

Performance Inspection

Comhairle nan Eilean Siar

Performance Inspection of Social Work Services

Comhairle nan Eilean Siar

November 2006

Acknowledgement

We wish to thank all those who assisted us during this inspection. We received a very warm welcome from everyone we met in Comhairle nan Eilean Siar – staff, stakeholders and people who use services. We are grateful to those who took the time to complete and send us the questionnaires we sent out as part of the inspection process. We are particularly grateful to the social work department inspection co-ordinator who provided us with all the information we requested so efficiently as well as to the two members of staff who helped us with the file reading. We would also like to thank all those we interviewed for responding to our questions in such an open and constructive way.

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Social Work Inspection Agency (SWIA)
Ladywell House
Ladywell Road
Edinburgh
EH12 7TB

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Social Work Inspection Agency

This inspection of social work services in Comhairle nan Eilean Siar is the fifth full performance inspection of the social work services provided by Scottish local authorities (three pilot inspections were undertaken in the autumn of 2005). Each inspection focuses on the local authority's approach to continuous improvement.

The Social Work Inspection Agency (SWIA) is planning to inspect all of Scotland's local authority social work services by the end of 2008.

SWIA has adopted a six-point scale to evaluate the performance of local authority social work services. This report provides an evaluation in respect of each of the ten areas for evaluation set out in the performance inspection model (PIM), found at appendix 1.1. The six-point scale is set out below.

Level	Definition	Description
Level 6	Excellent	Excellent or outstanding
Level 5	Very good	Major strengths
Level 4	Good	Important strengths with some areas for improvement
Level 3	Adequate	Strengths just outweigh weaknesses
Level 2	Weak	Important weaknesses
Level 1	Unsatisfactory	Major weaknesses

This report mainly uses the past tense – we state the position at the time of the inspection (May 2006). We recognise that some things may have changed since then.

Because Comhairle nan Eilean Siar is a small authority we have included actual numbers in our analyses where percentage figures could be misleading.

Summary, evaluation and recommendations

Ratings for the 10 areas for evaluation

Area for evaluation

Outcomes for people who use services	adequate
Impact on people who use social work services and other stakeholders	adequate
Impact on staff	adequate
Impact on the community	good
Delivery of key processes	weak
Policy and service development, planning and performance management	weak
Management and support of staff	weak
Resources and capacity building	adequate
Leadership	weak
Capacity for improvement	weak

Summary

Delivering social work services in Comhairle nan Eilean Siar presents particular challenges. The islands are remote, their populations scattered and communications and transport sometimes difficult. The proportion of residents over 65 is the highest of any Scottish local authority. A small number of managers have to deal with the same wide range of requirements as larger management teams in bigger authorities. Recruiting the right staff is not easy.

This inspection found that the department was delivering some effective services, particularly in the fields of residential and day care. Local organisations and groups were well represented in planning and delivering services. However the priority given to these services had left weaknesses in the way other services were being run. These included important parts of home care services and children and families services. There were also weaknesses in some key work processes, particularly risk assessment, case recording and the availability of up-to-date guidance for staff.

We met a staff group motivated to deliver high quality services but one that was not always properly supported to do this. There was a need for a clearer vision for social work services together with a firmer strategy and stronger leadership to deliver it. The pace of change and improvement needed to quicken.

Chapter 1: Summary, evaluation and recommendations

Main areas for improvement were:

- Collecting and using information about service outcomes
- Assessing risks and needs and related planning
- Recording practice
- Guidance to staff on critical areas of practice
- Policy and service planning
- Workforce planning
- Service commissioning
- Performance management
- Strategic leadership

Outcomes for people who use social work services

Recommendation 1

As part of an overall approach to quality management, the social work department should introduce processes for systematically collecting and analysing information about service outcomes.

Impact on people who use social work services and other stakeholders – no recommendations

Impact on staff

Recommendation 2

The social work department should introduce systems for workload management.

Recommendation 3

The social work department should introduce more effective ways of consulting staff about strategic and operational planning issues relevant to their areas of work.

Impact on the community – no recommendations

Delivery of key processes

Recommendation 4

The social work department should provide up-to-date and readily accessible information for service users on what services are available and how to access them.

Recommendation 5

The social work department should urgently review the organisation and format of its case files including links between electronic and paper files.

Recommendation 6

The social work department should introduce risk assessment and risk management policies and procedures as a matter of urgency.

Recommendation 7

The social work department and its partners should urgently agree a joint policy on the protection of vulnerable adults. A complementary set of procedures for health, police and social work staff should be put in place. Implementation should include a multi-disciplinary training programme.

Policy and service development, planning and performance management**Recommendation 8**

The social work department should prepare more specific service plans for main service areas.

Recommendation 9

The social work department should build up its capacity to develop, implement and review policy.

Recommendation 10

The social work department should ensure that staff have up-to-date guidance on policies and procedures in respect of the critical areas of social work practice. This should be given a high priority.

Management and support of staff

Recommendation 11

The social work department should prepare and implement an over-arching strategy for workforce planning and development that includes a comprehensive training plan.

Resources and capacity building

Recommendation 12

The social work department should persevere with its objective of developing closer links between service priorities and budgets. As part of this process, it should determine the reasons for the abnormally low children and families services budget and the abnormally high budget for older people's services. It should establish beyond doubt that this reflects service requirements and priorities.

Recommendation 13

CnES should carry out a risk analysis of the capital expenditure slippage. This should determine whether the slippage has significantly affected the suitability of social work premises and accommodation and should confirm that existing facilities remain "fit for purpose".

Recommendation 14

CnES should produce an asset management plan to help demonstrate the optimum usage of assets, linking this to the capital plan and service priorities and objectives.

Recommendation 15

The social work department should review its arrangements for administrative support to address:

- overall levels of administrative support;
- how to help professional staff make better use of the technology available to them;
- how to improve the management, supervision, training and career development of administrative staff.

Recommendation 16

As part of a service commissioning strategy, the social work department should review all the services it commissions from voluntary sector organisations. It should ensure that:

- there are up-to-date service level agreements that clearly spell out what services will be delivered;
- arrangements for overseeing and supporting these agreements are in place;
- service performance is regularly reviewed;
- management overheads charged by national voluntary organisations represent value for money.

Leadership

Recommendation 17

Senior managers should develop and share with staff a clear statement of their vision for the future direction of social work services. The statement should be reflected in departmental strategic planning and in the council's corporate and community plans.

Recommendation 18

CnES should strengthen its social work department senior management capacity.

Recommendation 19

CnES should develop a performance management system for social work services incorporating statutory and other relevant performance indicators.

Capacity for improvement

Recommendation 20

The social work management team would benefit from some formal, structured support through a 'pairing arrangement' with another council's social work services to enhance management capacity through a critical period of change.

CHAPTER 2

Context

Comhairle nan Eilean Siar (CnES) comprises the islands of Lewis and Harris, North and South Uist, Benbecula and Barra. The islands lie on Scotland's north western perimeter.

Area profile

The population of CnES is just over 26,000. The trend is towards population decline. Between 1991 and 2001 the authority experienced the steepest population decline of any local authority in Scotland (-10%). During this period there was a net migration with more young adults (18-30) leaving the islands than across other age groups. The average age of residents is now 41 for males and 44 for females. In 2001, the average age of residents was three years older than in Scotland as a whole and the proportion of residents over 65 the highest in any Scottish local authority. Population projections suggest an increasing population of older people and a corresponding reduction in younger age groups. On one projection, 31% of the population will be over 65 by 2024.

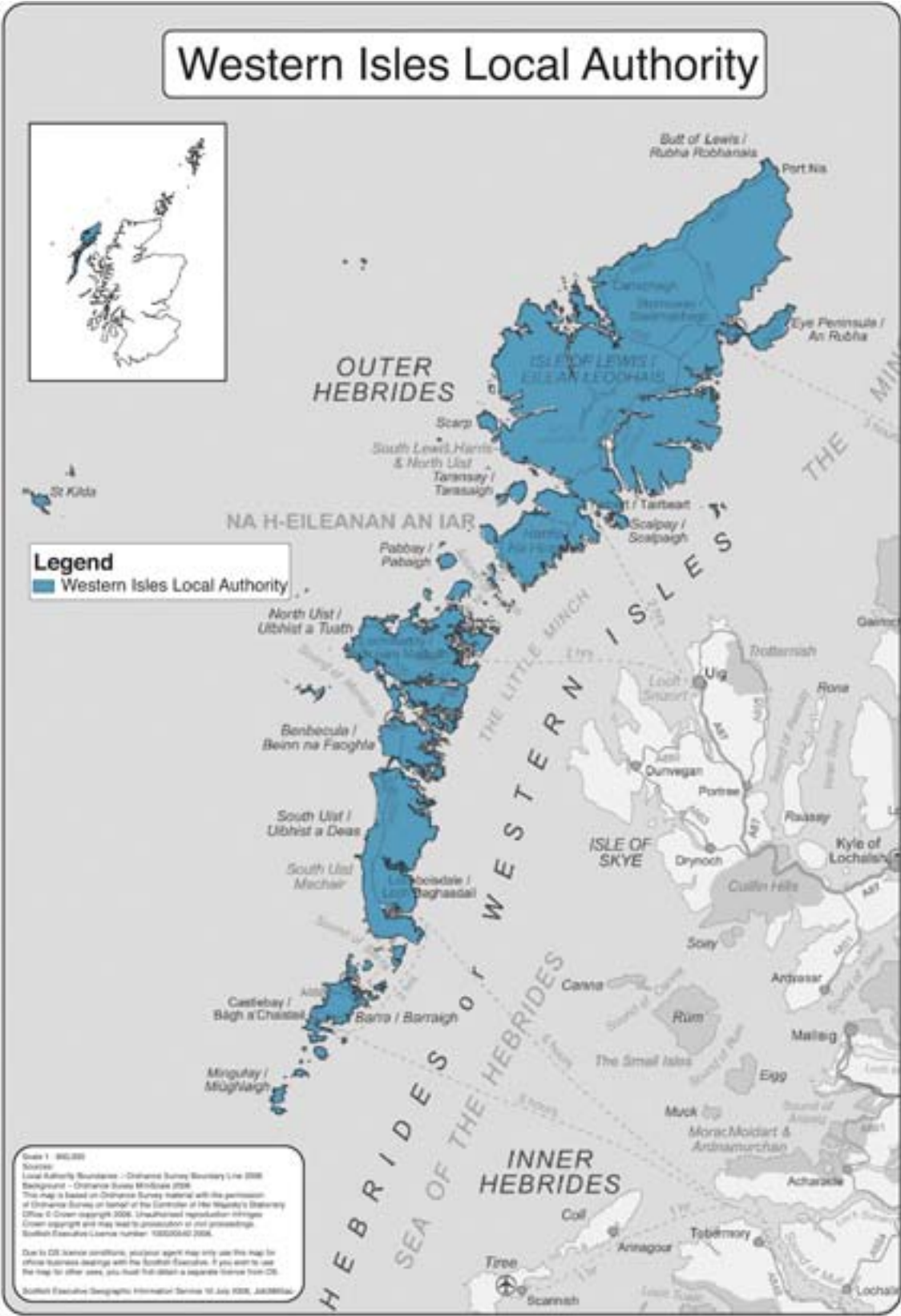
CnES considers that the continuing trend in population decline and an increasingly ageing population are key issues that will have a fundamental impact on the future of the islands' economy. Public sector organisations are the main employers, followed by the retail and trade sectors and manufacturing. The authority is seeking to diversify to create new markets and employment opportunities. The unemployment rate in CnES is 3.4%, similar to Scotland as a whole. Twenty six per cent of those people who are unemployed have been out of work for more than a year compared to the average for Scotland of 15%.

The population of CnES is concentrated in Lewis (18,500), Harris, (1,984) the Uists and Benbecula (4,857) and Barra (1,172). The only town of any size is Stornoway (population 5,600). Almost 30% of the total population live in Stornoway or its immediate vicinity. The remaining population is scattered over 280 townships.

CnES has 31 wards and ten committees. Social work services are covered by the work of both the Social Work and Education and Children's Services committees.

The organisation of social work services in CnES

Social work services are delivered by a separate social work department. The children and families team for Lewis and Harris is based in Stornoway. The Lewis and Harris community care team is mainly based in Stornoway with some staff located in Harris (Tarbert). A generic team provides both community care and children and families services to the Uists, Benbecula and Barra. The majority of this team is based in Benbecula. Two posts are based on Barra - a social worker and an administrative assistant. At the time of the inspection the social worker post was in the process of being filled. During the period of vacancy, the administrative assistant had been temporarily upgraded to undertake home care organisation responsibilities. Social work offices are located in Stornoway (Lewis), Tarbert (Harris), Balivanich (Benbecula), and Castlebay (Barra).



Criminal justice services

Criminal justice social work services are provided by a specialist team based in Stornoway. These services were the subject of a separate inspection carried out at the same time as this inspection.

Providing Services in Comhairle nan Eilean Siar

In 2002 the Scottish Executive reviewed best practice in delivering a range of services to remote and rural areas¹ and pointed up the significant challenges posed by low population density and a difficult topography.

These challenges apply to providing social work services in CnES. Organising home care services for more than 700 people over 100 square miles of islands presents different challenges from organising services to a similar number of service users in a city. Individual care homes provide for relatively small numbers but must be accessible across a broadly spread geographical area. Providing complex services for small numbers of people with multiple needs is more demanding. The authority's remoteness makes collaborative work with other authorities difficult.

The geographical remoteness, whilst attractive for some, can affect staff recruitment and the reducing population of younger people does not help here. To access appropriate training opportunities staff often have to travel to the mainland which has both cost and time implications.

As well as being remote and rural, CnES is also a small authority. This means that management functions are carried by fewer staff and that there is less capacity to absorb staff absences/vacancies. The demands placed on local authorities to respond to national initiatives and the requirements of regulation and inspection do not reduce in proportion or complexity to the size of an authority.

CnES is unusual in its proportionately high number of local councillors (around one to every eight hundred inhabitants). Councillors do not work to any formal political groupings, dealing with matters as they arise and taking a keen interest in matters relating to their wards. This individual and often issue based approach, together with a concern for operational detail, reflects the level of their commitment to their local communities but allows less time for developing and delivering on longer term strategic objectives.

Child protection practice in CnES was the subject of a recent inspection by the Social Work Inspection Agency (*'An inspection into the care and protection of children in Eilean Siar'* hereafter referred to as 'the 2005 SWIA child care inspection'). CnES prepared an action plan to take the recommendations of this inspection forward. Dealing with the procedures surrounding the police investigation of the case and taking forward the recommendations from the subsequent inspection placed considerable demands on some staff and, for a period, affected their capacity to take forward all their other responsibilities.

