

## **East Ayrshire 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 and service levels.

East Ayrshire's social work services are delivered by the Department of Educational and Social Services (ESS), created in 2000. From 2008, the head of service children and families and criminal justice and head of service community care (and chief social work officer) have provided the professional leadership for the service.

We carried out an initial scrutiny level assessment of East Ayrshire Council's social work services between September and October 2011. We did so by:

- Scrutiny of 80<sup>1</sup> case records supported by four local file readers.
- Analysis of around 180 documents provided by East Ayrshire or sourced by the Care Inspectorate.
- Reference to SWIA's performance inspection report (published 2009) and follow-up reports (published 2010) to track progress made on recommendations and SWIA's inspection report on criminal justice social work services in the Ayrshire partnership (published November 2007).
- Three focus groups of people who used services; young people in foster care, adults receiving substance misuse services and adult carers.
- Analysis of key nationally published performance data.
- Reference to the high risk offender (HRO) supported self-evaluation exercise, 2010
- Reference to the findings of HMIE joint inspection of services to protect children (published 2010);
- Participation in shared risk assessment (SRA) activity led by Audit Scotland which included all relevant scrutiny bodies; and
- Intelligence from the inspection of regulated care services

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<sup>1</sup> Community care = 50; children and families = 30

We read 20 criminal justice files as part of the supported self-evaluation exercise for high risk offenders (HRO) in 2010.

The ISLA focuses on answering nine risk questions:

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

## **2. Summary of ISLA Findings**

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

We found no areas of significant risk in East Ayrshire.

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 six of the nine areas and were assessed as low risk in these areas;

- Governance and financial management of social work services
- Management and support of staff
- Assessment and care management
- Self-evaluation resulting in improvement planning and delivery
- Compliance with equality and human rights legislation
- Areas requiring urgent attention

The level of risk was uncertain about certain elements of the remaining areas and follow up scrutiny was planned in terms of;

- Outcomes for people who use services and carers
- Risk assessment and risk management
- Partnership working

We summarised our findings in a report that we sent to the local authority in November 2011.

### **3. 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 we could have undertaken up to 30 scrutiny sessions in East Ayrshire. As there were a number of areas of low risk, no areas of significant risk and the service had responded positively to issues raised within the ISLA report, we were able to complete our scrutiny within 16 sessions between 9<sup>th</sup> and 13<sup>th</sup> January 2012. These included meetings with people who used services, carers, staff, managers and partner agencies (see appendix 1). There were three additional sessions where the local authority presented examples of good practice.

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

Our scrutiny is targeted and proportionate and does not constitute a full assessment of all social work services. Based on our initial scrutiny level assessment we did not scrutinise the following areas:

#### **4.1 Effective governance and financial management of social work services**

We were satisfied with the extent of finance related information in the service plans and with their links to the financial plans. We considered that budgetary control was well managed and that the quality and clarity of reports to members was good. Asset management arrangements were in place. Service level risk management was also in place and considered regularly by management. We saw evidence of a strong approach to community planning with an emphasis on equality and partnership working and social work services were well represented in the priorities for action.

The SWIA performance inspection (2009) identified strong corporate leadership and support from elected members. The Chief Executive (CEO) and senior management team has remained stable since then and in 2010 Audit Scotland (BV2)<sup>2</sup> concluded the CEO continued to provide strong and clear leadership with a constructive and motivated culture evident from members and officers. Leadership, governance, and arrangements for accountability were well developed and generally effective. The role of the chief social work officer (CSWO) was well established at both departmental and corporate level.

#### **4.2 Evidence of effective management and support of staff**

There was evidence that managers were committed to supporting and developing staff and that the progress identified in the SWIA follow up inspection had continued. The corporate workforce planning strategy was supported by workforce plans that were developed and reported at service level. The service redesign programme within children and families involved a comprehensive review of this part of the workforce in order to target intervention at the most appropriate and effective approaches. These changes were still underway and the phasing of this meant some posts were being filled incrementally. Overall, vacancies had continued to reduce since 2009 and absence was being monitored and managed.

