



social work  
inspection agency

# **PERFORMANCE IMPROVEMENT HANDBOOK**

## **2009-10**

## CONTENTS

|  |   |
|--|---|
| 1. Introducing the revised model of performance inspections.....                   | 3 |
| 2. The performance improvement process.....  | 4 |
| • Stage 1 : Initial scrutiny level assessment (ISLA).....                          | 5 |
| • Stage 2 : Shared Risk Assessment (SRA)/Assurance and Improvement Plan (AIP)..... | 6 |
| • Stage 3 : Scrutiny.....  | 6 |
| • Stage 4 : Reporting.....   | 7 |
| 3. Quality assurance/moderation.....   | 7 |

## APPENDICES

|  |    |
|--|----|
| Appendix 1 - Local authority performance improvement 2009 – 10.....                        | 9  |
| Appendix 2 - The Shared Risk Assessment process.....                                       | 10 |
| Appendix 3 - ISLA Template: Assessing the level of scrutiny required .....                 | 11 |
| • ISLA questions.....  | 11 |
| • Table 1: Initial analysis.....   | 12 |
| • Table 2: Emerging themes, provisional assessments and inspection activity indicated..... | 21 |
| • Table 3: ISLA summary .....  | 22 |
| • ISLA scrutiny levels.....  | 23 |
| Appendix 4 - Case file analysis.....   | 25 |
| Appendix 5 - File reading template.....  | 32 |
| • File reading template - guidance notes.....  | 40 |
| Appendix 6 - Performance Improvement Model (PIM).....                                      | 47 |
| Appendix 7 - Evaluation using the six-point scale.....                                     | 48 |
| Appendix 8 - Internal quality assurance.....   | 52 |
| Appendix 9 - Inspection team roles and responsibilities.....                               | 54 |
| Appendix 10 - List of essential documents/data for ISLA completion.....                    | 58 |
| Appendix 11 - Code of conduct for all members of SWIA inspection teams.....                | 63 |

# 1. INTRODUCING THE REVISED MODEL OF PERFORMANCE INSPECTIONS

## Definition and purpose

Inspection is periodic, targeted scrutiny of specific services, intended to check whether they are meeting national and local performance standards, legislative and professional requirements, and the needs of service users<sup>1</sup>.

In accordance with this, the purpose of inspection, set out at SWIA's inception in 2005, remains unchanged – that is, to:

- Provide an objective, evidence-based assessment of how well people are being served by their social work services;
- Make a constructive contribution towards the further improvement of the services provided;
- Help safeguard the interests of people, who use services, and carers; and
- Help local authorities to develop their own approach to improving services.

## Developments in inspection

The initial performance inspection programme of all 32 local authority social work services will be completed in the course of 2009-10. This will provide a unique evaluation of the state of Scotland's social work services, and form the basis of a series of themed reports, practice guides and an overview report. This latter report will identify both key achievements and challenges. It will also form a baseline for the introduction of our revised approach to inspection – set out in this handbook.

However, whilst the purpose of performance inspection remains unaltered, the method by which it is to be carried out has changed significantly. In setting out the changes contained here, SWIA is committed to the Scottish Government's approach to inspection, as shaped by the work of the Crerar review.

## Inspection and improvement

In accordance with this approach, the primary purpose of our scrutiny activity will be to provide independent assurance that services are well managed, safe and fit for purpose and that they represent the best value for money. However, we also recognise that scrutiny bodies in Scotland need to play an important role in influencing a culture of continuous improvement and striving towards excellence. In accordance with this, we will actively promote and encourage self evaluation on the part of councils, through the role of the link inspector and the application of SWIA self-evaluation guides<sup>2</sup>.

The option of supported self-evaluation introduces an opportunity for link inspectors to provide direct support and assistance to local authorities in developing their capacity to undertake self-evaluation. This is an *offer* of inspector assistance and

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<sup>1</sup> Taken from the Scottish Government response in January 2008 to the Crerar Review – The report of the independent review of regulation, audit, inspection and complaints handling of public services in Scotland. Scottish Government. September 2007.

<sup>2</sup>Guide to Supported Self-Evaluation, SWIA, January 2009 (List of subsequent publications to be added).

support to develop effective self-evaluation and does not represent any form of mandatory scrutiny.

**Key point:**

**This handbook is intended to cover the period 2009-10 only. This will involve the transition from the previous programme of performance inspections to a new approach - performance improvement. This includes both scrutiny and supported self- evaluation.**

**Consequently, the handbook will be revised to take account of the changes arising from this first operational year of the new scrutiny and self-evaluation arrangements.**

### **Programme for 2009-10**

Every council has a SWIA link inspector, whose level of engagement with the local authority will be determined by:

- The stage the performance inspection process has reached; and
- The degree to which the local authority takes up the offer of supported self evaluation.

In relation to scrutiny activity, the position for all local authorities is set out in the table attached (Appendix 1). In broad terms:

- For councils that SWIA has recently inspected as part of the initial performance inspection programme, and which are preparing and delivering an action plan, the link inspector will maintain contact with the authority as per the existing performance inspection arrangements;
- For councils which are due a follow up inspection during 2009-10, the link inspector will coordinate and deliver these as planned;
- The remainder – that is, councils that have had their SWIA performance inspection and follow up - will be subject to the new risk based and proportionate scrutiny arrangements in the course of 2009-10. This approach, set out in this handbook, will be incorporated into the shared risk assessment, coordinated by Audit Scotland.

## **2. THE PERFORMANCE IMPROVEMENT PROCESS**

The process as outlined below will apply to the following councils during 2009-10:

*Commencing August – September 2009:* Angus, Dumfries & Galloway, Fife, Inverclyde, South Lanarkshire.

*Commencing October-November 2009:* Aberdeenshire, East Renfrewshire, Orkney, Perth & Kinross, Shetland.

## Stage 1: Initial scrutiny level assessment (ISLA)

The Initial Scrutiny Level Assessment (ISLA) is the means by which SWIA inspectors assess the required amount of external scrutiny of social work services. It is intended as an annual process, designed to feed into the shared risk assessment, carried out by the local area network (LAN)<sup>3</sup>.

### Key point:

**The ISLA is primarily a desk-top, risk assessment exercise, supplemented in this first year by file reading. It is therefore intended to operate with minimum impact on the council.**

Each ISLA team will comprise:

- a lead inspector<sup>4</sup>;
- three inspectors;
- a finance inspector;
- a statistician; and
- an inspection support manager.

The inspection team will carry out a desk-based review of a range of evidence, supplemented by the reading of files. This will result in an initial assessment, including:

- a scrutiny level assessment that will set the ceiling on the number of inspection sessions<sup>5</sup> permitted for an authority (ranging between 10 and 40 sessions);
- a set of provisional assessments about the local authority's performance in key areas; and
- a prioritised list of targeted inspection activities that the team considers necessary. The number of sessions permitted for an authority will be proportionate to assessed risk.

### Key point

**A definition of risk: Risk is the probability of an adverse or unwanted event. Significant risks exist when there is a high probability of an event with a serious impact. Risk may arise from known or unknown factors or both. Positive risk taking balances controlled risks and opportunities to promote better outcomes.**

<sup>3</sup>Local Area Networks - co-ordinated by Audit Scotland, including SWIA, HMIE, Care Commission, Scottish Housing Regulator,

<sup>4</sup> In 2009-10, the link inspector will assume the role of lead inspector in this context.

<sup>5</sup> Inspection session: defined as one of a number of activities, including interview, focus group, observed practice, observation of meeting. In the case of file reading, a half-day file reading = one inspection session.

One of the key purposes of the ISLA process is to identify indicators of risk and issues which would predict risk - e.g. poor assessment, serious staff shortages, untrained staff completing assessments, etc.

The ISLA will be the means by which SWIA will determine the extent of social work scrutiny needed by an authority. This will then be fed into the shared risk assessment (SRA), carried out by the local area network<sup>6</sup>. This process is set out as a flow chart – attached as appendix 2.

The basis of the ISLA is a set of questions that the team will apply to information and data gathered on the authority. These questions will test those aspects of social work function considered pertinent to risk and improvement need (see Appendix 3: *Assessing The Level Of Scrutiny Required*). An important feature of the ISLA will be an analysis of case files, using the SWIA file reading template. Details of the ISLA file reading are included in appendices 4 and 5.

## **Stage 2: Shared Risk Assessment (SRA) /Assurance and Improvement Plan (AIP)**

By November 2009, local area networks (LANs) will have been established for all 32 councils. LANs comprise representatives from all relevant scrutiny bodies: Audit Scotland, Care Commission, HMIE, NHSQIS, SHR and SWIA.

The primary task of the LAN is to gather knowledge, information and data. This then feeds the local shared risk assessment process and the agreement of proposals for a proportionate scrutiny response. This work is then presented within a draft Assurance and Improvement Plan.

Where an ISLA has been completed, the lead inspector, as a LAN member, will feed ISLA findings into the LAN roundtable discussions. These will be based upon:

- An assessment for each of the nine risk questions
- An overall scrutiny level for the council; and
- An outline of proposed social work scrutiny sessions.

It is likely that some time will elapse between the completion of the ISLAs (falling between September and November 2009) and the shared risk assessments (from November onwards). In the event of an ISLA revealing urgent risk, the lead inspector, in consultation with the relevant depute chief inspector, may consider it necessary to carry out specific scrutiny activity in advance of the SRA process.

## **Stage 3: Scrutiny**

SWIA scrutiny activity will be co-ordinated with other scrutiny bodies as part of the LAN discussions. Other than any scrutiny activity that is urgent due to identified high risk, the timing of this activity will be flexible, taking into account opportunities for

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<sup>6</sup> Local area networks will normally comprise link inspectors (or equivalent) from SWIA, HMIE, SCRC, SHR and Audit Scotland.

collaboration (with other scrutiny bodies and councils) and any scheduling requirements identified by the SWIA planning group.

The inspection support manager (ISM), in consultation with the lead inspector, local authority and, where applicable, other scrutiny bodies, will arrange a programme of scrutiny /supported self evaluation.

Inspection activity will draw on a toolkit of inspection methods that will be combined in the plan for the authority to best follow up the ISLA concerns. Methods include:

- Additional file reading;
- Surveys;
- Focus groups;
- Interviews;
- Observed practice;
- Observation visits; and
- Observation of operational or strategic meetings.

#### **Stage 4: Reporting**

The lead inspector completes a final report, which:

- Addresses concerns raised;
- Provides an evaluation for each core quality indicator; and
- Identifies issues/ themes/ improvements to be carried forward into the next ISLA.

The core indicators will be taken from the performance improvement model (PIM), set out in Appendix 6. In this first year, 2009-10, the core quality indicators will be:

- 1.1 Outcomes for adults, carers, children and families;
- 1.2 Performance against national and local targets;
- 5.3 Assessment, care management and statutory supervision; and
- 5.4 Risk management and accountability.

Evaluations will be made in accordance with the six-point evaluation scale used in the first round of performance inspections, and shared with the Care Commission and HMIE (Appendix 7).

The final report will be published on the SWIA website<sup>7</sup>. The aggregated content of each report will form the basis of a Chief Social Work Inspector's report, to be published on an annual basis.

