MORAY COUNCIL SCRUTINY REPORT

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1.   Introduction

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

SCSWIS decides how much scrutiny a council's social work services will need by carrying out an initial scrutiny level assessment (ISLA). This considers potential areas of risk at strategic and service-wide levels. SWIA carried out an initial assessment of The Moray Council's social work services between November 2010 and April 2011.   We did so by:

- Examining 75 case files[1]. We were supported in this task by local file readers. This was supplemented by 20 files scrutinised as part of supported self-evaluation of services for high risk offenders.
- Analysing around 500 of the documents provided by the council or sourced by SWIA.
- Utilising SWIA's performance inspection report (published December 2007) and follow-up report (published December 2009) to track progress made on recommendations.
- Analysing key performance data.
- Analysing the findings of HMIE inspection of services to protect children (published February 2009); Care Commission reports on fostering and adoption (published February 2010) and Audit Scotland Best Value report (published February 2006). Follow up reports were also considered.

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[1] Children & Families (25 case files); Adults at risk of harm (11 case files); Adults under 65 (27 case files); Adults over 65 (12 case files). The number of files read was reduced by 5 to 75 (Child protection cases were not read due to overall good progress reported by HMIE in September 2010 and CP2 due in 2011-12)

- Participating in shared risk assessment activity led by Audit Scotland. This activity included all relevant scrutiny bodies. The proposed scrutiny for 2011-14 based on this assessment is detailed in an assurance and improvement plan update (published May 2011).

The ISLA focuses on answering nine risk questions:

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

2.   ISLA findings

On the basis of the evidence available at the risk assessment stage, four areas presented no significant concerns and no follow up scrutiny was undertaken:

- Overall the **management and support of staff** did not raise any significant concerns. Positive strategies, systems, policies, procedures, staff motivation and vacancy levels were in evidence.
- There was evidence of strong **partnership working** across the arrangements for community planning, community health and social care, drugs and alcohol and child protection. Partnership working in other parts of children and families was also developing, e.g. in youth justice.

- Overall we had no significant concerns about the compliance of social work services with **equality and human rights** legislation. There was a strategic approach at corporate level. Structures and processes were in place to consult most groups of stakeholders as were reporting arrangements.

- There were no areas requiring **urgent attention**.

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

- There was a range of factors relating to **governance and financial management** which were areas of uncertainty, including a need for additional information for social work services about overall service planning including the financial aspects; the oversight of performance management; the implications of restructuring particularly on integrated working. Additional information about criminal justice was also required.

- It was difficult to judge whether **outcomes** for service users in Moray were generally improving or not. Performance was mixed: many of the performance figures were better than the Scottish average while other indicators were worse. Scrutiny was required to check how they were going to improve. We had concerns arising from the file reading, and questions about waiting times for allocation.
- There were a number of uncertainties in respect of the oversight and re-organisation associated with **assessment and care management**. We had questions about variation in practice within the services such as the level of reviews. We needed more information about how chronologies were used and how SMART[2] care plans were in order to provide clarity in these areas of practice. It was important to know how training was going to improve practice.
- There was insufficient information at the point of our ISLA assessment on the results and forward planning from **self evaluation**, especially in children & families, as well as mixed performance in the services. More work could be done on obtaining stakeholder feedback, including from carers.

In the remaining area there were significant concerns. Preliminary action was taken, followed by scrutiny:

- Overall there were significant concerns in relation to **risk assessment and management**. Given that there were around one third of cases in the sample where concerns were not adequately dealt with, there was considerable room for improvement in social work service's engagement with service users who were at risk of harm. Deficiencies in practice were indicated in community care where 50% of the risks associated with the protection of service users had not been dealt with adequately in the sample of cases we read. Risk management planning for violent offenders was also an area in need of improvement.

SCSWIS summarised its findings in a report that it sent to the council in April 2011. In response to this report the service developed action plans in May 2011 (prior to the scrutiny stage) to address some of the weaknesses that had emerged.

