

## **Midlothian Council Scrutiny Report**

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### **1. Introduction**

On 1st April 2011 the functions of the Social Work Inspection Agency (SWIA), the Care Commission and the section of Her Majesty's Inspectorate of Education (HMIE) responsible for inspecting services to protect children were transferred to a new scrutiny body, the Care Inspectorate (CI).

The CI carried out an inspection of Midlothian social work services in December 2011. The CI decides how much scrutiny a council's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk across social work services as a whole and at the level of individual services such as criminal justice; adults and community care and children & families. The CI carried out the initial risk assessment of Midlothian Council's social work services between June and November 2011. We did so by:

- Examining 75 children & families and adults case files<sup>1</sup>. We were supported in this task by local file readers. In addition we examined an analysis of 19 files which had been scrutinised in 2010 as part of supported self-evaluation of services for high risk offenders.
- Analysing around 300 documents provided by the council or sourced by the CI.
- Utilising SWIA's performance inspection report (published November 2008) and follow-up report (published January 2010) and SWIA's inspection report on criminal justice social work services in the Lothian

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<sup>1</sup> The number of files read was reduced by 5 to 75 (Child protection files were not read due to the positive and effective response from the council reported by HMIE in February 2009 and the joint child protection inspection which was due in 2011-12, and now published in August 2011). Criminal justice files were not read in 2011 to avoid duplicating work undertaken in the 2010 file reading.

and Borders partnership (published November 2005) to track progress made on recommendations.

- Analysing key national performance data.
- Analysing the findings of the HMIE report on the joint inspection of services to protect children and young people (published February 2007); an interim follow through report published in March 2008; a follow through report published in February 2009 and a CI report published in August 2011 on the joint inspection of services to protect children and young people; Care Commission reports on fostering and adoption (published February 2011); and Audit Scotland Best Value report (published June 2008).
- Participating in shared risk assessment activity led by Audit Scotland. This activity included all relevant scrutiny bodies. The proposed scrutiny for 2011-14 based on this assessment is detailed in an assurance and improvement plan update (published May 2011).

The ISLA focuses on answering nine risk questions:

- Is there evidence of effective governance including financial management?
- Is there effective management and support of staff?
- Is there evidence of positive outcomes for people who use services and carers across the care groups?
- 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, which seek to remove obstacles in society that exclude people?
- Are there any areas which require urgent attention and improvement?

## 2. ISLA findings

On the basis of the evidence available at the risk assessment stage, there were five areas where we had no significant concerns and no follow up scrutiny was undertaken:

- Overall there were no significant concerns about the **management and support of staff** arising from the information received on the morale and supervision of social work staff. Staff absence at all levels had decreased considerably. A joint learning and development initiative with Scottish Borders Council was assessed as positive.
- There was sufficient information at the point of our ISLA assessment to indicate that good progress had been made on **self-evaluation**. The

results and forward planning from self-evaluation were beginning to be evidenced. Social work services had done significant work in developing file auditing systems and on involving and obtaining feedback from people who used services and carers.

- There was evidence of strong current **partnership working** at senior management level both within social work and across services: community planning, community health, drugs and alcohol and child protection (we address adult protection elsewhere in this report). Strategic partners were well engaged in developing service plans. People who used services and their carers were involved in helping to shape services for the future.
- Overall we had no significant concerns about the compliance of social work services with **equality and human rights legislation**. There was a clear commitment at corporate level. Structures and processes were in place to address gaps in practice.
- There were no areas requiring **urgent attention**<sup>2</sup>.

In four areas the level of risk was uncertain and follow up scrutiny was undertaken:

- There was a range of factors relating to **governance and financial management** which presented us with areas of uncertainty, e.g. progress in delivering and monitoring services jointly with neighbouring councils and NHS Lothian. We wanted to ascertain:
  - how the council would continue to deliver a balanced budget for social work services;
  - the robustness of financial oversight and of strategic and service planning and development; and
  - the further implementation of a joint approach for the social work services and related financial oversight.
- Performance in relation to **outcomes** for people who use services in Midlothian was mixed: the majority of the performance figures were above the Scottish average but some indicators were below. Some trends were improving while some were deteriorating. Scrutiny was required to determine planning for improvement, at a time of significant structural and service change.
- There were a number of uncertainties across the care groups in respect of **assessment and care management** in the files we read such as the quantity and quality of chronologies, SMART<sup>3</sup> care plans and reviews. Files we read were scrutinised regularly but we wanted to know how consistently this was applied in practice across the range of teams. We did not know how training was to be linked to improving practice. More information was required about unallocated work.
- Overall there were uncertainties in relation to **risk assessment and risk management**, particularly in respect of services to protect adults at risk of harm and the quality of some risk assessments and risk management plans. High risk offender performance was generally

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<sup>2</sup> Aspects of practice that pose a serious and immediate risk.

