**DUNDEE CITY COUNCIL**

**REPORT TO:**  **SOCIAL WORK AND HEALTH COMMITTEE - 26TH SEPTEMBER 2011**

**REPORT ON:**  **SELF EVALUATION OF THE SOCIAL WORK DEPARTMENT**

**REPORT BY:**  **DIRECTOR OF SOCIAL WORK**

**REPORT NO:**  **426 - 2011**


**1.0**  **PURPOSE OF REPORT**

This report is prepared to inform the committee of the Self Evaluation undertaken by the Social Work Department between April 2010 and March 2011.


**2.0**  **RECOMMENDATIONS**

2.1  That the committee note the contents of this report and;

2.2  require the Director of Social Work to submit a self-evaluation improvement plan to committee by December 2011.


**3.0**  **FINANCIAL IMPLICATIONS**

None.


**4.0**  **MAIN TEXT**

4.1  **Background**

Dundee City Council Social Work Department has undertaken Self Evaluation Activity since 1999 when the Department undertook its first European Foundation of Quality Management (EFQM) assessment. Following this, the Departmental EFQM Self Assessment and Case Study was undertaken again in 2004/5 and then in 2006/7.

4.2  In August 2006 the Department adopted a Performance Management Framework, 'How Good is Our Department'. This framework, which was updated in April 2007, built upon the EFQM approach. For the first time the framework provided the Department with a specific performance improvement model which was based on the Social Work Inspection Agency (SWIA) Performance Improvement Model (PIM) which was in place at that time. This Model was also adopted by planning and service delivery partners and by the Dundee Partnership until it was superseded by the Council-wide adoption of Public Sector Improvement Framework (PSIF) and later by the then SWIA 'Guide to Supported Self-Evaluation'. The 2007 EFQM Self Evaluation Case Study was produced at departmental level and actions to be taken were incorporated into the Departmental service planning process. (Committee Reports 106-2007 and 131-2008).

4.5  In 2009 the Departmental self assessment took the form of a submission to Quality Scotland for Recognised for Excellence. As a result Dundee City Council Social Work Department now has Recognised for Excellence Bronze status (Committee Report 343-2009).

4.6  The Department's overall score increased form 276 in 2005 to the 351-400 range in 2009 (externally assessed by Quality Scotland). A score of 300 achieves the Recognised for Excellence Bronze status and a score of over 400 achieves the Silver Award status

4.7  In 2010 the Department moved on to adopt the aforementioned recently published 'Guide to Supported Self-Evaluation' (SWIA) as its self assessment model. This process included.

- Staff developed the basis of the Self Evaluation by drawing information from a range of evidence from supporting documents, staff, service users and carer's surveys.
- Leadership staff engagement event for all line managers.
- Focus groups with a range of front line staff across all service areas.
- Focus groups with service users

4.8     The attached executive summary (Appendix 1) and the more detailed strengths, areas for improvements and good practice examples against the Areas for Evaluation (Appendix 2) are included for more information. The full self evaluation behind these headlines will be published on the Strategy and Performance Section of the Social Work Intranet Site.

4.9     This self evaluation process follows naturally from the previous work we have done and builds on the EFQM and PIM model approaches. It has been agreed within the Council that the Social Work Department will use the SWIA PIM and Supported Self Evaluation Guide as its main self evaluation tool rather than PSIF. This offers a number of advantages as it enables us to assess our performance against areas for evaluation that will be looked at in the inspection process and asks detailed performance questions on areas which are important and specific to our service users, staff, society and partners.

4.10    The areas for improvement identified will inform an improvement plan which will be further informed by the findings of the recent performance inspection undertaken by Social Care and Social Work Improvement Scotland (SCISWIS formerly SWIA). This report identifies three recommendations.

- The social work Department needs to develop and implement frameworks for assessment and care planning which identify personal outcomes.
- The social work Department needs to fully implement formats for risk assessment and risk management plans and make sure that staff are trained and competent in producing these to a good standard.
- The social work Department should work with its partners to agree strategic commissioning strategies that reflect longer term priorities across all care groups. These should incorporate directly provided and purchased service for all care groups and contain clear financial information.

4.11    A full report on the recent performance inspection undertaken by SCSWIS and an accompanying committee report is to be presented separately. The recommendations from this report reinforces  the areas for improvement that the Social Work Department had identified and which has been included in the Service Plan 2011-13. The improvement plan will include these specific three recommendations and will be progressed in a time period agreed with SCSWIS.

4.12    **The Way Forward**

An improvement plan will be prepared for committee approval by December 2011. Many of the areas for improvement have been identified by teams and leaders throughout the organisation. In view of this it is anticipated that an inclusive approach will continue towards achieving the improvements. Therefore, as far as possible, teams and leaders at all levels of social work will be involved in making a contribution to the improvement plan. These contributions will mainly be integrated into team or service meetings using existing improvement methods.

**5.0     POLICY IMPLICATIONS**

5.1     This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.  There are no major issues.

5.2     An Equality Impact Assessment has been carried out and will be made available on the Council website http://www.dundeecity.gov.uk/equanddiv/equimpact/.

**6.0     CONSULTATIONS**

6.1     The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance have been consulted in preparation of this report.

**7.0     BACKGROUND PAPERS**

Equality Impact Assessment.


Alan G Baird                                                          DATE: 2nd September
**Director of Social Work**                                          2011

**EXECUTIVE SUMMARY**

**SELF-EVALUATION- BUILDING EXCELLENT SOCIAL WORK SERVICES**

Social work services need to be able to show that they are doing the right things to deliver excellent outcomes and do so efficiently. Self-evaluation is therefore a critical and necessary task for every social work service in Scotland. The Social Work Inspection Agency anticipated that the use of the *Guide to Supported Self Evaluation* would make a contribution to shifting the emphasis away from cyclical inspection toward regular self–evaluation and improvement, with external verification through proportionate inspection. Internal self evaluation will form an important link between self-evaluation and scrutiny to ensure proportionate inspections.

SWIA proposed that there are ten key steps in preparing and carrying out self-evaluation activity and successfully conducting the evaluation. It is important that any action plan arising from the evaluation feeds into the strategic, service and operational plans for the services evaluated. A number of areas for improvement identified from the self-evaluation have been included in our latest annual service plan review, Committee Report 351-2011.

The main steps the department followed in completing this self-evaluation were:

- setting  the scope for the evaluation;
- agreeing the membership of the evaluation team and appointing a lead evaluator;
- agreeing the timescale for the self-evaluation;
- agreeing the evaluation methods;
- deciding what evidence is needed, and how to get it;
- arranging the evaluation team meetings;
- allocating responsibilities and evaluation activities, and agree the arrangements for
- recording and reporting findings;
- undertaking the self-evaluation activities;
- writing up the evaluation and preparing to report the findings; and
- reporting the outcomes of the self-evaluation, and improvement planning

Similarly to previous self-assessments, the Department involved as many staff as was practicable to ensure the areas for improvement address both common themes and issue raised from teams and services. The methods used included:

- considering performance results, policies and the finding from audits and inspections;
- analysing the findings from service user, cares and staff surveys;
- arranging leadership events (first held with over 100 leaders from the department in September 2010 to help identify strengths and areas for improvement as part of the self-evaluation process). This was repeated in February 2011 to agree improvement actions;
- arranging focus groups (focus groups held with staff from across the department both in segmented, service specific groupings and cross departmental groupings to help identify strengths and areas for improvement as part of the self-evaluation process); and
- populating the self assessment framework by answering key questions on Departmental performance including strengths and areas for improvement. These will form part of our improvement plan

The self assessment considered the following key areas for evaluation and a brief summary of key strengths and areas for improvement are outlined below.

**Area For Evaluation: 1 - Key Outcomes For People Who Use Services And Their Carers**

Strengths: Key Points
- a generally improving picture from survey results;
- a clear shift towards personalised outcomes and improving quality; and
- positive reports from the Care Commission now Social Care and Social Work Improvement Scotland (SCSWIS)

Areas for Improvement: Key Points
- move from the use of performance measures which measure processes and/or service delivery to outcomes which reflect the impact on and for service users;
- further develop the use of outcomes;
- use data and research more effectively to improve services; and
- improve targeting and target setting

**Area for Evaluation 2- Impact on people who use our services**

Strengths: Key Points
- most people surveyed felt that:
  - the assessment and care plan reflect their needs;
  - waiting times are acceptable;
  - their views have been listened to; and
  - they were included and informed
- the department performs well against the national average for survey results (SCSWIS)

Areas for Improvement: Key Points
- improve the range of information that is available to and passed to service users and carers;
- improve our consultation processes; and
- improve care planning

**Area for Evaluation 3 - Impact on employees**

Strengths: Key Points
- there are positive trends in a range of staff surveys;
- the department has a staff support service and has gained a Scottish Healthy Working Lives Award at Gold standard; and
- the department has a strong approach to workforce learning and development

Areas for Improvement: Key Points
- ensure that staff skills are fully utilised;
- set targets for improving staff perception measures;
- improve and enhance our supervision and mentoring practice

**Area for Evaluation 4: Impact on the Community and other Stakeholders**

Strengths: Key Points
- national and local statistics are taken into account in SW strategic planning;
- members of extended management teams are on each of the 8 local community planning partnerships; and
- strategic Planning is undertaken on a multi agency basis

Areas for Improvement: Key Points
- explore further opportunities for co-location and more integrated services;
- develop more shared outcomes across partnerships; and
- seek opportunities to improve partnership working

**Area for Evaluation 5: Delivery of Key Processes**

Strengths: Key Points
- our survey results are improving and we have better trend over time information;
- we have good examples of improved inter-agency delivery arrangements to protect vulnerable people; and
- we have effective risk management systems in place.