¹ Scottish Executive (2002). *Review of International Best Practice in Service Delivery to Remote and Rural Areas*.

Another contextual issue is the well-publicised difficulty with partnership working between the Comhairle and NHS Western Isles, despite some good examples of joint working at an operational level. In April 2005 both parties invited the Scottish Executive based Joint Improvement Team (JIT) to assist them with improving partnership working to achieve better outcomes for users and carers. The JIT is continuing to support the partnership with a set of agreed objectives and a related action plan.

Remote and predominately rural communities also offer some advantages for providing services. A greater sense of community responsibility and concern can stimulate the involvement of local people in planning and, where appropriate, delivering services. Local communities may themselves more readily identify needs and find ways to address them. Statutory and voluntary sector agencies and local community groups may find it easier to collaborate.

CHAPTER 3

Outcomes for people who use services

CnES social work department performed to an adequate standard in respect of key outcomes. Our judgement is based on available performance indicators, our assessment of the practice outcomes reflected in the files we read and information from other inspection activity. Positive indicators in the fields of residential and day care, some aspects of home care and some aspects of work with children and families slightly outweighed other less positive indicators and information. Like other authorities inspected to date, the department needs to collect and use information about service outcomes more systematically.

The Social Work Inspection Agency (SWIA) defines outcomes as those changes in people's lives that are a direct result of social work intervention. Currently CnES does not regularly or routinely collect or analyse data on outcomes. Our conclusions draw on data from our inspection and from other sources, for example nationally available statistics and the work of other regulatory bodies.

The social work department self evaluation questionnaire acknowledged that this was an area requiring development. The department was making efforts to introduce better systems for collecting and analysing information about service outcomes.

Outcomes for children and families who use services

Looked after children

Children's Social Work Statistics for 2004-05 report that at 31 March 2005, there were 37 looked after children in CnES. The proportion of looked after children per 10,000 population (6.7) is lower than the national average (11.4) and lower than the average of the comparator authorities included in the Care Scotland statistics (9.5).² At the time of our inspection the figure had risen to 44 children, all of whom had an allocated social worker.

Looked after and accommodated children

CnES currently has 25 children in foster care and four in residential care. Six children have 'off island' placements. Of these, four are in foster care and two in residential care.

There are 16 registered foster carers. As in other Scottish local authorities, there is a shortage of foster carers and recruitment is a continuing challenge. We were told that of the 16 foster carers, six are not currently active.

In 2004-05, 89% of looked after and accommodated children were looked after away from home for longer than one year, the second highest figure of any authority in Scotland and well above the Scottish average of 67%. The average figure for comparator authorities was 70%.³

² http://www.carescotland.org.uk/PerformanceImprovement/Data/2005/LAC_sta1.php?authority=235

³ http://www.carescotland.org.uk/PerformanceImprovement/Data/2005/LAC_sta1.php?authority=235

Pathways planning

In keeping with national standards, all looked after young people are required to have pathways plans as they approach independence. NCH Scotland (NCH) provide young people looked after by CnES with a throughcare and aftercare service. As part of this they commit themselves to providing all young people of age 14.5 with a pathways plan towards leaving care and independence. Currently 14 young people have plans.

Social Work Statistics for 2004-05 report how young people (aged 15-18 years) leaving care are progressing using various indicators (i.e. the number of young people with pathways plans and numbers in employment, education or training). As the numbers for CnES are small (less than 5), they do not appear as actual figures in national statistics to preserve confidentiality. Such small numbers also have less value statistically because they may be unduly influenced by particular circumstances. We found evidence of pathways planning and the use of supported tenancies. Children had also been supported to return to their parent or parents. There was very little evidence of homelessness.

Youth justice

National standards for youth justice set the target of reducing offending by young people defined as persistent offenders by 10% – to be achieved by March 2006. Scottish Executive statistics for 2003-04 classified 14 young people in CnES as ‘persistent young offenders’. In 2004-05 this had reduced to 12. In 2005-06 it had risen to 16. Over this period the total number of offences rose from 128 to 213. On this evidence the target has not been met (most local authorities have found this target difficult to achieve).

CnES had developed a youth justice strategy that was in the process of being formally adopted. A social worker had recently been appointed to focus on youth justice work.

Interface with the children’s hearing system

In 2005-06 33% of requested Initial Assessment Reports (IAR) and Social Background Reports (SBR) to Scottish Children’s Reporters Administration (SCRA) were submitted within the required 20 days.⁴ This is in line with the Scottish average (37%) but still well below the target of achieving 75% completion within 20 days of the date the report was requested. The 2005-06 figure for CnES represents an improvement on 2004-05 (19%).

We observed a meeting between the reporter to the children’s hearings and the children and families service manager where the submission of reports was monitored. They thought that performance would continue to improve because the children and families team was now fully staffed. A factor that made it more difficult for the department to meet the target was the ‘bunching’ of requests for reports.

⁴ Scottish Executive and Scottish Children’s Reporter Administration (July 2006). *Scottish Youth Justice – Performance Report 2003-04 to 2005-06 – Youth Justice Time Standard*.

Education

There are also national targets to improve the educational attainment of young people looked after by local authorities.⁵ Due to the small numbers of looked after young people leaving care in CnES in any given year, they do not feature on published national tables.⁶ There is evidence of young people attaining SCQF level 3 qualifications, including qualifications in English and Maths, and other qualifications. Two young people who had been looked after by CnES are being supported to attend university with assistance from the social work department and the local enterprise company New Future programme. Three looked after young people will graduate from higher or further education in the current academic year.

The Alternative Curriculum of Education (ACE) is a local service for children struggling in mainstream education which includes some looked after children. We found this project to be flexible and innovative both in working to keep young people in school and in providing alternative activities. There was no formal system for measuring outcomes for the young people attending the programme although relevant information was captured at six monthly LAC reviews. We were told that the support it provided had prevented the need for more expensive mainland placements for a number of young people.

Child protection

The Scottish Executive Social Work Statistics for 2004-05 show that 20 children were placed on the child protection register. The statistics also show that a large number of children were de-registered in 2005 (41).

Support services for children and families

A significant proportion of support services for children and families are delivered through a service level agreement with NCH Scotland. As part of this agreement NCH is required to put in place effective monitoring and evaluation systems and to provide annual reports. NCH provides the social work department with information about these services regularly. However this information is more about service outputs than outcomes.

Outcomes for adults who use services

CnES is strongly committed to enabling older adults to live in their own homes and currently around 800 people are helped to do this. This is achieved through home and evening care services, overnight support and a community alarm service – complemented by the NHS and other services. The proportion of older people receiving home care services is 128.1 per 1000 population. This compares with a national figure of 69.9 and a figure for the comparator authorities of 66.8.

5 Ministerial targets set 1999 and re-enforced by HMIE and SWSI (2001) *Learning with care: the education of children looked after away from home by local authorities*.

6 Small numbers are suppressed to preserve confidentiality.

Day care

In 2005-06 the number of day care users over 16 years was 4.9 per 1000 population. This is quite close to the Scottish average of 5.3 per 1000. CnES has identified day care services as an area for development.

Residential care

There are nine care homes for older people with 218 places. Figures from 2004–05 tell us that there were 200 people over 65 living in residential homes, amounting to 37.9 per 1,000 of the population. This figure is similar to the average of comparator authorities (39.2 per 1,000 of the population) and just slightly below national figures (41.1 per 1,000 of the population).⁷ Given that the authority has the highest proportion of older people of any Scottish authority the figures suggest that a greater than average proportion of older people is being supported at home. This is consistent with evidence that the authority provides a significantly higher than average proportion of packages of home care of more than 10 hours.

Free personal care

At March 2005, 73% of those over 65 receiving a home care service were receiving free personal care. This figure is slightly higher than the Scottish average of 68%.

Direct payments

Eight people are using direct payments. Uptake has been relatively slow. There has been a poster and leaflet campaign and some publicity in the press and on the authority's website. The main difficulty has been the lack of independent care provider agencies.

Other adult services

The statistics for 2003-04 showed that 74% of adults with learning disabilities had a personal life plan.⁸ This is much higher than the Scottish average of 24%. Five per cent of adults with learning disabilities had their own tenancies. This is considerably lower than the Scottish average of 26% and is possibly explained by differences in the form of housing tenure in CnES.

We visited a residential home for adults with learning disabilities. It had originally been a 16 bed facility but at the time of the inspection was caring for eight full time residents with two respite beds and one emergency bed. The service also supported three community houses developed as part of a planned programme to assist residents into more independent but supported living and permitting the residential home to focus on people with higher level needs. The staff we met said that outcomes for those service users who had successfully moved into the community had improved significantly.

⁷ http://www.carescotland.org.uk/PerformanceImprovement/Data/2005/CH_sta1.php?authority=235

⁸ http://www.carescotland.org.uk/PerformanceImprovement/Data/2005/CH_sta1.php?authority=235

Opportunities for Training Towards Independence (OFTTI) provided under contract through Lews Castle College and with financial support from the European Social Fund, operates at three sites throughout CnES. It was supporting 75 people with special needs assessing their learning needs and organising access to services on the same basis as other adults in lifelong learning. On Lewis more than half of the 46 trainees had been helped to sustain employment in the open labour market. On Barra there were fewer opportunities. In the Uists it had been difficult to expand the range of employment options beyond a few supportive employers.

Delayed discharges

Performance during 2005 was very poor. Historically the problem has been a shortage of care home places, with existing homes operating at full capacity. The authority's joint local action plan (with NHS Western Isles) for the next two years is focusing on preventing admissions and facilitating early discharge. This is being done by extending the boundaries of one of the existing overnight mobile support service teams and establishing a night nurse post in the community along with developing more robust community based alternatives to hospital admission.

In April 2006 CnES and NHS Western Isles just failed to meet the target of six delays. The main reason was the lack of care home places. With the help of the JIT, progress was being made with more recent management information indicating that three patients had been delayed for more than six weeks.

The file reading

We read 91 files. File readers judged that there had been an improvement in individuals' circumstances in 55 of these cases, and that this improvement was attributable at least in part to an effective social work service in all but 2 of the cases. In 30 cases there had been no improvement in individuals' circumstances. Several factors can work together to contribute to lack of improvement, but file readers judged it was due at least partly to ineffective social work in 22 cases, and at least partly to ineffective collaboration between services in 15 cases.

Evidence from other regulatory bodies

Care Commission reports on the standard of individual care homes are broadly positive. The Commission's report on home care services raises a number of concerns and is referred to in more detail later in this report.

Recommendation 1

As part of an overall approach to quality management, the social work department should introduce processes for systematically collecting and analysing information about service outcomes.

Impact on people who use services and other stakeholders

CnES social work department performed to an adequate standard in this domain – strengths just outweighing weaknesses. We received some very positive feedback from service users both from our survey and during the inspection fieldwork. However some people receiving home care services were not being properly assessed and were not clear about what services they should be receiving. Carers were frequently not offered a needs assessment and some foster carers were not well enough supported.

Impact on people who use our services

Using services

81% of the 44 services users who responded to our survey agreed that their first contact with social work services had been positive. 82% agreed they got a good response during working hours. 70% felt this about out-of-hours services. Although this was a small sample these are encouraging findings, particularly the response in respect of out-of-hours services.

The social work department commissioned a small scale review of home care services from a student on placement,⁹ looking in particular at referral systems. The study surveyed 60 service users. It found that the majority were pleased with the service they were receiving but identified the need for improvements in care planning and in responding to changing circumstances.

Good practice example

An elderly woman told us that she was now very satisfied with the support she was receiving. She had an impressive personalised care package which enabled her to live at home with her family where she wanted to be. It included regular home care, regular respite care in a local care home and suitable equipment in her home that enabled much of the care to be provided at home.

During our fieldwork, service users and their families commented positively on their experiences of residential care homes. Residents from different care homes praised standards of care. A group of residents in one home were very satisfied with the quality of care they received. They appreciated being able to choose their meals and daily activities. They also valued the balance between privacy and social activity that staff fostered.

We also met people using day centre programmes and most were positive about their experiences. They commented in particular on the wide range of activities and enjoyable interaction with other participants and with the staff.

⁹ Campbell, E (2005). Commissioned by CnES – unpublished. *Independent review of home care services: Western Isles.*

Good practice example

A carer whose relative had been attending a particular day centre for several years said that the centre was “*everything she would want for him*” and that the staff were excellent. The centre enabled the service user to meet others and to participate in activities that otherwise would have been unavailable. The carer said that her relative’s progress was regularly reviewed and that she was actively involved in these reviews.

Whilst we met service users who were positive about their experiences of the home care service we met others who raised some concerns. For example one carer told us that both she and her elderly relative were unclear about the roles of the different home care staff coming into her home. She knew this was not unique to her situation as she had contact with other carers and service users.

We encountered some confusion amongst home care staff about the tasks that they could undertake. Whilst a handbook setting out the assistance they could give with bathing was available, home care staff appeared to need more guidance, support and training to understand when it was appropriate and to ensure they had the necessary competences to undertake the task. Help with shopping was another contentious area where more guidance was needed.

We heard from service users that regular reviews of care plans and the re-assessment of changing needs were not always happening as they should. 36% of the service users who responded to our survey disagreed with the statement that there was a meeting at least once a year to discuss and review the services they received.

Almost half of the 40 carers who responded to our survey had not seen or been consulted about a written assessment of the needs of the person they cared for. Carers we spoke to during the fieldwork told us they had not been offered assessments. Fifty per cent of the service users who responded to our survey had not seen a written assessment of their needs.

A number of service users said they were unclear about what to do when they were unhappy with a service or care package. Others said that, in order to receive a satisfactory response to a complaint, they would need to go ‘straight to the top’. Some service users were unclear about the existence of any complaints procedures. When we visited one area social work office we were not able to find any written materials about how to lodge a formal complaint. In our meetings with some service users we observed some reluctance to raise concerns about service quality. One senior manager described this as ‘a culture of stoicism’.

Experiences for children and young people in foster care

Sixteen foster carers were registered by the social work department of whom six were not taking placements at the time of the inspection. We were told that there was a longstanding shortage of foster and respite carers. This was borne out by what we learned from foster carers and staff. A number of foster carers told us that they were repeatedly asked to accommodate more children than they were registered for; that children were staying longer than had been initially discussed and that, despite asking for relief and/or short breaks, this kind of support was often not available until a crisis occurred. Assessing the suitability of potential foster carers in the Uists and Barra was the responsibility of the generic social work team. We learned that there had been substantial delays in carrying out assessments due to the pressures of other work.

