

Multi-Agency Inspection

Thematic Inspection of Services for People
with a Learning Disability in Angus,
Dumfries and Galloway, East and West Lothian

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Acknowledgement

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

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Summary of the evaluation gradings

The joint evaluation scale

The multi-agency inspection has adopted the SWIA six point scale.

In this multi-agency inspection of services for people with a learning disability, the inspection team has provided a joint evaluation for each of the seven areas for evaluation, as set out in appendix 2: Model for the multi-agency inspection of services for people with a learning disability.

The joint evaluations apply to collaborative working between health and council (education and social work) services within the partnerships.

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

Summary of evaluations for each partnership

Angus Council and NHS Tayside

Areas for evaluation	Evaluation
1. Outcomes for people who used services and their carers	Good
2. Experience of people who used our services and their carers	Good
3. Impact on stakeholders	Good
4. Access to services	Good
5. Strategic Planning	Good
6. Vision, values and aims	Good
7. Capacity for improvement	Very Good

Dumfries and Galloway Council and NHS Dumfries and Galloway

Areas for evaluation	Evaluation
1. Outcomes for people who used services and their carers	Adequate
2. Experience of people who used our services and their carers	Adequate
3. Impact on stakeholders	Adequate
4. Access to services	Adequate
5. Strategic Planning	Adequate
6. Vision, values and aims	Adequate
7. Capacity for improvement	Adequate

East Lothian Council and NHS Lothian

Areas for evaluation	Evaluation
1. Outcomes for people who used services and their carers	Adequate
2. Experience of people who used our services and their carers	Good
3. Impact on stakeholders	Good
4. Access to services	Adequate
5. Strategic Planning	Good
6. Vision, values and aims	Adequate
7. Capacity for improvement	Adequate

West Lothian Council and NHS Lothian

Areas for evaluation	Evaluation
1. Outcomes for people who used services and their carers	Adequate
2. Experience of people who used our services and their carers	Good
3. Impact on stakeholders	Good
4. Access to services	Very Good
5. Strategic Planning	Good
6. Vision, values and aims	Good
7. Capacity for improvement	Very Good

Easy read summary of our findings

The Scottish Government asked inspection agencies to look at how well some areas were supporting people with a learning disability.

A team of people visited four areas to check up on how good services were for people with a learning disability. The team included people with a learning disability and family carers.

The team included people from:

- People First
- Care Commission
- Carers Scotland
- HM Inspectorate of Education (HMIE)
- NHS Quality Improvement Scotland
- The Quality Action Group
- Social Work Inspection Agency
- Scottish Consortium for Learning Disability



The inspection looked at three things in each area

- Transition
- Lifelong learning
- Work opportunities for people with a learning disability

As part of the process each council and NHS partnership was visited and service users, carers and staff had a chance to say what they thought about services.

If you want to know more about the inspection you can contact Steve Porter, lead inspector.

Tel: 0141 242 0396

Angus Council and NHS Tayside

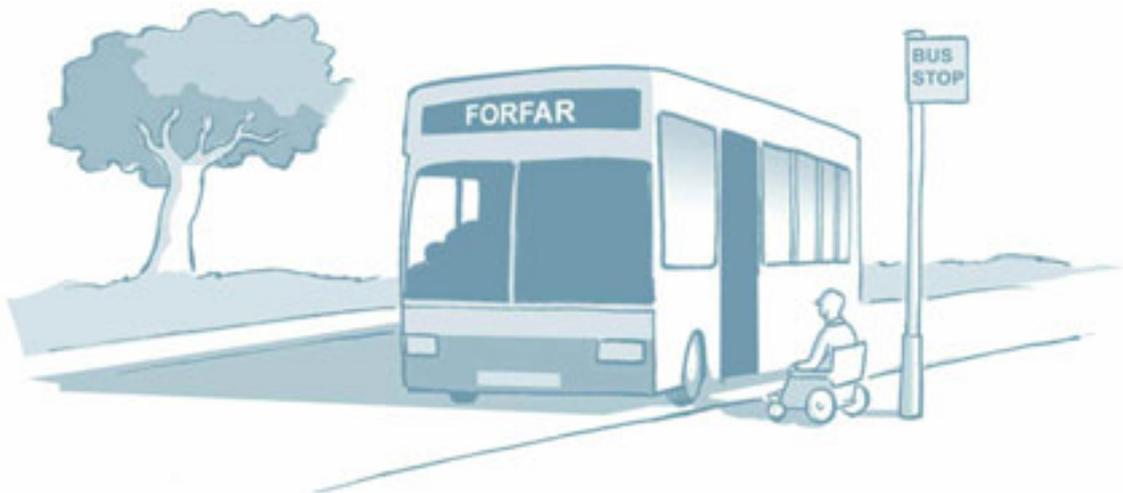
These were the things we found out about services in Angus Council and NHS Tayside.