Areas for Improvement: Key Points
- process improvements;
- recording of unmet need and the needs of carers;
- strengthen risk assessment and management process alongside partner agencies;
- rollout the personalised outcomes approach; and
- increase the flexibility of delivery of services

**Area for Evaluation 6: Policy and Service Development, Planning and Performance Management.**

Strengths: Key Points
- policies and procedures are developed in line with legislative requirements, national standards, policies and guidelines;
- a 'golden thread' exists which links outcomes in the SOA to priorities in the Council Plan, to departmental outcomes, to outcomes and objectives in personal or team action plans;
- outcomes for individuals evidenced in care plans demonstrates that the right partners are in place and what outcomes have been delivered; and
- regular customer surveys are used e.g. home care service users survey, welfare rights service and rapid response service

Areas for Improvement: Key Points
- clarify how short term and long term pressures and requirements are balanced to help ensure that policy and strategy are driving the organisation on the correct course;
- better evidence of risk management;
- continue to ensure that our work force plans take account of long term population needs, personalised outcomes, capacity and finance; and
- provide evidence of communication of policy and strategy to stakeholders and any evaluation of awareness

**Area for Evaluation 7 Management & Support of Employees**

Strengths: Key Points
- good workforce and HR strategies;
- the majority of staff (77%) have regular supervision that helps them to be clear about their roles and responsibilities;
- there are a number of communication channels within the department; and
- we have a Learning and Workforce Development Service

Areas for Improvement: Key Points
- continue to develop and improve communication with all staff; and
- be clearer about how the resource plan aligns with the policy and strategy, the organisational structure and the framework of key processes

**Area for Evaluation 8 Resources and Capacity Building**

Strengths: Key Points
- there is robust financial planning within the department and increasingly with planning and service delivery partners;
- the Welfare Rights Service delivers significant results in relation to income maximisation for service users;
- there is a bespoke client information system 'K2' which supports the generation of regular management data sets to statutory performance indicators; and
- there is an approach to working with partners in line with policy and strategy

Areas for Improvement: Key Points
- further standardise financial delegation and reconsider authorisation levels for first line staff;
- consider methods of keeping high risk areas as live issues on management team agendas;
- generate creative thinking and improve know2ledge management; and
- improve partnership working and build on the opportunities partnership working brings

**Area for Evaluation 9 Leadership and Direction**

Strengths: Key Points.
- for all 4 indicators on strategic leadership in the 2010 staff survey departmental results are above the Scottish average;
- there are a range of engagement events held at all levels in the department;
- learning and workforce development opportunities exist for staff to develop leadership skills and competencies; and
- most leaders are seen to be realistic, honest, and approachable and to have a good value base

Areas for Improvement: Key Points
- provide more evidence of our approach to how the leadership manage change in the following areas:
  - ensuring the effective delivery of change;
  - communicating changes and their reasons to external stakeholders;
  - supporting and enabling people to manage change; and
  - measuring and reviewing the effectiveness of change

**Conclusion**

This self-evaluation is the most wide ranging and inclusive assessment undertaken by the department. Our information sources are generally stronger than in the past and we have access to improved trend over time information and we have been able to benchmark a number of our results using baselines set by SCSWIA. The areas for improvement will be identified in a future improvement plan and will be taken forward over the next 2-3 years. It is worth noting that a number of the areas for improvement identified are already being worked on or nearing completion.

# SELF-EVALUATION- BUILDING EXCELLENT SOCIAL WORK SERVICES

## KEY FINDINGS 2010-2011

**AREA FOR EVALUATION: 1**

**KEY OUTCOMES FOR PEOPLE WHO USE SERVICES AND THEIR CARERS**

This area for evaluation gathers evidence about the real differences and benefits that social work services have made to the lives of individuals, families and communities. It defines the outcomes we want to achieve and uses information from our performance management and quality assurance systems.

**QUALITY INDICATOR 1.1: EXPERIENCE OF INDIVIDUALS, CHILDREN AND THEIR PARENTS AND CARERS WHO USE OUR SERVICES**

**Key Factors:**
*The extent to which:*

- the local authority enables adults and children to achieve the best possible social outcomes in terms of independence, overcoming barriers to inclusion, living law- abiding lives, and developing their abilitiesl;
- there are effective outcomes for people who use the local authority's services and their carers, as evidenced by other inspection bodies such as the Care Commission, HMIe, and NHS QIS; and
- the service has defined key outcomes for all its services, including those delivered in partnerships, and has systems in place to measure these

**Strengths:**

- there is evidence of a clear culture shift towards personalised outcomes and outcomes focussed work;
- user Survey (2010) evidences positive outcomes for service users above Scottish average in 80% of indicators (4 out of 5) on Key Outcomes;
- carers Survey (2010) evidences positive outcomes for carers and the service users they care for above national average in 100% (9 out of 9) of indicators on Key Outcomes;
- in Carers Survey (2010) 89% of indicators (25 out of 28) show improved performance when compared with 2007 Survey;
- staff Survey 2010 evidences positive outcomes above the Scottish average in 86% of indicators (6 out of 7) on Key Outcomes;
- youth Justice figures show above national average improvements in young people leading law-abiding lives;
- significant improvement in target completion time for Community Service Orders;
- increased self-evaluation activity across all services, with use of feedback from carers and service users becoming embedded in self-evaluation activities;
- the department has defined key outcomes for all its services, including those delivered in partnerships;
- local key outcomes are well defined and clearly linked to national and local outcomes. There is a 'golden thread' from the SOA and Council priorities to departmental outcomes and personal action plans;
- the use of 'Talking Points' and person centred outcomes approach in Community Care Services;

- there is a proven history of positive outcomes for adults and children in residential care as evidenced by the Care Commission in inspection reports;
- performance management frameworks are linked to national outcomes; and
- adoption of GIRFEC

**Areas for Improvement:**
*In relation to improvements we need to:*

- improve the co-ordination and consistency of approach to the use of self evaluation methods with users and carers across all services;
- ensure service users are always listened to and sufficiently involved in service development, including the development of the use of outcomes;
- move from the use of performance measures which measure  processes and/or service delivery to outcomes which reflect the impact on and for service users;
- further develop the use of outcomes. Some outcomes are only beginning to be measured, this applies especially to outcomes for service users where questionnaires are unsuitable method for collection of evidence;
- develop and embed an outcomes approach which is monitored and reported upon in Children's Services;
- further develop shared outcomes with stakeholders and partners;
- use the department's performance management framework to make more specific links between actions and personal outcomes at operational level (good links are made at strategic level but not at day to day operational level);
- standardise and improve the effectiveness of approach by management teams to the use of data for improvement purposes;
- make more use of the media for positive news stories;
- improve the use of knowledge, research and evidence based practice;
- secure electronic information sharing among agencies;
- improve the ways in which we share good practice;
- do more to help people feel part of their community and reduce isolation; and
- develop and implement an improvement plan in relation to the delivery of key outcomes for Criminal Justice Services

**Good Practice Examples:**

- Community Payback Newsletter;
- use of DVD on satisfaction with Tayside Deaf Association for those where BSL was their language of first choice;
- use of Digital Stories;
- use of personal plans i.e. learning disability & child's plans - outcomes focussed; and
- Use of Talking Points and personalised outcomes approach in some Community Care teams

**QUALITY INDICATOR 1.2: PERFORMANCE AGAINST NATIONAL AND LOCAL TARGETS**

**Key Factors**
*The extent to which:*

- performance against national standards and targets, e.g. National Standards for Foster Care or National Standards for Criminal Justice Social Work; and
- performance against local targets and objectives (these may show the local authority and its partners working towards achieving national targets or having exceeded them).

**Strengths**

- Criminal Justice have met or exceeded most national and local targets;
- Community Care mainly set targets for direction of change rather than quantitative targets - almost all of these have been met;
- Children's Services are meeting targets for immediate response to concerns; and
- Care Commission reports show that Dundee Social Work services, particularly for residential care (adults and children) is exceeding those delivered by comparator authorities.

**Areas for Improvement**
*In relation to improvements we need to:*

- ensure that targets are met within Children's Services;
- further develop outcome focussed targets;
- reset local targets due to the fact that they been exceeded for some time and could be more ambitious, or because they do not reflect national targets;
- ensure that there are targets on any of the measures shown, whether they are perception or indicator measures. The lack of targets makes it difficult to asses if planned results are achieved (QS); and
- segment results data to help to prioritise action plans and improvement activities (QS)

**AREA FOR EVALUATION 2**

**IMPACT ON PEOPLE WHO USE OUR SERVICES**

This area for evaluation is about the experience and feelings of people who use services. It is about how people understand and appreciate the services you provide, or their perceptions of waiting for a service. People's perceptions may differ from how you evaluate yourself in other areas of the PIM, and this section provides an important grounding for those other assessments.

**QUALITY INDICATOR 2.1: EXPERIENCE OF INDIVIDUALS, CHILDREN AND THEIR PARENTS AND CARERS WHO USE OUR SERVICES**

**Key Factors**
*The extent to which:*

- service users and carers say they can easily obtain information about services and eligibility criteria;
- service users and carers say that they easily obtain information about prioritisation and assessment and care management processes;
- the service publishes performance information that lets people know how well it is doing, including about waiting lists;
- the service keeps service users and carers fully informed and involved, including those on waiting lists;
- service users and carers feel listened-to;
- service users and carers feel that the authority provides services without unreasonable delays; and
- involuntary service users say that they are informed and able to contribute appropriately to shaping the services they receive

**Strengths:**

- there are a number of perception measures gathered from all client groups by a variety of sources internal and external (QS);
- in relation to service users, on 21 perception measures, Dundee Social Work Services score higher than the SWIA national average on 20 measures;
- in relation to carers, on 28 perception measures, Dundee Social Work Services score higher than the SWIA Scottish average on 26 measures;

   *Most people surveyed felt that:*
   - the assessment and care plan reflect their needs;
   - waiting times are acceptable;
   - their views have been listened to; and
   - they were included and informed

- the SWIA grading of 'good' in relation to customers places Dundee in the top quartile (QS);
- 26 services were inspected by the Care Commission during the year to 31st Match 2010- 96% of grades awarded were either **6** excellent (1%), **5** 'very good' (47%) or **4** 'good' (48%);
- range of methods in place to enable users and carers to shape the services they receive

**Areas for improvement:**
*In relation to improvements we need to:*

- provide accessible information which better meets the needs of users and carers;
- increase staff awareness of the requirements for and the availability of public information;
- address the significant drop in the percentage of carers reporting that they have had their needs assessed as carers;
- better support people attending meetings to ensure they have their voices heard;
- streamline meetings for service users;
- raise the percentage of service users receiving copies of their assessments and care plans;
- continue to increase the percentage of case files which have a care plan that was completed in the last year;
- develop eligibility criteria for all service areas and make easily available to service users/carers;
- work more effectively to help people lead less isolated lives, especially in residential care services;
- increase use of information from surveys in action planning;
- extend use of focus groups in Criminal Justice Services;
- improve consultation with offenders;
- improve consultation with children and young people and their parents or carers; and
- improve the co-ordination and consistency of approach to the use of self evaluation methods with users and carers across all services

**Good Practice Examples:**

- the provision of targeted information for example LAC Pack, Children's Rights Information, booklet for fostering and adoption service, Eastport House newsletter, quarterly newsletter for fostering and adoption services, audio tapes, leaflet and newsletter at Wellgate Day Centre; and
- Little Sister initiative at the Wellgate Day Centre.

