

Scottish Borders Council Scrutiny Report

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1. Introduction

The Care Inspectorate decides how much scrutiny a local authority's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic, service and individual users levels.

We carried out an initial assessment of Scottish Borders Council's social work services between August and October 2011. We drew on the following evidence for the ISLA:

- Scrutiny of 96 case records supported by the involvement of staff from the local authority who were part of the file reading team
- Analysis of around 150 documents provided by the local authority or sourced by the Care Inspectorate
- Reference to SWIA's¹ performance inspection report and follow up report to track progress made on recommendations
- Meeting with people who used mental health services, those who used criminal justice services and some carers
- Reference to a range of other scrutiny and improvement reports relevant to social work services including regulated service reports
- Analysing published national performance statistics
- Participating in the Local Area Network shared risk assessment activity, led by Audit Scotland. This activity included all relevant scrutiny bodies

The ISLA focuses on answering nine risk questions:

- Is there evidence of effective governance including financial management?
- Is there evidence of effective management and support of staff?
- Is there evidence of positive outcomes for people who use services and carers across the care groups?

¹ On 1 April 2011 the new scrutiny body, the Care Inspectorate took over the work of the Social Work Inspection Agency (SWIA).

- Is there evidence of good quality assessment and care management?
- Is there evidence of effective risk assessment and risk management for individual service users, both in terms of risk to self and public protection?
- Does the social work service undertake effective self-evaluation resulting in improvement planning and delivery?
- Is there effective partnership working?
- Do policies, procedures and practices comply with equality and human rights legislation and are there services that seek to remove obstacles in society that exclude people?
- Are there any areas that require urgent attention and improvement?

This report outlines our findings from the ISLA and from the subsequent scrutiny against these nine risk based questions.

2. Scottish Borders Social Work Service

The department is structured into three service areas managed by the director of social work; integrated children's services; social care and health; and, housing and community justice. In the last few years there have been two significant transformational strategies in place for children's services and for older people. The latter was approved by council in January 2010 and is aimed at delivering better personal outcomes for older people through an increased range of services provided to people in their home, in ways that will promote their independence. The integrated children's services (ICS) model developed from the transforming children's services strategy and was implemented in February 2010. It brought together into a jointly managed service workers from education focused on children with additional support needs and social work staff to deliver an integrated service from five local centres. Staff from health and police services are also co-located in these centres.

The criminal justice social work services had previously been organised as part of a children's and criminal justice service. Two years previously it had been restructured to be part of the new housing and community justice service, although still within the social services directorate. Earlier in 2011, the Community Justice Authority had reduced the financial allocation to the Scottish Borders by 23%. Scottish Borders had not been in agreement with this decision. We were told by managers and staff that this would lead to a reduction in service.

The social work service has also had recent inspections of child protection services and by the housing regulator.

3. Summary of ISLA findings

We categorise our initial risk assessment under 3 levels. Our overall initial assessment indicated social work services in Scottish Borders Council to be level 2, which is described as “exhibiting moderate risk with adequate performance and moderate activity on improvement work”.

Our risk assessment was based on three categories; areas of significant risk, areas of uncertainty and areas where no significant risks were indicated.

Based on the evidence available, social work services attained positive findings in three of the nine areas and were assessed as low risk in these areas. These were:

- Governance and financial management
- Equality and human rights
- Areas of urgent improvement

We identified four areas of uncertainty because we had insufficient evidence or information to be able to conclude on the risk level. These areas were:

- Effective management and support of staff
- Providing positive outcomes for people who use services
- Self-evaluation
- Partnership working

We concluded that there were two areas of significant concern identified primarily as a result of our case file reading, these were:

- The quality of assessment and care management
- Risk assessment and risk management

We summarised our findings in a report that we sent to the local authority.

4. Timing of scrutiny

The amount of scrutiny the Care Inspectorate carries out in a local authority relates to both the assessed level of risk and the size of the local authority. These combined factors mean that we could have undertaken up to 30 sessions in Scottish Borders Council.

Given the information that we had, and the questions we needed to ask we carried out 27 sessions. We met with staff, managers and partner agencies. In agreement with the local authority we also undertook a staff survey due to questions we had about staff morale.

It was of note that social work services very quickly developed an action plan based on the ISLA findings and work had already begun to address some of the improvements required.

The scrutiny activity took place in December 2011 and February 2012.

5. Scope of scrutiny

Our scrutiny is targeted and proportionate and does not constitute a full assessment of all social work services. Although this process differs from our previous inspection processes in that it is risk focused, we saw improvements in a number of areas since our last inspection and therefore did not inspect these.

Based on the positive findings in the ISLA we did not scrutinise the following areas:

Effective governance including financial management

Scottish Borders Council Social Work Department has a clear vision statement, which is adopted across all offices and services.

Additionally, the integrated children's services plan clearly outlined the vision, values and outcomes expected for young people. The outcomes were also further defined by what this meant not only for young people and their families but also for practitioners and managers who provided the service.