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<sup>2</sup> East Ayrshire Council: Best Value 2 pathfinder audit, April 2010, Audit Scotland

A range of documents provided evidence of learning opportunities through practitioner forums, training action plans, and a management development programme (we describe this in more detail later in the report). A full range of HR policies and procedures were in place and the supervision policy had been revised. We found evidence of supervision recorded in 68% of files we read. An employee review system (East Ayrshire General Employee Review EAGER) was in place, although numbers of completed EAGERS was low. Managers acknowledged they were working hard to increase the numbers of EAGERS completed. Arrangements for workload management and allocation protocols were in place.

SWIA's performance inspection made a recommendation about improving communication and engagement with staff in order to improve morale which had been fully implemented at the time of the follow up. Although results from the most recent staff survey were not available at the time of the ISLA there was evidence of regular engagement and communication as part of service development including management facilitated sessions looking at core values and principles.

#### **4.3 Evidence of good quality assessment and care management**

Frameworks for assessment and care management / care planning were in place with detailed practice guidance to support outcome focussed recording and planning. Carers were optimistic that the revised format for the carer's support plan would encourage a better level of take up.

File reading results were positive with strengths in the quality of assessment of need. 73% of assessments we read were evaluated as good or very good; 19% were graded as adequate and 6% as weak. Just over half of the chronologies were of an acceptable standard though managers were clear this was a developing area of practice and we read positive evaluations from staff who had taken part in multi-agency training on integrated chronologies. Almost all files we read contained a care plan and most of these were up to date. Three quarters of the plans were subject to regular review and in 86% of cases, the improvements identified in the lives of service users were attributed either mostly or completely to effective social work services.

Arrangements were in place to manage and screen resources across services and any unallocated work was low priority need and had received an initial assessment. The service had worked hard to maintain improvements to timescales for submitting SCRA reports (we say more about this later in the report). There was evidence from file reading that people received care and support services when they needed them; 95% of assessments we read were carried out in good time and in 96% of cases, services were put in place without delay.

#### **4.4 Evidence of effective self-evaluation resulting in improvement planning and delivery**

The council had a well established and comprehensive approach to self-evaluation, based on the EFQM model. Audit Scotland reported in 2010 that the council was self-aware and had a strong track record of delivering on its improvement agenda. The structures and systems to undertake self evaluation were also evident at social

work service level where managers had undertaken a high-level scan in 2010 using the performance improvement model<sup>3</sup>.

Arrangements to engage third and fourth tier managers in ongoing self-evaluation exercises were in place through extended management meetings and this approach had underpinned the redesign of children's services. East Ayrshire took part in the national supported self-evaluation exercise in the management of high risk offenders and most of the actions in the improvement plan were due for completion by the end of 2011. There were opportunities to develop self-evaluation to a more advanced level in terms of weighting and evaluating evidence and this is an area that the Care Inspectorate can offer assistance in building further capacity through the link inspector role.

Services had been reviewed by managers as part of a comprehensive programme of challenge and review which evidenced a commitment to sustainability. Improvement plans were in place for most areas and a number of these had been jointly prepared with partner agencies. There was evidence that improvements to service efficiency and delivery were being made and in some areas of transformational change and service redesign programmes.

#### **4.5 Equality and human rights**

Overall we considered the council and social work services were meeting their statutory duties and making progress in developing policies and providing services that sought to address the needs of marginalised groups. Audit Scotland concluded that, at a corporate level, the council had made progress in developing processes and structures to promote equalities. Good policies were in place with evidence that they provided a range of services to meet the needs of more marginalised groups. The Chief Executive chaired the equalities strategy group.

Within social work services equality was recognised as being well established during the SWIA performance inspection and this continued to be evident. The departmental equalities group met on a quarterly basis and the agenda was relevant and current, for example services were being encouraged to apply for the LGBT (lesbian, gay bi-sexual and transgender) charter mark. The council had adopted an equalities and impact assessment toolkit to promote consistency in the development of plans and policies.

Evidence from file reading indicated that in almost all cases, intervention addressed barriers that would lead to the individual service user being excluded or marginalised. Advocacy services were available.

