
Report to: Scrutiny Committee

Date: 21st January 2010

Subject: Social Work Inspection Agency (SWIA) 2008
Follow up Inspection Report December 2009

Report by: Head of Social Services

1.0 Purpose

- 1.1. This report presents the Social Work Inspection Agency (SWIA) Follow up Inspection Report on Clackmannanshire Social Work Services performance.
- 1.2. The SWIA Performance Inspection Report on social work services in Clackmannanshire was published in September 2008. The follow up inspection was carried out in September 2009. SWIA has checked Clackmannanshire's progress against their 16 recommendations for improvement.
- 1.3. A summary of outcomes of the follow up inspection is provided for Council's information in this report. The SWIA report is attached as **Appendix 1**

2.0 Recommendations

- 2.1. Scrutiny Committee is invited to note the contents of the follow up report and the progress that has been, and will continue to be, made to improve social work services.

3.0 Considerations

- 3.1. The Social Work Inspection Agency (SWIA) was established in April 2005 to carry out performance inspections of Scotland's local authority social work services. Each inspection focused on the approach to continuous improvement in social work services provided by local authorities.
- 3.2. SWIA has subsequently monitored the implementation of the recommendations made in the performance inspection report over the following year and then carried out a follow-up inspection. The follow-up report summarises progress and highlights any key issues which have arisen since the inspection

- 3.3. SWIA uses a six point scale in its evaluation of social work services. The Clackmannanshire Council performance inspection report was published in September 2008.
- 3.4. Ratings of the ten areas for evaluation were evenly split between “adequate” and “good” with 16 recommendations for improvement . From the recommendations, an Action Plan was developed and submitted to Council for approval in December 2008.
- 3.5. SWIA has not re-evaluated the ten areas when completing the follow-up report but has indicated whether satisfactory progress has or has not been made for each of the 16 recommendations.
- 3.6. The chart below summarises the follow up inspection report findings :

RECOMMENDATION IN THE INSPECTION REPORT 2008		SWIA RATING ON PROGRESS 2009
1	Systems in place to measure outcomes across services	Substantial Progress
2	Communication strategy and systems in place and improved	Implemented
3	Assessment and care planning systems, procedures and quality monitoring procedures in place	Child Care : Steady Progress Adult Care : Progress and work to be done
4	Adult and child protection procedures, risk assessment and risk management in place	Progress and work to be done
5	Strategic policy , performance and planning systems developed	Some Progress
6	GIRFEC development : Getting It Right For Every Child progressed	Substantial Progress
7	Improving transition arrangements for young people	Some Progress
8	Unified performance management framework in place	Some Progress
9	Workforce development strategy in place	Substantial Progress
10	MHO standards being implemented	Some Progress
11	Policy and planning development and coordination across services	Substantial Progress
12	Asset Management Plan deadline met and up-to-date reporting	Implemented
13	Contract framework and process of monitoring contract compliance	Some Progress
14	Corporate Parenting Strategy and local foster placements increased	Substantial Progress
15	Overall Vision and Values set	Substantial Progress
16	Social Work Strategic Overview in	Implemented

	place and developed	
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- 3.7. The Action Plans which have been implemented in response to the SWIA recommendations are integrated with the Social Services Business Plan.
- 3.8. Work is ongoing for social work service improvement. The updated Business Plan for 2010 will demonstrate where the priorities are for future service development. This will include issues around child protection, adult support and protection and risk management policies and procedures.
- 3.9. Overall, some good progress has been made on coordinating, developing and improving aspects of social work services, including strategic policy, planning, communications, management, frontline services and outcomes for people who use services.
- 3.10. SWIA will continue to maintain an interest in the further development of the recommendations outstanding and remains in regular contact with the council as part of its ongoing scrutiny role with Clackmannanshire and all other Scottish local authorities

4.0 Sustainability Implications

- 4.1. Priorities are continuously under review to ensure the sustainability of essential services, statutory duties and social work functions.

5.0 Resource Implications

5.1. Financial Details

- 5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. No ☒

- 5.3. This report is for information only.

5.4. Staffing

- 5.5. Within existing resources

6.0 Exempt Reports

- 6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☒

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities 2008 - 2011** (Please tick ☒)

- The area has a positive image and attracts people and businesses ☐
- Our communities are more cohesive and inclusive ☒
- People are better skilled, trained and ready for learning and employment ☒
- Our communities are safer ☒
- Vulnerable people and families are supported ☒
- Substance misuse and its effects are reduced ☐
- Health is improving and health inequalities are reducing ☒
- The environment is protected and enhanced for all ☐
- The Council is effective, efficient and recognised for excellence ☒

(2) Council Policies (Please detail)

8.0 Equalities Impact

- 8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☒ No ☐

9.0 Legality

- 9.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☒

10.0 Appendices

- 10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 - Social Work Inspection Agency (SWIA) Follow up Report (December 2009)

11.0 Background Papers

- 11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

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Clackmannanshire performance inspection

Follow up report

December 2009

Introduction

The Social Work Inspection Agency (SWIA) was established in April 2005 to carry out performance inspections of Scotland's local authority social work services. Each inspection focused on the approach to continuous improvement by the local authority.

SWIA subsequently monitors the implementation of the recommendations made in the performance inspection report for one year and then carries out a follow-up inspection. The follow-up report also highlights any key issues which have arisen since the inspection.

SWIA uses a six point scale in its evaluation of social work services. It does not re-evaluate these when completing the follow-up report but does indicate if satisfactory progress has or has not been made for each recommendation.