**AREA FOR EVALUATION 3**

**IMPACT ON EMPLOYEES**

This area of evaluation is about what employees themselves think and feel about working for the organisation. Evidence here relates to those thoughts and feelings, rather than the initiatives and measures that managers have put in place. What this area is evaluating is the impact of what the organisation has done to create a motivated and satisfied workforce. The evidence and evaluations here contrast with those in area 7, which looks at the management and development of the workforce from an organisational perspective.

**QUALITY INDICATOR 3.1: MOTIVATION AND SATISFACTION**

**Key Factors**
*The extent to which:*

- employees feel motivated;
- employees feel involved, satisfied and valued;
- employees feel well managed, including within joint and integrated teams;
- employees feel that teamwork is effective, including within integrated teams;
- employees feel that their workload is reasonable and their professional opinions valued;
- employees feel that they have good opportunities for continuous professional development (CPD) and career development; and
- employees feel the council provides a range of effective measures to support them personally and professionally

**Strengths:**

- employees have been involved in key departmental initiatives which affect them, for example the Intranet Development Group, the editorial team for Staff Matters, the Changing Working Practices Group, and Performance Improvement Groups which were set up to address the 3 lowest themes from the Staff Survey 2009 (QS);
- a wide range of perception indicators are presented, these are linked to the leadership and people approaches (QS);
- of 32 indicators 27 are showing positive trends over 3 datum points and 6 years, the other 5 are showing no change (QS);
- following the Recognised for Excellence Feedback Report (2009) - which stated 'there is no segmentation of data by site of job or job role' our 2010 staff survey has been altered to allow this data to be collected and analysed;
- following the Recognised for Excellence Feedback Report (2009) - which stated 'the people results have very limited benchmarking within other areas of the Council or external benchmarking - staff survey results are now benchmarked with the Council and with SWIA national averages. We intend to use SWIA best in class results to help us address areas for improvement;
- 643 staff completed the 2010 staff survey, representing 35.7% of the total workforce;
- in summary the staff survey 2010 results show that for 77% (40 out of 52) staff perception measures results were above the Scottish average;
- Staff Support Service which provides annual reports on activities;
- Scottish Healthy Working Lives initiative (Gold Award gained);
- Mediation Policy;
- mental well being policy and linked staff development activities;
- induction programmes at which Director, Social Work Convenor and senior managers participate

- Effective Support to Staff and Good Practice in Management Handbook - with induction, supervision, EDR/PDR, flexible working policies etc;
- all staff meetings;
- mentoring system for new staff (CC);
- learning and workforce development service and strategic framework; and
- personal safety initiatives

**Areas for Improvement:**
*In relation to improvements we need to:*

- set targets for many of the staff perception measures. It is unclear if targets are set and used to monitor achievement of objectives (QS);
- enhance the engagement of social work staff in the planning of services;
- ensure skills and expertise are being fully utilised, especially in front line services - reduce downtime/dead hours in home care;
- increase job rotation/secondment opportunities;
- reduce absence rates;
- assess effectiveness of EMT;
- fully implement the Continuous Learning Framework;
- increase use of mentoring and coaching;
- increase use of supervised practice as well as 1:1 supervision;
- provide more opportunities for reflection and reflective practice;
- improve the visibility of senior managers;
- clarify the role of the qualified social worker;
- reduce the use of temporary posts in key services;
- further reduce bureaucracy;
- increase use of co-location and integrated working;
- improve the percentage of staff in criminal justice and community care services who feel valued by their managers;
- improve the percentage of fieldworkers and residential care workers who feel valued by their managers;
- improve working relationships with education, housing and health services across the department;
- decrease the percentage of fieldworkers who disagree or strongly disagree that their team has a good relationship with housing services;
- improve the working relationship with the OOHS, especially among residential care workers;
- ensure more effective leadership of change, especially for managers, fieldworkers and day care workers; and
- work to improve results in relation to all indicators on Capacity for Change by increased empowerment of staff.

**Good Practice Examples:**

- Staff Support Service - back care initiative, confidential counselling service, etc; and
- Healthy Working Lives Initiative (Gold Award gained)

**QUALITY INDICATOR 3.2: EMPLOYEES' OWNERSHIP OF VISION, POLICY AND STRATEGY**

**Key Factors**
*The extent to which:*

- employees know about and embrace the service's vision and policy in day-to-day work;
- employees understand local and national service delivery standards and can evidence that they meet or exceed these; and
- employees understand their professional responsibility for maintaining professional and service standards

**Strengths:**

- the majority of staff (63%) think their is a clear vision for social work in the authority;
- the majority of staff (77%) think there is a clear set of local social work priorities;
- the majority of staff (96%) are aware of the standards they are expected to follow;
- the majority of staff (88%) believe they have clear guidelines to follow when dealing with risk;
- the majority of staff (79%) think they have a plan which provides clear direction; and
- the majority of staff (86%) are aware of their responsibilities in relation to financial matters

**Area for Improvement:**
*In relation to improvements we need to:*

- review and update the departmental vision in line with a more outcomes focussed approach, as highlighted through leadership events and focus groups with staff;
- review, update and implement a revised EDR/PDR policy and process; and
- improve the percentage of staff who are aware content and implementation of the SSSC Codes of practice, especially among administrative and support staff

**AREA FOR EVALUATION 4**

**IMPACT ON THE COMMUNITY**

This area of evaluation is about how well the community understands, values, and assists with providing social work services. Evidence here does not relate to the performance of the community itself but of our activities to promote positive community capacity and engagement. Evidence here relates to our understanding of the characteristics of the local community and our efforts to engage with it. It should include information on what the public actually thinks about social work services, and evidence of community participation such as volunteering or taking part in relevant community projects.

**QUALITY INDICATOR 4.1: COMMUNITY PERCEPTION, UNDERSTANDING AND INVOLVEMENT (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- the local authority recognises and consults diverse local communities about levels, range, quality, and effectiveness of social work services, and takes account of the findings;
- the community understands the positive role social work services play in promoting community wellbeing, for example in reducing re-offending;
- the wider community participates meaningfully in service planning, prioritisation, and delivery;
- elected members help the wider community to include and support vulnerable children and adults; and
- elected members help social work services.

**Strengths:**

- national and local statistics taken into account in SW strategic planning;
- all new policies and procedures are screened by equality impact assessment tool;
- positive feedback in available surveys;
- Councillors involved in helping the community understand the role and remit of social work services through work of committees, media opportunities and where appropriate the work of the LCPPs;
- members of extended management teams are on each of the 8 local community planning partnerships; and
- as a result of staff survey results the Convenor of the Social Work and Health Committee now attends induction events for all new staff

**Areas for Improvement:**
*In relation to improvements we need to:*

- improve wider community engagement/consultation;
- increase evidence gathering regarding employee's promotion of SW services;
- increase support to social enterprise initiatives;
- improve the percentage of staff who think that their service helps people to lead less isolated lives (84% in 2010 staff survey: SA= 86%); and
- improve the percentage of service users who think that social work services have helped them to feel a part of their community (58% in 2010 service user survey: SA = 65%)

**QUALITY INDICATOR 4.2: IMPACT ON OTHER STAKEHOLDERS**

**Key Factors**
*The extent to which:*

- stakeholders know which social work services are available and what they do;
- services provided by stakeholders complement those provided by social work services; and
- stakeholders value social work services and believe they are effective.

**Strengths:**

- information is published on range of services;
- the establishment of the Multi Agency Assessment Team has increased awareness amongst child care and protection agencies of one another's roles and responsibilities;
- presentations are give to LCPPs on the roles and responsibilities of social work services;
- Community representatives have been involved in the design and development of a leaflet on 'Protecting People' aimed at the general public;
- a range of multi-agency fora exist where information is shared, and through which services are developed and managed;
- strategic planning is undertaken on a multi-agency basis through a variety of partnerships involving key stakeholders;
- 2010 survey results confirm that carers and users value social work services;
- work on the CP Improvement Plan (project managed by social work services and led by the CE of the Council) which has resulted in increased professional, political and public confidence in multi-agency services to protect children in the City;
- co-location of protecting people lead officers; and
- the development of local practitioners fora across the City

**Areas for Improvement**
*In relation to improvements we need to:*

- develop and implement a partnership questionnaire on the impact and value of social work services;
- explore further opportunities for co-location and more integrated services;
- develop more shared outcomes across partnerships; and
- improve working relationships with education, housing and health services across the department based on 2010 staff survey results

**Good Practice Examples**

- Community Payback Newsletter;
- 'Protecting People' leaflet; and
- co-location of 'Protecting People' lead officers

**QUALITY INDICATOR 4.3: COMMUNITY CAPACITY**

**Key Factors**
*The extent to which:*

- the community is involved in a wide range of social work related activities, such as befriending, independent advocacy, foster caring, and adult placements;
- the local authority has clear strategies to promote and expand community involvement; and
- the service helps community organisations that support vulnerable people and provide preventative services

**Strengths:**

- public leaflet on 'Protecting People' developed with community representatives as springboard to further dialogue with communities on their role in this agenda;
- social work representation on all LCPPs in the City;
- Community Service is delivering positive outcomes and has a well-established positive reputation within the LCPP structure; and
- Community Payback newsletter is helping to make the community more aware of the positive aspect of work with offenders by providing details of the work they are doing in communities.