Service planning and performance reporting was well linked to the council's single outcome agreement. The service plans contained details of the financial resources required to fulfil the plans and included appropriate links to financial plans. These contained a good level of detail about budgets, provisional budgets and the use of human resources. The plans indicated good forward planning, with any rationalisation or transformational proposals containing clearly costed data in support of any recommendations.

There was evidence of good day-to-day financial control with effective financial reporting to and budgetary control from senior managers, within both social work and the corporate management team. There was evidence of tight control over the achievement of savings and efficiencies.

The partnership financial frameworks that we saw were clear and comprehensive.

The corporate and social work risk register contained evidence of the risks being reviewed and updated. We were particularly impressed with the format of the social work risk register.

Equality and human rights

The council had a draft equalities policy for 2011 – 2016 that engaged all parts of the council in its delivery. The outcome focus of the plan was commendable. The policy required bi-annual reporting on progress made against the activities identified. The council were planning to invite some local groups such as the Disability Forum, the Borders Lesbian, Gay, Bisexual and Transgender Forum and the Borders Equality Forum to provide the role of a critical friend in monitoring the plan's implementation and to offer feedback on progress.

Scottish Borders Council had a long standing commitment to addressing issues of inequality. There were two elected members who were champions in this area, one for Equality and Diversity and one for Disability. The former chaired the corporate equality and diversity group.

The Fairer Borders theme from the community planning partnership was there to ensure that equality and diversity were built into the plans and work of the public sector. The Fairer Borders multi-agency partnership was led by the director of social work and was committed to delivering local outcomes aimed at addressing equalities.

The council routinely undertook equality impact assessments.

There was evidence from our case file reading that all dealings with individuals had adequately addressed all potential barriers in 83% of all case files. There was a clear advocacy plan for Scottish Borders. We heard positive comments from service users about the effectiveness of the advocacy services for those with mental health difficulties.

Areas requiring urgent attention and improvement

We found no areas which required urgent attention and improvement.

6. Scrutiny findings

6.1 Effective management and support of staff

Reasons for scrutiny

Historically there had been evidence of a highly satisfied and motivated staff group within social work services. Some of the evidence we considered for the ISLA indicated that this might have deteriorated in criminal justice services and integrated children's services. We also had some questions about the level of supervision that was taking place and where this was being recorded. There was a strong commitment to staff learning and development, but there was less evidence of a strategic approach to workforce planning.

Scrutiny findings

Staff morale

There had been little change in the results of the survey over the three years, if anything there had been a slight improvement in some areas. On the whole, given the scale of the changes that had taken place, particularly within social care and health and ICS, the survey seemed to suggest that staff had mainly been brought alongside. Although this had not changed significantly, there remained an issue that although 40% of staff agreed that senior managers communicated well with staff, 46% of managers disagreed with this statement. This was not reflected by the managers we met in the focus groups that we undertook.

As part of the ISLA the service provided us with the results of two staff surveys undertaken in 2010, one in ICS and the other in criminal justice services. These had indicated that there may have been issues with staff morale within both services.

We therefore undertook a survey of staff from across the social work service. We sent questionnaires to 500 staff and had a response from 207, giving a response rate of 41%. The questions asked were the same as those used when SWIA undertook the performance inspection in 2008 and allowed a benchmarking of progress.

The staff and managers we met during the scrutiny, and who responded to our survey from the service were positive about their role within ICS and social care and health, how change had been managed and the support they received.

Generally it was notable across integrated children's services and adult services how informed and reflective staff were about their role, the service and their ability to impact on service improvement.

The morale of staff we met in criminal justice services was low. This had been compounded by the more recent reduction in the budget allocation from the Community Justice Authority (CJA). However, it was clear that morale had been low for much longer than this. The numbers of staff from criminal justice services who responded to our survey were small, but did represent more than half of the service. The findings from this group were in contrast to that of the rest of the social work service. The survey suggested that:

- Only 31% felt valued by their managers in carrying out their day to day job
- 84% disagreed or strongly disagreed that staff morale in their team had been good for at least the last 6 months
- 77% did not think that there was effective leadership of change in the social work service
- 77% disagreed or strongly disagreed that senior managers communicated well with staff

The staff we met from criminal justice during the scrutiny period thought that their communication with senior managers was limited, they were not confident that they wanted to listen to them and did not feel included in decision making. Staff we interviewed did not feel valued and did not think that senior managers fully understood the job that they did. Generally they felt better supported by their team managers in day to day operational working, but less so in strategic areas.

The managers we interviewed were clear that opportunities had been given to staff to discuss and hear about changes and the impact these would have on them, including briefings, emails and protected discussion time. Staff had not always chosen to take these up. In the last 18 months managers had also taken steps to address issues of long term staff sickness, performance and vacancies. The managers told us that they thought a lot of good ground work had been done to get the service into a position to take forward a range of service and performance issues. Given the low level of staff morale, managers had more work to do to ensure that staff were in a position to support the changes required. These long standing issues within the criminal justice service needed to be addressed.

A recommendation is made about criminal justice services as a whole later in this report.

