social work inspection agency

Performance Inspection

Renfrewshire Council

August 2009

SWIA Performance Inspection **Renfrewshire Council**

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Performance Inspection of Social Work Services

Renfrewshire Council

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Acknowledgement

We would like to thank those who assisted us during our inspection in Renfrewshire. We are grateful to the service users, carers, staff and other stakeholders who took the time to complete our questionnaires and meet with us during fieldwork. We would also like to thank staff at the council headquarters for accommodating us and making us feel welcome.

In particular, we would like to express an extended thank you to the social work staff that assisted us in the case file audit, and to the inspection co-ordinator, resource officer and their team who provided valuable support and guidance throughout the inspection.

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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 10 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 Renfrewshire Council from the file reading and the surveys of service users, carers and staff is 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.

CHAPTER 1

Summary, evaluations and recommendations

Summary

Most people who responded to our survey and we met during fieldwork agreed the services they received were reliable and were of good quality. The service had made significant effort to obtain the views of users. Service users were broadly positive about social work services in Renfrewshire.

We found that the service was moving in the right direction in relation to improving outcomes for people, but improvements were required in some areas, particularly learning disability and home care services. The service had good partnership working arrangements in place and the benefits of this were realised in improving the educational attainment of looked after and accommodated children.

Volunteering and social and financial inclusion were strong aspects of service delivery and the wider community had benefited from the work undertaken in these areas.

Multi-agency working was a key strength with some good initiatives in place. Practice in relation to reviewing care plans and permanency planning required attention.

Partnership working was a key strength with evidence of positive working with partners and the independent sector. However, further work was required to develop and inform the approach to commissioning.

Good progress was being made on performance management. There was a good range and quality of services in place with a number having achieved Charter Mark status.

Staff morale varied across the service which was mainly linked to staffing and absence levels. However, we found staff to be committed to their work and well motivated. Training was of a good quality and supervision and professional development was well embedded.

A clear vision for social work had been established that staff, senior managers, elected members and the chief executive had all contributed to. Leadership was effective and the capacity for improvement was good.

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	Good
4. Impact on the community	Very Good
5. Delivery of key processes	Adequate
6. Policy and service development, planning and performance management	Good
7. Management and support of staff	Good
8. Resources and capacity building	Good
9. Leadership and direction	Good
10. Capacity for improvement	Good

Recommendations

Outcomes for people who use services

Recommendation 1

Social work services need to address, and progress quickly, its performance in relation to *The same as you?* targets and make the transition from a traditional centre-based model of service provision to a more inclusive, personalised and community-based approach.

Recommendation 2

Social work services should commission practical support services for people wishing to take advantage of self-directed support, including direct payments.

Delivery of key processes

Recommendation 3

Area managers across all three areas should conduct a comprehensive review of duty systems and deployment of resources across social work services. They should pay particular attention to the difficulties in the Paisley area team and implement a system that is based on need and resource it accordingly.

Recommendation 4

Social work managers should ensure all care plans are reviewed regularly and follow a SMART format.

Recommendation 5

Senior managers and staff in the children with disabilities team should work together to prioritise the work of the team and develop eligibility criteria for the service.

Recommendation 6

Social work services need to identify barriers to progress in permanency and contingency planning and implement a clear action plan to address this.

Policy and service development, planning and performance management

Recommendation 7

Social work services should implement a consistent approach on the participation of service users and carers across all integrated community care service development forums, including the joint planning and performance improvement groups.

Recommendation 8

Social work services should review home care services without delay. This should be done within a commissioning approach that better supports personalisation, and is able to provide specialist home care expertise to meet need and promote better outcomes.

Management and support of staff

Recommendation 9

The service should make sure that staff and managers are clear about what work requires the professional skills of a qualified social worker and that which non-social work qualified staff can appropriately carry out. This should include ensuring that they have adequate training on the criteria that they should follow and establish auditing processes to make sure that they apply these criteria consistently.

Recommendation 10

In order to complete a comprehensive approach to professional development and supervision the social work service should implement a staff appraisal system and evaluate its impact.

Resources and capacity building

Recommendation 11

The council should make plans and invest in suitable children's residential provision that is more suitable in meeting the needs of the accommodated children and young people of Renfrewshire.

Recommendation 12

The social work service should develop an overall commissioning policy and strategy to better incorporate strategic commissioning into service planning.

Leadership and direction

Recommendation 13

Social work services need to consider the range of reviews taking place and prioritise areas for action over a well planned timeframe that ensures the right changes are implemented.

CHAPTER 2

Context

Introduction

The inspection of Renfrewshire social work services took place between October 2008 and February 2009. 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 Renfrewshire social work service we spent three days examining case files. The team then spent a further two weeks in Renfrewshire Council 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 Renfrewshire. 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 of Renfrewshire Council.

HMIE joint inspection of services to protect children and young people in the Renfrewshire Council area took place during April and May 2008. This included services provided by the local authority, health, police, SCRA and the voluntary and independent sector. The Care Commission annual inspection of fostering and adoption services took place at the same time as the SWIA fieldwork phase of the inspection. We met with foster carers and staff from the adoption and fostering team jointly with care commission officers.

Area profile

Renfrewshire has a population of 169,600 and covers 261 square kilometres. The population density is 650 people per square kilometre. Renfrewshire was identified in 2006 as one of the seven council areas in Scotland with the highest levels of unemployment. The level of deprivation in Renfrewshire (14.9%) is 1% above the Scottish level. A total of 26,321 people (15.4% of the area population) live in the 36 Renfrewshire data zones identified as being in the most deprived 15% in Scotland.

In economic terms, Renfrewshire is a key part of the wider west of Scotland economy centred around Glasgow. Renfrewshire still has a significant manufacturing economy which accounts for 13% of jobs but de-industrialisation in the West of Scotland has led to a decline in employment in Renfrewshire, producing significant pockets of deprivation.

The population of Renfrewshire has decreased by 1.9% since 2001, while Scotland's overall population has increased by 1.6%. From the 2006 based population projections, the population of Renfrewshire is due to decrease by 2.3% by 2016 and 5.8% by 2026. The comparable Scotland figures are 3.0% by 2016 and 4.8% by 2026.

Renfrewshire's under 16 population is due to decrease by 5.2% by 2016 and 10.7% by 2026. The comparable figures for Scotland show a decrease of 2.8% by 2016 and 3.8% by 2026 showing a larger decrease in Renfrewshire compared to Scotland as a whole.

Renfrewshire's population of those who are over 65 is due to increase by 3.6% by 2016 and increase by 6.9% by 2026. The comparable figures for Scotland show an increase of 9.1% by 2016 and 18.4% by 2026. A smaller increase is expected in Renfrewshire compared to the national picture.

The male life expectancy at birth in Renfrewshire is 72.5 which is less than the overall Scotland figure of 74.8. The female life expectancy at birth is 78.3 which is less than the overall figure Scotland figure of 79.7. This varies considerably across different areas of Renfrewshire. The Glasgow Centre for Population Health reports that male life expectancy across the area varies from 64.7 years in Ferguslie to 92.7 years in Houston South whilst female life expectancy ranges from 71.1 years in Ferguslie to 82.9 years in Houston North.

Renfrewshire has the fourth highest rate of alcohol-related deaths in males and the eleventh highest rate of female alcohol-related deaths of all authorities in the UK. A 2004 study suggested that Renfrewshire had the fifth highest rate of problem drug users in the country at 2.41%, compared with the Scottish average of 1.84%.

According to the 2001 national census report, those from a minority ethnic background make up 1.2% of Renfrewshire's population, less than the Scottish figure of 2%.

Criminal Justice social work services

Renfrewshire criminal justice services were inspected in 2005. During the performance inspection the team also inspected criminal justice services. We examined 10 criminal justice case files as part of the file reading exercise[1] and met with criminal justice staff and service users during our fieldwork.

Organisation of social work services

Renfrewshire social work services are led by a director of social work. The director is also the chief social work officer. There are three heads of service that are responsible for: community care; resources; and child care and criminal justice. The social work service has an extended senior management team which is made up of the director, heads of service, area managers, principal officers and managers of joint services.

1 These were not analysed as part of the wider file reading exercise mentioned within the report as a different template was used.

Social work services operate a fairly traditional model in its area team structure that has not changed significantly since local government re-organisation in 1996. Progress had been made in modernising some other services outwith the area teams.

Appendix 1 contains a diagram of the management structure of the social work service.

The service has 1,842 FTE employees with an annual gross budget of £110 million.

Social work provides the following range of services across Renfrewshire:

- Care and protection of all children including those looked after or accommodated by the council
- Services to children and young people in need
- Protection of vulnerable adults
- Services to people with learning difficulties
- Services to people with physical disabilities
- Services to people with mental health problems
- Services to people with addiction problems
- Services to older people in their own homes and to those who require residential care
- Services to carers
- Services to people involved in the criminal justice system

In addition to area-based field work services, there are a number of resources which are Renfrewshire wide. The majority of Renfrewshire wide services are managed by principal officers based at headquarters, however some services are line managed by area managers.

Social work services have their own business support structure, training resource and commissioning and strategy teams. Procurement, legal, and personnel support services for social work are provided corporately.

In addition to social work services that are provided internally, the service also purchases £59 million of services from external providers. These relate to a range of services such as supported living services for adults, residential care for older people and residential and independent foster care for accommodated children.

Partnership working with health was through the Renfrewshire Community Health Partnership (RCHP) and the wider NHS Greater Glasgow and Clyde Health Board. Elected members, the chief executive and director of social work are board members of the RCHP, chaired by the leader of the council. Senior officers from both organisations are members of the joint management group (JMG) which oversees all joint work between social work and RCHP.

Renfrewshire joint children's services partnership was established in February 2008 (prior to this the integrated children's services agenda was progressed by the children services steering group). This body comprises Renfrewshire Council including elected members, Scottish Children's Reporters Administration (SCRA), health, Strathclyde Police and the voluntary sector. The new partnership is responsible for determining the strategic direction of children's services within Renfrewshire and strengthening the links between the children's services planning arrangements, Renfrewshire Child Protection Committee and Renfrewshire's Community Planning arrangements.

Renfrewshire Council has two national services located within its boundaries. These are the Kibble Education and Care Centre and Good Shepherd residential school.

Political structure

Renfrewshire has a Scottish National and Liberal Democrat coalition Administration. There are 40 elected members across 11 wards as follows:

Scottish National Party	17
Scottish Liberal Democrats	4
Scottish Labour	17
Conservative	2

There are 10 Council Boards that operate in Renfrewshire, the Community and Family Care Policy Board is the main body social work services report to. The remit of this board is to exercise the functions of the council as a social work authority including its functions in relation to children and families, criminal justice, community care and social work services.

Inspection methodology and process

The structure of this report is based on the SWIA performance inspection model, which asks 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 Appendices 2 and 3.

CHAPTER 3

Key outcomes for people who use services

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

Social work services performed to an adequate standard in achieving positive outcomes for people who used services, with strengths just outweighing weaknesses.

We define outcomes as the direct benefits in people's lives that result directly from the services that they receive. In Renfrewshire, people who used services were generally positive about the services they received.

Social work services had processes in place for monitoring performance at a higher level, though these systems were not sufficiently well connected to front line service provision. There was evidence that some services had begun measuring outcomes for people who use services but this was not consistent.

Performance in relation to improved educational attainment of looked after and accommodated children was good, joint working initiatives and support services helped achieve this. There was a good range of services in place to support children in need.

Outcomes for children and young people in relation to community placements, placement moves and throughcare planning needed to be improved. However young people using throughcare services were very positive about what services had helped them achieve.

Services for individuals who had substance misuse or mental health problems were helping people recover and were valued by both service users and their carers.

Services for adults with learning disabilities were not delivering consistent positive outcomes and continued to be delivered on a predominantly traditional basis. The impact of occupational therapy flexible working was having a positive impact on people with physical disabilities, but a more personalised approach to services should be progressed.

Services for older people were not delivering on shifting the balance of care and social work services need to take action to address the poor performance in home care.

Measuring outcomes

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

Social work services provided us with documents which showed that senior managers were routinely monitoring high level performance and deciding on any necessary remedial action. During our fieldwork we saw further evidence that there were appropriate performance monitoring processes and procedures in place. Moreover, some services were gathering

performance data and beginning to measure outcomes for service users. For example, services operating in the Open Futures initiative were measuring outcome data in relation to the number of service users who had been assisted into employment and sustained it for a period of six months[2]. The Renfrewshire Drugs Service had been gathering data on waiting times and occupational therapists were collecting data on service users level of dependency before and after they had provided their service.

However, staff across most services were not routinely recording information on the outcomes from their work. There was no systematic approach to gathering this data. Senior managers acknowledged this area of practice needed to improve. Managers said they had plans to use Talking Points[3] as a means of both helping staff focus on outcomes and deliver more consistent outcomes data.

Views of people who use services on outcomes

We asked people who used services to tell us about the following outcomes in our survey:

- Whether social work services helped them achieve more independence
- Whether social work services helped them feel safer, and
- Whether social work services helped them feel part of their community.

The majority (59%) of respondents in our survey told us that social work services had made them feel part of their community and most of the respondents said that these services had helped them feel safer (78%) and lead a more independent life (75%). A service user told us:

'I moved house and the social work helped me in many ways….help with my car, phoning my work…aids in the home which help alert us to the door, smoke alarm etc and this lets us lead more independent lives.'

Views of carers on outcomes

Carers who took part in our survey were generally positive about the social work service they received in Renfrewshire. The majority of carers said they felt consulted, listened to and had a say in how things were done. The majority said that the services provided to the person they cared for had improved their quality of life, made them feel safer and helped them lead a more independent life. However, less than half (49%) of the carers who took part in our survey felt valued and supported or that they were helped to have time for family, work or other commitments. These results were comparable with other local authorities.

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2 The Open Futures initiative assists service users with learning disabilities, mental health difficulties, substance misuse problems and ex-offenders into employment. Enable, Phoenix Futures, Apex and The Renfrewshire Association for Mental Health were part of the consortium of voluntary organisations involved.

3 Previously referred to as UDSET User Defined Service Evaluation Toolkit. UDSET has been developed by the Joint Improvement Team to support a focus on the outcomes important to users of community care services in Scotland. There is a related version (CDSET) for unpaid carers. Further information is available at http://www.jitscotland.org.uk/.

Most carers we met during our fieldwork did not feel social work services had fully considered the support they required to continue their caring role.

Views of partners and stakeholders

Almost all (90%) of the partner and stakeholders who responded to our survey thought social work services provided good outcomes for people who use services and their carers. Several organisations thought developing more effective partnership working arrangements would help improve outcomes.

File reading

We read the case file records of 105 individuals during our inspection (65 adults and 40 children). The outcomes for service users were positive, results were generally consistent with the average results for other Scottish local authorities to date.

Most (78%) case files contained a care plan. In almost all (90%) of these cases, the objectives in care plans had been or were in the process of being met. In most cases, the individual had been helped to access mainstream services and the majority of individuals had seen an improvement in their circumstances during the period under scrutiny. In most cases changes in dependency were in keeping with the individual's needs.

Children in need

The Renfrewshire joint children's services partnership had published an interim plan in June 2008, which focused on ensuring that children and young people were *Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included*[4].

We heard from parents who attended both Family Matters and RaMPS (Reparation and Mediation/Parent Support) groups that interventions from staff had helped them improve their self confidence, develop their social or parenting skills and become more independent. They felt less isolated and more confident about caring for their children because of the support and advice they had received.

The Mentoring Support project worked with young people who were at risk of, or who had been looked after. An evaluation of this service in March 2008 found positive outcomes associated with project involvement in relation to school attendance, employment and further education. Improvements in confidence and self esteem were also highlighted in the evaluation, a view echoed by the young people we met.

We also heard from a group of young carers who had been attending the Renfrewshire Carers Centre. These young carers told us of their challenging and often socially isolating experiences

4 These are the seven well-being indicators for children and young people.

of caring for a parent or sibling. The Carers Centre had provided them with a valuable and safe forum for discussing their difficulties, which importantly had helped them continue caring for their parent/sibling.

Staff and foster carers told us the children and adolescent mental health service (CAMHS) service was good, with particular praise for the looked after and accommodated (LAAC) nurse. However a general comment was that the waiting lists to access CAMHS were long and it was difficult to receive a service following consultation.

Children with disabilities

Renfrewshire had increased the total number of overnight respite provided to children with disabilities aged between 0-17 years in 2008 to 78.9 per 1,000 population. This was higher than the Scottish figure in 2008 which was 53.3 per 1,000 population. However, the total number of day time respite hours provided had decreased, though it was still above the Scottish average (896.6 per 1,000 population compared to 775.7 per 1,000 population)[5].

Child protection

Her Majesty's Inspectorate of Education (HMIE) had inspected child protection services in April/May 2008 and had rated Renfrewshire as one of the best performing local authorities in Scotland[6]. HMIE found that children and their families were helped by staff who knew them well and who took children's views into account when planning for their needs. Staff formed meaningful working relationships with families/children, and properly acknowledged improvements in their circumstances. Children's needs were being met through a diverse range of programmes aimed at improving safety, which included information on drugs, alcohol and sexual health. Children were offered appropriate support to ensure they received the education they needed and the number of children being excluded from school was reducing. HMIE found children's lives had improved as a result of interventions by a range of services.

Renfrewshire received 347 child protection referrals in 2008 which was equal to 11.3 per 1,000 population aged 0-15. This was lower than the Scottish average of 13.5 per 1,000 population aged 0-15. Of the 347 child protection referrals, 248 were discussed at a case conference. This represented 8 per 1,000 population aged 0-15. This rate of case conferencing was significantly higher than the Scottish average of 4.7 per 1,000 population. We found that staff across social work services and other agencies had a good awareness of child protection issues and that work had been done to raise public understanding. We comment further on this in Chapters 4 and 5.

5 For further details see Audit Scotland's Performance Indicators 2007/08 at http://www.audit-scotland.gov.uk/performance/service/.

6 A copy of the HMIE report 'Joint inspection of services to protect children and young people in the Renfrewshire Council area' (October 2008) can be found at http://www.hmie.gov.uk/documents/services/RenfrewshireReport.pdf.

Renfrewshire had 106 children on the Child Protection Register on 31 March 2008, which represented 3.4 per 1,000 of its population aged 0-15. Renfrewshire's figure was higher than the Scottish average figure of 2.7 per 1,000 population. There had been a significant rise in the number of children on the Child Protection Register in 2008 when compared to the figures over the previous five years. Staff commented that they thought the high prevalence of drug and alcohol use were key factors in this rise.

Looked after and accommodated children

On 31 March 2008, Renfrewshire provided services to 663 looked after children (both at home and accommodated). This was equivalent to 1.8% of the 0-18 population, which was higher than the Scottish average figure of 1.3%.

Social work services had invested resources and effort to help maintain looked after children at home or in community placements. Renfrewshire continued to have a higher percentage of children living in residential care (14.3%) and a lower percentage living in a community setting (85.7%) compared to the Scottish average (11% and 89%). They had conducted a recruitment drive to boost the number of community foster placements available and this had produced a 42% increase in the number of foster placements over a two year period. It is important that the council continue to develop the range of community based options for young people who are accommodated.

Of the 420 children looked after away from home on 31 March 2008, 80% had been in placement for one year or more and 33% had been in three or more placements. The Scottish average is 71% and 31% respectively. We comment later in the report about drift in permanency planning. It is important that senior managers explore the factors contributing to the below average performance in this area.

Educational attainment of looked after children

In 2006/07, 77% of all care leavers in Renfrewshire obtained at least one qualification at SCQF level 3 or above[7]. This was greater than the Scottish average of 52% and an increase of 17 percentage points on performance in the previous year. Figures for children who were looked after at home were slightly better than those who were looked after away from home (79% and 76% respectively). In the core subjects of maths and English, 45% of all care leavers obtained qualifications at SCQF level 3 or above in the period. This was greater than the Scottish average figure of 34%. Figures for children looked after away from home were better than those for children looked after at home (60% and 32% respectively).

Social work and education services had invested in mainstream and specialist service provision to improve the outcomes for looked after children. There was a co-ordinator for looked after

7 Scottish Credit and Qualifications Framework Level 3 is equivalent to Standard Grade at Foundation Level.

children in every school and every looked after child had a named educational psychologist. Their roles were to make sure that the needs of looked after children were properly assessed and addressed. These staff were supported by the extended support team system operating in every school. This system provided a multi-agency forum for discussing the best way in which to meet the additional support needs of the child/young person. These systems were contributing to positive outcomes in relation to educational attainment for children. The Mentoring Support project had set their own outcome targets in relation to education attainment which they exceeded. Support from this project had also contributed to the achievements made.

Adoption and fostering

The Care Commission undertook their annual inspection of fostering and adoption services at the same time the SWIA fieldwork was taking place. The previous inspection by the Care Commission in August 2007 found that the service was performing well. Recommendations made were in relation to information for young people and a handbook for carers. During fieldwork we held focus groups with staff and foster carers with care commission inspectors.

Throughcare and aftercare services

In 2007/08, there were 61 care leavers in Renfrewshire, of whom 28% had a pathway plan and 34% had a pathway co-ordinator. By comparison, the Scottish figures were 55% and 57% respectively. Young people in residential care told us they thought their pathway planning started later than they thought it should have. The annual throughcare report 2007/08 states that where a young person is remaining in a residential unit then a worker will be allocated nearer the time the young person is likely to move on. Those young people no longer in residential care receiving a throughcare service told us pathway planning had started at the correct time for them.

In 2006/07, 68% of care leavers were still in touch with social work services compared to the national average of 88%. Renfrewshire Council did not provide figures for the 2007/08 period.

Young people who were using the throughcare service told us that it was a valuable service that had helped them become more independent. They spoke very positively of the help they had received in moving on from residential care. With this help the young people had become more confident and were accessing mainstream services. Young people were particularly positive about staff always being there *'no matter what'.* The housing support project had 'satellite flats' for young people to secure their own tenancy which was a useful resource.

Youth justice

Agencies were working well together in responding to youth offending and anti-social behaviour. These included, social work, education, housing, police and the reporter to the children's hearing. The Mentoring Support project had been successful in helping young people remain in education, gain qualifications and find employment.

Good practice example

The Mentoring Support project supports up to 60 young people at any one time who are accommodated or at risk of being accommodated. It provides support to engage young people in education, training and employment and improve confidence and self-esteem. Young people spoke very positively about the support they received and targets set by the project had been exceeded. The project uses mentors from all walks of life which young people feel makes a difference. The project received a CoSLA Gold award in 2008. An external evaluation also reported positively on the work of the project.

We noted that there had been a steady decline in both the national and Renfrewshire figures for the percentage of children aged 8-16 who had been referred to the reporter on offence grounds over the last four years. In 2007/08, 387 young people had been referred to the reporter on offence grounds. This represented 2.11% of the Renfrewshire population in that age range, which was below the overall Scottish figure of 2.64%.

The number of persistent young offenders referred to the reporter in 2007/08 was 20. This represented 0.11% of the population aged 8-16 and was lower than the Scottish average figure of 0.23%. Reducing the number of persistent young offenders by 10% (from the 2003/04 baseline) had been a national target under the previous administration and social work services had seen a 25% reduction during that period.

Criminal justice

Between 2005/06 and 2007/08 the percentage of new offenders seen within one week of their order being made rose from 75% to 90% in comparison with the national average over the same period of 58% to 63%. Performance was just above the national average in respect of the proportion of reports submitted to court on time (97% compared to 96%).

