

Follow-up report for Performance Inspection: Falkirk Council

Introduction

The Social Work Inspection Agency (SWIA) was established in April 2005 to undertake performance inspections of all of Scotland's local authority social work services between 2005 and 2008. Each inspection focuses on the approach to continuous improvement of the local authority.

SWIA subsequently monitors the implementation of recommendations made in performance inspection reports, undertaking a follow-up inspection visit one year after publication. This is in order to monitor progress with the implementation of an action plan aimed at addressing the inspection's recommendations.

SWIA uses a six-point scale in its evaluation of social work services. It does not re-evaluate these when completing the follow-up report but does indicate if satisfactory progress has or has not been made for each recommendation. The progress report also highlights any key issues which have arisen since the inspection.

Falkirk Council's social work service inspection report was published December 2008. The Council agreed that the follow-up inspection should be deferred until June 2010 in order for SWIA to co-ordinate scrutiny with other agencies.

The inspection of Falkirk Council, in 2008

The social work service received seven good and three adequate evaluations. The report gave a positive account of many aspects of the social work service provided by Falkirk Council. Many people were receiving good services. In general staff were very positive and well motivated about working for the council. They felt supported by their managers and this was borne out by the supervision and training opportunities they had.

In particular there were no significant concerns about either adult or child protection, except in regard to the speed of delivering training on the Adult Support and Protection (Scotland) Act, 2007. The Council performed well in the area of corporate parenting to the point that knowledge and understanding of the protection of children and young people was evident across Council departments and at all levels of the council's structure. Senior managers in social work had a good understanding of the challenges the service faced.

The 2008 inspection found there were areas where services could have been better, for example in ensuring assessments and care plans, were made available for people who used services and their carers. People requiring immediate care services would have a different experience of what was available and how they were

received depending on which local office they happened to visit. Social work had already initiated a review of assessment and care management Services and the redesign of locality and integrated teams became part of this. Opportunities for people with learning disabilities to obtain paid work were more limited than for people with mental health problems. Electronic recording systems could not easily produce care plans or assessments for sharing with people who use services or their carers. Some advocacy services working within the Falkirk boundary did not know about other advocacy services.

At the strategic level the council needed to produce more specific, measurable, achievable, realistic, and time bound (SMART) plans and it needed to make clearer information about costs available to elected members to help decision-making. Notable achievements in regard to children's priorities in general needed to be mirrored by those relating to adult services.

Overall the 2008 inspection found social work services in Falkirk were moving in a positive direction and were delivered by a management team which was intent on further improvement. The acting chief social work officer was managing the service during both the follow up inspection and an inspection of HMIE, in June 2009.¹ She managed the service during the construction of the strategic risk assessment (SRA) of the council's services, and the assurance and improvement plan (AIP) led by Audit Scotland.

Her Majesty's Inspectorate of Education (HMIE) inspected Falkirk Council's Children's services in June 2009 and noted that 'there has been an increase over recent years in the number of children looked after away from home with a significant proportion placed outwith the local authority area....which on some occasions reduced the effectiveness of planning to meet their needs.'

The multi-agency shared risk assessment assurance and improvement plan stated that this policy of using out of area placements was 'an area of particular concern. This policy places significant pressure on the council's budget ...the local area network (LAN) would wish to review the steps taken and their impact in this area'.

We spoke to elected members who confirmed plans were underway to locate three children's units within the council area. We visited one of these, 'the Brightons' and were impressed by the quality of the building and the positive attitude of managers and staff in regard to the care of looked after and accommodated children. This was one of two council run units in operation. A third was to be run by an independent provider with council funding.

¹ Joint inspection of services to protect children and young people in the Local Authority area, Her Majesty's Inspectorate of Education, June 2009

Basis of the follow-up report

The performance inspection report made 15 recommendations, aimed at improving services. This report will describe progress made in relation to each in turn and in relation to any specific concerns arising or reported on since the initial inspection fieldwork. This is based on the following activity since publication:

- four monitoring visits carried out by the link inspector in the course of the year
- a final progress report and supporting evidence prepared by the council, submitted to SWIA in June 2010; and
- a follow-up of the performance inspection of Falkirk Council social work services in June 2010, carried out by 5 SWIA inspectors.