Workforce planning

A joint workforce planning and development team was now in place between Midlothian and Scottish Borders Councils. The shared service was smaller than the sum of the two previous teams but the impact of this was being monitored by senior managers. The team aimed to develop and implement a strategic framework for workforce planning although its initial primary focus was on staff learning and development. There had been reductions in the level of resources available for learning and development. Staff we spoke to were very positive about the opportunities that were still available for them, given the inevitable restrictions on access to external courses.

We were told by senior managers that workforce planning was a priority corporately and for social work services. The workforce planning and development team had focused initially on the learning and development aspect of their role. Scottish Borders social work service planned to translate the strategic framework and other initiatives into a series of workforce plans, focusing on certain areas. The first of these was to be home care. We read a discussion document around this work that suggested a very thorough and intelligence-led approach was being taken.

Social work services had also established an overarching workforce planning group to “facilitate the ongoing oversight of recruitment, retention, redeployment and training issues for the department”. This would enable Scottish Borders to maintain a focus on the workforce development issues that directly affect them.

Staff told us that there had generally been a positive approach taken to change management as part of the transforming older people’s services strategy and the creation of the integrated children’s service. Staff continued to remain cautious about some of the changes that were impacting on the service in particular about the proposed development of the para-professional role.

Supervision

A comprehensive supervision policy had been in place since 2004. It clearly stated that supervision was a high priority task for managers and supervisors. It promoted the use of observed practice for newly appointed and newly qualified staff as part of supervision. The policy also stated that there was a requirement for the heads of service to do an annual audit of supervision files. This was not taking place.

Given this policy, and the importance given to supervision it was disappointing to note that our case file reading found worker supervision to be evident in only 14% of the case files that we read.

Almost all the staff and managers within ICS and social care and health that we spoke to through our scrutiny told us that supervision was happening regularly and systematically. In addition, staff found their managers supportive and available. Staff clearly found supervision a beneficial and useful experience in supporting the management of the work they did and for their professional development. Staff we spoke to in criminal justice services had differing experiences of formal supervision, with not all getting regular, well focused opportunities.

We did find a lack of clarity and consistency amongst staff and managers about where supervision should be recorded and who was responsible for recording it. The

lack of systematic audit, as outlined in the policy document, meant that there was no way for managers to be aware of the range of approaches being taken. Criminal justice staff and managers told us they had been unaware of some aspects of Frameworki's² functionality and so supervision was not being recorded on the system. This had now been corrected and staff were recording it appropriately.

Following the ISLA report, the senior management team had already begun a review process to identify what quality assurance process should be in place to ensure effective supervision practice was taking place.

Recommendation for improvement

The service must clarify the expectations for the recording of supervision, ensuring that case management decisions are recorded on the case files. The service should put in place a quality assurance process for supervision once this has been agreed.

Summary

We concluded that, other than in criminal justice services, staff morale was good in the Scottish Borders. There had been a significant amount of change across care groups and this had been well managed. Senior managers should work with middle managers to better understand the communication issue identified in the staff survey. Supervision was taking place regularly but there needed to be greater clarity and consistency about how this was recorded, and stronger focus on ensuring quality assessment and care management processes. Managers were already reviewing this procedure. A clear plan was in place to ensure a strategic approach was taken to workforce planning, and a strong start had been made in looking at home care services. Attention and leadership continue to be a key focus in criminal justice services in relation to staff morale, communication and management.

6.2 Providing positive outcomes for people who use services across the care groups

Reasons for scrutiny

There was evidence from our case file reading of some strengths in achieving good outcomes for individuals, particularly in children's services. There was also evidence of effective service user involvement in service delivery. Generally the key performance indicators suggested positive outcomes. However, there were some areas of concern from the performance indicators, including the levels of exclusions for looked after children, the numbers of care leavers not having positive destinations and the numbers of people whose discharge from hospital was delayed.

² The electronic case file recording tool used by social work services

Findings from scrutiny

Integrated children's services

Outcomes based care planning was beginning to embed itself as an approach across children's services. All looked after children or those whose names were on the child protection register were expected to have an outcomes based care plan and reviews clearly monitored progress against these outcomes. Staff and managers told us how this had been assisting them in developing clear plans. This was helping both families and partner agencies understand what was to be achieved and what their contribution was.

The service was not able to aggregate these outcomes to provide a picture of what was being achieved by team or whole service. Action for Children had been commissioned to develop a consistent outcome tool for use across children's services. It was anticipated that this would be ready by August 2012.

For children and young people whose needs were complex but who were not looked after or subject to formal child protection procedures, the service held 'meetings around the child'. Parents and young people attended these and were instrumental in setting the outcomes required. All staff and managers we spoke to were positive about the difference these meetings were making in improving outcomes for children and young people.

School attendance by looked after children in the Scottish Borders was good, at 92.1% compared to a Scottish average of 87.7%. However exclusions of looked after children were comparatively high, with a rate of 43.4 incidents of exclusion per 100 looked after pupils, compared to a national average of 36.5. Exclusion rates for children looked after at home were the highest across the Scottish local authorities and very high for those looked after away from home.³

Pupils looked after at home showed a rate of 89 incidences of exclusion per 100 children looked after away from home (9 individuals). Children looked after away from home showed a rate of 10.5 incidences per 100 children (38 individuals), and the looked after children with more than one placement during the year showed the highest rate of exclusion, with 183 incidences per 100 children, or 11 incidents between six individuals.