Performance Inspection

We published the Clackmannanshire Council performance inspection report in September 2008. Ratings for the ten areas for evaluation were evenly split between "adequate" and "good". We made 16 recommendations. We report on how Social Services has progressed our recommendations.

The inspection report stated that almost all people with whom we had contact who received services said they were of good quality and that they were involved in decisions that affected them. There were some very good services available for a range of service users including older people, people with mental health problems and for some adults with learning disabilities. Whilst there had been progress in improving services to children and young people further improvements in the range and quality of services needed to be developed. Fostering and adoption services and services for those going through transition needed to be given particular attention.

The workforce was committed and motivated about the work they did. Most staff spoke positively of the services they provided, with a marked improvement in morale in child care services since managers had increased and new structures put in place. Staff at all levels were committed to enabling people to live in their own homes and communities.

Managers were committed to working with health and there was evidence of a range of staff undertaking some positive work with other partners, although there needed to be more strategic planning and more written down. Managers were aware of the need for better performance management. Elected members were committed to continue to develop and improve social work services.

Clackmannanshire had experienced important changes in leadership over the last few years with the structure being reviewed. Elected members were clear about what needed to change to improve social work services.

We acknowledged that Social Services would continue to face challenges in relation to capacity issues but with their strong commitment to partnership working and social work regarded positively by external agencies, we were optimistic that staff would sustain the momentum for continued improvement.

We identified a number of key areas for improvement, including:

- the way in which senior managers communicated with staff
- strategic and operational planning issues;
- quality of assessments, risk assessments and risk management plans for some service users;
- development of a corporate parenting strategy;
- need to increase capacity to take forward strategic planning and policy development;
- development of a unified performance management framework;
- development of a contract compliance framework and process that ensures monitoring of service providers; and
- better co-ordination of planning for services.

Background to follow-up inspection

After the publication of the report, Social Services developed an action plan to implement the 16 recommendations. This report will describe progress made in relation to each recommendation. This is based on the following activity since the publication of the inspection report:

- our consideration and approval of the action plan drawn up by the Council to implement the inspection recommendations;
- our consideration of quarterly progress reports submitted by the Council; and the final progress report addressing the service's progress against the 16 recommendations submitted to SWIA in June 2009
- quarterly meetings with senior management
- the completion of our follow-up inspection during September 2009 (See appendix 1 for details).

Key developments since the performance inspection

In the period since our inspection social work services in Clackmannanshire had experienced further important changes. Following the commissioning of a major review of the structure by elected members, the council had appointed a new Director of Services to People and a new Chief Executive. Managers were also planning to:

- reconfigure child care service during Autumn 2009 (during the initial inspection in April 2008 child care services had just undergone a restructuring process),
- redesign learning disability services

- return youth justice services to being managed by children and families services.

Social Services had recently moved adult care services into the new health care centre provision.

Her Majesty's Inspectorate of Education (HMIE) joint inspection of services to protect children and young people in Clackmannanshire Council was published in February 2008. The report identified areas of strength and a number of areas where the authority and its partners had to improve practice and partnership working. The inspection report published in February 2008 identified seven main points for action. In February 2009 a joint follow-through inspection of services was completed. This inspection confirmed that six of the seven points for action had progressed.

The Care Commission published its reports on the fostering and adoption services in Clackmannanshire in December 2008. The areas that the Care Commission scrutinised were graded as either weak or adequate. Both the Care Commission and SWIA were due to visit Clackmannanshire during September 2009. In order to avoid duplication Care Commission colleagues participated in two joint sessions during our fieldwork.

Recommendation 1

Social Services should continue to put into place systems that consistently measure outcomes for all people who use services and their carers. These measures should be embedded in all social work service plans and used to consider the range and quality of the services.

During our follow up inspection, we found that managers had continued to make efforts to improve systems to more consistently measure outcomes. They had a more robust process for reporting performance particularly within child care services. The quality assurance officer within child care carried out file audits and the results of these were relayed to staff to encourage improvement in performance. Staff within child care we talked to confirmed they had found the feedback helpful.

There was evidence that the child care performance and quality assurance group met and discussed relevant data. Managers told us that the performance management and quality assurance systems that had been put in place for the child care service had been pivotal in the re-configuration process and in the re-development of the service.

Service managers and team leaders within adult care services told us that they had responsibility for the auditing of adult case files. There was not a dedicated quality assurance officer within adult care services. Whilst we were told that information had been made available to all staff about the quality checks that were being conducted, some staff we spoke to were more aware than others that these were happening. Within adult assessment and care management, we found less evidence to show how managers were using the

information gained from quality checks to improve performance. Team leaders told us that Social Services Senior Management Team (SS SMT) scrutinised bi-monthly progress reports on performance.

There had been some good initiatives in engaging with young carers, young people and people with mental health issues. Social Services were designing a questionnaire to be sent to people who used services, and their carers in Autumn 2009. Managers told us that they intended to use the information gained from the returned questionnaires to inform service planning.

The Chief Executive and Director of Services to People explained that they planned to implement a revised performance management and service planning framework, the Public Services Improvement Framework (PSIF) using the balanced scorecard and linking these to social work performance reporting. The intention would be eventually to link these to corporate priorities and resource allocation.

We saw examples of Clackmannanshire Council research and information bulletins and one specifically showing adult care statistics, trends and national comparisons.

