

Performance Inspection

Stirling Council 2009

Performance Inspection of Social Work Services

Stirling Council 2009

Acknowledgement

We would like to thank those who assisted us during our inspection in Stirling. We are grateful to the service users, carers, staff and other stakeholders who took the time to complete our questionnaires and participate during our fieldwork, and also to the staff at the council's headquarters for accommodating us.

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Social Work Inspection Agency (SWIA)
Ladywell House
Ladywell Road
Edinburgh
EH12 7TB

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Social Work Inspection Agency

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

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

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

The evaluation scale

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

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

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

We base the comments and evaluations in this report on evidence that we have substantiated from a wide range of sources.

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

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

We refer to Stirling's social work services as 'Children's Services' and 'Community Services' or 'the services'. We refer to Health services in Stirling as NHS Forth Valley.

Summary, evaluations and recommendations

Summary

Stirling Council's Children's Services and Community Services were delivering good outcomes for some service users. Some people valued the services they received and told us that social work staff treated them with dignity and respect. Many social work staff were working hard to deliver good services.

The services had vision statements about what they wanted to achieve. They were developing frameworks for monitoring and reporting on their performance.

There were areas for improvement. For example, Community Services needed to do much more to improve the outcomes for frail older people. They also needed to improve services for people with learning disabilities. The council as a whole needed to do more as the corporate parent for looked after children, in particular for young people leaving its care.

Aspects of social work services had been slow to modernise and in these areas there had been a lack of leadership of change and improvement. This was particularly the case in community care. As a result these services were not being delivered as efficiently and effectively as they should.

More recently, both services had begun to plan improvements to their services following inspections and in response to pressure to reduce overspends. They needed to become better at using their own information about how well they were performing in order to drive improvements. The role of the chief social work officer was not being used effectively to drive up performance and standards.

The council had recently approved savings options that it intended to implement within the financial year. We were not confident that the council had sufficiently thought through the impact of the changes it planned to make in relation to its community care services or that it had ensured there was enough management capacity in Community Services to implement these. Nor were we confident that the changes were achievable within the proposed timescales.

Evaluations

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

Recommendations

Outcomes for people who use services

Recommendation 1

Children's Services should take further steps to improve outcomes for young people leaving their care.

Recommendation 2

Community Services should take further steps to improve outcomes for older people and people with learning disabilities.

Impact on people who use services and other stakeholders

Recommendation 3

Children's and Community Services should ensure that people can contribute meaningfully to meetings about their care by making documentation available in advance of meetings.

Impact on staff

Recommendation 4

Senior managers need to engage more consistently and effectively with staff to communicate the direction of travel for social work services.

Impact on the community

Recommendation 5

The services need to consider what more they could do to meet the needs of people living in rural communities.

Delivery of key processes

Recommendation 6

The services should continue to review and improve their systems for dealing with initial referrals for an assessment or service.

Recommendation 7

Community Services should set out priorities for receiving a service from them following assessment.

Recommendation 8

Community Services should conclude the work that is underway to make sure that care plans fully address needs and identify outcomes. These plans should be reviewed on a regular basis to ensure they continue to meet people's needs.

Recommendation 9

Social workers in Children's Services should make sure that they maintain levels of contact with children and young people that are in keeping with their care plans. They should make this contact as meaningful as possible for children. First line managers should be ensuring that this is happening.

Recommendation 10

Community Services and Children's Services should make sure that staff understand the role of advocacy services and increase the uptake of these services.

Recommendation 11

The council needs to translate its commitment to corporate parenting into tangible measures to improve the lives of the looked after children and young people for whom it is responsible.

Policy and service development

Recommendation 12

The services, together with partner agencies, should ensure that there are strategies and relevant policies in place for all care groups and that these are sufficiently up-to-date and comprehensive.

Recommendation 13

The services should systematically involve key stakeholders in developing the future of the services they receive or deliver.

Recommendation 14

The services should make better use of performance monitoring information to identify areas for improvement. They should make sure that there are robust quality assurance arrangements in place to support this.

Management and support of staff

Recommendation 15

The services need to do more to embed learning and development and workforce management within their organisations.

Resources and capacity building

Recommendation 16

Service plans should more clearly link to financial plans. They should demonstrate that service priorities and objectives are fully supported by available resources.

Recommendation 17

The services, together with partner agencies, should continue their efforts to develop a more strategic approach to commissioning in adults and children's services and should review and consult on their social care procurement arrangements.

Leadership

Recommendation 18

Community Services should review the feasibility and timescales of the savings they propose to make. The council should ensure that vulnerable people are protected from loss of essential services as a result of reductions in budgets and services.

Recommendation 19

Community Services need to ensure that they have sufficient management capacity to lead the services through the challenges they face and to deliver better outcomes for people who need social work services.

Recommendation 20

The council needs to make sure that there is strong professional leadership of its social work services.

CHAPTER 2

Context

Introduction

The inspection of Stirling Council's social work services took place between August 2008 and January 2009. Our inspection team consisted of SWIA inspectors, sessional inspectors, an associate inspector and a carer inspector.

During the inspection we read a wide selection of material about the local authority and the social work services it provided or commissioned. We analysed questionnaires received from staff, adults who use services, carers and stakeholders. Together with some staff from Stirling's social work services we spent four days examining case files. The team then spent a further 10 days in Stirling looking at services as part of a fieldwork exercise.

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

This report is not a detailed description of all the social work services in Stirling. It gives an overview and concentrates on the work being undertaken with people who need assistance and the areas where improvements are needed. It does not duplicate the inspection of services which are regulated by the Scottish Commission for the Regulation of Care (Care Commission) and Her Majesty's Inspectorate of Education (HMIE). In order to achieve this, the Care Commission and HMIE provided us with information about their inspections of services in Stirling. As the Care Commission was carrying out its inspection of fostering and adoption services and home care services at the same time as our performance inspection, we jointly interviewed relevant members of staff and foster carers.

Area profile

Stirling Council lies in central Scotland, has a population of 88,190 and covers 2,187 kilometres. Around two-thirds of the population live in the City of Stirling, Dunblane and Bridge of Allan with the remaining third of the population living in rural settlements across the area. The population of Stirling has increased by 2.3% since 2001 while, overall, Scotland's population has increased by 1.6%.¹

The 2006 Scottish Index of Multiple Deprivation (SIMD) identifies 10% of Stirling area residents as income-deprived. By this deprivation measure, it is 24th of the 32 Scottish local authorities.

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

In Stirling 61.6% of the population are of working age. This compares with a national figure of 62.7%. The dominant employment sectors are public administration, health, education and other services. The working age population of Stirling is projected to increase by 5.9% by 2016 and by 9.2% by 2026. The equivalent national figures are 2.8% and 3.1% respectively. The claimant count unemployment rate in Stirling is 2.9%. This is lower than Scotland as a whole.

The percentage of Stirling's population under the age of 16 is projected to decrease by 1.55% by 2016 and increase by 3.1% by 2026. The equivalent national figures are 2.8% and 3.8%.

The area's population of those aged 65 and older is projected to increase by 12.6% by 2016 and increase by 19.6% by 2026. The equivalent national figures are 9.1% and 18.4%. The population of those aged 75 plus is due to increase by 29.9% by 2016 and increase by 77.1% by 2026. The equivalent national figures are 21.4% and 62.7%.

The male life expectancy at birth in Stirling is 76.8 years which is higher than the national average of 74.8 years. The female life expectancy at birth is also higher than average (81 years compared to 79.7 years).

According to the 2001 national census report, those from a minority ethnic background make up 1.1% of Stirling's population, less than the national average of 2.0%.



Inspection of services for older people

In 2008, older people's services across all of NHS Forth Valley were the subject of a multi-agency inspection. SWIA published the report, 'Multi-Agency Inspection of Services for Older People in Forth Valley' in January 2008. The report identified that in the Stirling Council area:

- partners did not have a well-developed understanding of the whole system approach
- there were long waiting lists for council services and assessment
- there were lower levels of home care than the national average
- there was a need to improve the balance of care between usage of care home places and home care
- the services needed to improve the way they commissioned services for older people.

The report on the findings is available from SWIA at www.swia.gov.uk. In this inspection we examined progress the services had made in implementing the recommendations we made in our 2008 report.

Other inspections

Her Majesty's Inspectorate of Education (HMIE) published its 'Joint inspection of services to protect children and young people in the Stirling Council area' in June 2008. The report identified that:

- children and families were listened to and understood
- staff communicated effectively with children and their families
- staff responded promptly to immediate concerns and took appropriate action
- there was not a sufficient and robust approach to pre-birth planning or assessment for children living with parental substance misuse
- some children were not having enough contact with their social workers
- planning to meet children's longer term needs was not always taken forward effectively enough to ensure their needs were met.²

This report is available at www.hmie.gov.uk. Although in our inspection we did not focus on child protection matters in as much detail as HMIE had done, we examined a small number of the services' child protection case files and looked at their processes to get an up-to-date picture of how well they were doing.

² HMIE joint inspection of services to protect children and young people in the Stirling Council area June 2008.

Criminal Justice social work services

The inspection did not examine criminal justice services as SWIA conducted an inspection of these services in 2006 as part of a national programme of criminal justice inspections. The report is available from SWIA at www.swia.gov.uk.

Organisation of social work services

Stirling Council's social work services were located within two integrated services:

Community Services. This provided social work services for adults and was structured into four teams:

- Community care services
- Libraries, adult learning, community support and culture
- Support to people which included criminal justice social work services
- Advice services and business support services

Until the fieldwork phase of the inspection the chief social work officer was also the services' head of community care in Community Services. These arrangements were to change shortly after our fieldwork visit to the authority.

Children's Services. This provided social work services for children and families. The service was structured into three teams:

- Learning and development
- Support and development
- Planning, performance and resources

The head of support and development was responsible for social work services for children.

Appendix 4 provides diagrams of the management structure of the two services as at the time of the inspection fieldwork.

Political structure

Stirling Council has 22 elected members split between seven multi-member wards (Trossachs and Teith, Forth and Endrick, Dunblane and Bridge of Allan, Castle, Stirling West, Stirling East and Bannockburn):

Scottish National Party (SNP)	7
Scottish Labour Party	8
Scottish Conservative Party	4
Scottish Liberal Democrats	3

Following council elections in May 2007, the Labour Party formed the administration. This changed in March 2008 since when the council had had a minority SNP administration.

Inspection methodology and process

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

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

The following chapters address each of these questions in turn.

A more detailed description of the inspection methodology and the way in which we carried out our inspection are included in Appendix 2.

Key outcomes for people who use services

We found that Stirling's performance was adequate, with strengths just outweighing weaknesses.

The Social Work Inspection Agency defines outcomes as the improvement in people's lives that result directly from the services that they receive.

Overall, Children's Services were performing more strongly than Community Services.

Children's Services in Stirling were better than many other local authorities at ensuring that children looked after away from home achieved minimum educational qualifications and at making sure that these children were not excluded from school when they presented problems. They needed to do more to improve outcomes for young people leaving their care. Not enough of these young people were still in touch with social work services after they left care and too few were going on to further education, training or employment.

Community services were providing people with learning disabilities with good access to further education and to local area co-ordination services. However, too few people with learning disabilities had moved into employment or lived in their own tenancies. The services had also not made much progress in increasing home care provision since the multi-agency inspection of services for older people. They were still not providing enough intensive care at home to shift the balance of care for older people. As a result, older people were going into care homes sooner than they needed to and staying in hospital longer than necessary.

Views of people who use services and carers

Prior to visiting Stirling we surveyed people who used services and asked them whether social work services had made a difference to their lives. Most respondents (78%) said that the services had helped them to feel safer and had helped them to lead a more independent life (82%). The majority (67%) agreed that social work services had helped them to feel a part of the community.

Carers that we surveyed generally concurred. The majority (63%) agreed that services had resulted in an improved quality of life for the person they cared for, had helped them feel safer (66%) and lead a more independent life (50%). There were some reservations. Less than half (36%) agreed that the services had helped the person they cared for feel part of the community or had helped them as carers have time for family, work and other commitments (39%). These findings were comparable with those of other authorities we had inspected.

A number of people using services and carers that we met during our visit expressed similar views, emphasising that when they eventually received services these were generally good. A number commented that the difficulty was in initially getting a service.

Findings from reading files

Prior to our visit we also read a number of case files. As part of our analysis we looked at whether there was evidence of positive outcomes for people. We concluded that in most cases (72%) the individual's circumstances had generally improved. Some people had become less dependent on social work services over this time but some others had become more dependant. In most cases (82%) this was in keeping with people's needs. Most (82%) had been helped to access mainstream services.

These findings were comparable with other authorities we have inspected.

In just over a quarter of cases there had been no improvement in the child or adult's circumstances. In 76% of these cases this was to some extent attributable to ineffective social work services. This was a higher percentage than a number of other authorities (although the finding related to only a small number of cases).

Measuring outcomes

Measuring outcomes is not yet common practice in local authorities. National and local performance measures and targets therefore often serve as proxy outcome measures. We use a consistent set of indicators for all councils. Stirling's performance against these national indicators was mixed. There were areas where they were performing better than some authorities but also other areas where they needed to improve.

Services for children and families

Child protection

At the end of March 2008 Stirling had 48 children on its child protection register which was equal to 2.9 per 1,000 population aged 0-15, greater than the national figure of 2.7. During 2008 there had been 249 child protection referrals. Of these 77 (4.6 per 1,000) were subject of a case conference. The national average was 4.7 per 1,000.

Sixty-one children's names were placed on the child protection register equal to 3.7 per 1,000 population aged 0-15 (the rate for Scotland was 3.1). Fifty-one children had their names removed from the child protection register, equal to 3.1 per 1,000 population. The rate for Scotland was 3.5.

In its examination of how well the services and their partners had been working to protect children, HMIE had concluded that they were identifying most children in need of protection early enough in order to give them the help and support they needed. The inspection highlighted some areas for improvement and later in the report we consider the extent to which the services had addressed these.

Looked after and accommodated children

Stirling had 212 looked after children as of 31 March 2008. There had been an increase in the number of looked after children per 1,000 population aged 0-18 but the increase had been less in Stirling (1.0%) than the Scottish average (1.3%).

Of these children 86.8% were accommodated in a community setting and 13.2% were in residential care. The national averages were respectively 89% and 11%. Eighty per cent had been in placement for one year, compared to the national figure of 71%.

Forty-seven per cent of the children had had three or more placements (the national average was 31%). Later in this report we describe the steps the services had begun to take to avoid such frequent moves of placement for children and plan for their long-term care.

Educational attainment of looked after children

Local authorities have a corporate responsibility for the children they look after. This includes ensuring that they do well educationally. Based on figures for the last period for which there was published data (2006-2007)³ Stirling were performing better than many other authorities in relation to those children they looked after away from home. Ninety-one per cent of these young people obtained at least one qualification at SCQF level 3 (the national average was 60%). Eighty-two per cent gained qualifications in both maths and English at this level. For the period 2007-08 the authority stated that 66% had gained one qualification and 50% had gained two.⁴

Performance in relation to children looked after at home was much more variable. During the period 2005-06 no young person had achieved two qualifications while 13% had gained qualifications during 2006-07 (the national average was 26%). The authority stated that during 2007-08 there had been a marked improvement with 79% of young people gaining one qualification and 42% gaining two.

The number of children looked after away from home who were excluded from school in the period 2007-08 was 0.5 per 1,000 population aged 0-18. Nationally the average was 1.3. The number of exclusions for those looked after at home was 1.8. The national average was 2.2.

Throughcare and aftercare services

Local authorities also have a duty of care to those young people they formerly looked after. The indicators show that Stirling was not doing well in this respect. In 2007-08 only 37% of care leavers were still in touch with social work services which was less than the national figure of 72%. Of the 30 care leavers in Stirling over the same period only 27% had a pathway plan and 27% had a pathway co-ordinator. The figures for Scotland were 55% and 57% respectively. Twenty-nine per cent were in employment, education or training. This was lower than the national average of 42%.

³ The Scottish Government is changing the way it collects this data.

⁴ This data is based on a small number of young people. Variations from year to year are therefore likely.

The services said that they were confident that 2009 figures would show that more than 27% of young people had a pathway plan as almost every young person allocated to a worker in the throughcare/aftercare team now had a plan. Later in the report we comment on the limited capacity of this team.

Recommendation

Children's Services should take further steps to improve outcomes for young people leaving their care.

Fostering and adoption services

The Care Commission inspected fostering and adoption services in 2007⁵ and was generally positive about the way these services were operating. The Commission inspected the services again along with SWIA during the performance inspection. We found that foster carers were receiving good training and good support from their link workers. However, Children's Services were not carrying out carers' annual reviews and the Care Commission intended to make it a requirement that they did so.

Youth justice

During the last period for which there were figures published (2006-07) the local authority had 25 young people defined as persistent offenders, equal to 0.25% as a percentage of the population aged 8-16. This was lower than the national average of 0.26%. For the period 2007-08 the number had risen to 30. Although the Scottish Government no longer sets targets to reduce the number of persistent young offenders Stirling was continuing to monitor these figures.

The authority and partners highlighted the effectiveness of multi-agency working on tackling this issue. Later in the report we also comment on the good work that the youth justice team was doing.

The services had commissioned Barnardo's Freagarrach project to do additional work with persistent offenders. This service reported positive outcomes, with 63% of young people reducing their offending.

Children with disabilities

There is national data on the amount of respite that local authorities provide for children. Although the data does not differentiate between respite for children with disabilities and respite for other children it is reasonable to infer that much of the provision is for the former. The authority performed well in this regard.

⁵ Copies of these reports can be obtained from website <http://www.carecomission.com>.