Performance had deteriorated in respect of the time taken to complete community service orders. In 2007/08 this had reduced to 2.7 hours per week, which was below the national average of 3.3 hours per week. Social work services provided us with their own figures showing some improvement in 2008/09 (3 hours per week). We comment on this further in Chapter 6.

Community care services

Older people's services

Overall, Renfrewshire did not perform well in shifting the balance of care for older people. They had a higher proportion of older people in care homes and a lower proportion receiving home care services compared to the national average.

At March 2007 there were 1176 older people living in care homes in Renfrewshire. This was equal to 42.8 per 1,000 population aged over 65 years which was higher than the Scottish

average of 38.3 per 1,000 population aged over 65 years. There were nine day care services for older people in Renfrewshire and 358 places. This was equal to 13.0 places for 1,000 population aged over 65 years which was higher than the Scottish average of 8.1 places per 1,000 population aged over 65 years.

During the inspection we found some examples of services and multi-agency care arrangements which were helping older people remain safely at home, these included Renfrewshire 24, community alarm and responder service, telecare and the rapid response team.

Home care is one of the key services for older people. As of March 2008 Renfrewshire had supported 1490 people aged over 65 in home care. This was equal to 54.2 per 1,000 people aged over 65 and was below the Scottish average of 65.4 per 1,000 population. Of the 1490 people aged over 65 receiving home care, 1130 were receiving free personal care. This represented 76% of the total group and was slightly below the Scottish average of 79%.

In 2007/08 home care was ranked in comparison to other Scottish local authorities as:

- 25th out of 32 for the total number of home care hours provided (as a rate of 1,000 population aged over 65)
- 20th out of 32 for number of home care service users aged over 65 receiving personal care as a percentage of clients
- 20th out of 32 for the number of home care service users aged over 65 who were receiving home care (10+ hours)
- 25th out of 32 for the number of home care clients aged over 65 receiving care in evenings/overnight as a percentage of clients
- 18th out of 32 for the number of home care clients receiving care at the weekends as a percentage of clients[8].

Social work services provided us with performance management reports that showed the number of older people receiving personal care at home in the evenings and at the weekends had risen. They were shifting home care support to meet the needs of those with long term conditions or more complex care requirements in order to help them remain safe at home. We found some improvement in the performance of home care in the past few years but still had concerns about how well the provision of home care services was meeting the needs of service users, and how well it was contributing to shifting the balance of care. We comment further on home care in Chapter 6.

8 For further details see Audit Scotland's Performance Indicators 2007/08 at http://www.audit-scotland.gov.uk/performance/service/.

Delayed discharge

Social work and health services had made progress in reducing the numbers of service users who had a delayed discharge from hospital which was over 6 weeks in duration. There had been a year on year decrease in numbers from 46 in 2004 to zero in 2007 and 2008. Social work had also increased staffing capacity at the Royal Alexandra Hospital in order to ensure that all those service users who required a service got one. However, at the start of our fieldwork in February 2009 the number of delayed discharges had increased to 10 and reduced again to one at the end of fieldwork. We contacted the Joint Improvement Team (JIT) who confirmed that Renfrewshire's performance had generally been excellent and the sudden rise was surprising. The Minister met with the leader of the council and offered the assistance of the JIT, but prior to them meeting with the council the matter was resolved. The JIT expected them to sustain zero delayed discharge at April 2009 and beyond. A zero target was achieved at April 2009.

Learning disability services

We read the Renfrewshire *Partnership in Practice* document which detailed the work that had been done in relation to SAY?[9]. This set out the key priorities for social work and its partners in 2007/10. During fieldwork we found considerable room for improvement in delivering positive outcomes for adults with learning disabilities. A joint health and social work learning disability team had been established in May 2008 and a review of learning disability day services had been completed in September 2008. A detailed plan for day services will be completed in late 2009 which will include elements such as, the re-provisioning of two day services within leisure services. These intentions to modernise services will hopefully improve the outcomes of service users and provide a more community-based approach.

There were 885 adults with a learning disability known to social work services in Renfrewshire in 2007. This represented 6.2 per 1,000 adult population and was above the Scottish average figure of 5.5 per 1,000 adult population. Of the adults with a learning disability in Renfrewshire:

- 4% had been using the services of a local area co-ordinator compared to the Scottish average of 13%
- 8% had a personal life plan compared to the Scottish average of 32%
- 16% had employment opportunities compared to the Scottish average of 16%
- 28% were in further education compared to the Scottish average of 20%
- 20% lived in their own tenancy compared to the Scottish average of 33%
- 48% attended a day centre full time (i.e. 5 days a week) compared to a Scottish average of 25%
- 10% had alternative day opportunities compared to a Scottish of 27%[10].

9 *The same as you?* A review of services for people with learning disabilities; Scottish executive 2000.

10 The Renfrewshire figures for those attending a day centre full time and those with alternative day opportunities are estimated figures.

The low performance in comparison to national figures was reinforced by many comments from service users and carers we met. This is discussed further in Chapter 4.

The director of social work services told us that there were plans to improve services for people with learning disabilities, however there was a need to develop this further and more quickly.

Recommendation 1

Social work services need to address, and progress quickly, its performance in relation to the *The same as you?* targets and make the transition from a traditional centre-based model of service provision to a more inclusive, personalised and community-based approach.

Physical disability services

Renfrewshire Council, Renfrewshire Community Health Partnership (RCHP) and NHS Greater Glasgow and Clyde had commissioned consultants SMCI Associates to examine services to physically disabled service users and those with a sensory impairment. The report stated that when people contacted independent living services (i.e. services to disabled people and those with a sensory impairment), it was most commonly in relation to occupational therapy assessments. Social work services had modernised its occupational therapy service by introducing mobile working for its staff. This had led to a considerable reduction in waiting times from 70 days in 2006/07 to 35 days in 2007/08. We make a good practice example of this in Chapter 6. The council had also developed a self assessment process for occupational therapy services.

In 2007 there were 173 people attending day care services. This was equivalent to 1.6 per 1,000 population which was higher than the national average of 0.5 per 1,000 population. Service users we met who were using the Disability Resource Centre said that it was helping them stay personally and socially active.

Mental health services

The social work service, in partnership with health services, had made shifting the balance of care towards care at home a strategic priority. They had put in place complex packages of care to support individuals in making the transition from hospital to appropriate community based accommodation following the closure of Dykebar Hospital. At the time of our inspection 43 of the 72 individuals requiring such complex packages of care had received them. Social work and health were aiming to provide the remainder with services by March 2009. We confirmed that this had been achieved. Staff told us that this re-provisioning process had gone well and that the council and its partners had taken steps to ensure that no one discharged from hospital had to go into homeless accommodation. However, staff also pointed out that there was a lack of supported accommodation for some younger adults with mental health difficulties.

Social work and health services were committed to promoting positive outcomes for service users with mental health difficulties and were providing clearer, more effective pathways to services. Specifically, social work staff told us that the number of service users with mental health problems in employment/training had risen from 106 in 2005/06 to 214 in 2007/08.

Social work and health services had funded and staffed a joint community mental health team, an older adults community mental health team and a crisis and assessment team. Many service users told us that staff had helped them become more independent and socially active. They praised the approach that community-based services had adopted.

Substance misuse services

The number of people with addiction problems using Renfrewshire addiction services had increased considerably between 2005 and 2008. In that period, the number of service users who had accessed alcohol services had risen from 121 to 743 and similarly in drug services from 578 to 845. Staff told us that demand had been so high that service users were now waiting for assessment and treatment. The waiting time target was 21 days, however we were concerned that the average waiting times for drugs services had increased to 131 days. Addiction managers told us this had recently reduced to 78 days. This was achieved by investing in more prescribing capacity and new addiction liaison workers being based in homeless accommodation to support services users and complete assessments.

The individuals we spoke to who were using drug services were very positive about the help they had received. They stated it had been vital in helping them recover from drug misuse. This was summed up by one woman who had had serious drug problems who told us that, had it not been for the critical medical attention and ongoing practical and emotional support she had received from the Renfrewshire Drugs Service, '*…I [she] wouldn't be alive today*'.

Personalisation of services and direct payments

'*Personalisation enables the individual… to find the right solutions for them and to participate in the delivery of a service. From being a recipient, citizens can become actively involved in selecting and shaping the services they receive.*'[11]

Social work services identified personalisation as a key strategic priority but we found this was not yet reflected in practice. Providing individuals with greater control over the budget for purchasing services, through direct payments, is a key component in the success of the personalisation agenda. A self directed support service within the council had been created to develop and promote the uptake of direct payments and provide support and advice to staff on this.

11 *Changing Lives.* Service Development Change Programme, 2007.

We found performance in relation to direct payments lower than the Scottish average. There had been a year on year rise in the number of service users receiving direct payments between 2003 and 2008, but the actual numbers this related to were still low. In 2008, 45 service users had received direct payments, this represented 2.7 per 10,000 population and was significantly lower than the Scottish average of 5.1 per 10,000 population. People with physical disabilities were the biggest group accessing direct payments. The estimated average value of these direct payments was £11,100 which was slightly above the Scottish average of £10,800.

At September 2008 there were 142 individuals who had used the Independent Living Fund. This comprised 122 individuals who had used the 1993 fund and 20 who had used the extension fund. The total number represented 8 per 10,000 population, which was higher than the Scottish average of 7.4 per 10,000.

We were told by some service users with physical disabilities and learning disabilities that they were unclear how to access direct payments. They had not seen any information about direct payments and staff had not explained the potential benefits that these could bring.

We found different views from staff on the benefits and understanding of direct payments. Some staff told us that it was difficult to access direct payments for service users because of the complicated financial arrangements operating in the area teams. This was confirmed in a report that was prepared by SMCI Associates for the older people's joint planning and performance group, which noted that the key issue for developing direct payments was in addressing '*…the complexity of the funding mechanism as the money had to come from area budgets and this could take time to negotiate.*' One senior manager told us that direct payments had been more suited to service users with physical disabilities than those with a mental health difficulty or learning disability. Some day care staff said that they thought people with a learning disability generally did not want to take on direct payment arrangements. Conversely, area managers told us that they thought the review of learning disability services would herald a greater uptake of direct payments.

Managers gave us some examples of where person centred commissioned packages were in place. However, we did not find that self directed support was as well promoted as it should be and that a personalised approach to services needed to be developed further. There was a lack of endorsement and support from staff about direct payments alongside a process that made this option difficult to access.

Recommendation 2

Social work services should commission practical support services for people wishing to take advantage of self-directed support, including direct payments.

CHAPTER 4

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**
- **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

The impact of services on the lives of people who used them was good with important strengths and some areas of improvement

Most service users and carers who responded to our surveys were positive about the help they had received. It had improved the quality of their lives and helped them be more independent. The majority thought they had been properly consulted about their care. Some people we met were more critical about difficulties in finding out about services, resources for people with learning disabilities and limited support for carers. There was a perception by carers and service users of a high turnover of social workers.

Social work services had made significant efforts to obtain users' views about services. This had been done through surveys, focus groups and consultations. In these ways social work services had been more proactive than many others.

Views of people who use services about their experiences

Overall service users in Renfrewshire who responded to our survey were positive about social work services. In focus groups with service users and carers many told us about the good relationships they had with their social workers and home carers. We also heard a range of views about the quality of social work services. A service user told us:

'I have been under the social work department since the age of three years as I was fostered…. I was a single parent and needed help until my boy was 15 years… I was homeless but found them there as I was in trouble …. I can honestly say that social work has played a great help in my life.'

Young people we met were very positive about the Mentoring Support project and throughcare support they received. They spoke highly of the staff from these services and thought they were '*brilliant…responsive to needs… and always there*'. Many of the young people we met were not as positive about their relationship with their social workers as they did not think contact was as regular as it could be.

Social work services had held consultations with accommodated children, young people involved with throughcare services and those on the child protection register. Respondents were mostly positive about their experiences, and had made suggestions about various matters including better family contact and more flexibility within their residential home. A series of action points had been drawn up to improve the care offered by residential homes.

People with learning disabilities criticised the limited range of activities in day centres. They did not think there were enough community based activities or enough choice and found some of the activities that were available '*boring*'. They were aware some changes were planned for the day centres but were not optimistic, or clear on what these were going to be. They told us there was a lack of support to access mainstream services, this was available through the Flexicare project but waiting lists were long.

Service users who attended the Flexicare project spoke positively about the service. They enjoyed meeting for lunch and taking part in the activities available.

Good practice example

The Flexicare project works with service users with a learning disability or autistic spectrum disorder to access mainstream services. The service has a post dedicated to ASD issues and provides post-diagnosis support to children and adults. The project has over 100 volunteers. A parent of a man with a learning disability told us *'My son is not at all independent and cannot go out by himself. The staff and volunteers are just so wonderfully kind to him and supportive…it is a really good evening out for him…'*

Service users told us there was a great need for supported tenancies, both for young people who wanted to be more independent of their parents, and middle aged dependents of elderly parents who were fearful of what would happen in the future. The services local performance indicator shows they have made progress in this area over 2008/09 with an improved number of adults with a learning disability in their own tenancy. There was much praise for the respite care provided through Weavers Linn respite facility. Carers told us this service had been planned exactly in accordance with their wishes.

People with mental health problems were positive about the services they received. They described a holistic approach of counselling, psychological intervention, day centres, and a range of groups which had made a real difference to their lives. These services had helped them recover and regain confidence. They also thought workers from different disciplines worked well together in providing care for them.

Service users who attended the criminal justice groupwork programme (Positive Steps to Stop Offending – PSSO) all spoke positively about the content of the programme and how it could help them consider their behaviour. They all felt they were treated well and with respect.

Older people we met were very positive about their experience of social work services. They said the community alarm arrangements worked very well and made them feel safe at home. They also praised help they received from sensory impairment and home care services, but were less happy about the limited time home carers had to complete their tasks and chat with them. Social work services own survey of the views of users of home care reported a similar finding. Several service users spoke enthusiastically about the support and stimulation provided by day centres. These views echoed the findings from regular surveys of users' views carried out in some day centres. One carer told us:

'At the start when my husband needed care I got a great deal of help from the social work department. Now my husband is very settled in the nursing home there is no need to contact the department. I know they are still in contact with him. They really look after him.'

We found many older people did not know about some services which could have helped them, for example, Care and Repair, Dial-a-Bus and advice services. Members of Renfrewshire seniors forum told us they were able to elicit the views of older people about a whole range of council services and feed these views back to councillors.

Views of carers about their experiences

We heard from a range of carers including those caring for adults, children with disabilites and foster carers that the social work services had a high turnover of social work staff which made continuity of contact or care very difficult. They thought this contributed to long '*temporary*' placements for children and young people.

Carers of adults using services we met were more critical of social work services. Some found difficulties in obtaining information, although those who had used social work for a long time said they had had some good social workers. However, overall they had found it difficult to access services. Only one carer in the group had their needs assessed and none had heard of the new carers strategy. By contrast carers were full of praise for the unstinting efforts of the Carers Centre which was funded by social work services. Staff there were described as '*having turned people's lives around'.* A joint carer's group facilitated by the local area co-ordinator and Carers Centre had been established in 2008.

Parents of children with disabilites told us they valued having a specialist team but were unhappy about transition planning and said that services were not personalised. They also said that they had rarely been offered an assessment of their own needs.

There was praise from young carers about the help they received from staff at the Carers Centre they attended, although they said they did not like the break every six weeks. They thought funding for the project was not going to be continued and were concerned about this. Senior managers told us the intention was that this service would continue to be funded. The young carers wanted teachers and social workers to understand their loyalty to their parents and not try

to deflect them from their responsibilities. They wanted to be listened to more and their circumstances understood and supported rather than their parents being criticised. One young carer told us:

'They offer sympathy but we don't want that. We want help.'

People's views on finding out about services

The majority of service user and carer respondents (50%) to our survey said they found it easy to get information about the range of services that might help them. Most service users and the majority (74%) of carers said they got a good response when they were first in touch with services. A service user informed us:

'When I contacted social work services I found them very friendly and understanding as I was struggling with day to day things and my needs. I was visited quickly and dealt with very satisfactorily, the things I needed arrived quickly and was shown how they could help me; and they have…overall a good friendly service.'

People with physical disabilities and sensory impairments told us they found it difficult to find out about services, but once they were in touch with the Disability Resource Centre there was a quick response. However, they were frustrated with the quality of transport to assist them in accessing services. A corporate review of transport had commenced in October 2008.

Young people we met who were accommodated all said they had copies of the welcome pack explaining services and what they could expect.

People's views on obtaining and using services

The majority (73%) of service user respondents to our survey said they had been given a clear care plan and that their social worker or care manager responded quickly to important changes in their situation. This was consistent with the findings of our file reading where we found a care plan in most (78%) cases.

Most (77%) service user respondents thought there was a good range of services and the majority said they had been given choices about services. Most (75%) said they could rely on services and thought these were of good quality. Almost all (91%) said they were treated with dignity and respect. Older service users were pleased about day centres being open at the weekend.

The majority of carer respondents said they were consulted and listened to and had a say in how things were done. Less than half (49%) said they felt valued and supported as a carer or were helped to have time for family, work or other commitments. This was comparable to our findings in other authorities.

The majority (54%) of carer respondents agreed that the social worker or care manager responded quickly to important changes and that there was a meeting at least once a year to discuss services received. The majority of carer respondents thought there was a good range of services available and that the person cared for had been given choices about the help they received. The majority also thought services were reliable and of good quality. Most respondents agreed that the person they cared for was treated with dignity and respect.

Informing and involving people who use services and their carers

The majority (51%) of service user respondents said they or an appropriate representative had seen a written assessment of their needs and most (76%) said they had been fully involved in deciding what help they should receive. Our file reading found that information was shared with service users in almost all cases and that service user views were taken into account in most (89%) cases.

Less than half of carers had had their needs assessed. Some (31%) had seen a written assessment of the needs of the person they cared for although the majority felt consulted and listened to and had been fully involved in deciding what help the person they cared for should receive.

The local area co-ordinator had a key role in establishing the Renfrewshire LINK service users group for adults with learning disabilities and autistic spectrum disorder. They met every two weeks to discuss services, and one of the members represents the group on the joint planning and performance implementation group (JPPIG).

Impact on staff

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

Staff enjoyed their work and believed in the effectiveness of their service. We found a mixed picture in relation to staff morale. Areas that impacted on morale were concerns about staffing and absence levels and how this impacted on both staff and the services they delivered. Staff also felt that some of the changes taking place should involve them in a more meaningful way, such as accommodation changes.

The vision for social work was well embedded across all service areas and staff groups. Staff were positive about working with colleagues in other teams and agencies and the learning opportunities and enhanced service this offered service users.

Staff told us they had ready access to relevant training. Staff used on-line professional development accounts to access training and to evaluate training events. These accounts provided useful evidence of continuous development for professional registration purposes.

Motivation and satisfaction

Staff motivation and morale

Renfrewshire conducted a survey of social work staff in July 2008. Just over 40% of staff completed the questionnaire. Findings from the SWIA staff survey were broadly comparable on key questions concerning morale, service delivery and quality, and management and leadership.

Across both surveys there was a very high level of agreement by staff that they enjoyed their work. The SWIA survey results pointed to staff identifying a range of success factors which supported job satisfaction. Almost all respondents agreed their services were successful in helping people lead as independent a life as possible and responding effectively in a crisis. Most agreed they were successful in helping people develop their skills and abilities to the full and helped people live less isolated lives.

These high levels of agreement about achieving positive outcomes for service users were mirrored in the enthusiasm demonstrated by staff we met during fieldwork. Staff at all levels, and across services, spoke of the job satisfaction that came from making a positive difference to the quality of life for service users.

Staff told us that being part of a committed team boosted their professional motivation to deliver positive outcomes for service users. These thoughts were echoed in the comments in our staff survey about pride in the efforts and achievements of teams.

We found that these positive responses from the surveys and the fieldwork were tempered by concerns staff had about staff shortages/absence levels and a lack of resources to support their work. Less than half of the staff who responded to our survey agreed that morale had been good in their team for the previous six months. This was comparable with other authorities to date.

Less than half agreed Renfrewshire was able to recruit sufficient staff, which was comparable with other authorities. Senior managers provided us with reports that evidenced service pressures on some areas mainly due to staff absence levels. These absences were leaving staff frustrated about not being able to achieve the high service standards they set for themselves. Comments from the staff surveys included:

'I feel we all work very hard and are willing to go the extra mile to make lives better for the people we work with. More staff would be welcome, with more resources' and *'All my colleagues are highly skilled and dedicated. Unfortunately the last year has seen a dramatic increase in referrals and a high level of staff sickness. Staff morale has been very low.'*

Pressures due to unfilled vacancies or absences were also noted by stakeholders who spoke of pressures on the service and a lack of continuity for service users. We found clear action in place by the extended senior management team to try and address this. They had undertaken a benchmarking exercise with other local authorities on best practice.

We found some of the office accommodation to be of a poor standard for both staff and those using services, particularly the area team offices. There were some plans to move staff to different accommodation, but a lack of consultation with staff and some scepticism regarding the benefits of the moves, had left many unconvinced. They felt there was a lack of proper space in which to spend time with service users and families. Senior managers told us staff had been advised of planned moves at the earliest possible stage. Less than half of the staff who responded to our survey thought their working conditions would improve over the next 12 months. This figure was comparable with other authorities.

Some staff across services expressed concern that their role and responsibilities were not reflected in their salary and demarcation between what was expected of different grades of staff was not always clear. They were disappointed with the outcome of job evaluation and a number of staff were in the process of appealing their grading.

The majority (52%) of staff in our survey agreed that senior managers communicated well, this was above average in comparison to other authorities inspected. The majority also felt valued by their managers. We met staff working in new or redesigned services who told us that managers had been inclusive in engaging with them in planning the delivery of these new services.

The majority of staff in our survey agreed that their workload was manageable within normal working hours. Some staff commented on workload pressures arising from increased demand for services, together with increased levels of complexity, particularly relating to protection issues. They said that statutory obligations and urgent need sometimes meant that considerations about optimum caseload had to be set to one side. They thought their line managers tried to manage this responsibly.

Some of the staff we met spoke of high morale within their teams. Staff highlighted contributing factors to high morale such as, mobile working and stimulating and lively work environments contributing to change and improvement in their service. It is important that managers recognise and take stock of what has impacted on improved or high morale and learn from this in other areas where morale is not as positive. The recently established staff panel may be a useful forum to progress morale issues.

Working with other teams and agencies

The staff survey showed strong working relationships with other agencies and services. Almost all (92%) agreed that their team worked well with other agencies to protect vulnerable children and adults. Most agreed their team had good working relationship with health, education and other social work services. Social work staff and partners we met during fieldwork supported this. Staff stated that whilst inter-agency operational misunderstandings can occur, all staff were equally motivated to resolve any matters.

Different line management arrangements existed in the joint teams of learning disability, mental health and addictions. Some social work staff who were not directly supervised by social work managers expressed reservations that their professional role and development was not always well supported or understood. Staff in the joint teams demonstrated a pragmatic ‘can-do’ approach, not allowing organisational differences to get in the way of integrated assessments and support experiences for service users. Most spoke warmly of the learning benefits from being part of an inter-disciplinary team.

