than part-time. Despite attempts to progress permanent arrangements for children and young people, we concluded from our observations of a permanency panel and evidence from file reading that assessments were sometimes not good enough and that planning for children needed to be improved.

Recommendation 7

Social work services needs, as a priority, to improve the time taken to make decisions for children being considered for permanency, and to meet their needs.

There was a great deal of activity in children and families services. For example, social workers visited young people on supervision every week. These visits were mainly checking and monitoring, rather than work focussed on specified goals and outcomes. We were concerned about whether the work undertaken was sufficiently purposeful.

We found in the small sample of files we read, our observed practice and interviews, examples that care plans were not always followed through. For instance, following the child protection inspection, an audit of all child protection files took place with actions identified. We read files where the actions had not been completed. We were told this was due to workload pressure. We concluded that the ability to prioritise work required to be improved.

Recommendation 8

Social work services should prioritise improving the quality and consistency of assessments and care plans for children and families. Improvement and scrutiny processes should be closely linked.

Independent reviewers chaired child protection case conferences and reviews for looked after children. All child protection case conferences were fully minuted. Due to workload pressures on administration staff, only the decisions of reviews for looked after children were recorded. There was no record on file showing how the decisions had been reached. Regulations and guidance from the Scottish Government²⁶ highlight the need to record the facts and judgements that inform these decisions.

Recommendation 9

Social work services must ensure that more detailed review records for looked after children are completed.

The CAST team carried out transition planning arrangements for children with disabilities. The team arranged the care packages for young people moving on to adult services. We heard from health and education staff that this worked well. This was a good model of care planning as it provided continuity of care for the young person and their family during the transition period.

Carer assessments

The majority (65%) of carers who responded to our survey felt that they got the help to meet all or some of their needs. We were informed by staff and managers that carers were offered a carers assessment at the time of SSA. We met with a few carers who had been offered a carer assessment. They said that they had benefited from going through the process. Overall, they valued the help and advice they received from the Princess Royal Carers Trust carers centre.

Good practice example

A Simply Health Caring Gold Award had been given to some work undertaken between the carers centre and a GP surgery in Kilmarnock. By providing 10 hours a week staff time to the practice, the carers centre had identified 1000 previously hidden carers. They were all put in contact with the carers centre.

The carers centre staff told us that social work services were completing more assessments of adult carers, but they did not think that many young carers had completed carers assessments. None of the young carers we spoke to had had a carers assessment. Senior managers acknowledged that there were low numbers of completed carers assessments. They were trying to address this through a pilot exercise with the carers centre and Carers Scotland.

²⁶ The Children (Scotland) Act 1995 Regulations and Guidance: Volume 2 Children Looked After by Local Authorities. Regulation 10.

Risk management and accountability

Inter-agency safeguarding procedures for individuals

A good risk assessment and risk management tool was included within the adult protection guidelines, but not all staff were aware of it. Vulnerable adult procedures had been updated in July 2008. It was recognised that a more detailed revision of the procedures was required to take into account the adult support and protection legislation. This had been tasked to the adult protection committee.

The three Ayrshire local authorities had attempted to recruit a single independent chair for the three adult protection committees, but they had not been successful. At the time of our inspection, the first meeting of the adult protection committee had yet to take place. We were shown the multi-agency training materials and the programme for adult protection, which were comprehensive and useful. Training was underway.

The West of Scotland consortium was revising the child protection procedures. New web based procedures had yet to be agreed across a number of local authorities in the West of Scotland.

Care Commission reports from adult and children's services identified that training was available to staff on both child and adult protection.

Good practice example

The child protection committee had taken a strong lead in ensuring all staff across other council departments and partner agencies, including technicians and manual workers, were trained at a basic level on child and adult protection awareness.

The early intervention and pre-referral group was part of the initial assessment process where staff could raise any concerns about children who were not allocated to a social worker. This meeting took the opportunity to ensure that the lone working procedures were applied, when issues concerning the potential safety of staff were identified in the discussion.

Good practice example

A council solicitor was seconded to social work services in order to support developments in practice, policy and procedures. The main aim of this secondment was to provide information and assistance to social work services with respect to legislative changes and the provision of legal advice to staff on a case by case basis. Specific pieces of work included adult protection and child protection. Staff told us how helpful it was having the solicitor based in social work headquarters.

Effective management of risk

Protection issues were evident in 53% of all the files read. There was an up to date risk assessment and risk management plan in the majority (64% and 60% respectively) of them. In the files where there was a concern regarding abuse, neglect or exploitation almost all (93%) were dealt with according to procedures.

There had been one significant case review related to a child protection case in 2006, which identified a number of key issues including the lack of assessment, including risk assessment and procedures not being properly followed. A further significant case review was being concluded at the time of our inspection. This was likely to identify the need for improved assessment processes. The child protection joint inspection identified the recognition and assessment of risk as an area of weakness for the local authority.

Social work services had worked hard in addressing the shortcomings highlighted in the HMle report. As well as setting up training for staff, the assessment process was reviewed. Children and families services had an “assessment toolkit” that contained several formats for assessments. This was complemented by materials and resources from the risk assessment and risk management training, integrated assessment framework (IAF) pilot and associated training materials and the well-being indicators from the Scottish Government’s GIRFEC²⁷ implementation scheme.

Substance misuse workers had been co-located into the early years and children and families teams. Staff told us that they were feeling more confident about working with children at risk where parental substance misuse was a major concern. However, some of the more recent assessments that we read and our observed practice suggested that there still needed to be a tighter link between what was being assessed and what work then needed to be done. This was confirmed in one of our meetings with a key partner agency.

Child protection

The child protection performance and audit committee acknowledged that there was a range of risk management tools in operation and they agreed that they should focus on implementing a multi-agency risk assessment framework.

We observed five sessions where there were concerns about the safety and well-being of children and young people, including multi-agency meetings. In three of these, a more detailed up-to-date risk assessment should have been undertaken. We were satisfied no children were at immediate risk.

²⁷ Getting it right for every child is a national programme that is changing the way adults think and act to help all children and young people grow and develop and reach their potential.

Adult protection

The staff supervision policy stated that all adult protection cases must be standing items for supervision sessions. This was evidenced in the adult protection files. Risk assessment processes were applied effectively in two observed practices.

We observed the legal solutions forum. Legal advice was given when welfare guardianship was considered as an option to protect people who lacked the capacity to make decisions for themselves. The discussion helped formulate the risk management plan. The Mental Welfare Commission, who scrutinised all welfare guardianship applications, found the MHO reports to be of a good standard.

Partnership with people who use services and their carers

Involvement of people in developing their care packages

Most people we met were involved in developing their care packages. We found:

- almost all (91%) of the files read had evidence that the views of individuals had been taken into account at each key stage;
- most (76%) respondents to our service user survey had been fully involved in deciding what help or services they should receive; and
- the majority (71%) of respondents to our carer survey had been fully involved in deciding what help or services the person they cared for should receive.

Staff and foster carers said that young people were encouraged to have a voice and a say at their reviews. We observed some good work to engage parents and grandparents in processes to protect and care for their children and grandchildren.

Advocacy

A range of advocacy was available in East Ayrshire, including advocacy for people with mental health problems, looked after children, people with learning disabilities and older people. Our observed practice provided evidence of effective and creative working from advocacy services, with efforts being made to engage with people who used services.

A member of staff worked solely with parents attending child protection and looked after and accommodated children (LAAC) reviews. Voluntary sector providers of adult services told us that the advocacy service was a key strength locally.

The young people we spoke to who were receiving throughcare and aftercare services were full of praise for the support that they had received from Who Cares? Scotland They were well aware of what the service could offer.

Inclusion, equality and fairness in service delivery

Ethos and practice of inclusion

The council had an established ethos of equality and diversity. There were three equality schemes and action plans that covered its duties on disability, race and gender. We observed a cabinet meeting, which considered the action points that had been agreed for 2005-08 from the council's race equality scheme. Approval was given at the meeting for the 2008-11 scheme. This included work in schools in relation to language and diversity.

Social work services had an active role in the council wide equality arrangements. During fieldwork, we met with social work services staff whose role was to tackle social exclusion and promote equality. These included:

- the manager for the health & wellbeing co-ordinator;
- the mental health co-ordinator;
- the team leader, financial inclusions; and
- local area co-ordinators.

Less than half of respondents to our stakeholder survey agreed that social work services worked hard to engage with hard to reach groups, although most agreed social work services promoted equality and diversity in their work. Staff spoke positively about the council's interpreting service as being easily accessible and able to meet demand. We also met staff who had undertaken British sign language training.

Overcoming obstacles and barriers

The family centres proactively sought and worked hard to include fathers in their mainstream activities. By building positive relationships with the whole family they had been successful in drawing fathers into their mainstream activities, such as drop-ins or cooking groups. The family centres had also run fathers' groups.

Elected members demonstrated a strong commitment to developing employment opportunities for people with learning disabilities. At the governance and scrutiny committee we observed, they discussed progress on MERGE.

Good practice example

MERGE was the first social firm in Ayrshire set up by people with learning disabilities, with support from social work services. MERGE aimed to deliver disability awareness training, to tackle discrimination and promote social inclusion and disability equality. MERGE had developed a DVD-based induction training course on learning disability awareness. The firm had provided training to staff in local GP practices. Health staff were now looking at ways to improve their service.

From the children and families files, it was evident that the welfare rights officer undertook a significant amount of children and families work. Children and families staff routinely ensured that all relatives caring for children had access to welfare rights advice at an early stage. It was clear to us from reports and files that benefits were routinely being maximised.

Multi-disciplinary working

Effective multi-disciplinary working

The self-evaluation questionnaire (SEQ) asserted the quality of multi-disciplinary working both within the council and across external agencies. We found evidence of strong formal and informal relationships and processes between different agencies. For example, joint protocols, decision making groups and day-to-day working with service users.

We commented in Chapter 4 that the majority of staff agreed that they had good working relationships with health, education and housing. In most (83%) of the files read there was evidence of multi-agency working, with clearly stated roles and responsibilities. This was comparable to other authorities inspected to date.

We found a range of examples of effective multi-disciplinary and multi-agency working. For example in community care services:

The rapid response team, home care service, community alarm service and the home from hospital team worked closely with a range of different agencies. They all played a significant role in reducing delayed discharge and preventing hospital admissions. There was evidence of good multi-disciplinary working, for example, the assessment for simple equipment, without the need for a referral to occupational therapy.

Many staff groups told us that the co-location of services had been positive and had helped improve communication and understanding of different roles.

The community mental health team included a range of professionals: community psychiatric nursing, medical staff, consultant psychiatrist and social work. At the meeting we observed, all team members demonstrated a wide interest and knowledge of the service user's social circumstances and issues affecting their mental health, such as drugs and alcohol misuse.

Within children and families some of the positive approaches we observed, included:

The co-location of substance misuse workers within children and families teams, which had led to an improved focus on helping children to deal with the impact of parental substance misuse.

Residential child care staff were positive about the support they received from the LAAC education worker who regularly visited the units, the child and adolescent mental health service (CAMHS) and the LAAC health team. They also reported improved relationships with housing to support young people who were moving on.

Voluntary sector providers of residential child care services working with East Ayrshire told us that East Ayrshire was an authority whose staff were committed to working in partnership with their organisations. Social workers shared information routinely, visited children and young people on a regular basis, attended reviews and contributed to planning.

Two parenting initiatives used the Solihull approach²⁸ to good parenting. This had facilitated a common understanding between partner agencies on what was good parenting and helped improve practice across multi-agency service providers.

Social work services and partner agencies had been slow in developing the IAF for children's services. Managers told us the roll out of IAF had started and appeared to be committed to leading these improvements.

²⁸ An integrated model for working, open learning resource pack and training programme for care professionals working with children and families with emotional behavioural difficulties.

Management

This chapter looks at three areas for evaluation:

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

Policy and service development, planning and performance management

Performance in this area was good, with important strengths and some areas for improvement.

Social work services had a range of strategies, policies and procedures in place but there were some gaps. Policies were generally clear and well written. Arrangements for the review of policies and procedures required to be further developed.

An overarching social work service plan for 2008-09 had not been produced. Social work services was engaged with corporate colleagues in the development of a corporate service planning structure that could be used across all council departments. New arrangements were due to be put in place to cover the period 2009-10.

Social work services had good partnership arrangements with a range of agencies and partners and there was a strong commitment to joint planning. There were good examples of involving stakeholders, people who used services and carers in planning services. We found good joint working arrangements in place across a number of services and care groups.