For the period 2007-08 Stirling Council provided 1188.4 daytime respite hours, ranking 8th out of 31 local authorities and provided 55 nights overnight respite nights, ranking 13th out of 31 authorities⁶.

Children in need

The authority was providing services to other children in need. This included:

- a young carers project developed within Stirling schools (highlighted by HMIE as an example of good practice) and young carers groups run in the Stirling Carers Centre
- the CEDAR project – a partnership project for children who experienced domestic abuse. This was an interesting new initiative that was to be subject to evaluation
- the Positive Changes project – a partnership project providing a diversionary service for children whose behaviour was beginning to give cause for concern. The impact of this project was also to be subject to evaluation.

Services for adults – community care services

The services had introduced the User Defined Service Evaluation Tool (UDSET) to obtain feedback from service users and carers on their experience of service delivery and their views on outcomes. The services had incorporated the first analysis from this into their development and improvement plan.

Services for older people

The multi-agency inspection of services for older people (MAISOP) carried out in 2007 had highlighted that Community Services were not performing well against a number of indicators. Following the inspection the services and their partners had developed an action plan to improve performance. They had made progress in some areas, for example in developing frameworks for joint working, but still had much to do to improve services.

The MAISOP report had recommended that Community Services needed to improve their care at home provision to support older people with care needs to remain living in their own homes as long as possible. The services had made limited progress in doing so.

The number of people receiving home care increased from 679 in March 2007 to 738 in March 2008. However, over this period there was only a slight increase in the number receiving intensive home care provision of 10+ hours per week (an additional 10 people were now receiving this level of service). On average 9.4. per 1,000 older people in Stirling were receiving an intensive service compared to a national average of 18.1. The overall number of home care hours had not increased, sitting at 353.8 per 1,000 for the period 2007-08 compared with 354.3 for 2006-07.

6 2007-2008 Audit Scotland performance indicators.

The MAISOP report had recommended improvements to home care in order to prevent older people going into care homes when they did not need to and to make sure that they did not have to stay in hospital too long. On average older people in Stirling were staying in care homes for the last six years of their lives while the national average length of stay was three years. A committee report dated November 2008 showed that care home placements had increased from 494 at November 2006 to 521 at September 2007 to 564 at September 2008.

Numbers remaining in hospital longer than they needed to had also begun to increase. The services and their partners had reduced the number of older people who remained in hospital for six weeks or more from 12 in March 2006 to six in May 2007 and by April 2008 there were none waiting for discharge for this length of time. However, by December 2008 there were 18 people waiting. The services reported that while they were examining medium to long-term ways of increasing the provision of intensive care packages at home their only solution in the short term was to purchase additional residential/homecare placements. Consequently, elected members agreed to provide one-off funding of £200,000 for this purpose.

We return to this issue later in the report.

Learning disabilities services (*The same as you?*)⁷

In 2007 Stirling had 485 adults with learning disabilities known to social work service, which was equal to 6.8 per 1,000 population. This was greater than the national figure of 5.5 per 1,000 adult population. Stirling's performance in providing services to improve outcomes for these adults was mixed. There were some aspects of performance where they were performing above the national average, for example in relation to access to local area co-ordination and to education. Some aspects of performance had improved year on year. There were other areas that needed to improve markedly including some where performance against the national average had deteriorated.

The services' long-established local area co-ordination service was used by increasing numbers of adults known to them. In 2007 32% were using these services, compared to the national average of 13%. Increasing numbers also had a personal life plan (32% – a figure comparable to the national average). Two years ago the services had piloted person-centred planning for a period. They had not continued with this although there were plans to start a new pilot during 2009.

More people were also accessing education, with 53% doing so when the Scottish Government last published this data (the national average was 20%). However, fewer than average people were progressing to training opportunities (1% against a national average of 7%) or to employment (8% compared to 16%). The services reported that the impact of the employability service established in 2007 would be reflected in improved performance for the period 2007-08. When published this would show an increase to 12.1% in employment. Comparable national figures were not yet available.

⁷ *The same as you?* A review of services for people with learning disabilities Scottish Executive 2000.

Lower than average number of people were accessing alternative day opportunities (13% compared to a national average of 27%).

Against some indicators performance had been deteriorating over recent years. Use of advocacy services had shown a steady drop from 2003 when 10% were using these services to 3% in 2007. The Scottish average was 12%. Numbers living in their own tenancies had also been decreasing contrary to the national trend (20% against a national figure of 33%)

For some years the Care Commission had been highlighting the unsuitability of Torbrex House, the services' residential unit for adults with learning disabilities, When we visited the authority these issues were nearing resolution and there were plans in place to secure accommodation for the last remaining residents. Later in the report we discuss other plans the services were making to widen options and opportunities for people with learning disabilities.

Recommendation

Community Services should take further steps to improve outcomes for older people and people with learning disabilities.

Respite for adults

The services were performing poorly in providing respite services for younger adults. Stirling was ranked 31 out of 31 local authorities on the total overnight respite nights provided for people aged 18-64 and 28 out of 30 authorities on the total daytime respite hours provided.

Direct payments

In 2008 59 people were receiving direct payments which was an increase from 37 in 2007. This was equal to 6.7 per 10,000 population which was higher than the Scottish average of 5.1 users per 10,000 population. Stirling's data showed that of the 59 people receiving direct payments, 45 were people with physical disabilities and that a small number of people with learning disabilities or mental health problems were using these payments.

The total value of the direct payments in 2008 was £320,000. The estimated average value was lower than the national figure (£6,700 in comparison to £10,800).

The numbers of service users accessing money from the independent living fund was equal to three per 1,000 which was less than the Scotland figures of 7.4.

Gaps in outcome information

Later in this report we describe some of the good services that were available for people with physical disabilities, people with sensory impairment, those with mental health problems or those with addiction problems. However, the services had not aggregated data to demonstrate the differences these services had made to people's lives.

CHAPTER 4

Impact on people who use services and other stakeholders

This chapter looks at three areas for evaluation:

- **impact on people who use services**
- **impact on staff**
- **impact on the community**

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

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

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

Most adults using services who responded to our survey or who we met were positive about their experiences of using social work services. Most had had a good response when they first asked for a service. They were content with the range and quality of services on offer.

There were some concerns expressed. Some people told us that they had found it difficult to get information about what services were available and a number of carers said they were not confident that there were enough services to meet needs. Children and young people whom we met valued some of the services they received but said they thought that allocated social workers could do more for them.

Less than half of respondents said that they had seen a written assessment of their needs or of the needs of the person they cared for. Children and adults did not always see reports about them in advance of meetings which made it more difficult for them to be meaningfully involved in planning for their care.

Views of people who use services and carers about their experiences

Most (88%) people using services who responded to our survey agreed that their experience of using services was that of being treated with dignity and respect. Carers were equally positive (84%). These findings were comparable with other authorities inspected to date.

Most of those people we met on fieldwork concurred and we observed this for ourselves, sometimes in situations where staff had to deal with difficult and challenging issues.

Positive comments we heard included:

'I can't fault her'

'Social workers don't get enough credit'

'The carers are wonderful, very caring and attentive'

'The people who have helped me have been nice and happy to help'

'They're helpful, friendly and caring'

Public information literature about the services tried to capture and reflect such positive perceptions. For example, one leaflet contained letters from people who had stayed in care homes and a newsletter for residential, respite and day services included positive accounts from service users about their experiences.

Some people we met were more critical. We highlight these criticisms below.

People's views on finding out about services

In our surveys the majority of service users (66%) who responded to our survey agreed that they had found it easy to get clear information about the range of services that might help them. Under half (46%) of carers who responded agreed. Both responses were similar to those from other local authorities.

Some carers commented to us that they relied on the *'grapevine'* to find things out or had to approach their GP. Others were of the view that some services were not publicised well-enough. For example, some who were eligible for local area co-ordination or advocacy services said that they were not aware that these services existed.

People's views on obtaining and using services

We found that in general adults who used services were more positive about the services than were carers. Children and young people were markedly more positive about some of the services they received than they were about others.

In our survey of adults using services:

- most (86%) adults who responded agreed that they got a good response when they were first in contact with social work services
- the majority (73%) agreed that there was a good range of services available.
- most (81%) agreed that these services were of good quality
- most (79%) said that they got a good response from social work services when they contacted them during the day
- the majority (52%) agreed they got a good response at evenings and weekends.

In our survey of carers using services:

- the majority (68%) who responded agreed that they got a good response when they were first in contact with social work services
- under half (45%) agreed that there was a good range of services available
- the majority (65%) agreed that services were of good quality
- most (71%) who responded said that they got a good response from social work services during the day
- under half (43%) agreed they got a good response at evenings and weekends.

All responses were comparable to those we have received from other authorities.

Among those who had positive things to say about the services were:

- older people using the Cherry Tree day centre or the respite unit at Strathendrick House. They told us that they felt their needs were met, they were listened to and were well cared for
- people using the Forth Valley sensory centre who valued the level of expertise on offer there
- parents of children with disabilities who had allocated social workers who were generally happy with the services they received
- a group of people with learning disabilities who spoke positively about the work of the local area co-ordination team.

Good practice example

Local area co-ordination provided an advice service as well as support to people to access mainstream activities in their community. A national review of local area co-ordination services had highlighted the very good service provided in Stirling. The service was available for people with learning disabilities and those with mental health problems and other adults. One person using the service summed it up as a *'transforming'* experience for he and his whole family.

Some people we met had more criticisms to make of the services. Later in the report we comment on these views in the context of how well the processes of both services were working and how well the services developed plans to meet the needs of all care groups.

The limited availability of services in rural areas was a common theme. Those having to travel to centralised services highlighted the transport difficulties they faced. Those accessing resources locally commented that the services were available far less frequently than in urban areas.

Others we met were also concerned about limited resources. Parents of children with disabilities who had allocated social workers said that they were aware of other children who did not have social workers and whose parents were struggling to get one. We did not meet any parents who reported this to us directly. Carers of adults we met said they felt that they had to ‘chase’ social workers if there was a requirement to reassess or change a care plan. Some adults using services and carers felt that there was not enough access to respite and short-breaks.

Older people and younger adults we met who were using home care services described visits as too short (for example some were around 15 minutes) and said that the services were not listening to their views about what they needed. They commented that they had too many different carers turning up and said that the quality of care varied between provider agencies. Some said they had had no notice when there had been a change of care provider.

We do not send out surveys to young people to gather their views but meet with them in focus groups when we visit authorities. Young people we met had both positive comments and criticisms to make. All those we met were positive about the supports they received from staff in residential units or from foster carers and valued some of the resources they were able to access, for example the young carers group or services for young people who were offending. Some were positive about the help they received from their allocated social workers.

Others were less positive, complaining about workers not returning phone calls or not turning up for meetings and the infrequency of visits from them. Young people who were accommodated or who had left care said that they would not think of phoning their social workers if they had a problem. Some young carers we met commented on feeling ‘invisible’ to the allocated social worker or care manager of the person they cared for when these workers visited their homes. None of the young carers that we met said that they had had an assessment of their own needs, although they were carrying many responsibilities that other children did not have.

The services had endeavoured to capture both the negative and positive views of some young people. For example they had involved young care leavers in producing a very good DVD that defined what corporate parenting should mean for the council and its partners. The council launched the DVD at a corporate parenting event (described later in the report).

Informing and involving people who use services and their carers

Responses to our survey showed that:

- under half (48%) of service users who responded agreed that they had seen a written assessment of their needs (a level of agreement below the average to date)
- under half of carers (37%) had seen a written assessment of needs for the person they were caring for
- the majority of service users (63%) agreed they had been given a clear plan to describe the services they would receive

- under half (41%) of carers agreed there was a clear plan describing the services the person they cared for would receive (below the average to date)
- the majority of service users (59%) agreed that there was a meeting at least once a year to discuss the services they received. Under half of carers (43%) agreed that this was the case.

Most results were similar to those from other local authorities unless otherwise indicated.

We found that there were ways in which the services could involve people more meaningfully. The services had an expectation that reports for meetings to review care plans should be posted out to service users and carers five to seven days in advance. This often did not happen and papers were being tabled on the day of the meeting. This meant that children and adults using services, their families and carers had little chance to read them. This potentially limited their contribution to meetings that were about their care.

Recommendation

Children's and Community Services should ensure that people can contribute meaningfully to meetings about their care by making documentation available in advance of meetings.

Personalisation of services and direct payments

Direct payments offer one way for people to exercise choice about the services they use. The services had increased the number of payments they were making and were providing these to more people than the national average. The average amount they were paying was less than in many other authorities. The services believed that this was because those opting for these payments tended to be people with smaller packages of care.

A report in June 2007 by the services' complaints officer had highlighted problems about the administration of direct payments. The services had since revised their procedures.

In common with many authorities the services had more to do in order to extend the concept of self-directed support beyond that of making direct payments to engaging service users fully in self-assessment and providing them with annual, flexible budgets.

Impact on staff

We considered performance in this area to be adequate, with strengths just outweighing weaknesses.

Most staff from both services enjoyed their work. They considered that they made a difference to people's lives. Many thought they worked well as teams and alongside other agencies to do so. They valued the access to training opportunities that they had.

The services had tried to involve staff in service development but many staff reported that they felt marginalised from planning processes. There were issues of low staff morale and this was particularly marked for home support staff. There were concerns expressed by some staff about workload pressures. Many felt that elected members did not value the work they did. Some staff in both services were unclear about the vision and direction for the services.

Motivation and satisfaction

Staff motivation, commitment and satisfaction

Many members of staff we met during fieldwork were well motivated and our staff survey showed that most respondents (82%) enjoyed their job. Most thought that they did a good job in helping people lead less isolated lives and in keeping people safe.

However, less than half (36%) thought that morale had been good in their team for at least six months, while the majority (50%) disagreed. This response was comparable with other authorities. Staff in Children's Services were more positive than those in Community Services (45% agreeing and 46% disagreeing compared to 30% agreeing and 54% disagreeing respectively).

Although managers were confident that they ensured that individual workloads were well-managed, staff in both services identified the size and complexity of workloads as a key issue for them. The majority (55%) of respondents agreed that their workload was manageable within normal working hours, while 35% disagreed. This level of agreement was below the average. We consider the issue of workload and staffing ratios later in the report.

Staff and first line managers that we met reinforced these views. Community care staff spoke of their high levels of stress and pressure because of rising workloads. Although managers said they did not delay filling posts staff we met perceived that there were delays and told us they were not sure whether unfilled posts had been deleted or not. Team leaders commented that staff coped with workload pressures by covering for one another and pulling together as a team.

Staff and managers in Children's Services raised similar issues. They highlighted capacity issues both for the initial assessment team and for area team staff in providing back-up for this team.

Home care staff we met or who responded to our questionnaire were not clear about the future direction of the home care services and were anxious that it might mean redundancies. They were concerned that people using services were not receiving enough of a service to meet their needs or enough continuity of carers.

Responses to our survey also indicated that staff were generally negative about the extent to which elected members valued the work they did. Here the level of agreement (21%) was below the average to date in other authorities.

Under half (35%) agreed that senior managers communicated well with them (comparable with other authorities). A higher percentage (47%) disagreed. This level of disagreement was more than the average to date.

Under half (31%) agreed that there was effective leadership of change, while 32% disagreed. This response was comparable with that from other authorities inspected to date.

At the time of our inspection, the council had just completed its 2008 survey of all its employees, 'In Touch'. The council's employee well-being group had also carried out a survey in those council services where workplace stress appeared to be an issue. Responses identified workload and management support as the principal sources of stress. Of some concern was the finding that in social work services 48% of home support staff and 28% of residential respite and day care staff who responded reported that they were always, often or sometimes bullied.

Managers in Community Services and Children's Services were taking action in response to the survey and had begun to work jointly with the trade unions to develop a plan to address the issues that had emerged. There had been staff briefings in Children's Services and focus groups were being set up with staff in Community Care.

Staff perception about career and professional development

Most (74%) of the respondents to our survey believed that they had received adequate training to fulfil the responsibilities of their job (a response comparable to other authorities). Most of those we met identified access to training as one of the authority's strengths. For example, residential staff in older people's and learning disability services said that they had been supported to study for SVQ level courses as well as a range of in-house training such as dementia awareness. Administration staff too described a wide range of training on offer, and said that they would normally receive training if they requested it.

Foster carers also highly commended the volume and quality of the training they received, commenting that there had been a particular improvement over the past two years. They liked the fact that the training programme was responsive to dealing with issues they raised.

The majority of respondents (65%) agreed that they received regular supervision (a response comparable to other authorities).

Staff perception about working with other agencies

The majority (58%) of staff who responded to our survey agreed that they had a good working relationship with education services and most (77%) considered they had a good working relationship with health services. The majority (62%) agreed they had a good working relationship with housing services and the majority (72%) believed that their team had a good relationship with other social work services. These responses were comparable with other authorities inspected to date.

Staff views on teamwork

The majority (71%) of respondents agreed that they had regular team meetings and that these meetings were purposeful and effective (responses comparable with the average). Many staff we met on fieldwork spoke about the good sense of teamwork they enjoyed and identified the support of their teams as crucial in helping them carry out their work.

Staff ownership of vision, policy and strategy

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

Less than half (41%) of survey respondents agreed that there was a vision for social work (a response comparable to other authorities).

Most (87%) agreed that they were aware of the standards that their team was expected to follow although less than half (49%) agreed that their team performed well against local service targets (a level of agreement below the average to date).

The services employed a number of approaches to consult and involve staff in the development of policy and strategy. These included:

- staff newsletters
- workshops for children and families staff to take forward the co-location of the social work teams in the new community campus schools
- annual development days for staff in Children's Services
- the involvement of staff in all stages of the review and implementation of care management services
- sharing the findings of the MAISOP inspection and subsequent action plan with managers and staff to develop an understanding of the way forward.