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<sup>3</sup> Guide to supported self-evaluation, January 2009, SWIA available at [www.scswis.com](http://www.scswis.com)

## **5. Scrutiny findings**

### **5.1 Evidence of positive outcomes for people who use services and carers**

#### **Reason for scrutiny**

There was a framework in place to promote an outcome-focused approach and progress was being made in revising operational assessment and planning tools to support staff. Training was underway but there appeared to be differences in the pace of change and implementation of the approach across care groups, with children and families being most advanced. Our file reading showed that staff were beginning to set out desired outcomes in care plans, but some staff were confusing outcomes with actions and processes. Recording and aggregating these was still at an early stage and we wanted to find out more about this.

Proxy outcome measures were positive for some groups of people who used services: for adults, delayed discharges had been well managed since 2007 and the balance of care was just above the Scottish average. In children's services 95% of care leavers had a pathway plan and coordinator, 100% of those eligible for aftercare were in touch with social work services. East Ayrshire ranked 8/32 local authorities in 2009-10 for percentage attendance for looked after children and 13/31 in exclusions per 1000 pupils who were looked after. Proxy outcome measures for criminal justice were either above or around the Scottish average.

However, we needed more information to fully understand reasons for apparently poorer performance in key areas that included:

- The decrease in previously good performance in the provision of intensive home care hours for older people, particularly within the context of a new reablement approach. We needed to get a better understanding of why the figures did not reflect that more people received a service but for shorter periods.
- Educational attainment for all looked after children where East Ayrshire ranked the second lowest (out of 28 authorities); and
- What was being done to improve outcomes for care leavers; in 2009-10 the council was in the lowest quartile for looked after children having a positive destination three and nine months after leaving school and only 9% of care leavers who were eligible for aftercare services were in employment, education or training. This was less than half the Scottish average.

In addition, from the information provided for the ISLA, it was not clear how East Ayrshire was developing its strategic approach to adopting personalised approaches or how much progress had been made in implementing self directed support (SDS) as part of this.

#### **Scrutiny findings**

Managers had worked hard to shift culture and practice to an outcome-focused approach to developing and delivering social work services. Senior managers described how they had avoided a large-scale implementation approach, and instead had done smaller pieces of work across a range of processes and practice

areas that had involved a wide range of staff. Staff we spoke to confirmed that the outcomes framework and guidance was helping them move away from an action approach to assessment and planning. There had been some specific training, but there had been a greater emphasis on a mentoring approach within supervision and reviews where team leaders and independent chairs supported staff to focus on outcomes.

ESS had made a considerable investment in bespoke management training programmes for team managers and service managers. This had been designed to support the restructuring of services and management roles and build a shared vision. Managers spoke very positively about this experience and anticipated continued impact from areas covered that included: outcome focused supervision; enabling and empowering service users; leadership and developing high performing teams and managing change.

We met a range of staff and stakeholders during our scrutiny sessions who were able to talk confidently about their role in improving outcomes. Examples included:

- Training staff described a much clearer focus on outcomes from senior managers over the past three years in terms of setting priorities for training and development opportunities. They considered this had improved the purpose and impact of their work which they felt was now part of a holistic approach across the services;
- Workers who attended the screening group for out-of-authority placements were expected to present an outcome-based options appraisal when requesting a placement using SHANARRI wellbeing indicators;
- Community care team managers said that being outcome-focused helped the work with service users and carers to challenge the previous “do for” approach and talked positively about managing risk and encouraging independence in the development of the reablement service; and
- Main grade staff had been helped to understand their role in setting outcomes in service provision through development sessions run by commissioning staff.

In general, there was a high degree of ownership of the shift to an outcomes approach in East Ayrshire. Elected members we met were confident that the heads of service were delivering improved outcomes for people who used social work services. Managers and staff agreed that they needed to consolidate the work done to date, and acknowledged that not everyone was at the same level of understanding or ability to put the approach into practice. This work will be ongoing and monitored through reviews and supervision, with additional sampling of care plans by senior managers.

There was also agreement from all those we met that more was required to evidence the impact of the work. Practitioners considered that the single shared assessment (SSA) and integrated assessment framework (IAF) helped them identify outcomes, clarify accountability and evaluate whether these had been met at an individual level. There were mixed views about whether the operational recording tools and systems were best placed, or the best means to develop outcome reporting at a service level. Work was ongoing to develop service user led measures, through Talking Points for example.