Our findings suggested that social work services provided a relatively wide range of services, but there were some areas for improvement. Systems for performance management and quality assurance were, overall, effective.

Policy review and development

Comprehensive policy frameworks for all services

The cabinet took key strategic decisions and implemented the policy framework. The governance and scrutiny committee had oversight of the council's corporate governance arrangements, guided by a local code of corporate governance. This committee also monitored levels and standards of services.

East Ayrshire Council had developed a comprehensive range of strategies with partner agencies. These included:

- the strategic direction of older people's services in East Ayrshire 2006-11;
- the East Ayrshire joint health improvement plan;
- a supported accommodation strategy for older people;
- the dementia additional needs protocol;
- the joint mental health strategy 2007-11;
- the health & wellbeing partnership in practice (PIP) agreement 2007-10;
- the East Ayrshire children and young people's service plan; and
- the East Ayrshire child protection business plan.

We thought that some of the social work services strategies could be improved. Some were well written, for example the departmental communication strategy. Others were not always SMART²⁹ or translated into action plans, for example the social work services commissioning strategy 2008-11.

We were given a wide range of policies and procedures and operational guidelines to read during the inspection that related to community care and children and families services. For example:

- on assessment and care management;
- on single shared assessment;
- on risk assessment;
- on medication procedures;
- on older people's resource allocation procedures;
- on working with looked after children;
- the missing persons protocol;
- on significant occurrence procedures; and
- the policies and procedures for working with substance misusing parents.

²⁹ specific, measureable, achievable, realistic and timebound.

Overall we found that these policies and procedures were clear and easy to follow, although some required more detail, for example, the procedural guidance for link carer placements and adoption and permanency panel placements. We discuss the child protection and adult protection procedures in Chapter 5. Staff we met were aware of the policies and procedures that assisted them to do their work. However, many of the policies and procedures were not dated. We did not find policies on permanency planning, link carers or an updated youth justice strategy.

Within social work services, we were unclear how these policies were monitored and reviewed. We found no evidence of a policy and procedures group or other project management system for tracking this area of work. We heard during our fieldwork that main grade staff did not appear to be routinely involved in policy formation and we thought that was a missed opportunity.

Recommendation 10

Social work services should develop systems to audit, review and update their policies, procedures and guidance documents for staff.

There were work plans for community care and children and families services that linked to the priorities for social work services; protection, partnership and performance, service reviews and to key strategies. We read the social work services standards and quality review report of performance in 2007 and the draft standards and quality report for 2008, a social work improvement plan and a draft sample plan for community care services for 2009-10. The latter document contained future objectives and targets but these were not SMART.

An overarching social work service plan for 2008-09 had not been produced. Social work services was engaged with corporate colleagues in the development of a corporate service planning structure that could be used across all council departments, and linked to each head of service's area of responsibility. Together with corporate colleagues, social work services were preparing a social work service plan for 2009-10. Managers told us that slippage had occurred due to changes in the corporate service planning process. New arrangements were due to be in place by March 2009 to cover the period 2009-10.

Operational and partnership planning

Links between strategic and operational plans

In line with the council's approach of 'one council, one plan' outlined in Chapter 4, the community plan was the strategic planning document. All other plans and planning activity were linked to this, including social work services operational and partnership planning.

Corporately and within social work services, the EFQM (European Foundation for Quality Management) model was used for service performance review and forward planning. An annual social work EFQM action plan was produced and used for service development and improvement.

Operational plans for every team and unit

Despite the lack of an overarching social work service plan, there were team plans and unit plans. These linked to the children and families service plan and to the work plan for community care services. Team plans were in turn linked to staff personal development plans. The results from our staff survey showed that the majority of respondents (68%) agreed that East Ayrshire Council had a clear set of social work priorities and the majority (63%) agreed that their team performed well against local service targets.

We visited Balmoral Road resource centre for people with learning disabilities. We saw their unit plan, which included clear plans for involving service users in all aspects of operational planning and service delivery.

Commitment to joint planning

The council had a high level of commitment towards joint planning with the NHS and a range of other key partners. NHS senior managers told us that East Ayrshire Council was a proactive and effective partner. The former JPIAF process had provided a useful framework for planning community care services on a joint basis, led by the East Ayrshire Joint Future Partnership.

Children and families services had a detailed action plan, which accompanied the integrated children's services plan. The multi-agency children and young persons steering group had developed this plan. The plan was well connected to the community plan and there was a good level of strategic and operational joint working.

The GIRFEC agenda was being implemented but progress was reported to us as having been slow. Learning partnerships had been established to facilitate service planning across clusters of local schools. Each learning partnership had a linked social work team manager and social work assistant who worked as part of a core support team. We met with the children's reporter, who was involved in joint planning for children's services and was a member of various planning groups. She told us she regularly met with key staff from social work services. She was impressed by the focus on corporate parenting led by the chief executive and applauded the wider local authority contribution beyond social work services, especially through housing and leisure services.

Involvement of stakeholders in planning and service development

Involvement of people who use services in planning and developing services

Most stakeholders and partners who responded to our survey agreed that social work services had effective planning structures and processes. The majority agreed that there was good evidence of service improvements being achieved on the basis of joint plans.

Partner agencies were reviewing the carers strategy at the time of our inspection. Over 100 carers and partner agencies attended a development day and ongoing engagement was well underway. The manager from the carers centre was positive about joint work with the social work services.

Learning partnerships were used to engage directly with parents, children and young people through consultations and action planning on local service development. Research was undertaken with parents to ascertain their views and experience of services provided by a range of agencies, to assist in the development of an East Ayrshire parents support strategy.

People with learning disabilities were supported to participate in the planning and development of services, mainly through local area co-ordinators and VIP partners. In 2006 'Keeping Included' (KIN), a group of family carers, established a learning disability partnership and participated in the development of the PIP. The partnership became known as VIP partners. The council commissioned Heartfelt Limited to provide training for people with learning disabilities to support participation in planning and service development.

Some people with mental health problems and people with learning disabilities and carers had been involved in a recent re-tendering exercise for community based services.

At the time of our fieldwork, NHS Ayrshire & Arran had just completed a large scale consultation on reshaping mental health in-patient services as part of its overall modernisation and re-design of mental health services. A range of stakeholders and carers were involved in this process, including service users. However, none of the people we met with mental health problems had been involved in service planning.

We saw evidence of effective joint work in the community mental health teams. The joint teams covered the spectrum of mental health issues. They linked to GP practices as well as to in-patient psychiatric care. NHS senior managers told us these teams were to be re-designed into teams for people with severe and enduring mental illness and teams for primary care mental health. This planned division of responsibility was part of a national trend to ensure appropriate focus on both mental illness and mental well-being services.

We met a wide range of representatives from the voluntary and private sector. Most reported a good level of involvement in planning service developments. However, private sector care home providers told us they were not sufficiently involved in service re-design.

Despite their involvement in planning, voluntary sector agencies identified a need for social work services to improve processes for formal regular feedback and communication. The providers' forum had been suspended while the re-tendering exercise was underway, in line with procurement legislation. We considered that there was a need to re-establish formal communication links with the voluntary and private sector, so that they were routinely consulted about service planning and development. Managers told us that that group would be re-established in the near future.

Advocacy agencies assisted service users to participate in the planning and development of services. Who Cares? Scotland had supported young people to participate in the inspection process and helped them to make presentations on corporate parenting.

Developing integrated services

Shared planning of joint or integrated services

A cornerstone of joint service provision in East Ayrshire was the development of area based public services located within single, multi purpose buildings. We visited the North West Kilmarnock Area centre and saw a good range of services on offer, which as well as health and social work services, included more general provision such as housing services, a children's nursery and a community centre.

A joint mental health team was based in the centre and the multi-disciplinary staff thought that this had helped to de-stigmatise mental health service provision and assisted service users to access a wide range of other relevant services. For example, both service users and staff praised the co-located specialist dentist surgery. This had resulted in improved access to treatment.

A joint community learning disability team was co-located in the North West Kilmarnock Area centre. We heard from staff and carers that the team provided good multi-disciplinary working. Staff thought that in addition to co-location, the team was developing a strong shared culture of providing quality services that helped people lead independent lives.

NHS senior managers were re-designing substance misuse services to create locality based teams. Partner agencies would be invited to consider how joint working and integration could be achieved within the planned teams.

We have already discussed the effective joint working arrangements and joint teams in older people's services. Service users and carers we met highly praised the service.

A variety of practitioners and managers told us that there was effective joint working in place between children and families and housing services. Housing services were reported as taking a flexible and supportive approach to the needs of vulnerable young people, although there was not always the desired range of accommodation options for children leaving care.

Good practice example

The youth strategy service based in Kilmarnock offered a service to secondary school pupils who were in difficulty at school, due mainly through non-attendance and potential exclusions. A fully integrated team comprising social work and teaching staff, reporting to a single manager, provided the service. Students were seen in a variety of locations and were also supported at school. The main aim was to continue the young person's education until problems had been eased or resolved. All referrals came from head teachers or senior managers. Staff provided evidence of reducing the number of school exclusions for looked after children by 5%.

Range and quality of services

Our findings suggested that social work services in East Ayrshire provided a relatively wide range of services in community care, some of which were provided in partnership with other agencies. We found some service areas where we thought there was room for improvement in how services met need, for example, local services for looked after children. The council's corporate parenting plan highlighted the need to develop these services.

Service users in East Ayrshire were generally positive about the social work services they received. Carers were more mixed in their views. Of the stakeholders who responded to our survey, the majority agreed that social work services provided a good range of services. The majority of staff felt that there was a fair geographic coverage of services.

Services for children and families

There was a range of services available to children and families provided or commissioned by the council. Young people had helped to design the two new purpose built children's residential units, and elected members had given a commitment to replace the third unit. These units provided 20 places for children and young people. We commented earlier that foster carers appreciated the work of the family placement team. We heard from voluntary sector and others that youth justice staff showed a commitment to keeping young people out of the adult court system. This was partly as a result of positive partnership working between criminal justice and youth justice service. Criminal justice funded a post within youth justice services.

We saw and heard about a number of positive services during fieldwork:

- family centres for pre-school children, which provided activity and support services mainly to children in need;
- the council's volunteer befriender service, which was popular with young people;
- the six-bedded respite unit commissioned from Action for Children for children with disabilities;
- good inter-agency practice in child protection with the police and other partner agencies;
- the contribution of specialist substance misuse workers and home care staff in children and families teams; and
- the young carers project.

However, we also found areas for improvement:

- there were not enough local foster carers;
- the need for improved access to child and adolescent mental health services;
- the need for better access to age appropriate addiction services; and
- a shortfall in suitable accommodation for care leavers that needed to be addressed by the council, through its corporate parenting action plan.

Community care services

Overall, we found that there was a good range of community care services in East Ayrshire. Care Commission inspection reports highlighted high quality adult and older people's day care.

Older people's services

We have already discussed how the rapid response service, home from hospital team, out-of-hours home care service, telecare and community alarms service, helped to prevent hospital admissions and facilitated discharge from hospital. East Ayrshire was awarded further additional telecare development programme funding for 2008-09, on the basis that it was "progressing well".

We stated earlier that the council withdrew from being a direct provider of residential care in 2006-07. The majority of residential care was now purchased on a spot purchase basis, apart from 28 beds on a block basis. Six nursing care respite places had been block purchased from three local care homes. Ten additional needs places for older people with specific needs in relation to dementia/mental health were also commissioned.

Ross Court, a joint health and social care assessment and rehabilitation unit, provided an alternative to hospital admission. This team recently won the chief executive's award for innovative services, at the annual employee excellence award ceremony.

Good practice example

Ross Court provided a 10-bedded short-term assessment and rehabilitation service for older people. The service took a multi-disciplinary approach to care. Occupational therapists, district nurses, local GP's and social care staff worked together to prevent hospital admissions and determine future care needs. Staff consulted service users and/or their relatives about their care on a daily basis. Care staff, the resident occupational therapist and the link community nurse reviewed and up-dated care plans on a daily basis. There was also a resource centre on site, which provided a day care service, home care services, sheltered housing complex and community lunch club.

Apetito provided meals to 379 service users. Day care was provided for older people in 12 locations across East Ayrshire, covering rural areas too. When we visited Alzheimer Scotland's support service for people with dementia, we considered that it was a valuable service and well run.

