

Perth and Kinross Council Scrutiny Report

Publication code: OPS-0711-050

June 2011

1. Introduction

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

Social Care and Social Work Improvement Scotland 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 at strategic and service levels.

This report details the assessment and scrutiny activity carried out in relation to Perth and Kinross Council¹. SCSWIS completed its initial assessment of Perth and Kinross Council's social work services in February 2010². We did so by:

- reviewing SWIA's original Performance Inspection and Follow up reports (published 2007 and 2008 respectively) to track recommendations and progress made;
- reviewing 194 key documents relating to the work of the council and its partners;
- analysing key performance and statistical data;
- analysing the Perth and Kinross self evaluation of social work services report, "*Working for you, caring for you through quality social services*" (2009)³;
- analysing findings and recommendations from Audit Scotland's *Audit of best value and community planning* (2008) and HMIE's "*Joint inspection of*

¹ The Social Work Inspection Agency carried out the initial scrutiny level assessment and subsequent scrutiny prior to the creation of Social Care and Social Work Improvement Scotland (SCSWIS). For simplicity, this work is covered by reference to SCSWIS.

² There is no single social work department in Perth and Kinross. Services for children are located within *Education and Children's Services* and services for adults are found in *Housing and Community Care*. References in this report to "social work services" apply to services across both sections.

³ Perth and Kinross used SWIA's "*Guide to supported self evaluation*" (2009) for this exercise.

services to protect children and young people in the Perth and Kinross Council area" (2009);

- taking account of the findings and recommendations from the report, *"Assessing and managing offenders who pose a high risk of serious harm"* (Social Work Inspection Agency, Her Majesty's Inspectorate of Prisons and Her Majesty's Inspectorate of Constabulary, 2009);
- scrutinising 100 case records across all care groups. This was undertaken in December 2009 along with local file readers;
- considering the general findings from a Validated Self Evaluation of six key themed areas in education services undertaken by HMIE and Perth and Kinross council staff;
- participating in shared risk assessment activity led by Audit Scotland through the Local Area Network (LAN)⁴; and
- considering the presentation given to the Local Area Network by Perth and Kinross's Chief Executive and Executive Officer Team (January 2010), which focused on Perth and Kinross' priorities, the challenges it faced and its plans to address these.

The ISLA focuses on 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, which seek to remove obstacles in society that exclude people?
9. Are there any areas which require urgent attention and improvement?

2. ISLA findings

On the basis of the evidence available from our ISLA work (in late 2009 – early 2010), seven areas presented no significant concerns. These are described below. SCSWIS undertook no scrutiny in respect of these areas.

2.1 There were effective governance arrangements

The council had the range of required governance policies and systems (for example, asset management and risk management) and updated these on a regular basis. There was regular performance monitoring; clear action plans aimed at improving deficiencies; and appropriate involvement with – and awareness of – the needs of elected members. The council also had a history of strong financial management. The financial statements had received an unqualified opinion from the

⁴ The Local Area Network (LAN) comprises representatives of all the scrutiny bodies who engage with councils. The LAN's role is to ensure that the value of information held by each audit and inspectorate is maximised, enabling external scrutiny to be targeted on those areas of greatest risk.

external auditor, and other disclosures within the statements generally pointed to an authority which had strong financial governance arrangements. The council had adopted a medium term (5 year) financial planning process. Reserves held by the council were significant (£29 million at 31 March 2009) and provided the council with a degree of flexibility in meeting short term fluctuations in available resources versus budgeted expenditure. Audit Scotland, in its Best Value and Community Planning report (2008), similarly found evidence of robust financial management and governance, noting:

- strong leadership at political and official level;
- sound, transparent structures for reporting performance to elected members;
- a strong Community Planning Partnership body; and
- very strong financial management.

2.2 There was effective management and support of staff

In 2007 low staff morale, particularly in home care, learning disability and adult residential services, had been an area of concern during SWIA's performance inspection and two recommendations were made to the council to address issues around the pace of change, workload management and staff's involvement in the learning disability service redesign. Our follow up inspection (2008) found that the council had made progress on these issues, though it needed to continue to pay attention to staff morale in home care services.