Notwithstanding these efforts many staff reported feeling marginalised from planning processes. Just 32% of those who responded to our survey (34% of Children's Services staff and 24% of staff in Community Services) agreed that their experience was fully taken into account in planning services. The overall level of agreement was below the average of authorities inspected to date. A high percentage (42%) disagreed that the services took account of their views (53% of staff in Children's Services and 36% of those in Community Services). The overall level of disagreement was higher than the average level of authorities inspected to date.

Recommendation

Senior managers need to engage more consistently and effectively with staff to communicate the direction of travel for social work services.

Impact on the community

We considered performance of the service in this area to be adequate, with strengths just outweighing weaknesses.

Stakeholders were generally aware of the range of services provided and considered that these were of good quality. There were examples of community involvement in delivering social work activities and some evidence that the services were harnessing community capacity. Senior managers played an active part in community planning and in promoting health and well-being.

The services needed to do more to make the public aware about the services they provided and about the differences these had made to people's lives. The services had made efforts to meet the challenges they faced in delivering services to rural areas although still had more to do.

Community perception, understanding and involvement

Recognition of the needs of different communities

Managers emphasised to us that they faced major challenges in providing services to those people who lived in the rural parts of the authority. They highlighted the problems caused through the low availability of staff and low number of external providers in these areas. The MAISOP report noted, for example, the difficulties the services faced in recruiting enough home carers to deliver a consistent service in rural areas.

Around one-third of residents of the local authority lived outwith the main areas of population. The services had put in place some services to meet the needs of these communities. This

included a joint residential and day care service based at Callander health centre, a money advice service in rural areas commissioned from Stirling and District Association for Mental Health, and shared bases for home care staff and Forth Valley Fire Services.

There were plans to provide more, for example by developing joint working in rural areas through a proposed initiative with NHS Forth Valley (discussed later in the report). Community and Children's Services were also exploring the possibility of developing shared access to meeting facilities and interview facilities in McLaren High School. Staff and managers acknowledged that there was still much more to do, a view echoed by those we met who lived in these areas.

Recommendation

The services need to consider what more they could do to meet the needs of people living in rural communities.

The services played an active part in community planning in Stirling. A best value review in 2005 of the area's community planning partnership had concluded that it was '*an inclusive organisation with a very strong basis in community engagement and local community planning*'. The plan for 2005-20 had been jointly produced by council departments and external partner agencies. The services directors and other senior managers were actively engaged in partnership working and were leading some of the partnership sub-groups (that they called '*critical partnerships*').

Public understanding of the range of social work services available

Later in this report we describe some of the good attempts the services were making to provide information about their social work services. As we have earlier identified this information was not always reaching the people who needed to have it.

The public was unlikely to be aware that social work services provided the funding for many of the commissioned services that they used and valued. They would not be aware too of the role that the services played in partnership initiatives such as the council's anti-social behaviour, community safety or health and well-being strategies. Examples of such initiatives included the 'Walk About Stirling' project for residents (the majority of walkers were older people) and the 'Movin About' initiative that trained staff in residential and day care units to provide physical activity sessions for older people.

Public recognition of the value of social work services

Every two to three years the council carried out a survey of residents' views about all its services using their citizen's panel and on-line responses to do so. The panel was made up of a cross-section of 1300 adults living in the area. The latest survey, carried out in March-April 2008 included a question about the quality of residential and day care services for older people.

Respondents had indicated 'low' or 'declining' satisfaction with these services for older people. The council had produced an action plan to address the main findings.

We thought that the services could do more to publicise the work that they did and the positive impact that it had.

Good practice examples

- 'Big noise' Raploch was an impressive community project that received some funding and office accommodation from Community Services and was supported through the local schools. Sistema Scotland delivered a music programme to vulnerable children and families.
- The Riverbank Centre was a resource centre run by Community Services for children and adults with learning disabilities. This had a café open to the public. Young people with additional support needs who were using the cafe told us that they welcomed the opportunity this afforded them to socialise.

All service users and their carers were offered a full income maximisation check by the council's income maximisation services. Between 2007 and 2008 the income maximisation services had carried out financial health checks for 1290 people, resulting in increased income and grants totalling £1,208,421. Social work staff could also make direct referrals to the council's money advice services and to the Money Matters MacMillan Project. This project, operational since 2007, assisted people with cancer and their families to maximise their income. As at the end of March 2008 the project had received 195 referrals for people in Stirling and generated over £570,000 in benefits or other funding sources.

Elected members' role in promoting social work services

Stirling had a very new council, with a high number of new elected members. Many of the members we met acknowledged that they were still learning about all the council services for which they were responsible. Although evidently interested in social work matters they did not appear to have had an opportunity yet to visit many social work settings. Their role as the link between the services and the wider community is a crucial one. For the future it will therefore be important that they take up opportunities to familiarise themselves with social work services.

Impact on other stakeholders

Stakeholders' awareness of the range of social work services available

Stakeholders that we met were generally aware of the range of social work services. The majority (64%) who responded to our survey agreed that there was good quality information about what services were available and that this information was available in the right places. The majority (64%) agreed that the range provided was good. Those we met or who responded commented that they were aware that resources were limited, describing services as '*stretched*'.

Stakeholders' recognition of the value of social work services

Responses to our survey indicated that stakeholders generally valued the work of social work services though there were aspects of these services that they thought could be improved:

- the majority (73%) agreed that the council delivered a good service for people
- most (87%) agreed that they provided good outcomes
- the majority (79%) agreed that the services met their responsibilities to keep vulnerable adults and children safe
- the majority (62%) agreed that the services were actively involved in initiatives to reduce dependence and social dysfunction
- under half of respondents (47%) agreed that services were provided in a flexible way.

Community capacity

Involvement of the community in social work activities

We found examples of community involvement in helping vulnerable people. These included:

- volunteers who helped deliver services provided by SDAMH
- WRVS volunteer drivers who transported older people to residential and day care units
- Red Cross volunteers who delivered therapeutic services within care homes
- Retired and Senior Volunteer Persons (RSVP) that provided a 'handy person' service to older people
- volunteers supporting the work of an independent provider's addiction, support and counselling service
- the befriending service for young people managed by Aberlour.

We thought the service could usefully build on this public interest in helping deliver services to vulnerable people by developing a volunteering strategy.

Good practice example

Townbreak – a voluntary organisation funded by the services that provided befriending and day services for older people with dementia. Using volunteers the day centre provided much needed respite for carers and the befriending service provided support and companionship for people with dementia within their own homes.

An impressive example of concerted community action was the purchase by Killin Community Trust of the Falls of Dochart care home with assistance from the council and NHS Forth Valley.

Strategies for promoting or expanding community involvement

Foster carers were actively involved in recruitment of new carers. For example some attended initial information meetings and handed out leaflets when the recruitment campaign was underway. Carers appeared on a well-made DVD promoting the role and one carer appeared on the radio to encourage new foster carers. This strategy appeared to be paying off, with Children's Services reporting an 8% increase in the number of foster carers during 2008.

Both services provided funding and support to organisations to promote the involvement of the community in helping others. Examples included support to:

- the Lillias Graham Trust, a local charity in rural Stirling that was developing services to support parents in caring for their children
- Open Secret, a community based organisation that offered support to survivors of childhood sexual abuse
- Stirling Women's Aid that provided housing support to women in the refuge and worked with children affected by domestic abuse
- Stirling Quality Action Group, a group managed by and for people with learning disabilities with support from Stirling council and Key Housing Association. The group was involved in service planning, provided alternative day opportunities, an advocacy service and delivered training.

Delivery of key processes

The services performed to an adequate standard, with strengths just outweighing weaknesses

There were up-to-date criteria for accessing an assessment for services and the majority of assessments were good or better. We found examples of good practice where staff had translated these assessments into comprehensive packages of care. However, some aspects of service delivery were not working as well as they should.

There were care plans in most Children's Services files and these plans were subject to review at regular intervals. This was less likely to be the case in Community Services and there were problems with the format of care plans in these services although work was underway to improve this.

The intake teams in both Community Services and Children's Services were struggling to meet demand. There were no written criteria about who could access a community care service following initial assessment. There was a need for improvement in risk assessment and risk management. Use of advocacy services was under-developed and there was room for improvement in some aspects of multi-agency working.

Access to services

The services promoted information about their services on the council's website and through a range of leaflets prominently displayed in reception areas in social work offices. Community Services were reviewing their leaflets to make sure that they were up-to-date and Children's Services were about to carry out a similar exercise.

Both services operated centralised intake systems – in Children's Services an initial assessment team and in Community Services a short term team. Both teams provided initial screening and assessment and short term intervention for around a maximum of six to eight weeks. The teams were staffed by dedicated intake staff and supported by a rota of staff from long term teams. There were capacity issues and the intake system was not working as smoothly as it should.

Community Services

It was not always easy for those making contact by telephone to get through to offices at peak times and there were delays in intake staff returning calls. It was routine for administrative staff to take basic information by phone from referrers. This was later prioritised and followed up with a return phone call from intake staff. At times staff were unable to return calls promptly about non-urgent referrals and on occasion the delay could run to several days.

At the time of the fieldwork in January 2009 there were 74 people waiting for an assessment from the intake team. Those assessed as lower priority (priority 3) were waiting on average four to five months for an assessment.

The services had nevertheless managed an overall improvement on the time it took them to complete standard assessments. Statistics for the first half of 2008 showed that the services were managing to complete 72% of standard assessments within a day and over 90% within a week. In previous years up to 17% of assessments had not been completed within a week.

Children's Services

The services had recognised the capacity issues faced by the initial assessment team and had seconded an additional member of staff to the team to relieve some of the pressure though this period of secondment was due to end. Staff commented that using colleagues from long term teams to provide back-up was not always straightforward as they tended to be unfamiliar with intake system processes. At the time of the inspection there were around 100 referrals pending assessment. Staff commented that the level of demand had been such that in the previous nine months they had been able to submit just under a third of initial assessment reports to the Scottish Children's Reporter's Administration on time.

Recommendation

The services should continue to review and improve their systems for dealing with initial referrals for an assessment or service.

Access to emergency social work services out-of hours was through an emergency duty team managed by Stirling Council on behalf of the three Forth Valley authorities. The majority (67%) of staff we surveyed agreed that there were effective links between these services and the wider social work service (a level of agreement above the average to date). The team – staffed by social workers from each of the three authorities – was confident that it was providing a good service, a view reinforced by key stakeholders that we met.

Community Services had also strengthened their out of hours provision for people needing support to remain in their homes. In November 2008 the services had amalgamated their rapid response team, their mobile emergency care and falls response service, and their out of hours home support services with the night nursing service provided by NHS Forth Valley. This model of out-of-hours delivery ('Stirling 24') was to be the first phase of an increasingly integrated approach and was a welcome development. Future plans envisaged integrating other services such as palliative care and the hospital discharge team.

Day-to-day planning and resource allocation

Children's Services

Following assessment and an initial service the initial assessment team passed on any referrals requiring further support to long-term teams. Thereafter team leaders in long-term teams prioritised referrals for a service. There were up-to-date criteria in place setting out four priority levels for access to assessment and to services. The services were applying these criteria consistently. Managers reported that there were no children on the child protection register and no children subject to statutory supervision who did not have an allocated social worker.

Some staff we met commented that pressure of work meant that area teams were only able to provide support to other children and families in need for a limited time. They said that families were therefore often re-referred to the initial assessment team.

There were no multi-agency screening groups in place to examine initial referrals though there were groups in place to consider requests for support arrangements for children. The community resource group and external resource allocation group (that examined requests for external foster or residential placements) had representation from partner agencies.

Community Services

After initial screening the intake team passed on all referrals that needed a service or a fuller assessment to longer-term teams.

At the time of our inspection visit in January 2009 there were 129 people waiting for a more complex assessment, the longest waiting since February 2008. Eighty-four were waiting for allocation to a named worker, though care packages had been put in place for some.

The services had recently updated their criteria setting out who had priority for receiving an assessment of their needs. These afforded priority firstly to those assessed as at immediate critical risk, secondly to those who might be at substantial risk immediately or in the next three months, thirdly to those who might be at moderate risk immediately or in the next 12 months, and finally to those at low risk.

There were no written criteria prioritising who would receive a service following this assessment. There had been plans to develop such criteria by January 2009 but this work had been delayed. In the meantime managers said that cases in most urgent need (those that were priority 1 for assessment) received a service following assessment and that team leaders maintained an overview of all other work.

As the services were to implement savings from April 2009 (discussed in more detail in the report) the need for explicit criteria about who could receive a service was urgent.

Recommendation

Community Services should set out priorities for receiving a service from them following assessment.

Screening groups were in place to allocate more expensive resources. The adult resource panel looked at requests for community care packages provided by the local authority. The Forth Valley complex care panel considered the resource requirements for complex need and joint funding arrangements with NHS Forth Valley for adults and children. Staff and partner agencies told us that this panel helped make sure that there were equitable arrangements across Forth Valley.

Assessment and care management

Assessment of need

The services had clear frameworks and guidance in place to assist staff assess need. The impact of these was evident in the files we read prior to our fieldwork. We found that:

- almost all files (91%) contained an assessment
- most (78%) had been completed within the latter 12 months and in most (77%) the timing of the assessment was in keeping with the needs of the individual
- most (82%) assessments were in keeping with the needs of the individual
- the majority (64%) were judged to be good, very good or excellent.

These findings were comparable with other authorities we have inspected to date. In common with many other authorities there was nevertheless some room for improvement. Around a quarter of assessment reports (28%) were adequate (i.e. where the strengths just outweighed weaknesses) and a small proportion (8%) were weak or unsatisfactory. Assessments in Children's Services were more likely to be rated as good or better than those in Community Services (71% compared with 60%).

Children's Services

The services had been using a standard assessment framework since 2001 and had been making recent attempts to improve this. They had also been working with partner agencies to develop an integrated assessment framework though they had not made as much progress on this as they would have liked to.

Key stakeholders whom we met or who responded to our survey were of the view that social background reports had improved significantly and were of a good quality.

It is important that services submit timely assessments for children and young people who may be at risk when they are requested to do so by the Scottish Children's Reporter's

administration (SCRA). The services were not meeting the national target to submit 75% of reports on time though were exceeding the Scottish average for doing so. Figures for 2008 showed that Stirling submitted 48% of reports on time. The national average was 39%. In order to improve performance the services had created a part-time social work liaison officer post to work within SCRA, though they would be reviewing in May whether this post was still needed.

Community Services

The services' performance in completing complex single shared assessments on time continued to vary from month to month and from year to year. In some three-month periods the services managed to submit 60% of reports within one week (for example in quarter three in 2006 and again a year later in quarter three 2007). Both times there was a drop to around 40% in the next few quarters. On average the percentage completed within a week ranged between 37% and 49%. The percentage taking over four weeks to complete ranged between 15% and 19% and those taking more than eight weeks from 6% and 9%.

The services' proposed savings options included a reduction of 17% in the budgeted spend on their assessment and care management costs. Managers said that these were to be achieved by a combination of undertaking reviews of care packages to determine whether the level of care was appropriate, reviewing processes and maximising the income of people using services. We did not share managers' confidence that these steps (if implemented with due attention to the needs of service users) would result in the anticipated level of savings.

Occupational therapy services

At the point of our inspection there were no people assessed as priority 1 need who were waiting for an occupational therapy assessment. There were 15 people assessed as priority 2, most of whom had been on the waiting list for only a few weeks. Of the 40 people assessed as priority 3 most had been on the waiting list for just four months.

Single shared assessments: NHS Forth Valley

Since the MAISOP there had been a marked increase in the number of single shared assessments undertaken by nursing staff (from 68 in 2007 to 273 in the first nine months of 2008). As is commonly the case in other authorities nursing staff could not input their assessment onto the council's SWIFT system and, pending e-care solutions, were sending these to social work administrative staff to enter on the system.

Carer assessments

There had been an increase in the number of carer assessments carried out. The Stirling Carers centre (a service funded by the council) was helping with this. Numbers had risen from 29 in 2007 to 50 by September 2008.

Care planning and care management

Case recording

Case recording gives a picture of the effectiveness of care planning and delivery of services. Just 55% of files we read in Stirling had continuous enough recording to allow us to determine what was planned and what had been happening. This finding was lower than the average of other authorities we have inspected to date. Case recording was better in children's than in adult's files.

This meant that important information was not always readily available for other staff or managers who might need it. It also meant that case files were not fully recording the good work that many social work staff were carrying out. During our visit to the authority we observed examples in practice of good case planning and management and could see the differences that committed staff were making to the lives of some of the people receiving services.

Care plans

In our sample we found that there were care plans or equivalent in most files (69%). These were more common in Children's Services files where we found plans in 81% of files, compared to 61% of Community Services files (below the average to date).

Where there was a plan this addressed the needs and risks identified in the most recent assessment either mostly or completely in 66% of plans (below the average to date for both Children's and Community Services files).

Community Services

In Community Services there were significant weaknesses in care plans. Most of those we saw in case files were simple home care diaries or lists of services the person would receive. There was no format for setting out a comprehensive care plan to meet an individual's needs and there was no comprehensive care plan element on the electronic single shared assessment. The services were in the process of developing care plans and ensuring that they were outcome-based. Given the weaknesses in current care plans it is crucial that they conclude this work soon.

Links between assessment and care planning needed to be stronger. For example, it was practice for home support managers, after they had received a single shared assessment, to make their own assessments about the amount of home care which service users would need. The services needed to address this issue and strengthen the role of the care managers' assessment of needs and desired outcomes for service users.

