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**Community Justice Social Work – Self-evaluation framework**

Within the National Strategy for Community Justice: Delivery Plan, the Scottish Government has established a priority action to “ensure that those given community sentences are supervised and supported appropriately to protect the public, promote desistence from offending and enable rehabilitation by delivering high quality, consistently available, trauma-informed services and programmes” (Priority Action 5).

The purpose of this self-evaluation tool is to support you in considering the extent to which your service is able to measure and report on the performance, quality and outcomes of the justice services you provide to people on community based sentences.

There are two parts to this evaluation. In the first part, you are asked to consider your current approach to performance management, quality assurance and the measurement of outcomes. This is informed by our Quality Indicator 6.4 – Performance Management and Quality Assurance which has been adapted from [A guide to self-evaluation for community justice in Scotland](https://www.careinspectorate.com/images/documents/7234/A%20self-evaluation%20guide%20to%20support%20quality%20improvement%20for%20community%20justice%20in%20Scotland%20NOVEMBER%2023.pdf).

The second part looks at wider questions about the organisational capabilities and drivers that are supporting your performance management and quality assurance activity. It also helps to identify the barriers and what may be getting in the way of efficient, effective and responsive service delivery.

Self-evaluation for improvement is based on three questions:

* How are we doing?
* How do we know?
* What are we going to do next?

We have designed this framework to help you answer these three, high level questions. To help focus your thinking there are a series of prompt questions for each section to help you establish a baseline for your service. You may find it helpful to start with these questions to provide a structure for your thinking as you consider your overall rating for each element. The questions will also help you identify specific strengths or areas for improvement.

The [Guide to self-evaluation for community justice in Scotland](https://www.careinspectorate.com/images/documents/7234/A%20self-evaluation%20guide%20to%20support%20quality%20improvement%20for%20community%20justice%20in%20Scotland%20NOVEMBER%2023.pdf) notes that ‘Self-evaluation can only be as reliable as the evidence supporting it” (p7). Therefore, for each question, you are asked to indicate the evidence that supports your rating. You are encouraged to be specific about the data sources and documents that would support your rating, and to consider a range of qualitative and quantitative sources. If you don’t have available evidence that’s okay. Don’t work to (re)create it – just note it as an area for improvement.

Within each section we have also included a specific question about the tools and systems you are using to support your measurement of performance, quality and outcomes. These may include nationally developed tools like the CJSW audit tool, or the Care Inspectorate’s file reading template. They may also include locally developed tools, or systems and processes that have been developed externally, such as Outcome Star. We would be grateful if you can provide details of any tools or systems that you are using to allow us to map practice nationally. The information you provide will be aggregated and shared with the SWS Justice Standing Committee to inform the work and priorities of the SWS sub-group for Performance and Quality Assurance.

Throughout this form, a four point rating scale is used. Broadly the terms used should be interpreted as follows:

* Not at all – work on this area has not commenced, or there is a gap in relation to this area of work. This is a clear area for improvement.
* Partially – some key elements are in place, but there are gaps and areas which require further work to ensure systems and processes work.
* Mostly – most of the key elements are in place. There are minor areas for improvement, but overall, systems and processes work well.
* Fully – systems and processes are working well. While there are aspirations to continually improve, there are no significant gaps.

The data you share via this self-evaluation will be used to inform a thematic report. No data will be attributed to individual local authorities. Details on how we use information you share with us can be found in our privacy notice.

**LOCAL AUTHORITY AREA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART 1 – PERFORMANCE, QUALITY AND OUTCOMES**

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| **1a MEASURING PERFORMANCE** |