<sup>3</sup> Specific, measurable, achievable, realistic, time-bound

acceptable, with violent offender work an area for improvement (similarly to other local authorities).

The CI summarised its findings in a report that it sent to the council in November 2011.

### **3. Timing of scrutiny**

The proposed scrutiny was based on a risk assessment of the council as level 2 – moderate risks, adequate performance and moderate activity on improvement work. The amount of scrutiny the CI carries out in a council relates both to the assessed level of risk and the size of the local authority. These combined factors meant that the CI could have undertaken up to 30 scrutiny sessions in Midlothian. We completed our main scrutiny stage in December 2011. This included meetings with staff, managers and partner agencies. We carried out 20 sessions and attended presentations on two services the council identified as good practice. We considered this number of sessions to be sufficient to clarify the uncertainties within our scope of scrutiny. Unless otherwise stated, our scrutiny findings mainly relate to areas where uncertainties or concerns remained at the end of our fieldwork and a recommendation for improvement was required. We refer to the good practice examples, which were submitted by the council, in Appendix One.

### **4. Scope of scrutiny**

#### **4.1 Management and support of staff**

We noted no significant concerns during the risk assessment stage (ISLA) which took place between June and November 2011.

The council had an overall business transformation programme which contained an effective working approach and a people strategy. Senior managers were committed to taking staff views into account and improving staff morale.

The situation in social work services was positive. Most social work staff enjoyed their work and morale was similar to other councils. The 2010 SWIA follow up report acknowledged that substantial progress had been made in effective communication with and delegation to staff. A local practitioner forum had been meeting. There was also a staff ideas group whose remit was to consider suggestions made by council staff and translate these into positive changes.

The service had a range of human resource documents including a policy for recruitment and a clear supervision policy. The results of a survey showed that staff were generally positive about supervision. We found staff supervision was evident in many of the files read. Detailed learning and development plans for 2011 set out mandatory, qualification and post

qualification and developmental training elements. There was a joint Midlothian and Scottish Borders learning and development team work plan. Workforce planning was an area to be developed.

Managers were considering the content of case files and identifying areas for improvement. During our file reading we found substantial evidence in the casenotes of case discussions which had taken place in staff supervision sessions and of managers auditing the files to good effect.

The total number of whole time equivalent social work staff in Midlothian decreased slightly between 2009 and 2010, ending 0.9% (per 1,000 population) below the Scottish average. Social work vacancies (0.5%) were however well below the national average of 5.7% in 2010.

Staff absences had significantly improved in the short term, falling sharply in the first quarter of 2011-12: in adult services from 4.19% to 1.44%, in criminal justice from 8.27% to 1.13%, and in children & families from 8.23% to 1.22%.

#### **4.2 Self-evaluation**

We noted no significant concerns during the risk assessment stage (ISLA) which took place between June and November 2011:

The council, including the social work services, used the Midlothian Excellence self assessment Framework, based on EFQM (European Foundation for Quality Management) principles. The 2008 SWIA report found a number of areas for improvement including the need for systematic measurement of outcomes in the social work service. Since then the social work service had taken a positive approach to establishing systems of self-evaluation, including using SWIA resources such as file auditing templates. The services produced comprehensive trend reports for senior managers on performance indicators, standards and improvement actions.

The services produced useful at-a-glance sets of process, impact and outcome measures under the five headings of health, wellbeing, social inclusion, independence and safety (community care) and the SHANARRI<sup>4</sup> wellbeing indicators (children & families).

There was ample stakeholder feedback. The service has adopted the "Talking Points" framework for obtaining feedback from people who use services. We read reports of results from surveys of people who use services and carers. Some research had begun into the future of self-directed support. We read positive material about the involvement of young people, including those being looked after, in service development. Adults had also been involved in the redesign of mental health services. When we met with people who had a learning disability, the group were enthusiastic about their involvement in a range of consultation groups and human resource processes such as training and staff recruitment within the voluntary sector.

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<sup>4</sup> Getting It Right For Every Child wellbeing indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included

### **4.3 Partnership working**

We noted no significant concerns during the risk assessment stage (ISLA) which took place between June and November 2011:

We saw clear documentation and profiles to underpin key partnership arrangements in respect of child protection, education, housing, the community health and care partnership and community planning. Adult protection is considered under “risk assessment and risk management”.

Some joint plans had been developed including the integrated children’s services plan (developed by the local authority, health, police, children’s reporter and voluntary sector partners) and the learning disability services plan (developed by health and the local authority). The adults and community care service plan had been used to develop a more integrated approach with health and third sector partners to support more older people remaining in the community and build on the older peoples strategy.