A small number of staff had been involved in piloting the integrated assessment framework. Social work staff were positive about the shared learning and partnership working with colleagues from education in particular, but they recognised practice required to be developed further across disciplines. All staff and partners we spoke to were clear about the importance of joint training.

We heard positive accounts from many staff about developing capacity to provide a more holistic service through training or mentoring input from other teams or disciplines. Home care staff spoke of training from physiotherapists to support a young disabled person through a daily exercise regime, and advice or co-working from addiction colleagues if they needed support regarding an older frail person with an underlying substance misuse problem. Care home staff had had training from dieticians on the use of a malnutrition screening tool.

Addiction and mental health staff said that they used to provide training and mentoring more than they had been able to recently. They told us this had been a loss to them, as well as to other teams, in terms of professional and inter-team development and in enhancing service provision. Training staff had recently been engaged in a training needs analysis of different teams. They were enthusiastic about the potential to identify training strengths and what teams could offer each other to extend learning and development opportunities across services.

Not all inter-agency protocols or procedures had been introduced after joint training. Adult protection training, unlike child protection, was proceeding on a single agency basis. We heard from some staff that reaching a shared understanding with colleagues from health, housing and the police about adult protection roles and responsibilities was presenting some challenges. We thought the positive approach adopted in child protection should be considered when proceeding with developments in the area of adult protection.

Supervision and professional development

Renfrewshire had a social work services Training and Development Strategy 2008/11. Most staff who responded to our survey and those we met with on fieldwork thought they had good access to training. Staff from specialist services felt as included in training opportunities as colleagues from other services.

Social work services had a staff development framework – Individual Development Plans (IDP) – which they planned to make available to all staff. There was a web-based continuous professional development tool which most staff had access to. We found that staff made good use of the tool, both to apply for training and provide feedback on its quality and value.

Staff were generally satisfied that training was organised fairly, prioritising core competences and registration qualification requirements. Some staff praised the support managers provided which allowed them to undertake a qualification or post-qualifying course of study. A few felt workload pressures prevented them from taking up training opportunities.

Staff said that they were not aware of any formal appraisal process linked to supervision which informed their individual development plans for the year ahead.

Surveys undertaken by the social work service and the training team have consistently yielded very positive feedback. This was reflected in focus groups with staff and our survey results, where most respondents agreed they received adequate training. There were encouraging comment from a number of sources which highlighted:

- training was well-organised, accessible and relevant;
- there was appropriate prioritisation of mandatory training, staff spoke of good support from management to undertake external awards;
- qualification targets for SVQ attainment were being met across day care and residential services. SVQ qualifications were now being offered to foster carers;
- the service provided by the training team was helpful and flexible;
- there were good feedback loops to improve training and operational planning;
- multi-disciplinary child protection training was highly rated by staff and stakeholders; and
- a joint training plan for the integrated teams had been developed by health and social work.

Staff ownership of vision, policy and strategy

The majority of survey respondents agreed that there was a clear vision for social work. This finding was significantly higher than the average from inspections to date. Staff we met on fieldwork spoke positively about managers taking time to communicate the vision and also of the encouragement at service level to translate the vision into underpinning objectives in the work of their team. We saw posters displayed in offices and units that outlined the vision and values of social work, some staff made reference to these posters in focus groups. Most agreed that Renfrewshire had a clear set of local social work priorities, this finding was also above the average from previous inspections to date. The vision for child protection was a good example of where staff had a clear understanding and sense of ownership, as was the throughcare service where the team had set out their own version of the vision in their work with young people.

Social work policies and procedures had recently been made available via the intranet and there was a hyperlink to national policies. Staff said this allowed them to keep up to date on policies and procedures and prepare for training. Some staff were able to provide examples where they had been asked to familiarise themselves with a particular policy prior to attendance at a training event. They found this helped refresh their thinking and highlighted adult protection training and related procedures as an example.

We heard some conflicting views from staff about whether they could influence the development of policy and strategy. Some staff said that they had been included in consultation or planning events but that there was *'nothing to show for it'*. They wanted more information about the decision-making process before and after their involvement, to be clearer about the parameters and possible use of their views. Staff who had experienced major change in their service area gave mixed accounts of whether they had been kept well-informed, invited to express their views and listened to.

Some staff working in new services were more optimistic and felt they could suggest changes to make improvements and these would be seriously considered. Other staff appreciated the opportunity to be involved in sub-groups of the joint planning groups, although they thought these arrangements were in the early stage of development.

Almost all staff in our survey agreed that they were aware of the standards their team was expected to follow. The self-evaluation questionnaire (SEQ) referred to team meetings being used to reinforce standards and to provide performance feedback to staff. The majority of staff in our survey agreed their team performed well against local targets and that team meetings were normally purposeful and effective. However during fieldwork we found a more mixed response. Staff who were aware of national quality standards, performance indicators and local improvement targets, were still not aware of how they were performing. Senior managers should ensure that performance information is shared with staff to promote a shared responsibility.

Almost all survey respondents agreed they were aware of their responsibilities set out in the Code of Practice for Social Service Workers and the majority (73%) agreed their employer is fulfilling their responsibilities under the Code of Practice for Employers of Social Work Services. These results were comparable with other authorities inspected to date.

Impact on the community

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

There was a developing culture of public performance reporting, using a variety of means to inform the public about social work services. Elected members, partners and stakeholders valued the services provided by social work. There was also good understanding of the responsibilities, policy and practice of social work services.

Social work services had a strong focus on social and financial inclusion and had been particularly successful in generating income for a large number of service users and assisting people to manage debt.

Volunteering was actively promoted and we found a varied range of volunteering across a range of services that was improving the lives of service users whilst raising community awareness of social work provision.

There was good support to community groups and voluntary organisations who were impressed by the support and partnership approach by social work services.

The council could make some improvements in ensuring it makes best use of involving and developing the work of the local area committees.

Community perception, understanding and involvement

Recognition of the needs of different communities

The council had published a new Renfrewshire Community Plan covering the period 2008/17, which was underpinned by Renfrewshire's single outcome agreement (SOA). The plan included outcomes under the Scottish Government's five national strategic objectives, and gave prominence to specific outcomes that community planning partners wished to achieve for children and vulnerable adults.

Social work area services were organised around three area localities of Paisley, Renfrew and Johnstone. In addition, there were a number of Renfrewshire wide services, including joint teams, which were delivered in partnership with Renfrewshire Community Health Partnership (RCHP). Most social work staff we met were aware of key issues affecting local areas through their access to data about local communities and client group profiles.

The council had a strong focus on social and financial inclusion and had made progress in reducing deprivation. However pockets of significant deprivation remained, with Renfrewshire being one of the ten most deprived local authority areas in Scotland. This was exemplified by differentials in life expectancy between one of the most affluent and one of the most deprived areas, where there was a difference of almost 14 years in life expectancy for men and 12 years for women.

The 2001 census data identified 1.2% of the population as being from minority ethnic communities. We found that social work services had not fully considered the needs of this part of their population and there was no specialist local provision available. This aspect of the local equality agenda would benefit from more attention by social work services, including improving staff awareness. The council contributed to the funding of services located in Glasgow including the Minority Ethnic Law Centre, Scottish Refugee Council and the West of Scotland Racial Equality Council. There had been some migration of people from eastern European countries into Renfrewshire which accounted for 0.5% of the population. The SEQ highlights an information

day held in September 2008 that was targeted towards the Polish community to inform them of the range of services available. The chief executive told us that the council was considering some research with the University of the West of Scotland into the impact migrant workers may have on services.

Information on performance was reported to the public in leaflet format, through the website and the council magazine. The public service panels had been used to seek the views of the community on specific areas such as child protection and the Advice Works service. The former consultation was particularly useful in informing the child protection communication strategy. We read this strategy and could see where the community had influenced its content.

The SEQ mentioned involvement with service users and stakeholders in best value reviews and consultation with residents on service developments. This was reinforced by some service users, carers and stakeholders we met.

Public understanding of the range of social work services available

We heard from partners and staff about public responses to service developments, including the re-provisioning of learning disabilities and psychiatric hospital beds, into more appropriate community-based accommodation and support services. Turning Point thought effective community engagement, in line with the council's policy, was important in such circumstances and spoke positively about the input of elected members and the director of social work in engaging with the local community. This included the development of an accommodation service for people who had offended, and resolving community concerns in relation to accommodation for people with learning disabilities.

Effective multi-agency work had been undertaken in a high profile public campaign to encourage improved public understanding of child protection. Partners and staff told us this had increased awareness. Plans were also well advanced by the Renfrewshire Adult Protection Committee (RAPC) in relation to an awareness raising campaign for adult protection.

Good practice example

The council screened one minute long video 'infomercials' at Braehead and Paisley shopping centres highlighting child protection and what you should do if you have any concerns. Research following this indicated that 80% of people knew who to go to with child protection concerns.

Public recognition of the value of social work services

We found examples of consultation and performance reporting to a range of service user groups and carers as well as the wider community, this included a Renfrewshire Council magazine delivered to all households. Performance reports produced by area teams had specific reference to work undertaken on community engagement, and staff were involved in the annual community

planning conferences. Renfrewshire's public services panel had over 2000 people involved and the council consulted with the panel on a quarterly basis.

As part of its work on community engagement to key groups such as local community councils, the North Strathclyde Community Justice Authority had distributed two newsletters highlighting the positive work that was taking place.

Good practice example

Community Service Team – A community service squad had created a sensory garden at the Disability Resource Centre. Service users at the centre had designed the garden and recorded the transformations as part of their activities in a photography group. Service users told us that they really enjoyed the new garden and were maintaining it with the help of local school children. The garden had been officially opened by an elected member, the director of social work and the chief executive. An important new partnership had been established between the community service team and the Brediland allotments community group. They had cleared and reclaimed land for new allotments and created compost heaps. Each of these initiatives built up public understanding of the community service team and also supported the local green agenda.

Social work services took the lead on providing money advice and information services, which it delivered through three Advice Works teams. These teams included specialist advisors for palliative care, young families and for people with mental health problems. Social work services also funded the Citizens Advice Bureau (CAB) and a local credit union. Advice Works was making a significant impact on local citizens who received advice, information and support on financial issues. In 2007/08 over 6000 clients received a service and additional income totalling £6.6 million was identified. They also provided advice to approximately 2000 people to assist them in managing debt totalling £10.7 million. CAB had 11,000 clients in the same year and the credit union had 1,554 members. The council provided an additional £200,000 for money advice and information services for 2008/09. The Advice Works service was being reviewed at the time of inspection. The director told us the review would recommend a bigger role for this service to build on the positive impact it had on communities. Plans were at an early stage for a new information and advice hub.

Elected members' role in promoting social work services

Renfrewshire Council was organised into a number of Boards. Social work services reported to the Community and Family Care Policy Board (CFCPB). Five local area committees (LACs) which were statutory committees of the council had been established in 2008. These acted as a focus for community consultation and allocated a number of grants. The chief executive told us that the LACs would focus on larger strategic issues although they were still fairly underdeveloped. Elected members were formally involved in the LACs along with senior council officers and a range of representatives from community and voluntary organisations. The head of child care

and criminal justice had made a presentation on the joint alcohol policy statement and addictions strategy 2008/11 to each of the LACs. One elected member we spoke to thought that social work could contribute more to the developing work of LACs and could use them as a means of providing information to the public.

Elected members we met were engaged in promoting social work services and highlighting achievements and challenges in a range of forums. Our survey found the majority of partners and stakeholders thought there was clear political leadership for social work services.

Impact on other stakeholders

Stakeholders' awareness of the range of social work services available

NHS partners, colleagues from other council services and a range of stakeholders we met had a good understanding of the responsibilities, policy and practice of social work services. Social work played a prominent role in the wider corporate agenda and this had contributed to stakeholder and partner understanding of social work functions. They told us there was a strong partnership commitment by the director and this was displayed by staff throughout the service. Stakeholders had a good awareness of how to access the range of social work services. Child protection in particular showed a sound level of understanding and shared responsibility. All partner agencies and stakeholders spoke highly of the key role social work services had taken in promoting this and joint training initiatives were praised for helping to understand and raise awareness on relevant issues.

Partners and stakeholders who responded to our survey were positive and valued social work services. They thought that they provided a good range of services and could see where areas were developing. Comments from the stakeholder survey showed awareness of where services were under pressure, but they also thought that social work managed these well and were able to balance priorities.

We found that many stakeholders participated in a range of planning groups such as the JPPIG. The Carers Centre staff spoke about their recent involvement in the development of the carers' strategy along with carers. Advice Works also provided free training to the voluntary sector to help them understand what their service could offer.

We met with voluntary organisations across children and families, criminal justice and community care. Those providing services for children and people who offend spoke encouragingly about the range of services and their involvement in developments. Community care providers were less positive about services in relation to home care. However, they were upbeat about being involved in the review of learning disability services, this had made them more aware of service provision and the need for improvement in this area.

Stakeholders' recognition of the value of social work services

A number of services within social work had achieved Charter Mark. This included assessment of the quality and impact of stakeholder engagement and a number of services had performed well. Social work staff told us that joint teams had a clear understanding of statutory and wider social work duties and valued social work contribution. Partners and stakeholders told us they valued social work's overall contribution.

Most partners and stakeholders who responded to our survey thought that social work promoted equality and diversity in the workplace and the community. Most also agreed that the social work service was actively involved in initiatives to reduce dependence on services and to promote social inclusion.

The police and fire and rescue services were particularly positive about their engagement with social work services and the plans for future innovative work. The commander of fire and rescue services commented that the director had *'opened many doors for his service and views them as a community resource to provide information'.*

NHS partners commented that social work had contributed fully to the health strategy and on key issues around addiction and obesity and had shown a strong commitment on current and future developments. The chair of the children's panel met regularly with managers from the three area offices and senior managers, and found relationships at all levels effective as they dealt with relevant issues quickly. He also spoke highly about the screening systems social work services had in place with partners and the impact these had in avoiding the children's hearing system being overwhelmed.

Community capacity

Involvement of the community in social work activities

We found that there was good engagement and support to a range of community groups and voluntary organisations. Health improvement initiatives were gaining prominence and NHS senior managers told us that good joint work was developing, especially on tackling obesity and alcohol misuse.

We met with service users who accessed a local resource centre for people with physical disabilities. They told us that the support they received from staff at the centre had helped them access wider community resources. Staff also encouraged the use of the resource centre by the local community. We heard about a number of classes that took place, including a popular Gaelic class. These classes comprised both service users and members of the local community. This approach to integration was strongly endorsed by the service users and staff we met, as was the cost sharing between the resource centre and community organisations.

The Disability Resource Centre had also developed a green gym project using local volunteers to support service users in gardening and physical activities within the Linwood community woodland. They were also developing woodland management to enable the community better access to the area.

We found that a number of directly and indirectly provided services had active volunteer input. This included the Flexicare project, which had 80 active volunteers, and RaMPS which also had a number of volunteers. In 2008 social work services completed an audit of volunteering, which identified that 2,656 people were involved in 86 groups across Renfrewshire. Through a local community planning conference a gap in volunteering opportunities was identified. This led to the current development of a volunteer strategy for Renfrewshire. A voluntary sector compact was launched in 2007 and a key element was the promotion of volunteering.

Good practice example

Reaching Out to Older Adults (ROAR) – Three voluntary agencies (WRVS, Alzheimer Scotland and Renfrewshire CVS) had been jointly funded by social work services and the RCHP to provide a number of lower level preventative and early intervention services to older people. ROAR had over 100 volunteers involved in providing befriending, intergenerational work, transport and services designed to alleviate social isolation. ROAR had good links with local communities and was well connected to a range of community planning partners, including the police and elected members. Referrals had increased during 2008/09 and further service development was planned.

Strategies for promoting or expanding community involvement

Social work services promoted community development and involvement through support and resources to the voluntary sector, and a range of community groups across all service user and carer groups. We reviewed a well designed community toolkit entitled ‘Are you ready for funding?’ This was a colourful, accessible and easy to read booklet which provided clear guidance on how to develop a project and seek funding for it. We found a range of training opportunities provided by social work services that could be accessed by carers, volunteers and staff from voluntary organisations. For example, a basic child protection course was run on a monthly basis for members of the public and training was available for carers on moving and handling.

We noted that a long-term strategy was in place to enhance local fostering capacity, which included work to recruit and support local foster carers. We have commented earlier in the report on the 42% increase in foster carers recruited by Renfrewshire Council. We would encourage continued efforts to recruit local foster carers, especially for older children. Work had also been undertaken to promote kinship care and directly support existing kinship carers. Renfrewshire had 133 kinship carers looking after 200 children and had recently recruited to the post of kinship care support officer to progress this area in line with the national strategy.

CHAPTER 5

Delivery of key processes

We found performance in this area was adequate, with strengths just outweighing weaknesses.

Social work services had effective systems in relation to eligibility criteria and to assist with resource planning and allocation. However we found that day to day planning and resource allocation was of variable quality with some areas needing improvement. This was most evident in relation to duty systems, unallocated work and planning for accommodated children.

Assessment processes were in place across criminal justice, community care and children and families services. There was a need to significantly improve performance in relation to the reviews of care plans across services.

Risk management processes were in place and were in the main effective. Some work needed to be progressed to strengthen this area in relation to adult protection.

We found some good examples of ways in which social work services had developed partnerships with people who used services and their carers, and the use of Charter Mark and Customer Service Excellent (CSE) was positive in helping achieve this.

Multi-disciplinary working was well developed and impacting positively on service users, particularly across children and family services.

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 services that might help them. This level of agreement was comparable with other authorities inspected to date.

There was a range of information for people about access to services. The award-winning Reaching Renfrewshire website[12] was easy to use, provided comprehensive information on social work services, and allowed for online transactions, such as booking duty appointments and carer self-assessments. During fieldwork, we did not find that staff were as familiar as they could be with these provisions.

There was a range of leaflets across service areas available in different formats and languages. The Children Services guide published in 2005 gave information on services for children and how to contact service providers. Carers told us that they valued the services provided by the Carers Centre, including how to find out about services. The WRVS ran an information centre and café for older people in Paisley.

12 SPIN-Soctim (the Society of Public Information Networks and Society of Information Technology).

The majority of staff in our survey thought it was easy for people who used social work services to get information about services available. This was comparable with other authorities we have inspected to date.

The SWIA survey of service users and carers asked people about their experiences of using services if they were from a black or ethnic minority background. Respondents were mostly positive in their views. The council could provide interpreters for people for whom English was an additional language and signers for those with a hearing impairment. In their SEQ social work services stated they had the highest rates of BSL[13] trained staff in Scotland.

Social work services aim was that people requiring services should be able to access these as easily as possible. Duty/intake services operated across the three area teams. We comment on the duty system later in this section. There were joint teams with health services to provide 'one door' access to services, e.g. older adults mental health team, community mental health team and the learning disability service.

Out-of-hours systems

We found differing views between staff, people who used the service, carers and other agencies about the responses from the West of Scotland Standby Service. The majority of staff respondents to our survey agreed that there were effective links between the out-of-hours service and wider social work services. This was comparable with other inspections to date. Less than half of service users and their carers agreed that they got a good service from the out-of-hours service. This was lower than the average of other authorities inspected. Several stakeholders who responded to our survey echoed this view.

Renfrewshire 24 provided planned and emergency out-of-hours home care. Staff and carers spoke highly of these services. Staff told us that the service could deliver greater flexibility by unifying the home care approach across the three area teams, rather than the present approach that divides provision across the boundaries. We discuss home care further in Chapter 6.

Access to offices and units

Social work services stated in the SEQ that it delivered services that were DDA[14] compliant, or had access arrangements in place. Newly designed buildings were much more accessible and welcoming to service users and were better equipped in terms of space and a warmer environment. We found the area offices to be of a poor standard in terms of decoration and space.

Plans were in place for the Paisley area team to move to refurbished offices which would provide better accommodation. There were plans also in place for a new build centre for social work and health in the Renfrew area.

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13 British sign language.

14 Disability Discrimination Act 2005.

Day to day planning and resource allocation

Effective day to day planning and use of resources

Social work services had clear eligibility criteria for community care services, occupational therapy, home care and addiction services. Staff and people who used services and their carers all told us that social work services could respond to people with critical needs effectively in a crisis.

Managers used reports from the SWIFT system to allocate cases, monitor waiting lists and unallocated cases. The service provided us with copies of these which identified cases awaiting allocation in area teams and area wide services. These lists also provided a breakdown of cases held within the duty or short-term teams. First line managers told us they reviewed these lists regularly to prioritise allocation. A mental health co-ordinator managed reviews, monitored waiting lists and allocated work, including referrals from the court.

There were high waiting lists for the learning disability and addiction services. We have commented in Chapter 3 on the action taken in attempt to reduce the waiting times for addictions services. Staff were not sure why the waiting list for the learning disability service was long. Senior managers told us there had been a reduction in unallocated cases since the joint team's inception in May 2008. Some staff in other services expressed uncertainty about the process to refer to this service. It is important this is clarified.

We were concerned to discover 100 unallocated children and family cases in the Paisley area team. We highlight below what was being done to manage these unallocated cases. Staff in children and family teams told us the quantity of cases they were managing, which confirmed those in the Paisley area team were carrying higher caseloads than in the other two area teams.

Duty teams operated differently between each of the three area offices. The Renfrew area team had recently reviewed its structure and had implemented a new model ERA (early response and assessment) which was based on a review of need. The Johnstone area team operated a traditional duty system. Both approaches appeared to be operating well, although we heard from service users, carers and stakeholders about difficulty in contacting the Johnstone office.

Paisley area team operated a different model. Two duty/short-term teams existed, one for community care and one for children and families. There was no clarity as to what constituted short term and these teams managed cases for lengthy periods of time (on average cases were open 25-28 weeks before closure or reallocation). The children and families duty/short-term team in Paisley undertook initial assessment of looked after and accommodated children before it was allocated to the longer-term team if required. Staff we met were confident this was a competent process.

The long-term children and families team was also operating a duty system, which involved them managing the 100 unallocated child care cases. Managers told us these unallocated cases had

been due to staff absence and vacancies. Whilst these cases were unallocated on the SWIFT system they were being seen by social work staff. Staff commented that some of these cases could be receiving higher levels of contact than allocated cases. This involved staff visiting families to assess risk. Service users experiencing this approach could expect to have contact with a range of different staff, and we were concerned that this practice was not ideal from the perspective of the service user but also very difficult to regulate and assure for quality. Staff confirmed our concerns that this way of operating was not productive. Managers told us about plans to reduce unallocated cases by spring 2009, but we remained unconvinced this would fully resolve the difficulties. The duty system within the long term team had been operating for over a year, there were no plans to review it.

The community care short-term team was increasingly under pressure as there was difficulty passing work on to the long-term team. The long-term team had been without a manager for nine months. Other managers were working hard to monitor and review waiting lists. Managers had decided that, from January 2009, the community care long-term team would also provide duty cover. As explained above, when we found this system in children and families we were concerned at its operation, and we share these reservations about the adoption of this approach by the long-term community care team. There was no timescale for reviewing this new system.

We were concerned about the suitability of these models in meeting need, providing consistency of response and in the way that it placed additional pressure on staff. We found a lack of oversight by senior managers of the duty systems across the council and thought they were missing an opportunity to learn what worked well across the different areas. Area managers told us they met on a monthly basis to discuss pressure areas and patterns of demand and that they would deploy resources to areas as required.