**How effectively are you able to measure the performance of your service in delivering support and supervision for people on community sentences?**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To what extent can you demonstrate the following:** | **Rating** | | | | | **What is the evidence for this rating?** | | | |
| Not at all | Partially | Mostly | Fully | |
| We have a clear and comprehensive performance management framework |  |  |  |  | | We have developed a *Justice Service Performance Management Framework* which has been in place since 2015. It outlines our key performance indicators, who our key stakeholders are, the frequency with which data will be gathered, how it will be stored, and the reporting, governance and escalation arrangements that should be in place. The framework is supported by a quarterly *Justice Service Performance Report* which reports progress against our key indicators and targets. | | | |
| We have a set of clearly articulated KPIs relating to our core functions |  |  |  |  | | Our quarterly performance report gathers data on our key functions and outlines trend information and implications for practice. It is informed by the Scottish Government Annual Return, key objectives within National Outcomes and Standards, guidance documents relating to core tasks (e.g. SIRs, risk assessments) and locally set performance targets. We have yet to review our indicators in light of the most recent national community justice delivery plan. | | | |
| We have processes and tools in place to ensure we routinely gather and collate data regarding our core functions |  |  |  |  | | We have worked with colleagues in business support and planning and performance to develop systems and processes to capture data on an on-going basis and automate this as far as possible. We have developed a dashboard which pulls data from our case management system, but some data gathering is reliant on manual recording processes. We have historically made use of the LS/CMI reporting system to capture data although this has been disrupted over the last year by the wider system issues. | | | |
| We are able to evidence improvement initiatives informed by performance data |  |  |  |  | | We appointed a Performance and QA team leader in 2018 who has supported significant improvement in our approach to performance management. We also access some support from a data analyst within our Planning and Performance team who supports the preparation of quarterly reports although their capacity is limited. Our quarterly performance report includes data on trends and patterns and includes a brief analysis outlining implications for practice. This supports ongoing monitoring and the identification of areas for improvement. To ensure sustainability, we wish to build team leaders’ capacity for performance and QA activity. | | | |
| **Overall Rating** | Not at all | | | | Partially | | Mostly | | Fully |
|  | | | |  | |  | |  |
| **Provide a rationale for your overall rating and reference any sources of evidence not covered in the questions above:** | | | | | | | | | |
| We have a clear framework and a sustained model for performance management which has been developing and evolving since 2015. We have a clear set of measures reflecting national outcomes, national performance measures and local targets. Consistent processes are in place to enable us to gather and analyse key performance metrics although some data is still reliant on paper based processes. Our data over time demonstrates improving trends in key areas of practice and we have clear examples of where we have used data to drive improvement. By investing in our Performance and Quality Assurance lead role in 2018, we have seen significant improvements in the development of our performance management framework. This has resulted in a shift away from simply capturing outputs, towards a greater interrogation and understanding of what the data is telling us about practice. Data is routinely reported to, and interrogated by senior leaders adding to increased levels of accountability and improved visibility about the service. Data has also been used to support and inform wider planning across the HSCP, ensuring that the needs of people using justice services are taken account of. | | | | | | | | | |
| **Please provide details about any specific tools or systems you are using to gather, analyse or report performance data:** | | | | | | | | | |
| **Tool (with description if required)** | | | | | | | | **Local/National/External** | |
| Criminal Justice Data Dashboard (collates quantitative data from case recording system) | | | | | | | | Local | |
| CJS CPO annual report questionnaire | | | | | | | | National | |
| SG Aggregate Return | | | | | | | | National | |
| Programme reporting requirements (Caledonian/MF2C) - Providing data on application of psychometrics and specialised risk assessment (e.g. SARAv3, SA07) for programme participants etc. | | | | | | | | National | |

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| **1b QUALITY ASSURANCE** |

**How effectively are you measuring the quality of work you undertake to support and supervise people on community sentences?**