The Midlothian community health partnership had been a well established partnership since 2005, and there was evidence of involving people who use services and partners.

The Midlothian and East Lothian drugs and alcohol partnership worked together effectively to produce good information for forward planning purposes.

There was also clear documentation outlining the relationships and responsibilities of Midlothian Council and the Midlothian child protection committee.

Our file reading found good evidence that the views of people who use services were taken into account at both the assessment and review stage. It was clear which agencies were involved with people who use services and in almost all instances the relevant agencies were involved. In the majority of instances the improvements in individuals’ circumstances could be attributed mostly or completely to effective collaboration between services.

Development was underway in social work services to consider aligning or merging services, e.g. children’s services. An options appraisal of criminal justice services had been carried out with East Lothian. It was not clear from the information received how far the shared agenda had progressed (this has been addressed under “governance”).

### **4.4 Equality and human rights**

We noted no significant concerns during the risk assessment stage (ISLA) which took place between June and November 2011:

Equalities had a clear profile at corporate level as acknowledged by the 2008 best value report. Audit Scotland reported that the council demonstrated a

clear commitment to equality, supported by effective policies and procedures and equality impact assessments.

The equality policies we saw covered the standard areas. We considered the number of equality impact assessments completed and published on the council website to be reasonably good.

Audit Scotland referred to the arrangements for consultation and reporting into the council, including the Midlothian equality forum and an internal equalities working group.

The council website had an equality and diversity section with equality impact assessments and links to other reports.

The 2008 SWIA performance inspection report found that there was a range of local advocacy services in Midlothian, including advocacy for people with mental health problems, people with a learning disability, older people and carers. The council was informed of the views of people who use services through some of the advocacy services which it supported.

While there was more corporate evidence relating to the subjects of equality and human rights than in social work itself, the chief social work officer reported on associated topics such as personalisation as well as service user and carer complaints.

Following the performance inspection, recommendations on timescales and eligibility to improve people's access to services were fully met.

In most of the files we read, we considered that the service had tried to overcome any potential barriers the person using the service might face: communication, disability, exclusion, language, etc. The majority of files we read recorded ethnicity.

## **5. Scrutiny findings**

### **5.1 Governance and financial management**

#### **Reasons for scrutiny**

We noted the following areas of uncertainty during the risk assessment stage (ISLA) which took place between June and November 2011:

#### Budget management

In regard to the chief social work officer annual report 2010-11, we expected to see a brief high level appendix of the financial performance of the service for the year. The report was a summary of the year's activities but it did not include any information regarding the human and financial resources employed to deliver the services.

Although outturns, in total, were relatively close to budgets in recent years, there were some variances within the figures. For example, foster payments were £0.735m (59%) overspent in 2009-10. Risks had been identified in the rising cost of the children & families service, particularly in purchasing foster care placements. There were plans for a recruitment drive and retraining of existing carers to deliver this enhanced service in-house. These had been recently agreed and listed as completed. However, we needed to know what the plans were to evidence that this had worked.

In adult services, we identified risks in relation to how the council would continue to deliver the range of services within reducing budgets. Both actions and lead officers were not yet identified.

### Financial oversight

On reviewing the minutes of the corporate management team (CMT) and the departmental management team (DMT), we found little evidence of budget monitoring reports being submitted and discussed by these senior management teams. Regular meetings took place between finance officers, budget holders and managers to discuss budget issues but these meetings were not always minuted.

### Monitoring services jointly

We received little information regarding partnership financial matters. There were no routine formal arrangements for financial reporting on joint services, and that reports were submitted to the joint governance bodies on an “as required” basis. We queried the strength of these financial oversight arrangements.

### Delivering services jointly

Service planning in both adults and children & families services showed how the service plans linked to the council’s single outcome agreement as well as wider community planning through the community planning partnership. Plans were in place for the range of services. These acknowledged changes in delivery of services and the new structures had an impact on how quickly the plans would be implemented.

The council had been aspiring for some time to align or merge services and achieve joint delivery with neighbouring councils and the NHS. They were awaiting legal advice to see if they could achieve further integration in children’s services and in criminal justice. The council had not confirmed whether it wished to proceed or set an implementation date for any changes and we remained unclear on these matters.



## **Scrutiny findings**

The scrutiny stage of governance and financial management took place in December 2011. Our findings were as follows:

### Budget management

From our discussions with officers it was clear that there was a problem in controlling the overall level of foster payments in respect of the levels of children who were looked after and accommodated. The budget was projected to overspend by £500k during 2011-12 and it was expected that a further £580k would be added to the 2012-13 budget for overspends arising from the use of agency foster care placements. Middle managers in children and families told us that, if placements were successful, they tried to maintain children in these placements even if they were outside Midlothian and this may unfairly affect performance figures. The council was working towards bringing this budget under control. First line managers told us that more local foster carers had been recruited and a kinship care service developed. In the meantime, it was council policy to meet the budgetary requirements for foster care.