**Areas for Improvement:**
*In relation to improvements we need to:*

- explore/develop social work role in relation to self-help and social enterprise initiatives;
- develop and implement a community engagement strategy for social work services

**Good Practice Examples**

- Community Payback News;
- Protecting People Leaflet

**AREA FOR EVALUATION 5**

**DELIVERY OF KEY PROCESSES**

This area is all about processes for service delivery. Evidence here should illustrate the effectiveness of our actions to make services accessible, well organised, flexible, accurate, personalised and fair, whether delivered by social work services alone or in partnership. This section also deals with social work's role in protecting vulnerable people from harm, and the management of people who pose a risk to others.

**QUALITY INDICATOR 5.1: ACCESS TO SERVICES (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- the local authority provides clear information about social work services and how to get them, eligibility criteria, service priorities, and assessment processes;
- service users can easily access buildings, offices, and centres; there are good systems for receiving enquiries from all potential sources (including outside office hours) and for obtaining relevant information;
- we work with partner agencies to improve and speed up access to social work services;
- there are good systems for referral taking, including correct identification of concern; and
- the service responds to referrals promptly, and within published targets.

**Strengths:**

- there are 8 (clearly defined) key process within the SWD that aim to bring together all activities to achieve the vision (QS);
- we have introduced one number '307999 Dundee's Child Protection Line' for all child protection enquiries;
- we have introduced the Multi-Agency Assessment Team to ensure that the right work arrives at the right door in relation to child care and protection;
- there is one route into adult care and older people's services through the First Contact Team;
- more carers in the 2010 survey compared to the 2007 survey report that:
    - they find it easy to get information
    - they find services helpful during evenings and at weekends
    - get help when they need it;
- more service users and carers in the 2010 survey compared to the 2007 survey report that:
    - they get a good response when they first contact social work services
    - they get a helpful response during the day;
- more service in the 2010 survey compared to the 2007 survey report that:
    - they can use the language of their choice in contacting social work services;
- in CJS Services:
    - users are better able to influence the timing of appointments and the time taken to complete orders
    - service user are seen and can sign paperwork at court, so offenders start quickly and get through orders more quickly, exceeding standards set;
- in Community Care Services users are enabled to have speedier responses and increased choice:
    - through improved screening and prioritisation
    - through the use of resource allocation meetings, and

o   through the use of direct payments

**Areas for Improvement:**
*In relation to improvements we need to:*

- establish a process management system and/or quality management systems in process management (QS);
- consider changes and an improvement process that may support the improvements and help drive actions highlighted from surveys and external audits e.g.
    - o   discovering and using new process designs
    - o   establishing appropriate methods for implementing change
    - o   piloting and controlling methods for implementing change processes
    - o   communicating process changes to all appropriate stakeholders
    - o   ensuing people are trained for change processes prior to implementation
    - o   ensuring process changed achieve predicted results (QS);
- ensure that service users:
    - o   find it easy to get social work information on services
    - o   get a good response in the evening and/or at weekends
    - o   receive a good induction pack at the start of home care services;
- ensure that carers:
    - o   can use the language of their choice;
- revise and update the departmental Public Information Strategy; and
- ensure consistency of initial responses.

## QUALITY INDICATOR 5.2: DAY-TO-DAY PLANNING AND RESOURCE ALLOCATION (SWIA ISLA)

**Key Factors**
*The extent to which:*

- there is effective day-to-day planning by operational managers, including resource and employee deployment, and joint planning with partners;
- there are effective systems for workload allocation and management;
- eligibility criteria help managers and professional employees effectively screen and prioritise work;
- priority systems consider carers who need support to continue caring;
- the service actively manages, monitors, and reports waiting times;
- operational managers are aware of the range of service options, and plan to deliver personalised services; and
- decisions about termination or change of service reflect the service's priorities and the needs of the person and carer(s).

**Strengths:**

- in relation to carers, on 28 perception measures, Dundee Social Work Services score higher than the SWIA Scottish average on 26 measures;
- carers surveys results for 2010 show significant improvement on 2007 results;
- we have co-located multi agency teams in Child Protection, the New Beginnings Service  and High Risk Offenders;
- we have co-located social work and health teams in Learning Disabilities, Drugs and Alcohol and Blood Borne Virus and Mental Health;
- we have clear eligibility criteria for our services;
- we have systems in place to record unmet need and unallocated work and to ensure that this is kept under review; and
- in general case recording on 'event recording system' has improved (as a result of training)

**Area for Improvement:**

*In relation to improvements we need to:*

- work with partners to ensure early intervention by universal services before social work becomes involved;
- continue to improve information sharing among agencies, especially communication from health and housing;
- enhance the use and consistency of workload management across the department;
- improve the ways in which we ensure consistency of quality;
- ensure carers have their needs assessed and addressed; and
- enhance the identification of unmet need and its management across services

## AREA FOR EVALUATION: 5.3 ASSESSMENT, CARE MANAGEMENT AND STATUTORY SUPERVISION (SWIA ISLA)

**Key Factors**

*The extent to which:*

- a robust framework for assessment and care management adheres to local and national standards;
- all services address risk and need, and focus on delivering good outcomes for people;
- people get a good assessment within a reasonable time and it is multi-disciplinary where appropriate;
- assessments and S.M.A.R.T. care or supervision plans focus on the outcomes the person wants and managing any risks they may face or pose; and
- the service reviews care or supervision plans at appropriate intervals to ensure effective delivery of services and satisfactory progress towards desired outcomes

**Strengths:**
- in each service area there is range of assessment tools and frameworks to identify needs and risks that inform the formulation of care plans;
- our multi agency teams and multi agency groups have been a great strength;
- we are progressing a personalised outcomes approach based on assessment, need and outcomes;
- we routinely look at case files so evaluate practice that includes assessment, care planning and review;
- our partnership working has strengthened with more joint assessments taking place;
- young people are involved in developing their plans. Young people are encouraged to write in their own files if they wish about what is happening in their life. The ownership of the file is the young person's not the service (residential files); and
- we involve service users and relevant staff to be open about risk and managing risk

**Areas for Improvement:**

*In relation to improvements we need to:*

- develop joint training to address the need for a common language for all services to determine 'risk';
- develop further our transition processes;

- better manage balancing rights/risks between individual and others and a need to further develop more progressive thinking within 'communities'. Need to ensure clarity of understanding that includes the recognition of others' values and concepts;
- improve recording and collation of information on unmet need to inform service delivery;
- improve how we help other agencies be more accountable in their role and expectations;
- ensure that ,where there are changes in eligibility criteria this is transparent and clear to SWs, service users carers and other partners;
- better co-ordinate and drive the improvement agenda of performance management and ensure that the improvement element is embedded;
- revisit the effectiveness of the TAAT and other assessment tools to better reflect outcomes for service users; and
- develop a shared understanding/definition of risk and facilitate joint training to address aspects of a common language for all services to determine 'risk'.

## AREA FOR EVALUATION: 5.4: RISK MANAGEMENT AND ACCOUNTABILITY (SWIA ISLA)

**Key Factors**
*The extent to which:*

- the Chief Social Work Officer ensures there is clear guidance about balancing risk, needs, and human rights;
- competent risk assessment and risk management systems are applied consistently and routinely monitored;
- the consistent application of agreed procedures, including multi-agency procedures, helps the effective management of risk to and from service users;
- risk assessment and risk management systems link to agreed corporate and inter-agency approaches; and
- case recording practice features chronologies to support effective risk management

**Strengths:**

- there is a range of operating procedures in place, protection people procedures are on computer 'desk tops';
- there is a good range of tools in use to assess risk;
- there is a good range of learning and development opportunities available for post graduate, multi-agency and awareness raising training in the protection of service users;
- support and protection concerns addressed through MAPPA result in strong assessments that identify risks, responses and monitor and review outcomes; and
- a SWIA self-evaluation audit on high risk offenders in August 2010 found that:
  - all files reviewed had a formal risk assessment and risk management plan which was up to date
  - 26% of risk assessments were adequate, 48% were good, 21% were very good and 5% were excellent

**Areas for Improvement:**
*In relation to improvements we need to:*

- ensure consistency across teams in undertaking assessments, including risk assessments and the use of tools;

- ensure that all workers effectively analyse risk assessments and assessments in order to determine appropriate care plans (Children's Services);
- further develop staff in adult services in relation to risk assessment and assessment (Community Care);
- further standardise the use of assessment tools and information sharing (Criminal Justice Service);
- enhance the role of team leaders and service managers in assuring the quality of risk assessment, assessment and care planning;
- identify and address areas of poor practice with individual workers;
- review the effectiveness of the use of the TAAT;
- address the anomaly of low numbers of carers assessments being reported by carers; and
- review and improve the use of chronologies across all services

## AREA FOR EVALUATION: 5.5: PERSONALISED APPROACHES (SWIA ISLA)

**Key Factors:**
*The extent to which:*

- understand and respond to the needs and preferences of individuals;
- support service users and carers to make decisions that put them in control of the care and support they receive;
- for those who pose a risk to others, create a personalised risk management plan to address risk and need appropriately;
- offer self-directed-support, including direct payments, and other types of assistance to maximise people's ability to direct and determine their own support package;
- actively monitor people's experiences and adjust services to take account of individual preferences; and
- support advocacy for users and carers.