The council knew the people with a learning disability. Because they knew people they were better at planning services.

The council and NHS knew what help people needed so that they could have better lives.

The council improved support for people with a learning disability after they left college.



Services worked well together so that people had better transport.

We asked people with a learning disability about the support they got. Most people said they were happy with their support.

The lifelong learning forum had started to make things better for people who went to college.

Dumfries and Galloway Council and NHS Dumfries and Galloway

These were the things we found out about services in Dumfries and Galloway Council and NHS Dumfries and Galloway.

Dumfries and Galloway Council and NHS Dumfries and Galloway needed to make improvements to their services for people with a learning disability and their carers.

Some people with a learning disability got help to get qualifications and work experience. More people should get this help.

The council needed to talk to more people before they changed their services.



Some people got good help to do leisure activities.



There was a local group which tried to make things better for people who went to college. Staff from Dumfries and Galloway Council and NHS Dumfries and Galloway needed to go to meetings of the group.

East Lothian Council and NHS Lothian

These were the things we found out about services in East Lothian Council and NHS Lothian.

East Lothian Council had started to make things better for people with a learning disability and carers.



The council had asked people what they thought about services.

Children with a learning disability and their families had better lives because most council and NHS staff worked well together.

Some people with a learning disability had to wait a long time to get help.



Managers in the services could work better together.

NHS Lothian had good plans to help people with a learning disability get a job.

West Lothian Council and NHS Lothian

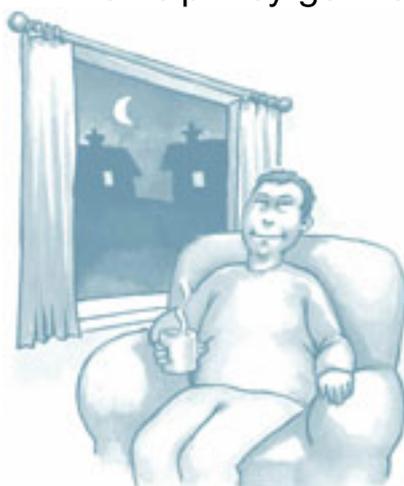
These were the things we found out about services in West Lothian Council and NHS Lothian.

The council and NHS knew what worked well. They had good plans to make things better and worked well to support people.



The council planned to make things better for school leavers. They gave more help for people to get a paid job.

Most people said they were happy with the help they got from the council.



Council staff said it was important to help people with a learning disability be independent.

The NHS had good plans to help people with a learning disability get a job.

People did not have to wait long for services.

Recommendations

This is a list of things that would make things better for people with a learning disability in all areas we visited.

The councils and NHS should get to know people with a learning disability when they are young. They should think about what they will need in the future.



The councils, NHS and colleges should work together so that people have more choice and better support when they go to college.

The councils' employment services should focus more on getting people into paid work.