The council had achieved improvements in recruitment and retention. It had a low staff turnover; a strong commitment to recognising employee success through its own and other awards schemes; a range of HR policies and induction programmes; increased staffing levels targeting child protection and operational management; a robust staff supervision and Employee Review and Development (ERD) programme; a range of training available which was provided internally or externally purchased; and clarity about codes of conduct and performance. The Employment Engagement Survey (September 2009) provided positive evidence to indicate that staff were clear about expectations and had access to appropriate resources and equipment to do their work effectively. Perth and Kinross was also ranked within the top ten Scottish councils for the percentage of qualified staff working in residential child care settings and older people's care homes (2008/09). In addition, there was evidence from our file reading of the positive impact of worker supervision sessions and of managers reviewing case files.

2.3 There was good quality assessment and care management

Our file reading results provided strong evidence that assessment and care planning was being routinely undertaken to a good standard across all care groups. 95% of files read contained an assessment and 94% contained a care plan. 75% of the assessments were rated as at least good. In nearly all of the cases which contained a care plan, there was evidence that the services and care received had followed the contents of that care plan. These figures were higher than the corresponding ones we found in our previous Performance Inspection. Reviews were also being held regularly in 91% of files read and there was evidence of service user involvement in the development of the assessment and care plan. The council had plans to develop practice further by (i) introducing an integrated assessment framework for children and families and (ii) extend mobile working.

There was also a range of useful staff guidance and assessment frameworks across the care groups (e.g. on assessing parental contact; permanency planning; around the Adult Support and Protection (Scotland) Act 2007; and best practice in involving adults in review meetings). Alongside these, there were useful training inputs and guides to assist staff record assessments and care plans on the council's electronic database, SWIFT.

2.4 There was a rigorous approach to self-evaluation

The council had well established self-evaluation processes and SMART improvement plans. Social work services fed into the routine reporting and evaluation arrangements the council used (i.e. *How Good is Our Council* and the *Business Management and Improvement Plans*) but had also conducted its own evaluation (using SWIA's *Guide to Supported Evaluation*). The council had identified approximately 30 improvement actions for social work services in its self-evaluation report, and plans were being progressed on these. There was evidence of internal and external audit and evaluation of services (e.g. multi agency audit of child protection; Dundee University's commissioned evaluation of the redesign of a residential unit into a reintegration unit).

The council's website, which included a section called *Perth and Kinross Performs*, provided lots of key information on the council's corporate, community and other plans, targets, attainment levels etc. across the community planning partnerships. The information was useful and the website was easy to navigate.

Like most other councils, Perth and Kinross was considering how the current austere financial climate might impact on public services. The LAN was given a presentation on the "transformation agenda" by the Chief Executive and other members of the Executive Officer Team (January 2010). The council aimed to protect vital public services through increased efficiencies and improved planning and working with partners, though it recognised that there would be significant challenges ahead, especially as the council was projecting a reduction in budgets of £20m in Education And Children's Services (ECS) and £14m in Housing and Community Care (HCC) in 2013/14.

2.5 There was effective partnership working

There was evidence to conclude that there was a "golden thread" running from the Single Outcome Agreement, through the Community Plan, the Corporate Plan to operational plans. Many of the committee papers we read supported this view. Social work services were also key players in four of the themed strategic partnerships (around children and young people; health; youth justice; and community safety).

Our file reading results showed high levels of partnership working at the assessment, risk assessment, care plan development and review stages. Also, in 97% of relevant files where there was evidence of improvement in the service user's circumstances, this could at least partly be attributed to effective collaboration between services.

The council had developed and published commissioning and contracting strategies for both ECS and HCC services, alongside appropriate procedural guidance. The council had reaffirmed its commitment to best value noting that in HCC services it had a 50/50 care at home split and a 20/80 care home split between the local

authority and private providers. In ECS there were well established Service Level Agreements and placement contracts linked to priorities in the Integrated Children's Services Plan. The council's improvement plans were focused on developing the links between commissioning in both service areas and on delivering training on PECOS to operational managers to streamline procurement, purchasing and payment⁵.