These figures monitored by the Scottish Government are related to children who are looked after for the entire academic year, which only represents a proportion of those looked after. Integrated Children's Services proactively monitored exclusions for children who were looked after at the time of the incident leading to the exclusion. This was a larger pool, but gave them a more accurate picture. They provided us with figures that showed that the exclusions for looked after children were broadly consistent between the academic years of 2009/10 and 2010/11. The number of children being excluded had risen very slightly, but the incidences of exclusion had dropped.

There was an exclusions policy, which was being reviewed and was awaiting approval. The new draft policy explicitly recognised the role of mainstream education

³ Figures taken from Scottish Government's Educational Outcomes for Looked After Children 2009/10)

staff as corporate parents, and made specific provision for looked after children. It acknowledged that they were both more at risk of and disproportionately affected by exclusion, and proposed strategies for dealing with this. This included proactive planning by the meetings around the child for children who were or may become at risk of exclusion. Alongside this revised policy, an improved joint reporting system had been developed, which will monitor exclusions more frequently and provide better information to senior management in order to target support where it is required.

Only 23% of the total pool of care leavers in 2009/2010 in the Scottish Borders was in known economic activity, compared to a Scottish average of 37%. Those care leavers who were engaged with the 16+ Transitions team showed better results, but it was noted that the proportion of care leavers receiving the Transitions service going into employment, education or training had gone from 67% in 2009/2010 to 47% in 2010/2011. This was believed to be the result of the Employability Worker post being temporarily unfilled for part of the year. This post has now been recruited to.

Previously, attempts had been made to provide work opportunities for care leavers within the council. We were told this had not worked particularly well and managers thought that not all council services fully understood the needs of the young people in these placements or of their role as part of a corporate parent. Over the last year a significant piece of work had been taking place to raise awareness across the council of corporate parenting and to better prepare the ground for these work opportunities. Social work and education managers told us that elected members had a good understanding of what corporate parenting was, and now needed to support the development of measures to make this happen in practice.

Albert Place, the supported lodgings scheme had an employability worker attached to it, however funding for this post has remained temporary and short term. Although there were good relationships with the mainstream employment support agencies, the throughcare and after care service told us there had been real benefit having this person attached to the team.

Social care and health services

There had been an outcome based care planning approach piloted, using Talking Points. The approach was being evaluated using a series of reflection days with staff and teams. Although social workers had thought that they were already fairly outcomes focused, the change in approach had been more profound than they had anticipated. Staff and managers recognised the cultural change that was required and thought that this approach had helped them on that journey. Staff and managers told us that the pilot had highlighted the need for a review of the existing assessment tool that was used which was not outcome focused and work is underway to review this. This is discussed further in the next section.

Once the new assessment form, referral and review format was complete the outcome based assessment approach would be rolled out across the authority linked to the introduction of self directed support . It was anticipated that this would occur by May 2012.

Three local care homes had also participated in a pilot on delivering outcome focused care, in partnership with the Scottish Government. One was run by the

council, one in the private sector and one in the voluntary sector. The evaluation found that practice shifted quite considerably within the local authority care home in a very positive way. The service was now engaging all care homes in developing this approach across the Borders. The findings from the evaluation were presented at a recent event with all older people's care home providers.

At the time of the scrutiny visit the number of delayed discharges was 18 in total with none over 6 weeks. According to Scottish Government figures, as of July 2011 there were seven people whose discharge from hospital had been delayed beyond six weeks. This had also been the case in January 2011. At 7.3% NHS Borders had the largest percentage of beds occupied by delayed discharges from across Scottish NHS boards. In June 2011 the number of delayed discharges under 6 weeks had risen to 50 but had reduced from then due to sustained effort by the partnership.

A successful joint approach by the NHS and the local authority had focused on preventing admissions and reducing the numbers of people delayed in hospital. This had been led by a sub-committee of the community health and care partnership board, the planning and delivery committee, which was jointly chaired between health and social work. A delayed discharge best practice event had taken place in partnership with the joint improvement team to bring together a wide range of agencies to reflect on the work done, and look at how to sustain and continue this improvement. One factor in this was the introduction of the START team (Short term assessment and reablement team) which now fully staffed appeared to contribute to this improved performance.

In addition the introduction of anticipatory care plans where a clear plan was in place to be implemented in a crisis was being rolled out with support from money from the Change Fund⁴

Developments in the Waverley and Cheviot intermediate care projects had also evidenced some good practice in improving outcomes. From the evaluation of Waverley, 75% of the service users had been able to return to their own home and there were high levels of satisfaction with the service from service users and their carers. This too was being rolled out across the Borders

Home care services were being reviewed as part of a workforce planning exercise with the intention of shifting the emphasis to focus on rehabilitation and an outcomes approach. Training had already been delivered for home care workers to raise awareness in respect of dementia and a full training in rehabilitation skills.