Recommendation 1

Social work services and their partners need to set targets to increase opportunities for people with learning disabilities to access employment opportunities and further education, including mainstream or vocational training.

The council employed four people with a learning disability,. We met some of these people during the follow-up inspection. They were positive about the support received from Falkirk's supported employment service, ASSET which had helped ten people with a learning disability overall to find employment.

The ASSET service was itself in the process of being redesigned, in partnership with Enable Scotland so that this momentum could be maintained. The council aimed to shift the focus of this service from providing unpaid work experience to supporting people into paid employment. It had adopted a strategic approach to doing this with a range of agencies, including resource centres, education, health and voluntary sector partners through the local planning and strategy forum, Falkirk Local Action Group (FLAG) which had produced an action plan to deliver change. This plan was completed after the inspection fieldwork. The final draft had a SMART format.

The council needed to make more progress about working with local colleges to improve lifelong learning opportunities and outcomes for people with learning disabilities, for example through attending the local 'partnership matters' forum. Doing so could result in better experiences for people with learning disabilities and more mainstream and vocational courses being available. As such, this part of the recommendation was not as well developed as plans to improve employment opportunities.

FLAG will develop a plan, with timescales, to increase opportunities for people to access further education including mainstream or vocational training as well as developing local social enterprises. The council will monitor the progress of the action plan and provide bi-annual reports to the head of service.

The council had made some progress in meeting this recommendation, particularly in regard to employment.

Recommendation 2

Social work services must move more quickly to put systems in place for monitoring compliance with National Standards for the mental health officer service.

At the time of our original inspection in 2008 the council was not using national standards. .

By the time of the current inspection in June 2010, reporting arrangements to the chief social work officer on statutory mental health work were in place, including reporting on welfare guardianship orders. They included sections in the chief social work officer's annual report on statutory mental health work, the community care management team and the mental health officer (MHO) forum. A new monitoring form was introduced in May 2010 which will be reviewed after 6 months.

A resource centre, Dunrowan, was a central point for MHO referrals. A mental health development worker was based there and he co-ordinated all referrals to support statutory work. She also supervised four of the twelve MHOs, all situated in community care. An updated list of MHOs was regularly provided to the chief social work officer. Dunrowan had a senior clerical post for statutory work and a part time administrative post for the care programme approach (CPA). There were approximately 150 people on the CPA in Falkirk.

There was a duty MHO service which ran from Monday to Friday during office hours, and statutory work which had been started by an MHO on duty was normally continued by the same person. This was good practice. The contact centre (see below) had a list of duty MHOs. Out of hours MHO cover was provided by a duty team covering Falkirk, Stirling and Clackmannanshire.

As well as a local MHO Forum there was an MHO training group and an orientation process for new MHOs. Falkirk had produced a useful information leaflet "A guide to the mental health officer service" for people who used services and carers.

In its MHO Action Plan, Falkirk identified it needed to do further work which included capacity planning (seven of the twelve MHOs were over 50); broadening service user and carer feedback, and developing a guidance leaflet for GPs.

It was clear that Falkirk had worked hard to improve MHO standards and had produced a detailed action plan which demonstrated the scope of this work. Falkirk was continuing to work to improve this process.

Falkirk completed a baseline practice audit in September 2009, which was reviewed and updated between March and June 2010. A SMART action plan was produced and finalised. While it was too early to judge the impact of this work there was sufficient evidence that Falkirk had met this recommendation.

Recommendation 3

Social work services should ensure that all of its employees are able to respond quickly to enquiries from service users and members of the public.

Falkirk set up a pilot contact centre, to respond more effectively to calls from the public in February 2009. The pilot reconfigured existing administrative staff to provide a single point of contact. Prior to this each local office had a receptionist who was solely responsible for answering all initial telephone enquiries. In 2008 the service received over 40,000 calls per month and, on average only 45% were answered, from each office.

The service now received over 4,000 calls per week and was answering on average 90% of these calls, 65% of them within 20 seconds. The drop in the number of calls received was because many more callers were now getting through at the first attempt. A higher proportion of calls were being answered first time, which meant that there were significantly fewer duplicate calls. A caller feedback process was in place to check with callers if they did get through first time. There was also a handling procedure for urgent calls.