**Strengths:**

- there are various examples of ways that service delivery has been developed e.g., direct payments are available for service users (QS);
- Dundee is committed towards achieving personalised services and positive outcomes for service users;
- we have an Independent Living Worker employed to promote the use of Direct Payments and the ILF;
- we have increased the number of people in receipt of direct payments;
- we have trend over time information building up in relation to carers and users from surveys conducted; and
- an advocacy review was undertaken in May 2010

**Areas for Improvement:**
*In relation to improvements we need to:*

- improve consistency in the quality of care plans in relation to high risk offenders - where 10% of risk management plans were found to be weak and 20% adequate (SWIA self-evaluation August 2010) (CJS);
- address fully the findings of the advocacy review  and develop regular reporting on the efficacy of advocacy arrangements and services;
- roll out the use of the personalised outcomes approach; and
- ensure services are seeking the views of service users and carers and routinely using these to make day-to-day and more strategic improvements to services

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**AREA FOR EVALUATION: 5.6: INCLUSION, EQUALITY AND FAIRNESS IN SERVICE DELIVERY (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- all services comply with current equality and human rights legislation, and are culturally sensitive;
- the service ensures that service users and carers have a voice if they feel unfairly treated;
- the service actively promotes social inclusion in its dealings with individuals, community groups and the wider public; and
- the service tackles obstacles in society that exclude people on the grounds of their:
  - disability;
  - ethnicity;
  - minority community membership;
  - sexual orientation;
  - gender;
  - religion;
  - using alternative means of communication;
  - having limited or no access to transport; and/or
  - experiencing social exclusion

**Strengths:**

- Dundee City Council has Single Equality Scheme and Action Plan which acts on equality issues and promotes diversity. We contribute to the actions of the Council Scheme and have made progress towards a Social Work Single Equality Scheme and Action Plan;
- all practices and policies are assessed for Equality Impacts (including Socio-Economic Impacts) using a Rapid Impact Assessment Tool;
- the Social Service Codes of Practice are adhered to and reinforced through training, staff support, and supervision and monitored via direct observation, supervision and caseload audit;
- service users and carers surveys indicate that 75% of service users agreed that those involved in their care understood important matters about their culture and race; and 92% of service users identified that account was taken of potential barriers arising from disability;
- we support those individuals who need support to speak up for themselves to have a voice through assessment systems and review meetings and we fund advocacy services and employ a Children's Rights Officer;
- we work with individuals (particularly those who may normally be excluded from society due to "obstacles") to develop personal plans based on their individual needs; and
- we have systems in place to support service users and carers to raise complaints and we publicise information about complaints and appeals processes.

**Areas for Improvement:**
*In relation to improvements we need to:*

- develop ways of working with  partners including contracted services to provide services which are inclusive and promote equality;
- link with partners held by our to optimise the use of information gathered by consultations and to avoid duplication;

- develop ways of finding out about those who may need our support but do not access it;
- explore circumstances age not need determines service to reduce the impact of transition and possible age discrimination particularly young adults and retired persons; and
- improve the information that we hold about the demographics of service users

**AREA FOR EVALUATION: QUALITY INDICATOR 5.7: JOINT AND INTEGRATED DELIVERY OF SERVICES (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- effective joint assessment and service delivery, focused on outcomes;
- effective inter-agency delivery arrangements to protect vulnerable people;
- co-ordinated multi-disciplinary responses for people with complex needs;
- good day-to-day involvement of service users and carers; and
- service compliance with agreed joint procedures

**Strengths:**

- there are a number of examples of integrated service and management arrangements for the effective management of end to end process e.g. community mental health teams and the joint management of intensive home care (QS);
- the recently established MAAT and the New Beginnings Service - both of which are good examples of improved inter-agency delivery arrangements to protect vulnerable people;
- local MAPPA arrangements which deliver good outcomes;
- the higher profile role of the Chief Officers Group which has extended its agenda to cover all aspects of Protecting People;
- the recent co-location of lead officers for Child Protection, Adult Support and Protection and Domestic Abuse and Violence Against Women;
- the majority of services users state that:
  - they have seen a written assessment (68%)
  - they were fully involved in deciding services (81%)
  - they have a care plan that describes the services they receive (78%)
  - they can make choices about the services they receive (69%)
  - there is at least an annual review to discuss the services they receive (65%);
- local results for all the above indicators on service users are higher than the Scottish average;
- the majority of carers state that:
  - they are involved in deciding what help or services the person they care for receives (88%)
  - they have seen a written assessment of the needs of the person they care for (93%)
  - there is a clear plan describing the services received by the person I care for (68%)
  - at least once a year there is a review to discuss services received ( 69%)
  - the person I care for has been given choices about the type of services they receive (67%);
- local results for all the above indicators on carers are higher than the Scottish average

**Areas for Improvement:**
*In relation to improvements we need to:*

- develop a method for demonstrating that outcomes are improving;
- further develop the implementation of Talking Points and better capture outcomes;
- increase the  number of carers having an assessment of their needs;
- better co-ordinate care planning meetings and reviews where there is multi-agency involvement in a person's support/care/service;
- look at the timing of meetings/case conferences to enable better involvement of young people;
- generally work to improve the outcomes for users and carers of partnership working; and
- increase the flexibility of delivery of services


**AREA FOR EVALUATION 6 - POLICY AND SERVICE DEVELOPMENT, PLANNING AND PERFORMANCE MANAGEMENT**

**QUALITY INDICATOR 6.1: DEVELOPMENT OF POLICY AND PROCEDURES (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- policies and procedures reflect relevant national standards and guidelines;
- coherent policies and procedures reflect the strategic objectives and operational requirements of the service;
- there are comprehensive records of plans, intentions, and effective implementation processes;
- the vision of the social work service and its partners is evident in day-to-day work; and
- all policies comply with current equality and human rights legislation.

**Strengths:**

- policies and procedures are developed in line with legislative requirements, national standards, policies and guidelines;
- a wide range of strategies is in place to assist in the forward planning of services;
- all policies and procedures are subject to EQIA when being developed;
- a 'golden thread' exists which links outcomes in the SOA to priorities in the Council Plan, to departmental outcomes, to outcomes and objectives in personal or team action plans; and
- the majority of staff state that:
  - their team has a plan which provides them with clear direction (79%) (SA=71%)
  - they have clear guidelines to follow when dealing with risk (88%) (SA=80%)
  - there is a clear vision for social work in the authority (63%) (SA=50%).

**Areas for Improvement:**
*In relation to improvements we need to:*

- provide further evidence around how the relevance and effectiveness of policies and strategies are evaluated or critical success factors are identified and reviewed and updates made to policies and strategies (QS);
- identify and design a framework of key processes needed to deliver policies and strategies. This should make it clear how to ownership of key processes is deployed. The effectiveness of this framework should be regularly reviewed (QS);
- clarify how short term and long term pressures and requirements are balanced to help ensure that policy and strategy are driving the organisation on the correct course (QS);
- provide more evidence of the effectiveness of the process framework in delivering policy and strategy; this is further compounded with little evidence of process indicators and performance targets (QS);
- establish a process management system (QS);
- develop the use of implementation plans in relation to all policies and strategies to ensure effective deployment, taking account of learning and workforce development needs; and
- review and update the process for the development and review of procedural guidance

## QUALITY INDICATOR 6.2: OPERATIONAL AND SERVICE PLANNING

**Key Factors**
*The extent to which:*

- there is an up-to-date service plan that sets out what will happen to what intended effect over the next three years;
- each team or unit has a suitable operational plan (or plans);
- operational and service plans link coherently with strategic plans;
- operational plans reflect the priorities, policies and standards set by the service, including partnership priorities;
- operational plans are reviewed to ensure continued relevance; and
- operational plans take account of and address risks identified for the service.

**Strengths:**

- a Service Plan is in place, with progress being monitored through Directorate and management team meetings;
- an electronic database exists which monitoring of progress against projects and performance measures in departmental service plans to staff, chief officers and elected members of the Council;
- a 'golden thread' exists which links outcomes in the SOA to priorities in the Council Plan, to departmental outcomes, to outcomes and objectives in personal or team action plans;
- a considerable number of lower level strategies and plans are in place across services;
- the service plan is subject to early review (2 years instead of 3 years) to reflect a potential change in political and financial circumstances;
- we have a risk register and business continuity plans in place;
- we use joint strategic planning groups, surveys, audits to strengthen our planning processes;
- the integrated Children's Services Plan, the Community Justice Plan, the Child Protection Improvement Plan, Business Plan and Action Plan and the Community Care 'promises' which inform joint strategies, have been developed on a multi-agency/partnership basis; and

- Operational plans are regularly reviewed by key joint strategic planning groups and/or management teams

**Areas for Improvement:**
*In relation to improvements we need to:*

- better evidence risk management;
- ensure the use of personal action plans or team plans in all services;
- develop more trend over time information from surveys and use to continuously improve what we do and how we do it;
- improve and extend our engagement of service users and carers in service planning and review processes; and
- improve and extend our use of benchmarking information when developing service/plans

**QUALITY INDICATOR 6.3: STRATEGIC PLANNING INCLUDING PARTNERSHIP PLANNING (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- strategic plans reflect national priorities and objectives for social work and partner agencies;
- strategic plans set out to develop and promote evidence based practice in service delivery;
- partnership plans set out long-term objectives and outcomes for each group;
- a good joint understanding of how population needs, and the outcomes of care or supervision planning processes, informs plans;
- plans focus on best value and developing personalised services;
- there are effective processes for strategic and partnership planning, reviewed appropriately

**Strengths:**

- there is evidence that policies and strategies are developed based on the expectations of stakeholders (QS);
- strategies and strategic plans across services reflect national and local priorities;
- strategies and strategic plans are develop through strong strategic partnerships which are inclusive of key planning and delivery partners, including the voluntary sector;
- partnership strategies and plans such as the Integrated Children's Services Plan, Child and Adult Protection Business Plans and Action Plans, the Strategies for Older People and People with Learning Disabilities, the Community Justice Partnership Plan - are all developed, implemented, monitored and reviewed through strategic partnership groupings;
- outcomes for individuals evidenced in care plans demonstrates that the right partners are in place and what outcomes have been delivered;
- partnership arrangements are subject to review to ensure that the deliver Best Value (for example the review of OOHS and of Learning Disability Services);
- rigorous commissioning and procurement processes in place to ensure correct partners are chosen;
- co-location of lead officers for 'protecting people' allows for synergy and increased joint working;
- sound governance arrangements are in place in respect of all strategic planning processes; and

- current work being undertaken on the role of the qualified social worker which will inform the skills mix needed for future service delivery