Good practice example

Alzheimer Scotland's day and evening support service for people with dementia was located in one of the council's one-stop shops. Sixty people used the service. There was good access for service users with evening and weekend support available. The staff appeared well motivated. There was a monthly support group for family carers. Feedback to staff was that the service was invaluable to carers.

We heard of many examples of joint initiatives to improve health. We read the draft NHS Ayrshire & Arran living and dying well delivery plan for end of life care. District nurses had provided palliative care training for residential care staff.

Adult services

The adult services unit focused on supporting people to live independently in the community.

Physical disability and sensory impairment services

There were no day care services in East Ayrshire for people with physical disabilities and sensory impairment. A contract was in place with two organisations to provide community based services on a spot purchase basis aimed at supporting community living.

Learning disability services

The council commissioned a 10 bedded residential respite unit and a holiday caravan for short breaks. In 2007, 27% of people with learning disabilities had community short breaks, which was considerably higher than the Scottish figure of 8%. Adult residential services were provided on a mixed economy basis. There were 20 places in two council run facilities. Following a best value review, one of the facilities had been replaced with a new-build facility for 10 people. The other was planned to close. Person centred planning was underway to enable ten people to move on to their own tenancies. A further 14 places were purchased from the private sector. Just before our inspection, a tender was completed and a contract for 8,900 hours community based support to 136 people with learning disabilities had been awarded to five providers.

Mental health services

According to national statistics, no one with mental health problems attended day services in East Ayrshire in 2007. However, we visited a centre, run by the voluntary sector, funded by social work services that provided a range of day activities for 120 people with mental health problems. A tender had recently been completed and a contract for 825 hours of community based support to 51 service users had been awarded to the Richmond Fellowship.

Substance misuse services

Services from Turning Point, Addaction Scotland and Ayrshire Council on Alcohol had been commissioned on a joint basis through the Alcohol and Drug Action Team. Turning Point had a large caseload of 528 drug users and worked closely with children and families staff. We heard from addictions and other health staff that treatment services were under considerable pressure. Methadone prescribing in East Ayrshire was available for existing users, new service users who were pregnant mothers and people already on methadone, who had come from other council areas. For those prescribed methadone, the aim of reducing dependency was addressed with each individual and there was no pre-determined length of time on methadone. Addaction was jointly commissioned to provide a recovery service to move people on from methadone.

Acquired brain injury

Headway Ayrshire provided specialist support for people with acquired brain injury. Access to specialist services were available in the local rehabilitation centre and the head injury services in North Ayrshire. Additionally, service users were referred to national resources where appropriate.

We found some areas for improvement in community care service provision:

- access to evening and weekend leisure and social support opportunities for people with people with physical disabilities and people with mental health problems;
- a need for additional access to services for people with dementia, including access to advocacy; and
- additional alcohol and drug services were required.

Personalised services and direct payments

Staff from the independent living team worked closely with the Ayrshire Independent Living Network to promote a greater use of direct payments. The team provided awareness raising sessions to voluntary groups, carers and staff. The total value of direct payments in 2008 was £752,000. As of September 2008, there were 81 users of the Independent Living fund (ILF) in East Ayrshire. The number of users was equal to 6.5 per 10,000 population, which was less than the Scottish figure of 7.4 per 10,000 population.

We learnt that the CAST team was actively promoting the option of self directed support with the parents of children with disabilities. We found evidence that community care staff had received training about direct payments, but we considered that social work services could do more to develop personalised services.

Quality assurance and continuous improvement

Performance monitoring framework

There was a good awareness of the importance of performance management. Social work services had a client information system SWIFT. This provided a source of data that was extracted by 'business objects', an integrated query and reporting tool. Together, these systems represented the existing performance management system, from which regular and specific performance reports were prepared.

Monthly performance management reports were produced for the social work management team. It was not always clear how first line managers used this information and then translated it into improvements in services. For the future, the council had purchased a new electronic system, CorVu to deliver high level performance management information. We discuss the use of management information later in this chapter.

Quality assurance and standard setting

Best Value review processes had been used for several years in social work services to evaluate and plan changes to services. An extensive programme of service reviews had been undertaken in recent years. For example:

- review of learning disability services;
- review of looked after children services; and
- review of sheltered housing.

It was taking a considerable time for some of these reviews to produce tangible improvements, such as the reviews of fostering and adoption and sensory impairment services.

We found a strong commitment within social work services to the EFQM framework, which was used for assessing the quality of service delivery. It enabled teams to judge how well they were performing on a self-evaluated basis.

Good practice example

In the advance information provided by the council, we saw a good example of an EFQM assessment action plan for criminal justice social work services. It listed strengths, evidence, areas for improvement and actions against the nine EFQM criteria. Evidence and the owners of action were specific. Timescales and review commitments were clear. Most actions had been achieved by time of review.

As indicated in Chapter 3, social work services had made efforts to seek the views of service users about the quality of services. During our fieldwork, we saw several examples where some service managers had used surveys to establish service users' views about their experience of services, for example, in a day centre, a hospital and care at home services.

Good practice example

East Ayrshire's joint hospital discharge and out-of hours service provided a care at home and housing support service. The aim was to prevent hospital admissions and facilitate discharge from hospital. Managers regularly visited service users to ensure the service was of a satisfactory standard and to get feedback. Service users and carers had expressed a high level of satisfaction with this service.

At the time of our inspection, the post of mental health co-ordinator had been vacant for some time and had only just been filled. As a result, ground had been lost in relation to monitoring national standards for local authority mental health officer services. There was a workplan for the mental health co-ordinator, but there was no overarching action plan to monitor the national standards for the mental health officer service provided by the local authority, in partnership with health.

Recommendation 11

Social work services should ensure that an action plan is developed to monitor and review the National Standards for the Mental Health Officer service, with agreed timescales for implementation.

Complaints were a further source of information about service quality. In 2007-08 there were 29 formal complaints. Over the course of the year, the percentage that was considered by the council to be justified, varied between 23% and 37.5%. The range of service users who had their complaint resolved satisfactorily with the first formal response varied between 27% and 75%. We were given no data about how many complaints were resolved informally, because this information was not recorded. We heard from managers that there was a need to develop the complaints system further into a customer care approach, in line with the council's customer first policy. We would concur with this view.

Best practice and continuous improvement

Staff generally had a strong commitment to doing their best for service users. We found examples of this in our observations of social work practice. Services knew each other well, helped by training together, often on a multi-disciplinary basis. They shared knowledge and experience. Staff were open to learning from external agencies. A few staff had visited another local authority to look at their risk management framework. Benchmarking was undertaken regularly with comparator local authorities.

We observed the multi-agency child protection practitioners sub group. We learnt that they held an annual conference to improve practice. The disability forum planned a national conference to share good practice to improve outcomes for people with physical disabilities.

Management and support of staff

We found the management and support of staff within the council was adequate, with strengths just outweighing weaknesses.

Social work services had experienced staff recruitment and retention difficulties for a number of years. Steps had been taken to address these issues, but some challenges remained. The council had started to develop a workforce strategy but it required further work.

There were some good examples of new service developments, which brought staff together to develop effective joint working. There were other teams under considerable pressure to deliver front line services with senior staff stretched to support them. The majority of staff who responded to our survey agreed that their team had a plan that gave them clear direction when going about their work.

The council's staff development programme, EAGER, combined with the social work services supervision process, provided an effective tool for identifying training needs for staff. Social work services provided a good range of training opportunities. However, community care and children and families services did not have a training plan.

We found a significant number of frontline and middle managers were offering effective leadership to their teams, but a more systematic approach to training was needed, including access to leadership and development training for senior, middle and first line managers.

Recruitment and retention

Workforce plan or strategy

We read the council strategy for workforce planning and the social work services workforce planning document, 2008-11. These outlined responsibilities for workforce development at a corporate and service level and a framework for workforce planning. Some reporting data was incomplete. The head of human resources confirmed that workforce planning was in progress and was due to be piloted in April 2009. While some aspects were outstanding, some of the key elements were in place:

- a personnel officer was based in social work services;
- performance information on sickness absence, equalities and diversity; and
- a training strategy for 2008-11.

We read a committee report, June 2007, on social work recruitment and retention that highlighted difficulties social work services had experienced over a number of years recruiting and sustaining adequate levels of staffing within front line teams. Since 2002, the council had taken a number of steps to address recruitment and staff retention issues. These included:

- the introduction of market premiums;
- a 'sponsorship in training' scheme;
- enhanced levels of remuneration for key staff;
- a re-evaluation of posts;
- no job freeze for social work posts; and
- feedback from exit interviews.

These measures had increased the number of whole time equivalent social work services staff from 722 in 2002 to 1,056 in 2007 and reduced the number of vacancies for qualified social workers from 7% in April 2007 to 3.2% in April 2008. The overall vacancy rate in social work services in 2007 was 11.6%, compared to an average of 8.5% vacancies in other local authorities across Scotland. Less than half (45%) of staff who responded to our survey agreed that East Ayrshire was able to recruit sufficient staff.

We found that there remained some significant recruitment challenges in East Ayrshire, in particular, in management positions and for domiciliary support staff, where vacancies continued to exist at a much higher rate than that for other local authorities in Scotland. Social work services had filled three of the six PAM posts. Three senior manager posts were being covered on an interim basis with acting up arrangements.

Due to the senior management vacancies, managers had taken on additional duties until the two heads of service took up post. Youth services were under review. At the time of our inspection, the service manager post for this service was vacant and covered by another service manager, as was the service manager post for older people and health. Managers were under pressure to cover vacancies and still deliver essential front line services. In view of the fragility of staffing in some areas of the service, the strategic workforce plan for social work services required to be completed to ensure current and anticipated future service needs were met.

We found a significant number of frontline and middle managers were offering effective leadership to their teams, but due to workload pressures, acting up arrangements and management vacancies, there had been limited opportunities for further development of this staff group. Acting up arrangements provided opportunities for staff to extend their experience and responsibilities. In the light of the success of the previous initiative to 'grow their own social workers', we considered the social work services would benefit from a similar programme to assist the career development of managers, which in turn might attract interest in some of the vacant management posts.

Opportunities for leadership development and management training had been provided for some managers, utilising both the managing health and social care and postgraduate courses in social services leadership, but there was a low uptake in some areas of the service.

Recommendation 12

Systematic leadership development, with appropriate focus on social work services, should be available and undertaken by all senior, middle and first line managers within social work services. This work should link to the social work services workforce plan and EAGER.

Sound recruitment practices

Social work services recruited staff in line with the council's recruitment and selection policy. They had worked with corporate human resources to ensure the Scottish Government's safer recruitment toolkit³⁰ was used. Disclosure checks were made before they appointed staff. Where appropriate, they made sure candidates were registered with the SSSC.

There was corporate training on recruitment and selection for new managers. We read the recruitment and selection policy. We were informed of the value of young people being involved in the recruitment of residential childcare staff, in one of the residential units. As a matter of practice, people who used services were involved in the recruitment of staff. For example, in residential children's units, day services and social work teams.

Supporting and retaining staff

All new appointees were involved in a corporate induction programme. New staff said they appreciated the involvement of senior managers in induction. We heard from some newly qualified staff that they were offered protected caseloads within the first months of employment.

The council had an annual employee excellence award ceremony and recognised long service publicly. We met staff from teams who had won awards. They also had enhanced allowances for staff who undertook additional responsibilities, such as an MHO allowance. We noted that the MHO service had a good record in retaining staff.

Most staff (76%) who responded to our survey agreed that the council's working practices made their job easier to manage. This result was above the average (65%) for other local authorities inspected to date. The council had introduced fair and flexible work practices to support their employees. The union representatives we met considered the council was a fair and reasonable employer. Some staff told us that they often had to work in their own time to complete tasks. We considered that the number of staff, team leaders for children and families and community care had to supervise, posed a challenge.

³⁰ Better recruitment through safer recruitment, Scottish Government 2007

Employee absence was closely monitored through a corporate absence management policy. This improved access to occupational health and counselling services and supported employees' early return to work. The strategy was welcomed and supported by staff. In 2008, the council target for all staff absence was 4%. There was evidence of a gradual reduction in the percentage of working days lost in social work services, from 6.8% in 2007 to 6.6% in the first quarter of 2008.

During the course of our inspection, some staff and partner agencies raised concern about the turnover of staff in some social work teams, particularly children and families, and in senior management posts. Senior managers recognised that this had been a difficult year for staff. The full impact of restructuring had still to be realised.