Recommendation 3

Area managers across all three areas should conduct a comprehensive review of duty systems and deployment of resources across social work services. They should pay particular attention to the difficulties in the Paisley area team and implement a system that is based on need and resource it accordingly.

Prioritisation and allocation systems

A children in need policy set out a clear definition of need and four levels of intervention: level 1 – input from universal services, level 2 – a single agency assessment promoting the welfare of the child where there were low level concerns, level 3 – an integrated assessment with services provided where level 2 had been unsuccessful and level 4 – a comprehensive integrated assessment where concerns at level 3 had escalated.

There were a range of screening groups which determined the needs of children and their families. We observed a meeting of the weekly domestic abuse screening group that social work, the police and reporter attended, and the multi-agency Youth Justice Early and Effective Intervention Group (YJEEIG) targeting those involved in or at risk of offending. The YJEEIG had adopted a tiered approach to intervention for services targeted at those at risk or involved in offending behaviour. Tier 1: universal, tier 2: prevention/early intervention, tier 3: diversion and tier 4: intervention. The reporter also chaired a case progression meeting to consider steps necessary for children and young people with more serious offending behaviour. A planned admissions group allocated resources for children who faced being accommodated and staff told us that this worked well.

The community care teams used the four levels of priority system for the allocation of resources. Risk was determined as critical, substantial, moderate or low. A senior social worker reviewed this on a daily basis.

There were no waiting lists for home care in either of the three areas. Single shared assessments (SSA) were usually completed within 28 days although services were not delayed until the assessment was completed. In Chapter 6 we discuss some concerns about how this system operated.

Workload management systems

The majority of staff who responded to our survey agreed that their workload was manageable within working hours. The service had recently introduced a supervision policy which included a workload management section. We read this policy which was clearly laid out and easy to use. Some staff knew about this policy and were using it with their line manager, others were not familiar with it but identified workload management as a regular item on their supervision agenda. The majority of staff thought their workload was well managed.

Assessment and care management

Assessment of need

In our file reading we found there was an assessment in almost all of the files. In most of applicable cases the level and/or type of assessment was in keeping with the needs of the service user. This was comparable with other inspections undertaken to date. We judged the quality of the most recent assessment to be ‘good’, ‘very good’ or ‘excellent’ in most instances.

There were chronologies in 38% of children and family files and 18% of adult files, with an average of 26%. This outcome was comparable to many of the authorities inspected so far. The SWIFT system had a significant events section to record chronologies, but staff told us there was a lack of understanding on how to use it purposefully. The service plans to revisit its instructions to staff on this and should ensure it includes the recording of chronologies.

Care management and care plans

There was a care plan or equivalent in most of the files we read. When a plan existed, almost all were up-to-date. There were no significant differences in the existence and updating of plans between those children and families and community care files read. In all the children and families files, the service had completed assessments and care plans within the last 12 months.

The service reviewed the majority of care plans at regular intervals, however, the amount was amongst the lowest recorded so far in our inspections. The service needs to improve practice in this area. There was a record of decision-making or review meetings in the majority of the files and almost all files had a list of action points from decision-making meetings, this was above average to date. Only some contained a timescale for action which was below average to date. Children and families files were more likely to have a stated timescale.

We found evidence of scrutiny by first line managers in the majority of cases, this was significantly higher than the average of authorities inspected to date. This was good practice and we consider that managers could make greater use of this scrutiny to improve practice.

Community care services

Social work and health staff completed SSAs, however staff told us the majority were completed by social work staff. We found evidence of good use of SSA in our file reading exercise. Staff told us about plans to undertake a refresher training session to address quality issues identified in the completion of SSA.

In adult mental health services, there were complex arrangements for case recording between social work services and health services. Service users had two separate records, one was held on the social work SWIFT system and the other was a paper based record. We found that these two systems meant all case records were not always kept up-to-date.

The reviewing team for older people was undertaking reviews of some older adults in residential care and reading the minutes of the homes' review meetings. Staff told us that a significant number of older people were awaiting reviews, and we saw waiting lists that confirmed that this was so. The reviewing team had also taken on some case management responsibility for reviews where people were placed by other local authorities. The reviewing team was under pressure to complete reviews as well as working to improve the quality of care and address specific quality of care issues.

Recommendation 4

Social work managers should ensure all care plans are reviewed regularly and follow a SMART[15] format.

15 Specific, measurable, achievable, realistic, time-limited.

Children and families services

Social work services had developed an integrated assessment framework (IAF) for children's services, which had been piloted by the Johnstone team. Staff using this said it had been working well but they had been surprised at the time it took to complete and the amount of work involved. An IAF co-ordinator had been appointed to help embed the process and support staff in using this. Senior managers said that this would be in every area by 2010.

We found staff in children and families teams had access to a range of useful assessment tools. They told us that the GOPR[16] model was particularly useful. It was positive that staff had a range of tools to choose from but there was a lack of clarity as to what should be used and when which was causing some confusion with staff. Managers should ensure there is clear guidance available to staff.

Staff and parents of children with disabilities told us that the care planning for complex needs was good, but there were often long waiting lists for respite/short breaks or a lack of resources. They all expressed concern about transition planning and delays in young people being transferred to an allocated worker within adult services – a draft transitions policy had been produced in October 2008. Senior managers and practitioners had different views about the causation of these difficulties.

Recommendation 5

Senior managers and staff in the children with disabilities team should work together to prioritise the work of the team and develop eligibility criteria for the service.

The council had specialist assessment services for young people with sensory impairments. The visual impairment team offered assessments for children and the functional assessment team and the visually impaired children's review group were developing integrated assessment and care planning.

There were two LAAC reviewing officers who undertook all reviews for accommodated children. Staff and foster carers told us that there could be difficulty getting the initial LAAC review held, but once this happened the other took place as they should. Young people we met told us that they all had regular reviews and were encouraged to complete the *'Have your say'* forms. We observed two child care reviews which reflected good joint working.

Foster carers, staff and managers expressed concern about drift in permanency planning for many looked after children. This reinforced what we found during our file reading exercise. The

16 Getting Our Priorities Right.

service recognised this and had put in place additional resources to improve this, however we did not find this was having the positive impact anticipated. We were concerned about a lack of clear decision-making by staff and panel members, and about the long time needed to progress permanency plans. Staff said they did not have enough resources at present.

Recommendation 6

Social work services need to identify barriers to progress in permanency and contingency planning and implement a clear action plan to address this.

Scottish Children's Reporters Administration (SCRA)

Social work services had made a concerted effort since 2005 to improve its performance relating to the submission of reports to SCRA within the required timescales. Against a national target to submit 75% of reports on time the service had submitted 66% of reports in the year 2007-08. The Scottish average for the same period was 39%. Social work had good procedures in place with the reporter to monitor performance.

Criminal justice services

We found the service routinely reviewing offender's supervision and the relevant review forms were clear. We did not find the content and detail of these review plans to be SMART enough, and the standard needed to be improved. We also found a lack of a consistent approach to compliance and enforcement of orders made by the court. If staff are to use discretion then it requires to be consistent and operate to clear criteria. This was not the case as staff described inconsistent decision-making when enforcing compliance with offenders subject to statutory supervision.

Carer assessments

Less than half of the carers who responded to our survey had had their needs as a carer assessed. This finding was comparable to other authorities inspected to date.

Senior managers were aware of the deficits in carrying out carer assessments. The most recent extended senior management performance report 2008/09 stated that whilst the reported level of carers assessments did not reflect actual practice, the service was not meeting its target. The report said that there would be an examination of practice in other areas and a review of business performance to identify how to improve.

Young carers we met were very positive about the service from the Carers Centre and received good support, but none knew about carer assessments. Social work services should ensure that they assess and review the needs of young carers.

Risk management and accountability

Inter-agency safeguarding procedures for individuals

The range of inter-agency procedures we would expect to see in place, were in place. The service had adult protection policies and procedures in draft format and was in the process of updating its child protection procedures. We were aware that there had been delays in West of Scotland Consortium of local authorities, Strathclyde Police and other partners finally agreeing these procedures.

The service had devised a risk assessment framework applicable across social work services in December 2008. Practice guidance and a training programme for this was to be implemented during 2009 across social work services.

The child protection committee had a significant case review group. We read a significant case review that we found to be comprehensive and thorough, covering all relevant areas. It identified where practice could have been better and outlined areas for development. It also highlighted areas it thought were good practice. A multi-agency action plan was attached to the review.

Staff told us that they considered the MAPPA[17] processes to be developing well, although gaining effective contributions from health staff was still an area for development. We observed a MAPPA meeting that was effective in managing and identifying risk issues and making appropriate risk management plans.

The homeless service had a sex offender liaison officer whose role was to provide a dedicated housing service to complement the work of other agencies. Staff spoke highly of this role and we considered this as a positive feature.

Child protection

The HMIE joint inspection of services to protect children and young people found that the recognition and assessment of risks and needs to protect children was good. The service made effective use of multi-agency discussions to gather and share information. They found good planning across services to meet the needs of children and young people requiring protection. Staff shared information and worked well together to make and carry out protection plans.

Children and families staff gave us coherent and professional accounts of their risk assessment and management processes. They were using the material contained within the Department of Health 2000 material, adapted for Scotland some time ago. They were confident that this model was appropriate and it was being consistently used.

17 Multi-agency public protection arrangements.

Adult protection

We found a commitment to developing adult protection. The service had revised policies and procedures in October 2008 and was using these. We found these very useful explaining clearly the process and roles and responsibilities of staff across agencies. Training in adult protection up to the time of our inspection had been on a single agency basis. Senior managers said that no one had specific responsibility for the development of multi-agency adult protection training, but the Renfrewshire adult protection committee (RAPC) had established a training sub-committee whose remit was to develop and maintain inter-agency training.

During our file reading we identified concerns regarding the adherence to adult protection policy and procedures. In bringing this to the attention of senior managers they provided SWIA with a response that alleviated our immediate concerns. This related to appropriate recording of 'adult at risk' on the SWIFT system and the subsequent removal of this status following assessment. Further discussion with staff and partner agencies during fieldwork identified that there needs to be a clearer understanding of the term vulnerable adult at referral stage, and appropriate action taken in relation to assessment, case discussion and accurate recording.

Effective management of risk

Almost all staff who responded to our survey agreed that their team worked well with other agencies in protecting children and vulnerable adults. Most (81%) of the staff that responded to our survey agreed that they had clear guidelines to follow when dealing with risk to or from people who use services.

In our file reading, we found that of the files which had a care plan (78%) needs and risks were identified completely in 21%, mostly in 56% and partially in 21%. This finding was comparable with other inspections to date. In instances where there were issues of protecting the primary service user, there was an up to date risk assessment in half of these files with the majority (53%) containing a risk management plan. In one in four of the files where there were concerns about risk to a service user, the file reader considered that the concerns identified were not dealt with according to procedures.

Staff told us that they used different models for assessing and managing risk. For example, addiction and mental health staff used the Sainsbury risk assessment tool, which they found useful and helped to focus their work. Criminal justice staff were using LSI-R[18], RA3 and RA4[19] and SA07[20] appropriately and were confident in their approach.

Staff working in the community with young people discussed the management of risk in detail and with confidence. This included assessing staff safety, lone working and the impact that territorial issues may have on young people and their ability to get on with each other.

18 LSI-R – Level of Service Inventory-Revised.

19 RAI-4 – Risk Assessment Guidance Framework.

20 SA07 – Stable and Acute 2007.

SWIFT had the capacity to flag potential staff safety risks posed by service users. Not all staff, including those in residential settings and home care services, had access to this information.

Foster carers told us they were sometimes concerned about how risk to them from families of looked after children were managed. New foster carer contracts required them to be responsible for taking children to contact and sometimes being present at contact, this was often out-of-hours and at weekends. Social work staff and managers should ensure the right supports are in place for foster carers and confirm that foster carers are confident that these supports are sufficient.

There was effective multi-agency child protection training, which was important in managing risk through raising staff awareness and enhancing communication. For example, staff working in addiction services had taken part in child protection training, as had home care staff.

Partnership with people who use services and their carers

We found some good examples of ways in which social work services had developed partnerships with people who used services and their carers in both adult and child care. In our file reading, we found that most people were purposefully involved in developing their care packages, for example from the files read found:

- almost all had evidence that the services shared key information with the person or with an appropriate representative;
- evidence that the service had taken into account the views of people at each key stage in most (89%) of the files; and
- the service invited the person to attend decision making meetings or reviews in most of the cases.

The Charter Mark awards[21] provided evidence that the service took into account the views of people who used services. Social work services had achieved Charter Mark in 53% (28) of their services, this was represented in a cross section of service areas. There are plans for another ten service areas to achieve CSE in 2008/09.

We found examples of strong partnerships with young people and their families in services provided in the community, for example RaMPS and the Mentoring Project. Young carers were very positive about staff at the Carers Centre but did not feel the same sense of working together with social work or education services. The mental health development workers would be working closely with young carers as one of their objectives for 2009/10.

Social work services planned the Weavers Linn respite centre for adults with learning disabilities in consultation with them and their carers. People who used the service did not feel that they were as involved now that plans were complete and the centre open. People who attended the Disability Resource Centre were very positive about the ways in which they were involved and consulted about changes or developments at the centre.

21 This award changed from Charter Mark to Customer Service Excellence (CSE) in April 2008.

In addiction services, a representative of service users attended quarterly meetings and the JPPIG received feedback from these meetings.

Involvement of people in developing their care packages

Most (76%) service users who responded to our survey agreed that they had been fully involved in deciding what help they should receive. The majority agreed they had had choices about the type of service they received.

The majority of the carers 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. Most (75%) stakeholders responding to our survey said that social work services worked hard to engage with people who use services.

The service had consulted young people using throughcare services about their pathway plans. A group of young people had been involved in a consultation about plans for independent living accommodation. Managers told us that Viewpoint[22] was currently being piloted as a way to improve how young people could have a say in their reviews.

Advocacy

We found there was a good range of advocacy services in Renfrewshire, covering all of the major care groups. Some of the advocacy services had waiting lists, and others told us they did not always receive referrals from social work services. At the time of our inspection the service had a number of proposals to take advocacy forward, for example, the rolling out of carer self-assessments, supporting Renfrewshire Seniors Forum and developing the Renfrewshire Forum in partnership with Who Cares? Scotland.

Inclusion, equality and fairness in service delivery

Ethos and practice of inclusion

We read the service's equality policies. These policies aimed to make sure that disability, race and gender equality were central to all service delivery. However, we found evidence of variation in the extent that the service had fully achieved this in practice.

The Disability Equality Scheme demonstrated the council's commitment to the involvement of disabled people. For example, workshops were held with disability groups to assess the priorities of different groups of disabled people in relation to the services, functions and policies of Renfrewshire Council. Groups have included the Transact Group based at the Disability Resource Centre in Paisley, the Disability Network, hosted by Renfrewshire Council for Voluntary Services and the Visually Impaired Forum. There was an online consultation on the council's website to identify views on a range of services provided by the council and their priorities for improved access and service delivery.

22 An electronic system for recording the views of young people that has been designed in a way that is interactive and includes games.

The visual impairment service provided a wide range of accessible information on services. Renfrewshire Council on Alcohol (RCA) trust provided an innovative project to train people with sensory impairment as volunteer counsellors.

The council's race equality scheme on the website was undated. In focus groups with staff, we found little evidence that the service considered issues or potential issues for people from minority ethnic communities as well as they could. Some staff made reference to interpreting services, but we heard little awareness of discrimination or cultural issues.

Housing services told us that there were more gypsy travellers in the area in the summer and that housing staff had planned contact with them to identify any issues which they may have about services from the council. Housing staff would link with social work services as appropriate.

In youth justice staff told us that there were an increasing number of girls being referred due to offending behaviour. Staff were going to access specific training targeted at how to work more effectively with girls involved in offending.

Overcoming obstacles and barriers

The Mentoring Support project helped young people to be part of their community. Young people who had taken part in the project told us how much they had valued it. Young people receiving a throughcare service told us about opportunities and supports they received to assist them to be active members of their communities.

We found that the Disability Resource Centre was a good resource and people who used it were positive about the services there. We heard that there were appropriate resources for visually and hearing impaired people. We met some people who used services who told us how much they valued the staff at the Montrose centre who read extracts from the local daily paper to keep them in contact with their local community.

Learning disability services were being reviewed at the time of our inspection with a view to offering people a more inclusive service, for example by ending the practice of buses with the council logo on them. The Flexicare project offered a range of opportunities for people with autism or learning disability to take part in community activities.

Whilst we heard about effective work to help people overcome barriers and obstacles we did not gain a picture of a coherent and co-ordinated approach to inclusion across all services.

Multi-disciplinary working

Effective multi-disciplinary working

Social work services identified in their SEQ that the council was committed strongly to multi-disciplinary working. In our file reading we found evidence of multi-agency working, with clearly stated roles and responsibilities in the majority of cases, this was comparable with other authorities.

Most respondents to our staff survey agreed their team had a good working relationship with education (above average in comparison to other authorities) and health services and the majority agreed this also applied to housing services. This was reinforced during our fieldwork as most staff we met spoke positively about their experiences of multi-agency working.

Stakeholders and partners we met, as well as those who responded to our survey, echoed the views of social work staff and felt that joint working had improved over the years. We observed a range of joint meetings and practice across service areas and found multi-agency working to be well established. We found this to be stronger across children and families and criminal justice services.

Staff told us that the corporate parenting policy had helped to widen understanding of shared responsibility between agencies to provide services for children and their families. We saw and heard of close working with schools and staff were generally positive about the role of extended support team meetings. Home link workers were valued by staff and parents. We observed them co-facilitating a RaMPS parenting group with social work colleagues which we found worked very well.

The YJEEIG was working well and a recent pilot scheme had been initiated which involved four police officers being located in secondary schools to build links with the school, the young people and the community.

Throughcare staff highlighted to us a range of areas where joint working was successful both across social work services and across agencies. They spoke positively about the development of relationships with housing services, and the housing advice service in particular, and with Renfrewshire Drug Services (RDS) and the Mentoring Support project. These views were echoed by the young people receiving services.

The impetus in raising the profile of child protection across the council had clearly had a positive impact on multi-agency working. Social work staff, partners and stakeholders all highlighted this as a strength and said that it had made joint-working second nature to them on a day-to-day basis.

In adult protection there was a will across agencies to work in close partnership, but as highlighted earlier in the report some uncertainties in this area meant strong multi-agency working had still to be realised.

Mental health staff spoke of good relationships with children and families teams and Family Matters, and how this had been of real benefit to services users. Service users we met reinforced this view.

Good practice example

Family Matters was targeted at children aged 0-3 years whose parents required support due to substance use or mental health issues. The service was jointly funded by health and social work. The team consisted of social workers, CPN, midwife, drugs workers, health visitor and learning disability nurse providing an intensive service to support families. The service provided a one-stop shop addressing a range of issues. This included parenting skills, health, ante-natal, stress management and child development. Staff were very enthusiastic and motivated about their work which was echoed by service users who described the service as crucial for them. The service also had a crèche and provided transport for service users. The service had gained Charter Mark and a member of staff received a People's Choice award.

Addiction staff worked closely together and work was being undertaken to develop a pathway for people with dual diagnosis. We heard from staff from different services that accessing services from health where there were alcohol problems could be difficult.

Criminal justice staff told us of good working relationships with housing and police. Police officers involved in the management of sex offenders were co-located with those responsible for child protection and domestic abuse. Information sharing and working together were judged to be very effective in protecting children. We thought that working across council boundaries in relation to joint throughcare and sex offender services was well developed and operating well.

CHAPTER 6

Management

This chapter looks at three areas for evaluation:

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

Policy and service development, planning and performance management

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

We found good links between national and local policy and planning, with joint planning well developed and structures in place. We found some inconsistencies in approaches which could be improved, particularly in relation to reporting mechanisms and consistent involvement of stakeholders. There was evidence of good stakeholder consultation and involvement, but a need to ensure engagement was at the right time and feedback mechanisms in place.

Where integrated services existed these were generally working well and providing good quality services, particularly in children and families services.

The range of services across social work was good, but the quality of some needed improvement. This was most evident in services for older people and adults with learning disabilities.

Policy review and development

Comprehensive policy frameworks for all services

In December 2007 social work services commenced a review of area services which had been agreed in a report to the Community and Family Care Policy Board (CFCPB). The project initiation document for the review had stated objectives with a timescale for completion by November 2008. Key staff were identified as workstream leaders, but it was less clear what the tasks were to deliver on this.

Progress on this was superseded by the council wide 3S strategy (simplify, standardise, share) which was the framework to progress the themes highlighted below. This had been presented to the CFCPB in a report by the director of social work in December 2008. He had also provided councillors with a well considered paper on personalisation in October 2008, which was due to be updated with a clear policy and direction.

The key themes were:

- personalisation of services
- development of a mature and sustainable mixed economy of care
- support to frontline services.

The director told us the area services review would recommence with restated objectives, with a timescale for completion by September 2010.

We found a clear focus on national and local policy informing the direction and implementation of change. Progress was best represented in children's services and older adults although in the latter there were some implementation issues. We found limited information on mental health policy development although some effective joint services had progressed in recent times. A scoping exercise had only recently been completed to inform the way ahead for people with a physical disability.

The Best Value Review of Learning Disability Day Services had reported in September 2008. It recognised that the council *'continued to focus on a building based approach'.* A group has been established to develop a plan for a new model to better meet individual need.

The Renfrewshire Community Health Partnership (RCHP) and Community Justice Authority (CJA) were involved in policy development and overview of community care and criminal justice services which reflected the strong partnership approach evident in Renfrewshire. A number of plans and strategies we read indicated strength in research and analysis informing policy and practice development, including the use of external research and consultants. They reflected national policy and good consultation with stakeholders, including service user and carer organisations.

Staff told us they were well supported by a comprehensive range of policies and procedures. Some spoke of being part of groups leading to policy development whilst others said they had not had this opportunity. Knowledge of policies and procedures by staff varied, some frontline practitioners for example, were unfamiliar with the supervision policy although this was issued to all staff in August 2008. All staff we spoke to received supervision.

The recent HMIE inspection of child protection had found that policies and procedures to protect children were very good. We found the joint care single shared assessment framework to be thorough and well laid out and also gave some history and rationale for current policy and practice.

Regular review and updating of policies

The service had reviewed and was rationalising its policies and procedures and had consulted staff on this. A revised set was progressively being loaded on to the intranet to improve their accessibility to staff. There was already a comprehensive set of business process guides for undertaking procedures and protocols on SWIFT. Mechanisms for policy and procedure development, review and dissemination were to be standardised. It was expected this would be fully implemented by September 2009.

Achieving a better balance of care in both community care and children and families services was a key priority for social work services. There were high numbers of older people in residential care, but older people were also being better supported at home through the development of intermediate care services, the expansion of telecare and the efficiency and effectiveness of occupational therapy. At the same time some outcome figures were still at the lower end of national benchmarks such as home care at evenings and weekends.

We questioned the coherence of policy and implementation as care home places had increased compared to a decrease for Scotland as a whole. The capacity of extra care housing to meet higher level needs was compromised by budgeted support being insufficient to meet the needs of current residents and home care was fragmented and inefficient.

A Best Value Review of Fostering had led to a policy to increase the numbers of in-house foster carers. This was proving beneficial as the balance of care was improving, however there had been limited diversification in the fostering service as it was predominantly for children up to eight years of age and reliant on external providers. A proposal to develop intensive fostering for teenagers was now being progressed.

