

Renfrewshire Council Scrutiny Report

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1 Introduction

1.1 Renfrewshire Council's social work services were delivered by a single department, which contained children's services, adult community care services and the criminal justice service. The Director of Social Work had overall responsibility for the management of social work services. Social work services worked in close partnership with the Community Health Partnership. There were seven integrated service delivery teams:

- Community Mental Health Team (two areas as opposed to two teams)
- Renfrewshire Learning Disability Service
- Integrated Alcohol Team
- Renfrewshire Drugs Service
- Rehabilitation and Reablement Team
- ASERT (a single point of contact for all referrals to adult services).

Structure of this report

Section	Contents of section
Section 1	Description of the methodology for the Care Inspectorate's initial scrutiny level assessment (ISLA), which we used to risk assess Renfrewshire Council's delivery of social work services.
Section 2	Synopsis of our risk assessment of Renfrewshire Council's delivery of social work services – this section gives our risk assessment for each of our nine risk questions / areas for evaluation. We also state our overall risk assessment of the council's delivery of social work services.
Section 3	Timing of our scrutiny of Renfrewshire Council's delivery of social work services.
Section 4	Based on our ISLA, this section states the reasons why we determined no scrutiny was required in respect of six of the nine areas for evaluation (risk questions).
Section 5	This is the principal section of the report and it sets out the rationale for our scrutiny activity in respect of three areas for evaluation / risk questions, our detailed scrutiny findings and recommendations for improvement.
Section 6	List of all of our recommendations for improvement.
Section 7	Next steps and request for the council to prepare an action plan for the implementation of our recommendations.

1.2 The Care Inspectorate determines 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. The Care Inspectorate carried out an initial assessment of Renfrewshire Council's delivery of social work services between June 2012 and August 2012. We did so by:

- Scrutiny of 95 case records, supported by local file readers (50 adult service user records, 25 children records and 20 offender records). We did not read any records of children who were registered on the child protection register. The findings stated in this report do not relate to child protection practice or children registered on the child protection register.
- Analysis of around 300 documents provided by Renfrewshire Council.
- Reference to SWIA's performance inspection report (published 2009) and follow-up report (published 2010).
- Analysis of key nationally published performance statistics.
- Reference to the findings of the HMIE inspection of services to protect children (report published 2010).
- Reference to the aggregate results of Care Inspectorate inspections of regulated services run by Renfrewshire Council.
- Participation in shared risk assessment activity led by Audit Scotland, which included a number of scrutiny bodies. This activity culminated in the publication of an (updated) shared risk assessment, assurance and improvement plan and scrutiny plan for Renfrewshire Council.

1.3 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?

1.4 Following the murder (in 2010) by his mother, of a one-year-old child, the Renfrewshire Child Protection Committee commissioned an independent significant case review into the circumstances surrounding the child's death. In response to a request by the chair of Renfrewshire Child Protection Committee and the Chief Officers Group, the Care Inspectorate reviewed progress on the recommendations made by the Renfrewshire Child Protection Committee Significant Case Review and the Care Inspectorate's report is published on our website.¹ The Care Inspectorate found there was good progress implementing the recommendations of the Significant Case Review.

2 ISLA findings

2.1 Based on our analysis of all of the evidence, we determined that no scrutiny was required for five areas for evaluation, these were:

- governance and finance
- the effective management and support of staff
- self-evaluation and improvement activity
- effective partnership working
- compliance with equality and human rights legislation.

See section four for a summary of our analysis that led us to the conclusion that no scrutiny was required in respect of the foregoing areas for evaluation / risk questions.

2.2 We considered there were no suspected or actual areas of unsatisfactory or weak performance that required urgent attention and improvement.

¹ http://www.scswis.com/index2.php?option=com_docman&task=doc_view&gid=770&Itemid=378

2.3 We required further information to be obtained in the scrutiny phase in respect of two areas, these were:

- outcomes for people who use services and carers
- assessment and care management.

See section five for our analysis that led us to the conclusion that we required further information.

2.4 In one area, effective risk assessment and risk management, we considered that scrutiny was required; see section five for our analysis that led us to this conclusion.

2.5 We advised the Director of Social Work of our initial findings in August 2012. The Care Inspectorate's overall assessment of Renfrewshire Council's delivery of social work services was level two – moderate risk, adequate performance and moderate activity on improvement work.

Criminal justice service

2.6 Our analysis in the risk assessment phase of Renfrewshire Council's criminal justice service was that it required no service-specific scrutiny. We read 20 offender records and we found that all of the records contained a cohesive risk assessment and all of the assessments of offenders we read were of excellent, very good or good quality.

2.7 Our file reading results did identify that almost a third of offender records, which should have had an up-to-date protection-type risk management plan, did not have one. We held a focus group for front-line criminal justice staff and we discussed risk assessment and risk management practice with them. Senior managers told us, that as the LSCMI² risk assessment tool becomes embedded in practice this will ensure that all risk assessments have an associated risk management plan, which states how the identified risks will be managed and mitigated.

3 Timing of scrutiny

3.1 Both the assessed level of risk and the size of the local authority determine the amount of scrutiny the Care Inspectorate carries out in a local authority. The Care Inspectorate assigned a level two risk assessment to Renfrewshire Council's delivery of social work services and as a result, the Care Inspectorate carried out a proportionate inspection comprising 35 scrutiny sessions in September 2012.

4 Scope of scrutiny

4.1 Our scrutiny was targeted and proportionate and did not constitute a full assessment of all social work services. Based on our ISLA we did not scrutinise the

² Level of service case management inventory

following five areas and our reasons for this are summarised under the relevant heading.

Governance and finance

4.2 We considered that no scrutiny was required for effective governance and financial management. Renfrewshire Council had sound procedures and systems in place to exercise effective governance and financial management for social work services. The council had an overarching strategic plan that linked to the single outcome agreement and issues pertaining to social work services were included in these plans. Social work services had a service improvement plan, which among other things, covered finance and the actions social work services required to take to reduce expenditure and deliver efficiencies. The council was proactive at identifying efficiency savings and it had delivered significant efficiencies in respect of a range of activities.

4.3 Social work services had well-developed strategic risk management systems and the strategic risk management plan was subject to regular review.

4.4 We considered that social work services evidenced sound and effective budget management. Financial reports to elected members were clear and easy to understand.

4.5 The council had a four-year capital programme and plans for capital expenditure for social work services were included in the plan. The project to replace one of Renfrewshire's children's homes with two small purpose-built units was underway. The staff involved in this project had made commendable efforts to make sure that the replacement premises provided the best possible environment for children and young people, who are looked after and accommodated.

Effective management and support of staff

4.6 We considered no scrutiny was required for the effective management and support of staff. Social work services had a comprehensive workforce strategy in place and we also found evidence of a sound strategic approach to workforce planning.

4.7 Social work services had carried out a number of extensive staff surveys and had developed action plans in respect of areas identified as requiring improvement. For example, social work services had made improvements to staff communication by instituting twice-weekly communication emails and publishing the quarterly newsletter Teamtalk. Staff we met at our focus groups said that the foregoing measures had improved communication.