3.   Timing of scrutiny

The amount of scrutiny SCSWIS carries out in a council relates both to the assessed level of risk and the size of the local authority. These combined factors meant that SCSWIS could have undertaken up to 30 scrutiny sessions in Moray. We completed our main scrutiny stage in May 2011. This included meetings with people who used services, carers, staff, managers and partner agencies. To date, we have carried out the equivalent of 28 sessions, with 2 sessions being reserved for future file reading. Unless otherwise stated, our scrutiny findings mainly relate to areas where uncertainties or concerns remained at the end of our fieldwork and a recommendation for improvement was required.

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[2] Specific, measurable, achievable, realistic, time-bound.

4. Scope of scrutiny

4.1 Management and support of staff
No significant concerns presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

In the 2007 performance inspection we noted that day-to-day workload was generally managed well and the existing workload management procedures were being revised at the time of our ISLA assessment. The 2007 inspection reported that the workforce was committed and motivated with many staff enjoying their jobs. By the time of the follow up report in 2009, good progress had been made in communicating with staff. At the time of our ISLA assessment, there was a practitioner forum with clear lines of communication established between the forum and the director, and a budget allocated to support the work of the forum.

The total number of whole time equivalent social work staff in Moray increased from 507 in 2008 to 528 in 2009 but remained below the Scottish average (6.0 in Moray compared to 8.0 in Scotland – rate per 1,000 population). Social work vacancies had remained consistently below the national average (4.7% in Moray compared to 7.1% nationally in 2009). Staff absence in community services, which included social work, was higher than the average for all council services (5.2% in community services compared to 4.1% in the council as a whole) but the trend was improving.

The service had a good range of human resource documents including a policy and procedure for recruitment. There were innovative proposals for case governance in community care including the use of staff supervision time to audit case files. The service had a comprehensive training and workforce development strategy for 2010-13.

4.2 Partnership working
No significant concerns presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

We saw good evidence of key partnership arrangements in respect of child protection, the community health and social care partnership, the alcohol and drug partnership and community planning. There had been recent revisions to clarify the governance and the accountability between the community planning partnerships and elected members in the Moray Council.

The Moray Community Health and Social Care Partnership (MCHSCP) had prepared a comprehensive report called Shifting the Balance of Care for 2010-2011. We saw Change Fund[3] proposals which would be used to reshape services for older people and shift the balance of care towards more community-based support. This had positive potential for future delivery.

The council had developed an innovative partnership to develop telecare[4] provision in community care, involving a private company and service users. The Public

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[3] Funding provided by the Scottish Government for community-based health and social care services for older people.
[4] A range of devices and services that harness developing technology to enable people to live with greater independence and safety in their own homes.

Service Improvement Framework[5] (PSIF) assessment undertaken by the community care service did however show, for example, that key aspects of commissioning needed to be developed.

Partnership working was developing in children and families, e.g. in youth justice. More needed to be done to involve other service providers and young people in service planning although initiatives had occurred to encourage this. The Integrated Children's Service Plan was also beginning to address this with actions to improve involvement and corporate parenting.

From the file reading it was clear which agencies were involved with service users and in almost all cases the relevant agencies were involved. In most cases the improvements in individuals' circumstances could be attributed completely or mostly to effective collaboration between services.

4.3   Equality and human rights

No significant concerns presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

Equalities had a clear profile at corporate level though the 2010-13 assurance and improvement plan reported that there had been a lack of commitment to equalities by some elected members and that the equalities agenda was strongly officer-led. The 2011 joint audit and inspection report of Audit Scotland and HMIE also found that councillors did not show strong leadership of equalities duties. Nevertheless, the council had a social inclusion strategy; a draft single equalities scheme and had completed 305 equality impact assessments (EIAs). This included 29 completed by social work services staff. We considered this to be commendable as an initial approach and in terms of the resources being committed to this important area.

Arrangements for consultation and reporting into the council included the Moray equality forum (the advisory and consultative forum for the community planning partnership) and an internal corporate equalities and diversity forum.

The council website had an equality and diversity section with EIAs and links to other reports. We would have liked seeing more information about advocacy services and services for gypsy travellers.

The council commissioned a study in 2009 to consult stakeholder groups to identify priorities for Moray, the results of which fed into the single outcome agreement (SOA).