Recommendation for improvement

Social work services needs to develop its work on collating outcomes within the department to enable it to demonstrate what is being achieved across teams and services.

⁴ The Reshaping Care for Older People Change Fund is a Scottish Government initiative that is aiming to improve services for older people by shifting care towards anticipatory care and preventative spend.

Summary

The service had a clear direction in place for developing an outcomes approach to service delivery. Staff knew what they needed to be doing and could see the positive impact this was having with service users. This would be strengthened with the service also beginning to work on developing a clearer approach to demonstrating the outcomes that were being achieved at a team and service level. Positive work had been undertaken to reduce the number of people delayed in hospital and this was ongoing.

6.3 Good quality assessment and care management

Reasons for scrutiny

The file reading that we undertook indicated concerns with the quality of assessments and care plans. 91% of the case files that we read contained an assessment, and in 79% of these the assessments were in keeping with the needs of the individual. However, we found that in only 46% of cases where a chronology would have been appropriate there was one. In the files that did have a chronology, only 37% were of an acceptable standard. Overall therefore, of the files where a chronology would have been appropriate, only 16% had one that was of an acceptable standard.

These figures included criminal justice case files, and whilst we judged that in 84% of their files we read it would have been appropriate for there to be a chronology, we recognised that work remained ongoing to develop national guidance for criminal justice services on chronologies.

We were concerned about the quality of the assessments that we read. Over a third were weak or unsatisfactory, over a third were adequate (defined as strengths just outweighing weaknesses) and just under a third were either good or very good; one was identified as excellent.

Of the 95% of cases that we read that we judged should have had a care or supervision plan, 89% did and these plans were up to date in 81% of cases. In nearly a quarter of the files that we read, the care/supervision plan did not address the needs and risks identified.

88% of case files that we read showed no unreasonable delay in being assessed for key services. 87% of all the case files we read showed there was no delay in service users receiving services following an assessment. The criminal justice files we read did indicate a slightly higher proportion of service users not being fully assessed for the right services, and there being some delay in access to services, in particular drug and alcohol services.

Findings from scrutiny

Integrated children's services

The joint child protection team had changed its remit and now offered more of a scrutiny and quality assurance function. The team had a programme of file audits and the first one had just been reported on, the second was due to report in January. The team were trying to ensure that they captured more qualitative information and the first audit also found that the quality of assessment was variable.

Managers across children's services undertook regular file audits. There was a recognition that our case file reading results indicated that these were not being completed as effectively as they could. This was being reviewed as part of the action plan. The case files for all looked after children were regularly reviewed by the responsible manager.

Staff and managers all told us that the integrated assessment framework had caused them significant frustration as it did not support the worker to make the best analysis of the information gathered. Staff told us that it led to repetition and was so comprehensive that significant elements of analysis almost "got lost". Managers had been keen to ensure that the integrated assessment format was given sufficient time to be used and understood before any changes were made to it. Staff criticisms and concerns had remained consistent and the integrated assessment framework was now going to be reviewed and changes made over the next few months.

Managers agreed that work was still needed on developing purposeful chronologies and this was in hand, through training, reviews and supervision. The throughcare and after care team was not familiar with the use of chronologies, and would benefit from a better understanding of their role in providing appropriate care and support.

Staff and managers were universally positive about the 'meeting around the child' process that had been introduced as a means to safeguard those children and young people who are not on supervision or whose names are not on the child protection register.

The development of the integrated children's services was still work in progress. With the new locality structure in place different teams and areas were at different stages of implementation. In many ways this was about how far they were in changing the way that people work. The teams covering the most deprived areas were struggling to make the shift to an earlier intervention model from traditional approaches to social work delivery. Managers are proactively managing and monitoring this to give a chance for the shift in approach to properly bed in.

Social care and health

Social care and health used the core assessment document as the core tool for assessment. Through the pilot of the outcome based assessment process it became increasingly apparent that it did not support an outcome based approach and needed to be revised. The service had therefore developed a 'personalised assessment' that had been tested with practitioners.

This had been successful and will provide the overarching assessment tool across the service. Where a more focused, specialist assessment is required this can be added onto the personalised assessment. The intention was for this to be put out for

consultation soon, alongside an outcome based referral and review form. The whole package, alongside the outcome based assessment process will be launched in May 2012 through a process of joint training, mentoring and providing champions in each area.

Staff who had used the form commented it was helpful as it enabled service users and staff on focus on positive outcomes and gave people using service more control.

In tandem with this work, the service was developing its approach to personalisation and self directed support. Across the service, practitioners had been asked to use the personalised assessment tool to support people who use services to develop packages of care using self directed support. We were told of a number of examples where this has provided a positive outcome for the service user and Change fund monies had been accessed to assist with the roll out of this approach. .

The service had a clear tool for auditing case files although managers told us that the current tool used to audit case files did not adequately identify quality issues, This tool was being revised with a sharper focus on quality. The guidance and the tool was to be ready for distribution as of February 2012. All managers have a key role to play in ensuring this is fully implemented and that learning is cascaded throughout the service.