In community care, it became evident to us during fieldwork that at least some of the variances were due to budgets not being aligned to shifts in patterns of service delivery. Officers agreed that budget realignment was required and that this was to be progressed.

### Financial oversight

Management overview of budget monitoring was greater than originally indicated in the ISLA. We met with senior finance and service managers who confirmed that, within community care, the weekly resource panel meetings were minuted. Within children and families, a multi-agency resource group met on a monthly basis. Overall, formal reporting was on a quarterly basis through the divisional management teams (DMT) to the corporate management team (CMT) and thereafter to members of the council.

### Monitoring services jointly

We considered that financial reporting for jointly funded services could be improved to provide greater transparency and consistency in financial accountability. There did not appear to be a clear process or expectation in reporting the use of funds for all such services. For example, the council was unable to provide evidence of any recent financial reports to the community health partnership. In general, budgets were aligned rather than pooled and there were structures in place for joint reporting on specific projects rather than an agreed or standard approach to joint monitoring.

## **Recommendation for improvement 1**

**The council should agree with its partners, on an interim and longer term basis, clear and appropriate processes for consistently monitoring and regularly reporting the use of funds in respect of all jointly funded services to the Community Health Partnership or equivalent.**

### Delivering services jointly

Overall, the council had a sound current base of joined up working with key partners. Senior managers were also looking to develop partnerships incrementally as opportunities arose.

There was evidence of joined up working from the number of projects and jointly funded/managed activities that were in place. Midlothian and East Lothian were developing adult and child protection arrangements into a public protection model to include MAPPA (multi agency public protection arrangements) and align with police processes. East Lothian and Midlothian councils had recently agreed to appoint a joint head of education services.

All senior managers were clear about the desire to develop shared services further with neighbouring councils as well as with NHS Lothian. There were already a number of arrangements in place that were working well and managers wanted to build on these rather than create wholesale structural change at this stage. Progress for some services was therefore slower than might have been otherwise. Protracted discussions about combining criminal justice services, for example, had not reached a conclusion but work within the community justice authority (CJA) was looking to develop specific project areas rather than structural changes.

## **5.2 Outcomes for people who use services and carers**

### **Reasons for scrutiny**

We noted the following areas of uncertainty during the risk assessment stage (ISLA) which took place between June and November 2011:

### Planning for improved outcomes

A number of Midlothian's key performance indicators were worse than the Scotland average and some trends were deteriorating. We wanted to know how the council planned to improve performance in these areas.

Seven (of 11) key performance indicators for community care services for older people in Midlothian were worse than the Scotland average, including various aspects of home care. These figures were mainly for 2009-10. Three indicators for home care (the number of people supported by home care;

receiving intensive home care and receiving free personal care) showed a deteriorating trend since 2007-08.

We noted that six (of nine) Midlothian key performance indicators for children's services in 2009-10 were better than the Scotland average (some figures were provisional): exclusions of children who were looked after and who were looked after and accommodated; care leavers having a pathway plan; having a care co-ordinator and those in education, employment or training; and children who were referred to the children's panel on offence grounds. Two (of nine) key performance indicators for children's services in 2009-10 were worse than the Scotland average: children (who were looked after and accommodated) with three or more placements and the level of care leavers receiving aftercare services. Young care leavers we met told us they would like more support. For two indicators (level of three or more placements for children who were looked after and accommodated and school exclusions of children looked after at home) the trend had deteriorated since 2007-08.

In criminal justice, outcome indicators for social enquiry reports, community service orders and probation were better than the national average (published figures up to 2008-09). Local performance reports also reflected this position as at May 2011.

#### Managing impact of structural change

The council had carried out a significant restructure of services. Midlothian had been selected as a demonstrator site for people with dementia. Midlothian had also received national awards for the redesign of services for older people (Scottish Social Services Council) and for the re-tendering of learning disability services (Consumer Engagement).

#### Use of complaints information

Complaints were reported through an annual complaints report. There was information on themes and response times. There was no information on the outcomes of these complaints or on trends.

#### Availability of information about services

The 2010 SWIA follow up report found that only some progress had been made in ensuring information about social work services was more readily available in a variety of formats to all residents of Midlothian.

In the carer survey for 2010, most carers responded positively but there were some problems in getting access to clear information and to assessments. It was not clear from the 2011 community care user and carer action plan how these deficiencies were to be remedied.