We found that nearly half of admissions to Rowanlea residential unit were children whose foster placements had broken down. There was not yet an overall policy and plan for the future of residential childcare, which we thought was necessary, but a working group had been established to review children's services, including residential care.

Operational and partnership planning

Links between strategic and operational plans

We found good connection between national policy and local planning. Social work was well profiled in the single outcome agreement (SOA), Council Plan and Community Plan. This reflected both the council's commitment to social care and the social work service's success at having its contribution valued corporately and by partners. The Council Plan had a clear vision and set out the challenges from an analysis of demographic, economic and environmental factors, including the significant challenge of drug and alcohol misuse.

There was good translation into the social work service improvement plan (SIP) which had a helpful table illustrating where social work service priorities linked to key corporate initiatives. The SIP had nine, high level 'service priorities'. These fitted with the modern social care agenda but lacked sharpness. The director of social work told us that they were to be refreshed and shortened to give a more outcomes focus.

The SIP was comprehensive and well laid out. It had a detailed action plan but needed to have specific objectives that added to the nine key priorities and linked more clearly to tasks identified. However the separate SIP performance monitoring report – reporting twice yearly to the CFCPB – gave a good analysis of progress. We observed an extended senior management team meeting where they discussed the number of improvement actions being reduced, with greater clarity between priorities and actions and more discretion for managers in how they delivered the priorities.

We found some plans better advanced than others for example the carers strategy was still in draft and a plan for people with physical and sensory disability was only being prepared during the inspection fieldwork. The chair of one joint planning performance improvement group (JPPIG) thought progress had been slower than expected. Mechanisms were in place to monitor the JPPIGs but we found advancement varied across them. The various planning groups were to meet together to address concerns regarding how best they could co-ordinate their respective activities.

Operational plans for every team and unit

Each of the social work service's three area offices prepared performance reports that identified how the area was delivering against a range of corporate and service indicators. We reviewed the Renfrew area office operational plan for 08/09. There was a comprehensive action plan, although activities to achieve objectives were sometimes overly broad or indirect. The action plan was set within the headings of the nine social work service priorities within the SIP. However, the 'progress to date' columns were empty. Senior managers stated this was the first time this format had been used and it was not ideal, however they were confident it would be completed in more detail for the 2009/10 plan onwards.

Charter Mark status was held by over half of individual teams and units delivering services and as part of this operational plans were prepared. Many teams and units were also reporting their performance either through the area office plans or Charter Mark/Customer Service Excellence (CSE).

Commitment to joint planning

Renfrewshire had strengthened partnership planning in children's services in February 2008 to better connect the child protection committee and community planning with children's services planning. We found a good commitment to joint planning by partners within the new children's services partnership.

The interim integrated children's services plan (ICSP) was closely linked to the community plan. It was colourfully presented and narrated progress on the well-being indicators and five government priorities. The action plan was both strategic and detailed, with indicators and timescales. It was to be adjusted in light of the finalised SOA which was in draft at the time of our inspection.

A corporate parenting strategy had recently been announced. We attended its launch at a conference that engaged participants in how it might best be delivered. The chief executive was highly committed to the corporate responsibility of children who were looked after. Senior managers in education and housing gave positive examples of how their services were contributing, e.g. affordable rents for children leaving care. The 'family firm' approach to finding council employment for care leavers was good but they needed to demonstrate that young people were being supported to make successful application.

Youth justice was structured within the council's Safer Renfrewshire strategy. Partners within the YJEEIG told us their planning alongside anti-social behaviour strategies was paying real dividends in tackling youth offending and anti-social behaviour. They told us about plans to convene a meeting of local partners to look at a response to knife and violent crime and its impact within the community. Youth justice also featured within the ICSP under the 'respected and responsible' theme and still prepared its own annual report.

We found a good commitment to joint planning in community care. There was a range of integrated services across community care, but there were still no plans for the integration of wider older peoples services. Stakeholders commented that they hoped the review of area services might allow some development in this area. We attended a meeting of the JPPIG for older people which displayed a strategic focus. Developments were reviewed and issues considered whilst being informed by the joint financial framework. Members engaged in frank discussions whilst demonstrating a clear commitment to co-operate. There were six JPPIGs across community care services that had responsibility for planning. These are discussed in more detail in the next section.

Renfrewshire was host to the North Strathclyde Community Justice Authority (CJA). Its chief officer commended Renfrewshire Council for its commitment to joint planning.

Good practice example

The commissioning strategy for older people stood out as a good example of a holistic review of need and services. It was well researched and analysed with issues clarified and plans set for service redesign and forward development, within a clear financial framework. These had been progressed. There was active reviewing of the strategy through the joint planning group.

Involvement of stakeholders in planning and service development

We found that the service had developed an effective range of ways to engage stakeholders in the development of services. Stakeholders who responded to our survey said that the service had engaged with them well, although a few thought that they could have done more to involve service users and carers.

Community care

At a strategic level, social work services participated in the RCHP. This drew together senior officials from the council and health services and oversaw a network of forums to take forward the development of policy and services jointly between health and social work. The RHCP had below it a joint management group (JMG) comprising social work and health managers and four joint working groups (JWGs) covering assessment and care management, finance, workforce, and information sharing. The six joint planning performance and implementation groups (JPPIGs) covered services for older people, addiction services, services for carers, learning disability services, mental health services and palliative care services. Senior managers told us that these groups had the responsibility to develop services in an integrated way. We found a lack of connectivity across the groups considering some of the cross-cutting issues such as workforce planning. The JPPIGs and the JWGs reported individually to the JMG resulting in a rather fragmented picture. Plans were in place for a half day session to enable the JPPIGs to co-ordinate what each was doing. This intention should expand to link further with the JWGs and JMG.

We reviewed the individual remits and membership of these groups and noted that there was an explicit ethos of partnership working involving users and carers. However, we noted that some JPPIGS and JWGs had user and carer involvement whilst others did not. The approach to this was inconsistent and was not based on a rationale of appropriate involvement of users and carers. We met with representatives of Reaching Older Adults in Renfrewshire (ROAR) and they told us that their co-ordinator attended the older people's JPPIG and felt very included in policy and service development. In contrast, we were aware that the assessment and care management group had no service user involvement. We considered that the JPPIG approach was a sound one, with a clear commitment to integration and involving key stakeholders, but there was evidence of variation in how effectively they involved people who used services and carers.

Recommendation 7

Social work services should implement a consistent approach on the participation of service users and carers across all integrated community care service development forums, including the joint planning and performance improvement groups.

The SEQ provided a range of examples where stakeholders were consulted and had impacted on changes in service provision. Stakeholders, service users and carers we spoke to provided examples of being consulted, such as the Carers Centre being involved in the development of the current draft carer's strategy. The adult protection committee's terms of reference made full reference to involvement of stakeholders and service users. We noted that there had been real efforts to consult and involve people through the social inclusion partnership. We saw evidence that the child protection review had sought the views of children and that this had led to service developments. The service maintained a consultation database that senior managers said helped to collate consultation results and acted as a tool for service development and review.

Good practice example

We met with the local commander of the fire and rescue service who told us that his service and social work services had worked together very effectively to better protect service users from the risks associated with fire. This had seen the addition of fire safety as a part of the single shared assessment. Fire officials would follow this up by fitting alarms and giving advice. Fire and rescue staff had been involved in providing training to some social work staff to inform this risk assessment. The commander spoke positively of plans for further developments between the two services.

Senior managers told us consultation had taken place with staff as soon as possible about the closure of a day service unit in the Linwood area, however, some staff felt they had failed to do this properly. Service users who had attended that unit were now travelling to other units, and we heard about dissatisfaction among carers who felt their views had not been fully listened to.

Users of services for people with learning disabilities spoke positively about how they had been engaged in developing the Weavers Linn respite unit. A focus group of carers told us that consultation with them often happened too late in the policy development process. They told us that they wanted *'an earlier say'* in service development.

Children's services

Renfrewshire children's services partnership brought together council representatives and statutory partners in police, health, fire and rescue service, representatives from the independent sector and the children's reporter. It oversaw a range of related forums including the child protection committee and the integrated assessment framework steering group.

There were examples of effective stakeholder engagement in children's services. Staff in the joint social work and health services project Family Matters, told us that social work managers listened to their views and transmitted these to senior managers, providing examples to illustrate where they thought their views had been heard.

Parents of children with disabilities were less positive about the degree to which social work services had consulted them about service developments, particularly in relation to transitions. They thought they should be able to contribute more. Foster carers told us that although they may occasionally attend a consultation or planning group, overall they thought they lacked influence.

Staff and young people gave examples of effective involvement of young people in service development. They described one project where the service had engaged young people very effectively to help develop a new independent living unit. Another example was the redesigning of pathway planning materials that young people had thought were inaccessible and unhelpful. A focus group of looked after and accommodated young people recalled attending one meeting at which they gave input to the development and improvement of services, but said that they did not hear anything afterwards about what had come from their input. It is important that social work services follow through on consultations by advising participants of the outcomes.

Senior managers in the council's education service spoke positively about involvement and engagement with the social work service, citing the example of the extended support teams that bring professionals together around children experiencing difficult educational circumstances, including children whose needs were complex.

Criminal justice

We met with the chief officer of the CJA who told us that Renfrewshire Council makes a positive and committed contribution to the work of the CJA, and that the director had personally assisted in the process of engaging stakeholders in the work of the CJA.

Staff in criminal justice teams told us that the service had periodically invited them to attend development days and had consulted them about service developments, but some felt senior managers had often already made decisions in advance of consulting staff.

Developing integrated services

In our survey of stakeholders, almost all (90%) agreed that there were effective planning structures and none disagreed. Most (75%) agreed that there was good evidence of service improvements achieved through joint planning, and a majority thought that there was good evidence of social work services reconfiguring to deliver such plans.

The service had forged good relationships with health services to develop some integrated teams. The governance of integrated working in community care was through the relevant JPPIG for the service area, and in children's services through the Renfrewshire children's services partnership. We observed a range of joint forums and meetings that provided evidence that the service actively sought opportunities to develop integrated services and were instinctively receptive to this. We read the draft joint team procedures dated 2008 which was a useful, but brief guide, to assist managers supervising staff across services.

Senior NHS managers commended the willingness of social work services to develop integrated services, and outlined their own plans to better align children's health services with social work area services, for example health visitors and speech and language therapy. In a joint development, social work and health services had collaborated on a project for a new joint social work and health centre in Renfrew. This was not yet completed, but senior managers anticipated that it would offer further opportunities for developing integrated services.

In children's services, there was an integrated children's services manager, managed jointly between education and social work services. The manager reported to the head of service responsible for children's services and criminal justice (who is also the head of children's services for health) and to the equivalent person in education services. The post holder had responsibility for developing integrated children's services in the areas of children with additional support needs, child protection, integrated assessment, looked after and looked after and accommodated children. Senior managers said integration was progressing well, citing the recent introduction of the IAF in the Johnstone area.

In the Family Matters project all team members recorded their work using SWIFT, and all reported to a single social work team manager but could seek supervision and professional support from their individual agencies.

In community care, there were integrated teams for adults with learning disabilities, adult mental health services, older adults mental health services and addiction services. We learned that the task of information and recording varied across these integrated teams. The integrated team for learning disabilities used SWIFT, whilst Renfrewshire drug service recording systems were separate between health and social work. The exception to this was information relevant to child protection, which health employees would enter onto the SWIFT system. Integrating complex IT systems is complicated but recording difficulties across integrated services needs to be addressed. Plans are in place to extend the practice in the learning disabilities team to the older adults mental health team. Action should be taken to ensure a consistent approach is adopted across services.

In criminal justice services, there were two very clear examples of integrated working, the throughcare service, and the sex offender group-work project, Pathways. In the throughcare team, social workers employed by Inverclyde Council maintained contact with imprisoned Renfrewshire offenders throughout their prison sentences and for a period after release, co-working with Renfrewshire social workers for a period pre and post release. The idea behind this integrated service was to maximise the capacity to offer intensive supervision to offenders rejoining the community. The Pathways project offered sex offenders from across the partnership the opportunity to complete a nationally accredited programme to address offending behaviour. Throughcare workers said they remained involved in co-working the supervision of sex offenders throughout the terms of their release licence.

Range and quality of services

There was a general consensus between service users, carers and stakeholders that there was a good range and quality of services available. The majority of stakeholders said that the range of services had increased and improved over the previous two years and that services were flexible.

We found some community care services required further development, the integrated approach to many of the services was heading in a positive direction. Children and family services showed more innovation in their approach and we thought some of these services were operating very well.

Children and families services

Social work services provided services to children and families through area teams and a range of resources and projects with specialist remits. Some of these services were particularly innovative, for example, a mentoring scheme that had worked well across children's services and had won a CoSLA gold award. Other services, such as fostering and addiction support for young people, were under considerable pressure of demand. Whilst the addiction support workers for young people were under pressure, this resource was a valuable one in supporting young people with drug and alcohol issues. Overall, we considered that social work services had developed a useful range of quality services to address need, with some areas for improvement.

The Care Commission and staff in Rowanlea children's unit told us that overcrowding was an issue with shared bedrooms and limited space making it more difficult to maintain a settled atmosphere for young people. Rowanlea did not reflect the long-term ambitions of the council for looked after and accommodated children, and acknowledged that its physical environment was not ideal. We would agree with this view. The service had invested in refurbishment of Rowanlea to improve the physical environment of the building. We comment on this later in this chapter as we were concerned that there were no plans to invest in children's residential provision.

Around half of all foster children were in placements arranged via the independent sector, and the majority of these were outside Renfrewshire. A sizeable proportion of Renfrewshire's own foster carers also lived outside the area. The implication of this was that many children in foster care were looked after at a significant distance from their home area, albeit the majority within a 25-mile radius.

The children with disabilities team provided services for children with a range of physical and learning disabilities in the 5-19 age range. Staff said that the team had very limited resources, and they had to think creatively when putting together plans for the young people. Parents and carers told us that whilst they valued the team, saying that it had helped reduce the stigma they felt, they confirmed the views of staff about limited resources, with waiting lists for critical services such as respite. Senior managers told us that long waiting lists were a historical issue and whilst waiting lists remained there has been a significant reduction in these over the past few years.

Two services focused on supporting pregnant women with drug misuse problems. The 'Special Needs in Pregnancy' (SNIP) and 'New Expectations' teams provided assessment and assistance in the antenatal and postnatal period. Another project, Women and Child First, supported women who had experienced violence and abuse. It was a multi-disciplinary team managed by social work services.

There was a range of projects to help young people involved in offending behaviour. For example, the RaMPS worked with 8-16 year olds and offered restorative justice and befriending. This was a joint social work and education project that undertook holistic assessments of the young people and worked with families to plan and effect positive change. There was also an intensive support team in youth justice accessed through the community support project.

Throughcare services for young people were usefully augmented by the housing support project and 'satellite flats'. This allowed them to settle in before taking on their own tenancy. Once this occurred the project was provided with a replacement tenancy to ensure accommodation was readily available.

Community care services

Social work services provided community care services via the area teams, but had established a range of integrated multi-disciplinary projects for particular care groups as highlighted earlier. Not all of the major care groups had such integrated teams, for example, there was no integrated team for older people's services, which a senior NHS manager felt was a gap in service provision. An integrated team may provide opportunities for better alignment of social work and health services.

The three area teams were responsible for delivering the majority of homecare services, with some homecare services attached to central resources such as the rapid response service, or the community mental health team. Managers said that homecare worked differently in the three areas and there was a *'lack of consistency'* in the delivery of the service. We were told by staff of key problems with this approach. Resource limitations meant when new service users needed a home care service, they were given this by reducing the service to people already receiving one. Service users who were assessed as having moderate needs and had services in place had their service reduced when demand was high.

First line managers told us that the current homecare configuration caused confusion, and that the area team-based and centrally provided specialist teams were not providing qualitatively different services. They also said that they considered homecare to be *'spread too thinly'* across too many people. Staff were not confident that the eligibility criteria in place was effective and thought this was necessary to ensure that there was sufficient capacity to better meet intensive needs.

Most homecare services were in-house, with private providers taking up any excess demand. Independent providers told us that the council's own homecare team was under a great deal of pressure.

Senior managers told us that a review of home care had recently been concluded. This had been carried out in stages over a three year period. They told us they planned to have a further review which we agreed was necessary.

Recommendation 8

Social work services should review home care services without delay. This should be done within a commissioning approach that better supports personalisation, and is able to provide specialist home care expertise to meet need and promote better outcomes.

The telecare service provided an effective range of resources that allowed vulnerable people in the community to live as independently as possible. It provided an innovative range of technologies installed in the homes of frail or vulnerable people to detect risks such as gas leaks or intruders. This service connected with Renfrewshire 24, which provided a range of planned and emergency supports to people out-of-hours.

The Charleston Centre was a mental health resource run in partnership with health services and the voluntary sector. Based there were the community mental health team, an integrated multi-agency and multi-disciplinary service providing social work and health supports for people with mental health problems. The complement of the team included nurses, social workers, occupational therapists, psychiatrists, psychologists, and support workers.

Social work services provided day services for people with learning disabilities through a range of day centres. With the exception of the Anchor Centre, which was a resource for people with profound learning disabilities, each day centre offered similar kinds of services. Staff from the centres said that managers expected them to create outcome focused care plans, although they said that their workload and capacity meant that it was difficult to devote the necessary time to individuals.

We visited the Falcon Day Centre, which was one of a number of day centres for older people. We found the centre to be well designed and accessible, offering a good range of activities for the 60 older people who attended every session. Overall, there were 170 service users regularly attending the centre. We were impressed with the positive and active atmosphere in the centre, which offered a range of appropriate activities for service users.

We met with service users and carers attending the Disability Resource Centre. The centre offered a range of social and education groups and activities, and was involved in promoting the community involvement of people with a disability, for example through volunteering. Service users could attend the centre up to three days every week. Staff there said that up to 60 people use the centre daily.

There was a wide range of services for people with addiction problems. The Renfrewshire Drug Service (RDS) had a central prescribing capacity and also provided counselling and support services. Managers told us that because of the prevalence of drug misuse in the area RDS was under considerable strain. About a third of all substitute prescribing took place in various GP prescribing clinics throughout the Renfrewshire area and the RDS provided counselling and support services to these clinics. There were RDS addiction workers linked to and integrated into the area teams. Social work and health had provided additional funding to support these services.

Managers said that they were very proud of the family support services provided by the RDS, offering effective support to families affected by drug misuse, but similar-type services for families affected by alcohol misuse were not as well developed. Senior managers told us that plans and funding was in place to develop new alcohol services. Whilst additional support had been made available to addiction services we found that services tended to be ‘added on’.

Criminal justice

The service provided most of its offender supervision though area service teams. It had some specialist resources to provide group work for sex offenders and general offenders, and CACTUS, a commissioned addiction service for offenders.

The service ran the Community Sex Offender Group Programme (C-SOGP) and the Constructs – Positive Steps to Stop Offending programme for non-sexual and non-violent offenders. Both of these were nationally accredited programmes, which illustrated the commitment in criminal justice social work services to develop effective practice. They had invested significant resources with their partners in Inverclyde and East Renfrewshire in these group programmes.

Practitioners and managers said that the community service workshop was not fit for purpose, and could not operate as a workshop due to health and safety limitations. In 2005 we visited Renfrewshire as part of our inspection of criminal justice services[23]. We had commented in our report that the facilities at the Renfrewshire community service workshop were poor. The service was examining leasing options and hoped to move in the future. We were disappointed to find that there had been little improvement on this issue since then. The service was tied to a third party lease which senior managers told us meant it had not been economically viable to take action until now.

Whilst there were some community service agency-type placements, practitioners said that these had become much more difficult to organise, as offenders with crimes involving dishonesty were deemed unsuitable. There were no all-female squads, and no female community service supervisors. Practitioners said that some women found working in mixed squads uncomfortable but most enjoyed and preferred the mixed squad.

23 Renfrewshire, Inverclyde and East Renfrewshire were part of the criminal justice partnership which predated the establishment of the North Strathclyde Community Justice Authority.

Staff told us that there was a need for the service to work better with housing services to make better accommodation available for offenders. They said that MAPPA had helped to drive improvements in the quality of housing for sex offenders, but suitable accommodation for serious violent offenders remained difficult to secure.

Quality assurance and continuous improvement

Social work services had a range of systems in place for quality assurance, and senior managers were clearly ambitious and committed to continuous improvement. We considered that social work services were undertaking many activities that fell under the quality management heading, but these seemed disconnected at times, and frontline staff had variable awareness of these efforts. We learned that the council as a corporate body was considering implementing the Public Services Improvement Framework (PSIF), which is a variation of the EFQM quality model. The adoption of an overarching self-evaluation approach, such as the PSIF, may help to provide a framework for the many improvement activities underway.

Senior managers told us that they had poorly developed systems to evidence the achievement of good outcomes. They considered that some of their performance measures set out in reports were good proxies for outcomes, and they were actively considering the introduction of Talking Points a system that helps gather information about outcomes for service users. There were plans to pilot the use of Talking Points with older people and people with learning disabilities. In the previous year social work services had piloted the use of an ‘outcome star’ for people with learning disabilities, this format allowed them to set out how their lives were progressing and the impact that services had on them.

We found evidence of a particularly effective implementation across the service of the UK government’s Charter Mark system. They were systematically upgrading to the newly introduced Customer Service Excellence (CSE) model. Eighteen services had gained Charter Mark accreditation, which the service said covered almost 60% of staff. Nine further services were in the process of assessment for CSE accreditation.

Senior managers told us that elected members received twice-yearly performance reports covering all social work services, and that the social work senior management team reviewed such reports on a quarterly basis. Managers told us that data available from SWIFT provided much of the basis for performance reporting. They said that social work services were using the Covalent system to keep track of progress against strategic objectives, and senior and intermediate managers told us that it helped them stay abreast of progress and aware of areas for particular attention. Much of the data for Covalent came from the SWIFT system, and managers said that there had been successful efforts to build-in local scrutiny of data quality to improve the accuracy of reports generated from SWIFT.

Social work services had made efforts to provide information about performance to practitioners and managers through a suite of business objects reports. These were able to give data about local performance in specific services or teams. We reviewed a list of these as part of the advance information provided to us ahead of the inspection and they provided a good range of potentially useful data. We met first line managers who were using these reports to help inform their team supervision.

Social work services had initiated a number of best value and strategic reviews in recent years. It was encouraging that social work services were taking stock and reviewing its progress, but we felt that an overarching self-evaluation approach would have better co-ordinated these.

Staff in a range of service settings said that they had poor awareness of how social work services measured performance and assured quality, outside their direct experience of reviews and staff supervision. Senior managers may wish to review how they communicate quality activities to frontline staff, as their participation in self-evaluation and improvement planning is clearly very important.

We found that first line managers were making good use of SWIFT to inform their scrutiny of case management and worker supervision. We saw some evidence of senior managers sampling cases for quality; for example, the addictions co-ordinator has undertaken a full review of all addictions single shared assessments, auditing adherence to child protection guidelines. There were clear plans to develop, pilot and introduce case sampling frameworks. We saw some examples of this being used in some of the files we read. In our file reading exercise we found that first line managers regularly reviewed the majority of files we read, which was among the best results that we have had in that regard. Only 8% of case files had evidence of senior manager oversight, this was comparable with previous inspections. We considered that implementing systematic case sampling would improve further the effectiveness of quality management and support the direction towards systematic self-evaluation across the service.