There were problems in reviewing and updating plans to make sure that they met people's needs. Our file reading showed that care plans had been reviewed at regular intervals that reflected the level of need and risk in only 61% of Community Services' cases. This was 19 percentage points below the average to date.

Independent providers and staff in the services' day care and residential units commented that care managers were unlikely to attend reviews unless there was a specific request for them to do so or there were specific issues that needed to be resolved.

Recommendation

Community Services should conclude the work that is underway to make sure that care plans fully address needs and identify outcomes. These plans should be reviewed on a regular basis to ensure they continue to meet people's needs.

Children's Services

Our file reading exercise indicated that care plans for children were more likely to be reviewed than those for adults. In those case files that contained a care plan there was evidence that in most cases (79%) the plan had been reviewed at regular intervals (a finding comparable with other authorities). There were two independent reviewing officers who chaired reviews and who tried to ensure that these meetings happened when they should. They chaired the reviews of all children and young people looked after away from home and those of young people looked after at home who were known to the youth justice team. There were plans for them to begin soon chairing reviews on all children looked after at home.

The services had recognised that there had been drift in planning for the longer term care of some looked after and accommodated children. They had created a part-time post of a permanency worker to tackle this issue.

Earlier we highlighted comments from some looked after children that their social workers did not keep as much contact with them as they thought they should. In its inspection of services HMIE had found that this was the case for some children. Some key stakeholders that we met agreed, particularly in relation to those children and young people who were looked after at home. The evidence from our file reading supported this perception. We found that the level of contact by a social worker was in keeping with the care plan in only 54% the Children's Services case files that we read. This was 30 percentage points below the average to date.

Recommendation

Social workers in Children's Services should make sure that they maintain levels of contact with children and young people that is in keeping with their care plans. They should make this contact as meaningful as possible for children. First line managers should be ensuring that this is happening.

There were problems around transition arrangements for young people leaving care. The service's throughcare team had limited capacity and was only able to offer a service to some young people. Performance indicators (set out earlier in the report) demonstrated the impact this had had. The team's annual report had underlined these capacity issues and identified the need for an additional social worker.

There were appropriate arrangements in place to manage transition arrangements for children with disabilities who were moving into adulthood. A multi-agency transitions group was in place that aimed to put appropriate packages of care in place in good time. All relevant agencies took part in this group and were committed to working together to help young people make the transition.

Risk management and accountability

The assessment framework used by Children's Services and the single shared assessment for community care services each included a section on risk assessment. The services were taking steps to strengthen these.

We found up-to-date risk assessments recorded in 39% of Community Services case files and 58% of Children's Services files where we would have expected to find one. Twelve of the 25 relevant childcare files and five of the relevant 14 community care files had up-to-date risk management plans. These findings were broadly comparable with those of other authorities.

In order to help identify patterns in relation to risk it is important that services build up chronologies of key events and incidents in the lives of vulnerable children or adults. In our file reading we found chronologies in only 17% of Children's Services files and none in the equivalent Community Services files. This finding was below the average to date.

In its multi-agency inspection of services to protect children HMIE had highlighted the need to improve assessment of risk. Children's Services had been making efforts to do so over recent months by strengthening the risk assessment section in the assessment framework and by encouraging staff to build good chronologies. There was more to do as it was apparent that some staff were not clear what a proper chronology should look like and were highlighting only the involvements of social work or partner agencies as key events in children's lives.

Community Services had made efforts to strengthen risk assessment by ensuring that staff could not complete the electronic single shared assessment without completing the section on risk assessment. Staff had had recent training to try to embed risk assessment in their day-to-day practice. The services hoped in the future to use the Joint Improvement Team's assessment framework.

The services and their partners had appointed an independent chair for their new adult protection committee and had advertised the post of co-ordinator. All qualified community care staff in the intake team were designated as council officers in terms of the new adult protection legislation. Some staff in Community Services had received training on protecting vulnerable adults but this had not yet extended to staff in Children's Services.

Mental health officers that we met were confident that care programme arrangements for people with severe and enduring mental illness were working well. Staff in both services who were working in day care and residential services were also confident that there were good risk management arrangements in place. Using an assessment tool with a traffic light system they identified risks and from this developed a risk management plan.

We found practice in relation to sharing of relevant information with provider organisations to be variable. Generally providers of Children's Services considered that they received the information they needed to provide care and manage risk. Providers in adult services were less confident that the services always passed on all relevant information about the risk an individual posed.

Partnership with people who use our services and their carers

Responses to our survey of adults using services and carers showed that:

- most adults using services (80%) agreed that they had been fully involved in deciding what help or services they should receive. The majority of carers (52%) agreed
- most carers (76%) agreed that they had also been fully involved in deciding what help or services the person they cared for should receive
- the majority (68%) service users and carers (52%) agreed they had been given choices about the type of service they received.

These findings were comparable with other authorities inspected.

Children and young people we met had more reservations. Although the services tried to give children and young people a voice at their looked after children reviews, many of those we spoke to commented on how intimidating they found these meetings. A report by the council's children's rights officer had highlighted a need to do more to involve children meaningfully in initial child protection case conferences or review conferences.

Earlier we noted the moves Community Services had taken to introduce the user defined evaluation tool (UDSET) to gather user feedback.

There was evidence that residential and day services (both in-house and commissioned services) made good efforts to gain the views of adults and children to help improve their day to day work with them. It was encouraging to hear that children and adults who used these services had been involved in recruiting some groups of staff.

There was mixed evidence about the use of advocacy services to enable the voices of service users to be heard. Both services funded advocacy organisations for adults and children but staff were not referring people to these agencies as often as we would have expected. For example, contrary to the national trend there had been a decreasing use of advocacy services for people with learning disabilities. Some providers commented that there was a degree of ‘*resistance*’ among council staff. A number of staff we spoke to did not seem very clear about the role and benefits of advocacy.

Recommendation

Community Services and Children’s Services should make sure that staff understand the role of advocacy services and increase the uptake of these services.

Inclusion equality and fairness in service delivery

The services had up-to-date equality policies in place and had delivered training to promote awareness of these. Commitment to these policies was evident in service delivery.

Examples included:

- information leaflets about the services that were available in different formats and languages as required
- an award the council had won for ensuring that its website met accessibility standards
- a DVD in seven languages for people from minority ethnic communities that explained the services (including social work services) that were available to them. The DVD also gave the name and contact details of the council’s ethnic minorities adviser who acted as a gateway to all council services, including free interpretation and translation services
- the multi-purpose facilities provided by the Raploch Campus. The campus housed nursery provision and a primary school as well as offering meeting and community facilities. This allowed people who used services to attend meetings about their services without having to go to social work offices
- an autism unit based in one of the authority’s high schools. This unit worked with young people who had autistic spectrum disorder and helped to retain children and young people who had this disability within a mainstream setting.

Our file reading exercise found evidence that in most case files (78%) social work services had taken account of potential barriers arising from any disabilities which people using services had (a finding comparable to other authorities). There were only two cases in the sample that involved people from an ethnic minority. In both of these cases staff had taken account of potential barriers arising from differences in language, culture or beliefs.

Multi-disciplinary working

The services were involved in a range of multi-disciplinary partnerships. We saw examples where these were working well at an operational level and others where there was room for improvement.

Positive examples of joint working included:

- joint working with education and the voluntary sector to support children with disabilities in their education and in activities in the community
- support and advice offered by the child and adolescent mental health service to residential and fieldwork staff
- a dedicated nurse to look after the health needs of children and young people who were looked after and accommodated
- a children's registration clinic based in the Forth Valley sensory impairment centre. The clinic allowed children with a sensory impairment to have a multi-disciplinary assessment of their needs
- joint services with NHS and Forth Valley to support early discharge or prevent admission to hospital.

There were other aspects of joint working that needed to be improved. This first became apparent when we read a sample of files. We found that that in 60% of those cases where there had been no improvement in people's circumstances this had been due, at least partly, to lack of collaboration between services. In our subsequent fieldwork we identified some examples of this and of joint working arrangements that were not working as well as they should.

For example, we were concerned to find that many young people living in the council's residential homes were not receiving a proper education. Staff that we met highlighted the fact that many young people had restricted timetables of as little as two to three hours tuition a week. This unacceptable situation had persisted for a number of years. Managers said that they intended to address this through their review of additional support needs services. The review was out for consultation with proposed implementation beginning in August 2009.

Our visit to Stirling Council coincided with an event to promote corporate parenting. This was hosted by the chief executive and leader of the council and involved representatives from partner organisations and council services. The principles of corporate parenting were well articulated by the chief executive, and the director of Children's Services provided effective leadership in taking this initiative forward.

However, senior managers, partners and elected members acknowledged that the development of corporate parenting in Stirling was still at an early stage. We found that the council and its partners had yet to convert their commitment to the concept into enough tangible measures for

looked after children and young people. This included ensuring that those who live in their residential homes received a proper education, that young people leaving care had more accommodation options and that more of them moved on into further education, training or employment.

Recommendation

The council needs to translate its commitment to corporate parenting into tangible measures to improve the lives of the looked after children and young people for whom it is responsible.

Management

This chapter looks at three areas for evaluation:

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

Policy and service development, planning and performance management

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

There was evidence that the services had reviewed or were in the process of reviewing strategies and policies and had responded to the findings of inspections.

The services had translated some of their strategic objectives into operational plans and into the personal development plans of senior managers. They had yet to extend this to unit and team plans and the personal development plans of every member of staff. There was evidence of an increased commitment to joint planning with partner agencies though some providers, staff who delivered the services, and some care groups were not fully or systematically involved.

The council's assertion that integrating council departments had led to better outcomes for people was not wholly supported by the evidence available. The Council and its NHS partners had taken a cautious approach to integrating services and there were some unresolved governance issues.

There was a range of services in place, many of good quality. Others needed to be improved and there were gaps in provision. Development of a robust performance management framework was a work in progress and there was not enough evidence that performance information had driven service developments.

Policy review and development

In its single outcome agreement and strategic plan the authority set out its vision of improving well-being and '*adding life to years*' tying this closely to implementation of recommendations arising from HMIE's multi-agency inspection of services to protect children, the MAISOP report and the pending SWIA performance inspection.

To ensure delivery of the vision the services had a number of up-to-date policies in place and were in the process of reviewing and updating others. Some policies, procedures and strategies needed updating and there were gaps.

Current policies included:

- eligibility criteria for assessment
- assessment and care management guidelines (Community Services)
- assessment framework (Children's Services)
- staff supervision policies
- procedures for dealing with challenging behaviour.

Other policies needed to be refreshed. These included:

- child protection procedures for the services and their partners in Forth Valley that were due to have been revised in April 2008
- adult protection procedures. These needed to be revised to take account of the Adult Support and Protection Act 2007
- the joint local implementation plan for mental health services. This did not refer to the national policy 'Delivering for mental health' or integrated care pathways
- the carers strategy. Although this covered the period 2006-09 many of the planned actions were for 2006-07 and the strategy highlighted local carers' events that had taken place several years previously.

There were gaps in some strategies that were still in draft form. These included a draft integrated children's services plan ('For Stirling's children') for the period 2008-11 that was out for consultation. Although the plan included timescales and targets for future actions we would have expected to find more continuity from the previous plan including a review of progress on previous objectives and targets. Social work managers commented that the most recent plan afforded more attention to the role of social work services than previous plans, although it did not yet do this well enough.

Also in draft was a substance misuse strategy for the period 2008-11 developed in partnership with other agencies in Forth Valley. Underpinning the strategy was an action plan for each area. The plan for the Stirling area was wide-ranging although it did not fully reflect issues around the protection of vulnerable children. For example, it did not include baseline information about the number of children living with parents who misused substances (including those whose situations had led to the involvement of social work services). It also did not address the implications of the length of time parents of children over five years old had to wait to be seen by the NHS prescribing service.

Strategies and policy frameworks for services for older people and for people with learning disabilities were under development. These services lacked modernisation but staff had been working over the last year to move this forward. Following the MAISOP report Community

Services had taken action to develop services for older people by establishing a project board that developed and oversaw the MAISOP implementation plan. The plan focused on steps to shift the balance of care. Along with their partners in NHS Forth Valley they had drafted a capacity plan and a joint commissioning strategy for services for older people.

There was evidence of policy developments to improve services for people with learning disabilities. A report presented by Community Services to committee in October 2007 had signalled the need for change in the context of the increasing costs of delivering expensive packages of care for people with learning disabilities. The council had established an officer/member working group to address this issue. The group had taken a comprehensive look at the needs of people with learning disabilities including examining how to give people using day services the opportunity for personalised alternatives, and how to improve housing options, transition arrangements and respite provision. With partners in NHS Forth Valley they had in recent months held capacity planning events and drafted a commissioning strategy.

There were some notable gaps in policy development. These included the absence of a coherent strategic framework for services for adults with physical disabilities (including sensory impairment) and for older people with dementia.

Recommendation

The services, together with partner agencies, should ensure that there are strategies and relevant policies in place for all care groups and that these are sufficiently up-to-date and comprehensive.

Operational and partnership planning

Operational planning

The council's first single outcome agreement with Scottish Government broadly reflected the content of the council's strategic plan for the period 2008-2012 ('Shaping Stirling'). Although the Government's national objectives and the council's strategic topics did not directly correspond, the agreement contained clear cross references to relevant outcome indicators. The council aimed to develop the next single outcome agreement through community planning processes.

Community Services had translated their high level strategic objectives into an operational plan that set out what the services intended to do to deliver them. Children's Services had developed an integrated children's services plan along with partner agencies.

Strategic objectives were reflected in the personal development plans of senior managers. Managers recognised that they now needed to make sure that there was a plan in place for units and teams and for every member of staff and that these too were linked to national and local strategic priorities.

Community Services

Stakeholders and managers of services for adults acknowledged that the MAISOP had served as a catalyst to strengthen existing joint planning arrangements and ensure that these delivered. Partners had established a joint Forth Valley strategic planning group and had worked hard to produce the joint commissioning framework.

Using the support of the Scottish Government's Joint Improvement Team (JIT) they had been mapping out what changes they needed to make to their services for both older people and people with learning disabilities.

In December 2008 the council had commissioned a consultancy firm to help with budget setting for 2009-10. Two workstreams relating to social care commissioning and to an organisational review were of particular significance to Community and Children's Services. During our inspection fieldwork in January 2009 the services had not yet determined how to reconcile proposals emerging from this work with recommendations from inspections and the advice they were receiving from JIT about what they should do and within what timescales.

In February 2009 the council adopted the proposals from the consultancy exercise and approved significant savings in its social care budget to be implemented in community care from April 2009. These included substantial savings in services for adults.

We were concerned about the speed which the authority had reached these decisions on savings options and the proposed timescales for phasing these in. We considered that these timescales were likely to have an impact on future operational planning and service delivery and we were not convinced that there had been a sufficiently thorough analysis of the potential impact on vulnerable groups.

Children's Services

In 2008 Children's Services had also commissioned the assistance of the external consultancy firm to develop proposals to reduce the costs of external residential placements. This work had emerged from earlier proposals drawn up by an officer/member scrutiny panel to examine options for addressing these rising costs. The proposals focused on improving commissioning and contracting arrangements and did not extend to consideration of options to reduce the numbers of young people that needed to be accommodated in such placements.

The services had not yet set out their wider plans to enhance the range of community alternatives to residential or fostering provision. Managers said that this would form the next phase of work they would embark on. We think it is important that they do so without delay. It was our view that in order to achieve the savings they proposed to make the services would need to have a solid infrastructure of community alternatives in place.

We found that Children's Services had put a good deal of effort into promoting aspects of partnership working, particularly into promoting the implementation of the 'Getting it right for every child' approach. Managers acknowledged that they had not made as much progress with this as they might have hoped for and that some key partners were more committed to the process than others. However, there was evidence of consistent efforts by the services to promote and drive forward this agenda.

Involvement of stakeholders in planning and service development

In addition to their efforts to plan services in partnership with other statutory organisations, the services involved other stakeholders including people who used services, carers and independent and voluntary sector providers. They had done so more systematically in relation to some care groups than to others and had done so better in relation to some issues than others.

Involvement of people using services and carers

There was an evident commitment to involving service users and carers in planning services for older people both through an established planning group and more recent capacity planning meetings. There were examples too of well-attended consultation events. These included a home support user forum held last year and an event to plan implementation of a pilot initiative with NHS Forth Valley to deliver services jointly to older people living in one part of the authority (the north west rural pilot). There were planning groups too for the Forth Valley sensory centre and for implementation of the carers' strategy and a local implementation group for services for people with learning disabilities.

The views of adults with addiction problems were largely unheard in strategic planning and there had been no consultation in the previous two years with people using the services of the community mental health team.

Children's Services had previously gathered the views of young people who had experienced child protection services and consulted with children and young people with disabilities and parents about housing and support needs. They were in the process of gathering the views of other children and families who used social work services through research they had commissioned. The services had also commissioned external evaluation of Positive Changes and of the changing role of qualified staff in the residential unit.

Many staff and stakeholders who responded to our questionnaires were of the view that the services could do more to involve service users and carers properly in service planning and development. Just over half the stakeholders who responded to our survey agreed that the services did so and less than half (45%) of staff who responded agreed that the experience of carers was fully taken into account in planning services.

Involvement of providers

There were no forums for providers of adult services but Community Services had engaged relevant providers in existing planning groups and more recent capacity planning events and consultation events. Some providers we met were more critical about their involvement, in particular about the limited extent of consultation regarding proposals to move towards competitive tendering.

Children's Services had established a providers' forum although this focused on issues relating to contracts and not strategic development of services. The services had included a small number of providers in meetings of the children and young people's critical partnership. Other providers commented that these organisations represented only their own agencies and were not acting as representatives of all providers. Managers were of the view that these difficulties stemmed from a lack of infrastructure among the providers and the third sector in general.