## Scrutiny findings

The scrutiny stage on outcomes took place in December 2011. We found that:

### Planning for improved outcomes

Service providers we met told us that progress was limited in terms of delivering information on outcomes. Senior managers in the council told us that national performance measures needed to reflect the impact of better re-ablement services since, for example, improvements in personalisation may lead to a need for less home care provision to individuals. We did not however see sufficient alternative data from the council to justify performance indicators being below the national average.

We refer elsewhere in this report to the good progress which had been made on self-evaluation. The results and forward planning from self-evaluation were beginning to be evidenced. The services had produced useful at-a-glance sets of process, impact and outcome measures. Senior managers acknowledged that, while they had a basket of measures, it was early days in terms of following up the effects of re-ablement and ensuring they had the correct measures in place. The Talking Points service user feedback tool will be able to provide customised reports on the outcomes feedback from people who use services in relation to specific services received but the data was not available at the time of our inspection.

### **Recommendation for improvement 2**

**The social work services should continue to improve the availability of valid outcome data, both quantitative and qualitative, in order to demonstrate how structural and operational changes to service delivery have impacted on performance.**

### *Children and Families*

Effort was made to address concerns about the educational outcomes for some children who were looked after and accommodated by the appointment of a principal teacher for these children. The principal teacher worked to support positive attitudes to learning. Award ceremonies had been instituted to recognise these children's achievements. Middle managers in children and families said they were trying to ensure that young people leaving care were undertaking meaningful activity that would support them and develop skills for the future, e.g. voluntary work.

Senior managers reported that elected members now had a greater knowledge and understanding of their responsibilities as corporate parents. Facilities for young people (who were looked after), and their involvement in the associated design, were improving as a result.

At the time of the 2010 SWIA follow up report, substantial progress had been made in implementing permanency plans promptly. During our recent fieldwork, senior managers did however acknowledge continuing difficulties in securing permanence for some children, due to a combination of high profile cases and their lengthy processes. The permanency overview group (POG) was trying to address this. For example, in the past the council had commissioned adoption assessments from outwith the area but they were now striving to have all of these assessments carried out by council staff to give greater control over the process.

### *Adults and Community Care*

Midlothian's new extra care housing development in Penicuik featured as a case study in the strategy for housing Scotland's older people 2012 – 2021 (November 2011). The proposed 32 flats are designed for older people with varying needs who require support. The development includes a communal hub where care staff will be based.

Senior managers acknowledged that there had been recent problems in a local care home. The CI had identified problems in the home with leadership, management and skill deficits. The council had initiated remedial action to improve the quality of care delivered to individuals.

Despite having a record of commissioning good quality care services, the CI had also identified weaknesses in a care service for adults with a learning disability. Managers, in conjunction with the Care Inspectorate, had put measures in place to improve the quality of care to individuals.

These matters will continue to be taken forward and addressed by the council and the Care Inspectorate.

### *Criminal Justice*

Criminal justice managers told us that a new assessment and case management tool (LS/CMI<sup>5</sup>) would go live in January 2012 and this would ensure greater clarity about outcomes. They had modified their action plan to make it easier to state outcomes at the outset.

### Managing impact of structural change

The services had been re-structured into *education and children and communities and well-being* directorates. Frontline staff and managers working within each of the new directorates saw clear benefits to the closer working together of different professionals, building on the strong partnerships which existed previously. One unanticipated result however was that it became harder to maintain relationships and exchange information with other colleagues located elsewhere.

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<sup>5</sup> The Level of Service/Case Management Inventory: comprehensive risk assessment of an offender's circumstances that leads to a plan of intervention.

Providers of adult services were engaged in shaping how services were developed and delivered. They gave a number of examples of how access to services had speeded up and issues had been resolved quickly through identified contacts.

Criminal justice staff were generally positive about the move into adult services from children & families, particularly in relation to the increased level of communication.

Senior managers in education and children's services described a more streamlined approach arising from the restructuring: one that was informed by GIRFEC (*Getting it right for every child*) and promoted collaborative working to improve outcomes for children and young people.

#### Use of complaints information

Senior managers told us that, where complaints were dealt with through the standard procedure, there was feedback to the allocated member of staff and the team leader as well as monthly feedback to the divisional management team on outcomes and trends. There were also quarterly reports to elected members. Senior managers were able to give us examples where complaints had led to improvement, e.g. in arrangements for respite and charging policies. Team leaders in children & families said that one of the areas which had improved as a result of the complaints process was communication with families was now better.

#### Availability of information about services

Planning officers we met said that the website had been updated recently and confirmed our own findings that leaflets were available. Criminal justice staff told us that information on the council website had improved. Managers advised us that they had been in dialogue with a literacy agency to seek guidance on further improving the leaflets. They also said that there was an ongoing programme of work to ensure that information was available in "easy read" format and that they were seeking to adopt an e-learning programme to enable staff to provide material in easy read format more effectively.