Staff deployment and teamwork

Clarity about roles

Almost all of the respondents to our staff survey (96%) were aware of their responsibilities as set out in the code of practice for social service workers. The majority (71%) of staff thought that the council was fulfilling its responsibilities under the code of practice for employers of social service workers. Both these figures were comparable with our findings in other local authorities.

The majority of staff who responded to our survey agreed that their team had a plan that gave them a clear direction when going about their work. We were informed that all staff had job descriptions and that these were used in the recruitment, induction and appraisal of staff. Most staff we met had a job description and they were clear about their roles and responsibilities.

Appropriate staff mix in teams and units

Across a range of services, first line managers said that there was a good mixture of knowledge, skills and experience within the groups of staff they managed. This included fieldwork, day care, residential child care, home care and specialist teams.

We have already referred to the effective deployment of substance misuse workers based in children and families teams, the physiotherapist in the manual handling team and the co-location of social work and health teams. These initiatives created a mix of professional knowledge and skills, which appeared to be effective in addressing the needs of service users.

In community care fieldwork teams, the staff mix included occupational therapists, social workers, home care staff and social work assistants. Home care managers took on an assessor and service provider role. Consideration was underway to move home care managers into service provision.

Staff, managers and the union representatives we met highlighted the lack of administrative support to teams. This issue was also raised in our survey. During our inspection, a review of administration services was underway.

Teamwork

Social work services were delivered through teams and focussed on particular service user groups. As mentioned previously, almost all staff considered their team worked well in delivering key outcomes for service users. The majority of staff also considered that the quality of social work service offered by their team had improved in the last year.

We found several examples where teams were established to develop new ways of working, for example, the home from hospital team and Ross Court staff. Despite the inevitable tensions experienced by staff coming together in new teams, team members recognised the benefits of a shared approach and we saw some innovative and effective service improvements.

We were given evidence of teams having away days. Overall, staff we met said that development days were useful and had helped team morale. Some teams were not based in the same offices, for example CAST and the teams based in the south of the council. Managers had to work hard to ensure staff cohesion. There were plans to address office accommodation through the capital building plan.

Development of staff

Training and staff development strategy

There was a dedicated training team within social work responsible to the performance and development manager. A three year training strategy had been developed for 2008-11. There was an appropriate balance in provision provided in house and links to key external providers such as the Scottish Institute for Residential Child Care and the University of the West of Scotland.

As a result of long term plans to improve the qualifications and training of residential staff, East Ayrshire Council had succeeded in improving the qualifications of staff in residential services. There had been a programme of investment in SVQs, which had resulted in the council having almost two thirds of its residential childcare workers qualified in line with SSSC registration standards. Similarly, dedicated SVQ assessors within the home care service had supported most of these staff to gain qualifications in preparation for SSSC registration.

We found that good levels of training were offered to staff and staff spoke generally positively of the training they had experienced. Staff appreciated the training provided by the moving and handling team. We observed the multi-disciplinary contributions to the personal carers training course, where participants indicated they appreciated the relevance and value of these contributions to their work. Staff were encouraged to undertake post qualifying training, such as MHO training, practice teaching, postgraduate certificate in childcare and protection and joint investigative interview training with the police.

Children and families services and community care services did not have a training plan. In the absence of service training plans, the training reference group that met quarterly was used to identify training gaps. Through this group, staff influenced the training programme. There were examples of specific training commissioned in response to specific staff need, for example, permanence training for children and families staff. We considered that social work services should make sure that training service plans were produced, so that key priorities were identified on a more systematic basis.

Recommendation 13

Social work services should ensure that each service area has a training plan that is based on a training needs analysis and links to the training strategy and workforce plan.

There had been a strong commitment in East Ayrshire to multi-disciplinary training in key areas such as child protection, child sexual abuse, IAF, SSA and adult protection. Staff appreciated opportunities for multi-disciplinary training. There had also been efforts to ensure that out-of-hour's staff, other council departments and partner agencies had access to training on similar issues, which was commendable.

Personal development and supervision

EAGER was the council employee review and development process that linked service and employee objectives to staff personal development plans. Individual staff training needs were identified through EAGER. Training needs, identified through the EAGER process, were sent to training section. They contributed to the annual training calendar.

Most members of staff we met had completed EAGER and had received an annual personal development review. Less than half of respondents (43%) to our staff survey agreed that the annual appraisal system helped them to do their job. Residential care respondents were the most positive of the staff group. Managers and fieldwork respondents were the least positive.

The supervision policy was a good document. It had a clear statement of supervision functions and templates for recording supervision and of reviewing performance. The SWIA file reading template was used for quality assurance purposes. There was evidence of regular first line manager scrutiny in 82% of the files we read. East Ayrshire's result was the highest to date, compared to all other local authorities inspected so far.

Most staff said they had regular access to supervision and were satisfied about the quality and recording of it. This was reinforced by the findings from our staff survey, where the majority (65%) agreed that they received an adequate level of supervision.

A small number of staff groups indicated that where formal supervision had become less frequent, due to work pressures or management vacancies/acting up arrangements, managers operated an open door policy and were accessible. A training course, 'getting the most out of your supervision', was provided for staff.

Resources and capacity building

We found performance was good with important strengths and some areas for improvement.

Service planning improvements were still being progressed and their links to the financial plans further developed and refined. Budgetary control was generally well managed, although sustaining levels of services within available resources posed serious challenges. The council had identified this issue and was actively seeking ways to resolve it.

The council had made progress towards delivering a comprehensive approach to asset management but further work was required to achieve suitable robust arrangements.

The council and social work services were developing their risk management processes and embedding risk review procedures. The arrangements for health and safety were well advanced. There was a range of management information systems and evidence of a proactive approach to solving IT difficulties. Access and data sharing could have been better. Good use was made of performance data.

There was a strong commitment to partnership working. However, a comprehensive evaluation was not possible because the new community health partnership (CHP) arrangements had not been fully implemented. The financial/ budget monitoring aspects of joint working had not been progressed, and required to be developed.

The decision to strengthen the contract and commissioning services was justified, but a number of challenges remained.

Financial management

Financial planning

The budgeted spend for social work services as a whole was considerably lower than grant aided expenditure (GAE) in 2005-06 and 2006-07, but in 2007-08, the variance was reversed, with the budgeted spend slightly above GAE.³¹

³¹ GAE is a statistical tool used to distribute total grant amongst councils. Although budgets can be broadly compared to GAE data, there is no obligation on councils to set their budgets at GAE levels, as they are not intended to be used as a spending guideline.

The percentages of the total social work services budget allocated to each of the service areas varied over the three year period, particularly in relation to older people (39% in 2005-06 and 51% in 2007-08) and adults with learning disabilities (20% in 2005-06 and 15% in 2007-08).

Children and families services budgets were consistently above GAE and the variance between the two had increased significantly over the three year period (2007-08 £12,701k v £7,365k). Over the same period, budgeted spend per looked after child was one of the lowest in Scotland despite an increase in the numbers of looked after children, higher than the national average. Whilst total expenditure on children and families increased by 37%, the number of looked after children increased by 30%.

The older people's budget was just slightly lower than GAE, whilst the budgeted spend per adult aged 65 or over was slightly higher than the Scottish average (52% v 48%).

In 2007, Audit Scotland reported that the council was carrying out a strategic review of its revenue budget (SRRB) and we understood that this was completed in December 2007. The aim of this review was to determine whether the council received a fair share of national resources and to determine if these were used effectively. Key findings included nine significant GAE service programmes that were spending significantly higher than service level GAE, with no clear evidence that distinctive local need factors were driving this excess.

Each priority in the community plan 2003-15 had an agreed action plan that had to be reviewed every four years, with linked performance reports. We viewed the community plan and the related action plans 2007-11. We read the 2007-08 annual performance report that was presented to the community planning partnership board in June 2008.

Although these plans contained no financial resources information, they were related to service plans that were being developed from existing departmental work plans at the time of our inspection. Therefore, the planning arrangements were in transition and staff were producing two service plans for 2009-10 reflecting the new recently agreed structure. The council anticipated that links to the financial plans would be refined in the course of this process.

Audit Scotland's Best Value report noted that the council had produced plans at individual business unit level. The council had allowed flexibility in the approach taken by business units and as a result, the plans varied in format, content and timescale. The exercise to consolidate and streamline the performance management system was an opportunity to address problems in service planning.

In autumn 2007, Audit Scotland, noted that service planning still required improvement. It commented that, 'the plans must take account of all future developments and cost pressures whilst ensuring that the people, communities and businesses continue to receive an appropriate level of service'. As noted above, the council improvement agenda dated September 2008 highlighted that the budget scrutiny group would be working towards refining links to service plans.

Financial planning is key to the continued provision of effective front line services. In 2007, Audit Scotland identified the next milestone in the SRRB process, as March 2008, by when the council had intended to integrate fully service planning and budgeting processes, in line with core council business and the community plan priorities. Although there had been some slippage, we considered that progress had been made in improving the links between plans and budgets over the last two years. Best value service reviews should now tie into the new service planning process, as should the results of the current budget sustainability project. The council anticipated that these changes would be effected in time for the 2009-10 budget planning process.

Links between the various plans were improving, with service plans moving towards full alignment with the financial plans. It is important that the council updates its plans before the start of each financial year to ensure that it can afford the activities planned.

Budgetary management

The Audit Scotland Best Value report found that the council had shown effective financial stewardship and that there was a sound budgetary control system in place. The actual outturn for 2006-07 highlighted a small social work services underspend. This was after applying balances of £0.750m and increasing the budget by £1.450m during the financial year, to partly offset budget pressures, particularly in foster care placements and in external children's residential placements.

At December 2007, there was an anticipated adverse variance of £0.690m for 2007-08. The main recurring budget pressures were in adult care package costs, home care costs and fostering allowances payable through external providers. The projected outturn included additional secure accommodation placement costs of £0.375m. As at period 11, the projected outturn had improved because of management action taken to reduce expenditure, but still acknowledging levels of need and risk.

The actual outturn for 2007-08 highlighted an underspend in social work services of £0.020m. This near break-even position had been achieved through one-off balances drawn-down (£0.630m), significant savings generated from delays in filling vacant posts and the receipt of additional income. However, notable overspends in this combined service included £0.562m on 'outwith placements' and £1.5m relating to care for older people and children.

The home care budget grew significantly during 2007-08, the main reason being the high level of overtime. Almost 40% of the hours were paid at enhanced rates, costing the council an additional £1.085m. Staff said that to be truly flexible and responsive, the service required a certain level of overtime. Senior managers knew that change was needed to deliver the service more cost effectively. The social work sustainability plan recognised the need for significant change in the way that home care is delivered.

In January 2008, after the draft revenue allocations were presented to cabinet for its agreement for the data to go out to public consultation, social work services were allocated an additional £1.250m, primarily for the cost of external foster care. It was reported to elected members that all departments should pursue efficiency savings and that a 2.5% savings target should apply. Social work services efficiency target was £1.169m. Overall, the additional funding allocated to social work services represented 46% of the total monies provided in the 2008-09 budget for local priorities. However, again in 2008-09, the council anticipated that it would require to utilise balances of £0.975m to ensure that budget pressures were offset pending finalisation of the sustainability work being undertaken.

In recent years, social work services expenditure had been close to budget, but only through the use of balances and non-recurring funding to offset overspends. The affordability of future services was presenting a serious challenge to the council.

During 2008, the cabinet established a sustainability board led by the executive director of educational and social services. The board was tasked with realigning resources to ensure the longer term sustainability of the social work services budget. A strategy was agreed in July 2008. This set out a clear structure and process for providing financially sustainable social work services that would continue to meet people's needs. It outlined proposals to reach a break even position by 31 March 2009. It stated that further reviews would be needed to ensure sustainability from 2009-10 onwards. We learnt after our fieldwork, that the social work budget sustainability phase one report was presented to cabinet in February 2009 and further work was underway.

During our inspection, the department reported a significant adverse variance, of which almost £1.5m was because of recurring budget pressures within social work services. To address the pressures particularly in home care services, adult care packages, older people's residential care and foster care, the executive director proposed to use £0.457m from departmental balances, as well as the £0.975m drawdown already approved by elected members, The children's services residential and secure accommodation budgets also projected additional placement costs.

In October 2008, Audit Scotland reported that social work services was facing significant budget pressures. They noted that the budget might have to be supplemented by using uncommitted balances to provide the necessary resources. They commented that stringent budget monitoring would be required to keep spend within approved levels for the remainder of the financial year. There was no doubt that the cabinet was aware of the position and had responded through the establishment of the sustainability board. However, although the council had approved a high level three year budget, more work was needed to identify the likely social work cost pressures emerging in 2010-11 and beyond and officers advised us that this was an issue to be addressed by the sustainability board.