Involvement of staff

As we noted earlier many staff reported feeling marginalised from planning processes. Lower numbers of staff than in many other authorities considered that their experience was taken into account in planning services.

Recommendation

The services should systematically involve key stakeholders in developing the future of the services they receive or deliver.

Developing integrated services

Social work services in Stirling had been integrated with other council services for over eight years. The council's chief executive told us that the authority was unique in bringing together social work services for adults with library, leisure, and youth services and was the first local authority in Scotland to form a joint department for education and social work services for children. There was little evidence to suggest that these steps had led to better outcomes for adults. Evidence that the approach had improved outcomes for children was mixed.

As noted earlier in this report proportionately more than the national average of children looked after by the local authority away from home had achieved at least one or two minimum qualifications during 2006-07. There had been a marked improvement during 2007-08 in the percentage of children looked after at home who obtained minimum qualifications though this represented a rise from a very low baseline. We also noted that a lower than average proportion of care leavers had moved on to employment, education or training – an unexpected finding in a local authority that did not experience the same levels of deprivation as many others.

The council had taken a cautious approach to integrating services with other agencies and there were some unresolved governance issues. Learning disability staff from NHS Forth Valley and community care social work services had been co-located for some time. However, staff, managers and stakeholders acknowledged that there had been and remained problems in the way the team functioned. There were tensions between staff about respective roles and responsibilities. Nurses were not acting as care managers and social workers were operating with very high caseloads. There were imbalances too in the skill mix of the team. The joint team had been without a manager for some time though a new manager had just been appointed.

Community Services and their partners in NHS Forth Valley had also established a community mental health team although staff were not co-located. There were proposals to do so following completion of the new community hospital but no intention in the foreseeable future to move towards an integrated model of working.

The services and their partners recognised the need to address governance issues and had identified adoption of effective governance and risk management arrangements as one of the key aims of their newly established joint strategic planning group. There was some infrastructure in place to support joint working. This included an information-sharing protocol, a joint protocol for investigating multi-agency complaints and joint training events. Partners were also in the process of developing a joint performance framework.

There was evidence of efforts over the past year to do more to integrate services for adults. This included Stirling 24 (the integrated out-of-hours home support team and NHS night nursing service). The two partners had also agreed on the principles of the north west rural pilot and said they intended to implement this over the next year.

The agencies had been discussing how best to incorporate social work provision into the new community hospital being developed by NHS Forth Valley. In addition to co-location of the mental health team early proposals also included further integration of Stirling 24. As discussions progress it will be important that the services and their partners make the most of this opportunity and adopt a creative approach to joint working.

Range and quality of services

Range of services

There was a range of services in place, some of good quality. We were impressed by some of the services we saw when we visited the authority and have identified these in this report. We saw others that needed to be improved.

Services for children and families

Reports from the Care Commission suggested that there was good provision for young people who were accommodated in residential units or in foster care. Children and young people we

met reinforced this picture with all stating they would give their unit or carer '9 or 10 out of 10'. The residential unit, with current capacity for six young people, was split over two sites with one primarily aimed at those young people likely to stay in the unit long term. The services had also joined with partners to purchase a four-bedded crisis care service from Crossreach.

There was good provision for young people subject to statutory supervision because of their offending. Earlier we highlighted the positive outcomes the services were achieving.

Provision for children with disabilities was more mixed. Although there were some good resources in place to support these children and their families we noted the limited capacity of the children with disabilities team.

There were similar capacity issues in the throughcare/aftercare team that worked with young people who had been accommodated. Housing options for these young people were also limited. For young people leaving care in a planned way there were two independent living flats attached to one of the sites of the residential unit or two supported lodgings. Young people who rejected their care plan or who experienced an unexpected breakdown in their placement sometimes had to be placed in bed and breakfast accommodation for short periods. The council also funded a voluntary sector project – the Bridge – that supported any young person aged 16-25 in the area that needed help to develop the skills to sustain their own tenancies. This included access to supported accommodation. The throughcare team had recently seconded a senior practitioner to work on proposals to create more supported housing and to recruit more providers of supported lodgings for those leaving care.

In common with most local authorities we have inspected, staff in Children's Services commented that it was difficult to move beyond the core areas of work to providing a service to other children in need. Fifty-one per cent of staff disagreed that there was sufficient staff capacity in their team to undertake preventative work. Twenty-nine per cent agreed. These findings were comparable with other authorities we have inspected to date.

Children's Services had worked in partnership with other agencies to develop resources that could provide a preventative service. These included:

- a family support and childminding service – a resource that offered practical and emotional support to families in crisis because of drug/alcohol misuse, domestic abuse, physical/mental health issues or homelessness
- PLUS – a parent-led scheme providing services for children and young people (up to age 25) with disabilities. The scheme provided play events for younger children and youth activities as well as support to enable children, teenagers and young adults to attend school or college or mainstream leisure activities.

Children's Services had also played a leading role in initiating and providing seed funding for the Positive Changes project. This community planning partnership initiative provided a diversionary

service for children and young people who were beginning to become involved in offending or who were experiencing problems at home. There was a requirement for police to refer to it all young people who had committed two offences within six months or who had gone missing from home. Social work staff could access the project through the community resource group. An external evaluation of the project had shown that the project was having an impact on the number of charges and missing person reports the police were receiving. The evaluation noted that partners were keen that the project focus on early intervention rather than on crisis and complex care work. Social workers were making use of the project but some of those we met were doubtful about what it could offer children and young people whose situation had already escalated.

Services for adults

There were some good services in place for people with learning disabilities, examples of which we have highlighted earlier in this report.

There were aspects of service provision for people with learning disabilities that needed to be improved. This included housing provision. National statistics showed that Stirling had a lower percentage of people with learning disabilities in their own accommodation than many other local authorities. This was reflected in the lengthy delays there had been in moving people from unsuitable accommodation in Torbrev House into tenancies in the community.

Community Services and their partners had begun to consider ways to improve accommodation options. There was evident enthusiasm from Housing and Community Services to work together to develop specialist housing. The two services had already collaborated to undertake a full survey and housing needs assessment for specialist housing. More recently they had identified solutions for a few individuals. These arrangements had involved Community Services taking out leases on properties. In planning future developments it is important that the services focus on making sure that service users hold responsibility for their own tenancies and therefore enjoy the full benefits of a housing tenancy.

We found a mixed picture of services for older people. Care Commission reports showed that the services' residential units and day services were of good quality – a view reinforced by many of the older people we met. The service's residential units provided long term care, respite care and a rehabilitation service. Four beds were set aside for rehabilitation, jointly funded and staffed by Community Services and NHS Forth Valley

The quality of housing provision for older people in the community was poorer and there were not enough resources to support older people with dementia. The council had one site providing a form of sheltered housing with warden support and access to mobile emergency care services. There was agreement in principle to move towards developing supported housing for frailer older people.

There was contrast too in the range and quality of other services to support older people to remain in their own homes. There were services in place to support discharge from hospital and also those to deal with or prevent emergencies older people might experience in their homes such as falls or a sudden deterioration in health. These included:

- the rapid response service run jointly with NHS Forth Valley. This multi-disciplinary team supported hospital discharge and offered a crisis service to prevent admission to hospital
- the Mobile Emergency Care Service (MECS) that responded to alarm calls from service users
- the store for occupational therapy equipment run jointly with NHS Forth Valley and Falkirk Council supplemented by a local 'buffer store' of equipment to enable speedy delivery of standard pieces of equipment at the time of initial assessments.

Some aspects of day-to-day support needed to be improved. As we have noted, since the MAISOP report the services had not made much progress in increasing the number of home support hours they provided or in increasing significantly the number of people receiving intensive packages of home care.

We also found that the subcontracting arrangement that the services had made with independent care at home providers and its in-house service (discussed in more detail later in the report) were continuing to cause problems. Many older people were still experiencing too many changes of home carer and providers had often received too little information about the needs of the person getting the service.

There were some noteworthy services in place for younger adults. This included good housing provision and good respite provision commissioned from agencies such as the Margaret Blackwood Association. People with sensory impairment could use the resources at the Forth Valley sensory centre, a shared service based in Falkirk.

Younger adults with mental health problems had access to services commissioned by Community Services from Stirling and District Association for Mental Health (SDAMH). These services included housing support, befriending, benefit advice, post-natal support, an ageing and well-being project, and a drop-in day service. Community Services recognised that there were gaps in provision for those with mental health problems highlighting that they and their partners needed to do more to identify housing needs and to make better provision for older people with mental health problems.

The services commissioned their addictions services from local voluntary sector providers – an initial assessment service from ASC (addiction, support and counselling service) and a counselling service from Signpost. There were significant delays for the NHS substitute prescribing services. Although waiting times had been reduced the average wait was around

six months. Through discussion at the Forth Valley substance action team the services had secured agreement from NHS Forth Valley to afford priority for a service to parents of children under five years old. This agreement did not yet extend to parents of vulnerable children over this age.

Quality assurance and continuous improvement

Performance monitoring

Later in the report we discuss the effectiveness of elected member scrutiny of the services. Here we focus on how well managers and staff fulfilled their responsibilities to monitor and assure the quality of their performance.

The development of a meaningful framework for monitoring performance and for assuring the quality of services was clearly a work in progress. Until late 2008 the principal reporting mechanism had been monthly 'Stirlingstat' reports to senior managers and elected members on a set of indicators. Reports highlighted those areas where performance was deteriorating. Supplementing this were twice yearly 'key pressures' reports.

The authority had recently taken steps to improve these reporting arrangements by introducing both an annual improvement statement that set out the priorities for improvement throughout the year and quarterly service reports to committee. The new committee reports were intended to provide more detail on performance and reflect progress on meeting the actions set out in the council's strategic plan. Senior managers described the reports as a useful step but said that they were aware that much more needed to be done.

Managers in both services acknowledged that there were issues about the accuracy of the data on which the performance information was based. In conjunction with the council's business support service Children's Services had made sure that all data relating to child protection cases was accurate. This had been a resource-intensive exercise taking over a year to conclude. There were no immediate plans to carry out a similar exercise for other types of cases.

A framework for reporting on performance had already become fairly well-established in Community Services. Discussion of a monthly performance report was a standing item on the agenda of senior management team meetings. We saw little evidence that this resulted in plans to address area of practice where performance was deteriorating or not improving. Managers commented that they were at the stage of having useful discussions on the reasons behind patterns that emerged from these reports and that the next stage would be the development of action plans.

Performance information was not a standing item on the agenda of Children's Services senior management or extended senior management team meetings. Managers here acknowledged that they needed to widen the range of meaningful indicators about Children's Services that they measured.

Managers in both services identified issues that they had addressed as a result of performance information highlighting that there were problems in these areas. These included appointment of the liaison worker to improve timely submission of reports to SCRA and refocusing of money advice services to look at more complex aspects of debt. However, we found little to suggest that managers in either service examined and used performance information consistently or systematically to improve their services.

Managers in both services highlighted the important role the annual report of the chief social work officer (there had been eight of these) played in providing an overview of service quality. However, we found little evidence that these had led to action plans to improve performance.

We were encouraged to hear that Children's Services had piloted self-evaluation in one of its teams and had plans to roll this out to other teams. There was nevertheless still much to do to embed a culture of performance improvement within the organisation. We concluded that the services' own intelligence about their performance appeared to have provided less of an impetus for change than inspection findings and budget pressures.

Quality assurance

We found little evidence of quality assurance activity in either Community or Children's Services, other than in adult protection and in child protection cases where quarterly multi-agency audits had been established following HMIE's inspection. Although there was an established cycle of internal audits these focused primarily on financial matters. Managers said there were plans to carry out routine audits of assessment and case management to identify patterns of good practice and areas for improvement.

There was also little sign of audit activity on a case by case basis. Although there were procedures in place setting out how often staff at different levels should sample case files, we found evidence of first line manager scrutiny in less than one in five of the files we sampled. Although the majority of staff told us they received regular supervision there was evidence of discussion with first line managers about cases recorded in just a quarter of community care files read and just 14% of children's files (lower than the average of authorities inspected to date).

The home support service had reduced the number of spot checks it carried out to assure the quality of services provided. Managers said that because of staffing pressures they had had to focus checks on those situations where there were grounds for concern or there had been a complaint.

Recommendation

The services should make better use of performance monitoring information to identify areas for improvement. They should make sure that there are robust quality assurance arrangements in place to support this.

Best value and continuous improvement

The services did not have a best value review programme. They had undertaken the reviews (described earlier) of services for people with learning disabilities, for older people and of provision for looked after and accommodated children. Other aspects of the services had also been or were subject to review including a review of the future accommodation needs of children with disabilities, a review of the employability service and of the Forth Valley dementia project.

The services had a well-run complaints service and there was a sense of an organisational culture where complaints from service users were viewed positively. A complaints officer dealt with complaints on behalf of both services, responding in 2007-08 to 78% of these within the target timescale of 28 days. Fifty-nine per cent of complaints were upheld in part or in full. In the last reporting year one appeal was made to the social work complaints review panel, the first such appeal since 2003.

The complaints officer copied outcome letters to senior managers and directors and highlighted to senior managers any issues that required specific action. Examples of such issues included complaints in relation to direct payment procedures. This was a solid base that the services could build on in order to incorporate more systematically the learning from complaints into service planning.

National standards

Local authorities should be using national standards, introduced in 2005, to monitor and manage their delivery of mental health officer services. The services had just appointed a new manager of their mental health services. Development of systems to monitor standards would need to be a priority for action.

Management and support of staff

Overall, we considered that performance in this area was good, having important strengths with some areas for improvement.

The services had taken steps to address recruitment and retention issues. This had improved the staffing situation from previous crisis levels. They had also improved the skills mix in teams. The attendance policy had been effective in reducing absences although some staff had reservations about the way in which some managers had implemented it.

The joint professional development unit had developed a joint plan for the two services and was working hard to provide good training opportunities and to ensure that there was consistency in the training and development. The services needed to build on this and embed training in strategic planning.

Recruitment and retention

In response to national difficulties in recruiting social work staff, Community Services and Children's Services had established a recruitment and retention working group which reported in 2004. The trade unions told us that they had been involved in this and that it had been a very good piece of work that had resulted in a much more stable staffing situation.

The total number of whole time equivalent social work staff in Stirling decreased from 541 in 2006 to 473 in 2007. This represented 5.4 per 1,000 population in Stirling, compared with 8.6 nationally.

Within this the rate for Children's Services was 5.4 per 1,000 population under the age of 18 (the national figure was 7 per 1000).

For Community Services the figure was 3.9 per 1,000 population aged 18 and over compared with 6.9 per thousand nationally. We found the latter ratio particularly striking given the demography and projected population changes in Stirling where the population of those aged 75+ is due to increase by 29.9% by 2016 and by 77.1% by 2026. The equivalent national figures are 21.4% and 62.7%. As in other local authorities staffing levels, particularly in community care services, will be affected by the level of externally purchased services. However, we would suggest that Community Services carry out some further analysis of their staffing levels to ensure that these are sufficient to effectively deliver services and implement improvements.

With the assistance of the external consultancy firm the council had been carrying out an organisational review. During our fieldwork in January 2009 the council announced it would be deleting 170 posts across council services. These losses were to be focused on management and administrative posts. This would result in a reduction in the number of managers employed.

Stirling Council had an overall vacancy rate in 2007 of 8.1% compared with the national average of 8.5%. However, the vacancy rate for qualified social workers was higher at 10.5% compared with 7.4% nationally, and for home care staff and managers 12.9% compared with 3.6% nationally.

The services had taken a number of measures to address recruitment issues. These included:

- supporting six candidates through the national 'Fast Track' scheme
- a cross service 'Changing Lives' review group established with trade union representation
- implementing a revised senior practitioner scheme for social workers, mental health officers and occupational therapists – linked to performance and review and focused on retaining experienced staff in frontline services
- currently supporting three staff to achieve the social work degree through the Open University

- providing learning opportunities to students and support to practice teachers through the Forth Valley practice learning centre
- exit interviews for staff.

These were positive steps though it was too early to determine what their long term effect might be.

The majority (52%) of staff who responded to our survey thought that the council offered flexible working practices which made their job easier to manage (a level of agreement below the average to date).

In their self-evaluation the services noted that single status arrangements were due to be completed by the end of February 2009. Nearly all staff had signed up to the council's agreement and appeals were being considered. The council saw single status as an opportunity to introduce a range of enhanced conditions of service for staff including increased annual leave and flexible working arrangements to develop an improved life/work balance.

The services also reported that they had robust arrangements in place to ensure the safe recruitment of staff. These included ensuring that managers attended recruitment and selection training, the use of competency based interviews, and take-up of appropriate references and completion of disclosure checks prior to appointment. The services also confirmed that they checked the list of those people identified as unsuitable to work with vulnerable people.

The council's guidelines on the recruitment and selection of staff were in draft form and marked for consultation. They appeared comprehensive in scope and compliant with safe recruitment practices. The corporate human resources policy/projects work plan indicated that the guidelines were due to be approved at the end of 2008 with training to follow. Evidence indicated that this had not happened. The November 2008 minute of the employee well-being group noted that there had been limited progress with human resources policies because of the work on single status and job evaluation.

In their self-evaluation the services stated that they intended the recent centralisation of human resource functions to bring about greater consistency.

Staff deployment and teamwork

Job descriptions were in place across both services, focusing on the key objectives of the posts as well as the main duties and responsibilities. The job description of social workers had been revised and replaced by one that covered both Community and Children's Services. Job descriptions for senior practitioners had been updated to reflect the new responsibilities of the post. The majority of job descriptions within care management services had been reviewed.