### **3. QUALITY ASSURANCE /MODERATION**

#### **Internal**

A system of internal moderation will ensure that the ISLA process and conclusions benefit from thorough quality assurance before the findings are fed into shared risk

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<sup>7</sup> Format and process of final report to be confirmed. Separate document to be published on SWIA website.

assessment /LAN discussions and shared with councils. Reports produced as a result of scrutiny activity (see stage 4 - *Reporting* - above) will also be moderated.

Details of internal scrutiny are contained in Appendix 8.

### **External**

Where an Assurance and Improvement Plan (AIP) has been prepared by the local network (including SWIA link inspector), the plan will be submitted to external moderation (*details to follow*).

## APPENDIX 1 LOCAL AUTHORITY PERFORMANCE IMPROVEMENT 2009-10

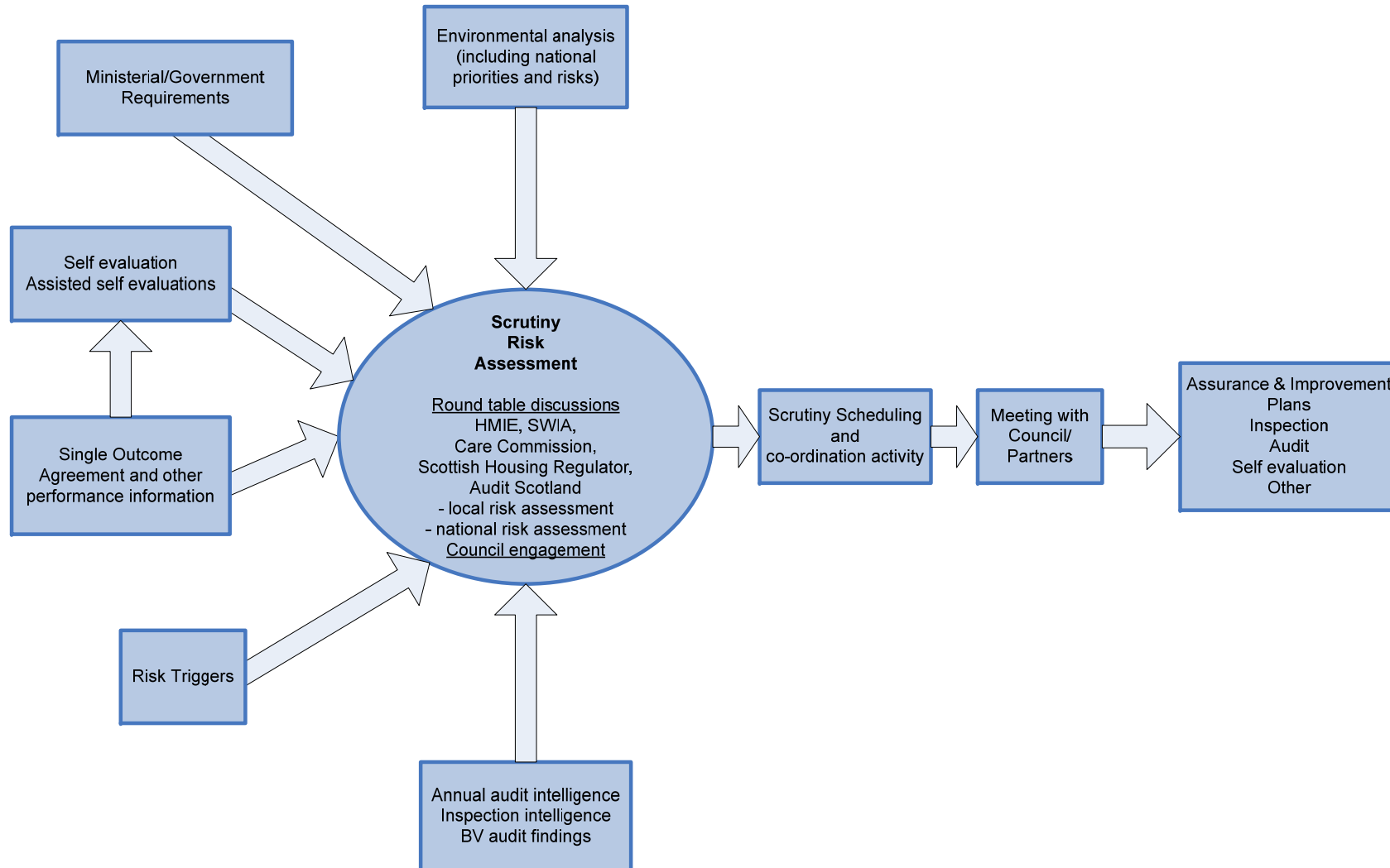
|   |  |  |  |
|---|--|--|--|
| Revised approach, plus assisted self-evaluation   | Follow up inspections arising from 2006-09 PI programme (including co-ordinated planning/ fieldwork with other scrutiny bodies), plus assisted self-evaluation.  | Assisted self evaluation/ current link inspector (post PI follow-up) arrangements. Follow up inspections due 2010-11 | Assisted self evaluation/ current link inspector arrangements. Revised approach from 2010-11                   |
| <p>Group 1<sup>8</sup></p> <p><b>Angus</b><br/><b>Fife</b><br/>South Lanarkshire<br/>Dumfries &amp; Galloway<br/>Inverclyde</p> <p>Group 2<sup>9</sup></p> <p>East Renfrewshire<br/>Perth &amp; Kinross<br/>Aberdeenshire<br/>Shetland<br/>Orkney</p> | <p>Western Isles<br/>East Lothian<br/>Edinburgh<br/>Aberdeen<br/>Moray<br/>East Dunbartonshire<br/>Clackmannanshire<br/>Midlothian<br/>Falkirk</p> <p><b>Scottish Borders</b><br/>North Lanarkshire<br/><b>West Dunbartonshire</b></p> | <p><b>East Ayrshire</b><br/>Stirling<br/>Renfrewshire<br/>South Ayrshire</p>   | <p><b>Highland</b><br/>Argyll &amp; Bute<br/>West Lothian<br/>Glasgow<br/>North Ayrshire<br/><b>Dundee</b></p> |

(Councils in bold = shared risk assessment /Best Value 2 development sites).

<sup>8</sup> Initial scrutiny level assessments to be undertaken August-September 2009.

<sup>9</sup> Initial scrutiny level assessments to be undertaken October – November .

## APPENDIX 2: THE SHARED RISK ASSESSMENT PROCESS



Source: Reducing Burdens Action Group, Scottish Government

### **APPENDIX 3: ISLA TEMPLATE: ASSESSING THE LEVEL OF SCRUTINY REQUIRED**

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

**Table 1: Initial analysis**

| <b>1. Is there evidence of effective governance/financial management?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>   | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>2. Is there effective management and support of staff?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>                                       | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>3. Is there evidence of positive outcomes for service users and carers across the care groups?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>   | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>4. Is there evidence of good quality assessment and care management?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>   | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>   | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>6. Does the social work service undertake effective self evaluation, including improvement planning and delivery?</b> |                                |                                |                              |   |   |
|--|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>  | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|  |                                |                                |                              |   |   |
|  |                                |                                |                              |   |   |
|  |                                |                                |                              |   |   |

| <b>7. Is there effective partnership working?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>                           | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>8. Do policies, procedures and practices comply with equality and human rights legislation and are there services which seek to remove obstacles in society that exclude people?</b> |                                |                                |                              |   |   |
|---|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>   | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |
|   |                                |                                |                              |   |   |

| <b>9. Are there any suspected or actual areas of unsatisfactory/weak performance which require urgent attention and improvement?</b> |                                |                                |                              |   |   |
|--|--------------------------------|--------------------------------|------------------------------|---|---|
| <b>Inspector's name</b>  | <b>Service area/care group</b> | <b>Commentary and analysis</b> | <b>Source(s) of evidence</b> | <b>Assessment level (Green, Amber, Red, Gold)</b> | <b>Other evidence / scrutiny required</b> |
|  |                                |                                |                              |   |   |
|  |                                |                                |                              |   |   |
|  |                                |                                |                              |   |   |

**Table 2: Emerging themes/ provisional assessments, and inspection activity indicated**

| Area for assessment  | Assessment level(Green, Amber, Red, Gold) | Overall assessment and basis /evidence | Inspection & other scrutiny activity indicated |
|--|---|--|--|
| 1. Is there evidence of effective governance/financial management?   |   |  |  |
| 2. Is there effective management and support of staff?   |   |  |  |
| 3. Is there evidence of positive outcomes for service users and carers across the care groups?   |   |  |  |
| 4. Is there evidence of good quality assessment and care management  |   |  |  |
| 5. Is there evidence of effective risk assessment and risk management for individual service users, both in terms to risk to self and public protection?                         |   |  |  |
| 6. Does the social work service undertake effective self evaluation, including improvement planning and delivery?  |   |  |  |
| 7. Is there effective partnership working?   |   |  |  |
| 8. Do policies, procedures and practices comply with equality and human rights legislation and are there services which seek to remove obstacles in society that exclude people? |   |  |  |
| 9. Are there any suspected or actual areas of unsatisfactory/weak performance which require urgent attention and improvement   |   |  |  |

**Table 3: ISLA summary**

|  |  |
|--|--|
| <b>What is the proposed scrutiny level for this council?</b> |  |
|--|--|

| Area for scrutiny     | No. of Sessions <sup>10</sup> | Outline of proposed scrutiny |
|-----------------------|-------------------------------|------------------------------|
|                       |                               |                              |
|                       |                               |                              |
|                       |                               |                              |
|                       |                               |                              |
|                       |                               |                              |
|                       |                               |                              |
|                       |                               |                              |
| <b>TOTAL SESSIONS</b> |                               |                              |

<sup>10</sup>

- File reading (100 files in total) = 6 sessions
- 1 focus group = 1 session
- 1 observed practice = 1 session
- 1 interview stakeholder / manager = 1 session
- 1 observed meeting = 1 session
- 1 day SWIA participation in self evaluation team = 1 session

## ISLA Scrutiny Levels

| <b>Scrutiny Level</b> | <b>Assessment factors</b>   |
|-----------------------|---|
| <b>Level 1</b>        | High performance and highly effective improvement work & service innovation. Very low risks |
| <b>Level 2</b>        | Low risk, good performance and good improvement work  |
| <b>Level 3</b>        | Moderate risks, adequate performance and moderate activity on improvement work              |
| <b>Level 4</b>        | Significant risks, poor performance and lack of focus on improvement                        |

## Scrutiny Levels taking account of size of LA population

| <b>Scrutiny Level</b> | <b>Small /Medium<br/>&lt;75k – 149k</b>  | <b>Large<br/>150k – 299k</b> | <b>Extra Large<br/>300k &gt;</b> |
|-----------------------|--|------------------------------|----------------------------------|
|                       | Maximum Number of sessions <sup>11</sup> | Maximum Number of sessions   | Maximum Number of sessions       |
| Level 1               | 10                                       | 12                           | 15                               |
| Level 2               | 15                                       | 17                           | 20                               |
| Level 3               | 30                                       | 35                           | 40                               |
| Level 4               | Unlimited                                | Unlimited                    | Unlimited                        |

<sup>11</sup> Inspection session: defined as one of a number of activities, including interviews, focus groups, observed practice, observation of meetings.