Social workers we met were varied in their opinion of the centre. They thought it had improved matters in general, but inappropriate calls were still being put through to them, and they regretted the loss of local contact for callers. Members of the housing and social care committee received an update on the work of the centre in May 2010 and had an opportunity to scrutinise these arrangements. They approved the steps proposed by the Acting Director of Social Work Services to consolidate the service by approving reconfigured permanent staffing arrangements.

This service had undoubtedly improved the response to people who called in terms of the percentage of calls answered first time, and the speed with which they were answered. They needed to continue to check on customer satisfaction – of both social work staff and those who were making enquiries – in relation to the quality of

the response. The council should continue to pursue this to match the detailed quantitative information they had obtained.

Social work services has made substantial progress in regard to this recommendation.

Recommendation 4

Social work services should ensure that they offer carer assessments on a consistent basis.

We found improved performance in offering and completing carer assessments. Performance information provided by the council showed that the number of completed assessments had increased considerably over the last 3 years. In 2005, there were only 22 completed carer assessments² in Falkirk. Managers told us that the uptake of carer assessments was reported to the council's best value forum on a quarterly basis. In 2007/08 there were 1,236 completed assessments (10.6 per 1,000 population). In 2008/09 there were 2320 completed carer assessments (19.6 per 1,000 population).

Furthermore, 1093 carer assessments were completed in the first half of 2009/10, compared to 2320 in the full year period of 2008/09.

Managers had engaged with staff to improve performance since the 2008 inspection. The development of the IT system meant that staff carrying out a single shared assessment (SSA) were prompted to complete questions on carer assessments before submitting their assessment. A local audit of case files in 2009 had found that carer assessments were being offered and those that were completed were logged on the file of the person using the service. This had not been routine at the time of SWIA's performance inspection. A number of areas for improvement identified by their audit were being progressed by a short-life working group including the need for a single approach to providing carer assessments.

By August 2010, revised arrangements had been made with the carers centre in relation to forwarding information contained in self assessments directly to relevant teams to minimise any delays. Work was also ongoing with the carers centre to develop carers awareness training sessions for social work employees which will be piloted in early 2011. Social Work services had also supported a number of carers training sessions organised through the carers centre and Alzheimer's Scotland. These training sessions were for carers and included a range of topics identified by them. These sessions included information on social work services and carers assessments.

² According to the Joint Performance and Improvement and Assessment Framework (JPIAF).

Inspectors met with a group of eight carers. They confirmed that the carers centre was proactive in making contact with carers and providing advice and information. For most of these carers, their primary contact was with health services and they described the help they got to access a range of support options. Some had found the contact by the carers centre at the local hospital particularly helpful.

The council had worked with partners in Forth Valley to improve the level and quality of information available. However, in our discussions with carers they were unclear about the role of the different agencies, social work, health and the carers centre in providing information and support. In order to continue showing improvement, clarity is needed about how they work together to provide support, particularly in relation to the role of the carers centre in supporting carer assessments on behalf of the council and the other agencies.

This recommendation had been met.

Recommendation 5

Falkirk social work services should complete the review of its community care services as a matter of urgency. They should ensure that key processes like case allocation and case transfer are consistent between localities and between integrated and area teams.

This recommendation was making some, but slow progress. We saw little evidence of the urgency we called for in this recommendation. Managers said that the length of time it was taking was due to the complexity of the work, competing priorities and the need to consult with a range of stakeholders, including unions.

The community care services review was already underway when SWIA inspected social work services in June 2008. The initial recommendation was because we found inconsistencies in the application of processes and of the experience of people who used services, depending on which local office they visited. Social work managers were aware of this issue and had planned to address it.

The housing and social care committee agreed the new outline model for community care services in May 2009 after staff consultation and an options appraisal exercise. Thereafter, there was a request by some elected members for the proposals to be scrutinised by the full council and this took place in June 2009. The option chosen for piloting was a specific intake service which would receive all new referrals (including those from the new contact centre) and undertake short term work of up to 12 weeks. Longer term work would be carried out by 3 locality teams: East, Central and West covering physically disabled adults and older people including people who have dementia. The learning disability, mental health and sensory impairment specialist teams would work with all service users with these specific needs.