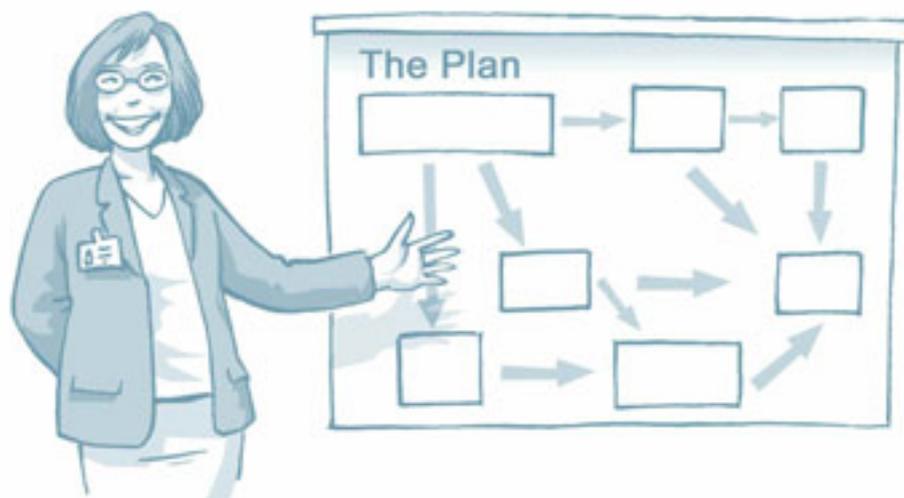


Councils should be better at telling people with a learning disability and carers what will happen to their money if they get a job.



The councils and NHS should employ more people with a learning disability.

People with a learning disability should be asked if they want to get a job, go to college or do something different when they have review meetings.



Dumfries and Galloway and East Lothian councils should have better plans to make sure people with a learning disability stay safe. These included risk assessments and plans.

Dumfries and Galloway Council and NHS Dumfries and Galloway needed to write a plan about what new services would look like.

All councils and NHS services needed to have better plans for how they spend money on learning disability services.

Recommendations

Recommendations

Recommendations applied to individual councils, individual partnerships or more than one council or partnership.

Recommendation 1: for all partnerships in the inspection

The partnerships should improve the identification and tracking of the changing needs of young people with a learning disability in order to project future service and support requirements. This should include cost projections.

Recommendation 2: for Angus, East Lothian and West Lothian partnerships

Statutory agencies should liaise with further education colleges to set up a 'Partnership Matters' or similar forum to better plan operational and strategic service solutions. These should be aimed at improving the options, experience and outcomes for people with a learning disability attending colleges of further education.

Recommendation 2a: for the Dumfries and Galloway partnership

Statutory agencies should participate fully in the local Partnership Matters group in order to improve strategic and operational planning for people with a learning disability.

Recommendation 3: for Dumfries and Galloway and East Lothian Councils

Council-run employment services should have a main focus on and responsibility for finding paid employment for people with a learning disability who use these services.

Recommendation 4: for all councils in the inspection

Councils should be pro-active in advice and information given to carers and people with a learning disability about how their benefits would be affected by working for more than 16 hours. This advice should be offered to people before they engage with employment services, and should include 'better off in work' calculations.

Recommendation 5: all partnerships in the inspection

The council and NHS should work in partnership to help more people with a learning disability to enter paid employment.

Recommendation 6: for Dumfries and Galloway and East Lothian Councils

Councils need to ensure that if risk is identified for a person with a learning disability a multi-agency risk assessment and risk management plan is always completed and recorded in files.

Recommendation 7: for all councils in the inspection

Councils should revise their review forms, to ensure all leisure, learning and employment options are considered. Review minutes should refer to any person centred plans.

Recommendation 8: for all councils in the inspection

Councils should establish more detailed costs and data for their learning disability services to allow benchmarking and better planning processes, including around direct payments and possible options for personalised budgets.

Recommendation 9: for the Dumfries and Galloway partnership

The partnership should produce a SMART long-term action plan on how it will transform learning disability services, with timescales and a financial framework, following appropriate consultation.