The council was also involved in a national test site, developing the Integrated Resource Framework (IRF) along with Angus Council, Dundee City Council and NHS Tayside. The IRF was attempting to build collaborative commissioning arrangements to redesign and re-profile services and resources, especially for older people.

We also found good examples of service users and their carers being involved in the development of strategies and service provision (e.g. around the redesign of learning disability services; the council's Older People's Stakeholder conference; the development of a Carers Strategy).

2.6 There was a sound equality action plan and a number of services available to meet the needs of socially excluded groups

There was a range of equality related strategies, procedures and information leaflets covering socially excluded groups such as those with mental health problems, gypsy/travellers, young carers, looked after children; homeless people, etc. The council had the third highest rate of migrant workers in Scotland and was involved in a number of initiatives to support them; for example, the council was in its third year of funding an *English language in the care sector* course and had 65 learners in 14 care sector establishments (2010). The council had also been successful in establishing a Health and Social Care Academy and of the 32 people who completed the first three cohorts, 22 gained employment, two went into further education and one took up voluntary work.

The council was also one of the first to take on its corporate parenting responsibilities. The Chief Social Work Officer led on this alongside the Corporate Parenting Member Officer Group. Twenty children and young people were supported by senior officers within the council and community planning partners. The approach was being extended to up to 40 children with a focus on supporting them through transitions.

Our file reading results indicated that in 87% of relevant files there was evidence that all dealings with the individual had adequately addressed all potential barriers. The council also promoted specialist assessment processes for those with complex needs, person-centred planning and advocacy services that helped people engage with social work services.

2.7 Scope of scrutiny

At the time of ISLA (in late 2009 – early 2010), two areas presented significant concerns:

⁵ PECOS is a web-based operating system that helps service providers and their customers manage business interactions.

- **Outcomes for people who use services and carers** - The council's performance in respect of a number of the key home care indicators was lagging behind the national average.
- **Effectiveness of risk assessment and risk management** - There were inconsistencies in aspects of practice around risk assessment and risk management for individual service users. These applied both to the risks service users presented to themselves and to others.

SCSWIS summarised its risk assessment findings in a letter sent to the council in March 2010.

3. Nature and timing of scrutiny

The amount of scrutiny SCSWIS carries out in a council is determined by the assessed level of risk and the size of the council. Perth and Kinross Council was assessed as **Scrutiny Level 1 – low risk, good performance and good improvement work**. Consequently, there were 15 scrutiny sessions available. Six of these sessions were used as part of our file reading exercise. The remaining nine sessions were targeted at the two areas of significant concern noted in the ISLA: (1) home care services and (2) risk assessment and management practice.

Our scrutiny sessions included meetings with staff and managers from across children and families and adult services, and telephone interviews with a group of service users and carers who had used/were using the council's home care/new reablement service⁶. In agreement with the council, we intentionally timed our scrutiny activity to take place in late October 2010 in order to hear about the council's new reablement service. Due to unforeseen and exceptionally inclement winter weather, we were not able to complete our scrutiny activities until March 2011, slightly later than expected.

4. Scrutiny findings

4.1 Outcomes for people who use services and carers

Reason for scrutiny

Our initial assessment indicated positive progress on outcomes for a range of service users and carers. Notably, from our file reading, there was good evidence which indicated that in 92% of case records there were positive outcomes for service users across the care groups. In all the cases where there was evidence of improvement in a service user's circumstances, it could at least be partially attributed to effective social work services.

⁶ We carried out telephone interviews with a small group of nine service users and three carers in March 2011.