Managers created a number of work streams since January 2010, that focused on staffing, accommodation, finance, referrals and transfer pathways. The service was at the stage of agreeing to pilot the model before deciding on the final means for delivering community care. The decision on which locality office to pilot the new model had recently changed and further staffing issues had yet to be agreed. They also needed to identify the key criteria that would inform the evaluation of the pilot.

We found this initiative had shown an increased impetus since January 2010 and groups were setting up shadow budgets, agreeing referral processes, including the implementation of revised eligibility, charging and monitoring arrangements. The developments of the customer contact centre were aimed to support some of these improvements. A timetable for implementing the intake pilot would start in the autumn of 2010.

Staff we met were frustrated by the delays in progressing developments. Managers told us that there was a level of ambivalence among staff about the planned developments and a consequent need for a high level of engagement with staff and union representatives which was important but time consuming. Managers also told us that this was one of a number of significant community care developments which were being progressed simultaneously.

Plans were in hand to deliver staff briefings in September ahead of the pilot. Managers needed to provide a clear message to staff about the pilot, how and when it would be evaluated and what the next stage will be for the longer-term teams. Work on case allocation and case transfer systems would follow on from this.

The length of time it was taking to implement this recommendation undermined the urgency required by the recommendation. Social work managers should accelerate the process of implementation.

We found some progress in implementing this recommendation, although this progress had been slow.

Recommendation 6

Falkirk social work services should ensure that service users and carers have an up to date copy of their care plans.

The recommendation had been made because evidence suggested that in 2008 a significant number of people who used services did not have a copy of their care plan.

- By 2010 written procedures clearly set out when care plans should be written, what they should contain, how they should be recorded and when people who use services should have a copy. The community care service, for instance,

had a care plan re-launch in September of 2009, with clear directions on the care plan process. There was an audit in November 2009, which identified a need for staff training and further scrutiny to help improve recording practice and the introduction of new eligibility criteria.

During the 2008 inspection managers recognised that implementing the paper care plan process had not been ideal because of the use of the electronic system. Social workers we met identified difficulties in printing from the SWIS system. They also identified a problem in that a user of services might have more than one care plan if they received services from more than one provider. A separate recommendation about the SWIS system was made in the 2008 inspection and is addressed below.

In February 2010 managers issued new guidance to staff which reminded them that it was :

'Essential that service users/carers are provided with a copy of the care plan and that practitioner's return a signed copy of the care plan to the case file where practicable as audit evidence. Where this is not practicable the reason should be recorded on the care plan and on the contact record on SWIS. '

In May and June 2010 approximately 100 staff from across social work services attended briefing events and received information packs in regard to case recording, including information about the appropriate production and sharing of care plans.

It was clear from these procedures that people who used services were expected to be provided with a copy of their care plan.

There was a care plan screen on the SWIS system as part of the Single Shared Assessment (SSA), and social workers were expected to record that the user of services had received a copy when appropriate. Most carers we met were not aware of a care plan being in place for the person they cared for.

The file audit helped Falkirk to validate whether the good practice outlined in documentation resulted in people who used services having an up to date copy of their care plans. The actions taken as a result of the file audit will help to progress this recommendation further.

Falkirk had made substantial progress with this recommendation.

Recommendation 7

Falkirk social work services should undertake multi-agency training on adult protection to include health, the police, and independent agencies. This should make clear the expectations of councils and wider partnerships, set out in the Adult Support and Protection Act, 2007.

This recommendation had been made in 2008 because Falkirk were not as far advanced in planning the delivery of staff training for the implementation of the Act as might have been expected.

The council produced detailed breakdowns of the full range of staff who had been involved in multi-agency adult protection training. The scope of this training was comprehensive and included 1447 front line staff across social work, health, housing, criminal justice and police by the end of 2009. Training courses repeated and continued into 2010 and up to April 2010, when 736 council employees (around 10% of the workforce) had been trained. The training was evaluated with the majority of staff making positive assessments of the training they received.

Training was provided across Forth Valley with 50% of events hosted in Falkirk. Examples included specific training for the Forth Valley wide emergency duty team. The Forth Valley Adult Support and Protection group (FV ASP) provided training for minute takers and had delivered practice skills training for council officers and police.