## Local Authorities: Population Categories

|  |   |
|--|---|
| <b>Small/<br/>Medium</b> <75k<br>-149k | Clackmannanshire, Orkney, Shetland, and Western Isles<br>Angus, Argyll and Bute, Dumfries and Galloway, Dundee, East Renfrewshire, East Dunbartonshire, East Lothian, East Ayrshire, Falkirk, Inverclyde, Midlothian, Moray, North Ayrshire, Perth and Kinross, Scottish Borders, South Ayrshire, Stirling, West Dunbartonshire |
| <b>Large</b> 150k –<br>299k            | West Lothian, Renfrewshire, Highland, Aberdeen, Aberdeenshire   |
| <b>Extra Large</b><br>300k +           | Glasgow, Edinburgh, Fife, North Lanarkshire, South Lanarkshire  |

## APPENDIX 4: CASE FILE ANALYSIS

### 1. Purpose

During 2009-10, SWIA will read 100 case files in each of the 10 local authorities where an ISLA is to be carried out<sup>12</sup>. Two different approaches are available to lead inspectors – both options to be discussed with the council beforehand. Either:

- Reading an initial 30 files (as part of the ISLA). A further 70 files will be read subsequently, as part of SWIA's scrutiny response in that local authority.; or
- Reading 100 files together – usually as part of the ISLA process.

This appendix sets out guidance for the undertaking of both approaches.

#### Key point

**These arrangements apply to 2009-10 only. As such, they do not signify any intention on the part of SWIA to continue to read 100 files on an annual, or any other cyclical basis. Over time, it is envisaged that the need for external scrutiny of case files will gradually be replaced by self-evaluation and audit – assisted and verified by inspectors where appropriate.**

Within the revised model of performance inspection, therefore, case file scrutiny will serve two purposes:

1. As a means of providing evidence to complement the ISLA, in order to arrive at:
  - a risk assessment that will set a limit on the number of inspection sessions permitted for an authority;
  - a set of hypotheses about the local authority's performance in key areas; and
  - a prioritised list of targeted inspection activities that the team considers necessary. The number of sessions permitted for an authority will be proportionate to assessed risk /improvement need.
2. As evidence in evaluating the core quality indicators. In 2009-10, these are:
  - Outcomes for adults, carers, children and families who use services;
  - Performance against national and local targets;
  - Assessment and case management and statutory supervision; and
  - Risk management and accountability.

#### Key point

**File reading will be included as scrutiny activity in the ISLA. The reading of**

<sup>12</sup> Angus, Dumfries & Galloway, Fife, Inverclyde, South Lanarkshire, Aberdeenshire, East Renfrewshire, Orkney, Perth & Kinross, Shetland.

**100 case files, regardless of which approach is used (100 or 30 +70), will be counted as six scrutiny sessions<sup>13</sup>.**

Once the reading and analysis of 100 files has been completed, file reading results will be made available to the council.

## 2. Procedure for reading 30 files

The lead inspector will decide on the number of files to be read in conjunction with the statistician. Criteria will include known risk factors (i.e. past performance) and the size of the local authority. File reading teams will normally comprise up to four inspectors. Local authority file readers will not be deployed for this purpose.

### Sampling

As part of the ISLA, 30 files will normally be scrutinised. In larger local authorities (i.e. population more than 300,000), lead inspectors will have discretion to read up to 50 files.

Normally, ten files will be drawn from each of three service areas – children and families, community care and criminal justice. Within each service area, the 10 files will normally be drawn from one of a range of sub-categories – listed in the table below.

The lead inspector's choice of which categories are to be selected will be informed by the inspection team's initial scrutiny of core information and key data at the outset of the ISLA process.

| Children and families   | Community care  | Criminal justice   |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Child looked after (at home)</li> <li>• Child looked after and accommodated</li> <li>• Young person receiving throughcare and aftercare (or equivalent)</li> <li>• Child with disabilities</li> <li>• Child on the child protection register</li> <li>• Child in need – other</li> </ul> | <ul style="list-style-type: none"> <li>• Adults at risk of harm (subject to adult protection procedures) – older people</li> <li>• Adults at risk of harm (subject to adult protection procedures) – with learning disabilities</li> <li>• Adults at risk of harm (subject to adult protection procedures) – with mental health problems</li> <li>• Adults at risk of harm (subject to adult protection procedures) – other (please specify)</li> <li>• Adult aged &gt; 65 with dementia</li> <li>• Adult aged &gt; 65 (other)</li> <li>• Adult aged &lt; 65 with a physical disability</li> <li>• Adult aged &lt; 65 with a sensory impairment</li> <li>• Adult aged &lt; 65 with mental health problems</li> <li>• Adult aged &lt; 65 with learning disabilities</li> </ul> | <ul style="list-style-type: none"> <li>• Probation only</li> <li>• Probation and Community Service (229)</li> <li>• Throughcare parole /Non Parole /Extended Sentences /Short Term Sex Offenders (on supervision) /Supervised Release Order</li> </ul> |

|  |   |                  |
|--|---|------------------|
| Children and families  | Community care  | Criminal justice |
| <ul style="list-style-type: none"> <li>• Young person who offends</li> </ul> | <ul style="list-style-type: none"> <li>• Adult aged &lt; 65 in receipt of substance misuse services</li> <li>• Adult aged &lt; 65 other (please specify)</li> </ul> |                  |

## Process

- Step 1: Lead inspector, in consultation with the inspection team, will decide which categories of case files are to be selected.
- Step 2: The ISM will ask the local authority for a case list, including all service users in the relevant categories only. This will include and clearly indicate both those people currently in receipt of a service and people waiting for a service. The list will also provide details of where the files (paper and /or electronic) can be accessed.
- Step 3: The ISM, on behalf of the inspection team, will arrange a date and time for up to four inspectors to visit the local authority, with a view to reading the required number of files. The local authority will have no prior notice of which files are to be read. The ISM will also negotiate suitable accommodation and familiarisation with client information systems with the local authority.
- Step 4: On the appointed days, the inspection team will turn up at those places where files can be accessed. They will then select and scrutinise the required number of files. If a file selected does not meet the necessary criteria, or does not contain sufficient detail to result in the file reading template being completed adequately, the inspector will select an alternative case file from the list provided.
- Step 5: In the process of reading and analysing case files, file readers will complete the case file analysis template, in accordance with accompanying guidance notes.
- Step 6: SWIA inspectors will ensure case files selected are read and returned as soon as possible. Files will not be taken off site and will be returned to teams immediately after the case file analysis.

If, in the course of reading a file, a significant issue regarding the safety or welfare of an individual comes to light, the file reader must inform the lead inspector immediately.

## Analysis

The sample size (30-50) effectively means that the ISLA file reading is not a statistical exercise – in that no statistical significance can be attributed to the results.

However, on the basis of the results, inspection teams should be provided with data which is indicative, and may be helpful in the formulation of hypotheses about performance, improvement need or risk, that may result in the identification of further scrutiny activity, including the reading of an additional sample of files.

In normal circumstances, any additional file reading will be carried out using the same file reading template.

### 3. Procedure for reading the remaining 70 files

The process applied in reading the remaining 70 files is the same as that when reading 100 (set out below). When considering the number and type of files to be included, the lead inspector will be looking to achieve a balanced sample – taking into account the 30 files already read.

### 4. Procedure for reading 100 files

#### Sampling

The number and type of case files requested from the local authority will be determined by:

- the size of the local authority ;
- whether an ISLA file reading exercise has taken place; and
- whether another scrutiny body has recently undertaken file reading in that authority (e.g. HMIE reading of child protection files).

Usually, around 100 case files will be randomly selected from a range of categories (see below). The number and type of case files will be determined by the lead inspector, in consultation with the statistician. The lead inspector will ensure that a record of each stage of the sampling process is kept, including reasons for the sample size and structure.

#### Files to be analysed

| Children and families (30)  | Community care (50)   | Criminal justice (20)   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Child looked after (at home)</li> <li>• Child looked after and accommodated</li> <li>• Young person receiving throughcare and aftercare (or equivalent)</li> </ul> | <ul style="list-style-type: none"> <li>• Adults at risk of harm (subject to adult protection procedures) – older people</li> <li>• Adults at risk of harm (subject to adult protection procedures) – with learning disabilities</li> <li>• Adults at risk of harm (subject to adult protection procedures) – with mental health problems</li> <li>• Adults at risk of harm (subject to adult</li> </ul> | <ul style="list-style-type: none"> <li>• Probation only</li> <li>• Probation and Community Service (229)</li> <li>• Throughcare parole /Non Parole /Extended</li> </ul> |

| Children and families (30)   | Community care (50)  | Criminal justice (20)   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Child with disabilities</li> <li>• Child on the child protection register</li> <li>• Child in need – other</li> <li>• Young person who offends</li> </ul> | <p>protection procedures) – other (please specify)</p> <ul style="list-style-type: none"> <li>• Adult aged &gt; 65 with dementia</li> <li>• Adult aged &gt; 65 (other)</li> <li>• Adult aged &lt; 65 with a physical disability</li> <li>• Adult aged &lt; 65 with a sensory impairment</li> <li>• Adult aged &lt; 65 with mental health problems</li> <li>• Adult aged &lt; 65 with learning disabilities</li> <li>• Adult aged &lt; 65 in receipt of substance misuse services</li> <li>• Adult aged &lt; 65 other (please specify)</li> </ul> | <p>Sentences /Short Term Sex Offenders (on supervision) /Supervised Release Order</p> |

## Process

Step 1: The ISM will ask the local authority for a case list, including all those service users in the relevant categories. This will include and clearly indicate both those people currently in receipt of a service and people waiting for a service.

The lead inspector will ask for the names of up to four local authority file readers from the local authority co-ordinator. The group of file readers should be comprised of experienced practitioners and operational managers, working with a range of care groups.

Step 2: Information for case file sampling received.

Step 3: On the basis of the list of service users received, the lead inspector and statistician will be responsible for selecting a representative sample (including reserve files), reflecting the areas which have been identified as being of particular interest during the ISLA. At this stage, the lead inspector may also request additional case files for some service users. For example, this might include the file of a foster carer with whom a child is placed or the case record from a service user's residential home or day centre.

Step 4: The sample frame is sent to the local authority co-ordinator, who checks the accuracy and availability of the sample selected. If any case file is unavailable, the local authority co-ordinator may substitute with one of the corresponding reserve files. The reasons for doing this must be clearly recorded and made available to the lead inspector.

In total, the local authority will have no less than 10, and no more than 15 working days to gather the files together for analysis – to be agreed between the lead inspector and local authority co-ordinator. This will be largely dependent on the size of the sample to be analysed.

Step 5: Training on case file analysis will be provided by SWIA for local authority file readers. Alternatively, this may take place at the beginning of the case file reading – e.g. in large, rural or outlying local authorities.