**Areas for Improvement:**
*In relation to improvements we need to:*

- improve processes for reaching a good joint understanding of how population needs, and the outcomes of care or supervision planning processes, inform strategic plans;
- extend the use of joint surveys and other forms of consultation with users and carers with key strategic planning and service delivery partners;
- explore further opportunities for co-location of staff from partner agencies around service development/delivery models based on achieving better outcomes for people;
- ensure further work on the development of shared outcomes is effectively linked to strategic planning processes;
- increase the use of service mapping, gap analysis and benchmarking activities;
- continue to ensure that our work force plans take account of long term population needs, personalised outcomes, capacity and finance;
- ensure better engagement of staff at all levels of the organisation in key strategic planning processes; and
- further explore opportunities for shared services both within the Council, with partners and with neighbouring local authorities

**Good Practice Examples:**

- the 'Shared Service' model developed in respect of Learning and Workforce Development with the 3 former Tayside local authorities;
- the co-location of 'Protecting People' Lead Officers

**QUALITY INDICATOR 6.4: INVOLVEMENT OF USERS, CARERS AND OTHER STAKEHOLDERS (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- there is regular consultation with service users, carers and other relevant stakeholders;
- planning processes (operational and strategic) incorporate the views of users, carers, and other relevant stakeholders, including those considered hard to reach

**Strengths:**

- customers were involved in a major consultation results of which were used in the development of the Customer Care Charter and Customer Care Standards (QS);
- regular customer surveys are used e.g. home care service users survey, welfare rights service and rapid response service (QS);
- many services have developed processes for regularly consulting with service users and carers, especially those which deliver registered services;
- volume user and carer surveys undertaken in 2010 as part of 3 yearly self-evaluation process - 500 surveys issued to carers with response rate of 20.4%;
- effective evaluation of partnership working undertaken by Contracts Service;

- Questionnaire introduced to monitor the effectiveness of key meetings around child protection agenda;
- The majority of carers agree that:
  - they are involved in deciding what help or services the person they care for should receive (88% up from 68% in 2007) (SA=70%)
  - they have seen a written assessment of the needs of the person they care for (93% up from 82% in 2007) (SA=85%)
  - they receive help as in their caring role from the Social Work Department (97% up from 96% in 2007) (SA=96%)
  - they receive help in their caring role from another organisation (98% down from 100% in 2007, with 2% not knowing if they do or not) (SA=100%)
  - there is a clear plan describing the services received by the person they care for (67% up from 54% in 2007) (SA=52%); and
- The majority of users agree that:
  - they are fully involved in deciding what Social Work services they should receive (81% up from 78% in 2007) (SA=75%)
  - they have seen a written assessment of the needs of my needs (68% - the same as in 2007) (SA=58%)
  - there is a clear plan describing the services they receive (78% up from 76% in 2007) (SA=62%)

**Areas for Improvement:**
*In relation to improvements we need to:*

- provide evidence of communication of policy and strategy to stakeholders and any evaluation of awareness (QS);
- further develop our self-evaluation approach with stakeholders, including use of surveys and questionnaires to ascertain understanding and satisfaction. Do so in conjunction with service planning and delivery partners;
- develop a process for assessment  and review of the overall approach to stakeholder involvement (QS);
- further develop self-evaluation around the area of the quality of partnership working with key partners, through use of surveys etc; and
- increase the involvement of hard to reach groups in order that their voices are heard in key strategic planning and service delivery processes

**Good Practice Examples:**

- work undertaken in residential care homes to identify outcomes and to develop self evaluation of quality and ability to deliver on outcomes

**QUALITY INDICATOR 6.5: RANGE AND QUALITY OF SERVICES**

**Key Factors**
*The extent to which:*

- there is a broad range of services to meet the needs and preferences of local people;
- services operate to the highest professional standards and aspire to excellence;
- services are highly flexible in responding to individuals' needs, risks, and personal preferences;
- there is a good balance between intensive supports and preventative services, including services to manage risk;
- the service analyses trends and gaps in services; and

- there is good information about the range of service options; the service encourages employees in all settings to be familiar with available resources and record gaps in provision

**Strengths:**

- we have systems in place to assure the quality of services we provide and purchase;

- the most recent annual report on care Commission Grading of Registered Services for the period 1st April 2009 - 31st March 2010 showed that:

  - 96% of grades awarded were either `6` excellent (1%), `5` 'very good' (47%) or `4` 'good' (48%).
  - One service (Mackinnon Skills Centre) was graded as excellent (grade `6`) for the Quality of the Environment.
  - The young people's care homes were awarded the highest grades.
  - The Quality of Care and Support was the highest graded theme overall.
  - Despite being the lowest graded theme overall, the Quality of Staffing was graded either `5` 'very good' or `4` 'good' in all services inspected.
  - All services were graded `5` 'very good' or `4` 'good' for the Quality of Management and Leadership.
  - 19 (28%) grades improved; 43 (63%) stayed the same; 6 (9%) dropped one grade compared to their previous inspection (21 graded were being awarded for the first time).
  - Five inspections (18%) resulted in `5` 'very good' being awarded for each of the themes inspected - this compares favourably with the most recent nationally reported figure of 3.1%;

- we have produced a report of the Social Work and Health Committee of the Council on the quality of services provided by external residential care providers in community care;

- the majority of service users surveyed think that:
  - there is a good range of social work services available to them (73% up from 68%) (SA=65%)
  - the social work services they receive are of a good quality (88% - the same as 2007) (SA=82%)
  - they can make choices about the social work services they receive (69% up from 68% in 2007) (SA=60%)
  - they can rely on the social work services they receive (88% up from 83% in 2007) (SA=78%)
  - they receive the help they needed at the time when they needed it most (79% down from 81% in 2007) (SA=78%)
  - they can use the language of their choice when they communicate with the social work department (85% up from 68% in 2007) (SA=84%)
  - those involved in their care understand important matter s about their racial and cultural background (75% up from 68% in 2007) (SA=67%)
  - they can choose the way they contact the social work department (87% up from 79% in 2007) (SA=79%);

- the majority of carers surveyed think that:
  - there is a good range of social work services available (70% up from 56%) (SA=48%)
  - the social work services are of a good quality (82% - up from 69% in 2007) (SA= 64%)

- the person they care for has been given choices about the social work services they receive (67% up from 57% in 2007) (SA=49%)
- social work services are reliable (81% up from 70% in 2007) (SA=62%)
- the help they received form the social work department was given at the time when it was most needed (74% up from 62% in 2007) (SA=63%)
- those involved in their care understand important matters about the racial and cultural background of the person they care for (62% up from 52% in 2007) (SA=54%);

- we are working on a project to clarify the role of the qualified social worker with a view to developing a model which can be rolled out across the department to address issues of workforce planning, workforce capacity at a time of financial constraints

**Areas for Improvement:**
*In relation to improvements we need to:*

- extend the production of annual reports on performance of services provided by external providers and use these to drive continuous improvement;
- develop a more systematic way of disseminating examples of good practice;
- further develop SWIM as our main method of communication within the department; and
- improve the recording and collation of information on gaps in services

**QUALITY INDICATOR 6.6: QUALITY ASSURANCE AND CONTINUOUS IMPROVEMENT (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- there is an effective self-evaluation model in place across all services, applied consistently and rigorously;
- effective information systems support the management of performance against local and national targets;
- performance management activity generates improvements;
- the service consistently identifies and rolls out best practice;
- the service has involved users in the development of standards and performance management; and
- the Chief Social Work Officer ensures that there are good systems to identify weak practice, and advises senior colleagues

**Strengths:**

- data is collected from external and internal sources after quality assurance and inspection activities and action plans for improvement are generated (QS);
- there are robust organisation wide reporting mechanisms through online monitoring databases and management data sets (QS);
- we have a well-established performance management framework based on EFQM/PSIF business excellence models in place;
- we have adopted the SWIA self-supported evaluation as our departmental framework for high level 3 yearly department-wide self evaluation activities;
- a full, high-level evaluation of the department has been undertaken 2010/2011 managed by a cross departmental project team;

- the directorate and management teams regularly receive reports on performance against local and national targets;
- performance management activities such as surveys, leadership engagement events, staff focus groups and improvement task groups are co-ordinated and contribute to the development of a departmental improvement plan;
- performance is also reported and managed through the departmental Service Plan and the corporate performance measurement and management data bases; and
- service users (and carers) are routinely involved by registered services in quality assurance and improvement activities

**Areas for Improvement:**
*In relation to improvements we need to:*

- evidence how policy and strategy are developed using information from learning and innovation activities (QS);
- provide more effective evidence from the results of internal sources of collated customer perception (QS);
- increase the use of trend over time information to allow assessment of improvements (QS);
- evidence the use of creativity, innovation and key competencies or internal people and external partners to design and develop new products and services and in the customer servicing relationship (QS);
- enhance our identification and sharing of best practice;
- do more to seek out best practice elsewhere and apply learning from this;
- use our self-evaluation processes to identify areas for 'Taking a Closer Look'; and
- ensure the continued involvement of staff through the use of focus groups, improvement task groups and other continuous improvement activities
  ensure the ownership of continuous improvement by leaders across the organisation through leadership engagement events, improvement task groups etc

**AREA FOR EVALUATION 7**

**MANAGEMENT & SUPPORT OF EMPLOYEES**

**QUALITY INDICATOR 7.1: RECRUITMENT & RETENTION (SWIA ISLA)**

This area for evaluation is about how well you support, manage and develop the workforce. Evidence gathered here will illustrate the procedures you have in place across a range of employment areas. This area is a counterpoint for area for evaluation 3, for which the evidence illustrates employee perceptions of the issues covered in area 7.