Appropriate staff mix in teams and units

The services had taken steps to try to make sure that they had the right mix of staff in the right places.

Following a service review in 2007, Community Services reconfigured their care management services from geographical based teams to specific service teams providing:

- short-term work – including occupational therapy and hospital services
- long-term/care management work
- specialist services working with mental health and learning disability care groups.

The new structure sought to achieve maximum flexibility and movement of staff across the respective areas of service. It was too soon to say whether this change had proved effective.

Managers in Community Services said that they had also recognised a need to redress the balance between occupational therapy and social work staff in general. They had therefore advertised only for social workers when recently recruiting staff. They had also diverted social care officer posts into mental health posts.

Managers in Children's Services had decided not to move staff to cope with workload pressures but to spread work more widely when they needed to. An exception had been the secondment of a senior practitioner to the initial assessment team to help manage the increased demand in referrals. As noted earlier in the report the services had used the qualification and skills of two qualified social workers working in the council's residential unit by giving them case management responsibility for some of the young people living in the unit. This approach had been positively evaluated by the Scottish Institute for Residential Child Care.

Attendance management

The council had taken the issue of employee health and well-being seriously and had established a very active employee well-being group. This group had been responsible for carrying out the 'work positive' survey. The council had also established a healthy working lives group. Both services were represented on these groups.

The council had introduced an attendance management policy in 2007. Although it was too early to identify long term trends this had achieved improvements in the short term. There was a reported reduction in sickness absence in Children's Services from 10.52% to 4.77% for the nine-month period from April-December 2008. The figures for Community Services for the same period were from 11.75% to 8.02%. Home support managers told us that levels of sickness in their service were 7.5%. The target for the whole council was 4%.

Measures to support the policy included the introduction of fast-track access for home care staff to physiotherapy services from October 2008.

Although many staff we spoke to were positive about the implementation of the policy others were less so. Some said they thought that return to work interviews were not consistently carried out and that some staff saw them only as a form-filling exercise. In January 2009 the employee well-being group outlined proposals to review the policy to consider the following areas:

- operational policy
- content of policy
- early intervention
- monitoring information
- training
- promoting an attendance culture.

Development of staff

Almost all of the respondents to our survey (94%) were aware of their responsibilities as set out in the Scottish Social Services Council's code of practice. The majority (67%) thought that Stirling Council was fulfilling its responsibilities under the code of practice for employers of social service workers (responses comparable with other local authorities).

Community and Children's Services had given a high priority to staff training and development. They had agreed a joint development plan for 2008-09 to highlight cross-service themes in learning and development. The plan was clear about core, professional and management training. The plan made clear links to national social work priorities such as 'Changing Lives' and the 'National Workforce Strategy', highlighting the implications of these for social work services. There was an appropriate focus on post-registration training and learning, for example child and adult protection training, vocational qualifications to meet Scottish Social Service Council and Care Commission requirements, and leadership training.

We thought that the joint professional development unit (PDU) was effective in aggregating themes from personal development plans and setting up appropriate courses to meet identified needs (though they did not always receive plans from all teams or units). The improvement had been particularly marked over the past 12 to 18 months. The two current professional development managers, who reported separately to their respective line managers in Children's services and Community Services, were working hard together to build an identity for the unit. They had clearly put a good deal of energy into ensuring that there was more consistency in the training and development of the social work and social care workforce.

There were some very good examples of training on offer to all staff groups, including administration staff who had access to a good range of training.

Good practice example

We considered that the three week community care induction programme was excellent. The programme was based on six common induction standards:

- understanding the principles of care
- understanding the organisation and the role of the worker
- maintaining safety at work
- communicating effectively
- recognising and responding to abuse and neglect
- developing as a worker.

There were two workbooks attached to the induction programme that participants were expected to complete, one of which was designed to link to Scottish Vocational Qualification core units.

The professional development unit also offered joint training opportunities to voluntary sector partners, for example four staff were about to attend a course on upgrading risk assessments and Crossroads staff were just about to undertake manual handling training. Some voluntary sector groups had not heard of the unit.

We thought that the services now needed to consider how they could consolidate the positive work of the professional development managers and ensure that training was firmly embedded in the organisation. The services needed to be more explicit about the responsibility of staff and managers in relation to their personal development. Senior managers needed to emphasise the importance of this by ensuring that there were stronger links between organisational development and staff training and development (for example by routinely involving their training managers in strategic planning meetings).

Recommendation

The services need to do more to embed learning and development and workforce management within their organisations.

Resources and capacity planning

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

Financial plans were not well-linked to service plans. There were significant overspends in both Children's and Community Services and the services needed to consider long-term financial measures. Substantial savings were to be implemented in Community Services from April 2009. We were not convinced that these were realistic in the prescribed timescales,

Asset management planning and risk management systems were under development.

The council had invested significantly in its social work information systems and the development and implementation of these was well-managed. There was scope to improve standard reporting of management information.

Partnership structures were in place and there had been improvements in joint financial reporting. Strategic commissioning of older people's and learning disability services was improving and there were plans to improve commissioning of children's services. There was work to be done on commissioning for other adult groups. Contracting arrangements were effective, but work was needed to develop and consult on emerging procurement policies.

(As data in this section relates only to the social work elements of Children's Services' and Community Services' budgets, we refer to these elements as 'Children and Families' and 'Community Care' services where appropriate.)

Financial management

Financial plans

The budgeted spend was, on average, 13.5% higher than grant allocated expenditure (GAE) for the three-year period up to 2008-09.

The Children's Services social work budget (£6,407,000) was consistently over the GAE indicative level (£4,451,000) although the variance between the two had decreased since 2007-08. Over the last three years, the council's budgeted spend per looked after child had been one of the highest in Scotland although this had fallen significantly between 2007-08 (£54,714) and 2008-09 (£44,038). The council was ranked 18th in terms of estimated spend. The services told us that the figures were lower due to a revised allocation of the budget for out-of-authority placements.

The budget for services for older people was lower than GAE for the three-year period although the variance between the two was not significant. In 2006-07 and 2007-08, the social work budgeted spend per adult aged 65 or over was lower than the Scottish average and had fallen further below the average in 2008-09.

The council had recently published a new strategic plan for 2008-12. In developing this, managers had tried to maintain a clear link between the budget process and the corporate planning process. Detailed financial information had been presented to the management team and elected members to inform prioritisation of the plan's objectives and, in turn, the budget strategy. However, this effort was largely overtaken by the outcome of the workstreams (described earlier in the report) designed to meet the identified budget gap for 2009-10 and beyond.

The services acknowledged that links between the strategic plan, service plans and financial plans could be improved. Although managers were confident that the budget setting process was robust and that the budget would support and fund the objectives outlined in the service plans, we were not as convinced. On the basis of the information presented to us regarding the budget setting process for 2009-10, we concluded that the links between the service plan objectives and the financial plans were less than satisfactory.

Financial planning is key to the continued provision of effective front line services. Audit Scotland, in its report to elected members in October 2008, said that although the council was committed to policy-led budgeting, there was still room for improvements in linking planning and budgeting/resource allocation. The report stated that, as part of the budget setting process for 2009-10, members and officers should consider the prioritisation of council activities set out in the strategic plan which would allow clearer prioritisation of resource allocation to service plans. At the time of the inspection the council had still to develop a comprehensive long-term financial strategy. Continuing work was required to implement strategic, long-term and joined-up approaches to the management of the council's resources.

We considered that the services needed to undertake further work in order that service plans could move towards full integration and alignment with financial plans.

Recommendation

Service plans should more clearly link to financial plans. They should demonstrate that service priorities and objectives are fully supported by available resources.

Budgetary Control

We were concerned that budgetary control was not sufficiently well-managed at service manager and budget holder level. We considered that involvement from the budget holders in the budget setting process would ensure budgets were properly set and would be achievable and well-managed thereafter.

The actual outturn for 2006-07 highlighted an underspend of £241,000 in community care and an overspend of £127,00 in Children and Families. The equivalent overspends for 2007-08 were £485,000 and £54,000 respectively.

During 2007-08 the council instructed Children's Services to minimise any overspend. In June 2008, a report to the Audit and Governance Committee proposed that the overspend on the children's residential and respite care be funded from balances. This would equate to a sum of £800,000 being added to the service budget from balances. Members noted concerns that this arrangement should not be repeated in future years but agreed that the £800,000 should be consolidated into the budget for the future. They noted that they expected the service to manage within its budget with this assistance. However, as of February 2009 the projected overspend for 2008/09 was £600,000 (although we understood that the outturn overspend was £200,000).

Elsewhere in this report we describe the steps the services had taken to review the costs of the residential and respite care they were providing or purchasing. This work was expected to inform the planning and budgeting arrangements for the term of the current strategic plan.

In November 2008, community care was projecting an overspend of £1.095 million for 2008-09. The services said that this was due mainly to overspends in care management purchasing spend which in turn were due to projected overspends in long term care and in community based services. There continued to be significant budgetary pressures arising from the cost of complex care packages for people with learning disabilities. In 2007-08 this service projected full year costs of £1.1 million as a budget pressure and additional funding of £700,000 was included in the 2008-09 budget. Despite this additional funding there was, at the time of the inspection, a projected overspend of £1.2 million and a pressure of that order had been added to the 2009-10 budget.

Community Services were working towards implementing a range of budget savings but, at the time of the inspection, the services were anticipating some slippage in implementing them fully during the financial year. The impact of the increase in continuing costs of learning disability services was that there was a risk that budget allocations to other areas such as services for older people would be affected. Elsewhere in the report we describe the steps the authority had planned to take to find short, medium and long-term solutions to the pressures in these service areas.

This work had been overtaken by the proposals for savings options that emerged from the social care and organisational review workstreams that had been looking to identify savings proposals for the 2009-10 budget. These amounted to social care savings across the services of £1.93 million in 2009-10, with a full year effect of £3.03 million. Members approved these budget savings as part of a wider package of savings measures, to be achieved by March 2011. We had doubts as to their achievability within the timescales outlined.

In December 2008 members approved a sum of £200,000 to be made available from balances to enable the services to work with NHS Forth Valley in order to deal with the backlog of delayed discharges (totalling 18 in December 2008). This was for one year only and the intention was for the service to shift the balance of care during 2009-10 to address the budget pressure. It was unclear how they intended to do this within this timeframe.

At its February 2009 meeting the council had set aside £1.305 million to fund a range of its priorities (for example maintenance of cemeteries and street cleaning). The council was to release these funds following its meeting in June 2009 once it had received progress reports confirming services had achieved, or were likely to achieve, agreed savings. Social work managers told us that they were confident that the £1.305 million would provide a '*sufficient cushion*' for social work services if they could not realise all their proposed savings. We were not convinced that, at such an early point in the financial year, the services would be able to demonstrate with confidence that they had made, or were on track to make, their savings.

The total of £1.305 million included a balance of £678,000 from £848,000 allocated by the Government to the council to fund free personal care. The council had so far allocated £170,000 of this funding to Community Services to allow them to stop charging for meal preparation. Social work managers told us that the balance had been reserved for the service, linked to the achievement of the savings programme.

Some senior officers considered that there was insufficient management focus on service budgets. They hoped that the work of the scrutiny panels and workstream activity would increase a focus on the costs of services. Finance officers were satisfied that officers had projected the main cost pressures affecting social work services at least to 2010-11 with realistic assumptions relating to factors such as demographics properly factored in. However, managers did not give us the details of these projections commenting that the data would be overtaken by the ongoing deliberations of the workstreams.

Budget monitoring was a regular item on the agenda of the corporate management team. Budget discussions appeared as standing agenda items at meetings of the Children's Services senior management team but less often at meetings of the Community Services management team.

Capital expenditure/Planning

Community Services approved capital programme for 2008-09 totalled £11.767 million and early indications were that projected spend would be on target. There were no major capital projects for Children and Families. Both services presented capital budget updates to the Executive on a quarterly basis. A recent report to the executive committee noted that Community Services were working closely with corporate asset management on the scheduling of projects to ensure they reached completion as planned.

Social work staff considered that the capital funding available allowed them to meet their service objectives. They also said that there were few property maintenance issues across the service. However, some staff interviewed expressed concerns about the availability of office accommodation.

Income

In July 2006 the services had introduced a comprehensive charging policy. There had been minor changes to the policy since that time. Charges were reviewed and updated on an annual basis and were in line with CoSLA charging guidance.

The services were to stop charging for meal preparation as from the start of 2009-10.

Elected members role

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

General fund revenue and capital budget updates for both Community Services and Children's Services were presented quarterly to the Executive by the portfolio holders. They were also subject to scrutiny by the service delivery and performance committee and the governance and audit committee. These reports provided an overview of the projected outturn for the year and a summary paper collating the figures from each service was presented to the council on a quarterly basis. We found the reports presented by both service areas to be clear and comprehensive. In relation to the budget pressure reports some members questioned the quality of the explanations about financial implications. The services needed to provide more evidence to support the conclusions reached.

After the May 2007 election, some financial training had been provided to elected members. Audit Scotland reported that scrutiny and challenge by elected members was improving.

Financial skills within social work services

Social work services operated with one budget service manager based in each of the services, both of whom were devolved to the services from corporate finance. These managers had their own finance teams which provided on-site support to social work staff. We concluded that, overall, financial management was more effective in Community Services than in Children's Services.

Budgets in general were held at team manager/service manager levels. Budget monitoring reports were provided to budget holders on a four-weekly basis, on average two weeks after the end of the month. Officers said that there was no formal 'reporting back' mechanism to finance officers in place. Monitoring reports contained year to date figures, projected outturn, annual budget and projected variances. Community care officers received more comprehensive information than those in Children and Families.

We were concerned that two weeks into the following month did not allow budget holders time to action issues before the following month's report deadline. Staff said that there were regular budget meetings between managers and finance officers and that these enabled any problems to be discussed and resolved timeously. The regularity and frequency of these meetings was dependent on the size of the budget concerned. There were notes of action points from community care meetings but none from those in Children's Services.

Budget holders also received commitment information and there were regular meetings of various resource allocation groups across the service.

Although staff said that the systems in place should ensure that variances would not occur month on month without corrective action we saw little evidence that this had proved effective.

Social work services budget holders were not particularly involved in the budget setting process although they were included in discussions relating to budget pressures and savings to be found in advance of the financial year. They were encouraged to review their budgets on a continual basis throughout the year in order to find savings.

There was no manual or guidance available to budget holders in relation to budgetary control. Budget holders were advised to refer to the financial regulations and procurement guidelines available on the council's intranet. Training sessions were available to budget holders in community care. Some had not attended recent training and this was to be followed up. The budget service manager in Children's Services said that he focussed more on '*one-to-one*' meetings with budget holders. Budget holders said that training was carried out on an '*ad-hoc*' basis during regular budget discussions.

Overall, finance officers considered the financial skills applicable to social work services staff to be good, and the budget holders we met were generally satisfied with the support received from the finance officers.

Resource management

Asset management plan

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

The council's Executive approved an asset strategy for land and buildings in September 2008. The council intended having draft service asset management plans and an overarching asset management plan agreed by June 2009.

A strategic asset management group was in place. Community Services drew support for facilities management from Corporate Asset Management. The Community Services/Corporate Asset Management Monitoring group involved liaison meetings between Community Services and Corporate Asset Management. The purpose of these meetings was to monitor progress of work commissioned for the upkeep and repair of facilities, including residential establishments. This group was concerned mainly with issues such as repairs needing to be carried out to various properties rather than with strategic issues.

Within Children's Services there was only one social work property (a residential home). There was no requirement therefore to have separate asset management processes in place. The manager of the residential home had regular meetings with the property maintenance inspector from Corporate Asset Management.

The services needed to do more to make sure that corporate strategies and objectives were properly supported by asset management plans in the longer term. The council needed to implement a corporate asset management plan and embed asset management across the organisation.

Risk management

We were satisfied that the council and social work services had continued to develop their approach to corporate risk management and to embed risk review procedures.

The council's corporate risk framework was under review (due for completion during 2009-10.) Elected members and the corporate management team considered the corporate risk register on a quarterly basis.

Risk registers for both services were comprehensive documents. There was evidence that the Community Services' senior management team reviewed the register though not always at regular intervals. In January 2009 the Children's Services' senior management team agreed to review the register on a quarterly review basis.

Health and safety

The council's health and safety policy and procedures were available to staff via the intranet.

Community Services had a health and safety plan dated 2007-08 and had a rolling review process in place. There were health and safety arrangements in Children's Services though these focused primarily on requirements relating to the educational establishments for which they were responsible. Both services had health and safety committees that provided quarterly updates to the corporate health and safety panel.

The services provided health and safety training and included health and safety issues as part of the staff induction process. A joint health and safety training programme was planned for 2009-10.

There was a lone working policy in place and staff had access to mobile phones. The electronic SWIFT system allowed managers and staff to be aware of any concerns which might affect staff safety through the use of warning flags. The majority of staff (60%) who responded to our survey agreed that they felt well supported in situations where they might face personal risk.

Management information systems

Range of information systems

The SWIFT Social Care system was implemented in 2003 as the core management information system for social work services. It was supported by a dedicated business support team which was responsible for development, maintenance and training. The team was based in Community Services and the project was managed by a group comprising senior officers from Community, Children's and Corporate Services. A project management approach to the development of the system was adopted and the project was well-managed, with clear priorities and reporting systems. However, we noted that a number of key developments were contingent on business support team resources, which appeared to be stretched in relation to priorities and timescales.

All new staff undertook a one-day SWIFT training course and received an extensive manual. Front line staff told us that support from colleagues was invaluable in assisting them to become familiar with the system, and some considered that refresher training was needed.