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[5] A self-assessment tool which encourages organisations to conduct a systematic and comprehensive review of their own activities and results.

The subjects of equality, human rights and exclusion appeared to have a higher profile within the corporate agenda and vision than in social work itself though the chief social work officer (CSWO) reported thoroughly on associated topics such as personalisation, carers strategy, Getting It Right For Every Child (GIRFEC) and complaints. The performance inspection also found that there was a good range of stakeholder groups for the purposes of participation and consultation and the range and quality of social work services was good.

In our ISLA assessment we found that multi-agency training had been provided by social work services for staff to complete their 29 EIAs - an example of good practice in social work.

Almost all case files we read recorded ethnicity and in most case files we read all barriers for service users had been appropriately addressed.

5. Scrutiny findings

5.1 Governance and financial management

Reasons for scrutiny
The following areas of uncertainty presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

Although there was information about social work provision in a range of planning documents, the council did not have a system for producing an overall service plan for social work services. We were therefore unable to comment on the sustainability of the service. The council had developed a financial planning framework up to 2013-14 but this lacked detailed information at service level. Council savings of £9.50 million were required in 2011-12. Within this, savings were being required from social work but there appeared to be a lack of specific details on these. Again, although there were indications that the council may have to find total savings of some £2.35m in 2012-13 and £3.76m in 2013-14, there was no detail of the social work services' savings required for both years, all of which raised uncertainties in terms of sustainability in the prevailing economic conditions.

Underspends ran across the range of social work services provided. Senior managers told us that these underspends were part of a strategy to achieve efficiency savings. We needed more information to determine whether the focus was appropriately strategic and was likely to achieve the required savings.

The council had an asset management plan but it provided little information at service level. Underpinning the asset management plan the council had developed a five year capital plan – social care had one project in this plan: a co-located child protection unit. Senior managers told us that funding was in place for this unit and construction was underway.

Although there was an overarching vision for community services (within which social work services were located), we were unsure about the means of realising the vision. An overall service plan for social work services would have assisted in this respect. There was however no evidence that community services had failed to do all that was required of it by the council in terms of governance and financial planning.

Accountabilities for children and families, criminal justice and community care work were held by a director with overall responsibility for social work and housing. We noted that there were proposals to restructure the council's services in March 2011. Until these proposals were implemented and working effectively, this remained an area of uncertainty for the future governance of social work services.

Senior managers routinely considered operational and developmental issues at their meetings. There was however little evidence of consistent oversight of performance on the agendas and minutes we saw.

Development of a carers strategy and local placements for children who were looked after and accommodated was work in progress and we needed more information on how these developments were advancing.

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

We met with senior finance and service managers during our fieldwork. Although we found that financial management was generally sound, we considered that service planning and the links to the financial plans could be further improved. There was information on service improvement priorities; designing better services for community care and an integrated children's services plan. Criminal justice had a service plan, as did the community justice authority. The council did not however have an overall service plan for social work services and we remained unclear about the strategic direction of social work services in Moray beyond 2012.

There was a strategy to exercise an element of restraint in expenditure in order to achieve savings. We were advised that such underspends did not result in a reduction in service provision. Although finance officers applied costings to projected data, the sustainability of the service provision remained unclear.

Council savings of £9.50m were required in 2011-12 and social work savings amounted to £0.82m. The lack of detail on the additional savings required for 2012-13 and 2013-14 again raised uncertainties for us in the context of sustainability of services in the prevailing economic conditions. Although it may be difficult to be precise about savings for these years whilst details of Scottish Government grant settlements are unknown, we expected to see more information about provisional savings options for social work services.

1. Recommendation for improvement

The council should improve its arrangements for service planning in social work and ensure that a clear relationship can be demonstrated between historical demand, projected demand, practice development, commissioning, sustainability and budgets within this service area.

We met with senior managers and planning staff during our fieldwork. Accountabilities for children and families, criminal justice and community care work were held by a corporate director who now had overall responsibility for social work and education, from 1 April 2011. Community care was about to embark on redesign of its services. Locality planning across Moray has built on the early work of the new community schools initiative to provide the foundations for further integrated working in children's services. Given these factors, there remained uncertainty in respect of the impact on the ongoing governance of social work services.