The budget monitoring and reporting processes made sure that budget variances were highlighted regularly to officers and to elected members. Cabinet business was regularly discussed at corporate management team (CMT) and this included consideration of the financial position of social work services. We reviewed minutes of the social work senior management team and found that budgetary control issues were routinely discussed.

Despite the continuing budget pressures in certain areas of the service, budgetary control was well managed at service manager/budget holder level. Management and frontline budget holders generally liaised well. The out-posted finance team met regularly with budget holders and they received a range of management information to support involvement in the budget setting process.

For the future, it is essential that the council resolves the sustainability of the social work services budget. We comment on partnership financial management later in this chapter.

Recommendation 14

The council must ensure that it continues to address the problem of sustainability in relation to the provision of its social work services.

Capital expenditure

Cabinet approved a five year rolling capital plan (2008-09 to 2012-13) in December 2007. The plan proposed to increase the levels of capital expenditure for these years to reflect the indicative levels required to ensure the council's portfolio maintained value.

Social work services slippage of over £3.812m was projected during the year 2007-08, but as at period 12, the projected variances within social work services were minimal.

Beyond 2008-09, there was one significant social work services project included in the five year plan, the older people's community support unit (£2.5m in 2011-12). Further to this, social work had been included within the North West Kilmarnock Area centre and there were further plans in relation to accommodation at both the Civic centre and Cumnock offices. The plan also listed general capital expenditure for social work services including fabric upgrades and refurbishments, and necessary DDA/Care Commission work. There was projected slippage of £1.257m for the combined services. This mainly related to the new children's unit. Recent years had seen significant capital investment across adult, children and older people's services.

Senior officers provided elected members with detailed capital monitoring reports. The governance and scrutiny committee received finance and service strategy reports, which included the monitoring of the capital plan.

Chapter 6: Management

The department's capital plan monitoring group took an overview of the department's capital projects. The asset improvement manager monitored the social work services capital plan monthly. The executive head of finance and asset management met the departments executive head and heads of service. These discussions informed the finance and service strategy report for cabinet.

The council had a formal capital bidding process that graded all bids and projects against the priorities within the community plan. If agreed, business plans were then drafted and these were ultimately presented to cabinet for approval.

Social work services managers considered they received sufficient capital funding to allow them to meet their service objectives, although there were some outstanding issues in relation to office accommodation. They said that no significant capital projects bids had been refused funding.

Income

Social work services had a defined charging policy for services that was updated annually. Charges were in line with the COSLA Charging Guidance. The council stopped charging for food preparation in September 2006.

Role of elected members

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

The Audit Scotland Best Value report considered that information for elected members in committee papers could be improved in some cases. Reports had since been standardised and this had helped new elected members to fulfil their responsibilities.

Financial monitoring reports were presented to the cabinet approximately every six weeks. They included both financial and performance information. The governance and scrutiny committee received comprehensive six-weekly finance and service strategy reports covering revenue and capital expenditure. Staff were confident that the revised format of reports allowed elected members to focus on the areas of key risk importance. As a result, they were more proactive in their consideration of the financial reports.

Financial skills within social work services

The finance & asset management service operated an out-posted financial services team model. Social work services had a dedicated finance team that provided on site support to their budget managers. This team was directly accountable to the executive head of finance & asset management. The head of resources provided additional capacity across the department to support financial management and other cross-departmental areas such as health and safety, risk management, administration and personnel matters.

Budget holders received four weekly electronic budget monitoring reports. Finance officers flagged up any variances that they particularly wanted budget holders to review. The regular meetings between finance staff and budget holders enabled any problems to be discussed and resolved. Although the regular budgetary control reports did not include year-end projections, we understood that there were quarterly meetings with the budget holders to discuss and agree projected outturn figures and any action needed resulting from these. Budget holders had access to commitment information and there were regular meetings of various resource allocation groups across the service.

Social work services budget holders were included in discussions about budget pressures and possible savings for the coming financial year. This informed the budget setting process.

Financial guidance was issued on an annual basis. Social work services budget holders' guidance for 2008-09 incorporated the key elements involved in the budget monitoring process. The guidance outlined budget holders responsibilities, and the level of support they could expect from corporate finance.

The finance team provided ongoing assistance and training to ensure that social work services budget holders had the skills needed to manage budgets and were aware of the action needed to address variances. Finance officers considered that social work services staff had the financial skills they needed. Budget holders we met were satisfied with the support they received from the finance officers.

Resource Management

Asset management plan (AMP)

An asset management plan helps to balance service needs and available capital resources. It should inform a sound capital planning process that links service priorities and objectives.

The Audit Scotland Best Value report concluded that the council needed to further develop its approach to asset management. The council had recognised this in its improvement plans and had identified asset management as one of its high level strategic improvement areas. By 2008, the council had made progress in implementing its corporate asset management strategy. An asset management database had been developed and work had started to gather the necessary technical data to populate it.

The council had recently recruited an asset management team and identified resources to carry out surveys for each council property. When the database was complete, the information would contribute to an overarching investment strategy to be in place by early 2009.

A property service officer was based in social work services and provided support and guidance to managers. There were a number of other asset management initiatives, all at an early stage of development, but the corporate asset management team provided support on a range of asset management issues. There was an asset register for the council as a whole, complemented by a property database for social work services.

The council had made progress towards delivering a comprehensive approach to asset management but work was required to achieve suitably robust arrangements. The council needed to implement a corporate asset management plan and embed asset management across the organisation.

Risk management

The council's executive head of finance & asset management had responsibility for co-ordinating and providing professional advice on the management of risk across the council. There was a dedicated risk manager and risk management team. The council's risk register system was the recognised recording system used by the departmental risk management groups, to monitor and record all significant risks to the council.

An updated risk management strategy was submitted to the governance and scrutiny committee in August 2008. The strategy was comprehensive, with roles, responsibilities and the reporting framework clearly laid out.

A corporate risk advisory group (CRAG) had been established. This group reported to CMT and acted as the focal point for all council risk groups. The group had representatives from each department, plus representatives from fire and police. This group's remit was to report to CMT routinely and annually, summarising risk management achievements/weaknesses and opportunities. At the time of the inspection this had not been done.

A social work services risk management group had been established to monitor operational risks and their impact on service delivery and planning. The group benefited from professional support from the council's risk manager. The health & safety group had recently merged with this group. A social work services risk identification report that we read, listed social work services risks, but it contained no action plans as to how the risks would be mitigated. Officers explained to us that actions were covered by different documents such as health and safety action plans, cabinet reports and improvement plans. At the time of our inspection, a system to link these back to the risk register was planned but not yet operational.

The social work services risk register was reviewed quarterly. Updates to the register were reported through the CRAG. The resources manager had planned to streamline all risk management documents across the service in order to achieve more consistent monitoring.

The council's risk management guide and risk register system were recognised nationally and internationally as excellent risk management initiatives. We were satisfied that the council and social work services had continued to develop their approach to risk management and to embed risk review procedures.

Health and safety

The council's health and safety manager managed two corporate health and safety staff advisors. One was responsible for managing the department's health and safety team. The corporate safety strategy group met quarterly and comprised chief officers, other health and safety officers and trade union representatives.

The health and safety handbook was clearly written. It provided a good reference for employees, offering a broad overview of health and safety matters. Supplementary procedure cards were included in the handbook for particular areas of work, for example, lone working. All employees were given the health and safety handbook as part of their induction.

The social work services health and safety group met every two months. All service areas were represented. Its purpose was to manage and monitor health and safety issues across the service and to prepare and keep under review an annual health and safety action plan.

The council had an up-to-date health and safety action plan. Health and safety was a standing item on the senior management team agenda, and the agendas of other team meetings. Six-monthly property inspections were being undertaken. Social work services incidents were formally reported to the corporate health and safety strategy group meetings. The departmental head of resources attended this group and was able to feed back relevant information to the educational and social services directorate.

Health and safety training was provided. The handbook and supplementary cards complemented this training. The council's intranet and staff magazine provided updates.

Management information systems

Range of information systems

All social work client information was recorded in the SWIFT social care database. There were modules for assessment, including single shared assessments and pre-birth assessments, child protection, looked after children, and criminal justice. The finance module had not yet been introduced. A personal profile proforma had been created, as a record of core data. This provided a good summary of key information, including legal status, staff involved and the team with lead responsibility. We thought that SWIFT was a comprehensive and well-structured system that had the capacity to assist staff in carrying out their day-to-day work.

Not all areas of social work services had access to SWIFT. For example, call handlers in the risk management centre and out-of-hours home care managers had immediate access to the system, but this was not the case for the out-of-hours home care personal carers. They could not report incidents directly onto the SWIFT client record. Likewise, staff and managers in day services had limited or no access to the system. They used separate systems to record client information. Action was required to ensure that teams had access to SWIFT and an ongoing programme schedule was in place to facilitate access.

We learnt that staff used paper files too, which was highlighted in the case recording policy. We considered that this was a duplication of effort and suggested a lack of confidence in electronic recording.

Social work services had established a dedicated IT systems post to support and develop the SWIFT information system and provide training for staff. Training sessions on SWIFT were underway. A number of managers commented on the post holder's proactive attitude and positive problem solving approach. We found that the systems officer had an up-to-date, detailed working knowledge of the social work agenda and its changing priorities.

Managers were able to source a range of reports from SWIFT on service outputs and processes. For example, the numbers of duty referrals, workload and work flow. However, reports that enabled measurement of outcomes were more limited.

SWIFT and its equivalent in education did not 'talk' to each other. The council was examining the possibility of linking the newly purchased performance management system to back office systems and using the dedicated reporting tool (CorBusiness) to provide integrated reports. Likewise, the systems officer in social work services did not work in the same team as the equivalent post holder in education. It was acknowledged that a best value review of administration and support structures was underway across the department and it was anticipated that this would provide the head of resources the opportunity to bring together IT systems administration.

Joint work with other agencies, for example health and police, for sharing information in relation to child protection, adult protection and SSA, was underway. Each agency had a limited read only access to their relevant core data bases. The Ayrshire data sharing partnership continued to work on the development of electronic data sharing. We read the draft of version five of the data sharing protocol that referred to service specific procedures for data sharing. Managers had not yet achieved the electronic exchange of SSA and child protection reports. There was a similar picture across Scotland.

Other information systems were used to support staff and improve practice. For example, EDISON, electronic discharge information system on-line nationally, held information on assessment and care management arrangements of hospital patients ready for discharge. This system provided monitoring information on potential delays in hospital discharge.

Another purpose built system was ELMs, the equipment loan management system. This system recorded the location, issue and status of equipment. Staff in the community equipment store used it. Staff could order electronically through a link with SWIFT. This maximised the efficient use of specialist equipment.

Use of management information

As part of the council's performance management framework, the department's executive director provided an annual performance management submission to the chief executive. This included all the relevant statutory performance information in relation to social work services, as well as a range of internal management information.

The executive director chaired a bi-monthly quality forum, where performance information, quantitative and qualitative, and all reports from external bodies, such as the Care Commission, were reviewed. All heads of service and the performance and development manager attended the forum. The latter subsequently briefed all other service managers on performance of their service and future goals. A corporate account manager and business analyst were deployed to support social work services.

A range of best value reviews had been completed. The sustainability review had become the major focus for performance review. All management information available in the systems was being used to evaluate current and anticipated service demands.

We saw, in both the CPC annual review and business plan, and in the joint future partnership performance outcomes submission, July 2008, some good examples of management information used to both evaluate progress, and inform future planning. All of this was evidence of a systematic, thorough and effective use of management information.

Partnership arrangements

We found a strong commitment to partnership working at the strategic level in East Ayrshire, particularly with the NHS. This was evidenced most visibly through the use of capital expenditure and the development of shared premises for services. The North West Kilmarnock Area centre, described as a flagship integrated service, was managed by social work services. This housed a wide range of health and social care services. There were other one-stop shops at Dalmellington, Drongan and Stewarton. A new area centre was under construction in Crosshouse. The co- location project board had representation from key council services and NHS Ayrshire & Arran.

Good practice example

The North West Kilmarnock Area centre, a jointly funded resource, housed a wide range of health and social care services. Such co-location of services led to a positive culture of sharing and working together, within which formal arrangements for single management, pooled budgets and integrated services could develop in the future. In a user survey carried out at the centre, almost all (90%) of respondents indicated that it would be a good idea to expand the delivery of these services into other communities.