### **5.3 Quality of assessment and care management**

#### **Reasons for scrutiny**

We noted the following areas of uncertainty during the risk assessment stage (ISLA) which took place between June and November 2011:

#### Improving care plans and chronologies

From our file reading, we found that care plans were only SMART in 47% of files we read (50% in criminal justice files). We also found that, in almost 50% of files we read, there was no chronology where there should have been one.

Less than a third had a chronology of an acceptable standard. In children & families, in 38% of instances where there was a chronology, it was not of an acceptable standard. 70% of community care files had no chronology when there should have been one. With high risk offenders, 79% had a chronology, 69% of which were of an acceptable standard.

#### File and review auditing

The social work services had made good progress with implementing clear case file audit procedures. These procedures had the potential to improve social work practice but we were unclear how rigorously and consistently the auditing procedures were implemented across all teams. We saw evidence of reviews for individuals taking place, but we needed more information on the quality of the reviews and the end result of reviewing cases for individuals who used services – as well as the methods that managers used checked the quality of reviews.

#### Training and practice

From the documentation received, we wanted to know how training was to be linked to improving practice.

#### Unallocated work

There were a number of people on waiting lists for services as at May 2011 due to demand and staff vacancies. While action had been taken on the staffing situation, we needed to know more about the workload allocation position.

### **Scrutiny findings**

The scrutiny stage took place in December 2011. We found:

#### Improving care plans and chronologies

In children & families, team leaders said that they had seen care plans improving from their own file audits while practitioners told us that there was far more focus now on outcomes in the care plan. Front line staff and managers in community care also believed care planning was improving and that a new care plan tool had helped.

Senior managers and staff in community care recognised a need to improve chronologies. There remained some lack of clarity about the purpose and use of chronologies. Frameworki had a facility for aggregating “significant events” but, in our view, these did not necessarily equate to chronologies. Senior managers in community care recognised this matter still required more work in terms of training, recording and practice.

### File and review auditing

In criminal justice, every case review was audited. Remedial actions were identified and addressed in supervision.

In children & families, care plans were monitored by team leaders doing case file audits six-weekly for child protection and three-monthly for others. Middle managers sampled a random selection of one case per month.

In community care, every assessment was read by a team leader. Not all staff we met was happy with this and middle managers told us that work was ongoing to make it less onerous.

Planning and performance officers informed us that quality control of service user reviews was included in the audits by team leaders. Senior managers in community care recognised the need to ensure reviews in care homes were multi-disciplinary and addressed complex healthcare needs and nursing practice.

Senior managers thought that best practice was not always reflected in the recording on frameworki. The biggest obstacle, according to community care practitioners, was that the tools in frameworki were not yet fully developed and there was still duplication of information in the system. Managers recognised the need to reduce the duplication of assessments, e.g. for resource panels and for sharing with health. Staff said it was not possible to share all the necessary information on the electronic systems. Senior managers had worked very hard to encourage a change of culture towards fully embracing information technology but acknowledged that there were some limits on access.

<b>Recommendation for improvement 3</b>
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<b>The social work services should, in consultation with staff, set clear targets and timescales to continue to improve the usability of, access to and reduce duplication in frameworki.</b>
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### Training and practice

A learning and development team covered Midlothian and Scottish Borders. They had been successful in developing action learning sets to share practice and champion improvement. Training staff told us that there was a good range of learning opportunities which focus on developing key areas, covering all staff. Staff in community care reported that they accepted responsibility for their own learning and had regular journal groups where they shared good practice. Team leaders in children & families presented a very positive picture in respect of training and other systems for improving practice in general and care management in particular.



## Unallocated work

We had noted during the ISLA that, in relation to allocation of work with children, all children subject to child protection procedures were allocated, had a plan and were the responsibility of a core group of key professional staff. Average and longest waiting times for services in community care were less than a month during 2010-11. Service providers we met during our fieldwork told us that there was no general problem in Midlothian with waiting times for services or with allocation of workers.

Middle managers said there was no unallocated work in children & families, but one or two practitioners said team leaders were holding cases if worker caseloads were full. Staff felt they had to work more on a task-based approach with children now, with the aim of achieving the outcomes of the care plan.

Waiting times for allocation were monitored in adult services through monthly performance reports to community care management team and divisional management team. Managers told us they had recently employed locum staff to clear the waiting list.

In criminal justice there were some reports which could not be completed for the first due date and more time had to be requested. This was temporary, due to absences for training (largely LS/CMI) and maternity leave.