We received mixed comments from foster carers about how the authority worked with them. Although some felt they were provided with sufficient information about children in advance of placements, others strongly disagreed. We found instances in the Uists and Barra where foster children and foster carers were being supported by the same social worker. We also encountered some confusion amongst foster carers about who in the local authority was responsible for service arrangements.

Point of note. This evidence suggests the need for the department to rethink the way it organises and delivers its foster care services.

The Care Commission recently undertook a more in-depth inspection of home care services. The Commission's findings are broadly consistent with those reported here. Their report lists seven requirements (enforceable if not acted on) to bring services into line with the current legislative and regulatory framework and six recommendations to improve service standards.¹⁰ We support these findings and recommendations and do not include a specific recommendation about these services here.

Impact on staff

We rated the performance of the department in this domain to be adequate, with strengths just outweighing weaknesses. Most staff expressed and demonstrated high levels of commitment to their work and were confident about the quality of the services their team or section provided. However, several factors were adversely affecting the morale of a significant number of staff. The department needs to develop a more consistent and strategic approach to staff support and development.

¹⁰ Care Commission (2006). Generic Home Care Service.

Motivation and satisfaction

Our staff survey found that 94% of staff enjoyed their work, and there was also a strong positive consensus on some key outcomes for service users such as increased safety and independence and reduced isolation. Consensus across the staff groups dipped significantly on those parts of the survey concerned with aspects of service delivery, operational management and strategic leadership.

Staff survey results

While the total number of respondents to our staff survey was large enough to give reasonable confidence in the overall results, staff groups varied in size (some were very small) and the proportion of respondents from each group differed. Results by staff group should therefore be treated with some caution and are best interpreted alongside other supporting evidence. We found marked differences between staff groups. Taken together with supporting evidence from the fieldwork, these results contributed to our overall finding that the department lacked a strategic and consistent approach to staff support and development.

Whilst 92% of managers (11 out of 12 respondents) felt that the service offered by their team had improved over the last year, only 20% of fieldworkers (2 out of 10 respondents) and 33% of home care staff (5 out of 15 respondents) believed this to be the case. These two groups of staff were consistently less positive than residential and day care staff on the two key motivators of feeling well-equipped and well-informed to do the job and being able to do the latter within contracted hours.

The survey and fieldwork findings suggested concerns in a number of areas. 36% of fieldwork staff (4 respondents) agreed that their workload was usually manageable within normal working hours, while 45% (5 respondents) strongly disagreed. There was no workload management system in use across the department, although there were prioritisation frameworks and screening procedures for access to some services.

Workers from different teams told us of the difficulties of managing workloads within contracted hours. They said that workload pressures could be exacerbated by having to deal with the conflicting priorities arising from responding to duty calls and high priority work within a normal caseload. On several occasions we heard from partner agency colleagues that social workers appeared over-burdened. This evidence points up the need for the department to review how staff workloads are managed.

Senior staff from home care and from residential and day services spoke of the increased complexity of their role, increasing administrative demands and the lack of sufficient administrative support. This last issue was a source of complaint and frustration throughout the department, including the directorate.

The majority of home carers had no means of regulating their workload or their income as they were on zero hours contracts.¹¹ If they had been regularly supporting a service user who was then hospitalised or no longer required the service they lost this income with no assurance that their home care organiser would identify alternative support hours. Home carers reported spending longer than the time paid for to carry out the tasks they were contracted to do and doing extra tasks. They said they were not always deployed efficiently. We were also told that home carers could be assigned to a service user with minimal or inadequate information and that they were not involved in any annual reviews of service users' needs.

The department is committed to implementing a number of changes to the home care service following the review of the service by Glasgow University,¹² including a pilot of minimum hours contracts on Lewis.

Staff development and opportunities for continuous professional development

This was another field where the range of staff responses showed inconsistencies between staff groups in planning and funding development opportunities. Senior management recognised that residential staff had benefited from more opportunities than home care staff.

Residential and day care services staff (mainly undertaking SVQs) were the groups most satisfied with their professional development opportunities. Residential services and day care for older people and other adults was the only section of the department with a dedicated training officer. We also heard of some inter-disciplinary training opportunities that had helped residential and day care staff to work with service users presenting an increasing range of needs.

Good practice example

An enthusiastic group of occupational therapists hosted a Northern Gathering of colleagues from across the north of Scotland. This two-day event included presentations from national figures in the field across a range of issues, as well as a carer's perspective. This was a fine example of a self-generated development opportunity that avoided the need to go 'off-island'.

Fieldwork staff were least satisfied with available/planned opportunities for training and continuous professional development, although child care staff said that training had improved significantly since the 2005 SWIA child care inspection. None of the fieldwork staff had had an annual appraisal. This lack of focus on individual staff development needs together with the lack of an over-arching training strategy constituted significant gaps. Introducing revised and more formalised supervision arrangements should feed into an annual appraisal for in-house staff. The department must also consider how to address the support and development needs of other groups such as home carers and foster carers.

¹¹ Hours can vary from zero to the maximum permitted and be intermittent rather than regular.

¹² Glasgow University (2005). *Comhairle nan Eilean Siar home care service review*.

Staff ownership of vision, policy and strategy

The self-evaluation questionnaire argued that business planning processes were becoming more staff inclusive and that this would result in staff being more aware of policy and strategy. This was a more positive self assessment than the one included in the internal Best Value review of 2005, which noted that communication with staff was an area to be improved on as “current practice is variable”. We thought this latter assessment was more accurate. We found better communication between managers and staff in some service areas than in others.

Our survey results showed that 50% of staff were aware of the local authority’s vision for social work, whilst 62% of staff agreed that senior management communicated well. Fieldwork staff were the least convinced on both counts.

In the majority of our meetings with main grade staff and front-line managers we found that they felt disengaged from the processes of planning and decision-making. Day care and residential services staff were the exceptions. They considered senior managers to be highly accessible. There was also an effective strategy for cascading information through twice-yearly meetings with senior operational staff.

This contrasted with the experience of most of the home care staff we spoke to who were aware that significant changes were likely but had not been given information about what was planned or had a chance to discuss possible implications.

Recommendation 2

The social work department should introduce systems for workload management.

Recommendation 3

The social work department should introduce more effective ways of consulting staff about strategic and operational planning issues relevant to their areas of work.

Impact on the community

We judged performance to be good in this domain with important strengths and some areas for improvement. The social work department is working hard to involve the community in planning and delivering social work services. Local groups and voluntary organisations provide vital services and are well represented in a range of planning forums. More could be done to support local people to cope with the responsibilities involved in performing vital functions as foster carers and home carers.

Community perception, understanding and involvement

The social work department has offices in each of the islands groupings and video-links are available. These can be made accessible to members of the community and have, for example, been used to enable contact between a mother and child during a period of hospitalisation.

The social work department supports financially over 20 community day clubs and self-organising groups. It has consulted local groups and individual service users about the development and redevelopment of residential and day care facilities and older people's services.

There is a ratio of one elected member to around 800 constituents. This fosters a strong tie between local members and local community interests. The scale and structure of the local authority means that elected members and senior officers are readily accessible and members of the public have a high degree of direct access to them.

Community planning processes identify a role for social work in promoting community wellbeing and local voluntary sector organisations are well represented in the Community Wellbeing Forum.

There are other formal structures for engaging with the community. The Education and Children's Services Committee has religious representation. The Fostering/Adoption/Permanency Panel draws membership from across the islands, including adoptive parents.

The social work department has promoted local voluntary sector service developments, for example, day care and home-based respite services provided by Crossroads and Alzheimer's Scotland. Two locality groups have been established, one on the West Side of Lewis, the other in Uist as part of community health partnership planning processes. A third is currently being brought together in Lochs, Lewis.

The inspection fieldwork provided a number of examples of good practice. OFTTI in Barra was well integrated with the community and supported by the community, the social work department and local volunteers. The project had experienced some success as a horticultural nursery and consideration was being given to turning it into a social firm. The Trianaid Care Home was seen very much as part of the community and local volunteers were actively fundraising. Two care homes and a day centre had constructive links with the Arts Centre at Lochmaddy which encouraged service users to attend and to take part in arts and crafts work.

CnES is strongly committed to the active use of the Gaelic language. If a child or parent requires or requests to communicate in Gaelic their needs can be met. The depute director and the child protection coordinator are regular contributors to Gaelic media.

Impact on other stakeholders

Social work works together with other local authority services, the health service, the police and a range of voluntary organisations. These organisations' experience of social work and its contribution and impact are important indicators of performance.

We comment elsewhere on the quality of those processes that shape these experiences. These include the social work role in and contribution to partnership planning and joint working, information sharing, and the commissioning of services.

CnES supports a network of Citizen's Advice Bureaux with separate bureaux in Barra, Uist, Harris and Lewis. These form an important part of the CnES strategy for providing information about social work and other services. Our contact with elected members and service user groups suggested a high level of public awareness of the contribution of social work services, particularly residential and home care services.

The social work department engages with Community Councils (usually on request) and sees the continued development of locality groups under the Community Health Partnership scheme as a way of strengthening the part communities play in the development and delivery of health and social care services.

Community capacity

Small communities offer considerable scope for working with people to harness their capacity for resourcefulness and care. We found examples of local community driven social care initiatives that the social work department had fostered. For example:

- the post of domestic abuse coordinator was developed following a community-based study that identified the need to raise community awareness about domestic abuse as part of a strategy to reduce incidence and to respond as necessary;
- a development worker worked with a local community to take over and manage a community room at a local sheltered housing unit.

Drawing on volunteers is another way of harnessing community resources and we found examples of voluntary organisations making extensive use of volunteers.

Although foster carers and home carers do not volunteer, they do reflect the capacity of the community to provide care and support to others. Fostering in a small community presents particular challenges because of its high visibility and the capacity of the community to absorb additional members. Both groups face challenges to preserve privacy and maintain confidentiality. In both instances carers' training and support needs had been identified but still required to be fully addressed.

Delivery of key processes

We found the social work department to be performing to a weak standard in this domain. Whilst there were examples of good practice in partnership and multi-disciplinary working, we found evidence of important weaknesses in assessment and case management. Key processes in respect of work with looked after children had improved since the 2005 SWIA child care inspection but there were still significant gaps. Better policies and practices for work with vulnerable adults and risk assessment generally were urgently needed. Case records were not kept to a consistent, acceptable standard.

Access to services

Information about services

The social work department's self evaluation acknowledged that the information they provided about services was insufficient and said the area required development. They commented that there was nevertheless a high level of public knowledge of certain services, particularly home care, residential care and children's services.

Our survey showed that the majority of service users were able to access information about the services they needed. However some survey returns and comments from service users during the fieldwork suggested that clearer, more accessible information should be made available. One service user observed:

“My dealings with social services have been very good, but more advertising of the services available and where and how to apply is needed. My information of what was available for my needs came from my friends. Once I contacted CnES, they were very helpful.”

Duty services

Arrangements for duty cover varied. In Stornoway the children and families team (based at headquarters) operated a five day per week duty system and the community care team a three day per week system. It was not considered practicable to have a duty system in the Uists and Barra (all staff had mobile phones). We encountered some frustration from organisations wanting to contact social work services who said that this could be difficult.

Out-of-hours services

There were two out-of-hours services – one for Lewis and Harris and the other for the Uists and Barra. Members of the day teams rotated through an on-call schedule to provide the service and there was a social work management rota to support front line staff. The service was accessed via the community alarm service (Faire) switchboard and offered direct and immediate access to a trained operator. Faire deals with the management of the home care workforce out of hours. This arrangement, together with a contribution from the voluntary sector, helps to facilitate access to a range of carers willing to be called out at short notice in emergencies.

Children and families services

There were no waiting lists for local authority delivered children and families services and no unallocated cases at the time of the inspection. This had been made possible by the recent appointment of new staff and the position twelve months ago was very different. There was however a waiting list for the respite care services provided by NCH (see below) because the authority had been making more referrals than the funding agreement provides for.

The majority of children's support services for Lewis and Harris are provided by NCH Scotland through a service level agreement.

- Sure Start – works with very young children and their families to promote a positive start in their lives;
- Child and Family Support – offers family support and occasional group work to address a variety of needs and problems. These include behavioural difficulties, delinquency and school non attendance;
- Assessment and Therapy – a therapeutic service to children with special needs and their families;
- Pathways provides a through-care and aftercare service, including a supported lodging service, for young people who have been looked after and who are moving towards independence;
- Respite Care provides residential and outreach respite care for children with disabilities;
- Hillcrest offers residential care and support to up to five vulnerable young people with one place reserved for children with complex needs. It is located in Stornoway and is the only residential care home on the islands; and
- Another Step Forward provides a rapid response service for situations where a child or young person has offended, is at risk offending or is affected by domestic violence.

Cases are referred to NCH via the children & families team leader. The residential unit accommodates children and young people with a wide range of needs and behaviours. The tensions between trying to ensure a planned approach to care provision and responding to specific contingencies has been the subject of ongoing discussions between the two agencies.

Until recently, NCH also operated some services in the Uists and Barra. NCH and the local authority agreed to transfer this resource and the staff member now works as a member of the generic local authority team. The reason for the transfer was to improve arrangements for management oversight and support. The post is intended to have a clear focus on children and families work.

Adult services

A JPIAF (Joint Performance Information & Assessment Framework) return was submitted for 2004-05 but this was three months late. Considerable effort went into the return for this year, submitted a week early. The recent Scottish Executive evaluation assessed the partnership as showing 'steady progress', an improvement from the previous year. It recognised that direct access to resources across health and social care was still underdeveloped. One reason for this was the relatively infrequent use of single shared assessments.

The authority, with NHS Western Isles, has introduced a number of initiatives to improve service access and response times. These include:

- the mobile overnight support service (available to 57 service users from a number of client groups). The service covers a geographical area with 70% of the islands' population;
- the FAST budget which enable practitioners to access additional funding for extra care/support in an emergency to enable a person to remain at home;
- the Community Alarm Service (Faire) which provides a link for 720 people across all client groups. The service normally accepts and acts on direct referrals within two days.

The authority was piloting an overnight community nursing service that could be directly accessed by health and social work staff.

The local authority contracted with the health service to provide occupational therapy services. Access to this service was prioritised and there were waiting lists.

The voluntary sector organisation providing substance misuse services reported that it was able to cope with the volume of referrals it received and to offer a prompt assessment interview.

Over the last five years the Uists and Barra had benefited from significant capital investment including the redevelopment of one of the three care homes in the area and the replacement of another. This expenditure constituted 84% of the capital available for specific building projects across the islands. Per capita spending on some aspects of carer support was substantially higher than in Lewis and Harris. Nevertheless we encountered the view that services in the Uists and Barra were under-resourced in comparison with those in Harris and Lewis. This may be understood in the context of historically low levels of expenditure. The issue may therefore be one of perception that should be addressed by improved communication.