4.8 Social work services had cohesive policies and systems in place in respect of staff supervision and staff development. We considered it was commendable that 69% of social work staff had personal development plans in place.

4.9 From all of the documentary evidence submitted and from the views expressed by staff at our focus groups, we considered that the Chief Social Work Officer³ exercised visible, vigorous and accessible leadership for social work services in Renfrewshire. This was true in terms of the leadership the Chief Social Work Officer contributed at a corporate level within the council and in terms of leadership of front-line social work staff.

Self-evaluation and improvement activity

4.10 We considered no scrutiny was required for effective self-evaluation and improvement activity. Social work services had carried out a number of audits of the records of people who used social work services. A multi-agency audit of child protection records was done in 2011 and the results of the audit were positive. A subsequent action plan set out the required improvement activity. Some of the findings of these audits correlated with the findings of our file reading, for example, audit identified that preparation of chronologies needed to improve.

4.11 Social work services had used the public services improvement framework (PSIF) to self-evaluate a number of its services. The mental health service and the older people service had delivered improvements to staff communication and workforce development because of PSIF self-evaluations.

4.12 We read a number of very detailed and informative performance management reports, which were written for senior managers within the council.

4.13 Social work services had gained recognition for a number of its initiatives from recent national awards and these are shown in the table below.

Advice in Primary Care (COSLA Gold)
Family Matters (SOLACE Best Team Award)
Empowering local communities (COSLA Bronze)
Young Person's Alcohol Project (COSLA Bronze)
Care and Technology Project (COSLA Silver)
Primary and Special Games (COSLA Silver)
Reaching Older Adults across Renfrewshire (COSLA Silver)
Transition to Employment (COSLA Silver)

Effective partnership working

4.14 We considered that effective partnership working did not constitute an area that required scrutiny. The Renfrewshire Council Assurance and Improvement Plan (2012 – 2015) written by Audit Scotland and its partner scrutiny bodies, assessed

³ The Chief Social Work Officer is also the Director of Social Work.

the council's partnership working as an area that constituted no significant concerns and correspondingly no scrutiny was required. From our analysis of the documentary evidence submitted there was effective strategic partnership working in the following areas:

- change fund for older people
- children's services
- criminal justice
- services for people with learning disabilities
- substance misuse services
- services for people with physical disabilities
- service for people with sensory impairment.

4.15 There was effective joint planning between social work services and health to meet the needs of young people who had mental health problems.

4.16 From our focus groups for service users and carers, we held in the risk assessment phase, we obtained evidence that service users and carers were involved in the planning, delivery and evaluation of social work services. Some of the adults with learning disabilities we met said that they had been involved in the planning for the redesign of day services for adults with learning disabilities. And they said the new day services were more person centred and a considerable improvement over the old centre-based services. We met some young people who were looked after and they said that social work staff listened to them and took their views into account. Some of the carers we met had been involved in a number of consultation exercises for various developments.

Equality and human rights

4.17 We considered no scrutiny was required in respect of the council's compliance with equality and human rights legislation. The policy documentation we read on equality was fit for purpose. We verified that the council's website contained published equality impact assessments (EIAs) and a number of those related to social work services. The EIAs we read had been competently carried out. People who used services we met in our risk assessment phase, said that social work services staff always treated them with respect and consistently sought their views and took their views into account.

Good practice

4.18 We asked social work services to submit examples of good practice and during our scrutiny phase we met with staff who were involved in the various initiatives. We considered the two initiatives described in [annex 3](#) constituted sector-leading good practice.

5 Scrutiny findings

Positive outcomes for people who use services

Reason why further information was required in the scrutiny phase

5.1 We considered that we required to obtain further information in our scrutiny phase in relation to positive outcomes for people who use services. The main reasons for this were as follows:

- A significant reduction, due to service redesign and restructuring (43% between 2009 and 2011) in intensive home care provision (more than ten hours per week) to older people.
- Adult services performed below the Scottish mean in respect of some nationally published performance figures.
- Renfrewshire Council was in the bottom quartile of Scottish Councils (28 out of 32) in respect of direct payment provision. Provision of direct payments is one important element of the current emphasis on personalisation and self-directed support.
- Our file reading results on the outcome focus of care plans for children were, 82% of the care plans for children we analysed were not outcome focused (52% of care plans for people who used community care services were not outcome focused).

Regulated Services

5.2 We noted that overall, the Care Inspectorate's assessment of the performance of Renfrewshire Council's 25 regulated social work and social care services was very positive in respect of delivering good outcomes for service users. See [annex two](#) for full details.

Our scrutiny findings

Adult services – intensive home care

5.3 Senior managers confirmed that there had been a significant fall in the number of older people receiving intensive home care and they proffered a number of reasons for this:

- Around 150 of the council's home care staff took up the offer of early severance in 2010. This was in response to workforce planning and an extensive redesign of the council's home care service. Senior managers stated that the total hours delivered by the home care staff who took early severance, were retained within social work services, in order that it could purchase the same volume of service from the independent sector. Independent sector home care providers were – unexpectedly – not able to recruit staff quickly enough to fully meet the demand from the council for the required additional provision of home care service.

- The home care provision for some service users dropped below ten hours in response to a change in the eligibility criteria, whereby home support in some cases was no longer provided for housework and other domestic tasks.
- The council decided to provide a community hot meals service in addition to care at home services. For some older people this substituted a hot meals service for a home care worker preparing meals. And for a period of time, this led to a reduction in the hours actually provided by home care workers. Senior managers told us that the council had decided to provide daily hot meals to vulnerable older people as an alternative to a proportion of the older peoples' total allocation of home care hours.
- There was a suggestion that data capture and recording issues may have been partly responsible for some of the published figures.
- Managers told us that a number of vulnerable older people who needed home care also required their home care to be delivered by two workers, but this additional service deployment was not reflected in any of the nationally published home care statistics.

5.4 Senior managers expressed the view that adult services and its health partners provided effective support to older people to enable them to live independently at home. Senior managers considered that high-quality day care provision, the reablement service, telecare, and the community hot meals service delivered extensive support to older people, which prevented admissions to a care home

5.5 Adult services staff we met said that in the past they had experienced some problems securing home care workers to carry out tasks for older people such as medication prompts. But the staff said that these problems were no longer extant. Managers informed us that there was no waiting list for home care.

5.6 Staff from independent advocacy services that we met confirmed that there had been problems in the past with the availability of home care staff for deployment to older people. Again, they expressed the view that these problems were largely resolved. They also expressed the view that reablement and telecare provision were good and these services supported older people to live safely and independently in their own homes.

5.7 We met with a number of older people who had benefited from the council's reablement service. Had it not been for the reablement service and the timely deployment of support services, it was likely that the individuals would have remained in hospital for longer and possibly, they would not have been able to return home, thereby requiring admission to a care home.