## **5.4 Effectiveness of risk assessment and risk management**

### **Reasons for scrutiny**

We noted the following uncertainties during the risk assessment stage (ISLA) which took place between June and November 2011:

### Policies and procedures

We considered that the proliferation of single and multi-agency risk assessment and risk management policies, procedures and tools used by social work services and its partners could be potentially confusing for practitioners.

### Adult protection

The Edinburgh, Lothian and Borders Executive Group (ELBEG) had produced inter-agency adult support and protection guidelines in 2009. We had questions about the Midlothian adult protection procedure we read and its application, in respect of the appropriate use of telephone initial referral discussions and professional discussions. There was no information reported about the number of adult protection case conferences convened (including the ratio of number of referrals to number of conferences) or adult protection plans in place.

### Quality and consistency

Our file reading focussed on people who use community care services and children not subject to child protection procedures. We found that 7% of protection-type<sup>6</sup> risk assessments were rated as weak.

15% of the files that should have had a risk management plan did not have one – 12% in children and families and 20% in community care. The distribution of the quality ratings for risk management plans was similar to that for risk assessments.

Concerns regarding protection-type and non-protection type risks had not been dealt with adequately in 13% and 14% of cases respectively.

### High risk offenders

For criminal justice, the file reading for high risk offenders found that the updating risk management plans for violent offenders was an area for improvement.

### **Scrutiny findings**

The scrutiny stage took place in December 2011. Our findings were as follows:

#### Policies and procedures

We met a group of front-line staff who worked in children's services. They commented favourably on improvement work to help them to prepare better chronologies.

We had read the social work services risk assessment policy originally issued in 2007 and reviewed in 2009 and 2011. Staff acknowledged that the assessment process flagged up the risk assessment tools to be used and they did not express confusion on this matter. But they said there could be duplication in respect of risk assessments and risk management plans, e.g. the GIRFEC assessment template versus children services' specific electronic templates.

Front-line staff who worked in adult services reported that the adult protection policies and procedures clarified staff roles and responsibilities in respect of adult protection.

All of the staff we met reported that there was an extensive suite of training in respect of risk assessment and risk management practice.

#### Adult protection

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<sup>6</sup> Current or potential issues regarding adult protection, child protection or protection of the public. Not restricted to formal procedures.

We asked the relevant staff about procedure in relation to initial referral discussions (IRDs). The procedure states that, if warranted, an IRD should take place within five days of receipt of the referral – an IRD is often a telephone discussion among social work and other agencies with adult protection responsibilities. The relevant staff stated they were confident that workers would initiate a prompt and appropriate response if they considered that any vulnerable adult was at risk of immediate harm.

During fieldwork, we were provided with data on the numbers of adult protection case conferences convened. The aggregate data which was collected on adult protection case conferences and “professional discussions” did not differentiate between the two. Thus we could not determine how many adult protection case conferences were convened. Staff we met assured us that an adult protection case conference was always convened when this was appropriate. Senior managers recently provided internal figures which appropriately differentiated professional discussions from case conferences but published data did not. Published data did not provide relevant figures on adult protection plans.

In case conferences, the adult at risk of harm and their carers (if appropriate) should be invited as well as other relevant parties. Staff said that professional discussions (a discussion amongst a number of staff from agencies involved in adult protection) were never a substitute for a full adult protection case conference.

<b>Recommendation for improvement 4</b>
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<b>Adults and community care services should be clearer and agree with its partners on the relevant aggregate data which should be collected and published on adult protection.</b>
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#### Quality and consistency

The managers of the criminal justice service said that they supervised their team members every three weeks and this process was crucial for monitoring the quality of risk assessment and risk management practice. The managers had carried out audits of criminal justice records which helped to drive up the quality of practice. Senior managers also audited a small number of criminal justice records.

We met a number of team leaders who managed children’s services staff. All of them said that they routinely monitored and audited risk assessment and risk management practice. They gave feedback to staff.

Senior managers in community care considered their audit process to be rigorous. Feedback was given to practitioners and regular focus groups were also run for staff. Frontline staff confirmed to us that all assessments were examined by managers. Community care first line managers we met said that

a planned audit of adult protection case files will review how well relevant processes had been followed.

### High risk offenders

The views of the criminal justice managers on working with violent offenders were shared by front line staff – the service needed to continue exploring methods to further reduce the risk posed by violent offenders (which is similar to other parts of the country). An action plan had been produced and was being implemented. They said that they already had a range of interventions intended to reduce reoffending. Some outcome information was being gathered but aggregation was still at an early stage.

## **6. Next steps**

The present 2012 CI scrutiny report contains four recommendations. There is some overlap with previous recommendations to improve information on outcomes and joint financial reporting. We will now ask the council to draw up a SMART action plan based on our recommendations. The link inspector will maintain regular contact with the council to monitor the impact of new arrangements and new developments and to monitor progress in implementing the action plan. Subject to any review of the role by the CI, the link inspector will also continue to offer support for self-evaluation and self-evaluation activity.