Some other highlights we noted included:

- an improving trend in terms of the number of reports submitted on time to the Children's Reporter from 49% in 2007/08 to 52% in 2009/10. The Scottish averages for the same period were 39% to 46% respectively
- an increase in placement activity for young people who needed foster care or adoption services - the Care Commission had graded adoption and fostering services as very good on the quality of service provided to adoptive parents and foster carers
- the council had attained a 10% reduction in the percentage of qualifying persistent offenders from the 2003-04 baseline figures
- Perth and Kinross Council Area received a positive inspection of joint services to protect children, in that the four reference quality indicators that contribute to the National Performance Framework were evaluated as being satisfactory or above (HMIE, 2009)
- the council was either in line with or above the Scottish average percentages for many of the *Same As You* performance indicators (2007) with the exception of (1) those adults who had training opportunities and (2) access to community short breaks.
- gradings in almost all Care Commission reports (2010) on inspected council services were good or very good in relation to (1) Care Support, (2) Environment, (3) Staff and (4) Management and Leadership.
- an improving trend in the take up of direct payments from 2003 to 2010, rising from 1.4 per 10,000 population to 7.4. The Scottish average rose from 1.1 per 10,000 population to 7.1
- A sustained high percentage of older people receiving home care who were also receiving free personal care. Between 2005/06 and 2008/09 the percentage of older people had been between 93%-95%. The comparable Scottish average figures had been between 71%-81%.

Our concern was specifically focused on home care services as defined by the key performance indicators. There was an increasing number of people receiving home care and the total number of hours provided or purchased had also increased (2008). However, the rate of older people receiving home care services decreased in the period 2003-2008 from 54.2 to 38.6 per 1,000 population and had been below the Scottish average too (the Scottish average figures were 68.1 per 1,000 population in 2003 and 64.6 per 1,000 population in 2008). In terms of those older people receiving intensive home care in 2008, the council was ranked 28th out of 32 Scottish councils. The council was also ranked mid-table in respect of the percentage of older people receiving home care overnight/evenings and ranked slightly better in respect of weekend home care. In addition, the number of older people in care homes was also higher than the Scottish average (43.5 per 1,000 as compared to 37.6) and the council had a higher number of care home places than the Scottish average (54 per 1,000 pop compared to 44.2).

At the time of our ISLA, Perth and Kinross' population of those aged over 65 was projected to increase by 16.5% by 2016 and by 28.6% by 2026. This was considerably higher than the Scottish average projected increases in the same population group (9.1% and 18.4% respectively). The council had invested more money in older people's services – though none of this was targeted at the redesign of home care services – and had identified a number of necessary improvements.

We concluded that there could be significant risks for older people as service users if they were unable to access appropriate home care services to help them remain independent in their communities.

Scrutiny findings – Home Care

Our scrutiny confirmed that the council had been working to improve home care services. Senior managers within the council acknowledged that intensive home care provision had been a problematic area. Staff and managers had collected and analysed specific data in relation to the variable home care performance and the lower than expected numbers taking up the service. Managers suspected that the low take up of home care was, in part, due to the fact that many of the older people in their area were affluent and were making privately purchased arrangements for home care. In conjunction with health colleagues, and as part of the work of the Intensive Resource Framework, they were using this data to look more closely at the needs of older people across the council area and at the level and type of services being provided to them. This work was ongoing and could assist them and their partners in targeting resources appropriately to need.

There was significant improved performance around a number of the national key performance indicators for home care. These included:

- a continued increase in the number of people receiving home care services (from 1201 in 2007/08 to 1527 in 2009/10). Notably, the 2009/10 figures for the council showed a 26% increase in the number of people receiving home care in comparison to their 2008/09 figures. This was at a time when the Scottish average had decreased by 3%;
- a continued increase in the total number of hours provided (from 8903 in 2007/08 to 11607 in 2009/10). In particular, the 2009/10 figures for the council showed a 29% increase in comparison to their 2008/09 figures. This was at a time when the Scottish average figure had increased by 3%;
- the number of older people being supported by home care services had increased and in 2009/10 the council had been ranked 23rd out of 32 Scottish councils; and
- the number of older people receiving intensive home care services had increased and in 2009/10 the council had been ranked 23rd out of 32 Scottish councils.

In October 2010, the reablement service had been introduced as a more effective way of supporting people at home and sustaining services and budgets for the future. Before starting out on the redesign of service, staff had visited Leicester, Dudley and Edinburgh to look at their reablement services and also spoken with colleagues in North Lanarkshire about their model. This process had helped them refine their thinking about the model that would best suit service users and carers' needs. Senior managers in housing and community care services had then revised the Older People's Strategy and taken account of wider concerns emanating from the Transformation Agenda, for example around the need to make financial savings.