5.8 Senior managers informed us they had taken steps to increase the overall amount of home care hours available and they had increased the amount of intensive home care for over 65s. In 2011 the published figure for intensive home care provision was a rate of 9.9 per 1000 of the 65 plus population, in 2012 senior managers intimated that the intensive home care provision figure had risen to around a rate of 14 per 1000 of the 65 plus population. We considered it was laudable that

adult services had taken positive steps to deliver intensive home care (10 hours plus), to greater numbers of older people who needed this level of home care provision.

5.9 During our scrutiny phase, we met with a number of older people who depended on home care services to enable them to continue living independently in their own home. All of these individuals informed us that they received sufficient home care support to meet their needs, maintain their independence and keep them safe.

Renfrewshire adult services nationally published performance information

5.10 We asked managers and front-line staff about that fact that in some instances the Renfrewshire social work services published performance figure was significantly below the published Scottish mean e.g:

- In 2010 – 11, Renfrewshire social work services provided a total of 51.1 respite weeks per thousand of the over 65 population – the Scotland mean figure was 126.2
- In 2010 – 11, Renfrewshire social work services provided 17.5 respite weeks per thousand of the 18 – 64 population – the Scotland mean figure was 22.3.

5.11 Some of the managers we met acknowledged that Renfrewshire social work services did not provide as much respite for older people and for adults, as some other councils. They went on to say that not all of the available respite places were actually taken up and they were investigating the reasons for this in order to maximise the take up of the available respite provision. Some of the carers we met said that they had experienced some difficulties obtaining respite for the person that they cared for. From all of the scrutiny sessions that we carried out, we received very little evidence that suggested that a lack of availability of respite for either older people or adults represented a significant problem for people who use services, carers or front-line staff.

Outcome-focused assessments

5.12 We met with front-line staff from children's services and they understood the imperative that their care plans for children should be outcome focused. But the staff said they found it difficult to be specific, when they had to state in care plans, what the desired outcomes for children were. Some staff also considered that the requisite fields in the electronic template hindered them rather than helped them to clearly set out desired outcomes for children in care plans. Staff said that they had had training on outcome-focused assessment and care planning and that this had been helpful. Staff considered that the suite of GIRFEC integrated assessment framework, assessment and care planning tools, helped them to ensure that their work with children and young people was sharply outcome focused.

5.13 We met with front-line staff from adult services and like their counterparts in children's services, they understood that their care plans for adults should be outcome focused. This group of staff also said that they found it difficult to specify outcomes for service users in care plans. One of the comments made was, "You get

... tied in knots trying to fit the person into the outcomes framework". Some of the adult services staff present at our focus group felt they had not had enough training in outcome-focused assessment and care planning. Staff also considered there needed to be multi-agency training on outcome-focused assessment and care planning, to ensure that their health colleagues were fully up to speed with developments on outcome-focused assessment and care planning.

5.14 Children's services managers we met were confident that as the integrated assessment framework becomes more embedded in the practice of children's services staff, this would deliver assessments and care plans for children that are outcome focused.

5.15 Adult services managers we met considered that the new single shareable assessment framework would assist adult services staff to prepare outcome-focused assessments and care plans for adult service users.

Recommendation 1

Managers in children's services and adult services should take steps to ensure that written care plans for children and adults clearly set out the intended outcomes for the service user, which the intervention and the service deployment are designed to deliver. Effective staff training, purposeful staff supervision and periodic auditing of care plans should be key levers for the delivery of improvement.

Self-directed support and direct payments

5.16 Self-directed support is the system that gives people increased choice and control over the support they use to meet their social care needs, including using personal budgets.

5.17 In response to questions about the fact that Renfrewshire Council were 28th out of the 32 councils in respect of number of direct payment recipients, managers informed us that direct payment provision was developing. There was now one million pounds in the services direct payment budget and 95 people in receipt of direct payments. In addition, there were 20 new people, who were in the process of obtaining direct payments. Adult services managers intimated that social work services had created a new post of self-directed support manager. They were confident that this would help with the development of self-directed support in Renfrewshire. In addition, managers informed us that the council had made good use of the independent living fund and it was linking this to developments in self-directed support.

5.18 Some of the carers that we met said that they and the person they cared for had benefited significantly from direct payment provision. Direct payments meant they were able to purchase the support services they wanted when they wanted them – in their view services they purchased with direct payments were more flexible than services arranged by social work services.

5.19 We met staff from the self-directed support team, who attested to an increasing impetus to develop and promote direct payments and self-directed support. Staff informed us that they could set up direct payments schemes quite quickly in some cases. In other cases, depending on the circumstances, setting up a scheme could take a little longer. Some of the carers we met did say that they had had a protracted wait to have their request for direct payments processed, so much so that they abandoned their request for direct payments. Others carers we met said that they had to be persistent with their request for direct payments, but the improved outcomes for them and the person they cared for, justified the effort.

Views of people who use services and carers on outcomes

5.20 We held four separate focus groups for people with mental health problems, people with physical disabilities, people with substance misuse problems and carers.

5.21 The people with mental health problems we met all said that they benefited significantly from attending a day centre. They said that attending the centre made it possible for them to socialise and form friendships. They said that the centre staff gave them invaluable help and support. Some of the people said that they had participated in organised activities such as walking, gardening and art and design. This enabled them to develop new interests and generally enhanced their wellbeing.

5.22 All of the people with physical disabilities we met said that they gained a lot from attending the disability resource centre. They praised the dedicated staff whom they said created a “homely family atmosphere” in the centre. All of those present at our focus group had experience of the occupational therapy service, which they reported enabled them to successfully carry out daily living tasks, such as bathing and meal preparation. Some of the people present said that they had had to wait for an assessment from an occupational therapist.

5.23 There was a consensus among the people with substance misuse problems we met that the peer support they received from other recovering addicts was pivotal in helping them to come off heroin. Participation in the SURF⁴ group helped them to access this positive peer support.

5.24 Almost all of the carers we met said that the range of social work and social care services that they and the person they cared for received were invaluable. Services supported the carers to continue in their challenging caring role and provided them with much-needed respite. Despite some adverse comments about difficulties accessing some services and delays in service deployment, there was agreement amongst the carers that, “they did not know where they would be without social work services”.

Timely submission of reports to the reporter to the children’s hearing

5.25 We discussed children’s services performance on timely submission of reports to the reporter to the children’s hearing, with senior managers from children’s

⁴ Service Users in Renfrewshire Forum

services and middle managers from children's services. The latest performance data was:

- 2010 – 11, 45% of reports were submitted on time (Scotland mean 51% on time)
- 2011 – 12, 44% of reports were submitted on time (Scotland mean 56% on time)

5.26 Senior managers and managers from children's services were acutely aware that this was an area for improvement and they were taking improvement measures via performance management and monitoring and staff supervision systems. They stated that performance on the number of reports submitted on time was improving in the current year 2012 – 13.

5.27 Renfrewshire children's services should continue to make strenuous efforts to improve performance on the number of reports submitted to the reporter to the children's hearing on time.