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

**David Rowbotham**  
**Senior Inspector**

## **APPENDIX ONE: Good Practice Examples**

### **K.I.C.K. Kids in Care Krew**

Constituted under the Midlothian Youth Platform, K.I.C.K. was open to looked after and accommodated young people living in a variety of settings, and facilitated participation by them regardless of where they were looked after and kept them involved when their living situations changed.

K.I.C.K. was supported through the council's community learning and development service and had a clear aim to facilitate the participation of the most vulnerable children and young people, helping them get their voices heard by key policy-makers locally and enabling their views to influence a range of policies and service development.

It was resourced to allow young people to be supported by staff with particular skills and knowledge who could build relationships with them and give them confidence to participate.

Young people reported a wide range of benefits from their participation, including increased self-confidence and feelings of self-worth, development of knowledge and skills in areas such as public speaking, literacy, publications, use of IT, photographic equipment and problem-solving.

The group had completed a number of activities, including production of a DVD, about the experience of being looked after. This had been used to increase awareness of looked after young people among staff locally, including social workers and residential staff. They had redesigned forms used to capture young people's views to inform their own plans (*Having Your Say*) to make them more age appropriate and were developing an information pack for young care leavers.

Their activities had increased the awareness of staff and services of the need to listen to young people's views. The next step was to review how well the council had taken their views on board; to change how they engaged with young people and how they delivered services.

The Kids in Care Krew represented good practice because the initiative:

- targeted some of the most vulnerable children and young people who are under the responsibility of the council;
- supported these young people to articulate their views;
- encouraged them to influence a range of policies and practice to better meet their needs;
- flexibly accommodated changes in circumstances of the young people;
- developed confidence and new skills; and
- facilitated the young people themselves to lead on the development and delivery of the group's activities.

## **Transforming older peoples services: an outcomes approach in practice**

Scottish Government had supported the council's recent approach to outcomes in health and social care. Midlothian became one of six pilots agreed in 2007 to improve:

- the outcome focus in assessment and care planning;
- performance based on personal outcomes; and
- the commissioning of services using an outcome approach.

These developments used a tool to collect data within an outcome framework based on semi-structured conversations, called "Talking Points".

This shift to an outcome focus has the potential to significantly improve practice. The combination of the semi-structured, yet individualised, process of assessment enabled a personal care plan to be developed. The data collated, monitored systematically and subsequently acted upon using an outcome framework should lead over time to innovative practice.

Midlothian Council adult services and its partners had redesigned services for older people and this enabled increasing numbers of older people to get out of hospital more quickly, avoid admission to a care home and thereby live independently at home, commensurate with their wishes. The overall aim of the service redesign was to shift the balance of care from older people having their needs met in care homes to older people having their needs met at home.

Extensive, outcome-focused consultation was carried out with around one thousand people who use services and carers, to find out their views about the development of older peoples' services in Midlothian. Electronic consultation tools, Talking Points and Viewpoint, were deployed to enable some people who use services and carers to express their views.

Some of the improved outcomes for older people delivered by the transformation of older people services were:

- More older people were supported by adult services to live independently at home, when previously they would have been in a care home. Despite an ageing population, Midlothian adult services had been able to reduce demand for care home places by 11 percent.
- Due to the reablement service, a number of older people had their admission to a care home prevented and they have been able to return to their home.
- Over 80 percent of older people who had used the reablement service had been able to continue to live independently at home, without the need for home care support.
- Midlothian's financial inclusion strategy had enabled significant numbers of older people to have their incomes maximised – a total of £6.5 million increase in the incomes of older people in Midlothian.

### *Measurement of outcomes*

Adults services had systematically engaged with older people to find out if the redesigned service was delivering good outcomes for them. Adults services continued to develop the use of electronic consultation methods to elicit the views of older people who use services and their carers about the positive difference services make to their independence, wellbeing and quality of life. Ninety eight percent of the older people respondents reported that they were very satisfied with the services they received and these services improved their quality of life by supporting them to live independently at home.

The redesign and transformation of older people's services by Midlothian Council and its partners represented good practice because the approach:

- was founded on extensive consultation and engagement with older people and their carers;
- delivered good outcomes for older people and these had been systematically measured by adult services;
- delivered efficiency savings and maximised benefits to older people from the available budget;
- had used new technology (telecare) innovatively to enable older people to stay safe in their homes as well as enabling older people and their carers to express their views about the planning, delivery and evaluation of services; and
- had greatly benefited many Midlothian older people who had had their incomes increased.