Managers responsible for contract monitoring told us that they visited providers to undertake performance monitoring reviews. They examined performance data, governance, recruitment and personal plans for users. We thought that some of the activities may be at risk of overlapping those of the Care Commission. Social work services should ensure that it uses its resources wisely to complement and dovetail with the Care Commission.

Senior managers said that there had been a corporate review of complaints and from this there had been significant improvements in the performance of the service in handling these. We examined documents about a number of complaints made about area team services, and found that the service had dealt with these effectively and fairly.

Management and support of staff

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

Social work services were facing some challenges in relation to recruitment and managing absence across services. These issues had a high profile with senior managers and a range of policies were in place to address these concerns. We found these policies to be sound but were not applied consistently. Senior managers were taking action to improve performance in this area. There was good support from human resources on a strategic and operational basis and safe recruitment had a high profile.

The roles of the qualified social worker and non social work qualified staff were not clear. Quality assurance mechanisms to ensure safe and best practice were not being applied consistently.

Training and continuous professional development opportunities were well advanced, and were well received and used by staff. There were effective links from training feedback into operational planning and vice versa. Promising attempts were being made to facilitate capacity building across teams and disciplines from different parts of the service.

Flexible working where introduced was proving successful. While individual development plans were mainly in place there was a need to develop an appraisal system.

Recruitment and retention

Workforce plan or strategy

Social work services developed a workforce plan for 2007/08 as part of the council's best value improvement plan. There was good alignment between the workforce plan and service improvement planning processes. It would have been helpful to extract SMART targets to provide a clear focus for action and reduce slippage on timescales.

The plan described the key challenges facing social work in meeting its workforce planning obligations:

- to the community – current and projected demand for services
- to staff – recruitment and retention, supervision and training, intelligence and learning on absenteeism
- as a council department
- in relation to registration standards and requirements
- in relation to national policy drivers.

The workforce plan, together with the subsequent 2008/09 action plan, provided a useful index to measure progress.

The joint workforce planning group with health colleagues had been meeting for two years. This group had the potential to make an important contribution to joint workforce planning but progress had been slow. One of the main reasons for establishing the group was to link with the care group planning bodies on joint workforce issues, but this was a continuing challenge at the time of the inspection. They had been exchanging information on workforce issues between health and social work – workforce profiling, service redesign and staff redeployment – which was a potentially useful means of learning and improving for both organisations.

Sound recruitment practices

In the latest published figures (2007)[24] Renfrewshire employed 8.9 staff per 1,000 population, which was close to the Scottish average. The vacancy rate of 14.7% was considerably above the Scottish average of 8.9%. Both the workforce plan and the SEQ acknowledged historical difficulties in recruiting to a range of social work posts.

Managers were of the view that recruitment problems were consigned to the past and that recent vacancy figures were similar to the national average. It was evident that there were still persistent problems with filling vacancies in home care and residential care, as well as more recent problems in attracting candidates for some specialist and senior posts. The council was going to have a dedicated mini-site on the Scottish Government's national recruitment portal for local authorities. The intention was to focus on hard to fill posts in areas such as home care and residential care.

Staff and stakeholders held a perception that vacancies remained unfilled for long periods. This view may be attributable to staff moving around within the service or service users being case managed within the duty system. Unfortunately these differing views and perceptions were detracting from positive observations about the quality of services. Managers should fully analyse this situation and raise the awareness of staff and stakeholders about the improvements they say have happened.

There were some limitations in the approach the service had taken to address recruitment problems:

- the development of a recruitment strategy – underlined in the 2007/08 workforce plan – was still ongoing at the time of the inspection and progress was slow on key actions;
- home care vacancies were being filled on a temporary basis during 2008 following the redesign of the service, this created pressures on the service and on staff. The impact of this was still being felt at the time of the inspection; and
- vacancy reporting arrangements were sound, but the time taken to achieve management approval to fill vacancies was based on both service requirements and available resources.

24 http://www.scotland.gov.uk/Publications/2008/06/25090222/0.

The council human resources service had performance targets in relation to times between a vacancy being raised and recruitment, which they had been meeting. Staff and some managers commented that the recruitment process felt unnecessarily delayed. The budget for staffing had been overspent for several years and action had been taken to manage this process. Vacancy targets had been set, and all vacancies were reviewed by the head of resources to consider staff complements and impact on service users. We noted there was no delay in approval to fill vacancies in frontline services where service user/staff ratio was required to meet Care Commission requirements, these were processed immediately. Senior managers acknowledged that they could improve how they communicated with staff where vacancies were not approved for filling immediately.

An examination of the process would help address practice issues relating to management approval to fill a vacancy. We found improvements in management information and monitoring arrangements that should deliver more efficiency going forward.

A successful ‘grow your own’ initiative had resulted in 26 social worker posts being filled and successful internal promotion. On average 16 staff were put through further education courses annually, mainly at HNC level. The service had established contacts with the University of the West of Scotland and Reid Kerr College. Links were also being developed by the service and local schools to raise awareness of social work as a desirable career choice.

The workforce plus initiative introduced people experiencing barriers to employment to work experience ‘tasters’ in care homes for older people. This resulted in some posts being successfully filled but the drop-out rates had been high which left social work committed to a substantial support resource for a dwindling number of people. They were reviewing this initiative to improve the experience for those involved and to achieve higher success rates.

Succession planning was being supported by senior managers through the development of leadership skills among middle managers. The workforce plan identified action to increase places on leadership courses and middle managers training had been introduced. Managers told us they had benefited from this.

Social work services were supported by corporate human resources to achieve efficient and safe recruitment. They had issued a briefing paper to managers involved in staff selection which was based on the national safer recruitment guidance. This included a useful self-assessment of social work services performance which identified strengths and areas for development. This included equalities and protection as the ‘golden thread’ from recruitment through to induction and training and supervision to create a protection competence framework.

Managers had been trained in safe and fair selection prior to involvement in staff selection panels. Service users were routinely involved in staff selection in some services. Frontline staff were not routinely involved in recruitment events like job fairs or presentations at college, which

we thought was a missed opportunity. There were plans to feature positive statements from home carers and care home staff to encourage potential job applicants on the recruitment web-site.

Supporting and retaining staff

Social work services had a range of policies and procedures in place that supported staff. As well as policies to accommodate caring responsibilities and a work-life balance, social work services had recently piloted a mobile working policy with occupational therapists and home care co-ordinators. The impact of this had been evaluated and next steps for social work had been set to develop this model further and consider all key staff groups.

Good practice example

Occupational therapists and home care co-ordinators spoke glowingly of mobile working and the positive difference it had made, both to the quality of the service and to their own work-life balance. The scheme provided each worker with a laptop on which to input assessments, they could complete these in the service user's home or in their own home. This saved travel time going back and forward to the office. Staff appreciated the trust shown by managers in encouraging them to consider how best they could employ their time. This pilot had also impacted on reducing the waiting times for occupational therapy assessments and service delivery. An evaluation report concluded that the model had increased productivity and overall efficiency.

The results from the 2008 staff survey were communicated to staff without any embellishment of the positive responses or rationalisation of the negative ones. There was a commitment from senior managers to explore the findings and a staff panel had recently been set up. This included representation from a cross-section of services with the expectation that staff would communicate on behalf of colleagues to take this forward. Senior managers also reinforced that staff were afforded time to attend the local practitioner forums and feed any concerns or suggestions back to the extended senior management team.

Social work services hold a bi-annual staff awards event, the most recent of which was in March 2008. Eighty staff were presented with a range of awards.

The council had a corporate maximising attendance policy. In 2007/08 absence rates for social work services were 7.11%, compared with the council wide average of 5.5%. There had been a deterioration in social work absence in the last six months of 2008. The service had benchmarked themselves against other authorities and found their absence rates were comparable. The service had developed sound policies and reporting arrangements on managing absence, but sustained performance improvement had not been achieved.

The council had a range of supports in place to assist staff to return to work. This included physiotherapy, counselling and group cognitive behavioural therapy.

Human resource staff provided quarterly reports to senior managers on maximising attendance. Some of the problems highlighted in these reports appeared repeatedly, for example non-compliance by managers on reporting requirements and the highest rate of failure to attend occupational health appointments in the council – the service was also the highest user of occupational health. The head of resources met human resources staff on a monthly basis to discuss long term absences and consider how they develop their approach to some of the more difficult reasons for absence.

Managers who did not appear to manage absence adequately were asked to a meeting with the head of resources to discuss performance. Managers who experienced high levels of absence within their service area – which may not have necessarily been related to a failure to manage absence – met on a quarterly basis with the head of resources. Senior managers told us this had resulted in improved performance in relation to the reduction of absence and how absence was being managed across some areas. However, we thought these issues should be investigated further and appropriate action taken by senior managers to improve compliance.

Staff deployment and teamwork

Clarity about roles and staff mix within teams and units

We found that staff deployment was a primary consideration in best value reviews, service redesign and development, and in the work plans for the joint planning groups. Some joint planning groups gave more prominence to staffing in their planning processes than others. The joint managers group (JMG) could make expectations clearer in this regard.

We did not find there was always a clear rationale in the deployment of staff across services. The different roles that social work staff took on were also unclear. In some teams we found there were no qualified social workers. Whilst in some instances this may not be of significance we found that staff who were not qualified social workers taking on a level of complex work that would have been more suited to that of a qualified social worker. For example in the joint addictions team staff were being given responsibility for assessment and case management, including parental impact screening, no matter the level of complexity. Social work assistants in children and families teams were holding complex cases, and while not identified as child protection they were dealing with significant levels of risk.

Some stakeholders commented that it was difficult to determine the difference in roles at times between social workers and social work assistants. This was most evident in relation to report writing and assessments.

Managers at various levels across the service acknowledged there was discretion in the allocation and oversight of complex cases, based on their judgement about the competence and ability of staff. We were not clear on how this competence was considered as we heard from some non-social work qualified staff who told us that they were allocated reports and complex cases when they joined teams.

Managers spoke of social work assistants being '*involved*' in reports for children's hearings however we found social work assistants were taking on responsibility for writing reports. Senior managers were confident that checks and balances were in place, through policies and supervision, to ensure good and safe practice. We found this was not always the case. Senior social workers accepted they use discretion and that they did not always adhere to the policies on the counter-signing of reports or assigning a qualified co-worker when a case became more complex.

The deployment of homecare staff caused difficulties for staff and undermined the quality of the service. While service users and carers spoke highly of home carers trying to do their best, they also said that the service seemed constantly under pressure, resulting in scheduled visits being delayed or cut short. The homecare review introduced increased tiers of management in the area-based services in 2008, but the resulting structure was a cumbersome one.

Recommendation 9

The service should make sure that staff and managers are clear about what work requires the professional skills of a qualified social worker and that which non-social work qualified staff can appropriately carry out. This should include ensuring that they have adequate training on the criteria that they should follow and establish auditing processes to make sure that they apply these criteria consistently.

We did find a better focus on the deployment of staff in some areas, such as the creation of a dedicated mental health officer team and the recent analysis and planning for the integrated alcohol service. In 2007 the creation of the area services based family support service revised from a previous model enhanced the role of home maker to family support worker in a response to service pressures. This approach provided a more flexible and targeted service in meeting the needs of children and families.

The SEQ described the implementation of single status as 'successful'. The job evaluation exercise was raised as a concern by some staff who were not qualified social workers. Some were in the process of appealing their job evaluation grading.

Social work services were pursuing a competency framework for 'job families' with a view to developing outcomes from each job description. This was just getting underway with a draft framework for social workers at the time of the inspection.

Teamwork

Team meetings were well-established and appeared to achieve a good balance between structure and space for open discussion. Most staff in our survey said that they had regular team meetings and the majority agreed that these were purposeful and effective.

There were good team building processes in place when services were new or being redesigned. Staff we met with were universally positive about the support they received from other team members, and the collective commitment to provide the best possible service. We read the draft policy to put 'buddying' support in place for new employees. This was routine practice in residential and day care services and the intention was to put this on a formal footing across social work services.

The joint workforce planning group was about to launch joint procedures to guide managers and staff in joint teams on organisational procedures, it would also cover basic human resource contingencies. From discussions with managers and staff it appeared there was a pragmatic approach taken to streamlining processes to reduce the burden on staff in joint teams.

Development of staff

Training and staff development

Social work services had a training and development strategy 2008/11 which appropriately reflected national requirements and local priorities. There was good follow through on delivery of the strategies and equally good follow-up on evaluation. Evaluations captured the value of the service provided by the training team and the quality of the training event. This had led to planned or actual improvements. Feedback from frontline staff on training to familiarise them with a new policy had resulted in changes to the policy. This had resolved staff misgivings about a particular aspect not being clear enough.

Social work services re-launched their supervision policy in 2008 as a supervision and workload management policy. This provided sound practical advice on gauging workload capacity as well as promoting discussion about individual development plans (IDPs) as an essential part of the supervision process.

Supervision was well-embedded in practice. Managers and staff generally agreed on the frequency and format of supervision. Some staff questioned whether professional development featured regularly, although child care teams consistently said that it did. Some staff had separate supervision sessions for caseload/operational issues and for training/development issues. Home care managers used team meetings to deliver group supervision. They discussed managing operational priorities and workload pressures or concerns, as well as the team meeting agenda. Managers and staff generally spoke very positively about their experience of supervision.

Social work services were making progress on supporting self-directed learning through their use of IDPs. Staff and managers acknowledged that outcome-focused training and development was in its infancy, but it would be integral to the development of core competences within job families.

The SEQ states that 52% of staff had an IDP, excluding home care staff. This figure fell short of the target social work had set itself for IDPs to be rolled out to every staff member. Senior managers had committed to rectifying this in 2009. There was a missed opportunity to bring supervision and IDPs together in the form of an annual appraisal, to more clearly inform development planning for the year ahead.

Recommendation 10

In order to complete a comprehensive approach to professional development and supervision the social work service should implement a staff appraisal system and evaluate its impact.

Staff were positive about the on-line professional development accounts where they could book training, submit their evaluation and track their continuous professional development (CPD) hours for registration with the Scottish Social Services Council.

The training team provided staff with good information about forthcoming training events, and most staff heard about opportunities through these bulletins or through their line manager. Managers also supported staff participation in local practitioner forums for less formal professional development. Frontline staff and the training team were able to give us many examples of mentoring or development input from colleagues from health or other social work teams. The training managers from health and social work had recently completed a joint training plan.

Senior managers were involved in the induction of new staff and contributed to training, for example the head of resources had input to the middle manager's leadership course. This was well received by staff. It served not only to bring the learning to life in relation to a good understanding of their working reality, but enhanced relations between different tiers of management. The leadership course, together with other management training events, was to be consolidated into a management training framework.

Home care staff received induction training at the local college and shadowed experienced colleagues before being given responsibility for delivering care and support. There was a manual recording system to show what training should be offered and whether it had been done. Co-ordinators in home care had access to HCM (home care management) professional practice.

Resources and capacity building

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

Financial planning and monitoring was based on sound practice. Although some further work was required on longer term planning, the council's chief financial officer was submitting a report to council in May 2009 detailing the medium to longer term financial outlook in the context of the continuing demand led cost pressures and the current economic climate.

It is essential that the council continues to consider and resolve the pressure areas within the social work services budget.

The council and social work services had continued working towards delivering a cohesive approach to asset management and we were satisfied that social work services had continued to develop their approach to risk management and to embed risk review procedures. Overall, we were satisfied that the arrangements for health and safety were well advanced and embedded in social work services.

Partnership working was well established and joint financial reporting and monitoring was continuing to be developed and progressed across services.

Management information systems were well developed and provided a good range of performance information but required development in producing outcome information. This was recognised by senior managers and plans were in place to progress this.

Whilst there was good evidence of joint planning there was a lack of well developed strategic planning and commissioning processes, outwith the commissioning strategy for older people. Development in this area is key to supporting personalisation.

Financial management

Financial planning

The budgeted spend for social work services was lower than grant aided expenditure (GAE) in 2006/07 and 2007/08, and was close to GAE in 2008/09 after adjusting for previously ring fenced funding.

The children and families budget was consistently above GAE and the variance between the two had increased over the three year period. In 2008/09 the budget was more than double the GAE figure (£25,215k v £11,938k). Senior managers said that this was possibly as a result of increases in parental alcohol and drug abuse.

The three year average budgeted spend on all children aged 17 or under placed Renfrewshire 10th out of 32 councils (£592 v £542). However, over the same period, the level of budgeted spend per child looked after had been one of the lowest in Scotland and placed Renfrewshire 25th out of 32 councils (£36,142 v the Scottish average of £40,841).

Senior managers told us that the use of local foster carers rather than external carers had kept the spend per child low; however a higher number of external placements were actually used. They thought the models of care used also reflected on the spend per child as the service endeavoured to make use of good community placements rather than use residential care. We have commented earlier that the use of residential provision was higher than the national average.

The older people's budget was lower than GAE for the three year period although in 2008/09 the variance between the two had narrowed. The proportion of the budget allocated to older people was lower than the Scottish average despite the population aged 65 and over being in line with the Scottish average. The budgeted spend per adult aged 65 or over was very low compared to the Scottish average (on average 29th out of 32), although the spend per head had risen over the three year period. Senior managers told us this was partly due to a misallocation of budgets and actual expenditure that had not been moved from adult services to older peoples services budgets and that this adjustment would be made.

The new Council Plan 2008/12 set out the council's corporate values and governed the way the council aimed to do its business. It was approved by the leadership board in September 2008.

Audit Scotland's Best Value report said that the council had a comprehensive and effective approach to service planning which was reflected in detailed guidance updated annually. We saw the most recent guidelines issued in November 2008.

Service planning arrangements were subject to rigorous review by the chief executive's department and had recently been developed further. The plans contained improved information on how resources would be used to achieve service objectives. Service improvement plans had been well developed and the social work service improvement plan for 2008/11 was clear and easy to read. It had a clear focus on changes to the service and budget and concentrated on outcomes. Finance staff told us that the plans and budgets were developed concurrently and we understood that the plan for 2009/12 was to be made available soon.

In March 2008 Audit Scotland said that the council was taking steps to plan its overall financial position over the medium to longer term. Senior managers, with the assistance of consultants, were developing a long-term financial model based on the expected demographics of the area. The council was looking to develop strategies to identify the key financial risks, which would assist its longer-term financial planning. Although longer-term financial planning was difficult due to the continuing demand led cost pressures and the current serious economic climate, a report

on the council's financial position over the medium to longer-term had been submitted to members in May 2009. This report referred to the continuing demand led cost pressures in social work services.

We were generally satisfied with the links between the service improvement plans and the financial plans, and considered that the budget was aligned with service priorities.

We asked senior managers how they ensured the budget fully supported/funded the aims and objectives outlined in the service improvement plan. They told us that the regular budget monitoring reports, together with the close links between finance and social work staff, had helped progress this aspect. Finance staff had an improved understanding of the needs of social work and social work staff had improved their knowledge of budgetary implications.

Budgetary management

In 2006/07, the social work services outturn was close to budget after adjusting for Financial Report Standard 17 (FRS) pension costs (£1.780m) which were not directly under the control of the service. Within this overall outturn, there were overspends in older people's services (£0.733m) and children and families (£0.938m), partly offset by an underspend in learning difficulties (£0.653m).

Other areas of underspend included physical or sensory disabilities, mental health needs, criminal justice and substance misuse.

In 2007/08, the outturn was again close to budget after adjusting for costs that were not directly under the control of the service. Such costs included FRS 17 pensions costs (£0.838m) and unbudgeted excess capital charges (£1.544m).

The areas of overspend were in older people's services (£0.483m), children & families (£0.785m) and addiction services (£0.347m). These were offset by underspends in other areas including mental health (£1.055m), learning difficulties (£0.388m) and physical/sensory (£0.494m).

In 2008/09, in common with other local authorities, the council was experiencing pressures in energy, fuel and social care costs. Specific pressures in social work were the fostering and adoption and the residential placements budgets.

At the time of our inspection, social work was projecting a near break even position for 2008/09. Within this, there were projected overspends in residential schools (£0.241m), fostering (£0.598m), and older people (£0.498m). The fostering budget overspend was related to additional foster placements being made, along with planned end dates on existing placements being delayed. We have commented on the drift in foster placements and made a recommendation in Chapter 5. The overspend on the older people's budget was mainly due to increased employee costs and a higher than budgeted purchase of residential and nursing placements. Transport

budgets were also overspent but it was anticipated that a strategic review of transport would result in significant improvements to the delivery of service as well as achieving savings.

Senior managers told us that the fostering and adoption budget remained the biggest budget pressure area. Additional funding of £1.5m was included in the fostering and adoption budget for 2008/09 on a recurring basis with a view to avoiding future overspends on this budget. Additional funding of £0.44m for residential placements was also included in the 2009/10 budget. Senior managers were of the view that the 2008/09 outturn would be close to budget and that there were sufficient resources for fostering and adoption in the 2009/10 budget. We had some reservations in relation to this forecast but management assured us that the pressure within fostering in 2009/10 would be managed within the overall social work budget.

Savings to be found by social work for 2009/10 amounted to £1.019m. These included savings in relation to a reduction in management costs and the roll out of modern working practices associated with the review of area-based services. As £0.300m of these savings were noted as cuts, rather than efficiency savings, we were unclear regarding the sustainability of all services within a reduced budget.

Audit Scotland stated that the council was well managed and had an effective financial control environment. It was clear that there were a number of budget pressures, particularly in social work services, and that further work was required to alleviate these pressures and to develop social work services in line with available resources.

Elected members were appropriately informed of the service's financial position through budget monitoring reports submitted to the Community and Family Care Policy Board (CFCPB) on a six-weekly basis. Monitoring arrangements at officer level included regular reporting to the corporate management team (CMT) where budgetary control was discussed as a standing item, also on a six weekly basis.

We noted that budget monitoring reports appeared regularly on the agendas of both the social work directorate and the extended senior management team. We were told by managers that budgetary control was discussed at all levels within the service – at area team level and at unit level. We reviewed minutes of budget meetings for older people, adult services and children and families at which various budget pressures were discussed. We found that monies were routinely vired between budgets to ensure that the greatest cost pressures could be met. Furthermore, there was a budget working group which met weekly.

Despite the continued budget pressures in certain areas of the service we found that budgetary control was well managed. We found that liaison between management and frontline budget holders was generally good. However, it is essential that the council continues to consider and resolve the pressure areas within the social work services budget.

Capital expenditure

The council had an overarching three year capital investment programme which was updated annually. We reviewed the programme for 2009/10 to 2011/12 presented to council in February 2009. This was the second year of the revised approach to the council's capital investment process which now focused on the strategic investment needs and priorities of the council. These priorities included modernising residential care facilities for elderly and vulnerable people. A key project in the programme included the opening of the third care home which would complete the residential homes for elderly replacement programme.

The 2009/10 capital programme for social work totalled £839k, (mainly for Backsneddon Street, criminal justice and addictions services – £762k), and the total for 2010/11 was £4,908k (mainly for Kelvin House, the Paisley area team office development).

In recent years, the council had incurred significant slippage in its capital programme. We noted that, in particular, the projects affected included the modernising of the residential care programme (£2.7m). Officers told us that this was linked to a fire and vandalism at Hunterhill shortly before the property was due to be handed over to the council.