The incremental approach being taken to date had achieved buy-in and understanding from staff we met. However, managers were still considering how best to measure outcomes at a service level in a meaningful way. They needed to conclude on this and implement a system to evidence how services were making a positive difference to the lives of people who used services and their carers.

#### **Recommendation for improvement 1**

ESS should build on the progress they have made and implement a system that measures and reports on outcomes at a service level.

#### *Outcomes for looked after children*

The qualifications, attendance and exclusions of children who were looked after within the council area and attending East Ayrshire schools was being monitored and reported, and we heard about a range of services that aimed to support learning and maintain children in school. For example, the youth strategy service had recently been reconfigured into the EAST team which included general learning support services, allowing a more comprehensive response to meeting children's learning needs within the classroom setting. The team was beginning to work closely with the newly developed intensive support team in social work and staff we spoke to said services had begun to feel more joined up in the last 6 months. Teacher / mentors were available for each looked after child, although the approach varied between schools. Nurture groups were in place in some primary schools with similar initiatives being considered for secondary schools. Local performance information indicated that average tariff scores for looked after children within East Ayrshire schools had improved between 2010 and 2011 and recently approved planning documents renewed the commitment to improving attendance and attainment.

The most recent national figures on educational outcomes represented attainment for all East Ayrshire looked after children, which included those in out of authority placements. Out of nineteen looked after children as school leavers in 2010-11, fifteen of these were in such placements and therefore not being educated in East Ayrshire schools. The attainment of these children was much poorer leading to the council being ranked second lowest in this reporting framework. Whilst the care and education children received in such placements was monitored through the looked after children's review system and Outwith Placement Scrutiny Group, their educational attainment was not subject to the same level of monitoring and tracking as those in East Ayrshire schools. We considered that this was a gap in the role of ESS as the corporate parent, who should follow and be accountable and aspirational for the child wherever they are living.

## Recommendation for improvement 2

ESS should make use of enhanced performance monitoring to improve the educational outcomes for all looked after children in East Ayrshire, including those looked after in placements out with the council area.

### *Outcomes for care leavers*

Supporting and maintaining very challenging children within schools requires a shared value base and culture at all levels across social work and education services of what have been traditionally seen as “social work” issues. The GIRFEC approach was making progress, but services were still some way off from having one child’s plan. Practitioners told us that frontline staff in education and social work worked well together and were making progress towards a single child’s plan. Training on *We Can and Must do Better*<sup>4</sup> had been delivered jointly to both services.

A revised management structure was about to be implemented within education services. The new structure should provide clearer links between third tier managers in education and social work. Senior managers we met were positive about the opportunities this would offer to strengthen the forums for joint working and service development.

Improving educational attainment for looked after children is closely linked to improving outcomes more generally for care leavers. They need access to opportunities for learning and employment and appropriate accommodation and support to enable them to take up and sustain these options. Managers we met acknowledged the poor position historically and during our scrutiny sessions we heard about the wider approach being taken to address the issues:

- A coordinator for More Choices More Chances (MCMC) had been seconded within education to lead on the development of positive destinations for care leavers as school leavers.
- The redesign of children’s services had raised the profile of this area by creating the post of senior manager for corporate parenting as the strategic lead with the remit of providing high quality local services.
- The intensive support service, though not yet fully staffed, was designed to focus on maintaining children within East Ayrshire.
- The numbers of out of authority placements had stabilized through more robust strengthened reviewing and screening processes to prevent young people leaving their home area.

In terms of specific intervention for care leavers, managers were developing a partnership agreement / protocol with Skills Development Scotland to provide enhanced support for young people returning from out of authority placements. The MCMC strategic partnership could not create jobs, but had generated training opportunities for care leavers. However, the level of vulnerability experienced by

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<sup>4</sup> Looked after children and young people: we can and must do better, Scottish Executive January 2007 - training materials on improving educational attainment and life outcomes for looked after children and care leavers.

Care leavers meant they were often not “job ready” and required a high level of support with coaching and nurturing in order to cope with employment. This model of support was not currently available for young people, though was in place for adults with a learning disability.