Good practice example

The community alarm system – Faire – is an excellent example of a simple, flexible service. It can be easily accessed without complicated assessments. It is designed to help people to continue to live in isolated circumstances. The electronic alarm system enables people to make personal contact with a staff member quickly. It has a diverse range of applications and the potential for more. It is well run by experienced and knowledgeable staff.

Day-to-day planning and resource allocation

Children and families services

All new referrals go to a case allocation meeting each week. Staff also meet with colleagues from education and NCH for the purposes of planning and case discussion. Workload management features in the new supervision policy but is not well established. Some practitioners felt that there was a lack of clear policies and procedures for allocating work. Systems did not provide baseline information on referral, assessment and service provision timescales. The department hoped this would eventually be achieved through the introduction of OLM.

Adult services

The department prioritises access to the home care service, distinguishing between high, medium and low priority. For financial reasons, only those identified as a high priority (that is if circumstances identify the individual to be at serious risk in their daily life) are offered a service. Because of the budget implications, this decision must be approved by the community care team leader and, if the service required is greater than the equivalent cost of the care home place, by the director or his depute.

Members of a local carers, users and supporters network told us they had repeatedly questioned why people assessed to be in need of a service (categories two and three) did not receive one. The director said that the priority system was the only way to allocate resources within budget limits.

Admissions to care homes were made within a prioritisation and pathway planning framework.

Workloads

There was some evidence from our survey and fieldwork that some staff were finding their workloads difficult to manage within contracted hours.

Allocating work in the generic team serving the Uists and Barra presented particular challenges. Staff told us that child protection cases almost always took precedence, leaving less time for other work. We found instances where important tasks, for example assessing the suitability of potential foster carers, were not being carried out timeously.

Assessment and case management

The file reading

The information contained in files is an essential component of assessment and case management and constitutes a record of key processes. We read a total of 91 case files (50 adult services and 41 children and families). The overall standard showed substantial room for improvement. Children and families files were better than adult services files but neither reached an acceptable standard. Some main findings were:

- Relevant information was easy to access in 57% of the files read. There were gaps in recording in 58% of files. Only 25% contained a clear chronology of events;
- There was no care plan in 56% of cases. The quality of the most recent assessment on file was variable (44% good or better, 42% adequate, 13% weak or unsatisfactory);
- It was not clear which agencies and key staff were involved in 42% of cases. There was no evidence of recording of decision making and review meetings in 53% of cases. Action points were not recorded in 54% of cases;
- There was no up-to-date risk assessment in 70% of cases; concerns regarding abuse and neglect had not been dealt with according to procedures in 50% of cases;
- There was little evidence of scrutiny by line managers and very few carer assessments;
- There was evidence that relevant information was shared with service users in 76% of cases.

The format the social work department used for keeping records was not, in our view, fit for its purpose and was contributing to the weak standard of recording. The arrangements for administrative support were also a contributory factor.

Children and families services

All looked after children should have an up-to-date assessment and related care plan and their cases should be regularly reviewed. The file reading showed that this was not routinely happening. Managers were taking steps to improve performance which was better than at the point of the 2005 SWIA child care inspection but there was still some way to go. Practitioners were not yet using any recognised standard assessment framework.

NCH had their own system of assessment and recording. This did not link with social work department records and there was some duplication in what was recorded.

In forums where decisions are taken that affect children's lives those involved must be able to exercise independent judgements. The department had contracted with the British Association for Adoption and Fostering (BAAF) to provide an independent chair for the adoption and fostering panel. The 2005 SWIA Childcare Inspection recommended that CnES should make sure that reviews of looked after children are not chaired by the first line manager of the social worker responsible for the case. These are currently chaired by the depute director, the children's services manager or the children and families team leader. This arrangement is an improvement on previous practice but we are not convinced that the children and families team leader is sufficiently distanced from the day-to-day management of individual cases to exercise the necessary independent judgement. Child protection meetings are chaired by the children's services manager or the child protection development officer. Providing independent or 'arm's-length' chairs can present logistical difficulties in the Uists and Barra when the individual involved had to travel from Lewis and we witnessed one occasion when it proved impossible for a child protection meeting.

Point of note. Looked after children reviews should be chaired by the children's services manager or depute director whenever possible.

Adult services

Whilst the scope of home care services was imaginative and ambitious there were some well documented problems with aspects of its delivery. We have already touched on the slow progress in introducing single shared assessments. There was some duplication of assessments and staff in different agencies were not always clear about who did what. There was also a need, as the file reading showed, to improve care planning and review. The practice of leaving care plans in the service user's home so that they were available to other professionals was not well established.

There is no doubt that the service needs increased management attention. Home care organiser posts were overloaded and organisers had insufficient time to cover the full range of their work. Some staff were unclear about their responsibilities. Home carers needed better access to training and improved contracts. The social work department had recognised these challenges and given them priority in its business plan. Two assistant area home care posts had been established and work had been undertaken to specify more clearly the responsibilities of local managers for work allocation, staff support, training and quality assurance.

There was more evidence of systematic care planning and review in care homes and day centre services.

Risk management and accountability

Risk assessment

There was a lack of consistency in the way risk was assessed and managed, arising from a general lack of written policies and procedures.

Managers in children's services said they expected that the Department of Health assessment framework¹³ was being used in more complex or high-risk cases. However, a senior manager acknowledged that this did not always happen. This was confirmed in our discussion with social workers who told us that they were not routinely using any recognised model of risk assessment in their work.

We were very concerned to find that one of the two child protection files we read as part of the analysis of case files did not contain an up-to-date risk assessment.

In adult services, we found a lack of policies and procedures relating to risk assessment. A group of home care organisers on one of the islands expressed their concern about inadequate assessment procedures and an over-reliance on the 'common sense' of home care staff to report any concerns. One group of social workers told us that risk assessment was '... carried out continuously ... but may not be recorded'.

Overall, the file reading revealed that in the 40 cases where there were issues relating to the protection of the person using services, only 30% had an up-to-date risk assessment. The potential consequences of this finding are very serious, and require immediate and significant improvement.

Risk management

The file reading revealed some serious concerns in this area of practice. In the 28 cases where there were issues relating to the protection of the person using services and where it would have been appropriate to have a risk management plan, only 29% of cases had an up-to-date one.

¹³ http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008144&chk=CwTP%2Bc

Information sharing

We received information about and attended a multi-agency information sharing meeting. Meetings were held monthly, attended by representatives from social work, housing, police and education. We looked at minutes of meetings from the previous 12 months which provided brief updates on a number of individuals and families. We had some concerns regarding this meeting.

- There was no agreed protocol underpinning the meetings;
- The information shared was largely anecdotal and was not always up-to-date;
- The criteria for sharing information was not very clear;
- People who used services were not aware that this level/ range of consultation was taking place. We raised this with the chair of the meeting, who recognised that there might be some issues of confidentiality in the current arrangements; and
- It was unclear how information derived from these meetings was communicated to front line staff, and whether it should be recorded on the case file.

Point of note. Whilst recognising the need to share information, sometimes without the knowledge or permission of people who use services, we consider that the role, status and conduct of this meeting should be reviewed.

Child Protection

The 2005 SWIA child care inspection identified important shortfalls in child protection policy and practice. The report contained 31 recommendations which included 5 specifically for CnES. Steps designed to improve practice were set out in an action plan CnES submitted to the Minister for Education in November 2005. SWIA is monitoring progress in implementing the action plan and will conduct a formal follow up.

This inspection established that some progress was being made. A chief officer strategic group and a lead officer committee had been established. New guidelines on child protection had been developed and subsequently launched in each of the island areas. There were improvements in the way the Child Protection Committee functioned, helped by the appointment of an administrator who worked to the child protection co-ordinator.

We discovered a possible weakness in the distribution of important child protection information. The lead nurse with responsibility for child protection told us about her new post, created in 2005, and her role in relation to the recommendations arising from the 2005 SWIA child care inspection. She did not routinely attend all child protection case conferences but should have been receiving minutes. She said that these had not always been reaching her although we were assured by the department that they had been sent. She had also asked to be routinely informed of all those children who had been registered or de-registered. This information was contained in the minute of the meeting but she had understood that it would be sent separately. Despite this, she reported a positive relationship with front line social workers and said that there was a real motivation and willingness to work together.

The education department had established a vulnerable children database containing around 18% of children aged up to 16 including those with drug or alcohol abusing parents. This information was updated weekly.

Protection of vulnerable adults

Only one out of the three designated vulnerable adults files we looked at in the case file analysis contained an up-to-date risk assessment. In addition, file readers identified a further 10 files where there were current concerns regarding the protection of the person using services. Only 2 out of these 10 files contained an up-to-date risk assessment. This served to underline the lack of policy, procedure and awareness regarding the protection of vulnerable adults.

Whilst the department had an existing vulnerable adults policy, this did not have the necessary inter-agency dimension. This had been raised as an area of weakness in a council audit of best value and community planning, reporting in December 2005. At the same time, an audit was carried out by the Scottish Consortium for Learning Disability (SCLD). This focused on the protection of vulnerable adults, and was intended ‘... to help in the process of identifying and prioritising areas for development in joint work on the protection of vulnerable adults’.

This matter had subsequently been referred to the inter-agency learning disability partnership to establish a focused plan for development. At the time of the inspection, a revised draft inter-agency policy was in circulation but there was no firm timetable for implementation.

We found a lack of awareness on the part of front line staff in relation to vulnerable adults. A group of social workers from one of the islands were not only unaware as to whether there was a vulnerable adults policy, but also seemed uncertain about the concept of a vulnerable adult. This was reflected in the staff survey, where only one out of six adult care social workers agreed with the statement that there were clear guidelines to follow when dealing with risk to or from people who use services.

Partnership with people who use services and their carers

The social work department self evaluation questionnaire stated that ‘the involvement of users and carers in their personal service planning is well established through assessment and care management arrangements’. Generally, we found this to be the case – although it was due more to the conscientious efforts of individual members of staff than to a coherent assessment and care management model.

From the file reading, there was evidence of sharing of information with individuals, and their views being taken into account in around three quarters of the files analysed. Furthermore, from the survey of people who use services, most people agreed that they were treated with dignity and respect, implying a sense of partnership with social work services. In addition, 80% of people agreed that they had been fully involved in deciding what help they should receive. In general, our necessarily limited observation of practice with people who use services supported this positive view.

For example, foster carers we spoke to appreciated receiving reports for child care reviews in advance of the meeting, facilitating both their own participation and that of the children and young people involved. There was a more mixed account given in relation to receipt of information on children either before or at the point of placement.

We found similar examples in relation to adult services. People with learning disabilities, physical disabilities and mental health problems using the services of OFTTI were generally positive about partnership working with staff. They experienced regular planning meetings that brought them together with staff and volunteers. The services offered by Penumbra for people with mental health problems in Stornoway were also characterised by high levels of involvement on the part of people who use services.

Others, however, were more critical of the performance of social work services in this area. More than one voluntary organisation providing services to older people stated that, in their experience, people using services were not consistently involved in care planning. One organisation went on to state that carers were often not offered assessments of their own needs (a finding supported by our survey activity), nor were they routinely invited to care planning meetings or advised of any right to be included.

Inclusion, equity and fairness in service delivery

Language

There were no concerns regarding the position of the Gaelic language in service delivery. The importance of the language was clear. A substantial proportion of staff in residential homes were able to speak in Gaelic. From our direct observation of both residential and day services for older people, both languages were spoken, with no evident difficulty experienced by English or Gaelic speakers.

Despite there being no explicit policy on language, the social work department recognised the importance of front line services – out-of-hours and community alarm services in particular – having a predominantly Gaelic speaking staff group. For example it was important in circumstances where older people with Gaelic as a first language were in severe distress or danger.

Equity and fairness

The CnES self evaluation questionnaire stated that...*“In the Western Isles, there is generally very little evidence of ‘post-code’ inequalities, of geographical areas that might be identified specifically with disadvantaged groups”*. The self evaluation went on to say that some elements of special support could not be based throughout the islands, due either to cost or to the availability of particular specialist service or expertise – for example, intensive communication support to the hearing impaired. These are examples of the points made in chapter 2 about delivering services in remote and rural areas.

Independent advocacy

Advocacy Western Isles (AWI) was established in 2003, and from the outset has been funded by both NHS Western Isles and CnES.

According to the draft integrated children’s services plan, AWI had been established *‘... to provide a generic advocacy service but will initially target certain priority groups and this will include children with special needs’*. Recently, a post for children’s advocacy had been announced, funded for three years and filling a significant gap in this type of service.

In relation to the Mental Health (Care and Treatment)(Scotland) Act 2003, the joint local implementation plan (JLIP) identified an additional £20,000 per annum (recurring) from CnES and NHS Western Isles to address increased demand for advocacy services. However, the JLIP did not specify how this money was to be allocated.

Complaints

The case file reading provided information on the handling of four formal complaints (in relation to one child and three adults). Two out of three adult cases were responded to correctly. The children and families complaint was not dealt with appropriately.

Multi-disciplinary working

We came across several examples of effective multi-disciplinary working throughout the Western Isles at service delivery level:

- Home care organisers on Lewis described particularly good working relationships with GPs and voluntary organisations (Crossroads and Alzheimer's Scotland);
- A homelessness network, held quarterly in Stornoway, was said to be a useful forum. It was made up of representatives from housing, education, health and social work services, along with a number of voluntary organisations;
- The Uist hospital pre-discharge meeting;
- All social work staff we met were very positive about working relationships with the police;

We heard positive comments from a number of sources about multi-agency and multi-disciplinary work in relation to alcohol and drug services.

Good practice example

The Uists and Benbecula pre-school assessment team (Pre-Scat) is a multi-disciplinary, inter-agency group. The team offers '*... care to children with special needs which is co-ordinated, monitored, planned and adapted, according to the level of need of each individual child*'.¹⁴ We found evidence of the team planning its activities, evaluating its performance and providing effective services to children and families.

A number of tensions were also evident, largely due to an absence of policies, procedures and inter-agency protocols and a seeming over-reliance on oral communication. Examples included:

- children and families social work and schools – one social work manager described problems emerging from unfulfilled expectations both on the part of education and social work;
- some communication difficulties between NCH residential care staff and local authority social workers;
- a voluntary organisation on one of the islands described a lack of clarity regarding the roles and responsibilities of home carers;
- tension surrounding the implementation of single shared assessment in one multi-disciplinary forum we observed.