The vision for the reablement service was one which involved staff in helping service users learn new skills to maintain their independence within the community. Staff could work intensively over a period of six weeks with the service user and, where appropriate, their carer. They could help them set up to five specific personal goals

which could be achieved within this timescale. If further assistance was required after this period, then a “maintenance” home care service would be provided.

The home care service had undergone a significant modernisation over the last three years and the redesign had continued with the development of the reablement service. Staff from the former home care team had been moved over to the reablement service and initially there had been a slow take up of the offer of work within the reablement service because it had meant a change to staff’s working terms and conditions. Occupational therapists and social workers had subsequently joined the team and had helped improve the assessment process and links with other health providers.

The council had undertaken this service redesign in consultation with their staff. Front-line reablement staff we spoke to had played a limited part in the redesign process. However, they had a key role in its successful implementation, for example by developing and trialling paperwork and other systems. Staff were motivated and very positive about the new service, the value of their contribution and the potential impact they could have in helping service users maintain their independence for longer. Staff had received specific training to assist them (i.e. on the theory and practice of helping people change; on general health matters from allied health professionals at Perth Royal Infirmary; on dementia and palliative care at the Dementia Services Development Centre, Stirling University; and on child and adult protection).

Senior managers had regular meetings with health counterparts (e.g. through the Joint Management Team) and the development of the reablement service had been a regular item for discussion and planning. Relationships with health colleagues were said to have improved in the last year and were effective at all levels. Council and health colleagues had also been working closely as part of the Intensive Resource Framework on the redesign of services for older people and for people with physical or learning disabilities. Recently, they had been working together on a proposal to reorganise some acute health services and reinvest savings in more co-ordinated community based provision. Initial scoping work had indicated that there were approximately 12,000 bed days lost per annum in delayed discharge and preventable admissions. They also believed that community (cottage) hospitals were not being fully maximised and that there was an opportunity to modernise and re-provision these services. The Community Planning Partnership had signed off a bid to the Scottish Government for Change Fund money of £2.3m for each of the next three years and this had been awarded to partners in April 2011.

There were appropriate systems for measuring a service user’s abilities and progress (e.g. the Rickter Scale and the Mayers Lifestyle Questionnaire), for case recording on the council’s database, SWIFT, for assessment and review and for outcome measurement – though staff noted that the process for outcome measurement required further development. The council had also invested in new information technology (i.e. the Jontek system), which provided real time monitoring and helped the service to be more efficient and make better use of resources.

The reablement service was being trialled in Perth city and the intention was to roll it out to across the council area in September 2011. Service users from all care groups could access the reablement service, except those who were terminally ill. The majority of the referrals were for older people. Data provided by the council indicated that 81 new service users had been introduced to the reablement service

by 12/01/11. Of this group, 34 had fully completed it. The majority of these individuals had required either no further home care service or a reduced service.

Home care managers expressed some concern that in parts of Perth and Kinross there was very limited council or private home care provision (with the exception of palliative and crisis care). The main areas of shortage were in Pitlochry and Aberfeldy. Senior managers told us that in the past they had made arrangements with one private provider to work in these areas by paying a higher rate but the provider still found it uneconomical and decided to terminate the arrangement. The Executive Director of Housing and Community Care acknowledged that there were challenges in providing services in these two rural areas. Staff were looking at a number of options to try to rectify this. This included ongoing discussions with private care providers, a review of supporting people arrangements, the modernisation of sheltered housing provision and the establishment of "healthy community collaboratives" with the third sector - where volunteers within communities would help older people remain safe, healthy and independent within their locales. On the latter initiative, early discussions had taken place with the chief executive of the Perth and Kinross Association of Voluntary Service but further work was required. The council considered that the plans it was making with its partners, alongside its intention to roll out reablement services across the authority would, when successfully implemented, help to address the concerns around the availability of appropriate home care support for older people.