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| **To what extent can you demonstrate the following:** | | **Rating** | | | | | **What is the evidence for this rating?** | | | | |
| Not at all | Partially | | Mostly | Fully |
| We have a clear and comprehensive quality assurance framework | |  |  | |  |  | We undertake a range of ad-hoc quality assurance activities including case reviews, staff supervision and service user engagement. We have also undertaken some thematic work looking at particular aspects of practice (e.g. justice social work reports). However, we do not have a comprehensive quality assurance framework. Further work is required to develop standardised approaches, effective reporting and the use of agreed templates. We recognise that developing a systematic approach would help us to triangulate evidence alongside our quarterly *Justice Service Performance Report*. | | | | |
| We have a set of clearly articulated quality measures relating to our core functions | |  |  | |  |  | We have developed a number of tools to support our quality assurance work which contain key measures. However, we do not yet have a process to measure, gather and analyse data on a regular and on-going basis in a way that provides a picture of the quality of service delivery as a whole. There is scope for us to be clearer about the measures of quality within our service, particularly in relation to the experience of people who use our services. | | | | |
| We have processes and tools in place to ensure we routinely gather and collate data regarding the quality of our work | |  |  | |  |  | We have developed a tool adapted from the Care Inspectorate’s file reading tool and section 7 of the SIR template to support periodic case file reviews. Outwith this, team leaders routinely review case file records and log this within the case recording system. Team leaders should discuss the quality of practice as part of regular staff supervision and our supervision guidance highlights this as an important area of focus.  Our statutory reviews are chaired by team leaders which provides a degree of quality oversight. We do not currently seek specific feedback from people on CPOs about the quality of our services as part of the review process, however, we have recently developed a tool to better capture outcomes for people at the start and end of their CPO.  Some staff have used the RMA LS/CMI QA tools to support quality assurance but this has not been universally adopted. We have not yet implemented the QA tool for the revised JSW report format, however, we have developed a local tool to support a thematic review of the quality of court reports.  We have also undertaken some thematic QA work including a review of the quality of case management plans. We devised a tool to aid our evaluation. This activity was supported by a team leader from a neighbouring local authority who agreed to act as a critical friend.  We also undertook a piece of work to look at the quality of our SIR processes in response to Care Inspectorate feedback on our submissions and learning highlighted in their SIRs Biennial Reports. This prompted changes to our local process to improve standards, increase objectivity and encourage reflective learning. Whilst some tools are in place, we recognise there is scope to introduce a more consistent and systematic approach to quality assurance and reporting. | | | | |
| We are able to evidence improvement initiatives informed by quality assurance data | |  |  | |  |  | Our thematic review of the quality and frequency of Serious Incident Review reports led to the development of a revised process to support the preparation and reporting of SIRs. The SIR process is now led by a group made up of practitioners and managers who work together to gather evidence and consider practice to identify any learning for the service. This model has been working well and is contributing to a shared learning culture. | | | | |
| **Overall Rating** | Not at all | | | Partially | | | | Mostly | | Fully | |
|  | | |  | | | |  | |  | |
| **Provide a rationale for your overall rating and reference any sources of evidence not covered in the questions above:** | | | | | | | | | | |
| Our focus over the last few years has been on increasing the quantity and quality of our performance data however, the service is also committed to delivering high quality support and supervision to those on CPOs. To ensure this, we undertake a range of quality assurance activities and have developed a number of tools to support this work. We have reviewed core aspects of practice including the quality of assessments, reports and plans. We have also looked at specific tasks like Serious Incident Reviews and have made improvements to our approach on the basis of our learning. However, these activities are not yet underpinned by a comprehensive quality assurance framework. We do not yet have a standardised approach, agreed QA templates or effective reporting processes. Work is also required to identify how we capture people’s experiences of the quality of relationships, support and supervision. There is also a need to provide some training to staff to ensure a consistent approach to the evaluation of quality and a shared understanding of our quality measures. The ground work is in place to develop a more comprehensive quality assurance framework but a sustained and systematic approach is required. | | | | | | | | | | | |
| **Please provide details about any specific tools or systems you are using to gather, analyse or report performance data:** | | | | | | | | | | |
| **Tool (with description if required)** | | | | | | | | | **Local/National/External** | |
| CJSW report audit tool (applied to 10% of court reports locally) | | | | | | | | | National | |
| RMA LS/CMI QA Tools - We use the QA tools for offender history form, initial assessment and LS/CMI 1-8. We have not yet implemented the use of the Risk of Serious Harm and RMP tool. | | | | | | | | | National | |
| MAPPA Multi-Agency Audit tool – Developed by local MAPPA co-ordinator informed by MAPPA Level 1, level 2&3 and MAPPA case audit tools in National Guidance – applied monthly | | | | | | | | | National | |
| CPO and UPW completion review - Applied by team leader at the completion of orders to confirm all statutory responsibilities have been fulfilled. | | | | | | | | | Local | |