Over the last year, measuring of outcomes had shown improvement in performance in some areas and deterioration in others. The average time taken to provide community care services from the first identification of need to first service provision for Clackmannanshire was 5 days in 2007-08. This was less than the Scotland overall figure of 23 days. Clackmannanshire's 2006-07 figures were equal to 18 days while the Scottish average for 2006-07 was 22 days. However, there was deterioration in relation to the number of reports to the Scottish Children's Reporter Administration (SCRA) in 2009-10, (April to September) submitted within the target timescale. Thirty eight percent of Clackmannanshire's reports to SCRA were submitted within the target time, which was lower than the Scottish average of 58%. This also represented a decrease of 8 percentage points from the 2008-09 figure.

Whilst Social Services had made efforts to improve the consistency of measuring outcomes these had yet to be used rigorously to inform the development of services.

We found that Social Services had made substantial progress in implementing this recommendation.

Recommendation 2

Social Services should introduce more effective ways of communicating with staff about strategic and operational planning issues relevant to their areas of work. It should involve managers and staff in the development of a communication strategy.

Social Services had implemented the corporate communication strategy. We spoke with a range of staff who confirmed that communication between senior managers and staff at all levels had greatly improved over the last year.

The Chief Social Work Officer (CSWO) had conducted visits to all services and had protected time to offer open door sessions to staff. Staff we met were positive about the perceived increased accessibility of the CSWO and said that the open door slot was being used by staff to raise issues.

There were opportunities through meetings and e-mails for managers to engage with staff. Staff within child care told us that they received feedback about their own improving performance and had found this helpful.

Staff confirmed that they had been consulted in the re-design of learning disabilities and the re-configuration of child care services. There was an information portal for adult care. Staff we spoke to from the community care assessment and care management teams told us that managers had kept them informed of decisions made during the process of moving to the new community health care centre.

We read copies of the staff newsletter for Clackmannanshire Council employees, called the "Grapevine". In this newsletter, the Director of Services to people explained the purpose of the delivery teams, listing membership of each of the groups. There was representation from Services to People in the relevant groups.

Extended staff meetings with child care staff occurred on a quarterly basis and staff and managers within child care said these had been helpful in sharing information and discussing issues.

Social Services completed a child care staff survey in 2008. Outcomes from the survey had been progressed with the intention to carry out an annual staff survey across Social Services.

Managers had extended the membership of the local practitioners' forum to include all frontline staff groups. This supported a broader dialogue on key issues and dissemination of information.

In recognising that communication and involvement of staff will be ongoing we were satisfied that Social Services had met this recommendation.

Recommendation 3

Social Services should take steps to improve the quality of assessments and care plans. Practitioners in community care should be more rigorous in making sure that all assessments and care plans are shared as routine practice with people who use services and carers.

Our performance inspection in 2008 found that:

- both the child care in house IT system and the community care system did not promote a rigorous examination and a comprehensive assessment of all the issues;
- within community care services assessments fulfilled the main objectives of providing a prompt and effective response for straightforward cases but;
- some complex care arrangements were being put in place without the completion of comprehensive assessments or written care plans.

We were of the view that Social Services staff needed to take a more detailed approach to undertaking complex assessments in a more holistic way and to recording these electronically.

Children and families services

Child care services had taken steps to improve the quality of assessments and care plans. Quality checks had been built in to the child care systems. A child care performance and quality assurance group had been set up to monitor child care performance and quality assurance. Child protection casework audits were undertaken and there was evidence of staff being given feedback on information gained from the audit.

We were told that an external consultant had reviewed procedures within child care services and had presented a potential assessment model for staff to adopt. We were told that Social Services had accepted the findings of this review. Staff told us that there was general encouragement to use the “my world” triangle for assessments but that managers had still to approve a specific Clackmannanshire model. Some staff were still writing reports using preferred individual worker styles rather than using a specific structure.

There was evidence from our file reading that child protection assessments had begun to improve with better planning generally for children. There was more focus on assessment training but a range of staff acknowledged that this was only a beginning. They believed that Getting It Right For Every Child (GIRFEC) was likely to be the catalyst for further development of assessments. Staff acknowledged that there was still more work to be done in improving the quality of assessments although believed that the groundwork had been covered. The senior child care manager told us that they needed to continue to improve the overall quality of assessments both in terms of the structure and the clarity of the outcomes that are set in the care planning process.

Community care services

Staff within the community care assessment and care management teams had introduced modifications to the Community Care Assessment Technological System (CCIS) to try to improve the quality of assessments. These had included the introduction of a number of prompts to the electronic assessment model to take account of practitioners' need to increase the amount of information recorded. Team leaders and managers had introduced a quality checklist and new referral form that they said had helped develop a more consistent style for conducting assessments.

Staff within community care services responsible for quality assurance said that they scrutinised all assessments using the checklist and that these quality checks on assessments were electronically tagged. Whilst line managers told us that issues identified were taken up with staff during supervision, some front line staff we spoke to seemed less sure if this was happening consistently.

Staff had access to the national, modular training package on assessment and care management but they told us that this was not mandatory to complete and thought this was principally for new staff. Managers told us that a training session had been delivered for senior staff with the intention that the programme would be accessible to all staff.

Care plans

Social Services provided data to evidence they had increased the number of care plans given to people who used services. Home care staff said they ensured that people who used services had access to their care plans. Managers told us that information about care and support plans was routinely shared verbally and all providers of services produced care and support plans. However, some staff we met remained unclear as to the value and purpose of promoting as routine practice the sharing of care plans with people.