Inspection methodology and inspection activities

Our Methodology

Pre-fieldwork inspection activity

Surveys

We surveyed people with a learning disability, family carers local authority and NHS staff who work in learning disability services. We also surveyed other stakeholders and some employers of people with a learning disability.

Where possible, people who use services and carers of people with a learning disability were identified by the local authorities. The councils also helped us contact employers of people with a learning disability and told us which independent service providers operated in their area so we could ask if they would like to take part.

Staff survey

Each of the local authorities was asked to distribute staff questionnaires to all staff whose main focus was adults with a learning disability, and young people aged 14 – 17 going through the transition process. In total there are 114 responses:

Authority	Number of responses	Confidence interval
Angus	26	14%
D&G	28	12%
East Lothian	26	14%
West Lothian	32	11%
Total	114	6%

There are two responses where the local authority is unknown.

Overall, the results may not be representative of all staff in each authority; as non-response could not be measured it was not possible to determine whether the respondent group was representative. As such, the results of the staff survey (and other surveys in this inspection) are indicative, and should be read alongside findings from file reading and fieldwork.

Interviews with people with a learning disability

We commissioned the Scottish Consortium for Learning Disability (SCLD) to do follow up interviews with a handful of people whose files we had read. This was done after our fieldwork. People were chosen because our file reading, surveys and fieldwork showed their stories illustrated similar experiences to other people with a learning disability in their area.

File reading

Social work files

Around 50 files were read in each of the local authorities (Angus, Dumfries and Galloway, East Lothian and West Lothian). In total 202 files were read. These were sampled using a stratified simple random sample. Stratification was by needs of the individual and focused on five specific areas:

- Transitions
- Employment
- Further education
- Daytime activities
- People with a learning disability who had additional support needs, for example a physical or sensory disability or significantly challenging behaviour.

The confidence interval for the local authority results is around $\pm 13\%$. This means for a difference in results between authorities to be significant it will need to be $\pm 26\%$ different. For questions where not all records have a response the confidence interval will be higher. The results may indicate where there may be differences in results between local authorities. These differences are not statistically significant.

Education records

HMIe inspectors scrutinised a small number of education records.

Other records

Care Commission inspectors scrutinised a small sample of records of people with a learning disability who had support from the independent sector to live in their own tenancies or in other residential options.

Self-evaluation questionnaire (SEQ) and supporting documents

We asked each of the partnerships to complete an SEQ. The SEQ is based on the seven outcome indicators of the multi-agency inspection model. Each partnership decided on an evaluation (using our six-point scale detailed earlier) for each outcome indicator. The partnerships submitted many documents in support of their SEQ. We analysed these documents and the results of the analysis were made available to all members of the inspection team.

The inspection team for local authorities

The team had representatives from:

- People First Scotland
- Quality Action Group
- Care Commission
- Carers Scotland
- HM Inspectorate of Education
- Social Work Inspection Agency

The inspection team for NHS boards

The team had representatives from:

- NHS Quality Improvement Scotland
- People First Scotland
- Social Work Inspection Agency

Fieldwork

The multi-agency inspection team spent up to two and a half days in each area undertaking the fieldwork for the inspection. Some of the team were not present for the whole of the fieldwork.

Terminology

When we talk about ‘the partnership’ we mean the council and the NHS. When we refer to ‘transition’ we mean the period of time when a young person moves on from school or supports from children’s services to college, work or adult social work services (including resource centres).

We differentiate between person centred plans and ‘personalised services’. The former are the needs and wishes of the person who uses services, from that person’s perspective, set out in a document or chart. This is often pictorial, with few words.

The latter is the provision of supports or services for that person, based on their own individual needs and wishes as opposed to something which is provided for a group of people in general. This is also known as self-directed support. This means that the key decisions about the support a person will receive are made by that person as opposed to being made by paid staff.