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| **1c MEASURING OUTCOMES** |

**How effectively are you measuring the difference your delivery of community sentences is making to people on community sentences?**

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| **To what extent can you demonstrate the following:** | | **Rating** | | | | | **What is the evidence for this rating?** | | | | |
| Not at all | Partially | | Mostly | Fully |
| We have a set of clearly articulated outcomes measures which reflect local and national priorities. | |  |  | |  |  | Outcomes in relation to delivery of our statutory functions and local priorities are largely captured in our performance management framework. These include measures such as the timely commencement of orders and completion rates for orders and programmes. | | | | |
| We have a set of clearly articulated outcomes measures to capture improved wellbeing and life chances for people who use our services | |  |  | |  |  | Measuring the impact of the support and supervision we provide in terms of positive outcomes for people has been challenging. Historically, outcomes have not been well defined and tools to measure outcomes within the service have been lacking. As part of our HSCP approach to GIRFE (Getting it Right for Everyone), justice service staff have recently developed an outcomes tool which people on CPOs are asked to complete at the start and end of their involvement. As well as focussing on core needs such as offending, housing, poverty, employment, substance use and health, the tool aims to capture the *person’s* views about their needs and the outcomes they desire; the extent to which these are addressed and achieved during the period of supervision; and the quality of the service they receive. It is hoped that over time, this will help us build a better picture of the outcomes that people value and that the service is delivering. | | | | |
| We have processes and tools in place to ensure we routinely gather and collate data regarding the difference our services are making. | |  |  | |  |  | In the past we have been largely reliant on exit questionnaires which had a poor completion rate and only captured data at the end of an order. The development of the outcomes tool will begin to generate data regarding the impact of our support and supervision for people on CPOs. We are currently working to develop an electronic version of this tool which will support easier completion and more effective gathering and analysis of the data. We also use data from LS/CMI which enables us to track progress in delivering case management plans and reducing risk for those on supervision.  Feedback from a service user survey we conducted in 2020 highlighted that people on CPOs felt we could do better at consulting with them on an on-going basis, and also highlighted some change ideas about how we could make the service better. In response, we have recently set up a participation group for people on CPOs. Whilst this is in the very early stages, the forum allows us to gather feedback and members have already contributed to the review of information leaflets. This forum will allow us to gather valuable information about how the service is impacting the people who use it.  We are aware that there is scope to make better use of existing CPO processes like case management plans, progress records and statutory reviews to gather data about outcomes. These would be among our priorities for future development and improvement. | | | | |
| We can evidence improvement activity that has been informed outcome data | |  |  | |  |  | The lack of outcome data prompted us to develop the new outcome tool. Whilst this is in the early stages, we are hopeful this will shape future improvement work.  We have set up a service user participation group in recognition of the fact that gathering outcomes data has been a struggle in the past. Whilst this is in the very early stages, the forum allows us to gather feedback and members have already contributed to change ideas. | | | | |
| **Overall Rating** | Not at all | | | Partially | | | | Mostly | | Fully | |
|  | | |  | | | |  | |  | |
| **Provide a rationale for your overall rating and reference any sources of evidence not covered in the questions above:** | | | | | | | | | | |
| Our Performance Management Framework allows us to gather some outcome data in relation to our delivery of timely services to those on CPOs, and their successful completion of orders and programmes. Historically we have found it much more difficult to capture personal outcomes for people on CPOs. As a service we are committed to involving people who use our services and gathering their feedback. In the past, we have tended to use ad hoc methods such as surveys and questionnaires to capture views and experiences and have consulted people about specific projects as these arose. We have largely relied on exit questionnaires to measure outcomes, but these have provided limited data which has not been consistently analysed or reported. This approach was not consistent, and tools to measure outcomes and gather feedback have been underdeveloped.  More recently, we have taken steps to establishing a more systematic and reliable approach. We have developed and implemented an outcome tool which is designed to capture outcomes and experiences from people on CPOs at the beginning and end of their sentence. By establishing a participation group, we also hope to create an on-going conversation with people who use our services about how we can better support improved outcomes for them. Within the outcome tool, we have identified a number of core measures (e.g. reduced offending, substance use, housing, social connections, finances etc) but the tool is also designed to allow people using our service to identify the outcomes that they feel they have gained. The tool also gathers people’s views about the quality of support and supervision they have received and what (if anything) has made a positive difference for them in the course of their order. At present this is a paper-based tool, but we are working with colleagues in IT to develop an electronic version which will allow us to more easily gather, analyse and report on the data we gather. As we begin to gather data, we will consider how this data should be reported and with whom it should be shared. This is likely to include senior leaders and wider community justice partners. | | | | | | | | | | | |
| **Please provide details about any specific tools or systems you are using to gather, analyse or report performance data:** | | | | | | | | | | |
| **Tool (with description if required)** | | | | | | | | | **Local/National/External** | |
| CJS Outcome Activity Annual Report | | | | | | | | | National | |
| UPW and CPO exit Questionnaire | | | | | | | | | Local | |
| Outcome Identification Tool - Applied at the beginning of statutory orders and at each review thereafter. | | | | | | | | | Local | |
| Service user participation group – focus group questions developed to address specific issues via our participation group | | | | | | | | | Local | |