From our file reading and discussions with some staff it remained our view that what staff called a care plan could be better described as a plan for services people received. A care plan should be informed by an assessment of need, and record the objectives and expected outcomes in narrative form. With the present IT format care planning was inter-woven throughout what was described on the system as the "worker's review assessment".

The providers we met during the fieldwork agreed with this view. Some community care staff also acknowledged that the care plan format could be further improved.

All senior managers and relevant staff we spoke to from teams were committed to reviewing and improving the IT systems. The council had committed funding to IT development in excess of £250,000 and a delivery group was taking this forward. A few staff we spoke to acknowledged that the

child care IT system remained problematic. Child care and adult care services IT systems remained incompatible.

Child care services had made progress in implementing this recommendation. We found that within the community care assessment and care management teams progress had been more variable. Whilst assessments continued to fulfil the main objectives of providing a prompt and effective response for straightforward cases and some progress had been made in implementing this recommendation there was still work to be done to improve the quality of assessments for people with more complex needs.

Recommendation 4

Social Services should make sure that adult and child protection procedures are fully developed and implemented. Staff should be trained in the use of these procedures. All applicable cases should have up to date risk assessments and risk management plans in place with implementation of these being monitored.

Our performance inspection in 2008 found that whilst there were Forth Valley wide inter-agency procedures for the protection of children and adults at risk:

- some child care staff were less aware of the need for changes that had come as a result of the action plan following the February 2008 HMIE report;
- some child care staff were not clear about appropriate timescales, such as time from initial contact to holding an initial child protection case conference; and
- there was no agreed risk assessment management model in relation to care planning for complex cases in use in adult services.

Children services

Since the performance inspection the post of quality improvement officer (child care) had been established to ensure that policies and procedures were followed. Staff had received training on procedures and a risk assessment framework was in place. The quality improvement officer assured quality and consistency of practice using a range of methods. She met with the reviewing officers and staff regularly and had carried out child protection audits during October 2008 and May 2009. The lead officer for child protection had updated all staff on the HMIE action plan and on the outcomes for all three internal child protection audits at meetings of the quarterly child care development forum since September 2008. Child care staff had direct access to the senior child care manager for consultation. Front line staff confirmed that supervision had improved over recent months and that this process had improved individuals' practice.

From our file reading and discussion with child care staff we found evidence of risk assessment models being used. Staff told us that all children on the child protection register required a risk assessment. We were given details of the

child protection training programme. Dundee University had delivered training on a range of topics.

Child care staff we met were able to identify areas where improvement was still needed. They acknowledged that the risk assessment framework needed to be used more routinely and that there was a lack of external training in the value of risk assessment and risk management. Further work was still required with the police in relation to the processing of vulnerable persons reports with the hope that a multi agency model of screening could emerge from the GIRFEC developments. We were told that this work was ongoing and was programmed for development from January 2010.

Community care services

We found that Forth Valley wide adult support and protection committees were established. Within Clackmannanshire an independent Chair of the committee had been appointed. There was an agreed format in place for meetings and overall guidance and procedures had been agreed and adopted.

Clackmannanshire Social Services had appointed a lead officer for adult support and protection in March 2009 with a remit to monitor referrals and procedures where adults were at risk. The lead officer had retained responsibility for statutory mental health work while taking forward the adult support and protection remit.

A Forth Valley adult protection training officer had been appointed in June 2009 and was hosted by Clackmannanshire. Training plans were in place and staff were beginning to attend the relevant training.

A range of staff told us that there had been a delay in agreeing a specific risk assessment tool for the adult care and assessment teams. The lead officer had begun to look at different tools/models. Managers told us that that whilst there had been some delays it had now been agreed that the Joint Improvement Team model would be used. This model is to be embedded in the electronic system. We were concerned at the length of time it had taken Social Services to make sure that all applicable cases had an up to date risk assessment and risk management plan in place.

We found that managers within child care services had made progress in implementing all aspects of this recommendation. Managers within the community care assessment and care management teams had still more to do in making sure risk assessments and risk management plans were in place with these being monitored.

Recommendation 5

Social Services should make sure that relevant staff have the capacity to take forward strategic planning and policy development. Service reviews should have a clear remit, a timescale for reporting and include arrangements for consultations and involvement.

In our performance inspection report we reported that we met some very capable policy officers but that they struggled with the breadth of what they had to do. We found that there was a need for all services to have frameworks for strategy and policy written down.

We met with senior managers who said that capacity remained an issue, particularly within community care. They believed that capacity would always be an issue for a small Council. The CSWO said they had to gain capacity by continuing the partnership approach. The appointment of a social work qualified Director of Services to People had brought a renewed impetus to strategic direction across social work services and the council.

The Director told us that the development of the strategic delivery and planning groups had the potential to lead to improvements at a service and corporate level. He stated that these were a positive initiative and offered a realistic approach to addressing the council's capacity issues. The Director was concerned that financial constraints facing the council could put current capacity at risk. Alternatively, it was possible that the corporate focus on priorities might redirect some corporate planning capacity towards social work services.

A councillor we met said that whilst he was positive about some of the initiatives the new senior managers were taking forward, he remained concerned that there was still not enough strategic direction, nor a sufficient level of detail in reports to committees.

In child care the appointment of a senior manager had led to a review of the structure and proposed reconfiguration of the service. This, with the appointments of a co-ordinator for GIRFEC and an officer for quality improvement, had contributed to the child care service being more aware of how it was performing and what it had to do to improve outcomes for children and young people.