Statistical Reporting

In this report we have quoted figures from the 'Same as You' returns up to and including 2007. These allowed us to look at trends over time and make some comparisons between authorities. However there were some concerns over how consistent the returns were and some caution should be applied to these. In 2008 a new data collection system was implemented. The new system will ultimately provide more accurate, consistent and flexible data. We have not quoted these figures in the report because they are only available for a single year, and some of the information is not yet fully complete.

Many of the results from the file reading and surveys were based on small numbers. Therefore they related to the performance and views of those surveyed, and are not statistically valid. These should be read alongside fieldwork evidence such as interviews with staff, people who used services and carers as well as published performance indicators.

Measurement of outcomes

Measuring outcomes was not yet common practice. National and local performance measures and targets are sometimes used as proxy measures in this report. We have used a consistent set of indicators for all councils in this report.

The report format

We collected a large amount of information during the inspection. This report cannot do full justice to all that we learnt. Instead it draws out the main themes about collaborative working, backed by a range of evidence which was applied consistently. Except where the inspection team is expressing an opinion, the report is written in the past tense. Where we use quotes from individuals, they represent opinions that were widely expressed, not just one individual's views.

The report uses the following words to describe numbers and proportions when we quote findings from our surveys or from our file reading exercise:

almost all	–	90% or more
most	–	75% to 89%
majority	–	50% to 74%
less than half	–	35% to 49%
some	–	15% to 34%
a few	–	14% or less

These words are used to denote their more general meanings at other points in the report, when we are not using the survey findings.

Where the responses to surveys are low (less than 20) we have given the number of responses received.

There were a number of issues which emerged in more than one council and NHS partnership. These issues and their related recommendations are set out in the Shared Issues Chapter.

In the last four decades there have been major changes in the lives and expectations of many, probably most people with a learning disability in Scotland. Older people with a learning disability and their parents and grandparents will remember institutional life being seen as the norm for many people, with large hospitals providing care literally from the cradle to the grave. Although some people living in these institutions were profoundly disabled many others had only mild or moderate disabilities.

The closure of these hospitals and the move into a variety of community settings was a significant social policy achievement of the late twentieth century. This did not happen as quickly as hoped; and the living circumstances of some people with a learning disability have remained far from ideal. However, the move to community care was accompanied by growing recognition of the need for major improvements in the quality of life of people with a learning disability. And with this came increased aspirations for recognition of their rights, as citizens, to be fully included in society. This was the theme of *Same as You?* (2000¹) and its follow up reports.

It is not complacent to reflect on this progress in the long journey to achieve full social inclusion for people with a learning disability. We know that the lives which many people lead are still far short of what they and their families would wish. We know too that there have been some cases of serious neglect of the rights and needs of people with a learning disability. The protection of vulnerable people has therefore rightly been a preoccupation of the last decade. However, recognising what has changed for the better encourages us to work for greater achievements. This is one important purpose of this inspection which focuses on some central experiences of adult life – transition from school and young people’s resources to further education and into employment – as experienced by people with a learning disability.

Thirty, perhaps even twenty years ago, most social workers, policy makers and many families did not even think that these experiences should be the ordinary aspirations of people with a learning disability; and they were for the most part not encouraged to see themselves as ordinary citizens, or in some cases as people who were or would become adults.

Next steps

We will ask each partnership to prepare an action plan. The action plans will set out how the partnerships will implement the recommendations of this report.

¹ The national review of services for young people and adults with a learning disability in Scotland

Why an inspection now?

This is the second multi-agency learning disability in Scotland. The first was in Ayrshire in 2006² and followed on from the enquiry into the case of 'Miss X' who had been subject to serious abuse in the Borders.