The strength of commitment to partnership working at the most senior level was illustrated in the approach to the community plan and single outcome agreement (SOA). As outlined earlier, the community plan was referred to as 'the sovereign strategic planning document', and this principle was referred to and endorsed by a wide range of people we met. The community planning partnership included the council, police and health service. The community planning partnership had seven strategic commitments, which included:

- shared services with shared management arrangements;
- shared premises;
- joint training; and
- joint information sharing, joint monitoring and evaluation.

We noted that apart from a few specific areas, joint financial/budget monitoring arrangements had not progressed to any extent. In 2002, East Ayrshire Council's social work committee agreed an aligned budgetary model as the way forward. This was subsequently endorsed by NHS Ayrshire & Arran. A financial framework had been developed by agreeing financial arrangements; developing financial protocols; setting strategic and operational baselines and agreeing a medium term financial plan. The framework specifically reported on partnership initiatives involving joint resourcing, joint funding and support. This did not appear to have progressed significantly.

Staff advised us that the aims of the Joint Future Full Partnership agreement, April 2004, were still current at the time of the inspection. We considered that future work would be needed to develop more detailed local arrangements for a joint resources framework. Staff told us that during the course of 2009, Joint Future Partnership arrangements will be subsumed within the new CHP locality arrangements.

One of the aims of the Ayrshire Strategic Alliance was to move towards an integrated financial framework. This work was ongoing but still largely aspirational. We read the health and wellbeing partnership agreement 2007-10. It referred to funding but contained no specific, costed details.

Staff advised us that in areas of joint or pooled budgets, regular financial reports were provided to elected or board members via senior officers of the relevant bodies, for example, South West Criminal Justice Authority, the Ayrshire Criminal Justice Partnership and NHS Ayrshire & Arran. However, at the time of the inspection the council had not produced any joint financial reports to the CHP. No financial information had been presented to NHS Ayrshire & Arran board or to elected members.

There were approximately 60 other areas of joint working but none of these had significant financial implications. There was a pooled budget for the community equipment store. Budgets were operated in principle on an aligned basis. Where aligned budgets were in place, the council's contribution was identified and located within separate cost centres.

Recommendation 15

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

Community Health Partnership

There had been a review of the CHP in 2007. An Ayrshire Strategic Alliance was established to ensure that the general direction of the partnership met the strategic intent of the four partners, the NHS and the three Ayrshire local authorities, and that it improved partnership arrangements. This arrangement was in line with the stated aims of the East Ayrshire community planning partnership, to support health improvement and delivery of integrated community social care and health services. East Ayrshire had three representatives on the group.

Each CHP area, coterminous with the three council areas, had a committee. In East Ayrshire, a councillor who was an NHS Board member chaired the CHP committee. There were six other committee members, three other council representatives as well as three from health. The committee was supported by a CHP forum and two locality groups representing children and families and community care services.

In East Ayrshire, the CHP committee had met once, but the rest of these new partnership bodies had yet to meet. A locality facilitator had been appointed, who was on secondment from East Ayrshire Council, but had yet to take up post.

The Joint Future Implementation group continued to meet, as did the East Ayrshire multi-agency children and young person's steering group. Arrangements were being made to revise these planning structures following the creation of the Ayrshire Strategic Alliance. These revised arrangements had not yet been finalised. Likewise, the Ayrshire & Arran drug and alcohol action team (ADAT) was under review by the Strategic Alliance. Stakeholders were to decide on a way forward that would ensure greater links both strategically and operationally with local community planning processes.

We considered it premature to judge the effectiveness of the revised structure. During fieldwork, senior managers from NHS Ayrshire & Arran and from the police spoke positively about their experience of joint working in East Ayrshire. They expressed considerable optimism about the new arrangements. Positive outcomes of previous partnership arrangements, such as maintaining the 'nil' level of delayed discharges, and the jointly resourced rapid response service, were frequently referred to. The Audit Scotland Best Value review made a number of positive comments on partnership working at a strategic level. We thought there was evidence to suggest this was continuing.

Partnership working and improved outcomes

While an adult protection committee had yet to meet, the CPC was a key strategic forum with responsibility for overseeing the work of services and agencies to protect children in the council area. We observed a meeting of the committee and saw further evidence of good effective joint working. There was a good quality of debate and challenge, within and between agencies. We reviewed the most recent annual review and business plan and found evidence of good joint working to evaluate and plan services to protect children.

We discussed the early intervention multi-agency referral group in Chapter 5. We found a strong commitment and shared responsibility to this group from senior managers across agencies.

There were examples of partnership working across the three Ayrshire councils. A review of emergency planning arrangements had resulted in the creation of an Ayrshire wide emergency centre at Prestwick. Emergency planning staff from the three councils will work with staff from police, fire service and NHS Ayrshire & Arran in this centre. East Ayrshire Council had taken the lead in this partnership development.

There were examples of good partnership working within the council. For example, the review and programme of refurbishment of sheltered housing complexes was virtually complete. Housing and social work managers had planned and overseen this project.

Commissioning arrangements

Strategic Commissioning

A social work services commissioning strategy was presented to cabinet in September 2008. The strategy set out the vision and approach to strategic commissioning over the next three years. The strategy covered all social work services. Chapters on the strategic, financial and planning context were followed by an analysis of the current position in relation to current needs, demands, and range of services in the major client group areas. It provided a comprehensive statement of the current position and should provide a basis for robust purchasing intentions.

Action plans, for each group and service area, to support the implementation of the strategy were not available at the time of the inspection. Managers told us that the timetable for developing these was June 2009. This timetable and planning was likely to be affected by the sustainability review. Purchasing intentions would not be clarified until decisions required by this review had been made.

Service users, carers or providers and other stakeholders had not been consulted about this strategy, but there was a clear commitment to do this. The strategy referred to a consultation process already started with looked after children. Other consultations with other client groups would be ongoing. Action plans were to be consulted on as they were developed.

Service wide commissioning

The commissioning function had been strengthened in late 2007 following a report on the strategic direction of social work. A commissioning and review manager post had been created, as well as an additional commissioning officer for children and families services. These posts were additional to the three commissioning officers already in place. These four officers had responsibility for contract monitoring and complaints relating to purchased services.

The conversion of clear purchasing intentions into sound well informed commissioning decisions required a good working relationship with independent sector providers, as well as a sound understanding of the local market. While developing the latter was a priority for the commissioning officers, evidence of the former was more varied. Providers valued the increasing contact with commissioning officers, but regretted the lack of regular meetings with social work services.

Balance between directly provided and purchased services

The balance between directly provided and purchased services varied across social work services. Senior managers intended to scrutinise existing patterns of service as part of the sustainability review, and they told us that the balance between directly provided and purchased services was likely to change in some areas. At the time of our inspection it appeared to have been influenced by a range of different planning processes and would have benefited from a more strategic approach.

Contracting processes

A re-tendering of mental health, learning disability and physical disability home support services was completed in July 2008. The outcome of the tender meant that the council made substantial savings that were reinvested into social work services. An internal evaluation of the process had not been completed. Service users had been directly involved in drawing up the service specification and interviews.

The approach to contract management was being strengthened. An appendix to the commissioning strategy listed 24 services where there was no contract in place or a contract was under negotiation. Twenty five services had contracts in place, Seventeen of the 21 private care homes had accepted the national care home contract that the council had offered. For these, a quarterly monitoring return was in place. Some providers experienced this as demanding, as they were required to complete it in full each quarter, rather than provide an update on any change.

In children's services, the commissioning officer had tightened contracting arrangements and was developing a negotiated contract with the seven approved foster care providers. Regular monitoring was taking place across a range of contracts. Joint monitoring frameworks had been agreed for jointly commissioned services and providers welcomed this. However, there was a degree of duplication with other commissioning bodies and improved joint arrangements were to be considered. This would be important as joint commissioning developed locally.

There were arrangements to ensure that service managers, who held the budgets for contracted services, had regular contact with commissioning and contracting officers. During fieldwork, we saw an example of concerns about one service being addressed jointly by the Care Commission and social work services working together.

There was some experience of joint commissioning with NHS Ayrshire & Arran and also with the two other Ayrshire councils. For example:

- Turning Point;
- East Ayrshire advocacy service;
- East Ayrshire carers centre; and
- Headway.

A 10-bedded service for people with dementia had been jointly planned, with considerable involvement from a consultant in old age psychiatry. Although the council had been the sole commissioner, NHS resource transfer monies had been used.

There was other activity to develop joint commissioning. A collaborative commissioning group, which included representatives from NHS Arran & Ayrshire, the two other Ayrshire councils, users and carers and advocacy services, was scoping collective commissioning priorities and developing an agreed framework. The group would report to the Ayrshire Strategic Alliance, to take forward planning and delivery of services.

Separately, an integrated service delivery and governance modelling shared service project had been established at corporate level to explore opportunities for collaboration across the three councils. A sub-group had been established to examine the scope for commissioning and contracting foster care services.

The social work commissioning and review manager was a member of the corporate procurement working group. The social work services commissioning team liaised with the corporate procurement team on a regular basis for routine advice.

Leadership and direction

We found the leadership and direction of the social work services in East Ayrshire was adequate, with strengths just outweighing weaknesses.

Our assessment of leadership and direction had to balance the strong leadership provided at a corporate level against a lack of leadership at a senior management level within the service over a considerable period. There were also continuing problems with staff morale in some areas.

Over the previous year social work services staff had experienced a number of important changes in both leadership and service organisation and at the time of the inspection a number of staff were in acting up positions. The acting chief social work officer was at fourth tier level. The acting senior management team was committed and had worked hard to maintain effective services and relationships with key partner agencies.

Appointments to two heads of service posts, including the role of chief social work officer (CSWO), had been made but the staff were not yet in post. Service plans were in draft and due to be finalised alongside the introduction of a new electronic performance management system in 2009.

However, the chief executive had taken a strong lead and conveyed a determination to improvement. Politicians we met were supportive and knowledgeable about social work.

Overall community care services performed more strongly than children and families services. Both services were facing significant challenges in relation to budgets and service re-design. On balance, we evaluated leadership as adequate.

Vision values and aims

East Ayrshire Council had a vision for the local area. It was set out clearly in the community plan that covered 12 years from 2003 to 2015 and partners were committed to achieving 'high quality services which were sustainable, accessible and meet people's needs'.

The community plan identified a number of guiding principles to help the council achieve its goals. These were:

- promoting social justice and social inclusion;
- building sustainability;
- succeeding in joint working and involving people;
- ensuring quality and accessibility; and
- delivering continuous improvement and best value.

The council had adopted the community plan as its corporate plan and members had portfolios based on community planning themes. Social work services had the lead role in co-ordinating and reporting on the eliminating poverty theme of the action plan. Social work activity contributed to the improving health and improving community safety thematic groups. In addition, the executive head of social work had lead responsibility on behalf of the council in relation to liaison with the NHS. The idea of 'one council, one plan' had not initially been greeted with all round enthusiasm and there had been some sceptics, but they told us they were now converted, as they thought it was beginning to pay dividends.

Community planning partners had taken the decision to develop a community planning partnership SOA by June 2008, one year ahead of schedule and ahead of a number of other councils in Scotland. The SOA for 2008-11 linked strategically to the East Ayrshire community plan. We were told the next SOA would be smarter and have more hooks for social work objectives. Senior staff were keen to see community care interests more to the fore in community planning and the single outcome agreement.

At the time of the inspection social work service plans were in draft. It was acknowledged that new corporate service planning arrangements had fallen behind but senior staff were optimistic that things were starting to come together now, not just in social work services, but across the council.

The vision of social work services in East Ayrshire, as stated in their standards and quality report, was to provide vulnerable people with a genuine choice of leading a fulfilling life within their home and community and ensure a positive environment for their care if they were no longer able to be supported at home.

The chief executive said her vision for social work services was for "a strong and vibrant service, which was sustainable and in which people could exercise choice".

Cross cutting approach within the council

The chief executive had been in post since 2004. She had changed the focus of the corporate management team (CMT) to deal with more corporate and strategic issues. The CMT met every Monday to discuss the major business of the coming week, and fortnightly, on a Wednesday, to agree major policy and operational changes prior to submission to cabinet. The chief executive had also set up an extended management team that met quarterly and involved all heads of service. Its purpose was to improve the communication between CMT and other senior managers and to make sure that all chief officers were involved in delivering the council's vision. The department's executive director was a member of the CMT. Social work items featured regularly on the agenda.