5.28 We met with the senior elected member who held the social work services portfolio. He expressed strong support for social work services, the senior managers who led the service and for all of the staff who worked in the service. He was confident that social work services delivered and would continue to deliver, good outcomes for vulnerable people in Renfrewshire. This was despite the significant challenges presented by the austerity climate, the negative effects of deprivation in Renfrewshire and demographic changes such as an ageing population and more people with learning disabilities surviving into adulthood and living longer⁵. A number of councils in Scotland face similar challenges.

Good quality assessment and care management

Reason why further information was required in the scrutiny phase

5.29 We considered that assessment and care management was an area where we required to obtain further information in our scrutiny phase. The reasons for this were as follows:

- The number of people waiting for assessment or service deployment from the locality teams was in excess of 500. We found it difficult to obtain a full analysis of the waiting list position from the documents submitted.
- Almost a third (30%) of the care plans for adults we read, were not subject to regular review (60% did have evidence of regular review, in 10% of the care plans we did not consider review was applicable).
- Almost a third (28%) of the care plans for children and young people we read, were not subject to regular review (64% did have evidence of regular review, in 8% of the care plans we did not consider review was applicable) .

⁵ Primarily due to better health care, more people with complex learning disabilities and high support needs are surviving into adulthood and people with learning disabilities are living longer generally

Scrutiny findings

Adult services waiting lists and waiting times

5.30 The bulleted list immediately below summarises the evidence at the time of our scrutiny, on adult services waiting lists and waiting times.

- **Occupational therapy service** – around 500⁶ people were waiting for an assessment and the average waiting time was between 3 and 4 months. Once assessed equipment was supplied quickly, more complex adaptations could take longer to install.
- **Sensory impairment service** – around 100⁷ people were waiting for an assessment. We do not have details on the length of time they had to wait.
- **Adult services including older people** – there was no appreciable waiting list for assessment or for service deployment when people had critical or substantial needs.

5.31 Managers from the occupational therapy service informed us about the reasons for the waiting list for this service. Their reasons were:

- A growing demand from service users for an occupational therapy service.
- A number of occupational therapists transferred to the new reablement team and they had difficulty backfilling the vacant posts.
- A number of occupational therapists went on maternity leave.
- The service found it hard to recruit suitably qualified staff and it was using agency staff to try to clear the backlog of assessments.

5.32 The managers told us that the maximum period that people had to wait was around six months and that people with critical needs were assessed promptly and services were deployed quickly

Carers focus group

5.33 Some of the carers we met reported that they had had to wait for an assessment from an occupational therapist and some of them had to wait for adaptations to their home such as a wet floor shower – delays in the installation of such major adaptations are common. In addition, some of the carers that we met were very fulsome in their praise for the occupational therapy service that they and the person that they cared for received.

5.34 Occupational therapists we met told us that the occupational therapy service had instituted a referral screening system, whereby occupational therapists screened all of the referrals to the service; previously team managers did the screening. The

⁶ At January 2013 the occupational therapy service had made progress reducing the waiting list to around 300

⁷ At January 2013 the sensory impairment services had made progress reducing the waiting list to around 40.

revised system ensured that service users with critical needs were assessed immediately and supplied with the equipment and adaptations they needed.

5.35 Managers informed us that the sensory impairment service waiting list constituted people who were waiting for an assessment of their needs and whom screening determined did not have critical needs. They informed us that once people were assessed, the service quickly supplied any equipment they required.

Focus group of people with physical disabilities

5.36 Some of the people we met at this focus group told us that they had had to wait for an assessment from an occupational therapist. Some of the service users present said that because they did not have an occupational therapist allocated to them consistently, they had to answer all of the same questions every time a different occupational therapist visited them. Some of the service users expressed concerns about the service they received from EquipU (occupational therapy equipment delivery service externally contracted through a consortium arrangement with other councils). They said that this service was not able to inform them when they would visit for the delivery of new equipment or the maintenance of existing equipment. We considered that the managers of the occupational therapy service should review the council's agreed service specification for the EquipU service, with a view to addressing service users' complaints that EquipU did not inform them when it would deliver equipment.

Recommendation 2

Renfrewshire adult services should take timely remedial action to reduce the number of people waiting for an assessment by an occupational therapist and the amount of time people have to wait for an assessment. Adult services should also take steps to reduce the number of people waiting for an assessment from the sensory impairment service.

Mental health officers

5.37 In our risk assessment phase, we found out that social work services had comparatively low numbers of mental health officers. During our scrutiny phase, managers informed us that the service had recently doubled the number of mental health officers (from three full-time equivalents to six full-time equivalents).

5.38 Managers affirmed that the service was coping with the demand for mental health officer time and there were no delays in the allocation of work to mental health officers or in the preparation and timely submission of the reports, which mental health officers require to complete (e.g. welfare guardianship reports).

Reviews of care plans

Adult services

5.39 Front-line staff from adult services we met told us that reviews of care plans were carried out appropriately and timeously. Line managers were able to check on the SWIFT system that reviews of care plans had been done on time. Front-line staff told us of a recent change, whereby the review team was responsible for all of the reviews of older people who were admitted to care homes – previously the worker who carried out the assessment was responsible for carrying out the first review of the older persons care home placement. It was too early for us to assess the impact of these changes.

Children's services

5.40 Children's services managers we met and front-line staff all said that reviews of children's care plans were carried out timeously. Staff that we met did not consider that our file reading result of just under a third of children's care plans were not subject to regular review, reflected their experience of their service.

Recommendation 3

Managers in children's services and adult services should institute and operate a system of regular reports generated from the SWIFT system, in respect of reviews of the care plans for children and adults. Senior managers and other managers should monitor reviewing practice to make sure that reviews of care plans are carried out appropriately and timeously.

Effective risk assessment and risk management

Reason why scrutiny was required

5.41 Based on the evidence from our file reading on chronologies, risk assessments and risk management plans, recorded in service user files, we considered that effective risk assessment and risk management required scrutiny. As stated in paragraph 1.2, we did not read any social work records in respect of children who were registered on the child protection register.

Chronologies

5.42 Chronologies are an important tool for effective risk assessment and risk management. Overall social work services' performance in respect of preparation of acceptable chronologies for service users, was relatively poor. Salient results from our file reading are as follows:

- **Children and families** – 11% of chronologies we read were of an acceptable standard.

- **Community care** – 86% of records, which should have contained a chronology, did not have one.

Protection-type risk assessments

5.43 **Children and families** – 45% of the records did not have a protection-type risk assessment when we considered one should have been completed.⁸ (55% of the records did contain a protection-type risk assessment).

5.44 **Community care** – 28% of the records did not have a protection-type risk assessment when we considered one should have been completed (72% of the records did contain a protection type risk assessment).

Non-protection-type⁹ risk assessments

5.45 **Community care** – 32% of the records did not have a non-protection-type risk assessment when we considered one should have been completed (68% did contain a non-protection type risk assessment).