2. Recommendation for improvement

The social work and education directorate should audit its arrangements for cross service communication and working within social work, and between social work and its partners, and ensure that there is robust practice at stages of transition and joint responsibility.

5.2   Outcomes for people who use services and carers

Reasons for scrutiny

The following areas of uncertainty presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

Four (of 11) key performance indicators for community care services for older people in Moray during 2009-10 were worse than the Scotland average:

Key Performance Indicator	Moray	Scotland
People supported by home care (rate per 1,000 population)	60%	62%
People supported by home care who received free personal care	79%	86%
People supported by home care who received personal care	82%	87%
People supported by home care receiving home care at weekends	62%	71%

One indicator had a nil return (people receiving evening or overnight home care). Moray only ranked 29th (out of 32 councils) for the provision of weekend homecare in 2008-09 and 26th for overnight respite. Documentation showed mixed performance on Community Care Outcomes Framework[6] (CCOF) indicators in 2009. There was a backlog of reviews at January 2010 (53-68%, depending on location). These areas needed further investigation to clarify the outcomes for service users.

Four (of 11) Moray key performance indicators for children's services were worse than the Scotland average:

Key Performance Indicator	Moray	Scotland
Children looked after who were in a community setting in 2010	88%	91%
Exclusions: children looked after at home (rates per 100 children looked after at home in 2009-10)	38% (38.3)	38% (38.0)
Exclusions: children looked after away from home (rates per 100 children looked after away from home in 2009-10)	20%	16%
Care leavers in 2009-10 who had a pathway coordinator	50%	69%

This required further investigation to clarify the reasons behind these results.

From the chief social work officer's report on social work developments in 2009-10, we saw that developments on personalisation were at an early stage and we wanted to see more information on the proposed way forward with this development.

There were leaflets available for the public regarding individual aspects of community care services. The leaflets were clear but the information was not comprehensive and not all of them were consistent with information on the web site.

Scrutiny findings
The scrutiny stage took place in May 2011. We found that:

Most of the information we received during the scrutiny phase in respect of outcomes was positive. For example, we considered that the dedicated "home from hospital" team was working well and this meant that service users were able to return home from hospital within the national standard time[7]. Service users we met reported that social work had delivered good outcomes for them and their families.

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[6] The Outcomes Framework was introduced by central government to demonstrate how joint working between local authorities and their NHS partners is improving outcomes for people who use community care services.
[7] National standard definition of "delayed discharge" is a delay of discharge from hospital of more than six weeks

The Moray Council had made considerable progress on the generation of aggregate outcomes data from both within the council and by providers. Some providers we met said that that Moray council required them to submit outcomes data in respect of the services that the council purchased from them.

Middle managers we met told us that staff were receiving outcome focussed training.

Community care staff were confident that they delivered good outcomes for their service users and gave examples of supporting people at home with dementia for much longer than previously. The ISLA file reading results indicated that there was evidence of positive outcomes for almost all (92%) community care service users. Outcome data, using the national outcomes framework, was recorded on review forms and the performance team aggregated the data and produced statistics. Some of the data we saw was indeed very positive. We considered that the production of this aggregate outcome data, using the national outcome framework, was an example of good practice.

A focus group of looked after young people said their quality of life had improved as a result of the social work support they received. The ISLA file reading results indicated that there was evidence of positive outcomes for most (76%) children & families service users. The children & families service was using the Realtime Evaluation research tool which was a very promising development to inform social work practice. The service had put a great effort into the generation of outcomes data for children. Where measurable data was available in the study, the majority of young people reported improvement in their circumstances. Youth justice staff we met stated that they are using the Realtime tool to measure outcomes and that youth offending in the area had reduced to a significant degree. This was confirmed by the statistics we saw. Middle managers we met indicated that improvements could be made in the system and said that some children were not suitable for inclusion because of their particular circumstances.

Criminal justice staff and managers we met gave examples of positive practice where there was an outcome focussed approach, including the service user action plans; offender groupwork programmes and the one-to-one offender pack.