A small number of elected members had a strategic involvement in partnership forums including the CHP, the community safety forum, the community planning partnership and the community health partnership board. The leader of the council chaired the community planning partnership board.

Education and social work services had merged in 2000. Senior staff said the merger had not been easy because the natural partner for many social services was health and not education. The executive director of the department had been in post for two years. He told us that integration would result from the appointment of the two new heads of service in social work services. Examples of initiatives that had been taken to assist integration to date included:

- joint educational and social services budgeting;
- a joint approach to quality management, evidenced by the social work standards and quality report;
- the appointment of a head of resources and head of facilities management, with responsibilities across the department; and
- departmental approaches to health and safety, risk management, business continuity and absence management.

Early expectations around the benefits of a joint department did not seem to have been fulfilled. We noted that in 2007-08 the educational attainment of East Ayrshire's looked after children was considerably lower than the Scottish average. Between 2005 and 2008, the budgeted spend per looked after child was one of the lowest in Scotland.

Elected members and senior staff acknowledged the new committee structure had improved matters and there was now less duplication and more transparency particularly around budgets. There was broad agreement that the new cabinet system was working well and enabled a more joined up approach to service delivery across the council.

The chief executive had led a Scottish Government group on corporate parenting nationally and was promoting this at a local level. A seminar had recently been held for the extended corporate management team and a further seminar on corporate parenting was planned for elected members in the New Year. The CMT had recently agreed an action plan and were intent on actively monitoring progress. We noted the services reported progress on improving the educational attainment of looked after children in the last year and will be interested to see whether this is sustained. There was no designated children's champion among elected members as we were told they all expected to play a role in acting as corporate parents.

Leadership of people

For social work services staff in East Ayrshire, 2007-08 was time of change. They experienced a departmental restructuring in 2007, followed by a further restructuring in 2008, resulting in the deletion of the post of executive head of social work.

In 2007, the social work committee approved a report, which reviewed first and middle management arrangements, aligning them on a partnership basis to strengthen partnership working. A number of area partnership manager posts were created across children and families and community care services. There were difficulties filling these posts.

There were three vacancies in senior management posts for significant periods in 2008. The executive director put interim management arrangements in place. Other acting up arrangements were necessary as a result of this, for example, acting service manager, adult services.

Subsequently, the council re-configured the senior management structure to delete the post of executive head of social work and to appoint two heads of service, one of whom would take on the chief social work officer role, working directly to the executive director of educational & social services. At the time of this inspection, appointments had been made but the staff were not yet in post. Some staff were uncertain about the future of social work services under these new arrangements.

“The latest move towards a two head of service structure raises many questions around the capacity of the service to develop a unified identity for social work.”

This comment reflected the views of several staff surveyed. Senior managers recognised that this had been a difficult year for staff but they anticipated entering a more settled period when the two new heads of service came into post. The council will need to ensure that the unified identity of social work is not lost as a result of these new management arrangements.

The executive director made deliberate efforts to make himself more visible to staff throughout this time. He moved his office for a few months from council headquarters to social work headquarters. A number of people we spoke to appreciated this.

The head of community support and development had covered the executive head of social work post since the end of June 2008. She was part of the senior management team for educational and social services. Despite her considerable experience, she did not have a professional social work qualification and was therefore not able to take on the CSWO role.

The CSWO role was undertaken by a suitably qualified service manager at fourth tier level. She had been acting up in this position for eight months. She was clear she had direct access to the chief executive, the executive director and the acting executive head of social work if necessary. We queried whether there were enough opportunities for the acting CSWO to exercise influence at the level this role required. She attended the social work management team meeting every four weeks, chaired by the acting head of social work. She did not attend the department's senior management team meetings. The CSWO felt that the interim arrangements had worked well but that understanding about the professional leadership aspect of her role within the department could be improved.

The senior managers, children, families and criminal justice and community care services, were both in acting up positions.

We confirmed that both new heads of service would be part of the department's senior management team. The new head of children, families and criminal justice was due to start in the New Year. The new head of community care, who was a professionally qualified social worker, had also been recruited and was about to take on the role of CSWO. Protocols attached to the CSWO role were required to re-inforce this role throughout the council. We thought a CSWO newsletter for staff would consolidate the professional leadership functions attached to this role.

We observed a social work management team meeting that had a well prepared agenda and was ably chaired by the acting executive head of social work. Budgetary control, personnel, health and safety/risk management and an update from the directorate were all standing items. Key management issues such as sustainable services, management arrangements and service planning were all agenda items. The acting executive head acknowledged she had moved to more structured social work management team meetings

Elected members said they had confidence in the social services management team. They thought the care-taking arrangements had worked well but they were looking forward to the arrival of the two new heads of service.

Given the changes at senior staff level over the past year, we thought that senior managers and middle managers across social work services had coped well. However, we considered it might take the two new heads of service some time to reinstate leadership at a service level, as we have already noted earlier, some staff did not feel valued.

Leadership culture

The chief executive and CMT provided strong leadership at both a strategic and operational level. Council staff and partners spoke positively about the council's attitude. Key partners acknowledged good experiences of partnership working in child protection and developing SSA and we heard about positive outcomes such as reducing the numbers of delayed discharges and the rapid response service, which had achieved financial benefits for health partners.

The chief executive chaired a chief officers group (COG). The CPC reported to the COG. The adult protection committee will also report to this group. All significant incident reports and recommendations were quality assured and signed by the COG collectively and each agency took individual accountability as appropriate.

Staff were seen as committed to improving services through evaluating and improving their work. The CPC had undertaken a multi-agency self-evaluation of child protection services and the CPC had improved quality assurance by requesting all services review their own files. The results of the reviews were monitored by a subgroup of the CPC.

A range of measures were currently used to manage, monitor and report on performance but whilst information received was seen as relevant in informing day-to-day operations it was viewed as of limited value in providing a more strategic performance analysis of the service.

A new electronic performance management system had been purchased from CorVu and was in the early stages of development and being linked to the new service plans. We found a strong emphasis being placed on performance and improving the performance culture.

Involvement of staff

Staff we met were positive about working for the council but the results from our survey suggested the picture was more mixed.

There was a staff newsletter with a brief summary of all the reports that went to cabinet so that staff had up-to-date information on major policies/inspections/matters that related to education and social work. At a recent training event that we attended, over 50 personal carers heard about home care service development and were given an opportunity to express any issues or concerns.

The council had a culture of celebrating success, and we heard about long serving achievement awards, excellence awards and certificates being presented to staff.

Leadership of change and improvement

Political leadership and capacity

Elected members were strongly committed to the strategic direction of the community plan and the shared vision with their partners. The leader of the council was the spokesperson for community planning and equalities.

Relations between elected members and officers were good. The leader and other councillors said they had frequent contact with senior social work staff and felt able to approach them. Elected members showed a good understanding of the role played by social work services in the community, the pressures on the service and social work priorities, such as corporate parenting.

Forty-three per cent of those who responded to our survey agreed that social work was highly valued by elected members, while 15% disagreed. East Ayrshire's result was comparable with others (average level of agreement 36%).

Half of the elected members were new. The council had recognised the need for elected member training, particularly since it had opted to move from a functional committee structure to the cabinet model. After the May 2007 election, elected members had received some financial related training and the council had established an elected members training forum. It now monitored the training that its elected members received, and was on course to develop individual learning and development plans for all elected members by December 2008.

Political decision making

As stated earlier, the council had a cabinet committee structure and cabinet met fortnightly. The leader said cabinet worked well. Elected members said reports to cabinet were “very much improved” and they were well briefed and felt able to ask well informed questions on social work issues, which appeared regularly. In the meeting we observed, members were aware of and debated a number of key social work issues such as the role of the CSWO. They also discussed the PIP. They seemed aware of the needs of people with learning disabilities and autistic spectrum disorder. Senior officers told us that there were regular opportunities for them to attend and speak at cabinet.

A governance and scrutiny committee, chaired by an opposition councillor, monitored corporate governance, standards of conduct, performance and best value as well as audit and risk. It also met fortnightly. Elected members we spoke to agreed this committee was tasked with wide ranging responsibilities but considered they were fully supported with all the training and information they considered necessary. The committee received a six monthly analysis of out of area placements.

Scrutiny included an option for the committee to ‘call in’ any cabinet decision for reconsideration. No social work proposal had ever been called in.

We found that elected members wanted to make a difference and understood they had to prioritise service developments to provide better outcomes for people. Elected members and officers had recently met to identify their six key priorities. We heard from a number of sources the cabinet system had led to a far greater sense of collective responsibility well supported by the consensus approach of the council leader.

Leadership of change

The chief executive had taken a pro-active stance on a number of issues relevant to social work services, such as corporate parenting and recruiting more foster carers. She re-affirmed that the CSWO had same day access to her if that was necessary. She intended the new CSWO would prepare an annual performance management report to cabinet and champion social work services across the whole council’s operations.

In the past, the department had come in on budget by using non-recurring funding and staff turnover to offset overspend but there were no further reserves to allow this to continue.

As highlighted earlier, social work services faced significant budget pressures particularly for homecare services, adult care support, care of older people and foster care. A senior officer told us *“the sustainability plan was the most significant social work paper discussed in the life of this administration”*.

The sustainability strategy was due to be agreed at cabinet in the New Year. It would set the direction for the future development of services. Some staff voiced their anxieties about the possible impact on homecare services.

The action was necessary and unavoidable given the demographic challenges faced by the authority. It was essential that social work services provided by the council were realistic and affordable. Both new heads of service faced significant challenges in managing their budgets alongside the further re-design of some of their services.

A review of the locality management units in the council was planned for 2009. There were acknowledged problems with the alignment of the community partnership boundaries e.g. the nine learning partnerships, three social work partnership areas, four community forums, five housing teams, and three community development teams.

The CHP committee was newly established and had just met formally for the first time. It had stronger local authority representation than before. It was hoped the new structure would help services be more responsive than before. It was seen as a first step in moving along a path to a community health care partnership. The chief executive said the council was moving to joint management and aligned budgets with NHS partners, as “that was what was needed to take things to the next level”.

On the ground, co-location of staff seemed to be making a difference and helping to build trust amongst the professional staff involved, for example staff were now asking for an integrated IT system. The chief executive for NHS Ayrshire & Arran spoke positively about the relationship between health and the council at a strategic level.

Twenty-five per cent of those responding to our survey agreed there was effective leadership of change in social services while 35% disagreed. This level of agreement was significantly lower than in some of the authorities we have surveyed but comparable with others (average level of agreement 33%).

Capacity for improvement

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

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

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

People who used services were broadly positive about their experiences. We saw evidence of effective service delivery in community care but some room for improvement in children and families services. There was a growing body of information on how well services were improving and a commitment to raise service quality and service standards.

There was good evidence of strong partnership working particularly with health.

Budget pressures were being addressed through a strategy of sustaining social work services.

Social work services were coming through an uncertain time for senior management arrangements. A new team was almost in place, with the role of chief social work officer located at tier two in the Department of Educational & Social Services, providing professional leadership for social work and managing change.

Improved outcomes for people who used services

East Ayrshire had gathered a range of performance information that offered indications of the likely outcomes for people who used services.

People who received services were generally happy with the services delivered to them, which had made a real difference to their lives. Carers had a broadly positive view of the service they received, although they were less positive than people who used services.

Social work services were performing to a good standard in delivering outcomes for older people. With partner agencies, they had made significant progress in shifting the balance of care from residential care to care at home. The East Ayrshire Joint Future Partnership was amongst the top performing partnerships in Scotland. Overall outcomes for people with learning disabilities were good, although there were not many people in paid employment. We found limited information about outcomes for people with mental health problems, physical disability and sensory impairment.

Children and families services and partner agencies had set up an early intervention and pre-referral group. This helped identify children and young people at risk of harm, abuse or neglect, so they received help and support they needed more quickly. Children and families services needed to make quicker decisions for young people being considered for adoption and fostering and improve educational attainment, accommodation and work opportunities for looked after children. They had action plans in place to improve these outcomes for young people and had made progress in these areas.

Effective leadership and management

East Ayrshire social work services had undergone significant changes in leadership prior to our inspection, most notably in senior management arrangements across the service. There were gaps in middle management arrangements, in particular in children and families services. Social work services had faced major restructuring with a move towards two heads of service instead of one head of service.