We read a July 2009 draft reconfiguration proposal for the child care service. Implementation was scheduled for October 2009 although this had been adjusted to the end of 2009. A developmental model had been employed, with staff consulted through open, quarterly, and development events. Staff we spoke to were very positive about how they had been consulted and involved.

Managers within community care told us of the broad range of ongoing policy and planning work that had taken place and of staff representation in a range of forums, eg direct payments network, carers strategy group and adaptations group. They acknowledged that engagement of front line staff in strategic

planning had to be balanced with casework and team duties. In community care, we found little evidence of additional capacity except for the development of a time limited, development officer post to progress arrangements in adult protection. Some community care front line staff we met told us that there had been little opportunity to contribute to strategic planning.

Senior managers we spoke to continued to be concerned that they were neither able to undertake the level of strategic planning and development that was required, nor to fully evidence what they were doing. There had not been any further major reviews of service since we previously inspected. The review of adult day services was progressing and we noted an improvement in consultation and engagement arrangements.

We found that Social Services had made some progress in implementing this recommendation.

Recommendation 6

Social Services should agree with its partners a clear strategy for integrating children's services. The Chief Social Work Officer should work with area management boards to ensure progress in implementing Getting It Right For Every Child (GIRFEC). There should be timescales identified for both objectives.

In our performance inspection report in 2008, we noted that the council was at an early stage of implementing GIRFEC, the national strategy for integrating children's services.

During the follow up inspection we read the latest Integrated Children's Services Plan (ICSP). This said that a multi agency group was taking forward implementation of relevant principles within GIRFEC. One of the key priorities in the ICSP was "improving targeted services for vulnerable children and young people".

The Director of Services to People had repositioned the integrated children's services planning group as a sub group of the Clackmannanshire Alliance. The intention was to give a high-level lead to replace the area management boards that had ceased to function. The senior manager for child care chaired a GIRFEC implementation group, with senior representation from partner agencies and services. Managers told us that the Community Safety Partnership had a much clearer children's focus and had integrated the youth justice agenda into its strategic plan. A full time GIRFEC co-ordinator had been in post since June 2009. The Director told us that once a new information-sharing model was introduced this would improve partnership working when looking at the needs of individual children.

The co-ordinator had prepared a phase 1 scoping document, which set out the milestones and targets for "the project." Service managers had yet to sign off the document. Managers responsible for progressing GIRFEC said that some people had still to be taken on board and that GIRFEC still meant

different things to different services. The status of the child's plan and how it related to education models was still to be resolved.

The approach to implementing GIRFEC was incremental. This allowed relevant people to learn and to explore solutions together. The Co-ordinator had set up monthly, multi agency, focus groups of up to 40 people attending, from students to directors. Themes were set for each meeting. The discussion informed what needed to be addressed in the implementation group. We spoke to front line staff within child care services who were very positive about the educational and developmental work achieved within these focus groups.

The GIRFEC co-ordinator and staff had produced a Clackmannanshire GIRFEC framework supported by letterheads, leaflets and posters. This well-designed integrated assessment framework was being piloted. The co-ordinator said that feedback had been positive. The co-ordinator was also developing a GIRFEC "toolkit" and training manual.

Managers we spoke to said that ownership within services was critical to maintaining momentum in implementing GIRFEC and for this to be taken forward by the services. The co-ordinator said that the initial signs were encouraging.

We found that Social Services had made substantial progress in implementing the parts of this recommendation that are still relevant.

Recommendation 7

Social Services should improve working across its service areas to provide continuity of support at times of transition. It should engage partners in this process.

During our performance inspection in 2008 we commented that the transition planning guidelines "had real potential for improving outcomes for young people and their carers". Whilst in 2008 the newly established children with disabilities team members seemed enthusiastic, the team was early in establishing its identity with education, health, service users and carers. We commented in the report that there were issues that needed to be resolved between child care and adult services in relation to children in transitions.

During the follow up inspection in 2009 we read a range of policies and guidelines that had been put in place to improve future needs planning processes for young people and their carers. Service managers in child care and adult care had conducted a series of meetings to check procedures. The transitions group had taken policy and practice forward and provided an overview.

The staff we met said the different services were better at listening to each other and confirmed that there had been bridge building between child care and adult care services with an agreed hand over protocol now in place.

The transition co-ordinator employed by education was still in place and managers and staff said they valued her contribution to the process and saw her role as facilitator as very positive. The co-ordinator had made a positive impact in making sure there was a more integrated approach to work with children with disabilities.

From the file reading, discussion with a range of staff and a carer we found evidence that outcomes for some young people going through transition had not improved since the original inspection. Partly because of practitioners within the children with disabilities team leaving and the subsequent delay in appointing new staff, there had been a lack of progress in the delivery of transition services to young people and their families. Some young people had waited long periods for social work to make contact with duty workers, dealing with issues only as they arose.

Adult care services had accepted management of a few cases whilst the children with disabilities team was under strength. These staff had maintained the funding of care packages and had tried to attend reviews when possible.

A new team was now in place with the last post filled recently. Managers had yet to make a decision as to who would manage the team on a permanent basis. This decision was to be made once the re-configuration of child care services had been finalised. Meanwhile the Children's Rights Officer had been managing the team on a part time basis since the summer.

A range of staff acknowledged that they still had a lot of work to do to improve transitions for young people. They recognised that more work had to be done in establishing meaningful engagement with parents and carers at an earlier stage in the process and that there was still a divide between child and adult services regarding the duplication of assessments.

We found that Social Services had made some progress in implementing this recommendation.