¹⁴ Pre-Scat annual report, 2003-2004

Our staff survey showed that 36% of front line social workers (4 out of 11 respondents) agreed that there were good working relationships with education (27% disagreed, 3 out of 11 respondents); the remainder did not express an opinion. Overall, findings across all staff groups regarding working relationships with housing and health colleagues were positive:

- 70% agreed that there were good relationships with housing (2% disagreeing; the remainder expressing no opinion);
- 78% agreed that there were good relationships with health (6% disagreeing; the remainder expressing no opinion).

Recommendation 4

The social work department should provide up-to-date and readily accessible information for service users on what services are available and how to access them.

Recommendation 5

The social work department should urgently review the organisation and format of its case files including links between electronic and paper files.

Recommendation 6

The social work department should introduce risk assessment and risk management policies and procedures as a matter of urgency.

Recommendation 7

The social work department and its partners should urgently agree a joint policy on the protection of vulnerable adults. In parallel, a complementary set of procedures for health, police and social work staff should be put in place. Implementation should include a multi-disciplinary training programme.

CHAPTER 6

Management

We judged performance in this domain to be weak. Improvements are needed in both strategic and service planning. Planning with partner agencies should be more purposeful. The social work department needs to improve its capacity to develop, implement and review policy. Staff need clearer guidance in respect of key areas of practice. Quality assurance systems should be developed. Ways should be found to progress the joint future and integrated children's services agendas.

This chapter looks in turn at three main areas for evaluation:

- Policy and service development; planning and performance management;
- Management and support of staff; and
- Resources and capacity building.

Policy and service development, planning and performance management

Strategic Planning

CnES has a community plan (2004-2007)) and has established a community planning partnership with four partnership forums. The social work department is represented in the community wellbeing forum of the partnership which issues newsletters and meets regularly for members to exchange information.

CnES also has a corporate strategy (2004-2007). This sets broad priorities for action. Those most related to social work are contained within the sections on community wellbeing and providing best value. The best value section gives high priority to continually improving standards of service delivery, achieving national targets and performance monitoring and reporting.

There is a draft integrated children's services plan. The CnES and NHS Western Isles have not yet been able to agree a joint community care plan.

There was some evidence of a lack of forward planning in respect of accommodation that became vacant as a consequence of improved home care services. The social work department had commissioned work (with assistance from the JIT) to address this issue.

The main planning documents for social work services are the business plans approved by the Social Work Committee (community care and criminal justice services) and education and Children's Services Committee (children and families services). They provide service headlines and identify strengths, weaknesses, gaps, pressures and risks. They list departmental targets and objectives and some specific service targets for the period 2006-2009 along with approaches to measurement. They also list some service development/improvement targets.

There are no specific service plans that flow from the two business plans. The head of residential services prepares an annual plan for each care home.

Plans for social work services do not yet sit within any wider community planning framework encompassing education, health and other services. The lack of this wider strategic framework affects the delivery of co-ordinated services on the ground and makes the preparation of more specific service plans more difficult. Staff commented on this and the staff questionnaire showed that fieldwork staff in particular felt that they were not working to a clear set of local priorities.

Partnership planning

The department works with other organisations in a number of planning and service development/ review forums.

Some examples of the work of these groups include:

- a 'partnership in practice agreement' and related action plan between NHS Western Isles and CnES in respect of services for people with learning disabilities (2005);
- a joint strategy for the development of services for people with dementia and their carers;
- a joint local implementation plan in respect of the Mental Health (Care and Treatment) (Scotland) Act 2003;
- an action plan for services addressing drug, alcohol and smoking problems;
- best value reviews in specific service areas.

There was evidence of some effective partnership planning. However our observations of meetings and discussion with stakeholders raised a number of concerns. The manager and staff of a supported training/employment service expressed frustration about delays in concluding a best value review and a lack of direct communication with the social work department. There was uncertainty about the remit and function of the Mental Health Partnership which was variously described as having planning and information sharing functions. Our observation of one of their meetings suggested a lack of focus.

Point of note. The social work department and other organisations working with it in partnership planning groups should ensure that these groups have clear remits and timetables and that group members know what authority they carry to represent their respective organisations.

Voluntary organisations are invited to participate in the Community Care Forum which offers the opportunity for consultation on service planning and development. Some voluntary organisations providing home care services said that, outside this forum, they had very little individual contact with the local authority or NHS Western Isles to jointly plan and develop services. They thought this could lead to duplication and gaps in services. They had also experienced delays in being notified of their annual grant which they said had made forward planning more difficult. The departmental position was that budgets were confirmed as soon as the Council set them and that organisations were advised to plan up to that point on the basis of no growth.

The social work department has a long term partnership agreement with NCH that was negotiated in 1997 and runs until 2017. This aims to ‘minimise the need to support children in mainland placements and strengthen access to a national base of excellence’. NCH provides the authority with annual information updates in respect of the services it provides. The department had initiated a review of the use of the residential facility which would require a wider look at related community services. There had also been a review of the Pathways Project for care leavers with a view to developing a supported lodging project. The partnership agreement and related service level agreement had not been reviewed since its inception and was out of date. We think this should be revisited and updated.

External assistance

The social work department had requested or commissioned a number of organisations to assist policy development and review. The JIT was helping to improve partnership working. SCLD carried out a service audit to help revise inter-agency policies and guidelines for protecting vulnerable adults. Glasgow University completed a detailed study of home care services. Consultants had been engaged to help with permanency planning for looked after children and to help develop a comprehensive older people’s strategy. Glasgow Caledonian University had been commissioned to undertake a study of children on the child protection register and related decision-making. SIRCC (the Scottish Institute for Residential Child Care) had been asked to assist the department and NCH to review the use of the residential unit and wider issues related to providing services for children and young people.

This list (not exhaustive) shows that the department is prepared to invite, work with, and be open to the scrutiny of other organisations to develop its policies and services. There had been some positive examples of collaboration, particularly in the field of residential and day care where consultants had assisted the planning and development of substantial capital projects in South Uist and Lewis.

The number of organisations involved raised the question of why more of this work was not being done in house? It also raised the question as to whether it was judicious to involve such a wide range of organisations to undertake core social work business rather than to use them when they required specialist or independent support. There was also the task of taking forward consultants’ findings and recommendations. This could be slow. For example work to develop inter-agency guidance on protecting vulnerable adults was incomplete and the department had only recently taken the first steps to implement recommendations from the Glasgow University study completed in January 2005.¹⁵

We have flagged the issue of management capacity at other points in this report and recognise that small authorities have fewer resources with which to respond to the same range of initiatives and concerns as larger authorities. We think nevertheless that the social work department should be building its capacity to undertake more of this work ‘in house’ and that managers should be giving more attention to follow through.

¹⁵ Glasgow University (2005). *Comhairle nan Eilean Siar home care service review*.

Policies and guidance for staff

The availability of specific guidance for staff on policies and procedures varied. There had been recent initiatives to revise inter-agency child protection procedures and issue guidance on staff supervision (Jan 2006). Guidance for staff working in residential homes and day care centres was well developed. However the senior management team acknowledged the lack of guidance for staff on policies and procedures in a number of important areas. These included:

- throughcare and aftercare services for children leaving care;
- vulnerable adults;
- youth justice;
- an integrated assessment framework for work with children and families.

Draft guidance on fostering and adoption (dating back to 1999) was in the process of being finalised. Work was in hand to complete a mental health procedures manual, a youth justice strategy and vulnerable adults guidance. Some of this work had been going on for a long time.

Staff commented on the lack of 'proper systems' and of the difficulty of getting them to work across the islands.

Developing integrated services

CnES created the Education and Children's Services Committee in 2003 establishing a Member Officer Working Group to take the integrated children's services agenda forward. The chief executive was considering a report from this group as part of his wider review of departmental responsibilities and structures. There is a draft integrated children's services plan.

Working together with NHS Western Isles on the joint future agenda had been challenging. In April 2005, CnES and the Board invited the JIT to work with them on a number of areas including joint governance and service redesign to address service pressures and performance management. The aim of developing an integrated Community Health and Social Care Partnership is one that the Partnership aspires to but had proved difficult to take forward. A draft Community Health Partnership scheme had been drawn up to meet the basic requirements of Ministers. The JIT continues to work with the two bodies.

The question of how best to deliver more integrated services was receiving considerable attention at officer and member level. There was no clear path towards ways of organising services and deploying staff across health, education and social work to deliver greater synergy. The director of social work thought that any structural integration of children's services with education would need to operate in conjunction with an agenda to deliver more integrated community care services with health. Particularly in the Uists and Barra, the current model (generic) of delivering local authority social care and children's services would no longer be viable if parts of this service were integrated with either health or children's services. He was also concerned about the viability of the authority's out-of-hours service across the islands. In the absence of these structural frameworks he argued that a measure of integration was achieved via the single management of jointly funded services, particularly in the residential and day care field.

Councillors and managers themselves recognised the slow progress being made to take forward more integrated planning and service delivery across social work, health and education.

Range and quality of services

The network of home care, day care, and residential services, along with evening care, mobile overnight support, and a number of sheltered housing and care units was extensive and flexible.

The options for children and young people the department provided together with NCH, the education department and health service offered elements of a comprehensive strategy. The department recognised the need for more foster placements and identified gaps in clinical psychological and mental health services for adolescents.

Issues of scale and geography are challenges in providing a full range of services and, in particular, in catering for service users with complex needs requiring intensive packages of care. Over the years the social work department had been able to provide services that had enabled more people with complex needs to be supported in their own communities. These included some adults with serious learning disabilities, children with special care needs and adults with mental health support needs. Certain specialist services were still provided off-island, frequently at very high cost. The department was considering how to reduce this number in partnership with Crossreach. Recruiting, training and retaining staff for small scale intensive support arrangements constituted a major challenge.

The adult services manager undertook a piece of work to look at the future needs of a group of adults who were cared for by older carers who could not be expected to care for them for much longer. He thought there was significant under reporting of future needs. Several other staff commented that islanders tended to under report needs because of the long tradition of informal community support and self-reliance. The designated priority categories in home care service assessments offered opportunities to assess unmet needs. When fully introduced, the OLM Carefirst system should assist in the wider quantification of unmet need.

Consulting staff

Social work managers consulted staff in a number of ways. The residential services manager convened twice yearly planning meetings with care home managers. The adult services manager was reviewing day centre services in the Uists and Barra with his staff. Team meetings were used to share information and discuss developments. However the department did not appear to have any means of regularly communicating with all their staff about policy and service developments and we found a significant number of instances where staff felt they had been insufficiently consulted/informed.

Consulting service users

There was evidence that service users had been able to influence service developments, for example in the planning of capital projects in South Uist and Lewis. The social work department had initiated surveys of service user views in the field home care. Two community representatives sat as unelected members of the social work committee and were encouraged to participate in debates and to bring issues to the committee 'for further explanation'. The community care forum provided regular opportunities for voluntary sector organisations and service user representatives to provide feedback and to contribute to service developments

Quality assurance and continuous improvement

The social work department saw the scrutiny of regulatory bodies as one means for assuring quality. They had commissioned research and carried out a number of one off surveys of service user and staff views in respect of various community care services. Specific services had also been accredited and re-accredited through Investors in People.

The social work department acknowledged 'the lack of focused resources' on quality assurance in the field of children's services leading to the creation of a Principal Officer (Standards) post (not yet filled and subject to the wider organisational review being undertaken by the chief executive). They saw the main vehicles for quality assurance as staff supervision and case review, both of which they intended to strengthen.

Only a small minority of the files read showed evidence of worker supervision or first line or senior management scrutiny. The recording of review meetings was generally poor.

Senior managers argued that the social work departmental management structure was 'under-developed' and that there were management deficits relating to the allocation of formal responsibility for quality assurance, training and service development.

The senior management team was not used for the routine reporting of performance. CnES has an audit and scrutiny committee that is in 'a developmental stage'. The committee saw internal audit reports and had recently reviewed the management of complaints across all council departments.

Recommendation 8

The social work department should prepare more specific service plans for main service areas.

Recommendation 9

The social work department should build up its capacity to develop, implement and review policy.

Recommendation 10

The social work department should ensure that staff have up-to-date guidance on policies and procedures in respect of the critical areas of social work practice. This should be given high priority.

Management and support of staff

We judged the social work department to perform to a *weak* standard in this domain. The important weakness, outweighing the positive practices and initiatives we found, was the lack of a strategic approach to workforce planning and development. There were also inconsistencies and gaps in the ways that staff were managed and supported. The department should tackle the specific demographic challenges it faces in respect of staff recruitment and retention.

Recruitment

On the whole the social work department had experienced less difficulty in retaining than it had in recruiting staff. Fifty per cent of staff from our survey agreed that the local authority was able to recruit sufficient staff. One in four disagreed, including the majority of fieldwork staff who responded.

By 2016 the islands' population is predicted to fall by 15% (the national figure is 2%) but the proportion of older people will continue to rise. This will increase the demand for social work services as life expectancy also increases and those living at home have more complex needs. The Glasgow University Review of Home Carers¹⁶ noted that 267 of the 348 home carers were over 50 equating to 76% of the workforce who might leave the service over the next 10 years.

This trend represents a challenge for future workforce planning and development. Home care services have proved a difficult area to recruit to, exacerbated by the lack of joint planning with voluntary sector partners providing similar services. There was greater stability in the fields of residential and day care where the social work department had done much to recruit, retain and train staff.

¹⁶ Glasgow University (2005). *Comhairle nan Eilean Siar home care service review*.

The department had used the Scottish Executive incentive scheme to attract three qualified workers to the department. In addition one member of staff was due to complete the fast track graduate programme in June 2006, and a Committee Report had been submitted requesting a further place. The department had sponsored staff to obtain professional social work qualifications since its inception.

The department recognised the difficulties that recruiting a higher proportion of newly qualified staff might give rise to and that the fast track scheme had limitations when staff numbers were so small. Within these parameters the schemes had been used as effectively as possible.

To assist potential staff to learn more about the pros and cons of working on the islands NCH invited short-listed candidates to spend one or two days there as part of the selection process, and provided them with information and opportunities to discuss some of the issues about living and working in the same community.

Retention

Some sections of the department found it harder than others to retain staff, for example the fieldwork and home care sections. Home care staff voiced a range of relevant concerns including the impact of the lack of contracted hours and guaranteed income. CnES was committed to introducing contracts for home care staff, beginning in one area of Lewis in the autumn.

The singleton social work position in Barra had been vacant since before Christmas. A new worker had been recruited and started in July 2006. Although the previous post holder was there for only a short period, the previous 13 years saw only three post holders, the shortest period of tenure being 2 years.