Senior managers told us that re-profiling of capital projects was inevitable but that regular meetings were held to ensure that the programme stayed on target as far as possible.

The general management and finance policy board carried out an overview of the capital investment programme for the council as a whole and the major capital investment group also considered the monitoring reports and new initiatives.

On a more informal basis regular monitoring of progress against capital projects took place between social work services, corporate finance, and housing and property services to ensure that, where possible, projects were delivered on time and within available resources. As at January 2009, we noted that the third care home at Cocklesloan was on schedule for completion by spring 2009 with residents taking up occupation in June 2009.

There was a rolling programme of bidding rather than an annual process and social work staff considered that the capital funding available allowed them to meet their service objectives.

We noted however that the Renfrew area services, together with the joint learning disability team, were due to move to a new joint NHS and Renfrewshire Council funded integrated centre.

There were also plans for offices to be replaced or refurbished as officers considered that some were not considered fit for purpose. We noted that the service was in the early stages of developing a joint venture with Renfrewshire Leisure to provide new day care/leisure services.

We had some concern that there was a lack of capital expenditure planning for children's residential units, particularly Rowanlea which was not an ideal environment. The current review of children's service will include reviewing residential services for children and young people.

Recommendation 11

The council should make plans and invest in suitable children's residential provision that is more suitable in meeting the needs of the accommodated children and young people of Renfrewshire.

Income

We found that there were clear charging policies for social work services with two separate policies in place, i.e. the residential care policy and the Care at Home policy. The Care at Home policy was in line with the CoSLA charging guidance. Annual reviews of fees and charges were carried out prior to the start of each financial year and approved by the CFCPB

A range of charges applied to service users, some services were means tested, others were fixed. Managers informed us that the council charged for all services wherever reasonable. However, some managers felt there was a lack of information in relation to the charging policies and others were concerned about the lack of charging consolidation. In some instances service users were receiving separate invoices for each service received. There was a concern that this may lead to invoicing errors. The council should review its procedures in this area.

In January 2008 the council started the provision of a community meals service, having previously charged for food preparation costs in line with legislation and guidance.

Role of elected members

Six-weekly revenue budget monitoring reports for social work and leisure services were submitted to the CFCPB, and an overview report for all services presented to the general management and finance policy board.

The reports compared revised annual and period budgets against actual expenditure, and clear explanations for the major variances were provided across both subjective headings and areas of service. An anticipated year-end position was also provided but was not split across services. We found the reports to be clearly drafted.

Managers told us that members were proactive in their consideration of financial performance reports and that they questioned issues in a constructive way. There was keen involvement and commitment to the budget setting and monitoring processes. We noted that informal sessions to brief members were held with senior managers in advance of committee meetings. Members were also updated outwith the normal reporting cycle when specific issues arose.

In October 2008, Audit Scotland said that the council had plans to further engage with elected members over the following months to ensure a higher proportion of completed individual training was achieved. Senior managers told us that there was a member development programme and that this included financial training. There had also been some training delivered in relation to the role of the scrutiny and petitions board and the chief internal auditor ran a continuous programme of training for members. All members had been provided with a copy of the improvement service induction pack and had received introductory training on the general conduct of council business etc. Senior managers told us that attendance of members at training sessions varied but they considered that all members had now received sufficient financial training.

Financial skills within social work services

Social work services had a dedicated finance team. Budgets were substantially devolved to budget holders although there were a small number of budgets held by more senior managers. Senior managers felt that they had tried to balance the delegation of budgets with robust budgeting and monitoring, and delivering a service within budget.

Budgetary control reports were produced on a four-weekly basis and budget holders received their reports electronically. The expectation was that the budget holders would review the reports, in particular for any unusual movements. There was no formal ‘reporting back’ mechanism to finance staff in place but they told us the service was planning to further streamline its budget monitoring processes during 2009/10.

Budget holders maintained commitment information in order that the actual financial ledger information could be combined with the commitment information, thus providing more accurate and up to date information. Each budget holder had a named link finance officer and the area team managers had the assistance of business support managers. Senior managers said that regular meetings with link officers would highlight any unresolved budget problems and the six weekly reports to members also served as a useful monitoring tool. The system in place although informal, appeared robust with no opportunity for the same variances to occur month on month without corrective action being taken.

Budget holders we met told us they were actively involved in the budget setting process and had regular meetings with their finance officers. They said they were consulted about possible savings and budget enhancements.

Financial management training was delivered to budget holders who told us that they were satisfied with the financial training they received. They were aware of the service’s financial management arrangements and therefore clear about their roles and responsibilities in this area. We found the current training manual to be comprehensive. We were told that this was available to all budget holders and was updated when necessary.

Senior managers told us that overall, the financial skills applicable to social work staff responsible for managing the budget were good in terms of quantity and quality. The budget holders we met were very satisfied with the support received from the finance officers.

Resource management

Asset management plan (AMP)

An asset management plan gives clarity about balancing service needs and available capital resources. It informs a sound capital planning process linking service priorities and objectives.

The council approved an asset management strategy in June 2008. We found that the council considered life cycle maintenance as part of the development of strategic asset management. They had identified a clear need to develop a more robust approach to ongoing maintenance in order to protect the long-term condition of assets.

The corporate asset manager was vacant at the time of inspection. A corporate asset management group had been established and asset management performance was monitored by this group. They considered high level issues such as developing overarching corporate capital proposals and reported regularly to the major capital investment group.

Social work services asset management initiatives were incorporated broadly into the service improvement plan. They made use of 38 key properties and delivered services from another nine sites belonging to other services of the council or partner agencies. Social work services had evaluated the contribution made by its properties in delivering services and had determined many of these as high, both in terms of condition and suitability. Although we did not agree that this was the case for all properties, we noted that all accommodation identified as not fit for purpose had an action plan in place.

The service improvement plan explained how the service managed, protected and used its financial resources and assets to secure effective services and improve service efficiencies. The (draft) service improvement plan for 2009/12 detailed significant asset management activity during the previous year and highlighted the work to be progressed during the term of the plan. In particular it detailed work done in terms of rationalisation of some of the service’s core assets which allowed the council to surrender a number of third party leases and enter into a partnership with a number of other bodies. The plan also detailed the actions that were needed to improve the social work asset base. This included the construction of a third care home, alternative accommodation for the Paisley area team, refurbishment of Backsneddon Street for addiction and criminal justice services, and the development of additional supported accommodation for adults with learning disabilities.

The council and social work services had continued working towards delivering a cohesive approach to asset management. There was no specific forum within social work services with

responsibility for asset management but such matters were discussed at the extended senior management team as appropriate and there was a social work services asset register in place.

We also reviewed the section of the corporate asset register which related to social work and found it be a very comprehensive document. Management of assets was devolved to unit managers and we were satisfied with this practice.

Risk management

Audit Scotland's Best Value report stated that risk management processes had progressed well.

External consultants had recently undertaken a review of the risk management framework and a number of recommendations had been made. Actions to date included updating the council's risk management strategy, establishing a strategic risk management action plan, and developing guidance notes.

We reviewed the council's corporate risk register and risk management strategy which was effective from August 2008, and due to be reviewed in 2010. Policy boards approved annual risk management plans and received mid-year progress reports. The corporate risk management group reviewed the corporate risk register on a quarterly basis, the CMT was also provided with updates on risk management developments.

The council had introduced a standard risk management plan template for the use across all services to ensure alignment with the recently revised community and council plans. We read the risk management plan drafted by the director of social work and presented to the CFCPB in April 2008 and reviewed the risk register for social work services which identified and quantified the key risks facing the service. Detailed actions to reduce risk were contained within the risk management plan and risk register. The action plan was monitored by the extended SMT and we observed risk management being discussed at the extended SMT meeting.

Senior managers told us that risk management training needs had been analysed and several training sessions had been held both corporately and within social work services. 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 had a dedicated health and safety section within corporate services which had responsibility for the development of health and safety polices across the council.

We reviewed the corporate health and safety strategy which was issued in 2005, this strategy was reviewed on a three year basis and at the time of the inspection was under review. In accordance with the policy, service directors had responsibility for the preparation of an annual report evaluating the health and safety performance of their services. We saw the report by the

director of social work submitted to the CFCPB which summarised the achievements to March 2008 and detailed the tasks which social work services aimed to achieve by March 2009.

The implementation of health and safety management was within the remit of the CMT. Social work services were represented by the head of resources on the corporate health and safety committee. This committee met quarterly and social work services presented a report to each meeting. The social work services health and safety committee met quarterly. We saw minutes of these meetings and noted that a wide range of issues was discussed. We also noted that the extended senior management team minutes covered health and safety issues.

We viewed information in relation to health and safety, both corporately and within social work services. This included specific policy arrangements and associated procedures for front line staff, annual departmental health and safety bulletins and health and safety related HR circulars. Health and safety information was available to all staff through the council intranet.

Managers told us that health and safety training had been provided to many of the social work services managers. Overall, we were satisfied that the council's arrangements for health and safety were well advanced and embedded in social work services.

Management information systems

Range of information systems

The council's 'Reaching Renfrewshire' strategy aimed to harness information technology to provide quicker access to information and services and to help in the modernisation of services. Whilst it was too early to measure progress on this five year plan, it gave context and leadership to what social work was taking forward.

Social work services did not have an IT strategy but a senior manager told us that the corporate IT strategy was inclusive of the social work services needs. Strategic leadership for IT development was also found in the development plan for the joint information management group which had eight members, equally shared between the council and the NHS. Their remit included a common information sharing protocol, a joint IT plan and joint arrangements for public reporting of national/local measures.

We found collaborative working with corporate IT who provided good support to social work. We read minutes of their monthly meetings which focused on SWIFT, but also areas such as mobile working and hardware/infrastructure issues. Social work's business support team trained social work staff on SWIFT.

SWIFT was described in the SEQ as the *'single primary source of data on clients, assessment of need, service provision, reviews and care financials'*. It provided management information across all service user groups, services and key processes. Reports were generated using business

objects which gave information on service provision as well as performance. There was a central team of information and research staff who provided regular management reports. Managers were trained in business objects and could produce local reports. We saw examples of these local reports.

Senior managers told us that data quality in SWIFT was much more robust than previously. They said this was a consequence of improved ownership, with staff finding that reports gave useful information on how they were performing. However a senior manager also told us management information for outcomes was not good and required development. Such a statement would apply to most of the authorities we have inspected. Plans in place to address this issue included a review of capacity in SWIFT to improve outcome reporting, as well as adopting Talking Points for which there had been some exploratory work.

We observed a meeting of the extended senior management team where management information reports were being sought. These were used to demonstrate actions were meeting the requirements of the draft service improvement plan 2009/10, and that relevant connections were being made to the community and workforce plans.

In a report to the CFCPB in December 2008 the director of social work proposed *'developing a single business support service specification, setting common customer service standards (internal and external), rationalising input to IT systems and continuing to develop IT solutions that simplify information management, in particular shared electronic case records'.*

We thought Renfrewshire was making good progress in developing management information to make relevant connections to strategy, workforce processes and service delivery.

We found clear, corporate guidance on the responsible use of data and confidential information covering both service users and staff. It did not extend to partnership arrangements that were covered by other protocols. The SEQ reported that SWIFT users only had access to modules and screens which related to their responsibilities.

Use of management information

Managers and staff told us of a number of reviews where management information had played a key role, such as day services, home care, occupational therapy and commissioning. Business support staff told us they thought the use of SWIFT had brought about major service improvements. They also thought information gathered in respect of Charter Mark had increased the motivation of staff who were encouraged by seeing where targets had been met. First line managers used the available information on a regular basis to inform their work.

We read the Renfrew area team's performance report for 2007/08. It used management information to identify performance by its sub teams over three years. Commentary, which could have been sharper, stated how improvement was to be addressed. An improvement plan was being prepared but was not available when we undertook our inspection.

The YJEEIG had gathered information on its referrals. Analysis had indicated issues around young women, alcohol misuse, personal safety of young people and bullying. This had led to funding being accessed to develop relevant services/multi-agency approaches that responded to these needs.

At the same time we found examples of where best use was not being made of available information. The Mental Welfare Commission had advised us that guardianship levels were the lowest in mainland Scotland. However, when we asked a manager about this we were told no analysis had been made and reasons for the practice were not understood.

Occupational therapists advised us that in addition to asking about client satisfaction they electronically recorded a 'before and after' assessment of a person's level of dependency. We thought this was a good outcome to measure but the occupational therapists were vague as to whether such data was aggregated and had not seen a report. This would have been an excellent means of giving feedback to practitioners regarding the effectiveness of interventions. Some staff across children and families and addiction services were unclear about what data was gathered that evidenced outcomes.

Partnership arrangements

Strategic approach to partnerships

We found that Renfrewshire was highly committed to partnership working and had developed arrangements that were strategically focused and engaged staff at all levels. Elected members and the chief executive were actively involved in promoting and supporting these arrangements. Support of children's services were characterised by good partnership working and effective partnership approaches were also demonstrated in community care joint teams. Services were developing and progress being made, however joint planning had yet to deliver services which were fully modernised.

The SOA was now the high level partnership agreement. A number of partners we spoke to confirmed its significance for them and individual agency plans were being adjusted to support its content. Signatories to the SOA were the council, the police, the fire and rescue service, Reid Kerr College, the University of the West of Scotland, Renfrew Council for Voluntary Services (RCVS) and the RCHP.

Formal partnership working with health was via the RCHP and the wider NHS Greater Glasgow and Clyde. A governance framework had initially been established through the extended local partnership arrangements in 2004. This had been updated in 2006, prompted by new NHS structures, responsibilities arising from a growing number of joint teams and the need to develop joint performance and planning frameworks. The chief executive of the NHS viewed Renfrewshire Council as a particularly strong contributor to the wider partnership. The chief executive and the

director of social work were committee members of the RCHP, chaired by the leader of the council.

The Renfrewshire joint children's services partnership brought together representatives from the council and key partners, including the children's reporter and fire and rescue service, and the independent sector. It oversaw a range of related forums including the child protection committee and the integrated assessment framework steering group. The overarching priority of the integrated children's services plan was delivering GIRFEC[25] through the vehicle of the integrated assessment framework (IAF). Senior managers across agencies and services thought progress demonstrated strong partnership and were optimistic there would be greater cohesion in the future. Whilst developments were positive links between strategy and service delivery were still somewhat underdeveloped.

The Renfrewshire child and adult protection committees (RCPC and RAPC) had the same independent chair with relevant agencies well represented at a senior level. The HMIE inspection of services to protect children in Renfrewshire reported that, '*the work of the RCPC was highly effective*'. It also found that highly effective joint working between the chief officers group, elected members, the chair of the RCPC and the integrated children's services manager ensured child protection was a strategic priority. The commonality of approach across the RCPC and RAPC encouraged a view that the successful partnership working in child protection would transfer to adult protection.

Partnership working with the CJA was good. The chief officer advised that the director of social work had helpfully intervened to address governance issues across the seven partnership councils. Both the chief officer and the director advised that across the NHS Greater Glasgow and Clyde area there were still issues about getting consistent, high-level involvement from health, especially through the MAPPA arrangements. Managers told us of their concern that strategic management arrangements for MAPPA were insufficiently developed.

Renfrewshire had a memo of understanding (MOU) with the Care Commission that set out a framework on information sharing on key areas of service delivery and in respect of planning and commissioning services.

Renfrewshire had some 600 voluntary organisations within its boundaries – a significant challenge to partnership working. A compact had recently been agreed between the council and RCVS that represented 150 organisations. Within this were five key commitments to support and enhance the role of the voluntary sector in planning, service delivery and volunteering.

25 Getting it Right for Every Child.

Community health partnership

Senior officials from the council and health were members of the JMG which oversaw all work between social work and the RCHP. We have commented earlier on the remit of the JPPIGS and the JWGs which feed into this group and report to the RCHP Board.

The JPPIG remits specifically addressed social work strategic objectives and RCHP themes, which had a strong overlap. We found partnership working was taking forward improvements in services to older people where the JPIAF had noted '*good progress*'. Whilst progress was less marked in other service areas, joint services had developed in mental health and learning disability. There had been good partnership approaches to shifting service users from hospital to community and developing supports through a shared approach.

Senior managers said that joint budgets, aligned rather than pooled, were agreed through the JPPIGs, all of which had a financial framework in place. Data relating to a joint commissioning plan for older people's services for 2007/08 to 2010/11 showed the respective funding provided by the council and health services. The policy, guidance and operational procedures for care management stated that Renfrewshire Joint Care had established aligned budgets for all community care services including resources from social work, housing, acute and primary care services. Aligned budgets were not yet in place for housing and acute services as stated. The assessment and case management procedures were being updated following the dissolution of Argyll and Clyde health board to reflect current arrangements. Senior managers considered the use of aligned budgets to be the preferred option for the council in that they afforded the council better control over its budgets for jointly provided services.

Separate cost centres were set up in relation to partnership working only in instances of a discreet service being provided. There had been a number of financial initiatives recently developed in terms of joint working. There were 'joint financial frameworks' for service redesign in respect of the closure of long stay hospital provision. A partnership had been formed in November 2008 in relation to the joint equipment store which was now in place.

Good practice example

Joint financial reports were presented quarterly to elected members, board members and officers of both the council and health. We viewed an example of these reports and found it to be very clear and well laid out. It detailed the social work and NHS data at an appropriate level and provided the year to date position together with projected figures. The report also included information on capital projects.

Some RCHP members told us they valued social work's visibility and stability in leadership and hoped to develop further partnership working, with a clearer joint vision for one future shape and development of services. RCHP members thought they should be engaged and involved as a partner earlier in service reviews.

The RCHP had office space within the council headquarters. The chief executive of the council thought that commitment of participants was good, and partnership working through the RCHP was now beginning to deliver additionality. The leader of the council was positive about further developing joint and shared services. The joint financial frameworks were helpful but RCHP members thought there should be even greater financial transparency. Resource and budget pressures were a concern which we comment on further in Chapter 9.

Children's services planning was also well represented, with the council's head of service for children's services and criminal justice also being the head of children's services in the RCHP. The span of responsibility by the head of children's services across health and social work was wide and with the added responsibilities in criminal justice the planned review of this role in 2009 was now appropriate.

Partnership working and improved outcomes

The HMIE inspection of child protection in Renfrewshire found that, through partnership working, management information was being used very effectively to plan work and service improvements. HMIE were confident that, where children required protection, prompt action was taken to ensure their safety.

In our inspection we found many examples of where partnership working with health, education, police and housing was working well with social work to improve outcomes for children. This was evident through multi-agency groups such as youth justice, extended support team arrangements at school, multi-disciplinary projects such as Family Matters and work on policy and protocols. There was good working between criminal justice and housing in relation to sex offenders, MAPPA and prisoners.

The activity of the JPPIG for older people was mainly represented by the joint commissioning strategy for older people. At time of its publication (late 2007) there was partnership funding of £8.5 million and targets in the balance of care, delayed discharge and single shared assessments had been met.

Protocols for sharing of information and assessments

There were a number of information sharing protocols. HMIE had found that information sharing to protect children and young people was good. The protocol with the police also covered adult protection. We reviewed the MAPPA memo of understanding between the responsible authorities and the 'duty to co-operate' agencies within the CJA. The chief officer of the CJA was in discussion with the police to extend the MAPPA protocol to include information on serious violent offenders. A draft protocol had been drawn up.

We reviewed the recent inter-agency sharing protocol between the NHS Greater Glasgow and Clyde and its partner authorities. It was a formal, legalistic document but also gave good practice advice on recording.

Key to information sharing between partners was the eCare programme that was being delivered via the Greater Glasgow and Clyde local data sharing partnership (LDSP). SWIFT was now the single shared case recording system for the Renfrewshire learning disability service. It was also agreed, by contract, that SWIFT could be deployed to health staff where there was joint working with the same service user base. There was a procedure for reciprocal, electronic notification of assessments completed by health or social work staff.

Despite progress there continued to be difficulty in moving towards integrated assessments and recording. Staff expressed frustration at having to work across two systems. During our file reading exercise we could identify with this particularly in mental health cases where there was not a composite oversight of who was doing what. There had not been agreement to use SWIFT across the team as was the case with the learning disability service, however this was being discussed. At the Charleston Centre we were told that whilst protocols had been agreed for a joint IT/recording system it was taking a long time to establish the necessary systems and technology. This both inhibited joint working but also compromised the potential of SWIFT to deliver comprehensive reports to inform performance and service development. The learning disability service model was also being considered here.

Child protection messaging was being progressed by another council within the LDSP and would be implemented in Renfrewshire once tested and piloted. Electronic records were being developed. An EDRMS[26] solution was to be separate from, but connected to, SWIFT. A senior manager told us this would enable separate social work and health systems to be maintained but information would be shared through EDRMS.

Commissioning arrangements

Strategic commissioning

Social work services did not have a commissioning strategy. Apart from older people, senior managers in the council were unable to provide us with evidence of well developed strategic planning and commissioning processes. The service improvement plan 2008/11 only referred to commissioning twice: *'to implement key developments from the joint commissioning plan for older people'* and *'to develop a child care commissioning strategy'.* The latter was, explicitly, *'to secure efficiency savings on purchased services and the establishment of formal contracts'.*

We found that commissioning was primarily tied to procurement and contracting with individual service providers. This was the function of the joint commissioning team that operated – except for some contracting of specialist services for children with disabilities – only in community care and criminal justice. The joint commissioning team also undertook care management activity for some service users they had relocated from institutional care.

26 Electronic Document and Records Management System.

Whilst we found joint planning was increasingly well established we did not find that the planning functions were well linked to joint commissioning. The team was called a joint commissioning team, but staff were employees solely of the council and we found no evidence of joint commissioning.

Senior managers had responsibility for strategic commissioning within multi-agency planning structures. The role of the commissioning team was to feed in their findings from reviewing contracted services, specify service needed and proceed through tendering processes. We thought this team's role should be more focused on supporting strategic commissioning.

Whilst we found good use, and analysis, of data within service reviews, performance indicators needed to be more outcome focused if commissioning for personalised care was to advance. Senior managers we spoke to recognised that the development of such had still some way to go. The national outcomes for community care were well reflected in the joint commissioning strategy for older people.

A commissioning manager advised us that part of the commissioning agenda was to develop the market place so that providers could invest and re-tool to develop and provide more personalised services. However, there was no public statement of purchasing intentions across services. Independent and voluntary providers were connected to the commissioning and strategic planning process through the JPPIGs, but representation, where it was in place, was limited. The SEQ told us that the relationship with the independent sector was '*essentially a contractual one*'. We felt that involving the independent and voluntary sector more in the development side would capitalise on their experience of service redesign and delivery. Two service providers fora involving service users had been established to involve them more in service development.

Service wide commissioning

For children's services, a senior manager told us that the commissioning plan would '*fall out'* of the review of children's services that was scheduled to report in the autumn of 2009. To date, the review had agreed to commission intensive fostering and supported housing for care leavers.

The best value reviews we read for day services for older people, learning disability and occupational therapy were thorough and considered. They mapped and analysed need, recognised changing populations and set a values and policy context. They evaluated the suitability of the current service to meet future requirements; there was also good stakeholder, service user and carer consultation. Benchmarking was undertaken and the financial context was set. The best value reviews gave a good foundation for strategic commissioning and found a place in wider strategies such as for older people and the Partnership in Practice agreement.