Recommendation 8

Social Services should develop a unified performance management framework. Reports should be regularly considered at senior management meetings, with relevant information shared with front line services.

During the performance inspection we found that performance monitoring was fragmented and did not always deliver what was required. We said that a unified performance management framework would provide Social Services with a better measure of how it was doing.

Senior managers advised us that the current focus was still very much on balanced scorecards and statutory key performance indicators within individual services. Some senior managers felt that this approach was limiting. Performance was to some extent driven at a corporate level with a shift

towards measuring the experience and views of the customer. All services were being reviewed through the PSIF with social work services scheduled for completion by 2011. Senior managers said that they would link this work into the SWIA supported self evaluation model.

A child care performance meeting was convened bi-monthly and chaired by the CSWO with minutes going to the convenor and leader of the council. Front line staff said they were now more aware of performance information and that it included their individual contribution. A social worker said that she welcomed this scrutiny as it reassured her that managers were more aware of shortfalls.

In community care, performance information was monitored through the adult care management team and CHP reporting procedures. Revised balanced scorecards were also used. Service managers said they discussed performance with staff.. In both adult and child care services feedback was not formalised. Now that the corporate communications strategy was in place, managers expected that this would improve the system of communication.

Services had regular meetings and briefings with supervision structures in place for one to one supervision.

We read a number of SS SMT meeting minutes. Performance management staff told us that aggregated data went to SMT. As we found previously, the only reference to performance reports tended to be in respect of the budget. We were concerned that SS SMT was not always picking up critical changes early enough in performance.

Senior managers told us that they were committed to having a more transparent structure of performance management in place for service planning. The unified performance management framework was still under development. The schedule for completing the unified framework was December 2009.

Social Services had made some progress in implementing this recommendation.

Recommendation 9

Social Services should develop a workforce development strategy to ensure that the short, medium and longer term staffing and organisational needs across the whole service are met. It should work with corporate Human Resources to do this.

During our performance inspection, we found that whilst Social Services had been successful in recruiting staff, retention continued to be a challenge.

Since September 2008 whilst a range of new appointments had been made at different levels within the organisation, the retention of staff to more specialist teams had remained a challenge. We have already referred to the departure

of staff within the children with disabilities team and the length of time it took to find new recruits. There had also been a reduction in the number of staff providing throughcare and aftercare services. This reduction in staff had had a detrimental effect on outcomes for young people needing this service. For example in 2006-07 there were 12 care leavers, each of whom had an allocated pathway co-ordinator and a pathway plan. In 2007-08 of the 25 care leavers, only 28% (7) had a pathway plan and 28% had a pathway co-ordinator. The figures for Scotland were 55% and 57% respectively.

Since the original inspection, Social Services had appointed a new training service manager who attended the SS SMT meetings. Clackmannanshire provided evidence to show that they were making efforts to better support and develop staff. Documents submitted included the final draft of a new supervision policy and draft copy of a workforce development strategy. These were thorough documents.

Staff we spoke to were generally positive about their experience of receiving regular supervision and about the training opportunities available to them. There was less agreement amongst staff about the consistency across the organisation in implementing the employee development programme.

At directorate and head of social services level there was recognition of the value in working with corporate colleagues. There continued to be potential for managers to engage with human resource colleagues in developing a strategy reflecting this recommendation.

We found that Social Services had made substantial progress in implementing this recommendation.

Recommendation 10

Social Services should ensure that an action plan is developed to monitor and review the National Standards for the Mental Health Officer Service with agreed timescales for implementation. The service should also provide appropriate managerial support and specialist professional advice to mental health officers.

In February 2009 the Mental Health Officer (MHO) lead officer was seconded to the adult support and protection lead officer post. The post became operational in March 2009. The lead officer had two part time posts, therefore whilst taking on this post he continued to oversee MHO statutory duties and functions. These functions had included retaining responsibility for the evaluation of samples of recent and current MHO assessments, overseeing and allocating all statutory work whilst not directly line managing MHOs.

Social Services submitted documents in June 2009 that provided evidence of this recommendation being progressed. These documents included an outline and context for each of the standards and the beginnings of an action plan. The action plan prioritised what actions managers needed to take to

implement the standards and to make sure that the council was monitoring and reviewing these. It also identified some areas requiring improvement.

During our original inspection we raised concerns that Social Services were not providing adequate opportunities for continuing professional development and structured specialist professional advice and guidance for MHOs. Since the performance inspection, MHOs had continued to be managed by community care team managers who were not always qualified Mental Health Officers. In an attempt to provide professional advice and guidance, the MHOs continued to depend on peer supervision.

A few MHOs described the good links they had with the FV NHS mental health and forensic services and commented favourably on the range of support techniques in place to assist staff with their learning needs. Others were less positive of the opportunities available to them.

We remained concerned at the level of the supervision and professional development available to MHOs. The identification of training and developmental needs of existing staff should also include consideration of the need for succession planning for future recruitment and training of MHOs.

We found that Social Services had made some progress in implementing this recommendation.

Recommendation 11

Social Services should develop and co-ordinate its planning for services. In particular a specific plan for Social Services should be developed as well as joint plans with partners. These plans should be used to inform a commissioning strategy and be clearly linked to financial plans.

The Corporate Management Team (CMT) had approved the Social Services Strategic Overview and Business Plan. Senior managers told us that this plan had been discussed and agreed with the portfolio holder only and did not as yet appear to have been referred to other elected members.