Staff deployment and management oversight

The topography and climate of the Western Isles presents a particular challenge in relation to staff deployment and the delivery of effective and equitable services. Fast changing weather can affect the ability of staff to meet important commitments. For example we heard of occasions where child protection meetings had been convened without an independent chair. This was a particular issue for the Uists, where a senior manager from Lewis was required attend to chair meetings.

We were encouraged to learn that CnES recently contracted with the British Association for Adoption and Fostering (BAAF) to provide an independent chair for the adoption and fostering panel. This was a key recommendation of the 2005 SWIA child care inspection.

We found substantial evidence of inconsistencies in the approach taken to the level of management oversight and support made available across in different teams and different areas. A recurring theme was the lack of visibility and accessibility of some senior managers in the Uists and Barra. Senior managers acknowledged that there was a perceived imbalance in respect of their management contact but said that formal contact with staff was at least as frequent as that in Lewis and Harris.

In the Uists and Barra fieldwork staff, including the team leader, told us they worked consistently over hours. A number of service users, carers and partner agencies raised concerns about the available level of fieldwork services.

Teamwork

Our staff survey showed that fieldwork staff felt less satisfied in their role than other staff groups (the results are based on 11 responses). While 66% of respondents agreed that morale in their team had been good for the last six months, six out of the 11 fieldworkers disagreed. Whilst 76% of respondents agreed that their team had a plan to provide them with a clear direction in carrying out their day to day jobs, six out of the 11 fieldworkers disagreed. Finally, whilst 66% of respondents agreed that they had adequate training to do their job, seven out of the 11 fieldworkers disagreed.

A number of staff teams told us that they had strong supportive relationships with team colleagues that helped them in their day-to-day work. This was evidenced in some of the focus groups we held.

Induction

There was a CnES wide induction pack for all staff that provided an overall picture of working within the Council and its structures. Staff induction was carried out systematically in residential and day care services but was weaker in other areas of practice.

Good practice example

Dun Berisay had a very positive and welcoming induction pack for all new staff. It was informative, personalised and written in an inclusive way. The pack included a poem and some quotes from authors that set a strong person-centred tone about offering care to older people.

Staff supervision

The social work department had recently developed comprehensive practice guidance and procedures for staff supervision. The guidance sets out the requirement for a supervision contract together with what this document should cover. Staff were aware of the guidance and the department was beginning to implement a more structured approach to supervision. However, our staff survey showed that seven out of the 11 fieldwork staff who responded did not consider that they were receiving an adequate level of supervision.

The guidance stated that “outcomes/decisions about cases will be recorded in service users’ case notes by the manager/social worker and countersigned by the supervisor” This was evident in only 8% of files we examined. Although the guidance had been implemented only four months previously, this procedure should have been better embedded in practice. We were concerned to hear from a senior social worker that decisions made in supervision were recorded on supervision records but not routinely on case files. This is contrary to recommendation 12 of the 2005 SWIA child care inspection.

A number of staff groups were not yet covered by this protocol, in particular home care staff. Home care organisers in Lewis were responsible for over 200 home carers each and it was clearly a huge challenge to supervise these staff in any meaningful way. The Glasgow University (2005) home care review noted that “there is a clear and consistent risk to the council by having a largely unsupervised workforce provide a service of such an intimate nature to vulnerable people”. The department was taking steps to address this through the appointment of local area managers.

It is even more essential that staff are provided with adequate oversight, supervision and support where they are in isolated positions and/or lone workers. There were examples of this being undertaken successfully in some areas of the service but practice was not consistent.

Good practice example

Adult day care services staff across the authority were supervised regularly. They said that supervision systematically addressed both their work with service users and their professional development. They considered that their managers supported them well.

Training

Significant effort had been made, using the SVQ training and qualification structure, to ensure that residential care staff could meet registration requirements. This process was being applied to adult day care services. Access to structured training through the Diploma in Social Work and the child protection courses in Dundee was positively promoted, although there was a question as to whether this was always appropriately targeted.

Inter-agency child protection training was the responsibility of the inter-agency child protection committee, organised by the inter agency child protection officer. Fifteen separate training events covering Lewis/Harris and Uist/Barra had been delivered so far this year. Multi-agency training on mental health issues had been provided and a training audit of senior staff and members on child protection undertaken.

Whilst there was evidence of relevant training activity this was not set within an overall training strategy. Well focused training and staff development practices reflect a commitment to excellence and an investment in the future of the workforce.

Recommendation 11

The social work department should prepare and implement an over-arching strategy for workforce planning and development that includes a comprehensive training plan.

Resources and capacity building

We assessed performance in this domain to be *adequate*. There was very good liaison between the social work and finance departments and regular financial reports were presented to elected members. Further improvements are required to demonstrate links between budgets and service plans. There was insufficient explanation of the abnormally low proportion of the social work budget allocated to children's services. The asset management plan requires to be progressed as a corporate priority and there was significant slippage in social work services capital spend. Work is needed to improve management information and administrative support systems. Commissioning practice should also be improved.

Financial management

The financial position

The social work service overspent its budget in nine out of the last 10 financial years. The reasons for more recent overspends were:

- In 2004/05 social work incurred an overspend of £259k, equivalent to 1.7% of their final budget. This mainly arose from increased home care costs incurred by children and families and services for people with learning disabilities.
- At the time of our inspection the 2005-06 projected overspend was £534k (3.7% of budget), after incorporating a year end virement of £157k. This overspend is mainly due to low volume but high cost mainland residential care placements. These placements cover both children with disabilities and adults with learning disabilities coupled with other complex needs.

The 2006-07 social work budget was increased by £750k to address the ongoing costs associated with these high cost mainland placements.

CnES services were required to find efficiency savings of 1% from their 2006-07 budget. Social work services were excused from finding any savings since it was considered that they were having difficulty in operating within their existing budget.

Budget Setting/Preparation

There was very little corporate guidance regarding the annual preparation of the social work budget that addressed issues such as responsibilities, timetable, how to establish base budget, how to identify and summarise efficiency savings, budgetary control, etc. However, we understand that the social work department principal administration assistant explains the budget process in detail to each budget holder, and that there has been very low staff turnover of budget holders in recent years. We also recognise that there is a good collaboration between the finance department and social work when the annual budget is prepared.

There were business plans and revenue budgets for community care, criminal justice and children and families services. Each followed a consistent format and commented on service performance, strengths and weaknesses. The business plan element also provided a link to either a strategic or service plan objective. However, there were no direct links between service objectives and budgets since all of the service targets were met from within the overall budget for each service.

An abnormally low percentage of the overall social work budget was allocated to children and families services. Conversely, an abnormally high percentage of the budget was allocated to elderly services. This was partly explained by demography, but might also have resulted from the absence of links between service plans and budgets. We note that three new posts have been established in children and families and that the budget has increased from £1.312m (9.1% of social work budget) in 2005-06 to £1.744m (11.1%) in 2006-07. However, this is still well short of the national average of approximately 23%.

In its Best Value submission to Audit Scotland CnES acknowledged that the provision of specialist child care support was a pressure, causing unusual levels of financial demands. Preliminary work was being undertaken to look at developing the fostering service to support children with more complex needs and challenging behaviours. The financial outcome of this will require to be reflected in future years' budgets.

As part of the budget setting process, social work service budget holders were required to verify budgeted payroll costs to their establishment levels. Budget holders also reviewed the volume and value of home care hours provided in previous years together with commitments for the forthcoming year as a means of establishing or confirming the figures in their base budget. However, up until, and including the 2005-06 financial year, the outcome of this exercise had not lead to any amendments to the overall social work budget since the service had a budget limit which could not be exceeded.

In 2005-06, the social work department projected an overspend of £427k (3.0% of budget) from as early as June 2005. We were advised that from 2006, CnES will advance from using incremental budgeting to making links between shifting priorities and demands, assessed needs and allocations of resources from CnES budgets. We recognise that the budget for the 2006-07 financial year has been increased by £750k in recognition of the ongoing high cost mainland placements.

There were no multi-year financial plans or budgets. Financial plans covered the forthcoming year only.

Budgetary Control

Other than the director of social work, there was no senior officer within the social work department who had a principal responsibility for social work finance or for the overall management of the social work budget.

One accountant from the finance department was dedicated to liaising with, and providing accounting services to the social work department. There was good co-ordination between the accountant, the social work department principal administrative assistant, and social work managers. Officers advised that the services provided by the finance department accountant was crucial to ensuring that the annual social work budget was set and monthly budget monitoring reports provided.

Budgetary control reports were provided quarterly to the Social Work Committee. These highlighted the key budgetary pressures facing the social work department together with reasons for significant over or under spends. Reports provided a breakdown of income and expenditure into objective and subjective headings. Summary income and expenditure was provided quarterly to both the policy and resources committee and the corporate management team.

Overall, we consider the quality of budgetary control reports to be good. However, we noted that expenditure on care homes and in domiciliary care accounts for about 49% (£7m) of the social work budget but is shown in total as only three lines in the monitoring reports. Transparency would be improved if this were also broken down into its constituent sections (for example dementia, older people and learning disabilities).

Monthly budget monitoring reports were promptly provided to each budget holder. Projected outturns were established, and budget holders were requested to comment on any significant variances. Judgement was used to determine significance since there was no written guidance to advise on this.

Our discussions with a sample of budget holders established that they were satisfied with these arrangements and that they considered they had sufficient financial information and support to enable them to manage their budgets. Budget holders rarely extracted information from the financial ledger, but occasionally requested information (for example payroll costs) to confirm figures in their budget.

Capital Expenditure/Planning

There had been considerable slippage of social work capital expenditure in recent years. Budgeted capital expenditure in the financial years 2003-04 and 2004-05 was £2.382m and £1.953m respectively, whereas the actual expenditure was only £0.560m and £0.490m, a combined slippage of £3.285m. Quarterly capital monitoring reports to the Policy and Resources Committee together with the work of the capital programme working group ensured that reasons for all slippage were identified and remedial action taken where possible.

CnES acknowledged that there was an inadequate range of day care services. Developments at South Uist (in construction), Carloway (to tender) and Harris (in planning) were designed to begin to address these.

Construction at South Uist progressed during 2005-06. This project, together with Carloway care development form the basis of the vast majority of the 2006-07 social work capital plan. Other social work capital projects that were approved by members in the 2004-2008 corporate capital plan include Harris care development, Ardseileach residential development, and redevelopment of Dun Berisay care home. Capital expenditure of at least £3.6m is required on these projects, however no budget for them was included in the 2006-07 capital programme, and there was only £188k set aside for social work projects in the corporate capital programme for 2007-08. Officers advised that it was likely that these projects would be rolled forward into the 2008-2012 capital programme.

Officers advised us that they did not consider the property repairs budget to be sufficient to meet current requirements.

The Role of Elected Members

Elected members make decisions at the highest level. Reports on which they base their decisions must therefore be clear, complete and unambiguous. We were generally satisfied with the quality and frequency of finance-related reports to elected members.

Financial Skills within Social Work

The social work department budget was broken down into 17 identifiable service managers, each with a gross budget responsibility of between £0.075m and £3.329m. These budgets, in turn, were then allocated to unit budget holders.

There were no qualified accountants within the social work department. Most budget holders had received training on budget management and how to obtain budgetary information from the financial ledger. Our discussions with a sample of budget holders established that they were generally satisfied with the level of training they had received, although very few of them used the FMS financial ledger to extract or interrogate figures in their budget. If budget holders required information over and above the routine monthly budgetary control reports they preferred to request this from the finance department.

Budget holders advised us that they attained budgetary control skills more by experience than from any training provided. They also considered that all new starts responsible for purchasing or spending should be required to attend budget management training.

Income

Income from charges for services had reduced gradually from £1.949m (9.8% of gross social work costs) in 2004-05, to a budgeted £1.779m in 2006-07 (8.6% of budgeted gross social work costs). Part of the reason for this reduction was because the service no longer charged for food preparation of approximately £85k per annum.

Officers advised us that there might be scope for increasing income charged for services provided. For example, the chargeable ceiling for home care services was 10 hours per week, there was very little charged for day care services, there was no charge for transportation services (we were advised that the scope for generating income for transporting people to day care services was limited and rejected because of legal constraints), and there were four complex high-cost care packages for which no charge whatsoever was levied. Social work services imposed whatever reasonable charges were appropriate within the extent of their delegated powers from members.

The director of social work presented regular reports to members regarding various services provided for which charges were levied and which required committee approval for updates to fee levels.

Not all services provided by the social work department were considered for inclusion in a service wide charging policy. Officers regarded this as a corporate issue in relation to “charging for services” that CnES should address as a whole.

Supporting People funding allocated by the Scottish Executive will increase from £357k in 2005-06 to £851k in 2007-08. Members had been kept suitably informed of the implications of this settlement for the commitments for new service developments for supported accommodation.

Resource Management

Asset Management Plan

CnES did not have an asset management plan (AMP). A post of asset management co-ordinator was recently advertised, and had just been filled. It will be this officer's responsibility to devise and implement the AMP.

A report to both the Education and Children's Services Committee and the Policy and Resources Committee in March 2006 stated that the only data currently available regarding social work properties related to ground floor area and valuation details of individual properties. Work was planned later in 2006 to transfer existing property maintenance data into a corporate database.

It is important that the AMP gathers detailed information about each property used by the social work department such as the type of services delivered from each property, occupancy rates, capacity of meeting rooms, health and safety issues, access for disabled people, condition of the property, option appraisal for significant capital spending and any programmed/non programmed maintenance requirements and associated costs.

Corporate Risk Management

A risk management framework and risk management standard was approved in September 2005. The standards were generated from work done by a team drawn from the major risk management organisations in the UK. The framework and standards highlighted roles and responsibilities for identifying, categorising, monitoring and reporting risks.

In December 2005 CnES identified 12 strategic risks. Control measures and an action plan were still to be developed for these at the time of our inspection.

The social work department was in the process of identifying high level risks, and refining previously identified risks into a department risk register. Officers advised us that there was still a need to develop a more formalised means of managing identified risks.

We were not provided with any detailed risk action plans to demonstrate whether identified risks were the subject of specific ongoing progress review. We think further developmental work is required to improve the risk management processes within the service.

Health and Safety

Senior managers, human resources staff and trade union representatives all agreed that there were health and safety concerns about the home care service relating to the lack of appropriate regulation and training of staff.

Five of the six most recent Care Commission reports on care homes for older people contain requirements in relation to fire safety procedures. We were told about the increasing administrative demands placed on care home managers in respect of health and safety which the senior manager tried to assist with. One example was the annual health and safety/environmental risk assessment. We think it essential that care home managers take primary responsibility for this, along with their staff team.