Risk management plans – presence

Protection-type risk management plans

5.46 **Children and families** – 60% of the records, where we considered there should have been an up-to-date protection-type risk management plan, did not have one (40% of the records did contain an up-to-date protection-type risk management plan).

5.47 **Community care** – 54% of the records, where we considered there should have been an up-to-date protection-type risk management plan, did not have one (46% of the records did contain an up-to-date protection-type risk management plan).

5.48 **Criminal justice** – 31% of the records, where we considered there should have been an up-to-date protection-type risk management plan, did not have one (69% of the records did contain an up-to-date protection-type risk management plan).

Non-protection-type risk management plans

5.49 **Children and families** – 40% of the records, where we considered there should have been an up-to-date non-protection-type risk management plan, did not have one (60% of the records did contain an up-to-date non protection type risk management plan).

⁸ File reading results, which relate to a subset (N_s) of the total sample set (N) are **indicative** rather than **statistically significant** due to the sample size.

⁹ Non-protection type risk is when a child or an adult is at risk for reasons such as an older person's risk of falling or a person with dementia, who is at risk of wandering.

5.50 **Community care** – 35% of the records, where we considered there should have been an up-to-date non-protection-type risk management plan, did not have one (65% of the records did contain an up-to-date non-protection type risk management plan).

Scrutiny findings

Improvement work carried out by social work services

5.51 We fed back the results of our file reading to senior managers within social work services. Our feedback included the file reading results on effective risk assessment and risk management, which was the principal evidence for our assessment that scrutiny was required in this area. Senior managers very quickly initiated a comprehensive programme of improvement work (Raising the Bar), which aimed to improve recording practice in the area of risk assessment and risk management. A summary of the improvement programme is as follows:

- **Strategic risk and review group** A new risk management group was established, chaired by the Director of Social Work. The local authority's risk manager was a member.
- **Oversight group** Senior managers and first-line managers from across social work services were also members of the IACG¹⁰. The IACG terms of reference included developing, progressing and delivering the social work improvement agenda. The IACG reported to the Director of Social Work via the Strategic Risk and Review Group.
- **Manager learning and engagement events** The events focused on risk assessment and risk management.
- **Operational procedure notes** A suite of operational procedure notes on chronologies, risk assessment and risk management and principles of assessment had been prepared and deployed.
- **Improvement programme** During August 2012, managers collectively reviewed 100 service user records per week (across social work services) and they took action to rectify any deficits they found in the recording practise of chronologies, risk assessments and risk management plans.
- **Staff engagement** The service had adopted a programme of improving professional practice.
- **Practice learning events, bi-monthly theme** The first key learning theme, running throughout August and September 2012 was risk assessment and risk management. The objective was to embed the learning from the Care Inspectorate's file audit to improve practice across social work services.

¹⁰ Improvement Action Coordination Group

- **Standardised operational procedure manual** Senior managers from social work met with senior managers from health to agree the joint approach to risk assessment, care planning and recording in adult service user files.
- **Self Evaluation Programme** The service's self-evaluation and self-assessment programme included file auditing. The next round of file auditing was scheduled for October 2012.

5.52 We were impressed with the speed at which senior managers developed and delivered such an extensive programme of improvement work. During our scrutiny phase we met with a wide range of front-line staff and team leaders and their equivalent – all were very much aware of the Raising the Bar initiative and all had participated in activities linked to the programme. Almost all of the staff we met were confident that the risk assessment and risk management improvement programme would timeously drive up the quality of risk assessment and risk management practice.

5.53 In the proceeding paragraphs (5.54 – 5.65) our findings from the scrutiny phase in respect of risk assessment and risk management practice are summarised under the following headings, evidence from:

- front-line staff from adult services, criminal justice and children's services
- team leaders and their equivalent from adult services and children's services
- middle managers from adult services and children's services
- senior managers from social work services
- health staff who worked in integrated teams.

Front-line staff from adult services

5.54 All of the front-line staff from adult services we met were aware of the Raising the Bar initiative, which aimed to improve practice in the areas of chronologies, risk assessment and risk management. All of the front-line staff we met said that in the past recorded risk assessments and risk management plans, tended to be implicit in service user records rather than explicit. They were consistent in their view that effective risk assessment and risk management practice was an area, which required improvement. This view correlated with our file reading findings in respect of effective risk assessment and risk management practice. Staff also stated very clearly and consistently that the issues, which our file reading identified in respect of risk assessments and risk management plans, were recording issues. Staff asserted that there was not a collection of service users who were subject to an unacceptable level of risk in the community as a result of ineffective risk assessment and risk management practice. The adult services front-line staff acknowledged that they had not always prepared apposite chronologies for service users. They were aware that practice in this area required improvement. All of the staff present said that they had received training on chronology preparation and risk assessment and risk management.

Front-line staff from the criminal justice service

5.55 Our file reading results for criminal justice offender records were that all of the offender records we read had an up-to-date risk assessment. An issue emerging from our file reading was that almost one third of offender records, which should have had an up-to-date protection-type risk management plan did not have one. We therefore considered it was prudent that criminal justice staff were fully included in the Raising the Bar initiative.

5.56 Front-line criminal justice staff we met said that they had been involved in a pilot for the LSCMI¹¹ risk assessment tool. The pilot was conducted under the auspices of the Risk Management Agency. Staff intimated that the criminal justice service had developed a risk management pack some time ago. They said that this pack had been helpful to them and the pack included information about the preparation of chronologies. The criminal justice staff we met had all been involved in the Raising the Bar initiative and all said that the initiative was a well-planned, systematic effort to raise the quality of risk assessment and risk management recording practice.

Front-line staff from children's services

5.57 All of the staff present at our focus group acknowledged the need for the Raising the Bar initiative and their participation in the initiative. Staff considered that the GIRFEC Integrated Assessment Framework (IAF) was among other things a suitable tool for preparing risk assessments and risk management plans for children and young people. Staff said that there were a number of risk assessment tools and formats in use and this was confusing to them.

Team leaders from adult services

5.58 The adult services team leaders we met acknowledged the need for the Raising the Bar initiative and the significant impact on staff it had already had. The team leaders thought that the new single sharable assessment risk-screening tool would be efficacious in supporting improvements in multi-agency risk assessment and risk management practice.

Team leaders from children's services

5.59 We met a number of team leaders from children's services, and there was a consensus view that the Raising the Bar initiative would drive up the quality of risk assessment and risk management practice within children's services. The team leaders considered that their effective and purposeful supervision of front-line staff was critical to ensuring the success of the Raising the Bar initiative.

Middle managers from adult services

5.60 All of the middle managers from adult services, who were present at our focus group, agreed that the Raising the Bar initiative was a necessary and effective

¹¹ Level of service case management inventory

initiative. The middle managers intimated that they each reviewed around three service user records a week to make sure that they contained apposite chronologies, valid risk assessments and cohesive risk management plans.