Senior managers in housing and social work services were working together to develop plans for joint approaches to supported accommodation options for care leavers. Practitioners told us that working relationships with housing staff had improved recently and housing staff had participated in *we can and must do better* training. Nevertheless, young people we met receiving through care services felt their needs were not properly understood by housing staff. They had been helped to get a house, but did not consider they had been given any real choice in the process. Practitioners were concerned that because housing options were limited, some young people had moved into their own tenancies before they were ready for independent living.

These recent strategic developments were commendable, and elected members we met were well aware of their corporate parenting responsibilities. Nevertheless, we considered that to date, there was little tangible evidence that all partner agencies had improved outcomes for care leavers. Community planning partners were developing a corporate parenting strategy 2012 – 15, to build on the previous corporate parenting action plan and care leavers’ strategy. The priorities identified in the most recent draft did contain objectives to improve training and employment opportunities and a range of housing options and supports. Further work was required to cost and approve some of these plans.

**Recommendation for improvement 3**

ESS should ensure that the implementation of the corporate parenting strategy addresses the full range of supports and services required to improve outcomes for care leavers, including support to cope with employment. It should identify key priority actions within a SMART<sup>5</sup> partnership implementation plan.

*Outcomes for older people*

As part of the sustainability review of social work services, ESS carried out a comprehensive review of its care at home service which led to a more flexible and consistent model of service delivery. Alongside this managers had introduced a reablement approach for the mainstream home care service. More recently, the rapid response and home from hospital teams had been brought together into the intermediate care and enablement service (ICES) to provide intensive reablement input to get older people home from hospital or prevent unnecessary admissions in the North of the authority.

The work began in 2008-9 with internal benchmarking, which showed inconsistencies in the levels of home care offered across different areas. A multi-disciplinary independent review team, including occupational therapists and moving

<sup>5</sup> SMART: specific, measurable, achievable, reviewable and time-bound.

and handling staff, was established to review and reassess 1500 care packages between April 2009 and September 2010. Efficiencies were achieved through better targeted support plans including the use of telecare, and re-distributed to other parts of the service. Managers explained that this had initially led to a reduction in hours provided as a more consistent approach was achieved, although the numbers of people being supported remained the same.

Alongside this, the management arrangements were reviewed and flexible shift patterns introduced over a 7 day period to support staff out of hours. A team approach had been implemented and the post of senior professional carer was introduced at a higher pay scale to reflect the responsibility and provide a career structure. The changes also gave carers more flexibility within their rotas, moving from time-based tasks to workload-based tasks.

In addition to modernising the service structure, the process of reviewing had provided the opportunity to introduce a reablement approach. Managers reported that the reviews had enabled staff to encourage people who used services and their carers to focus on optimising choice, control and independence. All staff in the mainstream home care service now had an enablement focus and had undertaken some training on this approach.

We met a small group of older people receiving a reablement service who described good working relationships between social work and health staff. They praised the service and said they were treated with dignity and respect and the care they received met their needs. However they highlighted issues about the variability in the scheduling of the support they received. Managers need to carefully monitor the impact of the changes to the service on people's choices about the times they receive support.

Responsibility for assessment and review had shifted away from the service manager. The plan was that the new ICES service would provide a single point of entry, and carry out all home care assessments, including those for the directly provided and commissioned mainstream services. At the time of our scrutiny, the team was providing a service in the North of the authority with plans in place to roll this out across the rest of East Ayrshire.

In addition to work on the care home service, managers were working with the care home sector to develop the reablement ethos as a whole system approach. Discussions were underway to look at their role in providing step-down and step-up care so that people going into a care home might only be there for a period to help their recovery. Senior managers told us the longer-term plan was that no older person should be discharged from hospital directly to a care home.

ESS monitored their performance data carefully and was able to show us recent information that showed that total hours and numbers of adults receiving intensive support had increased overall. Further work was planned by managers to separate the figures for adults and older adults. We considered that the impact of the new team was likely to be positive and look forward to receiving information when reporting gets underway. We no longer considered this to be an area of uncertainty.

## *Personalisation*

The head of service for community care described personalisation as putting the work on outcomes into practice which he considered should be at the heart of all practice and processes and owned by all staff. He acknowledged that managers and practitioners would be at different stages of understanding about personalisation but was confident that they would be able to articulate how they contributed to improving individual outcomes.