**PART 2 – ORGANISATIONAL DRIVERS AND CAPABILITIES**

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| **To what extent do the following elements support your performance and quality assurance activity?** | **Rating** | | | | **What is the evidence for this rating?** |
| Not at all | Partially | Mostly | Fully |  |
| **A culture of learning and continuous improvement**  Characterised by:   * Reflective practice * Promotion of accountability at all levels * Investment in learning * A focus on involving people who use services * An evidence led approach to change |  |  |  |  | The development of our Service Performance Report reflects our commitment to using data to inform improvement. Over time our analysis has become more sophisticated reflecting a shift from a focus on outputs towards reflecting on patterns and trends to help us understand and improve key aspects of practice.  Our revised SIR process was prompted by learning from the Care Inspectorate Biennial Report. We recognised that our existing process risked creating a blame culture by only focussing on staff who were involved in the management of the case. Instead, we established an independent team of practitioners and managers to lead the review and share learning with the service. This has brought greater consistency to the process, promoted learning and accountability across the service, and improved the quality of SIR submissions. We have a strong culture of service user and stakeholder involvement and participation in service delivery and development but this has tended to be ad hoc. By establishing a participation forum, we are hopeful that we can secure more consistent involvement and communicate more clearly our commitment to hearing from those who use our services. |
| **Leadership**  Characterised by:   * a focus on performance and quality * ownership over QA processes * modelling a commitment to improvement * actively celebrating strengths and addressing performance issues |  |  |  |  | Within the service, we believe leaders are modelling a clear commitment to strong performance, high quality service delivery and continuous improvement. The decision to recruit a dedicated Performance and Quality Management Lead reflected our commitment to this work, and has made our continuous improvement activity much more visible within the service. Quarterly performance reports are shared with staff as well as leaders to raise awareness. This provides an opportunity to congratulate staff on areas of positive performance and to highlight pressure points within the service. Team leaders are encouraged to reflect on both service wide and individual staff performance within supervision. The decision to establish a SIR group to undertake reviews, including staff at all levels of the service has helped to create a culture of shared accountability within the service, showing staff that quality assurance is not just a management task. The creation of a participation forum, which is attended by the service manager, has also shown that leaders are proactive in creating forums to enable people who use our services to shape the development and delivery of improvement activity. |
| **Governance**  Characterised by:   * agreed reporting structures for performance, quality and outcome data * engaged and informed senior leaders * established levels of accountability * data that is integrated into wider planning and performance systems |  |  |  |  | Established reporting mechanisms are in place for performance data via the following groups:   * The Council’s Planning and Performance Committee (6 monthly) * IJB reporting process (6 monthly and by exception) * Senior Management Team (monthly by exception) * Council Management Team (monthly by exception) * Chief Social Work Officer Report (annually) * Scottish Government Aggregate Return (Annually) * Public Protection Committee (Quarterly) * MAPPA MOG and SOG (Quarterly)   Our data has also been used to inform the Community Planning Partnership’s Strategic Needs Assessment, and the development of objectives with the local HSCP strategic plan  As our systems for gathering and collating data on quality assurance activity and outcome measures are less well developed, routine reporting mechanisms for quality and outcome data are not yet established. The Chief Social Work Officer (CSWO) is cited on planned improvement activity and they review and sign off all Serious Incident Reports. Progress on improvement activity is reported via the CSWO annual report. |
| **Knowledge and expertise** Characterised by:   * staff equipped with necessary skills, knowledge and behaviours * dedicated performance and QA expertise * clearly defined methodologies and metrics to support performance and QA activity |  |  |  |  | In relation to performance data, much of the data is captured via existing processes and we have staff capacity from the Performance and QA lead to support these processes. Experienced team managers have a good awareness of quality assurance around court reports, risk assessments, case management plans and group work interventions. Due to staff turnover, we have a number of new staff and team managers who would benefit from some training around performance management and quality assurance. This would also be supported by the development of a clear quality assurance framework which outlined key responsibilities for all staff. |
| **Resources**  Characterised by:   * capacity to undertake performance and QA activity * Tools in place to support processes * IT systems and technology to support data gathering and analysis |  |  |  |  | The appointment of a Performance and QA Lead has supported significant improvements in our approach to gathering and analysing performance data. We have laid the ground work to take forward improvements in our approach to quality assurance and the measurement of outcomes. There are limits to the reports that we can generate using existing information systems and developing technological solutions to support people on CPOs to provide feedback electronically is a challenge due to IT service restrictions. |