Whilst this was a very detailed plan, there was limited financial planning in the document. Senior managers told us that the plan had been developed during a period of increasing uncertainty about public sector finance in general and local government resources in particular. Senior managers recognised that they still had to do further work to develop more robust financial data once the 3-year financial settlement was known. They also had to make sure that all staff were aware of the Strategic Overview and Business Plan.

A number of joint plans were in place, particularly in relation to integrated children's services and the community health partnership. There was also a proposal to develop plans in relation to fostering services.

Managers had made limited progress in developing individual service and operational plans at unit level. Managers were beginning this process and meetings had recently been organised to take this work forward.

A joint commissioning strategy for older people existed with other commissioning strategies yet to be developed. There were no agreements in place with partner agencies to progress these although we were told that this topic was on the agenda for the regular meetings of Clackmannanshire, Falkirk and Stirling Councils with the Chief Executive of NHS Forth Valley and the Chief Constable of Central Scotland Police, known as the G5 Group.

There was a strong corporate procurement influence within social care commissioning. The head of child care acknowledged that there needed to be a more strategic and proactive approach to commissioning which included reviewing present service provision. There were differences in the way child care and adult care services managed commissioning. There was one contracts officer with the majority of the work based in community care.

The contracts officer had led on the development of a commissioning framework with the intention that relevant staff would use this to assist in the drawing up of joint commissioning plans later in 2009-10. We were told that service managers would be undertaking a self-evaluation of their performance on strategic commissioning by the end of 2009.

Providers said that the community care forum in Clackmannanshire, which no longer met, had been helpful in maintaining communication between partners. A few providers said they had been involved in the learning disability planning group.

There had been a move from a carers strategy group to a carers forum due to the recognition that the membership needed to be extended. We met a carer who was actively involved in the planning of the redesign of services for people with learning disabilities. The carer spoke very positively of her experience in being part of the group and believed that social workers valued her contribution.

The Chief Executive said that she would revise the corporate plan to reflect the future challenges being faced by the council.

We found that Social Services had made substantial progress in implementing this recommendation.

Recommendation 12

Social Services should set a deadline for the revision of the asset management plan to ensure information held on all assets is up to date.

The Chief Executive had led in the development of a facilities management service. The council was developing a corporate facilities management strategy and inspectors viewed a well-developed draft copy. The strategy was

due to be completed and approved by elected members by the end of 2009. This was expected to be in sufficient time to be considered alongside the budget setting process for 2010-11.

The head of property services had taken the lead for compiling the strategy with the intention that the document would eventually cover all services, including social work services.

The draft strategy took account of electronic storage requirements including sharing electronic arrangements between Social Services and its partners. The strategy format reflected the CIPFA asset management framework document. Service managers met with corporate staff to agree a separate asset management plan for inclusion in the overall strategy.

This plan covered specific proposals such as the replacement for the Alloa Centre and the re-location of criminal justice services staff. We were told that partners in the criminal justice authority had not reached a financial settlement for allocating capital spend for the replacement accommodation.

A review was being completed of the existing property asset management plan as part of the development of the new 2010-15 plan, which was due for completion by 2010.

We were satisfied that Social Services had met this recommendation.

Recommendation 13

Social Services should produce a contract compliance framework, process to ensure that proper monitoring, and evaluation of standards and quality of externally purchased services meets user needs and best value criteria.

A steering group, lead by the contracts officer had produced a draft contract compliance framework which was awaiting approval from Social Services Strategic Management Team. Staff told us that key managers and practitioners would be involved in concluding the procedures to accompany the framework.

Independent service providers we met had yet to be involved in its construction. Commissioning staff told us that once the CMT had approved the framework they would circulate it to stakeholders asking for their comments on the document.

Staff told us that they would use the contract compliance framework to:

- assist negotiations between the council and providers about the content of service level agreements, standards of service provision and expected outcomes; and
- initiate earlier discussion with providers as part of the annual review process, including monitoring of financial contracting arrangements.

Most providers we met said that they received feedback on performance, although this varied between community care and child care providers. Communication was usually with either a senior manager or contracts officer. The service should continue to review its communication with providers in relation to the future shape of services.

The contracts officer said that service level agreements were reviewed and that they tended to be of 3-years duration, although some service level agreements could be considered over a period of less than 3 years. Providers told us that they were concerned about the risk of year on year contract proposals and then re-tendering, seeing this as an unhelpful cycle.

Staff told us that all contracts for the same type of service used the same contract model and that they were responsible for setting out the contractual terms and conditions seeking agreement from providers on a regular basis. They were unable to evidence what other information they used to influence commissioning in either increasing or reducing the volume or type of service purchased.

We found that Social Services had made some progress in implementing this recommendation.

Recommendation 14

Clackmannanshire Council should put in place a corporate parenting strategy, which sets out corporate responsibilities throughout the council towards looked after children. This strategy should lead to improving outcomes for looked after children and in increasing the number and quality of foster care placements.

We read the Clackmannanshire corporate parenting strategy, which the council and partners had approved. A young person's version was still to be finalised. The strategy was very detailed, proposed a range of priorities and committed the Council to improving outcomes for looked after children. These outcomes included reducing the number of children placed outwith the authority and increasing the number of looked after children leaving school for further education/training or employment. The corporate parenting strategy was linked to the Clackmannanshire ICSP.

The portfolio holder who was the elected member with the role of "champion" of young people looked after by the council met every month with the head of child care, fortnightly with the Head of Social Services and fortnightly with the Director. Staff we spoke to acknowledged the elected member's ongoing commitment to improving outcomes for children and young people.