Criminal justice social work services

Managers told us that they had clearly communicated to staff what was expected of them in terms of assessment, care planning and review processes. They agreed that there were issues of confidence and core skills in analysing and using information which are being addressed through training.

All court reports were now scrutinised by team leaders before they were submitted to court and a new case file audit tool was to be introduced onto the IT system. Although some file auditing had taken place, staff at all tiers had differing views on what was expected and how any findings were being used.

Summary

Scottish Borders responded to the findings of our ISLA by immediately drawing up an action plan to address the areas for improvement emerging from our findings. Much of this related to assessment, care management, risk assessment and risk management. The service was moving quickly to make the necessary improvements. All the actions identified had people assigned as responsible for implementing them and had targets for completion. At the point of our scrutiny some of these actions had already been achieved. Guidance was to be prepared on assessments for integrated children's services, criminal justice staff and for social care and health as part of the project for their new assessment tool. The scrutiny confirmed the seriousness with which the service had taken our concerns.

6.4 Risk assessment and risk management

Reasons for scrutiny

We were concerned about the quality of some of the risk assessments and risk management plans that we found during our file reading. For those files where protection type risks were identified, 29% of the risk assessments were rated as good or better. 55% were rated as adequate and 16% were rated as weak. None of the children and families assessments were rated as higher than adequate.

We determined that 69% of these cases files should have had a risk management plan on file, and of those we found 70% had an up to date plan but more than one in five did not. This was more of a problem in community care and criminal justice files.

We were concerned by the quality of these plans. Overall 32% of the protection type risk management plans were rated as good or better. Of particular concern was that almost half of the plans within children and families were graded as weak and just over a quarter as adequate.

In only 69% of cases all concerns regarding protection type risks had been dealt with adequately. This was a more significant concern in community care case files.

Findings from scrutiny

Integrated children's services

Scottish Borders had developed a risk assessment framework but as this was single agency it was leading to some frustration. We read the guidance to this and found it to be a complex practice tool and wondered if this was impeding its effective implementation. During scrutiny we were informed that Scottish Borders was now part of the pilot from the Scottish Government for the national risk assessment framework and this would replace their own tools.

The quality assurance process led by the child protection unit was beginning to provide useful feedback. There had been concerns raised by some providers about consistency of approach across the localities in relation to thresholds, particularly where there was evidence of parental substance misuse. Work had been undertaken to ensure that this does not happen, and recently a large joint addictions and children and families training event had helped consider some of these issues. It was also expected that the joint child protection team would provide insight into any potential inconsistencies.

The service manager for the family placement team checked the files and progress for all looked after and accommodated children and young people every two months. This also provided a quality assurance process and a measure for consistency of practice across the localities.

Senior managers were well aware of the potential risk of inconsistencies and there were a range of approaches in place to mitigate against this, including audits, team manager meetings and increased monitoring, with all child protection referrals being seen by the centralised team.

There was a significant amount of training on risk available to the staff and all were complimentary about the training.

Social care and health services

Staff used the risk assessment part of the core adult assessment document (CAAD) as their primary means of recording any assessment of risk. However, there were also different tools in existence within the service and within service areas. We heard differing views about the effectiveness of the CAAD risk assessment and of the appropriateness of the different tools that were in existence. The CAAD risk assessment was useful for less complex situations, but did not provide a full opportunity to explore the apparent risks.

In recognition of this the adult protection committee had initiated a pilot of a risk assessment tool developed by the JIT. This had begun two years ago, but there had been limited assessments complete for a number of factors. Given that this was a pilot, and the low response over two years, we did not think that this had been given due significance in its launch or the way it was to be trialled.

From the ISLA we found that the council had clear adult protection procedures. In addition there was good practice guidance on positive risk management. This aimed to change the culture of the way risk assessment was undertaken. This was a constructive and useful development. Training was about to take place on positive risk assessment that would draw on this guidance. Staff thought that the guidance was useful and they could see how it linked to self directed support and to outcome approaches.

Staff we met had differing views in relation to the role and support from the adult protection team. Staff told us that the adult protection routes was increasingly being used to document risk and the adult protection unit encouraged recording of any degree of risk in an adult protection format. Some managers we met suggested that the adult protection unit could be risk averse. Senior managers need to ensure that there is a consistency of approach from the adult protection unit and that team are able to influence practice across the service.

Recommendation for improvement
The service should ensure that an effective and consistent means to assess and record risks is developed and implemented across social work services.

as it related to social care and health services and in particular adult protection. Tools need to be fit for purpose and provide full opportunity for an analysis of risk and the development of management plans. Quality assurance and auditing processes needed to be more robust. As outlined above, Scottish Borders immediately developed an action plan based on our findings from the ISLA and this needs to be fully pursued by them.

6.5 Self-evaluation

Reasons for scrutiny

It was evident from the ISLA that Scottish Borders social work services had various self-evaluation processes in place. This was not always as systematic as it could be, particularly within integrated children’s services. It was not clear from the evidence

how the service critically analysed the information it had and what improvements resulted from this activity.