5.3   Quality of assessment and care management

Reasons for scrutiny
The following areas of uncertainty presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

Significant service redesign had been proposed for service delivery in community care through the establishment of a contact centre for handling all new referrals. Considerable time and cost savings were identified but there were no clear proposals in the documents we saw for monitoring how this would improve the quality of assessment and care management. The SWIA performance inspection report made a recommendation to ensure proper coordination and consistency of service access between teams and geographical areas yet little progress had been made by the time of the follow up.

Individual service plans for particular areas of social work such as the alcohol and drugs service, physical & sensory disability and carers had been jointly prepared but

did not outline how assessment or care management would be prioritised and implemented.

There were geographical variations in carrying out reviews in community care services and we were not clear how this variation occurred.

In file reading results for community care and children's cases we found that, where it was considered appropriate for there to be a chronology on file, less than half were both present and considered to be of an acceptable standard.

Only 33% of assessments we saw of older people and 27% of adults at risk of harm were rated good or above. This suggested that the quality of assessments for some adults using services could be improved. In community care 65% of files we read did not have a SMART care plan. The impact of supervision in case files was evident in few of the community care case files we read.

For criminal justice, areas for improvement were similar to the other services and included chronologies; making action plans more SMART; and more collaboration with partners at the review stage.

From the raw figures provided as information about unallocated work, waiting lists and waiting times, we were not certain what the aggregated waiting times for allocation were in all services.

Scrutiny findings
The scrutiny stage took place in May 2011. We found:

From our fieldwork, there was evidence of considerable effort to improve the consistency of assessments, care plans and performance in reviews in all sectors. There were no reports of significant backlogs in allocation or access to resources. We were assured by senior managers that improvements in auditing and staff supervision were addressing variations in practice across geographical districts within Moray and that the delivery of appropriate training was improving consistency in recording and care planning.

In the community care service, there was no evidence of problems with unallocated cases or people being delayed in returning home from hospital. There was a backlog of referrals for occupational therapy services but there was a plan to address this. Senior managers indicated that no applications for a complex care package had been refused. Parents we met confirmed that assessment reports prepared by social work staff were accurate and that there have been improvements in the direct work with service users in recent years.

The format of the single shared assessment[8] (SSA) was criticised by staff but practitioners and managers expressed difficulty about changing this because it was a nationally agreed format. However there was confirmation that, where the SSA was accompanied by a current care plan, then the gaps were addressed. The quality of care plans was considered by staff we met to have improved.

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[8] Central government guidance (2001) on streamlined, person-centred assessments led by a single professional, with other specialist involvement as appropriate, and which is acceptable to all professionals in social work, health and housing.

The community care service was only starting to incorporate chronologies into its records and there was room for improvement to clarify the content and purpose of chronologies. Senior community care managers had an action plan to deliver further training in chronologies.

The community care practice governance board was credited with helping promote standards and strategies to improve care planning. This included reviewing case files in staff supervision sessions and auditing files in learning disability services. The improvement work on care planning had led to service users being able to return to the community from hospital more quickly.

The backlog of reviews in community care cases was being addressed. In one team all reviews were up to date at the time of our fieldwork and other teams were on target to achieve this by September 2011.

In the children & families service, there were no unallocated looked after children or children on the child protection register at the time of our fieldwork. There were also no delays with referrals to Moray Youth Action. The resource management group met regularly and operated responsively to demand.

The value of chronologies was recognised in the children & families service. Guidance and related information system training was provided to staff but there was a need for better understanding of how chronologies could be incorporated into the integrated assessment.

3. Recommendation for improvement

The social work and education directorate should increase the quantity and quality of chronologies in social work case files and ensure that all appropriate staff have a good understanding of chronologies and are trained to an acceptable standard in their use.

There was a performance management group within the children & families service and there had been sub-groups focusing on child protection and risk assessment & risk management. The group completed quarterly performance data for elected members. All children & families reports to the children's hearings, courts and reviews were read and countersigned by a team leader, so that they could see improvements in this area and achieve greater consistency.