Middle managers from children's services

5.61 Middle managers from children's services we met considered that the recording practice issues in respect of risk assessment and risk management did not extend to the work carried out with children whose names were on the child protection register or children who were subject to child protection investigations. Middle managers said that some social workers required more help and support than others did in relation to their risk assessment and risk management practice. Middle managers were clear that they and the team leaders needed to provide front-line staff with the help and support they required in order to drive up the quality of risk assessment and risk management practice within children's services.

Senior managers from social work services

5.62 Senior managers we met were very consistent in the views they expressed in respect of our file reading findings on, chronologies and risk assessment and risk management practice. In summary their views were:

- The issues in relation to risk assessment and risk management recording identified by our file reading, constituted recording issues, rather than evidence of vulnerable children and adults who were subject to unacceptable levels of risk in the community.
- Social work services had expended a huge amount of effort into the rapid development and systematic deployment of the Raising the Bar initiative to address the recording issues.
- The Raising the Bar initiative would deliver significant improvements in risk assessment and risk management recording practice for both children services and adult services. And there was already evidence that the initiative was having an impact on front-line staff across all of social work services.
- Purposeful supervision of front-line staff and systematic performance monitoring in respect of the completion of chronologies, risk assessments and risk management plans, were perceived by all senior managers as the key drivers of improvement.
- Risk assessment and risk management practice was sound, systematic and effective in relation to children registered on the child protection register and children who were the subject of child protection investigations (as previously stated we did not read any records for children whose names were on the child protection register).
- The risk assessment and risk management issues, which our file reading found, were recording matters and did not mean that service users in the community were subject to unacceptable levels of risk.

Renfrewshire social work services own review of the sample of files read by Care Inspectorate senior inspectors and the local file readers.

5.63 Following the Care Inspectorate providing senior managers with the detailed results of our file reading, the senior managers instigated a review of all of the social work records read by the Care Inspectorate. The purpose of this review was to check that there were no current service users, living in the community or elsewhere, who were subject to unacceptable levels of risk. Senior managers intimated that the result of this internally conducted review of the service user records was that there were no service users who were subject to unacceptable levels of risk.

Health staff who worked in integrated teams

5.64 We held a focus group for health staff who worked in integrated teams. They said that up until recently health staff had not prepared chronologies for service users. They confirmed that they had been included in the Raising the Bar initiative and as a result of this they were now preparing chronologies for service users, when this was warranted. The health staff intimated that different health risk assessment tools were deployed by the integrated teams. And in some instances, health staff used a different risk assessment tool from the social work staff who worked in the same integrated team.

5.65 The health staff from the integrated teams raised difficult and complex issues pertaining to information sharing and the integrated teams. These issues included:

- Overall, there were considerable variations in service user / patient record keeping and information sharing practices within and among the integrated teams.
- There were different practices in respect of electronic record keeping within each of the integrated teams. And there were variations in respect of which staff had access to the electronic records.
- There were variable practices in respect of paper record keeping systems within each of the integrated teams. And there were variations in respect of which staff had access to the paper records.
- There were variable practices in respect of verbal information sharing between social work and health staff who worked in the same integrated team and between social work and health staff who worked in different integrated teams.
- There were variable practices in respect of verbal information sharing between staff who worked in each of the integrated teams and staff who worked in the main body of social work services and the main body of health services.

This report discusses the foregoing issues in paragraphs 5.77 and 5.78.

5.66 In conclusion, the views all of the staff we met during our scrutiny phase were very congruent and consistent. All were confident that the recently developed and extensive, Raising the Bar initiative would deliver necessary improvements in risk assessment and risk management recording practice within children's services and adults services. We were impressed with the swift progress social work services had achieved in respect of the development and systematic deployment of the Raising the Bar initiative. It was too early for us to assess the full impact of these changes.

The Care Inspectorate link senior inspector will work with Renfrewshire social work services to monitor and support progress.

Recommendation 4.

Social work services should continue to carry out a programme of audits of service users records (records pertaining to children, adults and offenders). Managers should closely monitor progress in respect of the required improvements in risk assessment and risk management recording practice. In addition, social work services team leaders, middle managers and senior managers should institute a rigorous programme of regular scrutiny of samples of service user records to ensure that apposite chronologies, well-founded written risk assessments and cohesive risk management plans are present in the records where appropriate.

Adult protection

5.67 From our analysis of the documentation submitted in our risk assessment phase we determined that we required further information in our scrutiny phase in respect of the following:

- There were 960 adult protection referrals made between Oct 2008 and June 2010.
- One third of referrals progressed to the application of the adult protection procedures. This figure was comparatively high compared to figures reported by other adult protection committees.
- Nearly two thirds of adult protection referrals were passed to an allocated worker or referred onward. The largest client group subject to adult protection referrals was mental health.
- In the two-year period covered by the report, 34 adult protection case conferences were convened by social work services. We considered this figure was relatively low.
- In the two-year period covered by the report, social work services only held 10 adult protection review case conferences. We considered this figure was relatively low
- The report stated that all of the adult protection referrals social work services received from the police met the three-point test (from the Adult Support and Protection (S) Act 2007

Numbers of adult protection case conferences and reviews

5.68 There was a consensus amongst all of the managers and front-line staff we met about the reasons for the relatively low number of adult protection case conferences and reviews. There were problems with the recording, collection and collation of data on case conferences and reviews – some of the staff told us that in the past the adult protection module on SWIFT was not always completed correctly. The foregoing problems exacerbated what were genuinely low numbers of adult protection case conferences and reviews.

5.69 We met with a range of managers and front-line staff who were responsible for adult protection and we also met with the senior police officer who was

responsible for adult protection. Everyone we met expressed the consistent view that in the last year there had been more adult protection case conferences and reviews. Adult services team leaders we met quoted a figure of 42 adult protection case conferences convened in 2012 and this was projected to reach around 100 by the end of the year. There was also a consistent view that social work services always convened an adult protection conference when this was appropriate and also that social work services held reviews for service users who had adult protection plans in place. All of the staff we met said that social work services and its partners had to process an increasing number of adult protection referrals, subsequent investigations and ongoing work to protect and support adults, who were at risk of harm.

5.70 Adult services managers and front-line staff we met said that data recording collection and collation on adult protection had improved in the last year. They said that front-line staff were now correctly populating the fields in the SWIFT adult protection module.

5.71 The senior police officer responsible for adult protection recognised that there had been a significant rise in the number of adult protection case conferences in the current year (convened by Renfrewshire social work services). He knew the precise figures, and he intimated that there had been a percentage rise in the number of adult protection case conferences convened in the current year of around 500 percent. He said that the police had also noted a rise in the number of reviews of services users who were subject to the adult protection procedure. The police division had appointed an adult protection coordinator, who screened adult protection referrals before they were passed to social work services. The adult protection coordinator checked adult protection referrals against the three point test criteria¹², which is:

- There is a risk of harm to the adult.
- The adult is unable to safeguard themselves or their property.
- The adult is affected by disability, mental disorder, illness or infirmity, such that they are more vulnerable to being harmed.

The police considered this had reduced the number of inappropriate referrals they passed to social work services and adult services managers and front-line staff we met concurred with the police view. They did feel that more work with the police was required to further reduce the number of inappropriate referrals adult services received from the police.