Findings from scrutiny

The council had adopted the public service improvement framework (PSIF) as a whole system approach to self-evaluation. Social work services had decided to use the performance inspection model developed by the Social Work Inspection Agency, this will continue to be reviewed in light of the changing methodologies within the Care Inspectorate and would continue to link with the corporate PSIF model.

It was evident from our interviews with staff, managers and partner agencies that the service had a culture of reflection, critical analysis and openness to learning and improvement.

We found some evidence of self-evaluation across all services. This included:

- The early years team used the SWIA self-evaluation tool to reflect on their team. This led to an improvement plan and their intention was to repeat this exercise.
- The family placement team, Berwickshire locality team and the residential unit had all used the "How good is our team" model to evaluate their practice
- Case file audits by team managers were regular within social care and health, with each manager having a quota of 8 to complete each month; group managers were expected to audit 4 a month, the service recognised that these also needed to focus on the quality of the work
- Social care and health had undertaken a self-evaluation exercise and had a comprehensive action plan in place from September 2011
- A multi-agency approach to self evaluation had been undertaken across child protection services

There were also plans for further self-evaluation work over the course of the next year including;

- Adult protection work would be the focus of a self evaluation process over this coming year
- 'How good is our team' was to be rolled out as a model to be used by teams within integrated children's services

In talking to staff and managers in ICS and social care and health it was evident that there was a reflective culture within the organisation, and a welcoming of external and internal critique of practice. Staff and managers were aware of many of the challenges they faced and were able to think constructively and positively about the future needs of their service and how improvements could be made for service users.

In relation to the file reading results senior managers and staff acknowledged that there was a mixed picture in relation to the quality and focus of assessments and risk assessments. This was leading to change in practice and of the recording frameworks in social care and health and a revision of the integrated assessment framework in ICS, as outlined earlier.

Senior managers had fully accepted the issues that the file reading had raised and stated that it had provided a helpful message that they needed to remain focused on the basic processes as well as the big transformational strategies. The service had immediately developed an action plan to address the issues raised and had already taken steps to make improvements. This included developing support to staff on best practice, more robust approaches to case file auditing and improving the recording and auditing of supervision practices.

The results of the staff survey and interviews for criminal justice suggest that a more comprehensive improvement plan needs to be put in place to address concerns with morale, communication and management of the service; and to more fully understand the dynamics within the service.

Recommendation for improvement

Staff and managers within criminal justice services should undertake a comprehensive self evaluation. This should lead to an action plan that is implemented, and its impact reviewed.

The service was about to implement a whole system self-evaluation over the coming year using either PSIF or the SWIA performance improvement model. In addition, there were clear pieces of work taking place about self-evaluation within a context of a reflective and learning organisation. More work was needed to ensure that managers were fully cognisant of the quality of social work practice and the action required to improve this. This should continue to be pursued through the implementation of the action plan drawn up as a result of the ISLA findings.

6.6 Partnership

Reasons for scrutiny

There was evidence of partnership working across social work services within Scottish Borders. There were clear strategies in place across service groups and partnerships established to deliver on them. There was evidence of reviews taking place for many of the partnerships, including reviewing the governance and accountability arrangements. Service users were regularly and routinely involved in planning processes.

We had questions about how effective these partnerships were in delivering some of the improved outcomes needed, as outlined in section 6.2.

Findings from scrutiny

Partnership with health

Senior managers generally told us of an effective working relationship between health and social care with a creative sense of working together throughout the organisations. We found there to be very different styles between the most senior officers of the two organisations but a shared vision and common objectives. There were honest and frank discussions between the organisations about optimum ways

to deliver the right outcomes. The evidence in terms of delivery would support this assertion with the balance of care moving in the right direction, and strong joint initiatives being developed in the localities. Managers told us that further work was needed to bring the planning processes closer together to ensure that delivery timescales came together better.

There had been joint workshops held between the members of the CHCP Board and elected members, this had led to greater openness, a mutual vision of increased transparency, joint planning and shared resources.

Managers told us of good working relationships between health and social work at operational and planning levels. National policy had supported their joint agendas of working towards developing locality models and finding opportunities for co-location. The fact that the council and health board area was co-terminus had also made much of this joint working easier. Some of the joint initiatives we were told of included:

- Co-located services in two of the areas of the authority, aimed at reablement and the development of more personalised approaches
- A joint director for public health and joint Health Improvement Service
- The joint development of a service for those with dementia
- Discussions that were ongoing regarding a joint leadership post for allied health professionals
- Well established joint learning disability and mental health services in place.

Health visiting services were undergoing a substantial review and whilst this was underway, no immediate decisions were being taken about shape of the service. Health and social work staff told us this was having some impact on their work. Managers needed to monitor the impact of any evident changes. Health services were not formally part of the integrated children's service but supported it through practice. Community mental health workers were placed in each of the localities and improved links to child and adolescent mental health services had been one positive outcome from this.