Community care services had an adult support and protection steering group, chaired by the head of service. The workforce development manager was a member of the group and ensured links with the local and Forth Valley-wide training groups.

Further inter-agency training across Forth Valley was planned for September 2010. A wide range of participants included home care staff, advocacy workers, residential and day care staff, social care assistants, hospital based nurses and staff in the independent sector.

An ASP committee development day was held in 11 May 2010 and proved to be an effective review and planning opportunity for staff. The Falkirk ASP training group will continue to meet and will identify relevant training.

After a slow start Falkirk liaised with partner agencies and helped produce bespoke training for a range of people concerned with the protection of adults at risk which was well-attended.

This recommendation had been met.

Recommendation 8

Falkirk social work services should undertake comprehensive risk assessments for service users when there are significant safety and protection issues. They should produce a risk management plan for each one which should be reviewed annually or more frequently if required.

The initial SWIA inspection in 2008 found some concerns about the risks towards young homeless adults. We questioned the appropriateness of some

accommodation in mixed gender blocks of flats. It was unclear if the potential vulnerability of women in these settings had been addressed.

Social work services implemented a new risk assessment and risk management strategy in September 2009. This was aimed at ensuring a thorough and consistent approach to assessing and managing risk. Team managers were given responsibility to audit and take any action necessary to ensure compliance and any further refinement. Staff we met told us that they had received training on the new risk assessment and risk management policy. We did not receive any information or evidence of any evaluation of the training. There was not an audit of compliance with the overarching risk assessment and risk management strategy since it's dissemination across the service in September 2009.

Staff we met were clear about their roles and responsibilities in relation to supporting and reviewing the needs of adults at risk. They told us that the processes were clear but sharing information could be improved if they had an electronic solution available to replace currently used paper versions of forms. They were increasingly using chronologies to record concerns. This would improve data sharing options with partners.

A series of training events on moving and handling risk assessment training ran during 2009, with the key aim being to familiarise managers with the principles and documentation in relation to moving and handling risk assessment. The council was unable to tell us if this training was evaluated.

Although the chief social work officer reported to committee on the number of children and adults at risk, as well as the number of high risk offenders supervised by the criminal justice service, this report did not include information on any audit or change in the quality of risk assessment and planning. This information could usefully be included in future reports.

We found some progress in meeting this recommendation, particularly in regard to putting in place the strategic framework for assessing and managing risk.

Recommendation 9

Falkirk social work services should develop a strategic approach to the development of advocacy services and ensure that services work together effectively.

All of the independent providers whom we met agreed that Falkirk appeared keen to improve the position of advocacy since the 2008 SWIA inspection. The 2008 inspection found that there was a need for a better strategic approach and that some advocacy providers within Falkirk did not know about each other's existence. This had implications for joint working in the context of child and adult protection and we felt more could be done locally to address this. We were told of an event in January 2010 to gather advocacy providers together, but none of the group we met with had any awareness of such an event having taken place. We saw the minute of the

meeting which included representatives from Advocacy Into Action and Forth Valley Advocacy. Council managers told us that this was the first of a series of meetings involving providers and commissioners of advocacy services for adults in the Forth Valley area. As such, no-one from children's services was present. It is clear the event was more of a strategic response to co-ordinate and develop services across Forth Valley than one specifically related to services which operated within Falkirk.

Advocacy managers we met all anticipated further pressures on their budgets arising from a difficult national financial forecast.

Within children's services, the Who Cares? Scotland worker and the Quarriers Children's Rights Officer were about to be co-located in Falkirk and a joint working agreement for the children's rights service was being drafted. Both service providers saw this as a positive development, and one which would strengthen and better co-ordinate the provision of independent advocacy for children and young people. We met with co-ordinators within the children and families service who also spoke positively about this recent development.

In July 2009, the Forth Valley Joint Adult Strategic Planning group considered an advocacy scoping paper which outlined potential opportunities to develop more effective advocacy provision. It was recognised that advocacy services could work together to avoid duplication, provide better coverage and save money.

Following discussion, an advocacy services redesign working group was established to consider current and future advocacy provision across the Forth Valley area. It was noted that any changes arising from this process were to be taken forward at the start of the new financial year 2011/12.