Equally, in circumstances where some or all case records are held electronically, training should also be arranged by the local authority for file readers who are unfamiliar with the relevant computerised information system.

Step 6: The local authority co-ordinator will ensure that paper copies of the requested case files are gathered in the agreed location, organised according to service user group. Secure storage must be made available for case files, close to the accommodation provided for inspectors to read files. Where applicable, the local authority will ensure that all file readers have access to electronic records.

Step 7: Case file analysis begins.

If a file is required by the social work team during the case file analysis period, SWIA inspectors will ensure that it is read and returned as soon as possible. Files will not be taken off site and will be returned to teams immediately after the case file analysis.

If, in the course of reading a file, a significant issue regarding the safety or welfare of an individual comes to light, the file reader must inform the lead inspector immediately.

## APPENDIX 5: FILE READING TEMPLATE

**Note:** Please fill out this questionnaire with reference to the guidance pages.

|                            |      |        |
|----------------------------|------|--------|
| Template checked by        |      |        |
| 1.1 Name of file reader    |      |        |
| 1.2 Date read              |      |        |
| 1.3 Local authority        |      |        |
| 1.4 Case ID No.            |      |        |
| 1.5 Age of person          |      | YEARS  |
| 1.6 Gender (circle)        | MALE | FEMALE |
| 1.7 Is ethnicity recorded? | Yes  | No     |

### Case type

The case type refers to the primary service user, even where the person named on the cover of the file is different. Please tick one category only – where an individual falls into more than one category, please choose the one which is the most important reason for social work involvement over the past year.

| <b>Adult services</b>   | <b>Tick one</b> |
|---|-----------------|
| 2.1 Adults at risk of harm (subject to adult protection procedures) - older people  |                 |
| 2.2 Adults at risk of harm (subject to adult protection procedures) - with learning disabilities  |                 |
| 2.3 Adults at risk of harm (subject to adult protection procedures) - with mental health problems   |                 |
| 2.4 Adults at risk of harm (subject to adult protection procedures) - other (please specify)  |                 |
| 2.5 Adult aged 65 or over with dementia   |                 |
| 2.6 Adult aged 65 or over – other   |                 |
| 2.7 Adult aged less than 65 with a physical disability  |                 |
| 2.8 Adult aged less than 65 with a sensory impairment   |                 |
| 2.9 Adult aged less than 65 with mental health problems   |                 |
| 2.10 Adult aged less than 65 with learning disabilities   |                 |
| 2.11 Adult aged less than 65 in receipt of substance misuse services  |                 |
| 2.12 Adult aged less than 65 - other (please specify)   |                 |
| 2.13 Criminal Justice – Probation only  |                 |
| 2.14 Criminal Justice – Probation & CS (229)  |                 |
| 2.15 Criminal Justice – Throughcare Parole /Non Parole /Extended Sentences /Short Term Sex Offenders (on supervision) /Supervised Release Order |                 |

| <b>Children and families services</b>                                  | <b>Tick one</b> |
|--|-----------------|
| 2.16 Child looked after (at home )                                     |                 |
| 2.17 Child looked after and accommodated                               |                 |
| 2.18 Young person receiving throughcare and aftercare (or equivalent). |                 |
| 2.19 Child with disabilities   |                 |
| 2.20 Child on the child protection register                            |                 |
| 2.21 Child in need – other   |                 |
| 2.22 Young person who offends  |                 |

Please circle clearly the appropriate response for each question.  
Please answer ALL relevant questions – do not leave blank unless instructed to do so by the jump instructions.

### Assessments

|   |  |  |    |                |
|---|--|--|----|----------------|
| 1 | Is there an acceptable chronology in the file?   | Yes  | No | Not applicable |
| 2 | Is there an assessment on the file? [If <i>no</i> or <i>not applicable</i> <b>jump</b> to Q5]                | Yes  | No | Not applicable |
| 3 | Is the timing of the completion of the most recent assessment in keeping with the needs of the service user? | Yes  | No | Not applicable |
| 4 | Overall, rate the quality of the most recent assessment on file.   | Level 6–excellent<br>Level 5–very good<br>Level 4–good<br>Level 3–adequate<br>Level 2–weak<br>Level 1–unsatisfactory |    |                |

### Risk

|   |  |  |    |                |
|---|--|--|----|----------------|
| 5 | Are there issues regarding protection evident from the file (e.g. protecting adults at risk, child protection, protection of the public)? [If <i>no</i> <b>jump</b> to Q13]  | Yes  | No |                |
| 6 | Is there an up to date risk assessment, completed within a timescale appropriate to the needs of the service user? [If <i>no</i> or <i>not applicable</i> <b>jump</b> to Q9] | Yes  | No | Not applicable |
| 7 | Has a risk assessment tool been used? If <i>yes</i> , please write in the name of the tool below.  | Yes  | No | Not applicable |
|   |  |  |    |                |
| 8 | How would you rate the quality of the risk assessment?   | Level 6–excellent<br>Level 5–very good<br>Level 4–good<br>Level 3–adequate<br>Level 2–weak<br>Level 1–unsatisfactory |    |                |
| 9 | Is there an up to date risk management plan? [If <i>no</i> or <i>not applicable</i> <b>jump</b> to Q11]  | Yes  | No | Not applicable |

|           |  |  |           |                     |
|-----------|--|--|-----------|---------------------|
| <b>10</b> | How would you rate the quality of the risk management plan?  | <b>Level 6—excellent</b><br><b>Level 5—very good</b><br><b>Level 4—good</b><br><b>Level 3—adequate</b><br><b>Level 2—weak</b><br><b>Level 1—unsatisfactory</b> |           |                     |
| <b>11</b> | Have all concerns (past or current) regarding abuse, neglect, exploitation or public protection been dealt with in accordance with procedure? If yes <b>jump</b> to <b>Q13</b> | <b>Yes</b>   | <b>No</b> | <b>Not recorded</b> |
| <b>12</b> | Please give the date the concerns came to light, and explain why you think the correct procedures were not followed.   |  |           |                     |
|           |  |  |           |                     |

### Care plans

|           |  |  |           |                       |
|-----------|--|--|-----------|-----------------------|
| <b>13</b> | Is there a care / supervision plan in place for this person? [If <i>no</i> or <i>not applicable</i> <b>jump</b> to <b>Q18</b> ]  | <b>Yes</b>   | <b>No</b> | <b>Not applicable</b> |
| <b>14</b> | Using the four point scale and guidance provided, to what extent does the current care plan / supervision plan address the needs and risks identified in the most recent assessment (evaluated in Q4 above)? | <b>1. Completely</b><br><b>2. Mostly</b><br><b>3. Partially</b><br><b>4. Not at all</b><br><br><b>There is no assessment</b> |           |                       |
| <b>15</b> | Is the care plan / supervision plan SMART?   | <b>Yes</b>   | <b>No</b> |                       |
| <b>16</b> | Is there evidence of unreasonable delay between the assessment, care plan and the commencement of services? If yes, please give details below  | <b>Yes</b>   | <b>No</b> |                       |
|           |  |  |           |                       |

## Services received

|           |  |            |           |                       |
|-----------|--|------------|-----------|-----------------------|
| <b>17</b> | Is there evidence that services and care received by this person have followed the contents of the care plan?  | <b>Yes</b> | <b>No</b> | <b>No plan</b>        |
| <b>18</b> | Do you consider that the services and care this person received met their needs? If <i>no</i> , please say why below.                                | <b>Yes</b> |           | <b>No</b>             |
|           |  |            |           |                       |
| <b>19</b> | Do you consider that the services and care this person received reduced the risks faced by or from this person? If <i>no</i> , please say why below. | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           |  |            |           |                       |
| <b>20</b> | Is there evidence that the care and / or supervision of this person is subject to regular review?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
| <b>21</b> | What is the job title of the allocated worker? (If there is no allocated worker, please write in "not allocated" and <b>jump</b> to <b>Q23</b> ).    |            |           |                       |
| <b>22</b> | Is this worker appropriate to the level of risk / complexity of this case? If <i>no</i> , please say why below                                       | <b>Yes</b> |           | <b>No</b>             |
|           |  |            |           |                       |
| <b>23</b> | Is the impact of worker supervision sessions evident in the case file?   | <b>Yes</b> |           | <b>No</b>             |
| <b>24</b> | Is there evidence that first line managers scrutinise the file regularly?  | <b>Yes</b> |           | <b>No</b>             |
| <b>25</b> | Is there evidence that senior managers have scrutinised this file?   | <b>Yes</b> |           | <b>No</b>             |

## User involvement

|    |   |            |           |                       |
|----|---|------------|-----------|-----------------------|
| 26 | Is there evidence that the service actively seeks and takes into account where appropriate the individual's views (either directly or through an appropriate and identified representative) at each stage below   |            |           |                       |
|    | a. At the assessment stage?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|    | b. At the care plan stage?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|    | c. At the review stage?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
| 27 | Is there evidence that the service feeds back to the individual relevant information at each key stage (either directly or through an appropriate and identified representative)?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
| 28 | Is there evidence that all dealings with the individual have adequately addressed all potential barriers (as listed in guidance)? [If <b>yes jump to Q29</b> , if <b>no jump to Q30</b> ]   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
| 29 | If you feel this case shows particularly good practice, please give details below of what the potential barrier is, and how it has been addressed. If practice is of a satisfactory standard, but not particularly good, please write "not applicable". |            |           |                       |
|    |   |            |           |                       |
| 30 | Please give details below of what the potential barrier is, and why it hasn't been addressed.   |            |           |                       |
|    |   |            |           |                       |

## Multi agency working

|           |  |            |           |                       |
|-----------|--|------------|-----------|-----------------------|
| <b>31</b> | Is it clear from the social work file which agencies and key staff are involved?                               | <b>Yes</b> | <b>No</b> |                       |
| <b>32</b> | Are all relevant partner agencies involved? If <i>no</i> , please give details below.                          | <b>Yes</b> | <b>No</b> |                       |
|           |  |            |           |                       |
| <b>33</b> | Is there an appropriate level of partnership working, proportionate to the level of need and risk in this case |            |           |                       |
|           | a. At the assessment stage?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | b. At the risk assessment stage?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | c. At the care plan stage?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | d. At the review stage?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |

## Outcomes

|           |   |  |           |  |
|-----------|---|--|-----------|--|
| <b>34</b> | To what extent is the service successfully delivering the objectives in the care plan / supervision plan? (If there is no care plan, or if the care plan was assessed as only meeting needs partially or not at all in Q14 please circle Not Applicable). | <b>1. Completely</b><br><b>2. Mostly</b><br><b>3. Partially</b><br><b>4. Not at all</b><br><br><b>Not applicable</b> |           |  |
| <b>35</b> | Is there evidence of <u>positive</u> outcomes for this service user? If yes, please give details below  | <b>Yes</b>   | <b>No</b> |  |
|           |   |  |           |  |

|           |   |            |           |                       |
|-----------|---|------------|-----------|-----------------------|
| <b>36</b> | Is there evidence of <u>poor</u> outcomes for this service user? If yes, please give details below.   | <b>Yes</b> | <b>No</b> |                       |
|           |   |            |           |                       |
| <b>37</b> | Has the service systematically recorded the outcomes noted above for this individual, in a way that can be shared / collated?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
| <b>38</b> | During the period under scrutiny, is there evidence that the individual's circumstances (in terms of reducing harm or risk, promoting independence or social inclusion) have generally improved? If yes, <b>jump</b> to <b>Q39</b> , if no, <b>jump</b> to <b>Q40</b> (i.e. answer either Q39 or Q40 but not both.) Please answer all three parts of relevant question. | <b>Yes</b> |           | <b>No</b>             |
| <b>39</b> | Can this improvement be attributed at least partly to   |            |           |                       |
|           | a. Effective social work services?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | b. Effective collaboration between services?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | c. The efforts of the individual?   | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
| <b>40</b> | Can this lack of improvement be attributed at least partly to   |            |           |                       |
|           | a. Ineffective social work services?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | b. Ineffective collaboration between services?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |
|           | c. Lack of co-operation from the individual?  | <b>Yes</b> | <b>No</b> | <b>Not applicable</b> |

**Any other comments**

A large, empty rectangular box with a thin black border, intended for providing additional comments or feedback. The box is currently blank.