As noted earlier, whilst additional investment had been made in older people's services, the redesign of home care services had been funded through existing funds and no specific monies had been transferred from health services to the council. Research by senior staff had indicated that approximately 10% of all previous home care service users were using 30% of the home care budget. Senior managers believed that this situation had developed because service managers had used their discretion widely in structuring care packages and because there had not been a resource allocation group overseeing and approving them. Managers had begun reviewing all care package costs, had put in place a new system for monitoring and approving these and had advised staff about this.

At the time of our scrutiny, there was a 50-50 (public-private) split in balance of home care provision and senior managers wanted to see a bigger increase by the private sector. They believed they could make significant savings in doing so and they had developed a new and more robust commissioning and contracting arrangements for the provision of home care services to facilitate this. Senior managers had consulted with the local private sector providers in developing their plans and proposals were due to be submitted to elected members once the arrangements had been finalised.

We spoke to a small number of service users and carers who had used the new reablement service. The overwhelming majority of service users and carers described the service as good or very good. Staff were viewed as kind, considerate and very obliging. Staff had good interpersonal skills and generally provided high quality care. A small number of service users said that staff could improve time-keeping.

The reablement team carried out tasks which reflected individually assessed need, over a period of six weeks with the majority of users receiving three or four visits daily, seven days a week. The length of time spent at each visit reduced (by as much as a half in some cases) as the service user neared the end of the six week period of

intensive input. Just over half who were in receipt of, or who had received, the reablement service had been assessed by hospital-based social work staff prior to discharge. All of them said making contact and discussing their individual circumstances with the reablement team was relatively easy. Services required were arranged and put in place very quickly; for those individuals discharged from hospital, services were in place the same day they left hospital. The maximum anyone waited for a service was three weeks. Overall, accessing the reablement service was considered easy with explanations given about the frequency of the service and what tasks would be provided. Whilst service user and carer comments and views were taken into account in assessments and the design of action plans, they told us that they were not routinely given any written information about what had been agreed. This differed from what staff had told us about practice and we considered that that the council would want to address this.

Recommendation

The council should ensure that service users and carers using the reablement service are given a copy of their assessment and care plan.

We concluded that the council had invested considerable time and effort, and followed through, in its intention to improve home care services. There was evidence to indicate that they were moving in the right direction. There had been an increase in the number of people using the service and performance, as measured by the national indicators, had improved. The council had also introduced its reablement service and early feedback from staff, service users and carers about this service was positive. However, the council needed to ensure that service users and carers using the reablement service were given a copy of their assessment and care plan.

4.2 Effectiveness of risk assessment and risk management

Reasons for scrutiny

As part of the ISLA (in late 2009 – early 2010), SCSWIS concluded that there was a range of detailed frameworks for risk assessment across the care groups covering child, adult and public protection issues (e.g. around parental substance misuse; vulnerable adults; domestic abuse, etc). These were supported by staff guidance, training materials, interagency protocols, operational procedures and the appropriate multi-agency structures for child, adult and public protection. There was also evidence of senior managers auditing child protection processes/practice (2008) and a good variety of public information on keeping safe. Alongside this, we noted that HMIE's joint inspection of child protection (2009) had rated the recognition and assessment of risk and need as good, and operational planning, policies and procedures as very good.

Our file reading results also indicated that a range of different risk assessment tools were in use. We rated most of the risk assessments and the majority of the risk management plans of at least good quality.

However there were three specific areas of significant concern:

- In a number of cases where there were issues regarding the protection of/from the individual, the correct procedures had not been followed.

- A number of files that should have contained a risk assessment did not or did not contain one that had been completed within an appropriate timescale.
- A number of cases did not contain an up to date risk management plan⁷.

Scrutiny findings

The council had identified risk assessment and risk management as an area for improvement in its self-evaluation of social work services. This had been given further impetus following our ISLA. Senior managers had provided additional training to staff around risk assessment, risk management and adult, child and public protection, which many staff we met found helpful. Senior managers had also made arrangements within their services to schedule regular audits of case files every six months. Any problematic issues identified would then be subject to closer scrutiny. The learning from this activity would help drive forward further improvements. Data collected from the case file audits would also be communicated to elected members through the routine performance management reporting arrangements alongside information gathered about outcome focussed assessments.