We commented earlier on the level of ownership of the outcomes agenda among staff we met. Senior managers have had specific development sessions on personalisation; despite this we did not find that practitioners or all managers we met were able to make the conceptual link between the work that had been done on outcomes, and how the services were developing the personalisation agenda. Some work was ongoing in the recently formed team for children with disabilities and with a service provider to change the model of delivery. Overall, practitioners and team managers said the approach felt somewhat underdeveloped and they were not confident how this was being driven forward. We received mixed accounts about whether ESS was proposing to develop a separate personalisation strategy, or whether instead it would feed through into all policies.

The training and practice development on outcomes would have been an opportunity to make this link more evident and explicit. Staff needed to be given a language and context for the work if they were to champion this approach with stakeholders and anticipate their role in offering and services in a different way.

We found there was a lack of awareness among staff about self-directed support as one element of implementing personalisation. Some were aware of an in-house team to support direct payments. Managers told us that staff knew they should offer SDS and were using reviews of intensive support packages to discuss this with adults using mental health and learning disabilities services. To date there had been very low take up from adults or older people and managers anticipated this would gather momentum as new people came into services. We considered that services had been slow to develop the mechanisms that would support people already receiving services to make a choice about they could be delivered. Adult services were at the stage of testing a resource allocation system. An internal group had very recently been established to consider the implications of SDS for procurement. There had been no authority wide involvement approach, including consultation with public and stakeholders to help them see what it could look like or any benchmarking with other local authorities. The implications of implementing SDS require to be considered in the context of the future for commissioning.

### **Recommendation for improvement 4**

ESS should continue to develop its strategic approach to implementing personalised approaches, including self directed support, in full consultation with people who use services, staff and stakeholders.

## **5.2 Evidence of effective risk assessment and risk management**

### **Reason for scrutiny**

The file reading results showed strengths in the areas of assessment and management of non-protection type risks where all relevant children's files contained an assessment and 64% of all non-protection risk assessments were evaluated as good or above. However, in those cases where there was protection type risk, risk assessments were not evidenced in 40% of applicable community care files. Overall the quality of assessments needed to improve.

Evidence was not present in all case files to demonstrate that all risks regarding protection or non protection type risks had been dealt with adequately. However, comments from file readers highlighted that where risk was being discussed between managers and practitioners, decisions and actions were not always formally recorded within the case record.

Practice guidance in children and families services had been updated and risk assessments were integrated within the IAF paperwork. Whilst procedures and policies for adult protection work were in place, we were uncertain about how well staff were being supported to recognise and understand how to address risks that sat beneath this threshold.

File reading evidence indicated that there was good evidence of an appropriate level of partnership / collaborative working at the risk assessment stage. From our high risk offender file reading exercise, appropriate partnership working was evident at all key stages.

Quality assurance was being developed with enhanced arrangements for independent chairing of decision making meetings and reviews but we were not clear how the impact of this was being used to drive improvement.

### **Scrutiny findings**

Managers across children and families and community care had considered the findings of our file reading exercise and recognised the areas where improvement was required. They were confident that risks were being discussed in supervision but acknowledged that these were not always recorded in an explicit way that could evidence the analysis and decision making. Furthermore there was an acceptance that the assessment and management of risk and need had become conflated and should be articulated separately.

Community care services had different care group models for assessing and managing risk. Staff working in mental health services said they were used to addressing and articulating risk as a core part of their work. Learning disabilities staff acknowledged there were a number of tools available and they were in the process of moving away from a risk-averse to a more risk enabling approach. The single shared assessment (SSA) had a specific section on risk, but the practice guidance was limited and did not support staff to articulate risk well or establish when it would be appropriate to carry out a more detailed risk assessment. An adult protection risk assessment framework was in place but did not link to the other

models in use. Managers and staff told us that decisions about the threshold to undertake a more formal risk assessment were discussed between practitioners and their managers. Clear guidance was required in order to support a consistent response to risk between teams.

Overall we considered that there was a level of uncertainty in adult services about when and where to use the range of tools that were available for staff. Specific guidance was needed to support the recognition of the triggers for undertaking a more formal or specialist assessment in order to promote consistency of practice. Managers had identified these areas for improvement through self-evaluation and said they intended to review the suite of tools available.