Administrative Support Systems

Staff at all levels in the social work department considered there was insufficient administrative support. We were told that in recent years administrative staff had not been recruited in line with the expanding number of professional staff.

There was some evidence to support this. 3.5 administrators worked to the 16 professional staff at social work headquarters and neither the director nor his depute had any dedicated administrative help. The responsibilities of these staff included payroll duties, reception and dealing with incoming calls. The community care team had two administrative staff whose responsibilities also included the financial administration of major aspects of home care services.

A number fieldwork staff said they were unable to maintain up-to-date case files and cited the lack of administrative support as an important factor.

Changes to the arrangements for managing administrative staff meant that they were now managed by team leaders rather than by a senior administrator. They said this has led to their being less frequently supervised. We also noted that administrative staff had received no training for undertaking reception duties and that there were no formal induction procedures for new staff.

Professional staff were at different stages in their use of technology. Most case notes were hand written. Some professionals asked administrative staff to type them up. Some dictated audio-tapes for typing. Reports were normally hand written and then typed up by administrative staff. All staff had access to their own computer terminal.

Management information systems

The department was introducing OLM (Care First and Care Just). This was proving to be a slow process. Elements of the system were in place for community care but not yet for other services. The plan was to move on to criminal justice and then to children and families services. When fully introduced, the system should facilitate recording, reporting and budget management. As yet it does not deliver much information about service performance.

CnES had a document management system in place across the authority that linked with Care First. It was installing a multi-agency store that would enable different IT systems to 'talk to each other'. The main focus to date had been on adult services and links with health. Links between education and children and families services had not been given any priority. The education department had developed a database of children in need, triggered by key criteria like school non-attendance. The database had around 800 names. It did not link to social work but there was a formal weekly meeting to update relevant information.

Staff raised a number of concerns about the introduction of the OLM system. They said they had insufficient time to input the data and very limited administrative support to help them. The system did not incorporate single shared assessment documentation (Carenap) which meant they had to keep separate, paper based files. There were gaps in the data collected (for example the system had no field for recording emergency contact details). Current arrangements for recording basic information about children and families services did not 'talk to' the new system. There was no joint IT system that enabled 'read across' for children who were on the child protection register.

The timetable for introducing OLM had slipped. Pressure of work and 'moving at the pace of the slowest' were offered as the main reasons.

The social work department did not have an effective information system that staff used to record and manage their work. There was also a limited capacity to collect information about service performance and the demand for services. The barriers to this appeared to relate to affording the project priority and ensuring that staff had the knowledge and skills needed to use the system.

Partnership arrangements

The invitation to the JIT showed that CnES and NHS Western Isles recognised the need to make greater progress at a strategic level in joint planning, management and governance arrangements.

With regard to financial mechanisms there was no joint budgeting with NHS Western Isles. Instead, budgets were aligned wherever there were budget areas that were transferred from one party to the other. Therefore, budget monitoring was carried out independently by each partner organisation and CnES bore no responsibility for the over/under spends of other partners.

CnES received income from NHS Western Isles as follows:

- contribution to home care of £150k per annum;
- part funding of the staffing of an Alzheimer's unit at a cost of £200k per annum;
- Fifty per cent towards the cost of complex care and joint future staff costs. This costs approximately £800k per annum;
- St Brendans residential home and hospital is co- managed with NHS Western Isles. Each party invoices the other for any costs incurred outwith their own budget.

Financial information for each of these was simply extracted from existing cost centres within the financial ledger.

Commissioning arrangements

The proportion of social work services delivered by external agencies through commissioning arrangements, including long-term contracts and spot purchasing, was higher than the proportion of the other islands authorities.

The social work department recognised the management and monitoring of fully commissioned services as an area for development. There was no dedicated post for contract management. The contract with NCH was managed directly by the children's services manager. The principal officer (planning and development) managed the contract with the NHS Western Isles for occupational therapy services and a range of funding agreements with the voluntary sector.

Although the services provided by NCH were commissioned by the social work department the two organisations described their working relationship as a partnership, placing less emphasis on the purchaser/provider element.

The service level agreement went back to 1997 and runs until 2017. It had not been formally reviewed since its inception and some elements of the annual business plans no longer related to the original agreement. There was a mutual recognition that the service level agreement needed to be revisited. We were not clear how the authority was assuring itself that the contract was delivering value for money.

The department funded or contributed to the funding of a range of voluntary sector services including Alzheimer's Scotland, Crossroads, Penumbra, the Church of Scotland. A number of these organisations raised concerns about the lack of an up-to-date service level agreement, infrequent contact with the department and delays in notification about continued funding.

Each of the three independent operating care homes was providing services on a spot purchase basis. However, they and CnES recognised that, with over 95% of places regularly purchased by the social work department on behalf of service users, the arrangement was in practice closer to a commissioned service.

Commissioning arrangements entered into had not been market tested. The NCH contract was developed from individual contact with the organisation and contact with other authorities that had entered into similar arrangements.

Commissioning services from national voluntary organisations like NCH and Penumbra incurred substantial management costs. It was not clear that the department was assessing the added value obtained from these arrangements.

We think that the department would benefit from drawing up and introducing a commissioning strategy.

Recommendation 12

The social work department should persevere with its objective of developing closer links between service priorities and budgets. As part of this process, it should determine the reasons for the abnormally low children and families services budget and the abnormally high budget for older people's services. It should establish beyond doubt that this reflects service requirements and priorities.

Recommendation 13

CnES should carry out a risk analysis of the capital expenditure slippage. This should determine whether the slippage has significantly affected the suitability of social work premises and accommodation and should confirm that existing facilities remain "fit for purpose".

Recommendation 14

CnES should produce an asset management plan to help demonstrate the optimum usage of assets, linking this to the capital plan and service priorities and objectives.

Recommendation 15

The social work department should review its arrangements for administrative support to address:

- overall levels of administrative support;
- how to help professional staff make better use of the technology available to them;
- how to improve the management, supervision, training and career development of administrative staff.

Recommendation 16

As part of a service commissioning strategy, the social work department should review all the services it commissions from voluntary sector organisations. It should ensure that:

- there are up-to-date service level agreements that clearly spell out what services will be delivered;
- arrangements for overseeing and supporting these agreements are in place;
- service performance is regularly reviewed;
- management overheads charged by national voluntary organisations represent value for money.

Leadership

We judged leadership to be weak. No clear vision for social work services was set out or comprehensively understood by staff. Senior managers were accessible and supportive to staff but their extensive involvement in the detail of day-to-day practice meant that they were not in a position to provide sufficient leadership in some key areas. Whilst senior managers faced some undoubted difficulties and challenges, the pace of change and improvement had been slow.

Vision, values and aims

The Council's vision for delivering social work/social care services was not explicitly set out. The community plan did not refer specifically to social work although partnership working arrangements in respect of some care groups were mentioned. The corporate strategy again said little directly about social work.

The director of social work shared his vision for some services with us but this did not seem to have been fully communicated to other senior staff or to front line workers. Fifty per cent of respondents to the staff survey agreed that there was a clear vision for social work while 10% disagreed, with the remainder expressing no opinion.

Many councillors are politically independent. This is not unique to the Western Isles but a number of people mentioned it as leading to difficulties in establishing a corporate view and adding a degree of unpredictability to forward planning.

Two separate local authority committees were responsible for social work services – the Social Work Committee, responsible for adult services, and the Education and Children's Services Committee, responsible for children's services, including youth justice. Social work children and family services formed part of the education services budget although children and families services income and expenditure was incorporated into the quarterly monitoring reports presented to the Social Work Committee. Many members of the Council actively supported social work services and 51% of respondents to the staff survey agreed that social work was highly valued by elected members with only 7% disagreeing and the remainder expressing no opinion.

The Social Work Committee we attended showed a good understanding of the main issues relating to providing social work and social care services to adults and community care generally. The rolling programme of residential care development and a new community care day centre were scored as priority areas for the capital programme for 2004-2008.

We were not convinced that the Education and Children's Services Committee shared the same depth of understanding. The committee meeting we attended dealt with reports relating to social work items rather perfunctorily and we question whether there is rigorous enough oversight of some important areas of policy and practice for example child protection and youth justice.

The department's self evaluation questionnaire acknowledged that "there is a clearer political vision for community care services than for children's services, related to the visibility and understanding that elected members have in these respective areas".

The vice-chair of the Education and Children's Services Committee said that a major objective was "to incorporate all children's services and budgets within that committee's responsibility". However a policy document and organisational plan for integrating the work of the education and social work departments had been under consideration for the last 2 years. A member/officer working group on children's services had been set up in order to help progress matters but it was hard not to conclude that lack of progress was a result of a lack of shared vision, values and aims for the future direction of the service.

Child protection issues were gaining a stronger corporate profile in response to the 2005 SWIA child care inspection and in response to central government initiatives. We were told that the 2005 SWIA child care inspection had "sharply increased members' awareness of children's services". The chief officer's strategy group met three times a year to discuss child protection. This group had the lead in taking forward an ongoing development and monitoring programme in respect of child protection. It provided leadership and accountability both individually and collectively and was responsible for the effectiveness of child protection services in CnES. Social work issues also featured regularly on the agenda of the corporate management team.

The self evaluation questionnaire acknowledged that there had been a problem "in the development of a corporate vision for the joint development of services and structures with the NHS in health and social care". The questionnaire also stated that "strategic direction is a follow-up area rather than a leading priority".

The wider lack of strategic planning referred to elsewhere in this report in respect of training and workforce planning did not help promote a shared vision, values and aims or help staff feel confident about a sense of common purpose and direction.

Leadership of people

94% of those staff who responded to the staff survey enjoyed their job and 72% felt well supported in situations where they faced personal risk, although three of the 11 fieldworkers disagreed. 66% of respondents agreed that morale in their team had been good for the last six months but six out of the 11 fieldworkers who responded disagreed. 62% of respondents agreed that senior managers communicated well with staff. Seventeen per cent disagreed.

A number of staff commented on the high levels of stress caused by the recent staff shortages which they considered made workload demands almost impossible. They thought the shortages were compounded by a lack of administrative support and by having to manage both paper and electronic files. Their comments may help to explain why, when such a significant number of people enjoy their job and feel reasonably well supported, morale is not better.

The self evaluation questionnaire described the management structure as “flat”. The positive side of this “enables a high level of interaction between management and operational staff at all levels”. A number of people confirmed this and said they had ready access to the director of social work or his deputy and felt able to call on either directly if they had a problem.

Whilst the flat management structure may mean that senior managers are readily accessible to some staff, we found instances where services were being either under managed or poorly managed. In addition, a number of staff expressed their concern about the lack of written and approved policies and procedures.

We received powerful evidence from the staff survey that the management structure was under severe strain, particularly in the field of home care. This was backed up by our own observations and other independent findings.

We accept that in a small authority it may be necessary for some senior staff to carry operational responsibilities but it was evident that senior managers were devoting significant amounts of their time to operational issues and making themselves available to problem solve at the expense of focussing on more strategic issues.

The self evaluation questionnaire said that the “pattern of budget overspend has seriously hampered elbow room for restructuring in ways that reflect the increased priority that has to be given to leadership and management”. The department hoped that investing in management capacity (part of the plan for the development of home care services) would release resources but, against a pattern of overspending, the investment in management necessarily preceded any projected savings.

The inability to agree a shared vision and future direction for the delivery of community care services with the NHS Western Isles and the lack of progress in agreeing a shared vision and future direction for integrated children services inevitably created tensions and uncertainty for staff as well as consuming time and energy that could have been put to better use. Some staff were clearly frustrated by the inability to make progress in these areas.

The senior management team had recently begun to meet on a six weekly basis, in tandem with the corporate management team. Previously meetings were less frequent. If well run, these new arrangements should help improve the effectiveness of the management team.

Training for change

The social work department had a commitment to leadership and management training, sponsoring senior managers in the post-graduate MSc at Stirling University, MBA at Strathclyde and the “Leading to Deliver programme” sponsored by the Scottish Executive.

Residential and day care services for older people had a well developed training strategy which had promoted and supported change, enabling staff to gain relevant qualifications and raising service standards. The position with home care was less positive. Most home care staff had had little or no training and the commissioned review of home care services from Glasgow University¹⁷ stated that this presented ‘unacceptable corporate and personal risks’.

Leading change

Forty six per cent of respondents to the staff survey agreed that there was effective leadership of change in social work services.

The self evaluation questionnaire said “the size of the community, the intricate relationships that professional staff have as full and active members of a small community as well as professional responsibilities, and the very direct relationship between communities and their elected members mean that there are multiple ways in which resistance to proposed changes can be expressed”.

As a result, the preferred approach to change and improvement was incremental. It was accepted that this might be more cautious than radical but it was argued that this approach was also more likely to succeed in the long term.

The authority had been slow in developing integrated children’s services. In addition there had been problems in preparing proposals for a community health and social care partnership. There are ongoing tensions between NHS Western Isles and the Council and some very public criticisms voiced, particularly from the Council side. We were told that the Council needed to be satisfied that partnership would lead to an improved service. At the time of the inspection councillors were not prepared to pool or align budgets with NHS Western Isles because it had serious financial problems.

Major changes to the home care service were planned but we encountered some scepticism about whether changes would actually occur and lead to an improved service.

There were some instances where the social work department had been slow in taking action on commissioned audits and service reviews which were clear in their analysis of what needed to be done. One example was developing inter-agency guidance on working with vulnerable adults.

¹⁷ Glasgow University (2005). *Comhairle nan Eilean home care service review*

At the time of the inspection the chief executive was relatively new in post. He was undertaking a root and branch review of the Council and consulting extensively with others in the process. This review should reach an agreed future direction of travel in respect of departmental structure and, in particular, resolve the issue of whether to develop integrated children's services. We think there is a prospect of improved joint working in respect of children's services but only if these discussions are speedily concluded and a clear strategic direction set.

In the field of community care the development and implementation of jointly agreed local improvement targets will assist the prospect for improved joint working although there needs to be corporate 'buy in' by both the Comhairle and NHS Western Isles to Joint Future objectives. This lack of willingness to 'buy in' will continue to present obstacles for some practitioners on the ground although there we found that, as elsewhere, professional people with great goodwill often took a pragmatic approach and delivered the services that were needed.

We consider that leading change does present particular challenges for CnES but that, nonetheless, the pace of change has been very slow.

We found no evidence of a direct relationship between the social work services plan for 2004-2007 and the budget for 2005-06. This may partly explain the reason for the continuous overspends. Without this link it is difficult for the Council to demonstrate that resources are directed towards principal service priorities.