## **File reading template – guidance notes**

### **Introduction**

These explanatory notes are designed to aid the process of case file analysis and should be used by file readers alongside the case file analysis template. SWIA only analyses files that have been open for the last two years. Earlier files of a case may be requested in order to assist the file reader in gaining a better understanding of the case.

### **Basic details**

*(Please note: the number below refer to the questions on the case file analysis template.)*

Q 1.4 Case ID No. – this is the local authority's unique reference number.

### **Assessment**

Q 1 A chronology of key events should be near the front of the file. It should contain significant life events (e.g. birth of sibling, change of school/house/employment, change in family relationship etc.), changes to legal status, and any concerns which have been reported about the service user by themselves or others. A chronology of social work events/interventions is not acceptable as a chronology

Q 3 The assessment may be contained in an earlier file if the case has been open for more than two years. This may lead directly to the provision of a straightforward service (e.g. referral to another agency) or no further action. However, if the initial assessment indicates a service is required, it is more likely that a further assessment will be needed. In some cases (e.g. following child protection registration), a more comprehensive assessment may be needed. File readers should be made aware during training of the local authority's assessment processes to help them decide if there is evidence of these in the case files.

A judgement should be made by the file reader whether the most recent assessment is current and relevant to the needs of the service user.

Q 4 There are a number of factors which should be taken into account when considering the quality of the assessment. They may not all be relevant for every assessment, but assessments should include appropriate analysis. The assessment should include:

- Does the assessment clearly identify the needs of the service user, their carer(s) and family as appropriate?
- Where appropriate is there an assessment of risk to the service user and/or others?
- Does the assessment contain all the information relevant for this type and level including personal/family history where appropriate?
- Is the information structured in a meaningful way?

- Does the assessment include the views of the service user, their carer(s) and family as appropriate?
- Does the assessment include the views of other relevant agencies where appropriate?
- Is the information analysed using up to date knowledge/theory/research etc?
- Does the assessment include a summary of previous agency involvement and the service user's response to this (where appropriate)?
- Are options for action clearly set out with the advantages and disadvantages of each option clearly stated?
- Is there a clear recommendation on the way forward?

File readers should rate the assessment on one of the 6 scale points below. *Note... even if the assessment is 'out of date' this question should be answered according to the explanatory notes here.*

**Excellent** – You will be able to answer 'yes' to all of the above questions where they are appropriate. All of the areas are strong and the assessment /plan provides a high level of and/or original insight into the case and analysis of risks. An excellent assessment will be of an outstanding level of professional competence.

**Very good** – You should be able to answer 'yes' to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. A very good assessment/plan should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer 'yes' to almost all of the above questions where they are appropriate although there may be some weaker areas. A good assessment/plan should demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer 'yes' to most of the above questions where they are appropriate but there may be some areas of weakness. An adequate assessment/plan should demonstrate a basic level of professional competence but practice may be variable.

**Weak** – You cannot answer 'yes' to more than half of the above questions where they are appropriate. Some key areas are weak. A weak assessment demonstrates a lack of professional competence in key areas.

**Unsatisfactory** – You can answer 'yes' to only a minority of the above questions where they are appropriate. There are major weaknesses. An unsatisfactory assessment demonstrates a lack of professional competence.

## Risk

Q7 The reader should write the name of the material/tool used. This may be one designed by the local authority or a nationally recognisable tool. The title of the tool should be detailed

Q8 For some service users it will be appropriate for a risk assessment to be included in the overall assessment. However, in some cases a separate risk assessment should be available on file. These include children on the child protection register or those subject to a child protection investigation, or if the service user an adult at risk? There are a number of factors which should be taken into account when considering the quality of the risk assessment. They may not all be relevant for every risk assessment, but assessments should include appropriate analysis. The risk assessment should:

- Be current and kept up to date
- Include risks to self and others
- Highlight specifically what the risks are ie, physical harm to self, sexual harm to others, alcohol and drug misuse of parents/child etc
- Include what the impact if these risks are and consequences if not managed/addressed
- Is there a clear statement as to why a risk assessment is needed? Does the risk assessment clearly identify the needs of the service user, their carer(s) and family as appropriate?
- Are the aims and purpose of the risk assessment clearly stated?
- Are the communication needs of the service user fully addressed (for example language spoken, signs, symbols, speech and language therapy, Braille or audio)?
- Is there reference to the service user's capacity to consent to the risk being taken, including any undue pressure on them to take or not take the risk? Capacity to consent implies the service user understands the consequences of proceeding / not proceeding.
- Does the risk assessment include the views of the service user, their family carer or advocate as appropriate?
- Does the risk assessment include the views of other relevant agencies where appropriate?
- Is there a clear recommendation on the way forward
- Is the information structured in a meaningful way?
- Is the information analysed using up to date knowledge/ theory/ research etc?
- Does the risk assessment include a summary of previous agency involvement and the service user's response to this (where appropriate)?
- Is there a clear recommendation on the way forward?
- Are dissenting views to the majority decision recorded?
- Is the risk assessment signed off by the service user, advocate or family carer (where appropriate) and agency lead (plus at least one manager)?

File readers should rate the risk assessment on one of the 6 scale points outlined in the above box.

Q10 A separate risk management plan should be available on file in certain cases. Children on the child protection register should have a child protection plan and those service users designated as at risk by the local authority should have appropriate paper work in keeping with local authority's procedures. There are a number of factors which should be taken into account when considering the quality of the risk management plan. These include

- Is it clear which agency has the primary duty of care in overseeing the risk management plan?
- Does the risk management plan contain a SMART (specific, measurable, achievable, realistic and time bound) list of actions?
- Does the risk management plan clearly state who is responsible for each action, and by when?
- Does the plan state how progress in taking the risk will be monitored and recorded, including near misses?
- Are the joint and individual roles and responsibilities within and between agencies clear, including frequency of monitoring, recording and means of communication?
- Are the final outcome decisions and responsibilities for action clearly recorded?
- Is the risk management plan signed off by the service user, advocate or family carer (where appropriate) and agency lead?
- Does the plan state how frequently it will be formally reviewed, including dates where available, and who will be responsible for reviewing it?

File readers should rate the risk management plan on one of the 6 scale points outlined in the box below.

**Excellent** – You will be able to answer ‘yes’ to all of the above questions where they are appropriate. All of the areas are strong and the risk assessment or management plan provides a high level of and/or original insight into the case. An excellent risk assessment or management plan will be of an outstanding level of professional competence.

**Very good** – You should be able to answer ‘yes’ to all of the above questions where they are appropriate. There are no weak areas and there are areas of real strength. A very good risk assessment or management plan should be of a high standard and should demonstrate professional competence which exceeds an acceptable level.

**Good** – You should be able to answer ‘yes’ to almost all of the above questions where they are appropriate although there may be some weaker areas. A good risk assessment or management plan should demonstrate an entirely acceptable level of professional competence.

**Adequate** – You should be able to answer ‘yes’ to most of the above questions where they are appropriate but there may be some areas of weakness. An adequate risk assessment or management plan should demonstrate a basic level of professional competence but practice may be variable.

**Weak** – You cannot answer ‘yes’ to more than half of the above questions where they are appropriate. Some key areas are weak. A weak risk assessment or management plan demonstrates a lack of professional competence in key areas.

**Unsatisfactory** – You can answer ‘yes’ to only a minority of the above questions where they are appropriate. There are major weaknesses. An unsatisfactory risk assessment or management plan demonstrates a lack of professional competence.

Q11 This question should be answered where there are concerns about abuse, neglect or exploitation of the service user or by the service user. Where concerns are raised in the file about someone else you should also answer this question in relation to them and expand on this in Q12.

Q12 Provide the date the concerns came to light and whether you think the worker acted promptly and acted appropriately. This should be answered whether this is in relation to the service user whose file is being read or another individual. If it relates to another individual you may not be able to record whether all procedures were followed appropriately, but can comment on whether the worker took appropriate action

### Care Plan

Q 14 File readers should rate the extent to which the needs and risks of the service user identified in the assessment and/or risk assessment are reflected in the current care plan using the 4 point scale below.

**Completely** – All the identified needs and risks are addressed appropriately in the care plan.

**Mostly** – More than half of the identified needs and risks are addressed appropriately in the care plan.

**Partly** - Half or fewer of the identified needs and risks are addressed appropriately in the care plan.

**Not at all** – There appears to be no link between needs and risks identified in the assessment and the care plan. This rating should also be used where the assessment does not clearly identify needs and risks.

Q15 Specific, Measurable, Achievable, Reliable, Time limited. This should include clear actions, how these are to be achieved, by who, when and how, outcomes to be achieved and clear intentions to review the plan.

Q16 An unreasonable delay in the commencement of services would include where the care plan has not been completed timeously and this has delayed access to services. The reader should also highlight whether the delay is within or outwith service control eg, a delay in making a referral or inability to access an external service. Where the delay is outwith service control you would expect to see action taken by the worker/service to address this.

### Services received

Q18 Readers should consider that whilst services may be in line with the most up to date care plan they may not be in keeping with the needs of the individual. If the services do not meet need explain the reasons for this and what the gaps are.

Q22 The reader should consider if the qualification level, training and experience of the main person undertaking the work of the case is suitable in terms of the needs, risks and complexity of the case. Where the allocated worker is different to the main person involved in the case the reader needs to consider if they think the allocated worker has enough oversight of the case and are as involved as is appropriate to the needs and risks as they relate to the service user. If the reader does not think the appropriate grade of staff is allocated to the case or the allocated worker does not have sufficient oversight of the case the reader should mark no and explain.

Q23 The impact of worker supervision sessions may be evident in the case file through the inclusion of summary sheets from supervision sessions about the case or inclusion in the case recording of discussions and/or decisions reached in supervision sessions or informal consultations.

Q24 This might include counter-signing of case notes or a signed confirmation that the file has been scrutinised.

Q 25 This might include signed confirmation of scrutiny as above or evidence of an internal file audit.