Children and families practitioners and managers considered that the IAF supported a greater focus on outcomes, although there was a need to improve the way that risk was evaluated and recorded within the framework. This was seen as particularly relevant for children where the concerns had not yet reached the level of requiring formal child protection measures.

There had been multi-agency training on chronologies and risk management, which were well received by staff. Three courses on managing problematic sexualised behaviour had been run by training section. Managers had received training on assessing neglect and further child protection training was planned for practitioners with a focus on risk assessment. Senior managers were confident that recently finalised improvement actions and plans were in place in children's services to address the needs identified by our file reading.

#### **Recommendation for improvement 5**

The CSWO should institute a review of the tools available across social work services, for assessing and managing and recording risk and ensure that they include appropriate guidance on the threshold for deciding when a more detailed or specialist assessment is required.

During our scrutiny sessions we met a wide range of staff with responsibilities for quality assurance and considered that ESS had made a considerable commitment to strengthening the role of quality assurance in the planning, commissioning and delivery of services. Operational staff had been given a very clear message by senior managers about the importance of undertaking in-house scrutiny. Staff working at team manager level will hold key responsibilities in terms of evaluating and improving practice which are intended to strengthen quality assurance measures. These included:

- The adult and child protection committee lead officers were each supported by a multi-agency learning and development officer with plans to develop performance monitoring, and disseminate learning from audits.
- There was increased capacity for independent reviewing functions across services.
- The commissioning manager was promoting the sharing of good practice within care homes.

- The scrutiny and review team in children's services were working with staff to draft a paper on practice standards by February 2012
- A range of audits and case sampling exercises were underway on a cross service, multi-agency and single service basis.

We considered that the culture of continuous improvement was evident within structures and systems. A number of these were still very recent and would require time to bed-in and evidence impact. Not all staff were clear about the frequency and arrangements for auditing and sampling of case files within and between services and there was some variation of practice identified in the feedback from audits to practitioners and training staff. Whilst some focused auditing of key protection processes had been undertaken, staff were not able to comment on the results of any recent work to audit the quality of risk assessment and risk management practice.

#### **Recommendation for improvement 6**

ESS should ensure that the range of quality assurance processes managers have implemented, deliver improvements in the quality of risk assessment and risk management practice.

### **5.3 Evidence of effective partnership working**

#### **Reason for scrutiny**

Partnership working was identified as an area of strength at service level in the performance inspection, and confirmed at a corporate level by Audit Scotland as part of their BV2 findings in 2010. In social work services, we found a pan-Ayrshire approach to service development and redesign. Examples included the launch a new local joint out of hour's service by March 2012, and work was well underway to commission a joint equipment store.

A formal review of the Ayrshire criminal justice partnership was planned and there was evidence that shared services such as Through care, drug treatment and testing and community payback and national group work programmes were being delivered within the partnership and wider South West Community Justice Authority.

There was good evidence of consultation and involvement with people who use services on an ongoing basis. Older people had been consulted on planned service changes and this was used to inform the development of East Ayrshire's older people's strategy. Two service users were represented on the Alcohol and Drug Partnership (ADP). A carer strategy and action plan was being developed and a carer forum was meeting regularly under the auspices of the CHP.

There were areas of uncertainty around the future development of strategic commissioning and whether the revised strategy would support a longer term approach to financial and sustainability planning. We also wanted to explore the capacity for strategic planning as a number of plans that were due for completion in 2011 were still some way from being finalised.

## Scrutiny findings

Previously, arrangements for planning and commissioning services had been held within one team sitting separately from operational staff. In 2010 following an options appraisal and as a response to the re-design of social work management arrangements, commissioning staff were identified to link with each service area and became line managed within this structure. The intention was for service and senior managers to become more closely involved with the commissioning process.

Senior managers and commissioning staff were positive about the new arrangement which had been in place for around 6 months. The benefits included the development of specialist knowledge of each practice area and continuity of role in planning and developing resources. The dedicated officer for the mental health and learning disability partnerships had been part of service design and had a good understanding of providers' issues. In older people's services, the commissioning manager was leading on the development of the care home improvement team that included social workers, clinical health practitioners, CPNs, dementia nurses and had access to specialist pharmacy and dietetic skills. A partnership approach with Scottish Care and local providers was being taken to develop the provision of step-down step-up care.