Staff were becoming comfortable with the latest child plan templates, designed to support the quality of analysis. They were also undertaking peer review of cases to ensure consistency across teams. Practitioners valued the impact that training had made to bringing a better focus on outcomes.

In the criminal justice service, all court reports were read by a team leader. Team leaders also monitored the quality of assessments and sampled case files. This scrutiny was credited with improving the quality and consistency of assessments. Action plans for intervention with service users were signed off by a team leader.

5.4   Effectiveness of risk assessment and risk management

Reasons for scrutiny

The following significant concerns presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

The service was still using a risk conversion chart in adult care because the NHS had a different model to social work. We were concerned about this in 2009 and we saw no update for the ISLA assessment.

We saw limited information about the performance and quality of adult support and protection work. This consisted mainly of information about the numbers and types of work undertaken. It was acknowledged that analysis of outcomes was a future development.

In the ISLA file reading for community care and children & families cases we found shortcomings in relation to some risk assessments not being on file and some risk management plans not present or up to date. It should be noted from the introduction that we did not read files of children who were currently subject to formal child protection procedures. For criminal justice, the file reading for high risk offenders found an area for improvement was updating risk management plans for violent offenders.

In over one third of cases in the file reading, concerns about protection[9] type risk had not been adequately dealt with. We considered this to be a poor standard of practice. In almost one third of cases, concerns about non-protection[10] type risk had not been adequately dealt with – another area of poor practice.

In community care, there was also a general difficulty about making banking arrangements for access to funds in respect of some adults with incapacity, constituting an area of uncertainty.

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[9] Current or potential issues not only where services have implemented formal protection procedures but also where there is a likelihood that risk will increase without the appropriate intervention (for example, situations involving children of substance misusing parents).

[10] Risks such as the risk to a frail older person who is at risk of falling and suffering an injury or the risk to an adult with dementia who is at risk of wandering and suffering harm.

The children & families cases we raised with managers highlighted the need to make better use of chronologies to enable staff to recognise an accumulation of risk factors and the impact of these. The ISLA raised questions concerning the procedures for assessing the quality of parental care. These issues required further scrutiny.

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

We met with a range of staff and managers during our fieldwork. Prior to this, the children & families and community care services had submitted action plans/progress reports to address the significant concerns about risk assessment and risk management identified in the ISLA report. SCSWIS will undertake a further case file reading of 30 cases before the end of 2011-12 to assess council action to:

- Ensure that risks to service users of social work services are dealt with adequately;
- Improve and increase the number of risk assessments and risk management plans for protection and non protection type risks in community care;
- Ensure adequate access to funds for appropriate service users of community care services;
- Improve the quality of protection-type risk assessments and the number of non protection type cases with up to date risk management plans in children and families; and
- Update violent offenders' risk management plans.

During fieldwork we were informed about a range of measures, including new tools, policies and processes, which had been introduced to improve practice and governance of risk assessment and risk management in community care services. This had been underway for some months with detailed work to modernise approaches underpinning more recent developments. Staff welcomed this and accepted the principles of audit and quality assurance, with the shared goal of improving practice.

Our file reading evidence was congruent with that of the council, and service user feedback during fieldwork confirmed that there were some people whose needs required to be re-assessed. This should be captured through the review processes, but it was also important that service providers were closely involved in the risk assessment process.

The service needed to ensure that practitioners received feedback on the results of auditing in order to maximise learning and to involve staff in continuous improvement. There was a considerable level of management oversight of practice with a SMART action plan in place to improve the outcomes of the quality assurance processes.

As with community care, the children & families service needed to ensure that practitioners received feedback on the results of the audit processes and to continue to develop ways of ensuring consistency between teams.

In the criminal justice service, they were taking steps to improve work with violent offenders through improving relationships with police and the use of the MAPPA model.

4. Recommendation for improvement

The social work and education directorate should ensure that staff are involved in all stages of its quality assurance processes, particularly at the feedback stage, in order to maximise learning and improve the delivery of effective practice in risk assessment and risk management.