The redesign group had met regularly since January 2010 and involved representation from the four statutory agencies and the four local independent advocacy providers. The group worked within the ethos of a public social partnership approach, a new model of commissioning which is being piloted by Falkirk Council with support from the Scottish Government and external consultants. This approach aimed to harness the knowledge and experience of existing providers in designing the specification for a new model of advocacy provision. The June minute of the group indicated that proposals were to be submitted to the joint adult strategic planning group the following September.

When we met with advocacy providers in August they were ambivalent about the progress that had been made and sceptical about whether the timescales for completing this work would be achievable. We were advised that, subsequent to our fieldwork, a draft service specification had been developed in conjunction with existing service providers and that a report on the future provision of advocacy services in the Forth Valley had been considered and agreed by the Forth Valley Adult Strategic Planning Group in early September, as planned.

We recognise that effective advocacy services would benefit from a strategic approach and that this work is ongoing but more could have been done by the time

of the follow up inspection within the Falkirk area to raise awareness with advocacy providers of each others work. As such this recommendation had made some limited progress.

Recommendation 10

Falkirk social work services should ensure that all service plans set out who is responsible for a task, how long it will take, what the outcome will be, and how the service will monitor progress along the way.

In 2008, the SWIA inspection had found that some projects had not been completed on time, in part because action plans were not always clear, for example about timescales, including the use of 'ongoing' in place of a set finishing or review point. Since the publication of the SWIA report, action plans have been *smarter* but the extent of this had not been consistent. Two examples of improved practice were the social work service performance plan 2009-2012 and the community care services management plan.

The overarching service performance plan had been updated and indicated where monitoring responsibility lay and where finances would come from. This was approved by elected members at the best value and audit forum on 19th June 2009. The performance plan will continue to be monitored at quarterly extended SMT meetings.

The community care management services plan had been developed to improve accountability for actions contained in the social work services performance plan including identified resource implications.

Both plans were smarter than previous service plans. They were clear about timescales and identifying lead managers but they sometimes confused processes with outcomes. For example, 'reviewing services'; 'considering guidance' and 'supporting a review' as objectives, instead of the desired result (e.g. better value for money). In the same plans, other objectives were outcome-specific.

This recommendation had shown some progress but needed to be consolidated through a more consistent application of *smart* principles.

Recommendation 11

Falkirk social work services should make sure that its service plans link to and are supported by detailed financial plans.

In 2008, service plans we reviewed did not contain adequate financial detail nor were they consistent in the time lines of specific projects or initiatives. Since then the

council had worked to progress this recommendation. We reviewed the service plan and a number of committee reports and noted that the provision of financial information had improved.

A good example was a housing and social care committee report of an options appraisal exercise for therapeutic residential care for young people, dated February 2010. This highlighted four options for service development and the corresponding capital and revenue costs and savings. It included weekly cost projections for individual service users.

During the follow up inspection we met elected members who confirmed that the financial information presented to them by council officers in social work services was of sufficient quality to help them apply scrutiny and make decisions.

Social work services had made substantial progress with this recommendation.

Recommendation 12

Social work services needs to ensure that work being carried out to improve the SWIS information system will make it easier to use and be of benefit to service users across all care groups.

There were two original concerns expressed by SWIA in 2008. Firstly, staff told us that they found it difficult to print copies of assessments and care plans for people who used services and their carers because the information was spread across a range of different screens on the system.

Secondly, some staff complained that the system was not easy to use and they lacked confidence about whether the correct information had been collected. In 2008 social work services had also acknowledged in their self evaluation that some staff were still getting to know the system and stated that 'there is still work to be done to ensure that there is consistent and comprehensive use of the system across the service'.

Falkirk had a small team working to continuously improve the SWIS system. There was a SWIS board, module groups for children and families, community care and criminal justice, and user groups. In the follow up inspection we met front line staff, some of whom were on SWIS user groups which sought the views of users of the system to inform development. They told us the system was improving. For instance, it was easy to see if children and families services were also involved if the person was receiving community care. However, some frustrations remained, for example in printing the complex single shared assessment (SSA).

Recent developments included an SSA screen, a chronologies screen, and a spell check. Future plans for improvement included eligibility criteria, audit trails,

improving data collection in respect of adult support and protection, and a multi-agency store.