Managers had produced a draft revised commissioning strategy which had just been circulated for consultation to SMT with an anticipated completion date of April 2012. The intention was for this to be a high level strategy that would provide an overall direction of travel and more detailed care group work plans would sit beneath this. Some of these will be produced jointly with local authority partners, such as the pan-Ayrshire older people's commissioning strategy which was being led by South Ayrshire. Although managers indicated the completed strategy would contain some information on market analysis, we considered this should have a higher profile and be a fundamental aspect of the strategy in order for it to have a lasting impact and good analysis should inform the plans that sit beneath it.

The previous commissioning strategy had focused on externally provided services. It will be important for the new strategy to take a wider perspective and in addition take account of key policy drivers, across all social work services that will impact on service provision over the next 10 years.

### **Recommendation for improvement 7**

ESS should ensure the revised commissioning strategy considers how all services are delivered. It should be based on a detailed market analysis and take full account of key policy drivers.

Managers told us that the revised management structure was designed to give them, as senior managers, the capacity for strategic planning and engagement with partners. They considered that were well represented in all strategic forums with appropriate levels of authority to influence the business for example, the senior manager for adults chaired the mental health and learning disability partnerships. Supporting newly appointed staff and managing absence had impacted on the capacity for some managers and they acknowledged the level of work required at

this point to complete the outstanding plans in order to align these with the corporate planning cycle of 2011-15. They were confident that once achieved, the annual review process should not mean there would be a similar pressure point in 2015. Managers should continue to monitor the converging priorities.

We met representatives of the Carers Forum during our scrutiny week. This was a positive development that provided an organised and formal voice for carers at strategic planning levels in East Ayrshire. They had a particular interest in delivering and accessing training and access to respite and were planning a public event to launch their action plan. We look forward to hearing more about the impact of this approach to partnership engagement.

### **Good practice example**

The approach taken to improving the timescales of reports provided to the children's reporter.

At July 2009, only 16% of reports requested by SCRA were being submitted by ESS within the target timescale. Performance had improved significantly and consistently following action taken by the services and for 2010-11 had reached 68%, with some months exceeding this. Although this had not yet achieved the national target of 75% we considered that the approach taken was an example of good practice in engaging staff in improving and sustaining improved performance. Managers began by engaging practitioners, managers, administrative and performance staff in reviewing all parts of the process and in addition to strengthened management arrangements introduced the following changes:

- new systems were established to enhance the capacity and role of admin staff to work closely with team managers and their counterparts in SCRA;
- development days based around case studies helped staff understand the impact of delays in decision making on outcomes;
- champions were identified in each team to encourage ownership of the approach;
- a quiet room and protected time was provided enable staff to complete reports without distraction; and
- report requests were tracked along with performance of teams and individual practitioners.

We considered that the approach taken had achieved a cultural change in attitude and behaviours that was now well established in which teams enjoyed a degree of healthy competition about their performance. Managers intended to use the approach to improve other areas of practice.

### **7. Next steps**

We ask the ESS to draw up a SMART action plan to address the recommendations. The link inspector will maintain regular contact with the ESS to monitor the performance of the service including progress made with the recommendations for improvement. The link inspector will also continue to offer support for self-evaluation and improvement activity. Information from the scrutiny report will be fed

into the annual review of the Council's Assurance and Improvement Plan (AIP) by the link inspector as part of the shared risk assessment process.

Judith Tait  
Senior Inspector  
4 May 2012

### **Appendix 1: Scrutiny sessions**

<b>Scrutiny activity</b>	<b>Number of sessions</b>
Focus group of staff	1
Focus group of team managers	2
Focus group of senior managers	1
Focus group of commissioning and planning staff	1
Focus group of Elected Members	1
Focus group of older people	1
Focus group of quality assurance staff	1
Focus group of young people	1
Interview with training and development staff	1
Interview with MCMC coordinator	1
<b>Interview senior manager for corporate parenting</b>	<b>1</b>
<b>Interview with senior manager for older people</b>	<b>1</b>
<b>Interview with lead officers for child and adult protection committees</b>	<b>1</b>
<b>Interview with heads of service</b>	<b>2</b>
<b>Total</b>	<b>16</b>