**CONCLUSION**

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| **Having completed your self-evaluation, what is your current capacity for improvement and what barriers do you see?** |
| We feel we have made really positive progress in relation to our performance management framework over the last few years which has given us a strong foundation on which to build. However we acknowledge that our systems and processes in relation to quality assurance and measuring outcomes require further development.  Ongoing challenges around recruitment, retention and staff morale mean that capacity for development and improvement work within the service is limited. Our Performance and Quality Assurance Lead undertakes audit work, prepares monthly and quarterly reports, and is supporting the development and implementation of systems and tools for quality assurance and the measurement of outcomes. However, given the on-going pressures on front-line staff, there has been limited scope to work with teams to address performance issues or offer training and improvement support to staff. The turnover of staff also creates a challenge in ensuring all training and development needs are addressed. Whilst we have a plan about where we would like to get to, we are realistic that it may take some time to implement the systems and processes required.  Whilst we have made progress in automating some of our data processes around key performance measures, Information Systems are limited in the reports that can be generated, and there are multiple systems from which we need to gather and collate data. Recent issues with the LS/CMI system, which forced a return to the use of paper templates, has also caused difficulties in gathering data during this period. Whilst we have some analytical support from the Planning and Performance team, this is limited. Staff within the Justice team do not always have the necessary time or expertise to develop the data systems required to support efficient analysis and reporting.  In recent years, we feel we have made a positive shift in our culture of learning and continuous improvement. The establishment of our SIR group has demonstrated our commitment to reflecting on, and learning from practice and has enabled staff at all levels of the service to participate in and contribute to that learning cycle. This is helping to build capacity and embed reflective practice within the service. |
| **What are your priority areas for improvement?** (A brief bullet point list will suffice) |
| * Develop and implement a quality assurance framework. This should include key quality measures, agreement on the QA templates to be used, and governance and reporting arrangements. * Identify a clear set of quality and outcome measures for the service and agree governance reporting structures. * Amend the statutory review template to better align with our new Outcome Tool and enable us to capture feedback about the quality of our service from people on CPOs. * Review our use of case management plans and progress records to consider how we might more effectively capture outcome data.   Consider how we might develop sustainable opportunities to build staff knowledge and expertise in relation to quality assurance and continuous improvement that are not dependent on traditional training models. |