5.5   Self-evaluation

Reasons for scrutiny
The following areas of uncertainty presented during the risk assessment stage (ISLA) which took place between November 2010 and April 2011:

Community care had produced a SMART action plan in response to the PSIF assessments. The service had not included performance information in relation to carers from the commissioned provider at the time of PSIF evaluation. There was acknowledgement that performance management needed to be improved. Community care had a file auditing schedule for 2010. We did not see the evidence of improvement as a result of this activity.

In children & families there was also a framework setting out the principles, context, role and function of performance management, including self evaluation. We saw some evidence of a positive impact of this framework on children & families work but this was limited to youth justice, permanence and child protection.

Criminal justice staff had participated in the improvement work associated with high risk offenders and an action plan was to be developed by April 2011. We wanted to know about the outcomes of this activity.

There was scope for more stakeholder feedback and involving young people in service development.

During our file reading we found limited evidence of senior managers scrutinising files. In community care, there were few cases with evidence of staff supervision consultations on file and less than half where a first line manager had scrutinised the file.

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

The overall assessment from our scrutiny fieldwork was that a very positive start had been made to self evaluation. There was however insufficient evidence of managers considering the results of, and forward planning from, self evaluation. More work could also be done to improve stakeholder feedback and involvement.

Senior managers we met during our fieldwork told us that they will be revisiting performance measures to improve them. There was little evidence of a consistent response to performance information on the management agendas and minutes we saw.

The PSIF was being used extensively in community care. Criminal justice had also participated in PSIF. Children & families was less well advanced with PSIF but the work there was underway.

Community care had a community care practice governance board. They had introduced a quality assessment framework which included new policies, procedures and a practice governance board. Community care had a file auditing schedule for 2010. We did not see evidence of improvements arising from the recommendations.

In children & families we had noted that there was a performance management framework. Senior managers told us that staff were given feedback from file auditing in supervision but there were times when feedback was not reported below the level of team manager.

Although we found limited evidence of senior management scrutiny of files during our file reading, it was not planned for senior managers to become involved in file auditing across all the service areas.

We were only told of a few instances of improvement as a result of performance monitoring activity. Senior managers told us that delayed discharge performance had been significantly reduced, for example. Planning and performance staff gave us some examples of improvements driven by the social care practice governance board such as redesign of risk tools and systems; analysis of Care Commission findings and reports requested from independent providers.

5. Recommendation for improvement

The social work and education directorate should have a policy for monitoring the performance of social work services which ensures that senior managers consider performance information in their meetings to an appropriate standard in terms of frequency and consistency. Senior managers should be able to report the detail of improved outcomes for service users and carers as a result of such consideration.

The community care service had a self directed support group and was planning more consultation with service users/carers. We saw a MCHSCP staff survey and follow up but there was scope for more stakeholder feedback. Where the children & families service used Realtime there was success in connecting with service users and getting their participation. But there was still scope for involving young people more in service development. We did see positive research studies into future priorities for Moray and into the effectiveness of practice from the service user perspective. We also saw reporting on children's rights and participation. While information on advocacy had improved there was little reference to the capacity of advocacy services or to improving outcomes. The social work service had not included performance information in relation to carers from the commissioned provider at the time of PSIF evaluation. Most service users and carers we met during our fieldwork did not know about risk assessments and had not seen any.

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6. Recommendation for improvement

The social work and education directorate should continue to improve its consultation and engagement practices and ensure that feedback is more consistently obtained across the range of services from stakeholders, especially service users and carers, and they are more involved in the design and operation of services. Senior managers should be able to demonstrate that outcomes for service users and carers have improved as a result of such activity.

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6.   Next steps

In considering progress made in Moray, it should be noted that the 2007 SWIA performance inspection report contained 16 recommendations. The present 2011 SCSWIS scrutiny report contains only six recommendations. We will now ask the council to draw up a SMART action plan based on our six recommendations. The link inspector will maintain regular contact with the council to monitor the impact of new arrangements and new developments and to monitor progress in implementing the action plan. The link inspector will also continue to offer support for self-evaluation and self-evaluation activity. SCSWIS will undertake a further case file reading of 30 cases before the end of 2011/12.

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

David Rowbotham
Senior Inspector