The strategy did not make direct reference to any quantification in the increase in the number of foster placements to improve outcomes. The action plan attached to the strategy identified the need to reduce the number of

children placed outwith the authority but did not refer to the role foster care placements could play in achieving better outcomes for young people.

The child care service had made a commitment to increase resources within the fostering and adoption service and had recently increased the staffing numbers of the team. They recruited a full time member of staff whose remit was to focus primarily on the recruitment of new foster carers. Staff sickness had had some impact on their initial progress whilst the team manager and senior had worked hard to try to take things forward.

Social Services had set up a foster care consultative group in recognition of the need to better support and consult with foster carers.

Front line staff confirmed that it was too early to be able to evidence whether the implementation of the strategy was improving outcomes for looked after children. However we were told that there had been a capping in the numbers of young people requiring residential placements.

We found that Social Services had made substantial progress in implementing this recommendation.

Recommendation 15

Clackmannanshire Council should set out its overall values and vision for Social Services. This should set out clear aims, objectives and priorities for social work services and be understood by social work services staff, partner agencies and people who use services. This vision should be reflected in all plans

The Chief Executive and executive directors had reviewed the council's vision and priorities during May 2009. The intention was to provide an open dialogue with the CMT before promoting the council's priorities to senior managers and staff.

We read the Social Services Strategic Overview and Business Plan (2009-12) which set out clear aims, objectives, priorities and outcomes, specifically for Social Services. An on-line consultation with staff and partners had been completed. Managers had presented the plan and it had been to multi-agency planning groups for comment. The leader of the council agreed there was now "a more purposeful and strategic focus" for the council.

There was inconsistency amongst staff we spoke to as to whether they had read, or were aware of the document. This suggested that there was a need to continue to profile the document. However staff generally were able to articulate the overall values and vision for their services although partner agencies we met seemed less sure.

We found that Clackmannanshire Council had made substantial progress in implementing this recommendation.

Recommendation 16

Clackmannanshire Council should ensure sufficient capacity to allow for a thorough strategic overview of service direction and performance by the Chief Social Work Officer to elected members. This should be considered in line with the current external review of structure.

In the period since our inspection in 2008, the council had made important changes. The Council had made new appointments to the posts of Chief Executive and Director of Services to People and there was regular reporting through the corporate management structure. The new senior manager in child care had been in post since May 2008. These permanent appointments had ensured that there was sufficient capacity at senior management level and clarity about the role of the CSWO. The senior manager in child care reported to the CSWO/Head of Social Services who reported to the Director of Services to People in a revised structure of management within Social Services.

The CSWO had regular meetings and briefings with elected members and portfolio holders. Elected members confirmed:

- that they valued these sessions,
- that the quality of the reporting had improved; and
- that joint initiatives between elected members, the CSWO and Director had been constructive. These included meeting foster carers and young people looked after by council.

The Chief Executive told us that she was keen to make sure that systems were in place for ongoing monitoring and a more general strategic overview of service direction. The priorities for Social Services have been set out in the Social Services Strategic Overview and Business Plan. Documentation provided showed that the PSIF programme had been given additional resources with the expectation that areas for improvement would be identified for Social Services.

The Director of Services to People and the Chief Executive told us of their intention to use the strategic delivery groups to analyse the council's ten priority areas. The four groups most relevant to Services to People were education and support models, older people, shared information, and technology, and housing supply. Staff we spoke to were very positive about participating in these groups where social work services staff were well represented. There was commitment from senior management within Services to People to implement the outcomes from these delivery groups.

We were satisfied that Social Services had met this recommendation.

Conclusion

SWIA carried out the fieldwork phase of the performance inspection of Clackmannanshire social work services in March 2008 and we published our report in September 2008. Throughout the inspection and follow up we found the council to be engaged in participating in the inspection process and in making progress in all 16 recommendations. Social work services staff had worked hard in providing evidence to show that progress had been made against all recommendations although the pace of progress of individual recommendations had been variable.

We remain optimistic that with the continued commitment of elected members, the new Director of Services to People and Chief Executive now in post progress will continue in implementing the outstanding work required to complete the remaining recommendations.

SWIA will continue to maintain an interest in the further development of the recommendations outstanding and remains in regular contact with the council as part of its ongoing scrutiny role with Clackmannanshire and all other Scottish local authorities.

Appendix 1

Sessions involved in the follow up inspection during September 2009

File reading

We read 30 files prior to the field work. These included reading:

- child protection files
- adult protection files
- files of young people with disabilities going through transition
- children in need files
- adult files subject to complex assessments.

Advance information

Clackmannanshire Council submitted 130 documents providing evidence to demonstrate the actions it had taken to implement the 16 recommendations.

Fieldwork

We carried out 18 sessions during the period of fieldwork.

These included:-

Observation Session and visits

An inspector observed the Scrutiny Committee and had the opportunity to meet with the Chair of this group.

We also visited at the request of Social Services the new Clackmannanshire Community Health Care Centre

Focus groups with:

- service providers including advocacy groups
- frontline child care staff
- frontline adult care front line staff
- senior managers
- quality Assurance and performance management staff
- contract officer(s) commissioning officer(s), planning officers and asset management staff

Interviews with:

- two elected members
- Chief Executive with the Director of Services to People
- GIRFEC co-ordinator
- CSWO with the Director of Services to People
- Head of child care
- adoption and fostering team social workers
- Transitions co-ordinator and temporary team manager disability team
- young people in transition with an advocacy worker
- adult protection officer/MHO lead & APC chair.