The SWIS board had its own priority work plan which it kept under review. Managers described some of the improvements to the system which had taken place since November 2009. The next SWIS board meetings was twice rescheduled and the group met in October 2010. Recent achievements and areas for further development were highlighted.

More training was needed for staff using the system to embed this improvement in the gathering and use of information. There were inherent limitations in the SWIS system in relation to the requirements of social work services. Fixing these had proved challenging but Falkirk Council was slowly improving the system.

There was some progress in implementing this recommendation.

Recommendation 13

Falkirk Social work services should develop full partnership financial management information for all areas of joint working. They should submit appropriate financial monitoring data for partnership arrangements to elected members.

In 2008 we reported that there were some areas of joint financial reporting to elected members, for example, a joint social work and education report on the budget position in children's services. However joint financial reporting needed to be undertaken more extensively.

Since then, Falkirk had undertaken more joint financial reporting. We saw examples of more detailed financial information in key reports. A good example was an annual report produced by the children's commission on the use of residential school and secure unit provision. This 2008/09 report was the second made to the joint child care resource allocation group and produced detailed statistical and financial analyses of expenditure. It described further work to be undertaken in better highlighting the needs of young people who use services so that resources to meet them could be made available.

From October 2008, community care financial data was submitted to the community health partnership, which included elected members. The Falkirk CHP finance report for the year to March 2010 contained detailed financial information on both health and community care services. It included a breakdown of council - specific spending on community care groups. A follow-up report to June 2010 was similarly detailed. We met elected member representatives from the two main political parties. They were of the view that the financial information provided by officers was of sufficient quality to aid good decision making.

This recommendation had been met.

Recommendation 14

Falkirk social work services should complete its commissioning strategy. This should include clear direction for individualised purchasing and self-directed care and make links to the joint commissioning strategy for older people.

The council consulted with key partners on the commissioning strategy. These included NHS Forth Valley and neighbouring councils. Managers in Falkirk Council said partner agencies acknowledged the benefit of having clarity on the commissioning priorities and on new areas of potential partnership working. For example, NHS Forth Valley was engaged in the commitment to review day-care services for people with learning disabilities and for those with dementia.

The council also carried out a wider consultation within social work services to allow frontline staff an opportunity to review and comment on the commissioning strategy. The commissioning strategy was approved by the housing and social care committee on 10th November 2009. Managers made a commitment to link it to the social work service plan and the children's services plan. They also said that it would be reflected in joint planning documents and that they would update the strategy on an annual basis, the first being due by January 2011.

The commissioning strategy states, in regard to older people that 'the planning group had recently completed a joint commissioning framework which had now been agreed by all organisations. Work will now proceed to identify specific areas for joint commissioning'.

One of the commissioning priorities identified in the plan was to run a pilot programme to look at how services for people with learning disabilities may be delivered in a more personalised way. However, there was no action plan accompanying the strategy.

Children and young people, young people leaving care, people with learning disabilities, people with mental health needs, people who misuse substances and older people were described as priority groups in a report to the housing and social care services committee in 2009. In it managers acknowledged that 'as this is the first commissioning strategy for social work services there were areas which were either less well developed, or indeed not yet covered'.

Although this recommendation had made substantial progress, the commissioning strategy would benefit from further development.

Social work services had made substantial progress with this recommendation.

Recommendation 15

The council needs to ensure that the principles of adult protection and other community care priorities are as corporately embedded as child protection and child care priorities.

Since the SWIA inspection in 2008, elected members had approved the creation of two additional posts for adult protection plus a lead officer, (adult support and protection) had also been recruited.

Approval was given by committee in June 2009 to recruit to these 2 new posts. The posts were advertised in August 2009. Due to a lack of suitable applicants the posts were re-advertised and interviews held in December 2009. One post holder took up post in March 2010 and the other in April 2010.

For the lead officer post there had been committee approval in November 2008 but complications with grading of the post, and the recruitment process itself meant the lead officer was only due to start work in August 2010. At least some of these difficulties were outwith the council's control.

In January 2009, Falkirk's child protection strategy group agreed to extend its remit to include adult protection. This allowed adult support and protection to benefit from the governance arrangements already in place for child protection. It enabled the council and its partners to build upon areas of common interest such as recruitment and human resources issues and areas of overlap, for example vulnerable children leaving school. In recognition of the extended remit, the group adopted the new name of Falkirk Child and Adult Protection Strategy Group and agreed to base the lead officer for adult support and protection, when appointed, beside the lead officer child protection.