Generally, the system did not appear to be well-embedded within Children's Services. In Community Services it was well implemented, although we noted that there was scope to improve its use in the home support service.

Stirling was very active in the Scottish SWIFT User Group, which it currently chaired, and contributed to SWIFT special interest groups for e-care, Children's Services and finance. A group for management information was being planned.

Community Services

SWIFT was used by staff to record assessments and reviews. Single shared assessments undertaken by NHS Forth Valley staff were recorded on SWIFT by the council's administrative staff. These staff also recorded carer assessments undertaken by the Stirling Carers Centre. Information about care home placements was also logged on SWIFT.

The council had recently invested heavily to replace the underlying SWIFT infrastructure to support the move from SWIFT v19 to the new SWIFT v23 technologies,. This would support electronic data sharing once Stirling's partner agencies had the necessary technology. Staff and managers in the business support team were confident that the new infrastructure was fit for purpose and provided a sound basis for future system development.

At the time of the inspection, the immediate priorities for the business support team were the migration to SWIFT v23, which was imminent, and the introduction of the Webroster home support scheduling system. In advance of Webroster, the home support services used a number of different databases and spreadsheets. Community Services acknowledged that there were a number of data quality and efficiency issues in its current diverse information systems for home support and they were working to prevent further proliferation of stand-alone systems. Other agreed priorities were systems for social care commissioning and the integration of e-care systems via a single multi-agency data store. Stirling was working closely with the Transformational Technologies Division of the Scottish Government and Anite and was scheduled to test the first release of the national e-care framework early in 2009.

Development work to improve the care planning and review functions within SWIFT was being led by a service-wide working group. Care plan and review formats were being redesigned and the revised formats were being mapped into SWIFT. Improvements were being made in the recording of community based support packages. A project to upload costed care and support packages on to SWIFT was nearing completion, and would replace information currently dispersed within a number of spreadsheet and other recording systems.

Work on information systems was being undertaken with Falkirk Council as the lead agency for the joint loan equipment store. Web-based access to the catalogue for frontline staff and on-line requisitioning of equipment were about to be piloted. Other priorities identified by Stirling were to improve management and financial information, to introduce on-line access to information for the public, and to develop the electronic exchange of data within SWIFT.

Children's Services

Within Children's Services, the SWIFT model for looked after children model was rolled out to all staff in 2008 and the implementation of the leaving care model with the throughcare/aftercare team had been identified as the next priority. It was also envisaged that mobile working technologies could be piloted within this team. No date had been set for the roll-out of electronic assessments and care planning to all Children's Services staff.

The SWIFT system had the functionality to support child protection messaging between agencies but NHS Forth Valley and Central Scotland Police did not yet have the technology to support this. A child protection project to allow data sharing within the Forth Valley data sharing partnership had moved to pilot stage and the web application had been successfully delivered and accessed by the police. Plans to roll the pilot out further to NHS Forth Valley accident and emergency staff were in place.

Use of management information

We did not find the use of management information to be well-developed in either Community or Children's Services. As we noted earlier, this area was a work in progress.

The council had recognised that easily accessible management and performance information had been an issue and, in April 2008, the service invested in a web-based version of Business Objects software. This had greatly increased its capacity to improve the quality and breadth of management information, and to make it more accessible. An initial suite of management information reports had been developed in consultation with front line managers in both services. Their involvement had been designed to gain their understanding, suggestions and ownership and this had been successful.

There was more to do to provide managers with comprehensive management information reports and this was on the work programme of the business support team. Progress on this would necessarily be limited by other work pressures on the team.

We were impressed to find that routine, automated data extracts were used to populate the council's geographic information system (GIS) for emergency planning purposes, to assist with the rapid identification of vulnerable adults and children.

Partnership arrangements

Strategic approach to partnerships

The community planning partnership provided the overarching framework for strategic partnership working in Stirling. The partnership was co-ordinated by an executive delivery group which directed the work of the six critical partnerships.

The services were also working more widely with partners in Forth Valley on shared issues. This included the Forth Valley Youth Justice Steering Group, Forth Valley Child Protection Support Group, Forth Valley Substance Action Team and the Youth Housing Liaison Group.

There was an appropriate range of partnership structures in place for community care. Multi-agency partnership working was overseen by the adult strategic planning group, under which operated a number of care group structures. As we highlighted earlier we found that partnership working was stronger in relation to some care groups than to others.

The services and their partners had made good progress in working with partners in NHS Forth Valley and their two neighbouring councils to produce a joint commissioning framework for older people (approved at the council's Executive committee during the inspection fieldwork). This contained a joint commitment to further develop joint financial planning and had an agreed joint financial planning framework. The framework anticipated that joint financial planning processes would be in place by 2011-2012. In the meantime, for all areas of joint working, budgets were operated, in principal, on an aligned basis. Where these budgets were in place, the council's contribution was identified and located within separate cost centres.

The MAISOP report had recommended that the council and NHS Forth Valley improve the level and accuracy of joint reporting of finance. We found that good progress had been made by the partners on this recommendation. The presentation and content of joint financial reports for the initial reporting period to September 2008 had significantly improved. These joint financial reports were to be presented quarterly to elected members, NHS Forth Valley board members and officers of both council and health services. A similar improvement was evident in joint reports to the local community health partnership (CHP).

Improvement was needed in joint financial planning at Forth Valley and local CHP level. Budgets for joint services were prepared on an individual and incremental basis year on year.

We referred earlier in the report to the decisions the council took in setting its budget in February 2009. Given the potential impact of these we would have anticipated consultation with NHS Forth Valley, for example to assess the risk of delayed discharges and increased unplanned hospital admissions. We were very concerned that this had not taken place and considered that urgent steps should be taken to do so.

Whilst partnership working at CHP level had become more effective as a result of recent efforts, there was still much to be achieved. It was envisaged that the CHP would become a major focus for local partnership working, with the potential for further development with the build of the new community hospital. We have earlier identified the need for Community Services to grasp the opportunities presented by this new initiative. There included strengthening partnership working on Children's Services. We found less evidence that NHS Forth Valley input into partnership working for children's services was as well-established as it was for some adult care groups.

In Children's Services a sub-group of the community planning partnership – the children and young people's critical partnership – had been responsible for joint planning including development of the integrated children's services plan. Community planning partners had very recently decided to restructure their critical partnerships. In future there were to be no care-group specific partnerships and planning was to take place within the themed partnerships groups such as those for community safety. Community planning partners took this decision late in our inspection process and would be considering alternative approaches to developing and taking forward integrated children's services' planning in the future.

Protocols for sharing information and assessments

A Forth Valley-wide protocol for data sharing information between NHS Forth Valley, the three local councils and Central Scotland Police was signed off in February 2008. The document was comprehensive and well-presented, covering all the relevant areas. The protocol was effective in providing a framework for the development of electronic data sharing. However, we heard that in the joint learning disabilities team there were issues around duplication of assessments and lack of data sharing and we considered that management action needed to be taken to resolve these.

Commissioning arrangements

Strategic commissioning

Both services acknowledged the need to develop strategic commissioning of services, recognising that in the past services had been commissioned incrementally rather than within a strategic framework.

Adult services

In Community Services, there was evidence of action to improve strategic commissioning of services for older people and services for people with learning disabilities.

The newly-developed Forth Valley wide joint commissioning framework for older people set out a clear vision for the future of older people's services. Work on developing a capacity plan for older people's services in Stirling was ongoing, and the services were working on a draft commissioning strategy for home support services. This envisaged a shift of focus for the council's in-house services towards short term re-enablement with a more strategic approach to commissioning home support from external providers. However, the draft home care review and other reports identified major issues with the operation of the in-house service, including heavy reliance on agency staff, problems in recruiting in rural areas, and high costs. We considered that it would be important for Community Services to carefully evaluate the different options under consideration, to ensure that the emerging strategies were realistic and sustainable in all parts of the authority, including rural areas.

A substantial amount of work had been done to develop a commissioning strategy and capacity plan for learning disabilities. The member officer group on learning disability had reported to the council's Executive in November 2008 and had made recommendations in a number of areas, including day services, respite and carer support, housing, complex care packages and transition planning. The Executive had agreed that a comprehensive development plan should be developed to take forward the recommendations of the report.

We heard concerns from staff and middle managers that proposed savings would undermine the progress the services had been making in developing a more strategic approach to service commissioning for older people and people with learning disabilities.

Strategic thinking for other adult groups, including people with dementia, people with mental health needs, including older people with functional mental illness, and people with physical disabilities or sensory impairment was underdeveloped. This limited the services' capacity to effectively commission services.

We commented earlier in the report about the need for both services to continue to engage in a structured way with existing and potential provider organisations. Providers needed to have good understanding of the strategic vision and objectives for the different care groups and developing themes in service delivery, including the development of personalised approaches.

Children's Services

The officer member panel set up in 2007 to examine the costs of children's residential care had recognised that strategic thinking about children's services was not well-developed. The panel had identified that there was a lack of forward planning and that the service was too reactive in its response to the numbers of children in crisis care. There was recognition of the need to adopt a more strategic approach. The service had resourced a part time commissioning and contracting manager to lead the development of a commissioning and contracting strategy and, in July 2008, had commissioned the external consultancy firm to assist with this. The social care commissioning workstream being undertaken as part of the 2009-10 budget setting exercise included further work on children's services.

There were major gaps in strategic commissioning for children with disabilities and support housing. One positive initiative was that the service had appointed a worker to develop housing options, including supported lodgings, for young people leaving care. There were not sufficient supported accommodation places for young people leaving care in crisis, or returning from out of area placements and much more needed to be done to plan and commission housing and support services to meet their needs.

The balance of directly provided and purchased services

A significant proportion of social care services for adults and children was purchased externally. The council reported that it spent £4.13 million purchasing services for children and purchased around 69% of its services for adults. However, particularly in community care, there did not appear to be an up-to-date review of what was directly provided and what was purchased externally, and we did not find evidence of systematic appraisal of options to inform decisions about the balance of external/internal provision. In addition to the contract compliance processes the council did not appear to have any other means to ensure that it was delivering best value.

We were not provided with details of proposed budget reductions in commissioned services or voluntary organisations funding. From the summary information provided to us we concluded that the combined impact of budget reductions on both in-house and commissioned services was likely to be severe. We return to this later in the report.

Service wide commissioning

The main areas of commissioned services in adult services were care home placements, supported accommodation, respite and day care and a range of community based services. The service also purchased a significant amount of external home care. Within Children's Services the main areas were residential school placements, external foster care and some local community based services.

Contracting processes

The contracts team in Community Services was located within the services performance and resources section. Sound business processes were in place for contracting. The services maintained an approved providers list and had well established arrangements for contracting, monitoring and reviewing services. With the exception of private home care, providers were generally very positive about the support and information they received from the contracts team. A contract monitoring framework was being phased in and a contract complaints procedure put in place. The contracts team engaged positively with the care management team within the community care section. There was scope to strengthen links between care management and contract monitoring, for example by ensuring that the most vulnerable service users had their care plans regularly reviewed, and the outcomes of reviews considered as part of the contract monitoring process.

We noted earlier the long-standing arrangement in older people's services whereby the internal home support service 'subcontracted' services to older people's care at home providers through a call off contract. The in-house service received the assessment from the care management service and converted this into a time sheet for the delivery of home care. The time sheet was then passed on to an external provider, usually without any other information. We have noted some of the disadvantages of this arrangement. Others included:

- lack of transparency regarding the capacity of the in-house service and potential conflicts of interest
- peaks and troughs in demand for external services including factors such as high levels of sickness absence in the in-house service. This made it very difficult for external providers to plan or deliver services effectively
- serious gaps in provider capacity in rural areas which were not being effectively addressed.

The services had recognised that they needed to take action soon to improve these contracting arrangements and were developing a business matching unit for external purchasing.

Children's Services recognised that their contracting arrangements had not been good enough and were taking some steps to remedy and improve upon this. Providers spoke positively of the work being done by the recently appointed commissioning and contracting officer.

Across both services there was general agreement internally that social care procurement for both adults and children would move in the direction of competitive tendering. There were not yet agreed policies to this effect. We considered that written policies on future approaches to contracting needed to be developed, taking account of the likely impact in terms of cost and quality of services, and highlighting the importance of better outcomes for children and adults.

There had not been consultation with service users and carers or providers on this issue and only some providers had been informed of the council's intentions. Other providers told us they had been assured that a competitive tendering route would not be the way forward.

Those providers who had been advised about an intention to move to competitive tendering said they were very apprehensive about the potential impact on service users and their own capacity to deliver good quality services. Some voluntary providers expressed great concern that an excessive emphasis on competition could undermine some of the strengths of their existing partnerships with the council. It was their view that the current arrangements had resulted in services which delivered some very good outcomes for service users.

Recommendation

The services, together with partner agencies, should continue their efforts to develop a more strategic approach to commissioning in adults and children's services and should review and consult on their social care procurement arrangements.

CHAPTER 7

Leadership and direction

We evaluated leadership and direction in Stirling as weak.

The services had been slow to modernise but had begun to take steps to do so. There were major changes planned which had the potential to undermine this process, particularly in Community Services.

Both services needed to be more pro-active in their approach to change and make better use of their performance management information to identify areas for improvement. The role of the chief social work officer needed to be much more rigorous in scrutinising social work performance and driving up professional social work standards. Elected members needed to be able to exercise closer scrutiny of social work matters.

There were issues about staff morale and staff did not always feel valued for the work they did. They felt that the rationale for changes had not been fully explained to all staff. There had been a sudden announcement of changes to senior management arrangements. This had resulted in unresolved tensions and ambiguities. We were not convinced that Community Services had enough management capacity to make the necessary improvements to their services.

Vision value and aims

Promotion of vision and values

Both services had set out clear vision statements. For Community Services the aim was that of achieving a 'whole life' approach through delivering services that would '*... meet the needs of citizens and enable communities to enhance their quality of life.*' For Children's Services the goal was that of ensuring that '*...all children and young people will be safe, enjoy good health, with access to a wide range of positive experiences and opportunities to enable them to achieve their potential.*'

The council had adopted a strong, early commitment to integrating council services in order to achieve these goals. The chief executive (due to retire in May 2009) was confident that this approach had achieved some notable successes although we found that these were not consistently or markedly better than other local authorities with different organisational structures.

Partner agencies and staff had largely adapted to the structures in terms of planning and delivery of services. Some staff and managers considered that social work had lost its professional identity within the council although there was no consensus about why this might be the case. Some considered that this had been caused by the separation of social work functions across two different services. Others considered the lack of dedicated social work support functions as more relevant. Others commented on lack of leadership on social work issues.

Key elected members had only taken up their roles relatively recently following a change in administration. They stressed the steep curve they were on to learn about all the services for which they were responsible and saw their priorities for social work services as those set out in single outcome agreement. This document set out some general aims for social work services but was not specific. Elected members were clear that they wanted to *'make a difference'* but we concluded that many were still at an early stage of developing their own ideas about exactly how they could do so.

There were some promising signs that the vision for social work services was becoming clearer as a result of work going on over the previous year (following the MAISOP report) to set out a vision for older people's services and for learning disability services. Staff in Community Services were encouraged and said that this had afforded them a clearer sense of direction. However, many of those we met on fieldwork said that recently announced changes to the services had left them confused about the future direction of travel.

We earlier highlighted that Children's Services also needed to be more explicit about how they intended to achieve their overall vision.

Some staff, managers and key stakeholders we met or who responded to our questionnaire spoke of tensions and disagreements among senior managers responsible for social work services about the way forward for these services. Some said they had noted a degree of *'resistance'* to change from some in key posts.

Leadership of people

Positive leadership culture

Earlier in the report we reported that the findings of our own and of the council's surveys had shown that staff morale was generally low. We noted our concerns that some staff said that they were experiencing bullying behaviour. The services had begun to work jointly with the trade unions to address this. Among the wider group of staff, workload pressures were a common theme. Staff at the frontline in Community Services also highlighted their concerns about having to refuse people services.

Issues of staff morale were added to by developments that occurred during our inspection visit. These included major announcements about the reductions in social work services budgets for the coming financial year. Staff and managers in Community Services were anxious and uncertain about the implications of the intended savings on frontline services and the impact this could have on vulnerable groups. Most staff we spoke to said that they had not expected these announcements. Many, particularly in Community Services, were apprehensive about the future and some thought that things would get much worse.

In their self-evaluation the services reported that senior managers in both services worked hard at being more visible to staff in order to improve lines of communication. From our discussions with staff we found that managers had achieved differing levels of success in doing so. Some were more visible than others and some had been more systematic in their efforts to raise their profile with frontline staff. Frontline fieldwork staff in Community Services valued and appreciated the efforts their director had made to engage with them and were particularly keen to highlight the visibility and leadership demonstrated by one of their service managers. Children's Services, residential care staff said that they valued the visits they had received from the director and head of service. Some fieldwork staff also welcomed the level of support they had received from senior managers when dealing with a serious incident.

Despite these efforts we have noted earlier that under half of those staff who responded to our survey did not think that senior managers communicated with them well. Managers must review what more or what else they can do to improve this negative perception.

Elected members should also consider the extent to which staff's negative perception of them was justified. As noted earlier a significant number of staff who responded to our survey as well as many of those we met told us that they did not feel valued by councillors.

Leadership of change and improvement

Political leadership and capacity

The council elections in May 2007 had introduced 13 new elected members, out of a total of 22. Following a change in administration in March 2008, a new leader of the council and new portfolio holders for Children's Services and for Community Services were appointed. There was a further change in September 2008 when responsibility for the Community Services portfolio transferred to another elected member.