**Key Factors**
*The extent to which:*

- the Chief Social Work Officer contributes to policies for workforce planning, recruitment, employee support, and managing poor performance;
- a workforce strategy sets out priorities, identifies possible staffing shortfalls, and outlines measures designed to address such shortfalls;
- the service monitors and evaluates measures to address particular staffing shortages;
- strictly applied safer recruitment practices help protect vulnerable service users from abuse and harm; and
- there is a culture of valuing, supporting, and retaining employees

**Strengths:**

- in 2002 a report was prepared and a number of areas for improvement identified - including recruitment and retention. The strategic approach to this work culminated in the department winning the Care Accolades Award for the Best Successful and Innovative Initiative to retain Staff in 2008 (QS);
- the HR Strategy includes staff well-being approaches, including a Mental Health and Well Being Strategy introduced in 2008, back pain treatments, health checks, discount schemes for leisure facilities and activities (QS);
- the Department has been awarded Gold in Healthy Working Lives - the only Council Department to gain this award;
- there are a number of communication channels used within the Social Work Department, e.g. staff newsletters, internet, intranet, staff surveys, access to e-mails, reports, minutes. These channels in many cases came after the 2004 EFQM self-evaluation process (QS);
- the Director of Social Work chairs an HR Group;
- in relation to recruitment and selection we have been subject to a Care Commission Audit which indicated that we have areas of good practice and no recommendations;
- we have a Learning and Workforce Development Strategy based on the Continuous Learning Framework;
- the Staff Support Service which provides enables services such as the back care initiative and confidential staff counselling which help people to remain or return to work;
- staff turnover rates have reduced and are low;
- the majority (69%) of staff agree that the department offer flexible working practices which make their job easier (SA=66%);
- the majority of staff (53%) believe that the local authority is able to recruit sufficient staff in their area of work. This is an increase from 39% in 2007. (SA=40%); and
- the majority of staff (73%) think that their workload is manageable within normal working hours (SA=63%)

**Areas for Improvement:**
*In relation to improvements we need to:*

- better identify the communication needs of our people and ensure that communication policies, strategies and plans are based on need, this approach would ensure the right information at the right time(QS);
- provide more evidence of bottom up communication channels and horizontal communication channels(QS); and
- offer more clarity around how the department recognises and takes account of diversity and different cultural backgrounds when promoting social and cultural activities(QS)

**Good Practice Examples**

- the Health and Social Care Academy;
- the involvement of service users in recruitment processes - i.e. residential child care; and
- Mental Health and Wellbeing Policy for Staff

**QUALITY INDICATOR 7.2: EMPLOYEE DEPLOYMENT AND TEAMWORK (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- the Chief Social Work Officer makes sure that when a service affects individual liberty, a registered social worker oversees practice;
- all employees have clear job descriptions that focus on outcomes as well as duties and responsibilities;
- at each level of the council and within each team or unit, an appropriate employee mix ensures effective service delivery;
- the service deploys employees effectively, taking into account the breadth of their skills and experience; and
- supervision and employee development systems link individual performance to service objectives.

**Strengths:**

- employees have been involved in key departmental initiatives which affect them, for example the Intranet Development Group, the editorial team for Staff Matters, the Changing Working Practices Group, and Performance Improvement Groups which were set up to address the 3 lowest themes from the Staff Survey 2009 (QS);
- the department is engaged in work to explore the role of qualified social workers and to look at skills mixes within and across services (January 2010). The model will be used to help ensure that we deploy resources effectively, taking into account the range of skills and experience;
- the majority of staff (77%) have regular supervision that helps them to be clear about their roles and responsibilities (SA = 73%);
- the Effective Support to Staff and Good Practice in Management Handbook which incorporates policies and practice guidance on induction, supervision, EDR/PDR, management behaviours, Codes of Practice, absence management, flexible working etc; and
- the EDR/PDR process links personal action plans to departmental service planning  and outcomes and to Council priorities

**Areas for Improvement:**
*In relation to improvements we need to:*

- update and fully deploy EDR/PDR across the department;
- update job descriptions to ensure that they are more outcomes focussed;
- increase the proportion of staff who feel that their experience is fully taken into account in planning services;
- explore reasons for slight deterioration in results on partnership working from staff survey and find ways of improving working relationships with other departments and agencies which appear to have deteriorated slightly; and
- be clearer about how the resource plan aligns with the policy and strategy, the organisational structure and the framework of key processes (QS)

## QUALITY INDICATOR 7.3: DEVELOPMENT OF EMPLOYEES (SWIA ISLA)

**Key Factors**
*The extent to which:*

- the Chief Social Work Officer promotes a clear standard for professional decision-making;
- the service and its employees adhere to the SSSC Codes of Practice;
- all employees receive appropriate management and professional training and development;
- a training/employee development strategy takes account of national and local policies; and
- there are effective supervision and employee development systems in place.

**Strengths:**

- a Learning and Workforce Development Strategy is in place which has enabled staff to meet registration requirements and undergo continuous learning (QS);
- Social Services Knowledge Scotland Portal is on everyone's desk top;
- the development of the Tayforth Learning Network electronic portal which has links to practice learning and Scottish Vocational Qualifications sites linking practice to standards;
- the development of a Shared Services approach to Learning and Workforce Development with neighbouring local authorities, which has delivered on several joint initiatives;
- the majority of staff 81% state that they receive adequate training to fulfil the responsibilities of their job (SA=74%);
- the Corporate Staff Survey trend over time information confirms steady progress in relation to continuous improvement on learning and workforce development indicators; and
- 100% of Departmental results on indicators on learning and workforce development are above the Council average

**Areas for Improvement:**
*In relation to improvements we need to:*

- develop robust Training Needs Analysis and Evaluation systems;
- update and fully deploy EDR/PDR;
- provide evidence of designing organisational learning opportunities for example, benchmarking processes, to drive improvements and to help increase the rate of change(QS);

- provide evidence of a process to ensure opportunities to share best practice and knowledge is in place (QS);
- extend the use of coaching and mentoring (project in place for 'grow your own social workers' with the intent to roll out across the department);
- develop our approach to providing opportunities and creative behaviour. Work in this area may increase the rate of improvement(QS); and
- extend the qualitative scope of the staff survey on supervision


## AREA FOR EVALUATION 8

## RESOURCES AND CAPACITY BUILDING

This area for evaluation is about the financial and resource management of the service and its governance, and the extent to which business and professional social work inputs and processes combine to assist the delivery of the right outcomes for service users.

### QUALITY INDICATOR 8.1: FINANCIAL MANAGEMENT

**Key Factors**
*The extent to which:*

- financial planning for social work services links statutory duties, corporate policies and priorities, forward service planning and commissioning of services;
- the service analyses unit costs and uses this to help achieve best value;
- arrangements are in place for budget management and control, including
  - schemes of delegation
  - financial information systems;
  - financial monitoring systems;
  - support to budget holders; and
  - arrangements for charging and income;
- elected members are well informed and fully involved in financial decisions

**Strengths:**

- there is robust financial planning within the department and increasingly with planning and service delivery partners;
- all budget holders and cost centre managers have access to electronic budget monitoring and management system;
- the department has clear charging policies which are transparent;
- the Welfare Rights Service delivers significant results in relation to income maximisation for service users;
- the directorate have regular (at least monthly) financial reports; and
- the majority of staff (86%) are aware of their responsibilities in relation to financial matters (SA=73%)

**Areas for Improvement:**

In relation to improvements we need to:

- improve the percentage of CJS staff who are aware of their responsibilities in relation to financial matters (65%);
- further standardise financial delegation - some managers have a lot of information/responsibility and others have little or none (FG); and
- reconsider authorisation levels for first line staff (FG)

**QUALITY INDICATOR 8.2: RESOURCE MANAGEMENT (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- there is an appropriate and regularly reviewed asset management plan;
- all assets and resources are subject to effective regular risk assessment;
- operational managers are aware of their responsibility for managing assets and facilities and carry out these responsibilities effectively; and
- health and safety policies exist, with managers carrying out regular risk assessments in accordance with procedure

**Strengths:**

- assessment and review has driven the development of a corporate asset management strategy (QS);
- responsible officers identified for asset management;
- risk management plans in place;
- Health and Safety Officer in post, policy in place.  Work co-ordinated by H&S Committee and Steering Group, with trades union involvement;
- H&S Training provided for all staff;
- good examples of buildings being shared with other departments/partnership agencies;
- generally positive Care Commission Grading for buildings/environment;
- responsible 'building managers' identified for all premises;
- appropriate managers undertake specialised, accredited health and safety training;
- a lone working policy is in place for staff;
- the majority of staff (74%) feel well supported where they may face personal risk (SA=70%); and
- the majority of staff (88%)  state that they have clear guidelines to follow when dealing with risk to/from people who use services (SA=80%)

**Areas for Improvement:**
*In relation to improvements we need to:*

- provide information on how energy management, material consumption and environmental activities are systematically deployed or if targets are set (QS);
- find ways of keeping high level risk as a live issues on all senior management meetings;
- further rationalise and improve the use of buildings across the Council and department;
- review opening hours - is 9-5 when there is a 'business demand'?;
- further develop use of specialist equipment, such as video conferencing, and establish inventory and booking systems; and
- consider the need for a departmental asset management strategy

**QUALITY INDICATOR 8.3: SOCIAL WORK INFORMATION SYSTEMS (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- information systems offer effective support to front line employees;
- effective information systems record performance against a range of outcomes and monitor the delivery of key processes;
- information systems provide practitioners and managers with tools to monitor their own work and performance;
- the service uses management information as a basis for key decisions;
- information systems have permissions and security to protect sensitive data; and
- information systems provide accurate profiles of need and the range of care and support options

**Strengths:**

- there is a bespoke client information system 'K2' which supports the generation of regular management data sets to statutory performance indicators (QS);
- quarterly datasets are available on the local intranet site for access by all social work department staff;
- detailed workload and performance information is available for service and team managers and is used for allocation of workloads and changing of team structures;
- access to personal and sensitive information is password protected and is anonymised whenever possible;
- secure attachments will be accessible to all and only those staff who require access; and
- the majority of staff agree that:
  - they make the best use of information technology (87%) (SA=79%)
  - they have access to the necessary IT training and support (82%)
  - the IT resources available in their workplace meet their needs (80%)
  - they full understand their personal responsibilities when using IT resources (90%)

**Areas for Improvement:**
*In relation to improvements we need to:*

- provide evidence of the generation of innovative and creative thinking through the use relevant information and knowledge (QS);
- provide evidence of assessment and review of the overall approach to knowledge management (QS);
- provide evidence of how other technologies other than IT are addressed in relation to customer services, e.g. carer home equipment, evaluating alternative and emerging technologies (QS); and
- provide evidence of assessment and review of all current methods and limited indication of learning or improvement or benchmarking to drive improvement in technology management (QS)