Some staff were still adjusting to these changes. The new heads of service will need to take some time to increase confidence levels, build trust and relationships with staff. They will need to address the recruitment and retention challenges, in particular in children and families services and in management positions. Staff at all levels in social work services, were committed to providing good quality services.

The chief executive and corporate management team provided strong leadership at both a strategic and operational level. There was a commitment to partnership working, with social work services well regarded by external agencies, in particular with health.

There were significant pressures on the social work services budget. The new heads of service face serious challenges in managing the budgets. They would need to consider whether further organisational changes and re-design of services might be needed to provide services that meet needs in a more cost effective way.

We found elected members were knowledgeable about social work services, aware of the difficulties the service faced and committed to improving outcomes for people. Elected members had confidence in the senior management team. Elected members played a major role in the recruitment of the two new heads of service. Social work services had a strong identity within the council.

Quality improvement and performance management

The new committee structure placed the responsibility for performance monitoring with the governance and scrutiny committee. We found there was a strong emphasis and determination to take a systematic and evidenced approach to performance management.

For the future, the council had purchased a new electronic system to deliver high level performance management information. This was a promising development. Such tools were needed to deliver good quality, meaningful, usable data within a reasonable timescale.

Social work services had made good progress on performance management. We saw a range of methods for managing, measuring and reporting performance. The council commissioned the University of Stirling to undertake a pilot survey to evaluate service user and carer satisfaction. The outcome of the pilot will result in the development of a tool capable of measuring service user and carer satisfaction on a cyclical basis across all social work services.

Social work services had demonstrated a record of achievement in driving forward change and improvement in service delivery through best value reviews.

Community care services had a proven track record of success in improving performance. For example improving the time taken for people to receive a service from the first identification of need. In children and families services, we saw evidence of the positive impact risk assessment training had had on decision making for children and young people. This training would be repeated every year and all staff would be expected to attend.

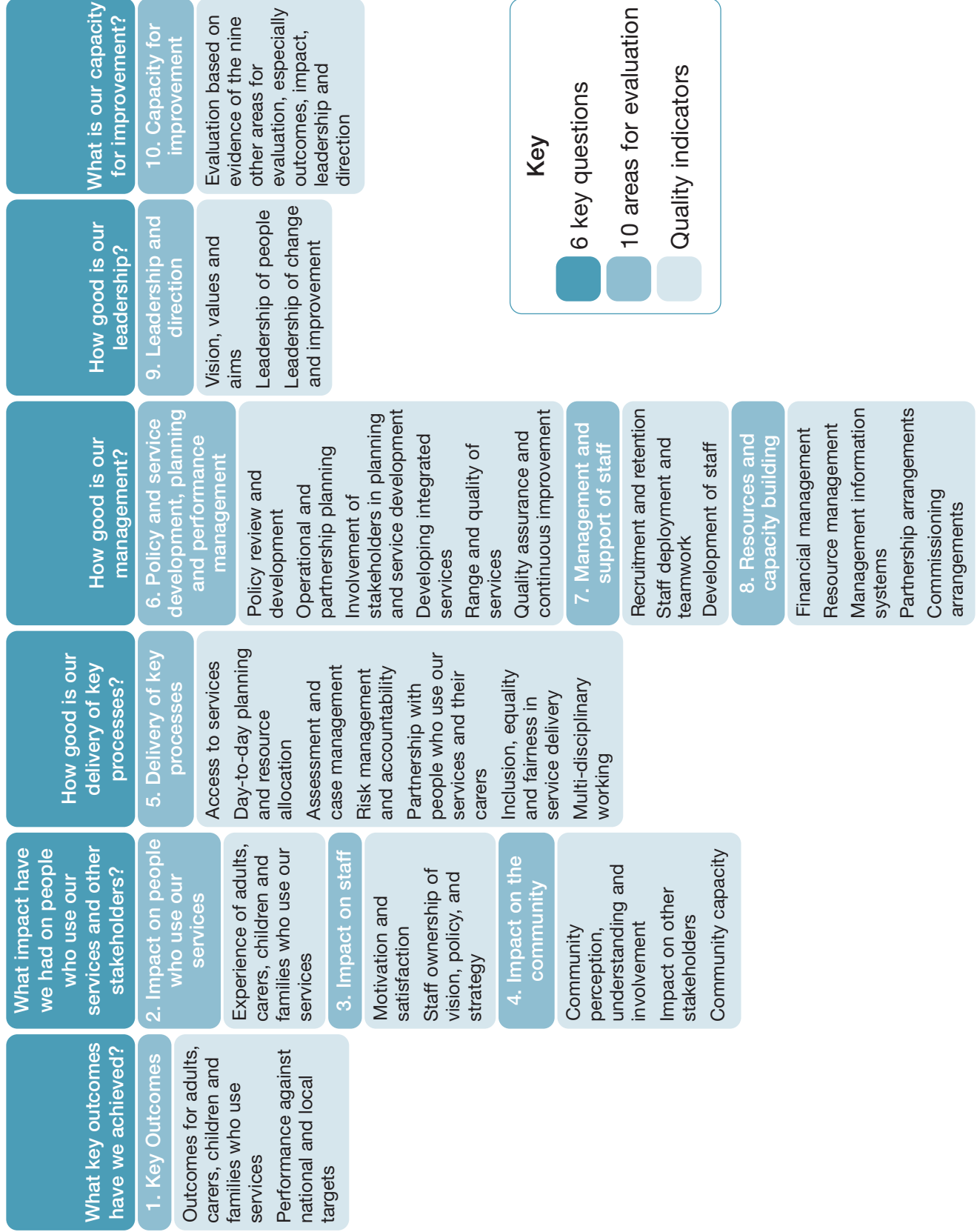
We found that there was a strong commitment within social work services to the EFQM framework that was used for assessing the quality of service delivery. However, there was still a need to enhance the quality assurance systems to provide managers and staff with detailed analysis on what outcomes and targets were or were not being achieved. This level of scrutiny should ensure improved performance, practice and outcomes for people in East Ayrshire, who use social work services.

Social work services provided a wide range of training opportunities for staff, who demonstrated a strong commitment to improve social work services further. The new strengthened management arrangements should build on the progress that has been made to date.

Sustainable social work services were at the heart of the council's vision for services. Its capacity for improvement will be tested by how well it resolves the budget pressures it faces.

Performance Inspection Model (PIM)

APPENDIX 1



Key

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

SWIA performance inspection methodology

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

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

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

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

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

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

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

4. How good is our management?

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

5. How good is our leadership?

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

6. What is our capacity for improvement?

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

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

APPENDIX 3

SWIA performance inspection process

The lead inspector for this performance inspection was Margaret Anne Gilbert (telephone 0131 244 5420).

Along with the completion of a self-evaluation questionnaire, we began the inspection process by asking the council to provide background information including strategic plans, policies, guidance, procedures, commissioning arrangements and information relating to performance, finance and quality assurance. We also read the reports relating to the council from other regulatory bodies and inspectorates including Audit Scotland, the Scottish Commission for the Regulation of Care (Care Commission) and Her Majesty's Inspectorate of Education (HMIE).

Questionnaire and file reading statistics

Questionnaires	Number issued	Number returned	Response rate
Service users	500	150	30%
Carers	500	108	22%
Staff	500	206	41%
Partners and stakeholders	50	24	48%

The surveys are designed to produce results with an overall confidence interval of around +/- 10% (although this will be greater for questions with a lower number of responses). This means, if a sample statistic is 80%, then the statistic for the whole population is expected to fall within the range 70% to 90%. This should be considered when comparing results from more than one authority as only those that differ by 20 or more percentage points will be statistically significant.

File reading	Number
Total files read	107
Children and families	40
Community care	67

Fieldwork

Together with six staff from the council, we spent three days reading case files from a cross section of care groups.

We then spent ten days in East Ayrshire looking at services for children, young people and their families, services to adults (physical disability, learning disability, mental health and substance misuse), and services to older people. We also examined strategic planning and support services.

We examined services in a number of ways:

- meeting people who use social work services and carers;
- interviewing staff at all levels of the organisation, both individually and by bringing them together in focus groups;
- meetings and interviews with councillors and with staff from other parts of the council;
- meetings with partner organisations providing services;
- observation of relevant meetings and visits to a range of services; and
- direct observations of social work practice – some examples taken from the case file reading exercise.

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

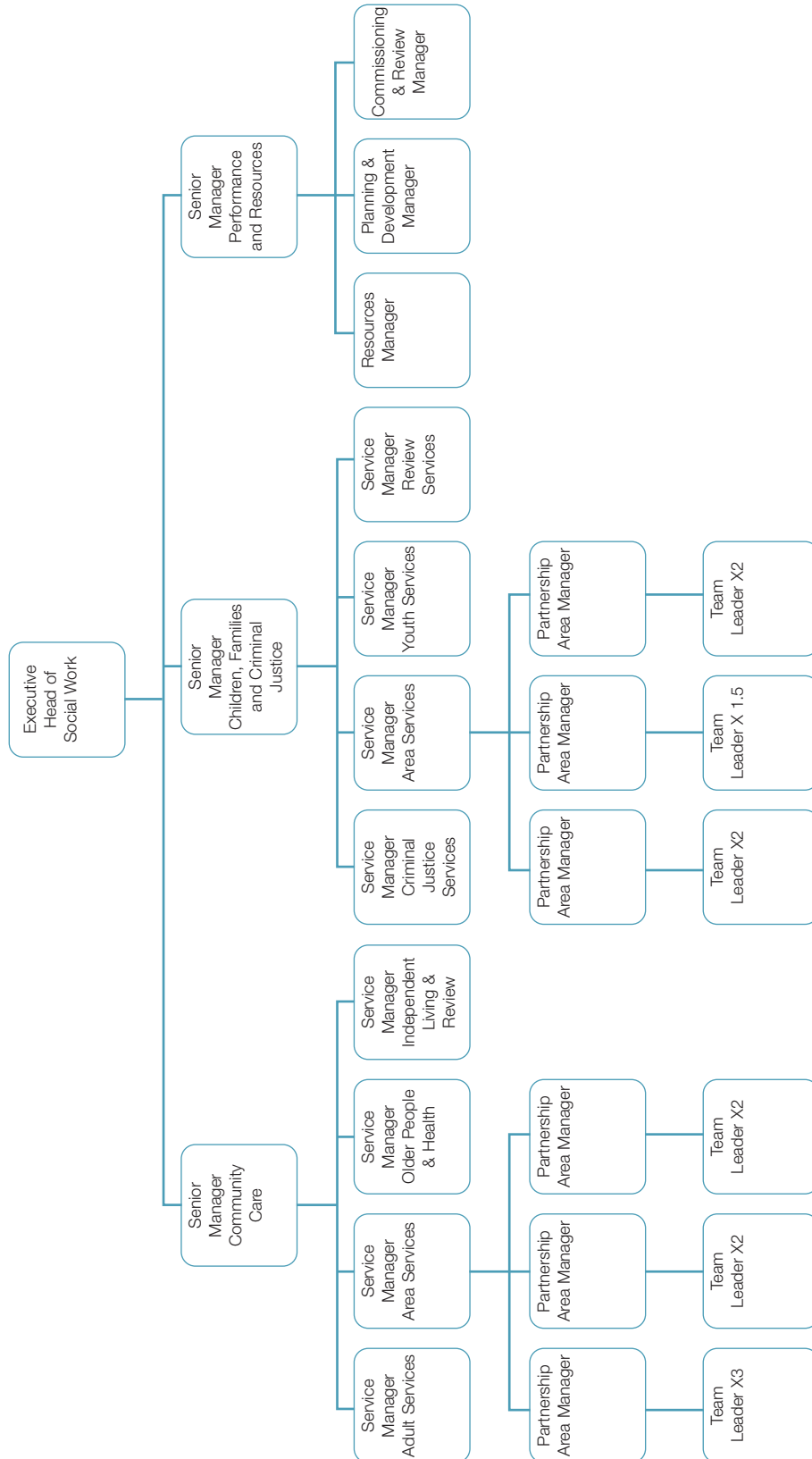
Inspection activity	Number undertaken
Visits to centres and offices	6
Meetings with people who use services	8
Meetings with carers	4
Meeting with front line staff, first line managers and middle managers	33
Meetings with senior social work managers, council officials and elected members	20
Meetings with partner and provider organisations	20
Observation of meetings	20
Observed practice, case file and good practice follow up	16
Total sessions	127

After the inspection

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

APPENDIX 4

Social work services structure



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