5.72 The senior police officer we met said that the police tried to send the officers, who had attended the “adult protection related incident”, to the adult protection case conference, but operational considerations meant this was not always possible. Adult services managers and front-line staff we met reported high levels of attendance by the police at adult protection case conferences and reviews.

5.73 We met with the independent chair of the Renfrewshire adult protection committee. He also said that he had noted a significant rise in the number of adult

¹² Section 3 of the Adult Support and Protection (S) Act 2007

protection case conferences convened in the current year. He was aware of the issue of relatively low numbers of adult protection case conferences and reviews convened by Renfrewshire social work services in previous years. He proffered the same reasons for the low numbers as other people we met during our scrutiny phase – data recording and collation and relatively low numbers of case conferences and review, but not as low as the numbers reported in the Biennial Report of the Adult Protection Committee.

5.74 We met with health staff from the integrated teams and they too reported that there had been a considerable increase in the number of adult protection case conferences and reviews and in the general levels of adult protection related activity.

5.75 We met with representatives from voluntary sector advocacy services. They said that they had observed a significant rise in the amount of adult protection activity carried out by social work services and its partners. They also said that in their opinion adult protection practice was improving.

5.76 A number of the service users and carers we met recalled that they had had a risk assessment (generally a risk assessment carried out by an occupational therapist). Service users and carers who had had a risk assessment said that risks that they faced had been discussed with them and they felt they had contributed to their risk assessment. Some, but not all, of the service users and carers who had had a risk assessment had seen the written document.

5.77 Senior managers told us about the creation of two new, additional adult protection posts. They were confident that the new posts would help to drive overall improvement in adult protection practice.

Issue that emerged during our scrutiny phase

Information sharing in the integrated social work and health teams

5.78 During our scrutiny phase, we received evidence at a number of scrutiny sessions about issues with information sharing within the integrated social work and health teams, among these teams and between the integrated teams and the main body of social work services and health services. Managers and front-line staff we met told us about a range of issues in respect of information sharing; for example, staff informed us that some of the health staff who worked in integrated teams were unwilling to share information about a service user / patient when both the health worker and a social worker were working with the individual. The reason health staff gave for not sharing information with their social work colleagues was concerns about breaching patient confidentiality rules. There was very variable and inconsistent information sharing practice within and across the integrated teams.

5.79 We presented to senior managers, our detailed (but not exhaustive) findings pertaining to the raft of issues in respect of information sharing and the integrated teams. At the time of writing this report, senior managers have submitted an improvement plan, which sets out the actions the service will take to address the issues and deliver the required improvements in this area.

Recommendation 5

Renfrewshire Council and its partner Renfrewshire Community Health Partnership, which is part of NHS Greater Glasgow and Clyde, must quickly carry out an exercise to determine the position in respect of service user information sharing within and between the integrated teams and to other parts of social work and health services. Renfrewshire Council and its health partners should then ensure that all of the integrated teams share service user information appropriately, consistently and timeously.

6 Summary of recommendations

6.1 **Recommendation 1.** Managers in children's services and adult services should take steps to ensure that care plans for children and adults clearly set out the intended outcomes for the service user, which the intervention and the service deployment are designed to deliver. Effective staff training, purposeful staff supervision and periodic auditing of care plans should be key levers for the delivery of improvement.

6.2 **Recommendation 2.** Renfrewshire adult services should take timely remedial action to reduce the number of people waiting for an assessment by an occupational therapist and the amount of time people have to wait for an assessment. Adult services should also take steps to reduce the number of people waiting for an assessment from the sensory impairment service.

6.3 **Recommendation 3.** Managers in children's services and adult services should institute and operate a system of regular reports generated from the SWIFT system, in respect of reviews of the care plans for children and adults. Senior managers and other managers should monitor reviewing practice to make sure that reviews of care plans are carried out appropriately and timeously.

6.4 **Recommendation 4.** Social work services should continue to carry out a programme of audits of service users records (records pertaining to children, adults and offenders). Managers should closely monitor progress in respect of the required improvements in risk assessment and risk management recording practice. In addition, social work services team leaders, middle managers and senior managers should institute a rigorous programme of regular scrutiny of samples of service user records to ensure that apposite chronologies, well-founded written risk assessments and cohesive risk management plans are present in the records where appropriate.

6.5 **Recommendation 5.** Renfrewshire Council and its partner Renfrewshire Community Health Partnership, which is part of NHS Greater Glasgow and Clyde, must quickly carry out an exercise to determine the position in respect of service user information sharing within and between the integrated teams and to other parts of social work and health services. Renfrewshire Council and its health partners should then ensure that all of the integrated teams share service user information appropriately, consistently and timeously.

7 Next steps

7.1 We request the Council considers the contents of this report and provides a short action plan to address our recommendations. The Care Inspectorate link senior inspector will liaise with the Council on the action plan and maintain regular contact to monitor progress implementing the action plan. The link senior inspector will also continue to offer support for self-evaluation activity.