### **User involvement**

Q26 & 27 *Evidence* could be a case note, minute, correspondence reflecting a conversation with a service user (and/or appropriate representative), or *evidence* of a service user (and/or appropriate representative) being present at and contributing to a meeting (s) where their views are sought and key information is being shared.

Q28 This should relate to where the service user has:

- A disability
- Culture/religion
- Age
- Gender
- Behaviours that may have in the past or currently caused concern that present a risk to themselves or other
- Difficulty in engaging with services
- Any other potential barrier that increases the likelihood of the individual being marginalised or excluded

Q29 & 30 Describe what the barrier was and what action was or was not taken to address this. Comment on what the outcome and impact of this was if relevant.

### **Multi agency working**

Q31 The reader should be able to determine the roles/job titles of those involved and the organisation they represent.

Q32 If the answer here is no please detail who should be involved that is not and why they are not involved. Please detail the impact this lack of involvement has had on meeting the needs of the service user.

Q33 Answer this question at each stage bearing in mind it may be appropriate that partners are not involved at all stages.

### Outcomes

Q34 Rate the extent to which the objectives in the care plan/supervision plan are met as outlined in the 4 point scale below

**Completely** – the service has fully met all the objectives in the plan

**Mostly** – the service has successfully delivered the objectives in three quarters or more of the plan

**Partly** –the service has met half or fewer of the objectives in the plan

**Not at all** – the service has not met any of the objectives in the plan

Q35 Evidence of positive outcomes should include an improvement of the individual's circumstances that is tangible and the outcomes can be identified eg, return to school of a young person who was not attending, access to employment/training, reduction in offending behaviour. Positive outcomes should also be recognised from the service user's perspective where they feel there has been an improvement.

Q36 Evidence of poor outcomes is where there is no tangible improvement in the individual's circumstances and where no positive change has been achieved, and in some instance may have deteriorated. The reader should consider why no positive outcomes have been achieved and record these.

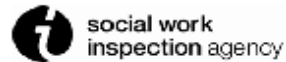
Q37 Ideally this should be in a format that the reader can see where it would feed into a wider collation of outcomes data. However evidence could be through reviews, questionnaires, or other mediums. The reader would want to be able to see how the outcomes information could and is gathered to provide a wider picture of outcomes for the individual and groups of service users.

Q39 & 40 File readers should consider the extent to which the service user's circumstances have improved or not improved and whether this can partly be attributed to social work services, collaboration between services or the individual.

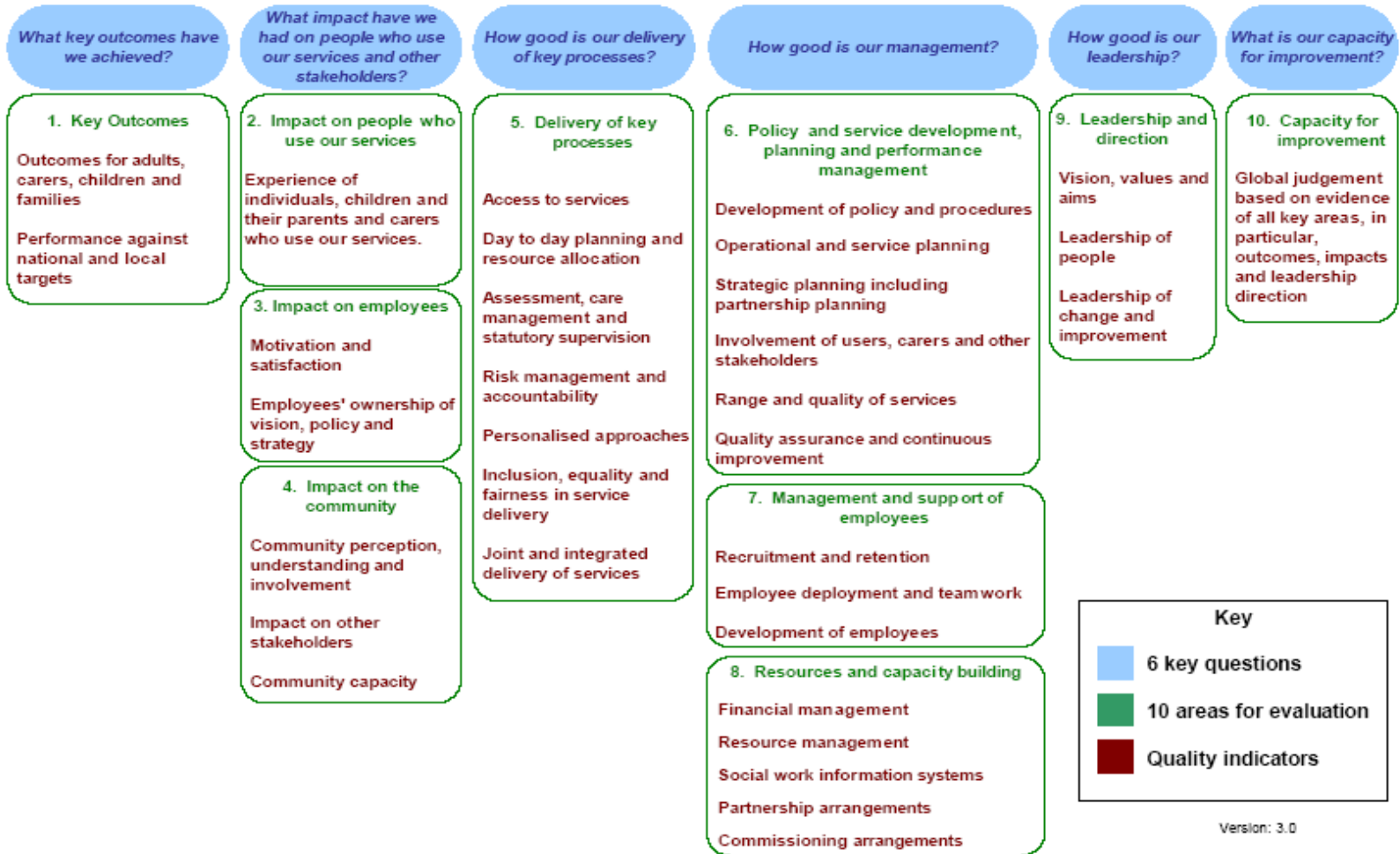
File readers should take account of the various factors they have identified already in their scrutiny of the case file. Of particular relevance are:

- the quality of the assessment and the extent to which the assessment is reflected in the care plan (Q4, 8, 10 and 14)
- the achievement of objectives and outcomes (34, 35 and 36)

# APPENDIX 6



## Performance Improvement Model (PIM)



## **APPENDIX 7: EVALUATION USING THE SIX POINT SCALE**

### **How evaluations are made**

In the first round of performance inspections, SWIA inspectors considered the 10 areas for evaluation contained in the PIM (Appendix 5), applying the six-point scale to each.

In the revised model, no evaluations are made during the initial scrutiny level assessment (ISLA). Instead, inspectors will review a range of evidence, supplemented by reading case files.

This will result in an initial assessment, including:

- a risk assessment that will set the ceiling on the number of inspection sessions permitted for an authority;
- a set of hypotheses about the local authority's performance in key areas; and
- a prioritised list of targeted inspection activities that the team considers necessary. The number of sessions permitted for an authority will be proportionate to assessed risk.

However, once all inspection activity has been completed and self evaluation activity taken into account, the report produced at the end of the process will include an evaluation of core quality indicators taken from the PIM. For 2009-10, these are:

- 1.1 Outcomes for adults, carers, children and families;
- 1.2 Performance against national and local targets;
- 5.3 Assessment, care management and statutory supervision; and
- 5.4 Risk management and accountability.

Once all the evidence has been gathered and assessed, there follows a rigorous process of moderation within SWIA before the final conclusions are shared with the local authority and other key stakeholders. This is intended to ensure that any evaluations:

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

### **Evaluations and quality assurance**

The inspection process as a whole is designed to ensure that the evaluations reached by the SWIA team achieve these standards but there are also specific safeguards of quality:

- transparent criteria for reaching evaluations;

- evaluations made by inspectors who are accountable, have relevant experience and meet the competence standards required by SWIA;
- use of teams that contain inspectors and lay and carer inspectors with complementary skills and perspectives;
- use of a comprehensive and uniformly applied methodology that is based upon best practice; and
- use of evidence from a number of different sources, drawing conclusions only when this is backed up by information from other sources.

## Evaluations of performance

As part of the programme of performance inspections, SWIA uses a six-point scale in its inspection of local authority social work services. This mirrors the six point scale used by HMIE and the Care Commission.

The six point scale will enable:

- familiarity on the part of local authorities, as SWIA and HMIE and the Care Commission apply similar scales for evaluation;
- clearer recognition of exemplary best practice;
- greater differentiation and discrimination in evaluations;
- more refined evaluations of provision where there is a combination of strengths and weaknesses;
- enhanced tracking of improvement over time; and
- an enhanced focus on securing improvement.

The scale can be summarised as follows:

| 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                                    |

Awarding levels will always be more of a professional skill than a technical process and there are many ways in which provision can merit a particular evaluation. However, the following key characteristics will be consistently applied:

An evaluation of **excellent** will apply to provision which is a model of its type:

- Service user outcomes and experiences will be of a very high level.

- An evaluation of *excellent* will represent an outstanding standard of leadership, management and service delivery which will exemplify very best practice and is worth disseminating across the sector.
- It will imply these very high levels of performance are sustainable and will be maintained.

An evaluation of ***very good*** will apply to provision characterised by major strengths:

- There will be very few areas for improvement and any that do exist will not significantly diminish service user outcomes and experiences.
- While an evaluation of *very good* will represent a high standard of leadership, management and service delivery, it is a standard that should be achievable by all.
- It will imply that it is fully appropriate to continue to make provision without significant adjustment. However, there will be an expectation that the local authority will take opportunities to improve and strive to raise performance to excellent.

An evaluation of ***good*** will apply to provision characterised by important strengths which, taken together, clearly outweigh any areas for improvement.

- An evaluation of *good* will represent a standard of provision in which the strengths have a significant positive impact. However, the quality of service user outcomes and experiences will be diminished in some way by aspects in which improvement is required.
- It will indicate that the local authority should seek to improve further the areas of important strength, but take action to address the areas for improvement.

An evaluation of ***adequate*** will apply to provision characterised by strengths which just outweigh weaknesses:

- An evaluation of *adequate* will indicate that service users have access to a basic level of provision.
- It represents a standard where the strengths have a positive impact on service users outcomes and experiences. However, while the weaknesses will not be important enough to have a substantially adverse impact, they will constrain the overall quality of service user outcomes and experiences.
- It will indicate that the local authority should take action to address areas of weakness while building on its strengths.

An evaluation of ***weak*** will apply to provision which has some strengths, but where there will be important weaknesses:

- In general, an evaluation of *weak* may be arrived at in a number of circumstances. While there may be some strengths, the important weaknesses will, either individually or collectively, be sufficient to diminish service user outcomes and experiences in substantial ways.
- It will indicate the need for structured and planned action on the part of the local authority.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in provision in critical aspects:

- This will require the local authority to urgently investigate the practices that have led to this performance and to consider immediate remedial action – particularly where service user outcomes and / or experiences display significant levels of risk.