**QUALITY INDICATOR 8.4: PARTNERSHIP ARRANGEMENTS (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- partnerships are strategic and focus on delivering key policies, plans and initiatives;
- the service regularly reviews partnership working - especially in relation to outcomes attained;
- there are effective information sharing and shared assessment protocols;
- the services takes opportunities to create partnerships that will improve outcomes for service users; and
- joint and integrated services have sound governance arrangements for financial and other resources, including employee deployment

**Strengths:**

- there is an approach to working with partners in line with policy and strategy (QS);
- there are service level agreements in place with a variety of agencies, both voluntary and private sector for the delivery of social work services;
- there is improved information sharing among agencies;
- in focus groups staff stated that relationships are generally improving with:
  - schools, who are found to be, in general, really supportive (CS)
  - local health centres
  - colleges
  - prisons and prison based social work services (CJS)
  - voluntary agencies (CJS)
  - looked after nurse and medical advisor  (CS)
  - mental health teams and community based psychiatric staff
  - housing associations; and
- there is most effective partnership working where there are good personal/professional relationships and where staff are co-located

**Areas for Improvement:**
*In relation to improvements we need to:*

- ensure the provision of appropriate access for partners to relevant information and knowledge to drive more partnership benefits (QS);
- enhance information sharing and partnership working with GPs;
- further develop corporate parenting as a shared responsibility;
- improve partnership working with hospital based staff and ensure necessary and timely information shared i.e. hospital discharges (CC);
- develop and fully implement secure e-mail and electronic information sharing across partnerships;
- develop a fora for sharing good practice across partnerships;
- explore more opportunities for joint training, for example with staff from TSMS(CJS);
- work with universal services to help develop their role in relation to JATs and GIRFEC;
- further enhance working with the private and voluntary sectors;
- work to significantly improve working relationships between social work and housing staff -'not much joined-up ness' (although this relationship is seen more positively by CJS staff); and
- review the use of the TAAT with planning and service delivery partners (CC)

**Good Practice Examples:**

- DTTO
- MAPPA
- locality based multi agency Practitioners Fora.

## QUALITY INDICATOR 8.5

## COMMISSIONING ARRANGEMENTS

**Key Factors**
*The extent to which:*

- policies and guidelines ensure best practice in commissioning and procurement of social work services;
- effective commissioning strategies are in place for all care groups;
- commissioning focuses on outcomes;
- commissioning supports increasingly personalised services;
- the views and preferences of users and carers inform commissioning;
- best value and best outcomes for service users determines the balance between direct provision and purchased services;
- there are effective and fair systems for purchasing services promoting innovative delivery and fruitful partnerships with providers; and
- there are sound monitoring and review systems, including effective collaborations with regulators and scrutiny bodies

**Strengths:**

- there is a commissioning framework and specialist contracts officers who monitor and review performance (QS);
- operational services have commissioning strategies in place for main care groupings;
- commissioning intentions are based on strategies which have been developed in consultation with service users and carers and in community care services are based on sets of 'promises';
- we have mapped and reviewed service provision to inform future commissioning;
- we have identified provider strengths and weaknesses and consult with existing providers to identify opportunities for improvement;
- there are clear leads identified for the delivery of commissioning strategies;
- Service Level Agreements (SLAs) and contracts are in place; and
- arrangements are in place for the monitoring and review of contracts and SLAs

**Areas for Improvement:**
*In relation to improvements we need to:*

- further develop our work with suppliers in relation to supplier recognition or to mutual development and creative thinking activities in this area  (QS);
- extend the production and use of composite Care Commission grading reports in relation to all registered services, internal and external;
- consider strategic commissioning as a potential area for 'Taking A Closer Look' using SWIA self-evaluation Guide to Strategic Commissioning;
- make more use of benchmarking to inform future commissioning; and
- make better use of information from care planning and review activities to inform future commissioning

**AREA FOR EVALUATION 9**

**LEADERSHIP AND DIRECTION**

You will consider the quality of leadership within social work services, and the contribution of corporate leadership. This includes the vision for the service, the important role of elected members and senior corporate managers, the function of the Chief Social Work Officer, and the quality of leadership communication with the workforce. It will include how well leaders direct and support effective strategic change and improvement, and retain the organisational focus on effective practice and better outcomes for people using services.

**QUALITY INDICATOR 9.1: VISION, VALUES AND AIMS (SWIA ISLA)**

**Key Factors**
*The extent to which:*

- the council's corporate and political leadership has set out a vision for social work services with clear values and aims;
- the Chief Social Work Officer promotes a high standard of professionalism in the service;
- the Chief Social Work Officer's role of professional leadership is widely understood and clear lines of accountability are in place;
- across the council, there is evidence of a crosscutting approach to delivering the social work agenda;
- social work services help set corporate priorities for the council;
- elected members understand key social work priorities and their role as decision makers; and
- there are clear links between social work service plans, the Community Plan, corporate strategies and the Single Outcome Agreement

**Strengths:**

- the Director, as Chief Social Work Officer, holds biennial town hall meetings for staff (QS);
- Heads of Service host at least annual all staff events (QS) (now 18 monthly and changing);
- Service plan projects are led by named senior officers (QS);
- Managers are involved with a number of key strategic partners (QS);
- Senior leaders have sponsored effective behaviours expected of managers (QS); and
- For all 4 indicators on strategic leadership in the 2010 staff survey departmental results are above the Scottish average

**Areas for Improvement:**
*In relation to improvements we need to:*

- address staff ambivalence about the value placed on social work services by elected members (SE);
- provide more evidence of benchmarking, learning and review specifically related to leadership; for example improvements to vision and aims (QS);
- produce an annual CSWO Report, the first of which is to be drafted by end of March 2011 following conclusion of Council structure review; and
- update the departmental vision in line with feedback from leadership engagement events and staff focus groups to better reflect an outcomes approach

**QUALITY INDICATOR 9.2: LEADERSHIP OF PEOPLE**

**Key Factors**
*The extent to which:*

- senior managers and elected members set a good example of courtesy, reflected in the way employees interact with the public;
- senior managers and elected members are effective communicators, visible across the organisation;
- all senior managers communicate a clear vision about key principles, professional standards, aims, and objectives; and
- employees feel valued and supported, with a positive perception of the quality of the leadership

**Strengths:**

- departmental results for all 4 indicators on Strategic Leadership are above the Scottish average;
- the majority of staff (63%) agree that there is a clear vision for social work services (SA=50%);
- the majority of staff (77%) agree there is a clear set of social work priorities (SA=65%);
- the majority of staff (96%) are aware of the standards they are expected to follow (SA=90%);
- the majority of staff (72%) believe their team performs well against local service standards (SA=64%);
- as a result of the 2010 staff survey results the Convenor of the Social Work and Health Committee attends induction event for all new staff;
- the Director is seen as an excellent 'front man' (FG);
- learning and workforce development opportunities exist for staff to develop leadership skills and competencies (i.e. ILM, MSc and MBA);
- we provide ILM leadership and management programmes at Levels 2,4 & 5;
- service managers in CJS regularly attend team meetings;
- the Director publishes a monthly 'Digest' which is well received (FG); and
- most leaders are seen to be realistic, honest, approachable and to have a good value base (FG)

**Areas for Improvement:**
*In relation to improvements we need to:*

- provide more evidence that the leadership team stimulates creativity in the organisation and develop a process to manage this (QS);
- further enhance staff views of the value placed on social work services by elected members;
- revisit roles and responsibilities of team managers to be better able to support staff;
- ensure consistency of expectations of the leadership role;
- improve communication by senior leaders and managers by:
    - providing more positive feedback
    - increasing visibility and accessibility, especially in CJS and Community Care
    - providing more written communication - i.e. posting of minutes of meetings
    - using more focussed and targeted communication
    - including key minutes on SWIM
    - revising the content and use of all staff meetings (CJS); and

- achieve leadership at all levels by:
  - helping staff to see themselves as leaders
  - harnessing leadership potential and skills
  - increasing staff confidence in taking on a leadership role
  - increasing development opportunities such as job shadowing, job rotation etc
  - providing mentoring and coaching, including peer mentoring

## QUALITY INDICATOR 9.3: LEADERSHIP OF CHANGE AND IMPROVEMENT (SWIA ISLA)

### Key Factors
*The extent to which:*

- leaders use external scrutiny and self-evaluation evidence to prioritise improvements and monitor progress closely;
- managers and elected members lead change well, contributing to better outcomes and a culture of continuous improvement;
- the Chief Social Work Officer and senior managers guide and promote effective practice;
- there are effective arrangements in place for elected members to scrutinise performance, promoting effective governance;
- joint plans lead to evident service improvements or changing patterns of service; and
- leaders sponsor improvements in service and employee performance

### Strengths:

- the department has a well-establish self evaluation framework based on EFQM;
- the department was awarded Bronze status in relation to Quality Scotland's Recognise for Excellence Awards - the only local authority SW Department to have achieved this;
- the Council has established a Scrutiny Committee.  All reports from external scrutiny bodies are either considered at the Scrutiny Committee or the Social Work and Health Committee;
- there is trend over time information which evidences continuous improvement on  a significant number of performance indicators and perception measures since 2001; and
- a range of joint strategies are in place

### Areas for Improvement:
*In relation to improvements we need to:*

- improve communication around significant changes, including clarification about reasons for the change;
- fully deploy our approach to how leaders help and support people to achieve plans, targets and outcomes (QS);
- provide more evidence of our approach to how leaders participate in professional bodies, conferences and seminars, particularly in promoting and supporting excellence locally and nationally (QS);
- provide more evidence of our approach  to how the leadership manage change in the following areas:
  - ensuring the effective delivery of change
  - communicating changes and their reasons to external stakeholders
  - supporting and enabling people to manage change
  - measuring and reviewing the effectiveness of change (QS);

- explore the role of service managers and team leaders in respect of leading and managing change - concern from staff that service managers and team leaders are 'overwhelmed' with day-to-day responsibilities and do not have space to effectively lead change;
- provide clear timeframes for change programmes; and
- make better use of impact assessment and contingency planning in change management

*QS is a view expressed by Quality Scotland.*