The Chief Social Work Officer explained that a range of activities had been undertaken on risk assessment and risk management, following our ISLA. These were designed to strengthen practice across services. The council had, for example, established an Integrated Risk Assessment Working Group with the aim of streamlining practice, improving connections between services and providing further clarity on the use of tools. Revised risk assessment and management procedures for services had been issued to staff in July 2010. They were also developing a transitions policy for those young people with a risk management plan moving into adult care. This policy would be underpinned by a new transitions project team, which would be funded from respite and residential care budgets, to help young people with challenging lifestyles or circumstances. The team would provide these young people with tailored educational and skills training opportunities. The Chief Social Work Officer was keen to look at other options to improve risk assessment and management practice.

Most staff had been briefed on the findings from our case file reading exercise and were aware of the need to improve the areas of practice noted above. Across the care groups, staff at all levels reiterated their commitment to doing so. Staff and managers confirmed that they had been trained in and were using standard risk assessment and risk management tools. There was a range of these tools available across the care groups generally, which facilitated initial and more comprehensive assessment. The exception to this was in the learning disability service. Staff we met said they did not have access to any such tools. The Chief Social Work Officer told us that a tool for assessing risk had been introduced recently within learning disability services. We considered that this lack of awareness and use of appropriate tools by staff in learning disability services could mean that risk was not being identified or managed well.

Recommendation

The council should ensure that staff working with people with a learning disability utilise the tools available to help them identify and manage risk appropriately.

⁷ These concerns were not prevalent in the criminal justice files read.

Staff shared knowledge and practice around risk assessment and risk management, for example through team meetings, workshops, conferences and the monthly professional development forum (in adult services). Staff confirmed they received regular good quality supervision and support from their line managers and had access to helpful advice and guidance from experienced senior practitioners. Staff described managers and specialists across services as being accessible. Staff confirmed the supervision and support they received had a positive impact on their practice and confidence.

Joint working to assess and manage risks with colleagues from other council services and with key partners – such as the police, schools and voluntary sector – was effective. There were examples of joint work around mental health, child protection, transition planning and addictions. Advocacy services were available to all service users in order to promote active participation in this process. Staff in children’s services also worked with parents and carers to manage risks.

Managers had also recently introduced a resource panel for staff in education and children’s services. At this panel, staff could discuss complex cases with senior managers and improvement officers. They could also seek advice and additional resources to meet assessed need and manage perceived risks.

At a strategic level, a new sub-group within community planning arrangements had been created to help raise the profile of the protection agenda. The sub-group covered community safety matters and would bring Adult Protection, MAPPA and Child Protection matters under one body in order to share learning and practice experience. It would also provide opportunities to explore and analyse trends as well as perform scrutiny of standards and outcomes. The council’s Executive Officer Team had identified public protection as one of the council’s four priorities for the next four years.

The council had been developing improvement plans in the three specified areas (noted above). These included:

- the integration of services for mental health, drugs and alcohol and community safety. After our scrutiny, the council told us that a service manager had been appointed to manage the newly formed community safety team
- continued training programmes on the Adult Support and Protection (Scotland) Act 2007, particularly for health staff
- a review of the reasons for the high number of adult support and protection referrals from police
- the development of a more comprehensive and focussed approach to adult support and protection in HMP Perth by strengthening practice between prison and community-based social work services.

We concluded that there had been improvements in risk assessment and risk management. Senior managers had given renewed attention to these matters and staff were aware of the importance of maintaining high standards of practice. Staff had access to appropriate practice guidance, procedures and professional support. Performance monitoring and quality management arrangements had been

strengthened too. The council needed to ensure that staff working with people with a learning disability utilised the tools available to help them identify and manage risk appropriately

5. Next steps

SCSWIS will ask the council to draw up an 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. 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.

Paolo Mazzoncini
Link Senior Inspector