Partnership with education

The Director of Education had chaired and led the planning process of reviewing children's services that had developed the transforming children's services strategy, leading to integrated children's services. The senior management in education were therefore fully supportive of the way that the service was developing.

We repeatedly and consistently heard from social work services of the positive relationships that were being built between some sections of what had been education services and social work services. The staff and teams that came together through the integrated children's service were working well and effectively.

Some of the locality teams were making more significant progress in changing the culture of practice towards early intervention and integrated support than others. This due to a combination of factors including their history of joint working, whether the locality had a community identity that existed beyond integrated children's services and how long it had been operational as a joint locality.

The development of the joint service had inevitably caused tensions, in particular with some schools. Senior managers from social work and education were well aware of the challenges that remained and of the work that needed to be done.

Partnership with the community justice authority

As noted earlier in the report, the decision by the community justice authority to reduce the amount of funding it allocated to the criminal justice social work service in Scottish Borders had added to the low morale of staff working in this service. This was foreseen and arrangements put in place to mitigate the impact on staff and the service. Managers acknowledged that Scottish Borders had regularly returned a budget surplus to the CJA and that, as a result, the CJA had been discussing changes to the funding formula for some time.

Summary

We were satisfied that managers from across health, education and social work had open lines of communication, clear joint plans and awareness of common issues. There were processes in place to respond effectively with tensions that inevitably arose. We found partnership working within the Scottish Borders to be working effectively.

Summary of recommendations for improvement

The service must clarify the expectations for the recording of supervision, ensuring that case management decisions are recorded on the case files. The service should put in place a quality assurance process for supervision once this has been agreed.

Social work services needs to develop its work on collating outcomes within the department to enable it to demonstrate what is being achieved across teams and services.

The service should ensure that an effective and consistent means to assess and record risks is developed and implemented across social work services.

Staff and managers within criminal justice services should undertake a comprehensive self evaluation. This should lead to an action plan that is implemented, and its impact reviewed.

Next steps

The Care Inspectorate will ask the local authority to take note of the recommendations in this report and to develop an action plan to address them. The link inspector will maintain regular contact with the local authority to monitor the impact of new arrangements and new developments and to monitor the implementation of the action plan. The link inspector will also continue to offer support for self-evaluation activity.

Information from the scrutiny report will feed into the annual review of the local authority's assurance and improvement plan as part of the shared risk assessment process.

Jo Harrison
Senior Inspector
Care Inspectorate
May 2012

Appendix 1: Scrutiny sessions list

Scrutiny Activity	Number of sessions undertaken
Interview Director of social work services	1
Interview with head of service/senior manager – ICS, CJ and SC&H	4
Interview with partner agencies and services	3
Interview with CJA lead officer	1
Interview manager of LD team	1
Interview with manager of workforce planning and development team	1
Interview with planning officer	1
Interview with adult protection team manager	1
Focus groups with staff – ICS, CJ and SC&H	3
Focus groups with team managers	3
Focus groups with Middle Managers	2
Focus group of practitioners and managers	1
Focus group of practitioners from LD team	1
Focus group of alcohol and drug service providers	1
Focus group with the through care and after care team	1
Session with relevant parties to evidence improvement plans based on findings	1
Staff Survey	1
Total	27

Appendix 2

Good practice example

Cheviot Project

The Cheviot Project is a joint project adopting a place based approach in partnership with NHS Borders, the Voluntary Sector and SBC which has been cited as a good practice example in the Christie Report.

The project has a number of key elements and includes service redesign, establishing joint management teams as well as providing efficiencies. A key focus is engaging communities and building community capacity.

A number of key principles underpin the project including:

- Supporting people to stay at home
- Promoting Independence
- Improving Health & Wellbeing
- Re-ablement
- Promoting choice and involvement in care arrangements
- Reducing duplication and using staff skills more flexibly

In terms of service redesign a number of areas have now been fully implemented including the development of an Intermediate Care Unit in Grove House, Residential Home. This provides re-ablement for people who need additional support in a residential care setting. Service users are placed there after a brief assessment and supported through a multi-agency team. Work by the team aims to increase individual's mobility, independence and confidence.

The team was drawn from care staff within the home, which supported and enabled people using the service to regain the self care abilities that they had recently lost. This was done by a considered and structured approach which had input from all members of the multi-disciplinary team. Consideration was also given to increased telecare and/or telehealth support on their return to their own home as well as any necessary adaptations.

This service has proven to be successful with 35 placements made since May 2011, with an average length of stay at 26 days. 80% of those using the unit have returned home often with a reduced care package, 70% of those using the unit had facilitated hospital discharge, 18% preventing a hospital admission and 12 % preventing a care home admission.

In addition a new range of day services have been provided including the establishment of Social Centres for older people provided by the Voluntary Sector and the Council Day Service has been relocated into vacant space at the Community Hospital. A range of housing support options have also been provided in partnership with the housing associations.

With the increasing range of housing and care options the local community hospital has successfully reduced bed numbers.

Work is underway to co-locate Social Work Staff with Health Staff in Kelso Hospital which will substantially assist joint working and options are now being developed to consider the establishment of locality integrated management arrangements.