A progress report to committee on the implementation of the Adult Support & Protection (Scotland) Act in March 2010 was the fourth such report since the establishment of the Adult Support & Protection Committee in October 2008, which remained separate from the child protection strategy. It noted that the committee now included representatives from advocacy, carers and council for voluntary service (CVS) organisations.

Achievements included:-

- review and update of Forth Valley adult support and protection guidance;
- development of statistical data set of performance indicators;
- consideration of Forth Valley training plan and review of target performance (training is covered more fully at recommendation 7); and
- development of an information sharing protocol for access to health information.

In June 2010 Falkirk Council had also successfully applied to participate in a 16 month research study by Stirling University exploring how practitioners were working with risk following implementation of the Act in 2008.

The chief social work officer's annual report to committee in March 2010 informed members that over the course of 2009, the service had revised and updated its risk assessment policies. Highlighting the importance of this to work with adults at risk who may be in need of support and protection, the report noted that at any one time around 13 adults had an adult protection plan in place.

Reports had been taken to committees since January 2009 on housing with care, and joint commissioning. These covered a large part of community care services and informed elected members of current draft national eligibility criteria arrangements and future plans. The commissioning strategy, again reported to elected members, contained a significant section on community care priorities.

In May 2009, the acting director of social work reported to committee on the review of community care locality and integrated teams, gaining members' approval for further development and piloting of a proposed new model of service development. We commented earlier on the need for progress. Workshops involving staff, carers and people who used services had been consulted to gain feedback on proposed changes. The steering group was chaired by the head of service (community care) and there was good representation across staff groups including relevant NHS Forth Valley service managers.

Members had since agreed to pilot a new service model in the second half of 2010. Updated newsletters will be issued throughout 2010 to keep all staff and stakeholders informed of the progress of this review.

The council had made substantial progress with this recommendation, with progress particularly evident in adult protection.

Conclusion

Falkirk council had shown progress with all of the recommendations, four of which have been fully met. However, progress with some was slower than expected. It was not always clear why this was although there was an indication from officers and elected members that this could have been partly because of the demands of internal scrutiny and political processes.

The service was implementing the recommendations at a time of transition in leadership within social work services. This may have impacted on the pace of progress which needed to be accelerated and further work undertaken in a number of key areas. It is therefore too soon to say how performance outcomes have been affected. At the same time, it is important to acknowledge examples of good and

improving practice emerging from the actions which have been implemented, as detailed in this report.

Among the achievements during this period were

- a thorough approach to training staff on the requirements of the Adult Support and Protection (Scotland) Act 2007;
- a significant increase in the number of people with a learning disability employed by the council;
- a more consistent approach to ensuring carers are offered their own assessments; and
- better provision of detailed financial information in reports, including those for elected members.

Areas for continued improvement included

- a conclusion of the exercise to determine the best way to deliver community care services locally;
- the need to deliver a more strategic approach to delivering or commissioning advocacy services ;and
- more consistency in producing SMART action plans.

SWIA will maintain its interest in these and other matters in the course of our on-going link with Falkirk Council. The future level of link inspector involvement will be determined, in part, by the extent to which the local authority is able to demonstrate effective self evaluation.

Falkirk Council needs to make the move from services moving in a positive direction, to a position where these are very good or even excellent. In order to do this they will need to sustain the progress they have made in some areas and significantly increase the pace of change in others.

Steve Porter

Link Inspector

8th November 2010

Appendix 1

Sessions completed during SWIA visit to Falkirk Council 9th and 10th June 2010

Management/ social work resources meetings:

- One meeting with contact centre manager
- One observed practice of contact centre
- One visit to the children's unit, Brightons
- One presentation of SWIS information system
- One presentation on standards in mental health

Focus groups

- One focus Group of advocacy services
- One focus group of carers
- One focus group of people with learning disabilities and carers
- One focus group of council and independent agency staff (employment and lifelong learning)
- One focus group of care managers
- One focus group of children's co-ordinators

Interviews

- One interview with two elected members
- One combined interview with chief social work officer and chief executive