In the period preceding the May 2007 election the council had introduced an executive model of political administration. This comprised an Executive of six elected members from the ruling political group, overseen by two scrutiny committees (governance and audit and service delivery and performance). These two committees held responsibility for monitoring the performance of the Executive, as well as considering Executive decisions called for under standing orders. Portfolio holders had responsibility for presenting reports for their respective areas of responsibility to Executive meetings.

Some elected members and senior managers we met did not consider that these arrangements afforded elected members enough opportunities to scrutinise complex social work matters. We shared their reservations. In the course of an annual Executive cycle, only a small proportion of reports were likely to relate to social work issues. Moreover, these reports tended to be limited to what one senior manager referred to as '*SOS/areas of difficulty*'. Some elected members told us that they were concerned that social work reports did not provide them with the full picture and that the lengthy reports they received '*hid bad news*'.

Some elected members had played an active role in attempting to bring about change in children's and learning disability services through their involvement in member/officer working groups. We also heard positive comments from stakeholders about the support the leader of the council had offered to implementation of the MAISOP recommendations.

Leadership of change

The services had taken some action in response to inspections and had developed plans to effect the necessary changes (although they had yet to implement many of the actions). They had also responded to budget problems and had been looking for ways to reduce continually rising costs.

We were not convinced, however, that changes would necessarily have happened without this combination of significant external drivers and severe financial difficulties. We found little evidence of a more proactive approach to change – one driven by internal quality assurance measures and performance management information. This first became evident during the MAISOP when it was apparent that Community Services had been performing more poorly than other authorities for some time on a number of key indicators. We did not see enough evidence that this situation had changed and that the services were now using performance information to systematically inform service planning and drive improvement.

The services had been slower than other authorities in shifting the balance of care and modernising their services. Over the previous year they had begun the process but with the announcement of savings proposals in February 2009 appeared to be faced with the challenge of achieving long-term change programmes within short-term timescales.

Savings to be implemented in social care services for children amounted to a 12% reduction in the costs of purchasing external residential and foster care provision. While Children Services needed to take action to bring persistent overspends under control we had some reservations about the capacity of the service to achieve this level of change in a relatively short time.

Of more concern were proposals affecting services for adults. At a minimum, the full year effect of savings and efficiencies to be achieved during 2009-10 amounted to 8% of community care budgets. This consisted of savings of:

- 7% in care home placements
- 11% in home care budgets
- 17% in assessment and care management
- 6% in learning disability services.

We examined a summary of the risk assessments associated with the planned savings. We were not confident that that these assessments were accurate. For example they did not take sufficient account of the projected increase in the population of older people in Stirling (greater

than the national average) or fully reflect that the authority's spend per older adult was currently lower than the national average.

Our experience of other local authorities across Scotland has demonstrated that it takes time to properly implement the complex changes needed to modernise and improve services. We concluded that that the scale and timescales for achieving savings proposals could complicate the process of implementing improvements. We also concluded that the proposals could have an adverse impact on services for some vulnerable people. This included those at risk of unplanned admission to hospital and those needing services at point of hospital discharge. The services had made partners in NHS Forth Valley aware in general terms of the savings proposals but had not involved them in detailed discussions.

We were concerned about the speed with which the proposals had been developed and were not confident that elected members had had a sufficient briefing about their implications. For example, as part of the budget setting exercise the council had decided in February 2009 to close two of its care homes only to reverse this decision a short time later. Since then the council had decided to set up a scrutiny group *'to consider and prepare options for a long-term care strategy'* for services for older people.

We concluded that, overall, the management of change had important weaknesses. This was particularly evident in the process and management of recent changes in community care services.

Recommendation

Community Services should review the feasibility and timescales of the savings they propose to make. The council should ensure that vulnerable people are protected from loss of essential services as a result of reductions in budgets and services.

There were recent changes in arrangements to lead the services through future developments. During the course of our fieldwork visit, the chief executive announced that the line management responsibilities of the head of community care (who also undertook the role of chief social work officer) were to be transferred temporarily to the director of Community Services. This move was introduced with immediate effect to run from February to September 2009. Shortly after the announcement the council also approved the major organisational changes outlined earlier in the report. These would see the removal of levels of management within council departments including community care services.

Senior managers told us that they had appointed a change manager on a part time basis until June 2009 to assist the director (who had responsibility for managing other service areas within community services) in implementing both the organisational review and the changes needed to

achieve the social care savings options. This role had no operational management responsibility. The director also pointed to the support she had from the Joint Improvement Team. As described to us, these arrangements did not sufficiently address the medium and longer-term issue of leadership capacity that would be necessary to deliver the challenging agenda facing social work services.

Recommendation

Community Services need to ensure that they have sufficient management capacity to lead the services through the challenges they face and to deliver better outcomes for people who need social work services.

We were not convinced that the council had managed the changes in senior management responsibilities as well as they might have done. Managers said that the timing had been based on the availability of the change manager. Following MAISOP there had been a step in this direction when the director of Community Services had taken on responsibility for chairing the MAISOP project board. There had also been discussions about the role of the chief social work officer in light of publication of draft guidance about this role in autumn 2008. However, there had been no prior indication to staff or managers that such a major change was imminent. The change did not require a report to council. We saw no other papers or reports setting out the rationale for these changes or the intended benefits. In our view the way that the council had managed this change had led to some uncertainty and a lack of clarity about lines of accountability.

The role of the chief social work officer

The chief social work officer reported directly to the chief executive and submitted regular annual reports to the council. In her role as chief social work officer she met regularly with the head of support and development in Children's Services and the head of support for people in community services. As head of community care she reported to the director of Community Services who had line management responsibility for community care services.

Senior managers involved in these arrangements stated that they had worked well. However, we were not convinced that there had been enough challenge in these working relationships or that professional leadership of social work was sufficiently strong. This was most evident in the content of the annual reports of the chief social work officer. A number of senior managers and elected members commented that these reports were particularly important because of the lack of opportunity to present reports to the elected members that set out policy developments and improvements in service. The chief social work officer submitted these annual reports to full council for consideration. We read a number of these reports and concluded that they missed opportunities to highlight some potential areas for improvement which could be taken forward by the respective services.

We found that the role of chief social work officer did not have a high profile among staff. We found little awareness of the importance (or for some the existence) of the annual report.

For the future, it will be important for the role of the chief social work officer to be more effective in scrutinising social work performance and driving up professional social work standards.

Recommendation 20

The council needs to make sure that there is strong professional leadership of its social work services.

Capacity for improvement

We judged the services' capacity for improvement to be weak.

The services achieved good outcomes for some people who used services, but there were important areas where they needed to make improvements. They had developed reporting frameworks to monitor how well they were doing but needed to use this information much more purposefully. Elected member scrutiny of performance was not yet sufficient.

We concluded that capacity for improvement in Children's Services was better than in Community Services. The council had just begun to modernise its services for adults but there were major changes planned that could undermine this. There had also been recent changes in senior management arrangements and there were concerns about management capacity. There were too many unresolved issues related to change and transition.

Introduction

In this chapter, we assess the services' capacity for improvement based on evidence of:

- demonstrable improvement in outcomes
- effective quality assurance and performance management
- effective leadership of change.

We also take into account contextual issues such as changes in senior staff, plans to restructure and significant changes in funding. In addition, we consider evidence of the services' ability to respond quickly to change and be creative and innovative.

Outcomes

National and local performance measures and targets serve as indicators of the differences services make to the lives of those who use them. These measures demonstrated that social work services provided by Stirling Council were performing to an adequate standard.

In relation to some indicators, the services performed better than the national average. Examples included ensuring that children looked after away from home achieved minimum educational qualifications, reducing the number of persistent young offenders, and providing people with learning disabilities with personal life plans and good access to local area co-ordination services. Performance in these areas had improved year on year.

Against other indicators performance was weaker. For example, fewer young people leaving care went on to further education, training or employment, and fewer people with learning disabilities moved into employment or lived in their own tenancy. Indicators also showed that the services had not been making good enough provision to support older people to continue living in their own homes. Performance in these areas had generally remained static, deteriorated year on year, or improved from a low baseline.

Quality assurance and performance management

Both services were taking steps to improve their performance management arrangements for social work services but needed to do much more to develop a systematic approach to quality assurance and performance management. There was not enough evidence that performance information was driving service developments. We concluded that a culture of performance management was not well-embedded.

We found no evidence that the annual reports from the chief social work officer had led to action to drive up performance within the services.

There was little recent evidence of best value or quality assurance activity in either Community or Children's Services, other than quality assurance checks in child and adult protection cases and the work on contract compliance.

Effective leadership of change

In evaluating this area we examined how elected members and managers managed change to improve services and how they maintained a consistent focus on delivering good outcomes for people who used services. We concluded that there was much room for improvement.

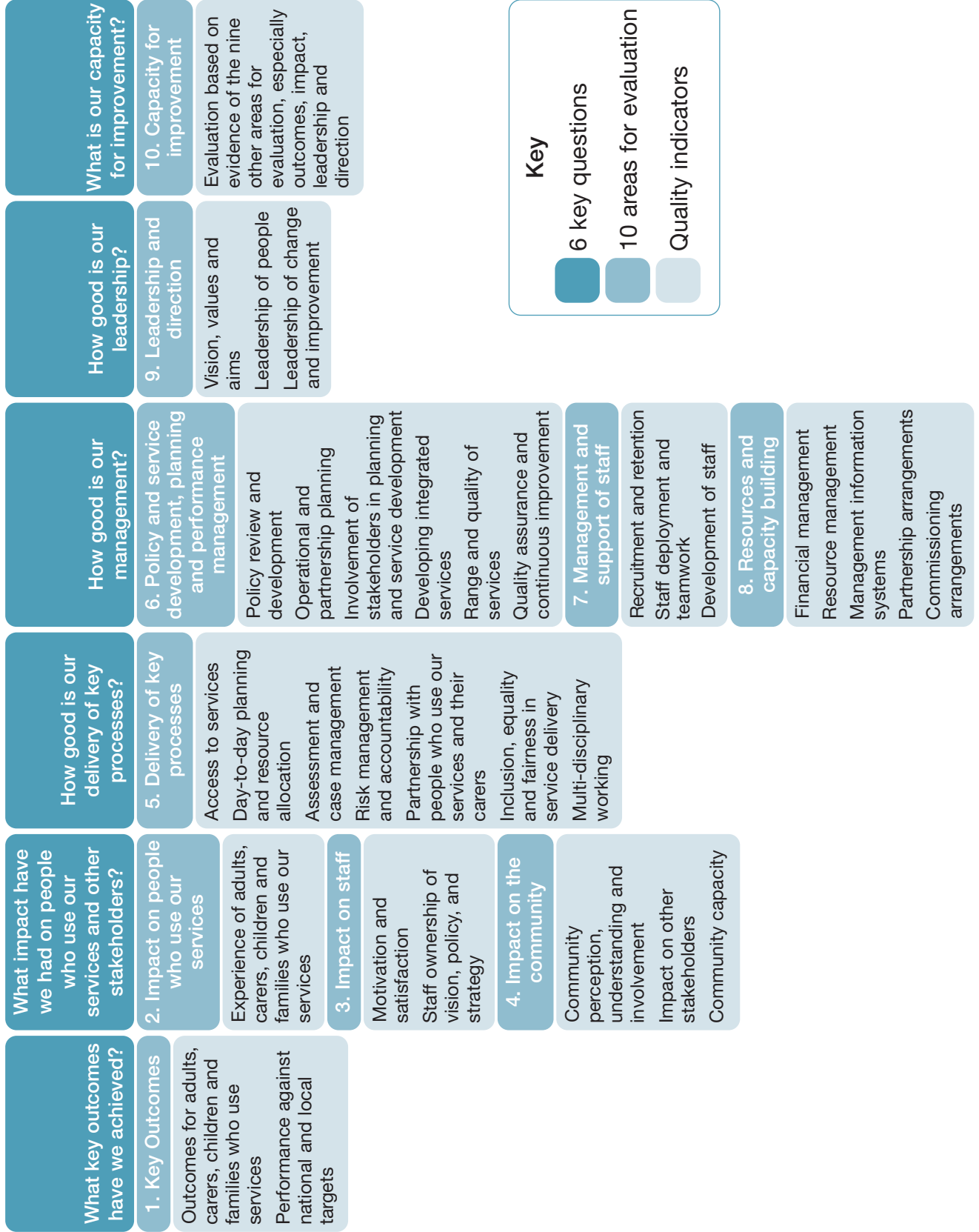
Elected members we met were clearly committed to delivering good social work services. However, many reported that the way the cabinet structure operated in Stirling made it difficult for them to develop a good understanding or exert sufficient scrutiny of social work matters (a view supported by some senior managers).

We welcomed the services' acceptance of the need for change and the actions they had begun to take to identify what was required. However, we were concerned that more recent savings decisions would undermine these efforts. Of primary concern was the future of community care services. We considered it likely that community care budgets, which were already under severe pressure, would find it difficult to absorb the proposed savings without substantial cuts in essential services. We were not confident that the council had sufficiently considered the risks to those who were using or who might need to use social work services.

We were not convinced that the services had sufficient senior management capacity to manage change of this magnitude. The council also needed to do more to clarify lines of accountability for the new role of the chief social work officer.

We were concerned that there were too many unresolved issues related to change and transition and we could not confidently conclude that there would be sufficient capacity for improving services and for achieving better outcomes for people who use services.

Performance Inspection Model (PIM)



Key

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

APPENDIX 2

SWIA performance inspection methodology

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

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

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

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

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

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

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

4. How good is our management?

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

5. How good is our leadership?

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

6. What is our capacity for improvement?

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

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

SWIA performance inspection process

The lead inspector for this performance inspection was Irene Scullion (0141 249 6831).

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

Questionnaire and file reading statistics

Questionnaires	Number issued	Number returned	Response rate
Service users	500	121	24%
Carers	500	87	17%
Staff	500	196	39%
Partners and stakeholders	50	16	32%

File reading		Number
Total files read		102
of which	Children and families	42
	Community care	66

Fieldwork

Together with six staff from Stirling Council, we spent four days reading case files from a cross section of care groups.

We then spent 10 days in Stirling Council looking at services for children, young people and their families, services to adults (physical disability, learning disability, mental health and substance misuse), and services to older people. We also examined strategic planning and support services.

Appendix 3

We examined services in a number of ways:

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

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

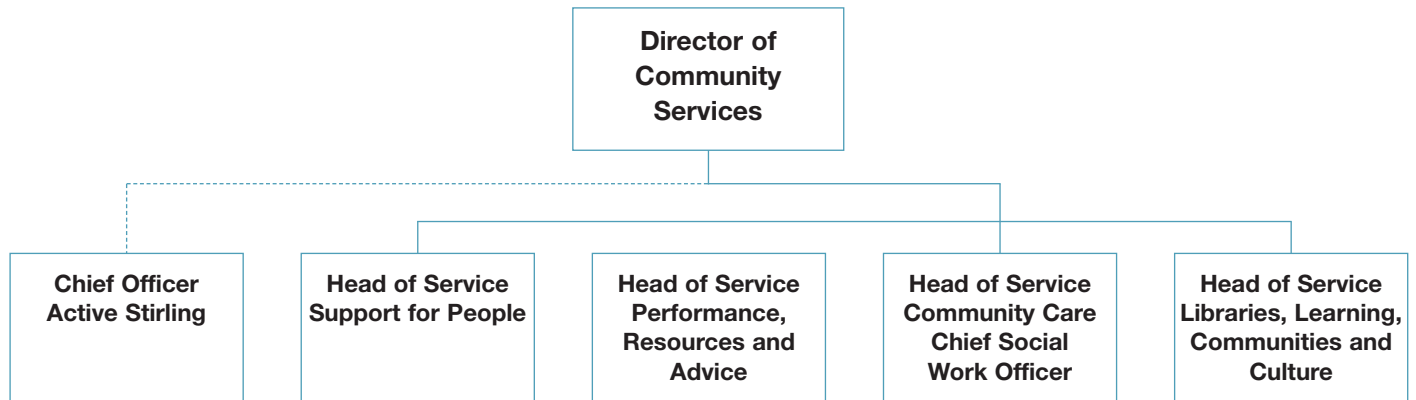
Inspection activity	Number undertaken
Visits to centres and offices	9
Meetings with people who use services	10
Meetings with carers	4
Meeting with front line staff, first line managers and middle managers	25
Meetings with senior social work managers, council officials and elected members	16
Meetings with partner and provider organisations	11
Observation of meetings	5
Observed practice, case file and good practice follow up	18
Total sessions	98

After the inspection

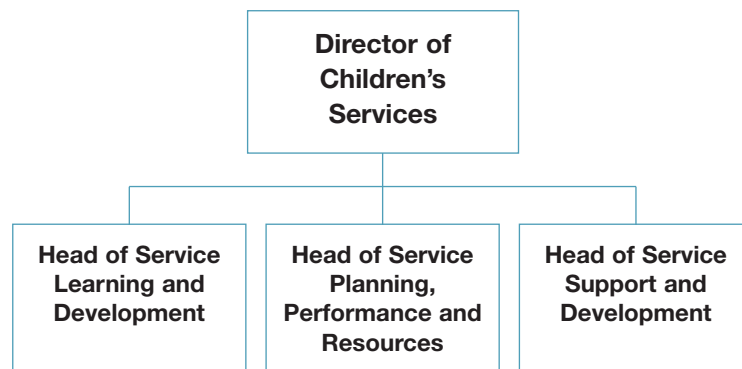
Following the inspection, the council will be asked to develop an action plan to take forward the recommendations in the performance inspection report. SWIA will monitor the improvements taking place over the next year and will undertake a follow-up inspection one year after the publication of the performance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

Stirling social work services structure charts

Community Services' Management Structure



Children's Services' Management Structure



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