In almost all cases, staff responsible for provision evaluated as unsatisfactory will require support from senior managers in planning and carrying out the necessary actions to effect improvement. This may involve working alongside other staff or agencies outwith the local authority.

### **Details of factors considered in the ‘unsatisfactory’ evaluation**

If an authority has systematic weaknesses in one or more major service areas which are so significant and entrenched that the authority is considered to be failing local people, this will be considered when evaluating performance. An unsatisfactory social work system is one which is not:

- protecting vulnerable people; or
- offering reasonable standards of care; or
- meeting statutory obligations in respect of care management or service provision.

There can be no absolute definition, although government statutes and guidelines provide an important starting point. Whatever the service under consideration, the key issues for the performance inspection are whether the weaknesses are:

- dangerous;
- systematic (i.e. not just due to some individuals’ actions);
- widespread (i.e. relating to more than one team or unit);
- persistent (i.e. lasting over several months);
- current (i.e. not yet resolved).

NB Illustrations of ‘very good’ and ‘weak’ practice, relating to all the quality indicators contained in the PIM, are contained in the *SWIA Guide to Supported Self-Evaluation*

## **APPENDIX 8: INTERNAL QUALITY ASSURANCE**

Quality assurance will apply at all stages of performance inspection, the purpose being:

- To ensure that assessment of risk, improvement need and level of scrutiny accord with SWIA guidance and criteria, are consistent, and are based on the evidence available;
- The views of the whole team are taken into account;
- Appropriate benchmarking with other ISLA activity has been undertaken; and
- The scrutiny level and type can be reasonably explained and evidenced to those who may question them.

### **Stage 1: Initial Scrutiny Level Assessment**

The ISLA team

The lead inspector, in managing the team carrying out the ISLA, will be responsible for challenging and verifying the work carried out by inspector colleagues on the team. Similarly, ISLA team meetings will provide opportunities for all team members to engage in quality assuring the ISLA findings and corresponding scrutiny responses.

An identified depute chief inspector will also be available to provide a quality assurance function – assisting the lead inspector as required.

The inspection support manager will take a brief note of ISLA team meetings. The note will set out each of the identified risks, the scrutiny and /or self evaluation activity proposed, and a short summary of the reasons presented and any additional evidence/ information required as a result of the discussion. Any areas of unresolved disagreement will also be recorded, to be referred to the internal moderating meeting.

ISLA moderating meeting

The chief inspector will normally chair the interim moderating meeting. Attendance will consist of:

- The lead inspector
- Depute chief inspector linked to the ISLA team
- Depute chief inspector who is not associated with the ISLA team
- An external independent advisor (usually a member of the SWIA board), if available
- One other inspector, with lead inspector experience
- Note taker (usually the ISM attached to the ISLA team).

The lead inspector will present a draft ISLA, comprising:

- a short summary of work completed;
- completed ISLA table 2 - Emerging themes/ provisional assessments, and inspection activity indicated; and
- completed ISLA table 3 – ISLA summary and conclusion.

A brief note of the meeting will be kept, setting out:

- each of the agreed risks /improvement areas;
- the agreed scrutiny level;
- any changes to the ISLA , and the reasons for the decisions reached; and
- any additional evidence /information required as a result of the discussion.

## **Stage 2: Final report**

The moderation panel comprise the same membership as the one considering the ISLA. The lead inspector will present a draft report<sup>14</sup>, outlining:

- inspection activity (including that carried out in collaboration with other scrutiny bodies) and the outcome of this;
- relevant self-evaluation activity carried out on the part of the local authority;
- concerns raised in the original ISLA;
- an evaluation for each core quality indicator, along with accompanying evidence;
- any recommendations made to the local authority; and
- issues /themes /improvements to be carried forward into the next ISLA.

Again, a brief note of the meeting will be kept, setting out:

- any changes to the evaluations and recommendations contained in the report, and the reasons for the decisions reached;
- any additional evidence /information required as a result of the discussion.

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<sup>14</sup> Format of final report to be confirmed.

## APPENDIX 9 INSPECTION TEAM ROLES AND RESPONSIBILITIES

### Introduction

The roles and responsibilities of staff involved in the new SWIA Performance Improvement Model are detailed below. These roles are not dissimilar to those that staff previously undertook during local authority performance inspections and in fact, some of the key staff responsibilities below mirror those in the former SWIA Handbook. However, the roles have been revised to take account of our new processes (i.e. the ISLA; the Audit Scotland *Corporate Assessment*) and the work we will undertake with other scrutiny bodies (e.g. the Audit Scotland *Local Network Round Table* meeting).

Staff should note that the roles and responsibilities will be subject to review - and possibly, change - after the initial round of ISLAs have been completed. Moreover, staff will see that the lead inspector and link inspector roles are separated out. This reflects the fact that in future years they will undertake different but connected activities. However, the current (June 2009) arrangement is that the link inspector for the local authority is also the lead inspector with responsibility for conducting the ISLA

### Lead Inspector

- Overall responsibility for project management of the ISLA
- Lead team of other staff in undertaking the ISLA process (e.g. lead team discussions)
- Assign roles and identify key tasks for team members
- Contribute to the analysis of data and documentation for the ISLA
- Lead discussion of the analysis of data in order to arrive at the required scrutiny level
- Develop an outline programme of inspection activity
- Liaise with local authority to determine the self evaluation activity they plan to undertake
- Moderate and train local file readers as part of the scrutiny activity, if required
- Present the assessment of proposed programme to internal moderators
- Present SWIA's analysis of the local authority to the Audit Scotland *Local Network Round Table* discussions and the *Corporate Assessment* process
- Present findings and proposed scrutiny programme to local authority
- Draft the Improvement Agreement, which will include an element of independent scrutiny as well as other scrutiny/self evaluation activities, and contribute to the development of the *Assurance and Improvement Plan*
- Manage inspection activities
- Prepare and present draft report to internal moderators
- Complete final report
- Prepare ministerial submission and press release for publication of report on our website

### Inspectors (including sessional and finance inspectors)

- Responsibility for delivery of high quality products by agreed timescales

- Undertake roles and tasks assigned by Lead Inspector
- Evaluate and record information for the ISLA
- Attend and contribute to ISLA team meetings
- Assist in the assignation of risk and improvement need levels
- Undertake agreed inspection activity
- Attend and contribute to the internal moderation discussions, if required
- Contribute to the development of the draft Improvement Agreement/*Assurance and Improvement Plan*
- Produce the required information for the final report
- Provide advice and guidance to link inspectors in relation to specific areas of practice, if required.

### **Statisticians**

- Responsibility for delivery of high quality products by agreed timescales
- Undertake roles and tasks assigned by Lead Inspector in relation to statistical matters/issues
- Advise Lead Inspector and team members on pertinent statistical matters/issues
- Answer any queries from local authority or carers/service users in relation to statistical matters/issues
- Evaluate and record statistical information for the ISLA
- Attend and contribute to ISLA team meetings
- Assist in the assignation of risk and improvement need levels
- Attend and contribute to the internal moderation discussions, if required
- Read and comment on the statistical aspects of the draft final report
- Provide advice and guidance to link inspectors in relation to specific statistical areas of practice, if required.

### **Inspection Support Managers/Support Staff**

- Undertake roles and tasks assigned by Lead Inspector in relation to the ISLA
- Liaise with the local authority and explaining process practicalities (e.g. timescales) and sharing information with the local authority coordinator.
- Source, collate and codify required documents/databases. Ensure that electronic databases are loaded on laptops for file reading purposes
- Prepare a profile of the local authority from public documents
- Attend and contribute to ISLA team meetings
- Assist with the planning/undertaking of scrutiny activity and the associated logistics
- Contribute to the publication of the final report
- Organise the publication of report on our website and the associated logistics
- Undertake roles and tasks assigned by the Link Inspector
- Provide the lead inspector with risk assessments and advise the inspection team members of risks and control measures in any area they will work including evacuation procedures
- liaise with the inspection support manager about safe manual handling of inspection equipment and materials on accessing/leaving the office space

(e.g. How far away is the car park?, Are there designated pedestrian walkways?, Are surfaces suitable to use a trolley?, Is a porter available?, Are there stairs to be negotiated?, Is there a lift?).

### **Link Inspector**

- Liaise with policy colleagues, etc. to gather data on performance for the ISLA process
- Meet with the Director and senior managers to discuss performance improvement and self evaluation on at least two occasions each year. (The actual level of contact will be based on the assessed level or risk and improvement need).
- Discuss with local authority representatives progress on issues raised in the follow-up inspection report and important developments that have happened since this took place.
- Discuss with local authority representatives progress on meeting national and local performance indicators.
- Discuss progress in relation to current and planned quality assurance and progress in relation to self-evaluation. This will extend to considering what contribution the link inspector might make.
- Keep the local authority informed of good practice developments
- Prepare a brief annual report on the local authority's self evaluation activities and performance, which will feed into the ISLA process
- Be available to the local authority at any other time

### **Depute Chief Inspector**

- Provide quality assurance function in relation to the lead inspector, link inspector and ISLA team's work
- Attend high level meetings with local authority representatives when appropriate
- Provide support, advice and guidance to lead and link inspectors and ISLA team members, if required.

### **Associate Inspectors**

- Undertake agreed inspection activity resulting from the draft Improvement Agreement
- Contribute specific professional and/or managerial expertise to the inspection activity, as required.

### **Lay and Carer Inspectors**

- Undertake tasks assigned by Lead Inspector
- Assist with the evaluation and recording of specific information (e.g. evidence from consultations) for the ISLA, as defined by the Lead Inspector
- Undertake agreed inspection activity (e.g. interviewing service users, carers, local authority staff) from the draft improvement Agreement
- Contribute to the inspection activity specific expertise, as required.

## **Local Authority Co-ordinator**

- Provide the Lead Inspector/ISM with the local authority's self evaluation report and any supporting documents, if not available on the local authority's website
- Support and manage the practical logistics associated with the ISLA and scrutiny activity on behalf of the local authority, (e.g. around file reading, identifying service users/carers/staff for focus groups, etc.)
- Confirm that essential documents required for the ISLA, which SWIA has sourced from the local authority's website, are the most current versions
- Supply the Lead Inspector/ISM with any other required information, which SWIA has been unable to source, for the ISLA process
- Plan and arrange the scrutiny activity with the lead inspector and the ISM and brief those involved
- Support the activities of inspectors during the scrutiny activity and help to resolve any difficulties in the timetable or with the communication.
- Liaise regularly with the ISM during the inspection. It is recommended that the inspection co-ordinator has clear links with a senior manager within the council, who can advise you on any complex issues.
- Keep the Link Inspector informed of self evaluation activity and progress on meeting actions flowing from the report, which have been undertaken during the course of the year
- Regularly liaise with and brief relevant local authority managers on SWIA activity/plans/outcomes etc.