There was a lack of robust monitoring and performance information within the social work department. This created the risk that performance and service improvements could not be adequately evidenced. In addition, fundamental questions raised by members, such as the difference made by increased funding and hours delivered as a result of that funding, could not be readily answered. There is a need for the social work department to develop a performance culture and make proper use of information to manage and improve their performance.

Recommendation 17

Senior social work managers should develop and share with staff a clear statement of their vision for the future direction of social work services. The statement should be reflected in departmental strategic planning and in the council's corporate and community plans.

Recommendation 18

CnES should strengthen its social work department senior management capacity.

Recommendation 19

The directorate team should develop a performance management system for social work services incorporating statutory and other relevant performance indicators.

CHAPTER 8

Capacity for improvement

We judged the social work department to be weak in this domain. We found some effective practice that was making a real difference to people's lives but have pinpointed areas where practice must improve. Some of these are critical for the wellbeing and safety of some children, families and adults receiving social work services. The inspection found that important tasks had not been progressed over extended periods. Arrangements for quality assurance were rudimentary.

A strengthened senior management team is required to work more effectively together to deliver the necessary improvements. To help achieve this we think a formal structured 'pairing' arrangement with another council's social work services is needed. The team will also be assisted by a surrounding corporate culture that drives change and performance improvement forward.

Contextual issues

The capacity to improve is a function of a number of factors. Chapter 2 identifies some contextual issues, including scale and geographical remoteness, that make providing and managing a full range of services difficult.

With regard to quality and performance management the Council itself identified the need for improvement across departments. It had also been reviewing its organisational structures for some time. This lack of a Council wide structure for performance management and continuing uncertainties about organisational arrangements for delivering services are relevant to any consideration of the performance of the social work department and its capacity to improve.

Current management capacity

We found that social work services in CnES had a strong identity within the local authority and the wider community. This was in no small way due to the high profile of the director who represented the department in a wide range of forums. The converse of this was that the capacity of other management team members was under-used. We found that decisions were being referred to the director where they could and should have been taken by members of his team. We do not contest the view that the overall CnES management capacity is 'light' but we do not think this wholly explains what had been happening. Senior managers were not working together sufficiently well as a team to develop strategy and set priorities.

Current improvements in services

Some improvements have been made to child protection services and to wider services for looked after children, but more needs to be done. There is also positive and steady development in the fields of residential and day care. In other service areas however the department has been treading water. Chapter 5 provides a number of examples of areas of practice requiring management impetus that have not been taken forward. Some extensive management effort has produced only limited returns through no fault of the staff involved (for example work on the joint future agenda). Some management effort has been insufficiently well focused. Some management responsibilities have not received sufficient attention.

Policy review and development responsibilities have sometimes been abrogated to external organisations and it has then proved difficult for managers to progress the findings of this work. There has been little systematic attention to quality improvement.

Looking to the future

We have recommended that overall management capacity is increased. This is needed in particular in the field of community care. It should also be looked at in managing services in the Uists, Benbecula and Barra.

We also think that the management team would benefit from access to some formal structured support from another council's social work services. Such support could, amongst other things, provide:

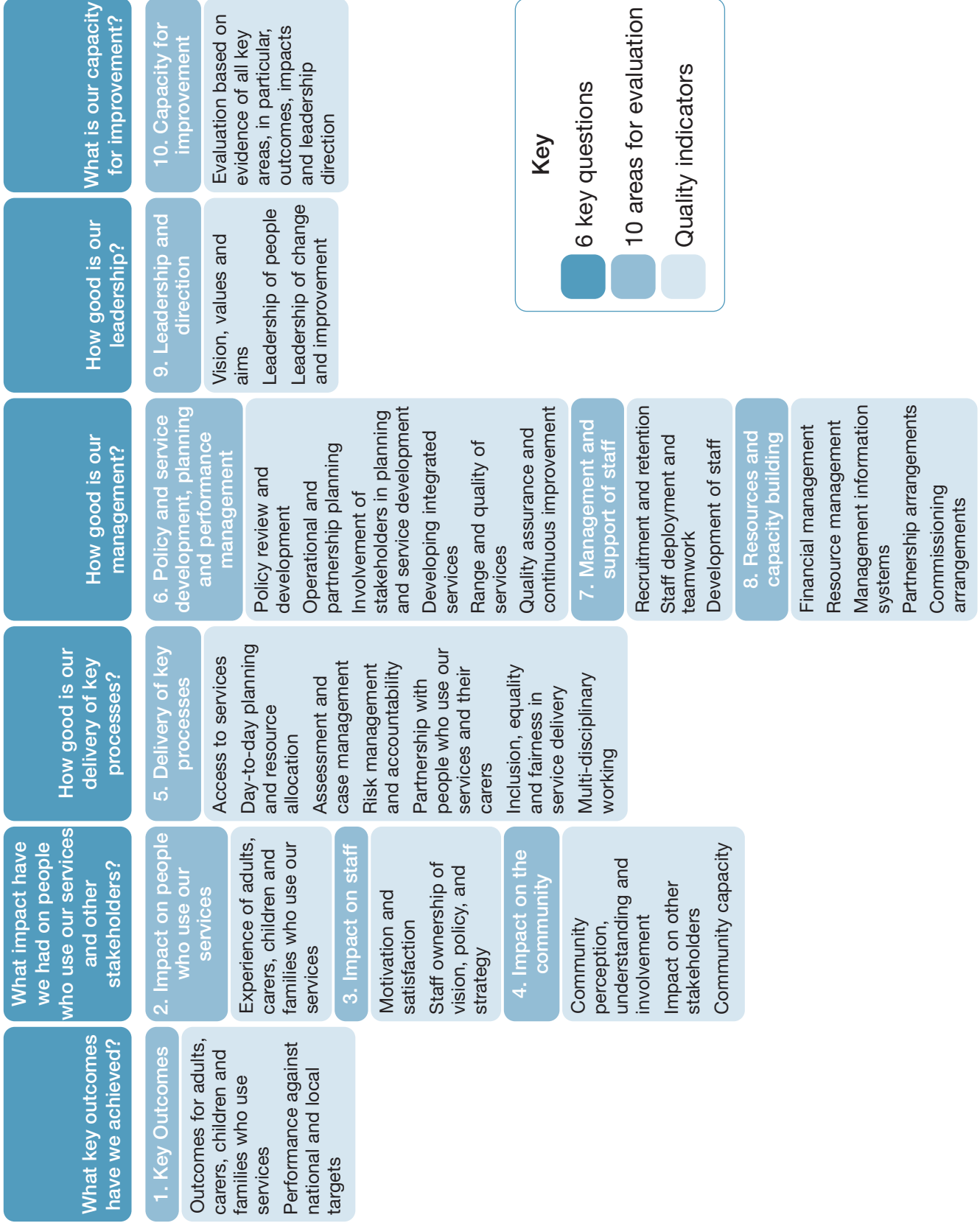
- access to specialist expertise
- back up staffing by negotiation
- advice on change processes and best value
- secondment opportunities for CnES staff
- opportunities for shared training.

CnES has recently appointed a new chief executive who is committed to driving change forward. His review of organisational structures will soon be completed. The social work department has been successful in recruiting new staff. The director has drafted a development plan. Although some staff expressed some concerns about aspects of their work, we encountered a well motivated staff group. These are all positives to build on. The department now needs a clear vision and a set of strategic objectives and priorities to progress its work.

Recommendation 20

The social work management team would benefit from some formal, structured support through a 'pairing arrangement' with another council's social work services to enhance management capacity through a critical period of change.

Performance Inspection Model (PIM)



Key

- 6 key questions
- 10 areas for evaluation
- Quality indicators

Inspection methodology and process

The team conducted the inspection using the SWIA performance inspection model (PIM). Senior social work managers in Comhairle nan Eilean Siar were asked to consider six key questions and develop a self-evaluation of their performance. The same six key questions were used to structure the fieldwork. This report reflects the PIM with a chapter examining each of these questions.

The six questions posed were as follows:

1. *What key outcomes have we achieved?*

We gathered evidence on the actual difference that social work services had made to the lives of individuals, families and communities. SWIA defines outcomes as the improvements in people's lives directly resulting from the social work services they receive.

2. *What impact have we had on people who use our services and other stakeholders?*

We looked at the direct experience and perceptions of the people who use social work services as well as those of employees and other stakeholders.

3. *How good is the delivery of our key processes?*

We looked at the day-to-day planning, management and delivery of services from initial contact with the person using the service through assessment and care planning.

4. *How good is our management?*

This involved examining managers' and staff's understanding and implementation of broad national and local strategic plans and objectives, their dissemination, monitoring and review of organisational strategy, along with performance, integrated working, staffing and financial responsibilities.

5. *How good is our leadership?*

We looked at corporate vision, values and aims, the ability to work together across council resources, organisational culture and the leadership and management of change.

6. *What is our capacity for improvement?*

We brought together all the evidence and reached an overall judgement about the capacity for improvement, taking into account both strengths and areas of weakness.

APPENDIX 1.3

The inspection process

The lead inspector for this performance inspection of Comhairle nan Eilean Siar social work services was John Waterhouse (0131 244 5449).

Along with completion of a self-evaluation questionnaire, we began the inspection process by asking social work services to provide background information including strategic plans, policies, guidance, procedures, commissioning arrangements and information relating to performance, finance and quality assurance. We also read the reports relating to Comhairle nan Eilean Siar from other regulatory bodies and inspectorates including Audit Scotland, the Scottish Commission for the Regulation of Care and Her Majesty's Inspectorate of Education (HMIE).

We sent out questionnaires to staff, adults who use Comhairle nan Eilean Siar social work services, and carers. We sent out 250 to each group and received 106 from staff, 40 from carers and 91 from adults who use services. We also sent out 50 questionnaires to children and young people and received 10 back and we sent out 5 questionnaires to young people leaving care and received 2 back. Of the 30 questionnaires we sent to stakeholder organisations, 14 were returned. Together with 2 staff from social work services, we spent 4 days reading a total of 91 case files from a cross section of care groups.

We then spent 10 days in Comhairle nan Eilean Siar. We looked at services for children, young people and their families (including youth justice), services to adults (physical disability, learning disability, mental health and substance misuse), and services to older people. We also examined strategic planning and support services. Criminal justice services were the subject of a separate inspection.

We examined services in a number of ways:

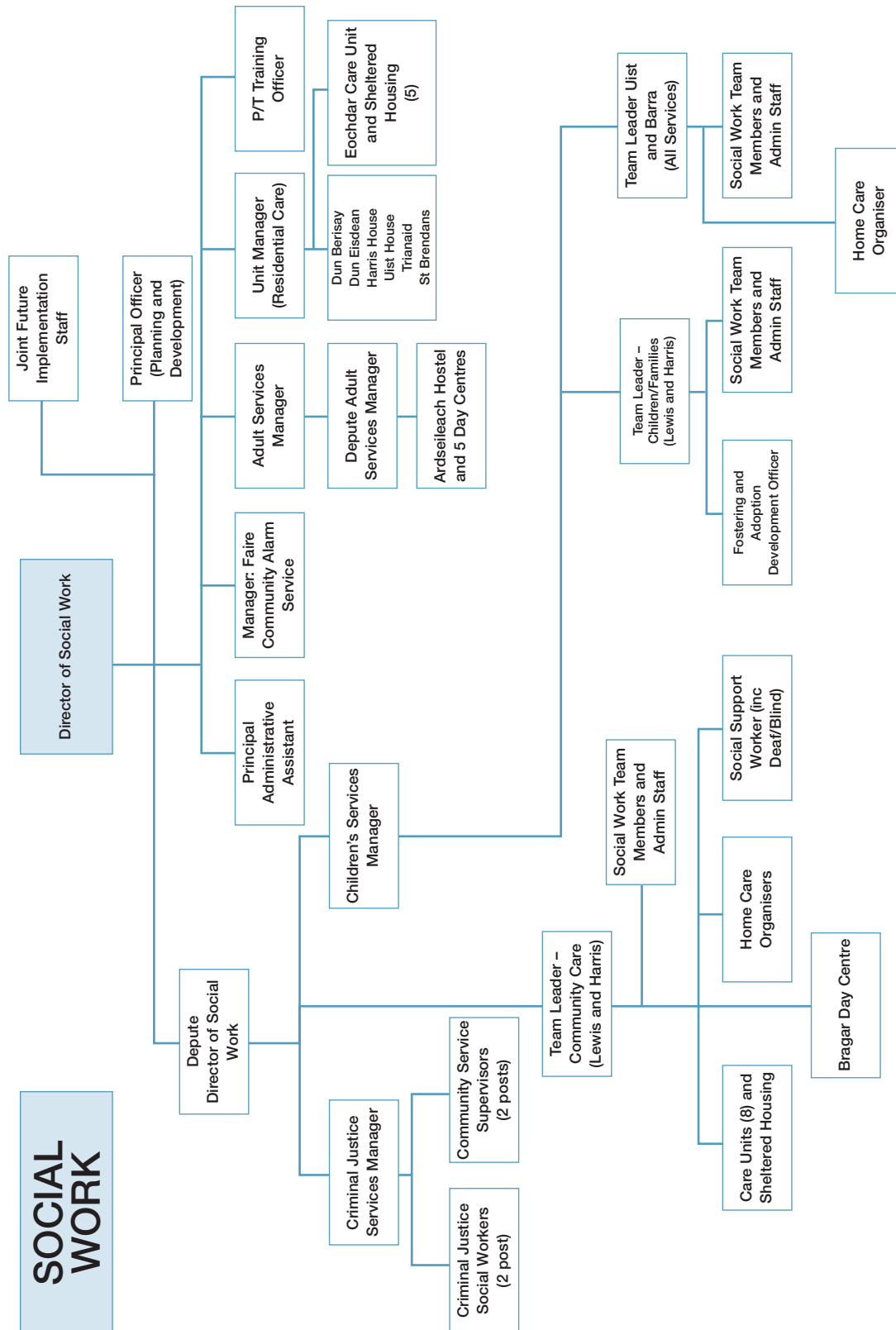
- meeting people who use social work services and carers
- interviewing staff at all levels of the organisation, both individually and by bringing them together in focus groups
- meetings and interviews with elected members and with staff from other parts of the council
- meetings with partner organisations providing services
- observation of relevant meetings and visits to a range of services
- direct observation of social work practice – some examples taken from the case file reading exercise.

The table below sets out the number of sessions we undertook.

Inspection activity	Number undertaken
Observed practice sessions	10
Focus Groups with social work staff	16
Group meetings	38
Visits to establishments	24
Interviews with staff and stakeholders	30
Total sessions	118

APPENDIX 2.1

Organisational structure of Comhairle nan Eilean Siar social work department



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