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

Ian Kerr, Senior Inspector, February, 2013

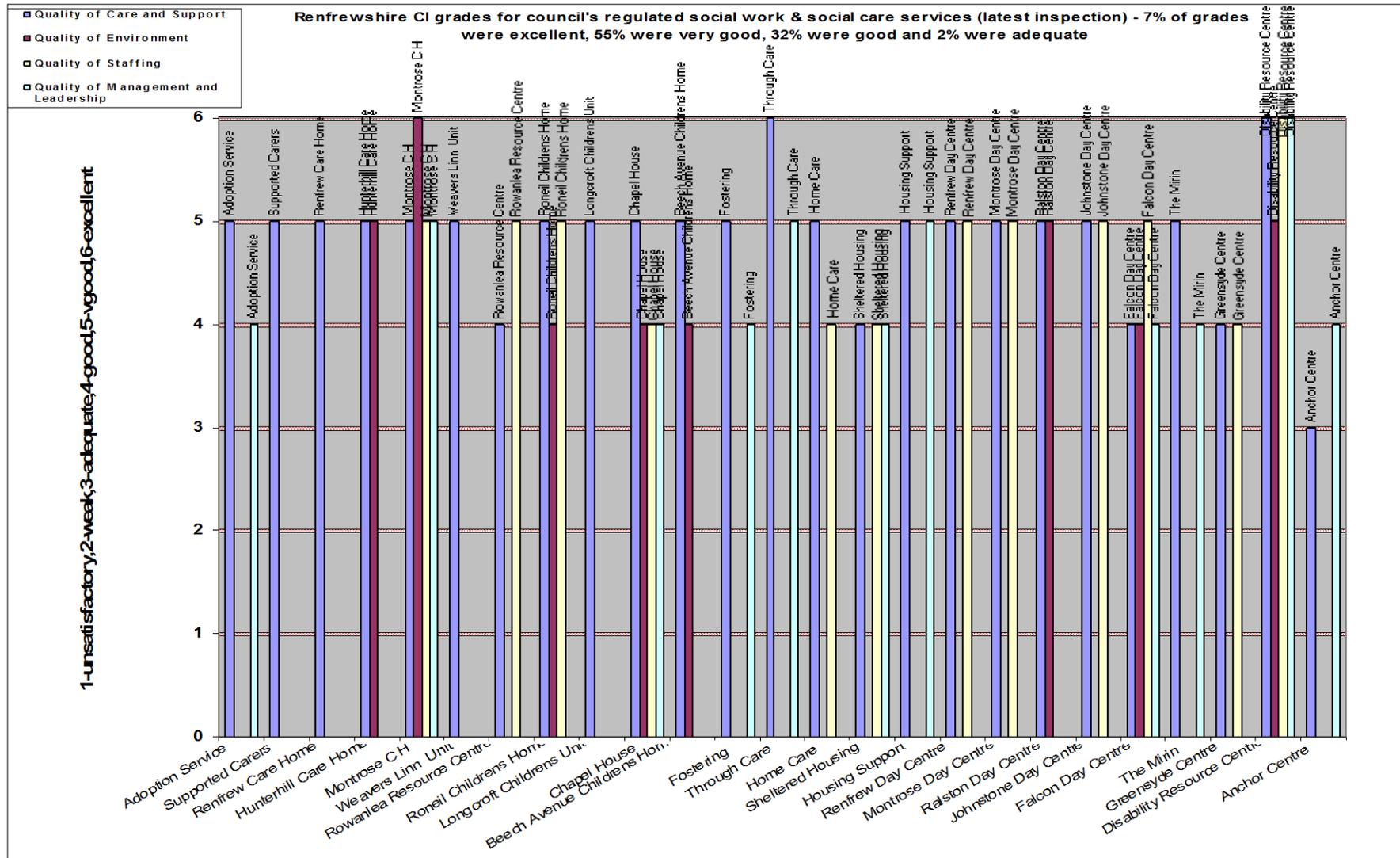
Annex 1

Number and type of scrutiny sessions

Scrutiny Activity	Number of sessions
Focus groups and interviews with people who use services and unpaid carers	6
Meetings with front line staff, first line managers & middle managers	21
Meetings with senior social work managers	3
Meetings with senior managers from health	1
Meetings with senior police officers	1
Meetings with finance managers	1
Meetings with Chief Executive of Renfrewshire Council	1
Meeting with Elected Members	1
Total number of scrutiny sessions	35

Annex 2

This chart shows the latest Care Inspectorate inspection grades for all of Renfrewshire Councils regulated services



Annex 3

Good practice - ASeRT¹³

Renfrewshire Council established ASeRT in 2010 to create a single contact point for service users and external partners to make a service request for adult community care and health services. The objective was to improve access and customer satisfaction by getting the right information first time.

ASeRT is staffed by a dedicated team of experienced business support staff from across social work services. Referrals are made via a single telephone number and an electronic mailbox.

Key outputs, impacts and outcomes

- ASeRT achieved an 88% positive customer satisfaction rating.
- 70% of people making referrals felt that ASeRT was an improvement on previous referral routes.
- 13% of service requests are now completed by ASeRT without further involvement of professional staff.
- The team of six successfully processes an average of 79 customer requests per day.
- ASeRT's telephone number was used as the contact number during a TV campaign by 14 Scottish councils to raise awareness of Adult Protection.

ASeRT provides a consistent service for anyone making a referral for adult services within Renfrewshire. Referrals are processed efficiently and the potential need for referrers to contact multiple services and individuals has been removed.

Due to the positive feedback received for this service and its measurable benefits, Renfrewshire Council's health partners transferred their single point of access for service users, to ASeRT in 2011. This has been extremely successful.

ASeRT introduced a texting service for adults with hearing impairments. They can text a mobile phone if they require a service.

A formal review was carried out in July 2011 and it was identified there was an opportunity for expansion to include other services which included sensory impairment, adult protection, carers assessment, mental health and the physical disability day service.

ASeRT has considerably improved efficiency and saving of resources in terms of time and money for the council. It has progressed 22859 new service requests since commencement – 42% from NHS staff, 31% from other agencies and 27% from the public.

¹³ Adult Services Request Team

Good Practice - Achieving Step Change

Achieving Step Change (ASC) is an ambitious programme aimed at delivering improved outcomes for children and young people through better understanding of their needs and meeting their needs with multi-agency interventions.

The project works with the Social Research Unit¹⁴, to ensure that the services and interventions for children and young people are evidence based and deliver positive outcomes for children and young people. Particular objectives for children and young people are improving their behaviour, their physical health and their emotional wellbeing. As part of the epidemiology of this approach, the project conducted a survey of local children and young people and received over 13,500¹⁵ responses.

Two programmes have already been introduced and are showing impact on children and young people – Triple P and Incredible Years. Further programmes including Functional Family Therapy will be introduced later in 2012. The ASC project is working to understand the needs of children and young people in Renfrewshire through direct consultation with them and their parents. The results from the consultations will be used to redesign services for children and young people.

Renfrewshire Children's Services Partnership faced the following challenges for children's services:

- Declining number of children and young people in the authority but higher levels of children in need.
- Significant budget pressures.
- Children and young people with increasingly complex needs who require specialist services.
- Direct negative impact of parents' problematic behaviour or difficulties on the child or young person.
- The introduction of Getting it Right for Every Child.
- Children who were fitted into services even if these were not the right ones to meet their needs.
- A need to shift the focus to improving outcomes for children.

ASC worked with schools to ensure that all children and young people aged 9 to 17 (approximately 15,000) in education had access to an online questionnaire designed to gather information on their lives. In addition a community sample of 500 parents with children aged 8 and under was completed. The responses from these two pieces of work will be analysed and used to inform the next stage of strategy development for children's services in Renfrewshire.

ASC has:

- Reviewed the information on the deployment of resources across specialist children's services in Renfrewshire.
- Developed an implementation plan for delivering the strategy for children with high support needs.

¹⁴ The Social Research Unit is an independent charity dedicated to improving the health and development of children, primarily in Europe and North America.

¹⁵ Lead inspector note, this is possibly the largest survey of its type ever conducted in Scotland

- Delivered two training events to staff on promoting outcome interventions for children and young people.
- Skilled staff to critically evaluate evidence based programmes and the impact these programmes have on improving outcomes for children.
- Trained 153 staff to deliver Triple P interventions.
- Implemented Triple P across Renfrewshire.
- Trained 29 members of staff to deliver the Incredible Years.
- Launched a pilot of the Incredible Years programme in Moorpark Pre-5 Centre.

Key outputs, impacts and outcomes

- Triple P provided critical support to over 400 vulnerable local families.
- Over 200 families accessed a public seminar
- 120 families have had the benefit of one-to-one support
- Over 100 families have benefited from intensive one to one support.
- Incredible Years has been successfully delivered to 10 families in one establishment. As this rolls out a further 11 centres will be able to offer this support to 240 of the most vulnerable families.