## **Local Authority Senior Manager<sup>15</sup>**

- Maintain regular contact with the Local Authority Co-ordinator to provide appropriate oversight of the ISLA process and feedback on self evaluation activities
- Provide advice and guidance to the Local Authority Co-ordinator, as required, in relation to the ISLA and self evaluation activities
- Liaise directly with the lead/link inspectors in relation to important or strategic issues relating to the ISLA/self evaluation activities.

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<sup>15</sup> It is not possible to say specifically what position this manager should hold. However, he/she must be of significant seniority and be in a position to make key decisions on behalf of the local authority.

## APPENDIX 10: LIST OF ESSENTIAL DOCUMENTS /DATA FOR ISLA COMPLETION<sup>16</sup>

| Doc no                            | Evidence area                               | Source                               | Essential/<br>desirable | Frequency | Due by |
|-----------------------------------|---|--------------------------------------|-------------------------|-----------|--------|
| <b>Corporate info</b>             |   |                                      |                         |           |        |
|                                   | CHP health and wellbeing profiles           | www.scotpho.org.uk                   | E                       |           |        |
|                                   | Committee structure                         | Council website                      | E                       |           |        |
|                                   | Committee reports and minutes               | Council website                      | E                       |           |        |
|                                   | Community planning structure                | Council website                      | E                       |           |        |
|                                   | Community plan                              | Council website                      | E                       |           |        |
|                                   | Corporate plan / vision                     | Council website                      | E                       |           |        |
|                                   | Service structure                           | Council website                      | E                       |           |        |
|                                   | Citizen panel survey reports                | Council website                      | D                       |           |        |
| <b>Performance / context data</b> |   |                                      |                         |           |        |
|                                   | Statutory Performance Indicators            | Statisticians                        | E                       |           |        |
|                                   | Key stats and national indicators           | Statisticians                        | E                       |           |        |
|                                   | Single Outcome Agreement                    | Council website/SG policy colleagues | E                       |           |        |
|                                   | Local targets + outcome data                | Link inspector/SG policy colleagues  | E                       |           |        |
|                                   | Numbers of children placed out of authority | Link inspector/SG policy colleagues  | E                       |           |        |
|                                   | Local audits + self evaluation information  | Link inspector                       | E                       |           |        |
| <b>Finance info</b>               |   |                                      |                         |           |        |
|                                   | Asset management plan                       | Council website/link                 | E                       |           |        |

<sup>16</sup> This list will be subject to review as the first ISLAs are completed.

| <b>Doc no</b>                  | <b>Evidence area</b>                                      | <b>Source</b>          | <b>Essential/<br/>desirable</b> | <b>Frequency</b> | <b>Due by</b> |
|--------------------------------|---|------------------------|---------------------------------|------------------|---------------|
|                                | Council's financial regulations                           | Council website/link   | E                               |                  |               |
|                                | Finance: CMT minutes                                      | Council website/link   | E                               |                  |               |
|                                | Council's annual accounts                                 | Council website/link   | E                               |                  |               |
|                                | Council's capital plan                                    | Council website/link   | E                               |                  |               |
|                                | Council's financial regulations                           | Council website/link   | E                               |                  |               |
|                                | Detailed SW outturn against budget                        | Council website/link   | E                               |                  |               |
|                                | Detailed SW revenue budget                                | Council website/link   | E                               |                  |               |
|                                | Details of significant virements                          | Council website/link   | E                               |                  |               |
|                                | Delegations to SW budget holders                          | Council website/link   | E                               |                  |               |
|                                | Latest budget monitoring guidance                         | Council website/link   | E                               |                  |               |
|                                | SW review of fees and charges                             | Council website/link   | E                               |                  |               |
|                                | Risk management strategy                                  | Council website/link   | E                               |                  |               |
|                                | Risk register   | Council website/link   | E                               |                  |               |
|                                | Summary of main partner orgs                              | Council website/link   | E                               |                  |               |
|                                | SW asset register   | Council website/link   | E                               |                  |               |
|                                | SW projected capital plans                                | Council website/link   | E                               |                  |               |
|                                | SW revenue and capital budget monitoring reports          | Council website/link   | E                               |                  |               |
|                                | SMT minutes   | Council website/link   | E                               |                  |               |
| <b>Other scrutiny evidence</b> |   |                        |                                 |                  |               |
|                                | HMIE – Education and INEA                                 | Website                | E                               |                  |               |
|                                | HMIE Child Protection                                     | Website                | E                               |                  |               |
|                                | Audit Scotland best value                                 | Website                | E                               |                  |               |
|                                | Housing Regulator   | Website                | E                               |                  |               |
|                                | Mental Welfare Commission                                 | Website/link inspector | E                               |                  |               |
|                                | NHS QIS   | Website/link inspector | E                               |                  |               |
|                                | Care Commission –<br>1. fostering and adoption inspection |                        | E                               |                  |               |

| Doc no                | Evidence area  | Source  | Essential/<br>desirable | Frequency | Due by |
|-----------------------|--|---|-------------------------|-----------|--------|
|                       | reports<br>2. gradings for other regulated services provided directly by the council including home care, care homes, throughcare, housing support and day care services.<br>3. Information on the quality of private / vol services that the council commission (major providers)<br>4. Complaints info – numbers, trends, management of.<br>5. Number of foster carers | CC datastore and contact manager                |                         |           |        |
|                       | Action plans for all scrutiny bodies   | Link  | E                       |           |        |
| <b>SG information</b> |  |   |                         |           |        |
|                       | Relevant information from policy leads – eg progress of councils in implementing corporate parenting   | SG colleagues/link from SWIA professional group | D                       |           |        |
|                       | Information about councils involvement in pilot work   | SG colleagues/link from SWIA professional group | D                       |           |        |
|                       | JIT involvement  | SG colleagues/link from SWIA professional group | E                       |           |        |
| <b>SWIA evidence</b>  |  |   |                         |           |        |
|                       | Performance Inspection reports   |   | E                       |           |        |
|                       | Follow up reports  |   | E                       |           |        |
|                       | Multi-agency reports   |   | E                       |           |        |
|                       | Reviews  |   | E                       |           |        |
|                       | Deaths of looked after children  |   | E                       |           |        |

| Doc no                                   | Evidence area   | Source  | Essential/<br>desirable | Frequency | Due by |
|--|---|---|-------------------------|-----------|--------|
|  | File reading  |   | E                       |           |        |
|  | SWIA survey evidence  |   | E                       |           |        |
|  | Serious incident reports  | SG colleagues/link from SWIA professional group | E                       |           |        |
|  | Progress against agreed action plans  | Link inspector                                  | E                       |           |        |
| <b>Council information – social work</b> |   |   |                         |           |        |
|  | Service plans:<br>Integrated children's service plan<br>Community care<br>Criminal justice  | Website/link inspector                          | E                       |           |        |
|  | CSWO annual report  | Website/link inspector                          | D                       |           |        |
|  | Partnership agreements  | link inspector                                  | D                       |           |        |
|  | Eligibility criteria  | link inspector                                  | E                       |           |        |
|  | Lists of unallocated work /people waiting for an assessment or service  | link inspector                                  |                         |           |        |
|  | Complaints annual report  | Website/link inspector                          | E                       |           |        |
|  | Commissioning strategy  | Website/link inspector                          | E If avail              |           |        |
|  | Local survey data – staff, carers, service users, stakeholders  | link inspector                                  | E if avail              |           |        |
|  | Service reviews   | link inspector                                  | E if avail              |           |        |
|  | Strategic plans and action plans:<br>Training (E)<br>Workforce development and recruitment (E)<br>Communication (D)<br>ICT (D)<br>Carers (E - if available) | link inspector                                  | E                       |           |        |
|  | Significant Case Reviews  | link inspector                                  | E                       |           |        |
|  | Staff absence figures / trends  |   | E                       |           |        |

| <b>Doc no</b>                  | <b>Evidence area</b>                            | <b>Source</b>          | <b>Essential/<br/>desirable</b> | <b>Frequency</b> | <b>Due by</b> |
|--------------------------------|---|------------------------|---------------------------------|------------------|---------------|
| <b>Policies and procedures</b> |   |                        |                                 |                  |               |
|                                | Absence management                              | Website/link inspector | Date and review                 |                  |               |
|                                | Adult protection – multi-agency and SW specific | Website/link inspector | E                               |                  |               |
|                                | Child protection – as above                     | Website/link inspector | E                               |                  |               |
|                                | Assessment and care management                  | Website/link inspector | E                               |                  |               |
|                                | Case reviews                                    | Website/link inspector | E                               |                  |               |
|                                | Risk management                                 | Website/link inspector | E                               |                  |               |
|                                | Commissioning                                   | Website/link inspector | E                               |                  |               |
|                                | Complaints                                      | Website/link inspector | Date and review                 |                  |               |
|                                | Equality: race, gender, disability              | Website/link inspector | Date and review                 |                  |               |
|                                | Information sharing                             | Website/link inspector | Date and review                 |                  |               |
|                                | Transitions                                     | Website/link inspector | E                               |                  |               |
|                                | Kinship care                                    | Website/link inspector | E                               |                  |               |
|                                | Looked after                                    | Website/link inspector | Date and review                 |                  |               |
|                                | Permanency                                      | Website/link inspector | Date and review                 |                  |               |
|                                | MAPPA   | Website/link inspector | Date and review                 |                  |               |
|                                | Supervision                                     | Website/link inspector | E                               |                  |               |

## **APPENDIX 11: CODE OF CONDUCT FOR ALL MEMBERS OF SWIA INSPECTION TEAMS**

### **Introduction**

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

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

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

All inspectors undertake to meet the following standards of behaviour:

#### **Keeping an open mind**

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

#### **Valuing and respecting difference**

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

#### **Active listening**

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

### **Open and honest feedback**

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

### **Confidentiality and sharing information**

You should expect us to be professional about the way we handle information and its sources. We rely heavily on people's willingness to tell us their views. This means we must take proper care to ensure confidentiality as much as possible and to protect them from any undesirable consequences. However, there may be times when we have an obligation to take appropriate action. We will take immediate action if evidence of serious risk or wrongdoing is brought to our attention. You may want us to pass on your comments. This can be done, but normally only as general information, and not about specific cases, and we will not be able to advocate on your behalf.

### **Freedom of Information (Scotland) Act 2002**

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

### **Good manners**

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

### **Gifts and hospitality**

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

### **Conflicts of interest**

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

### **Answering for what we do**

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

### **And if you are not happy with what we have done**

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

Andrew Wilkinson  
Corporate Manager  
Social Work Inspection Agency  
Ladywell House  
Ladywell Road  
Edinburgh  
EH12 7TB

Tel: 0131 244 4885  
Fax: 0131 244 7084  
Email: [andrew.wilkinson@swia.gsi.gov.uk](mailto:andrew.wilkinson@swia.gsi.gov.uk)

## **Annex A**

### **DEALING WITH VULNERABLE PEOPLE**

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

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

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

## **Annex B**

### **PLANNING CONTACT WITH PEOPLE WHO USE SERVICES**

Contact with people who use services should be planned.

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

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

#### **Interview settings and demeanour**

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

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

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

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

## **Annex C**

### **CONDUCT OF INTERVIEWS**

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

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

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

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

At the end of the interview, the inspector should:

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

### **Further contact**

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

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