Service wide commissioning in community care was taken forward through the JPPIGs, rather than individual services. Mental health commissioning had mostly been about re-provisioning care in hospitals. There was a review of community based mental health services but this was limited in its scope.

The PiP had a strategy of maintaining a balance of care and had used analysis to assess future needs. There was a good vision of personalisation and an action plan for the development of particular services, including accommodation, respite, employment and day opportunities. An outcomes based commissioning strategy within financial parameters had yet to emerge, although many of the basics were there.

The chief officer of the CJA recognised a need to develop a commissioning strategy for criminal justice services. He hoped to progress this as part of planning for the 2011/14 area plan.

Recommendation 12

The social work service should develop an overall commissioning policy and strategy to better incorporate strategic commissioning into service planning.

Balance between directly provided and purchased services

The budget split between the independent sector and council service was approximately 50/50. A senior manager told us this gave social work services good scope to reshape services so they could become more personalised. They told us the criterion for commissioning was value for money and best value and that the council service would first be evaluated to see whether it met requirements, then the market would be examined.

This approach was evident in the framework for home care which operated to maintain social work services as the main and preferred provider. In 2007/08 the council spent 20 times more on in-house home care service than it did on independent home care. The latter were going through a tendering exercise based on a framework agreement. Discussion with commissioning staff indicated a high expectation on providers to be flexible. Whilst acknowledging the need to achieve best value, independent providers would often be the last option and as services would be spot purchased, had limited security within which to plan their organisational capacity.

The director of social work had identified care at home services as the key to personalisation. We would question how the market could be developed given the current commissioning approach. We have made a recommendation earlier in the report on home care and the role of commissioning.

Contracting processes

Many services were being purchased through area teams and we read good guidance to assist operational staff with this. The process flow chart helpfully drew staff to considering direct payments. This could be a good lever for services to become more individualised, but the low level of payments and ambivalence of staff in their use, led us to conclude that this mechanism was not being used to its potential.

We reviewed model contracts, tendering documentation, monitoring paperwork and reports of service reviews. There was an expectation that providers shared the results of inspections by the Care Commission. Council standards were based on the national care standards. Documentation and processes were comprehensive, thorough and exacting. They included regular on-site reviews in addition to monitoring by care managers. A concern was the council's discretion about attending individual service user reviews.

We met with managers from the independent and voluntary sector who provided supported accommodation and other community services. They were unanimous in their praise for the council's commissioning team, saying they were creative, supportive, and efficient and kept in touch with a discussion forum recently being established. Service level agreements (SLAs) were in place although reviews had often taken some time. They were positive about the increasing emphasis on outcomes in the SLAs. An example was getting offenders into education or employment, in line with the CJA plan.

Staff told us that the monitoring of contracts with independent fostering agencies was mainly through the looked after children reviewing process. Social work services gave a very significant volume of business to the independent agencies and considered this gave them buyer power. A discount arrangement had been in place with two fostering agencies since 2006/07. A stronger commissioning approach would have been beneficial here. This was particularly important given the serious pressures on the fostering budget detailed earlier in this report. Consideration was being given to joining forces with other local authorities and procuring on a joint basis.

CHAPTER 7

Leadership and direction

We evaluated the leadership and direction of social work services in Renfrewshire to be good with important strengths and some areas for improvement.

The chief executive provided effective leadership. He had high expectations of corporate working and a strong focus on the major challenges of poor health, long-term unemployment and a widening gap between the council's most and least deprived areas.

The vision for social work services was well understood across all staff groups. The director had a strong presence and was thought of highly by staff, partners and stakeholders. The heads of service for community care and children and families and criminal justice needed to raise their profile, particularly with staff.

There was an effective and developing partnership with health. The political leadership had shown initiative in taking forward joint planning commitments.

Elected members across all parties were committed to services to reduce disadvantage and there was a positive approach to improving services across social work and health. We thought that elected members should develop a better understanding of particular areas that were under pressure, such as foster placements. They may wish to pose more questions of social work services with regard to these concerns and possible alternative action that needs to be considered.

The rate of change had been measured but was now gathering pace in recognition that some innovation was required. There was a need to prioritise areas for action. However, there was also the need to consider possible risks associated with long-term planning becoming slowed down by resource constraints in the short-term. The service had made progress in redesigning and modernising some services but still faced a considerable challenge to achieve more personalised services.

Vision, values and aims

Promotion of vision and values

The vision for Renfrewshire Council's social work services was *Changing Lives, Promoting Independence, Protecting Vulnerable People*. This had been developed in consultation with staff and elected members. The vision for social work services was further reflected in the Council Plan 2008/12 and the Community Plan 2008/17 which specifically highlighted support for vulnerable people and achieving outcomes for children and vulnerable adults. The first single outcome agreement in June 2008 reflected a joint commitment by the council and its partners to address key national indicators such as improving the life chances of children, young people and families at risk.

This vision and underpinning values were also central to children's services and child protection plans, and to the North Strathclyde Community Justice Plan. The council's responsibility for adult protection was clearly reported in both the Council and Community Plans reflecting joint co-ordination with partners.

The vision for social work was reflected in a range of joint approaches with health including children's services, learning disability and older adults mental health. There had been evidence of developing better shared responsibilities such as addressing public health improvement through better access to primary health care. The director of the RCHP and the director of social work provided regular briefings to elected members on developments.

Strategic planning across the council and with partners reflected the contribution which social work was making to corporate policies and approaches. The chief executive saw social work services at the heart of the local authority and the services traditional domain of adult and child protection, alcohol and drugs and unemployment reflected major challenges within the strategic plan.

In 2006 the council formalised its partnership with NHS Greater Glasgow and Clyde and the RCHP. The council was represented on the NHS Board by the council leader, who chaired the RCHP. This also included the chief executive, director of social work and the head of children's services. The RCHP director's accountability is located within NHS Greater Glasgow and Clyde, and he reports directly to the chief executive of NHS Greater Glasgow and Clyde. There had been significant financial challenges inherited from the previous Argyll and Clyde NHS. Senior managers told us of the commitment by the health board to invest in Renfrewshire to ensure service provision became equitable with other areas.

The council were still addressing a range of service modernisation challenges. We were told by senior managers about a range of reviews that were taking place to assist the direction of this agenda, however we believe they require prioritising to ensure focus and progress. We found that reviews had either taken some time to complete or lacked clear objectives and timescales. The council still faced significant budgetary commitments and challenges which required it to become more innovative and to ensure greater workforce efficiency and flexibility. The council and its healthcare partners identified the present economic recession as a potential challenge to joint working, and were concerned about possible retrenchment to individual core business.

Role of elected members

Elected members expressed a strong commitment to social work. The Community and Family Care Policy Board (CFCPB) was the body responsible for exercising social work functions and policy development within the council. They received regular and appropriate reports from the director of social work, whose advice and contribution was viewed positively by members and the chief executive.

The depute leader was convenor of the CFCPB which raised the profile of social work within the council. Members were well briefed on social work matters and the political balance of the council had required good all party communication by the director. The new administration had established clear policy commitments, reflecting the council's strategic plans, with support to implement these. The leader of the council tried to ensure proportionality of party representation on boards across the council.

Elected members understood their responsibilities as corporate parents and showed strong commitment and awareness of the council's statutory responsibilities. The council had appointed an elected member as a children's champion, who had been developing direct contact with young people. These actions were supported by other elected members, but without any direct reporting on the overall contribution this could be making to corporate parenting. Although members were genuinely concerned to discharge their role as corporate parents they appeared less sighted on the range of placement options directly provided by social work services.

Renfrewshire had more children in foster placements purchased from independent providers than with their own foster carers. Social work services ongoing reliance on independent foster care placements, which were incurring higher budgetary costs, had been reported to members. We found that whilst elected members were aware of the growth and development of services there was a lack of questioning as to what alternatives might exist for developing greater capacity within social work services own resources.

The chief executive had commissioned a report on looked after and accommodated young people, aimed at studying outcomes on a longitudinal basis. This was done in recognition of the council's responsibilities towards these young people as they matured into early adulthood.

Role of the Chief Social Work Officer (CSWO)

As CSWO, the director saw advantages within the present structure for clear lines of accountability to full council. The combined roles of director of social work and CSWO had ensured that at the highest levels within the council there was effective management of risk for social work services. This had also ensured a strong input by social work to corporate strategies and key priorities such as poor health and high unemployment as well as broadening council-wide and partner engagement.

The council had received the first annual report from the CSWO in September 2008. This was a comprehensive report including details of specific challenges, such as children awaiting permanency. There was scope to add to this process effectively and positively in the future through greater scrutiny by elected members.

As CSWO the director had continued to attend the child and adult protection committees, as well as other forums. He also acknowledged that contributions by heads of service would afford a future opportunity for a less hands on role by him. It is important that he allows this to happen

to enable his senior management team to mature into their respective roles. It is now time for the senior management team to reflect on the different roles they have adopted and how these need to be adjusted to deliver change in the future.

We have made a recommendation earlier in the report in relation to the role of the qualified social worker and the tasks undertaken by non-social work qualified staff. It is crucial that in keeping with the recommendations of *Changing Lives* the CSWO ensures sound governance of practice in this area.

Leadership of people

The council had experienced some political challenges in the past, but a minority administration with a more cohesive and productive approach was now in place. We spoke to the leader of the council, the leader of the opposition and a range of elected members who all stated their commitment to working together. They were in agreement about social work services in Renfrewshire and debate was healthy and focused on how best to achieve their shared objectives.

The director of social work was held in high regard by elected members, the chief executive and key partners. Elected members trusted him and appreciated the time he took to explain areas that needed clarification, and that he was responsive to new or emerging issues. Other directors and colleagues within the council spoke of good working relationships and sound communication with the director and senior managers. They commented that the director was a key influence within the council.

Just under half of the respondents to our staff survey agreed social work was highly valued by elected members and that there was effective leadership of change. This was higher than the average findings from inspections to date. The convener had visited social work teams and the leader had attended extended senior management meetings.

The majority (52%) of respondents agreed that senior managers communicated well, which was higher than the average to date. However during fieldwork many staff we met felt communication could be improved. Trade union representatives in particular thought this was an area for improvement. Area managers no longer held full staff meetings and information was expected to be cascaded downwards. There was less evidence of how frontline service experiences were communicated upwards to senior managers. There was regular e-mail and intranet communication but this did not always seem to be the best mechanism.

At the first meeting of the staff panel issues of communication and change, as raised in the services own survey, were considered by attendees. It was too early to evaluate the effectiveness of the staff panel but it was a positive response to meet and listen to what staff had to say.

The director and heads of service had undertaken a programme of visits to workplace meetings and events to promote the vision for social work. The majority (52%) of respondents to our staff survey agreed that there was a clear vision for social work. This finding was significantly higher than the average to date. The director had been prominent in his briefings to members and staff on issues of corporate parenting, child protection and on the content of performance inspections by HMIE and SWIA. These appeared to have had a positive effect on staff by raising the profile of social work across staff groups.

The senior management team was relatively new with the director and two heads of service being appointed within the previous 18 months, although the director and head of children and families and criminal justice came from posts within Renfrewshire social work services. Most staff we met thought the director of social work had a strong presence and was approachable. They thought the heads of community care and children and families and criminal justice could make themselves more visible. However staff did tell us about times when unfortunate events had taken place that was upsetting for them and senior managers had been both visible and supportive to frontline staff.

In the main stakeholders who responded to our survey had positive views on leadership and management both in social work services and the council. This was echoed by the majority of partners and stakeholders we met during fieldwork. Health colleagues thought partnership working was strong and effective which we have commented on in Chapter 6. They thought the leader of the council had an influential voice and reinforced a strong commitment to health strategies.

Leadership of change and improvement

The chief executive was aware of the financial constraints on the council and the impact of local and national economic factors, including the level of central grant available to Renfrewshire. This required the council to seek a high level of return from existing resources, identifying opportunities for innovation, best value and partnership working. There had been some attempt at service personalisation, although there was some way to go especially in areas of adults with learning disabilities and older people remaining in their own homes.

Developments such as telecare had been important in enabling a shift in the balance of care, and elected members commented favourably on the tangible benefits which they had witnessed through their constituents. However, further developments to shift the balance of care had been slower and were still underdeveloped. Many of the problems we have reported in relation to home care are significant in addressing this. Elected members and senior managers recognised that further improvements would require better information on which to measure the services' performance in relation to outcomes.

Social work services were in the throes of wide-ranging change. Some services had become more innovative and some key service areas were in need of modernisation. We had some

concerns that too broad and brisk changes might affect sustainability in areas of older people's care and in re-focusing services for adults with learning disabilities which can only become possible over longer term planning cycles. We have highlighted in Chapter 8 that efficiencies were to be made in the 2009/10 budget. Senior managers stated this would have an impact on the roll out of modern working practices associated with the review of area-based services. They needed to consider how this may impact on future plans.

Recommendation 13

Social work services need to consider the range of reviews taking place and prioritise areas for action over a well planned timeframe that ensures the right changes are implemented.

In the SEQ social work services acknowledged that they needed to take a more developed strategic management approach and the extended senior management team had taken time out to consider this. A new post of strategic change and development manager had been created to provide impetus for the modernisation agenda. There was also consideration of how social work might contribute to and derive benefit from the council's service improvement direction.

The need to seek efficiencies within existing resources requires innovation and flexibility from staff, trust and confidence from service users and carers, and a reliance on increased partnership working. This will be challenging as it runs a risk that financial and staff resource constraints might slow down partnership developments at a time when the council itself, is likely to be challenged in its capacity to move towards a more personalised service.

CHAPTER 8

Capacity for improvement

Our evaluation of capacity for improvement in Renfrewshire was based on three key factors

- **improved outcomes for people who use services**
- **effective leadership and management**
- **quality improvement and performance management**

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

National and local performance indicators showed that the service had made some progress in improving outcomes for people who use services and their carers. This was not consistent across all groups and the service needs to pay attention to shifting the balance of care across services.

The extended senior management team were using sound performance management systems and were in the process of improving this further to ensure an outcomes focus. They acknowledged the need for this approach to be communicated to all staff. We found staff at the frontline were not routinely looking at outcomes, although managers were using the SWIFT system to gather a range of performance data.

In the past two years the service has undergone a near complete change at senior management level. We found that this change had been well managed and had instilled an ambitious culture of improvement. Managers must ensure they identify the priorities for change and manage these carefully. This must be planned and implemented over a sustained period of time to enable success.

Improved outcomes for people who use services

We found some good systems in place at extended and senior management levels for measuring performance. A senior manager was in the process of developing planning and performance mechanisms with a key focus on outcomes. The need for staff and managers to invest in this process was a key component in it being successful. During the inspection we found that the service was heading in the right direction in ensuring an outcomes focus.

We found less evidence of an outcomes focus at the frontline, although some individual team/projects were gathering information. However, evidence from our fieldwork and surveys confirmed that staff delivering services were focused on outcomes for service users when assessing and planning services for them.

Outcomes for service users varied across the range of services. Services for child protection and children who might be at risk were positive, as was the approach to young people involved in

offending and improving educational attainment. We found examples of services assisting young people to engage fully in their communities and divert them towards lower tier intervention services via the youth justice early and effective intervention group and extended support teams. We were concerned about the number of young people who were in out-of-area placements and those whose foster care placement had broken down resulting in them moving to residential care, mainly Rowanlea.

Outcomes for older people and adults with learning disabilities were less positive in key areas. There was a need to develop services to shift the balance of care and create a more personalised approach to services. There were a high number of older people in residential care. Whilst there had been some developments in home care provision some deficits remained that made it difficult to meet the needs of many of those living at home. Social work services had low numbers of adults with learning disabilities having a personal life plan, local authority co-ordinator and being in their own tenancies compared to the national average. Managers recognised some of the deficits in this area and were starting to make attempts to address this, but progress was slow. At the time of the inspection a review of learning disability services had taken place, but more work needed to be undertaken. A review of home care had been completed but due to concerns regarding services another review was planned.

Effective leadership and management

We found the chief executive and elected members to be well sighted on social work issues and committed to improving social work services in Renfrewshire. Social work services had a strong profile within the council and were highly valued by the chief executive, elected members and partners. The response to our staff survey indicated a sound awareness of the social work vision and that senior managers communicated well with staff. However, during fieldwork we found staff did not always feel they were as involved or consulted to the level they should be.

The senior management team within the service was relatively new, although many of the extended senior management team had been in place for a number of years. There were some clear components of adjustment, development and change taking place, but overall we felt this process of change had been well managed. The director was well thought of by staff, partners and stakeholders and was leading on the improvement agenda. The heads of service for community care and children and families and criminal justice were less visible to staff and partners. It is important that their presence is better established in the drive for change and improvement.

At the time of inspection social work services were undertaking a range of service reviews with a view to modernising and improving services. It is important that the directorate and senior managers undertake a high level scan of services by way of self evaluation to ensure they priorities key areas of need. In a culture where there was clearly an appetite for change and improvement senior managers should ensure staff are fully involved in the process.

Staff in the main spoke positively about their day to day experiences of being managed, with supervision and continuing professional development seen as a key priority. The role of the qualified social worker needs to be clearly defined, as does the role of other staff. The chief social work officer needs to ensure clear governance over this.

Quality improvement and performance management

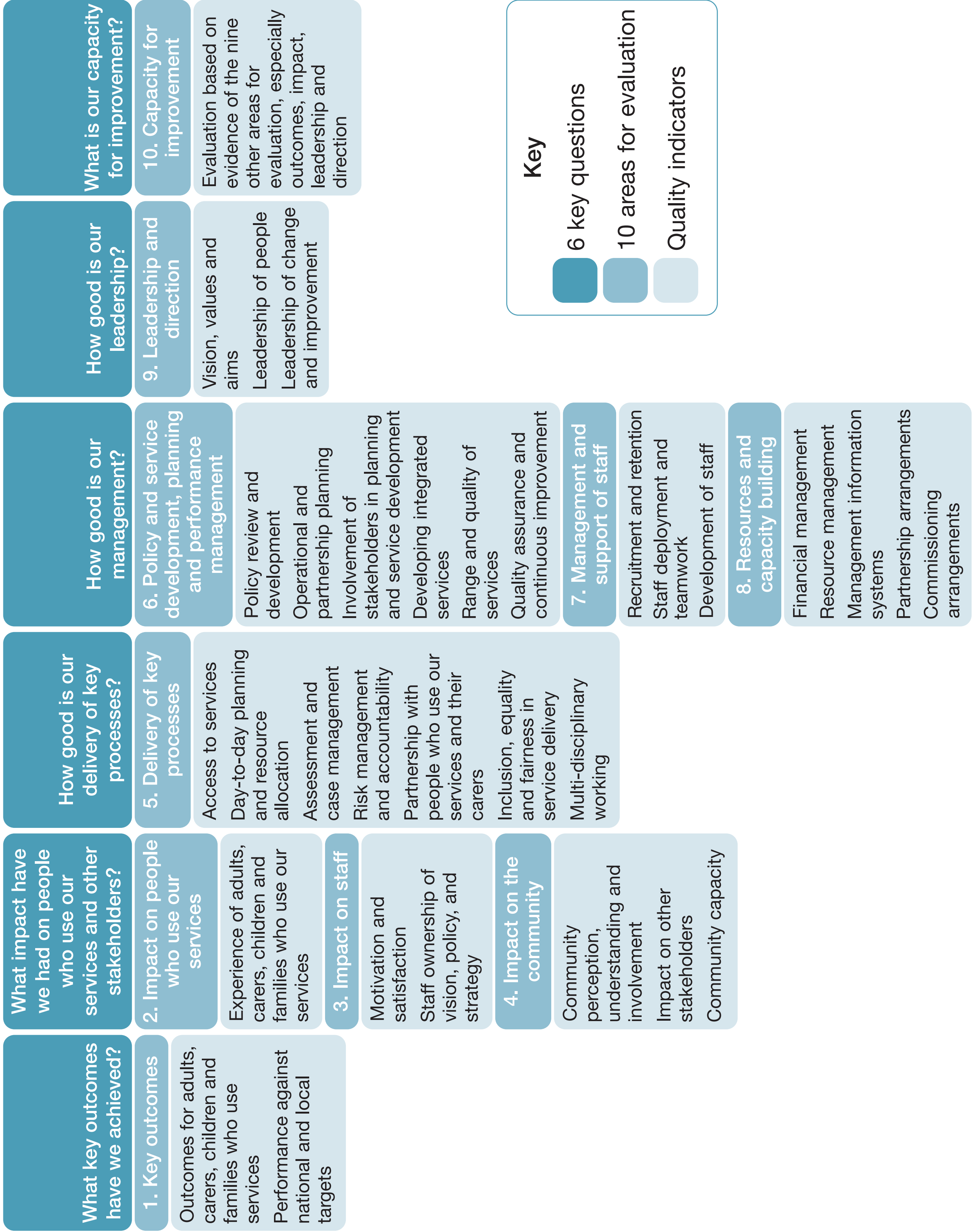
Social work services had undertaken a range of consultations and surveys to find out about the quality of services and in some areas action had been taken to improve quality or was in the process of being progressed. The service had also invested heavily in Charter Mark which had been implemented across many areas. The service had plans for another ten areas to achieve customer service excellence (CSE) status in 2009/10.

We were concerned about the lack of a strategic approach to commissioning, an area that needs close scrutiny to ensure best value and a more personalised approach to care.

The SWIFT system provided a range of business objects reports that provided information on performance that practitioners and managers could use in their team/service area. The extended senior management team produced and discussed performance on a quarterly basis and made good use of the Covalent system, and reported to the Community and Family Care Policy Board bi-annually. The quality of this reporting was good, but more needed to be done to identify clear actions required for service improvement, and check on progress made.

Social work services were in the process of appointing a strategic change and development manager and had advertised for a planning and performance principal officer. There was a good and varied collection of performance data which required a more outcomes focus. We were confident the service was committed to taking this forward.

APPENDIX 1



APPENDIX 2

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 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 peoples 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 Clare Wilson – 0141 249 6835.

Along with the completion of a self-evaluation questionnaire, we began the inspection process by asking Renfrewshire 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).

We sent out questionnaires to staff, and adults who use the council's social work services, carers, partners and stakeholders.

Groups	Number issued	Number returned	Response rate
People who use services	500	123	25%
Carers	500	143	29%
Staff	500	246	49%
Partners and stakeholders	50	22	44%

File reading		Number
Total files read		105
of which	Children and families	40
	Community care	65

Together with six members of staff from Renfrewshire Council, we spent three days reading a total of 105 case files, of which 40 were children and families and 65 community care from across the services.

We then spent 10 days in Renfrewshire Council examining aspects of both the services directly provided or services commissioned from the independent or voluntary sectors. We looked 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 did not inspect those aspects of services which are already regulated by the Care Commission.

We examined services in a number of ways:

- meeting people who use social work services and their carers
- interviewing staff at all levels of the organisation, both individually and by bringing them together in focus groups
- meetings and interviews with elected members and with staff and managers from other parts of the council
- meetings with partner organisations and voluntary organisations providing services
- observation of relevant meetings and visits to a range of services
- 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	11
Meetings with people who use services	12
Meetings with carers	5
Meeting with frontline staff, first line managers and middle managers	27
Meetings with senior social work managers, council officials and elected members	22
Meetings with partner and provider organisations	15
Observation of meetings	7
Observed practice, case file and good practice follow up	20
Total sessions	**119**

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

Renfrewshire Council social work services structure chart