The decade since the publication of *Same As You?* has been an important one for the development of learning disability services and, perhaps even more, for changing aspirations about the rights, expectations and quality of life for people with a learning disability. It is time to review where we are and future priorities. Although current economic pressures will present problems for councils, NHS services and independent agencies, the government has promised to protect vulnerable people and front line services. Substantial improvements in services can also come about from changes in practice which can include spending existing funds in a different way, or simply changing the way we work, with minimal or no cost implications. Economies can also be made from cooperation between council departments, health partners and other agencies through more integrated working. More than ever, working in isolated 'silos' is being questioned and the importance of shared corporate responsibility stressed. Finally, councils and health services can have much to learn from each other and from their counterparts in other parts of Scotland and beyond.

It is important that people with a learning disability are not disproportionately disadvantaged by economic conditions. And it is just as important that planning for the future continues and that it takes account of the rights of people with a learning disability and contemporary expectations for their quality of life. Services and supports can take a considerable time to build. Our inspection points to ways this can be started. Conviction about what should be done and what is possible is the foundation for further progress.

Current policy priorities and inspection themes

The underlying approach of *The Same As You?* was one of inclusion, so that people with a learning disability could enjoy the same opportunities that most people do. For example, it noted that many people with a learning disability were engaged in considerable amounts of daytime activity which kept them apart from other members of the community. Relatively few had a job. In seeking to promote more inclusive and rewarding lifestyles the report made 29 recommendations for statutory services. Among these were

Recommendation 15: *Local authorities and health boards, should both examine what they provide and develop more modern, flexible and responsive services which support people in the community through employment, lifelong learning and getting them involved socially. Day healthcare services for people with learning disabilities should be mixed with those in the community; and*

² Multi-Agency Inspection of Services for People with Learning Disabilities in Ayrshire. Social Work Inspection Agency, 2006

Recommendation 16: Local authorities need to give much greater priority to developing a range of employment opportunities for people with learning disabilities. And, with health boards those authorities should lead by example in employing more people with learning disabilities.

In 2004, a short life working group report was produced by the Scottish Executive following on from 'The Same as You?' (SAY). 'Working for a change?' focused on employment opportunities. In 2006 the SAY Implementation Group produced three further reports, "Having Your Say?", regarding advocacy, "Make My Day!" regarding day services and "Changing Childhoods". A particular focus of the latter was the need for better transitions for young people with a learning disability. In 2004 the Education (Additional Support for Learning) Act set out to improve transition arrangements for young people, including those with a learning disability.

Scrutiny by the Social Work Inspection Agency (SWIA), NHS Quality Improvement Scotland (NHS QIS) and the Care Commission has taught us much about the successes and problems of the implementation of these policy and practice developments. People with learning disability and their families have been the key informants and have played important roles in inspections, as they have done in this one. The three themes for this inspection:

- Transition;
- Lifelong learning; and
- Employment

have been chosen because they have emerged as priority matters for people with a learning disability and their carers. Young people should have a choice of options when they leave school. However, we know this is often not the case or is limited at best. Other challenges include:

- Many young people with a learning disability have a poor experience of transition when leaving school or moving from children's to adult services. This often happens because there is not enough planning, or planning which comes too late;
- Opportunities for people to go to college are available to some. However, people who do go can get caught in a training cycle which can be repetitive and unchallenging and which does not prepare them for employment or other meaningful activities;
- Leisure, learning and employment opportunities are often limited because of a the limited flexibility of support staff, of transport and sometimes a lack of available adult changing facilities; and
- The great majority of people with a learning disability are not able to secure a job, particularly one which gives proper wages for work.

This inspection therefore focussed on what four councils and health partnerships in Angus, Dumfries and Galloway, East and West Lothian were doing to improve the experiences of people with a learning disability in regard to these issues.

The inspection was undertaken in 2009, shortly after NHS Quality Improvement Scotland completed its review of each NHS Board area. It reported on the performance across Scotland against the learning disabilities quality indicators two (Promoting Inclusion and Wellbeing) and three (Meeting General Healthcare Needs).³ SWIA was part of the review team at each health board. This helped inform the work of the current inspection.

SWIA was the lead scrutiny body in the production of this report. The primary purpose of our scrutiny activity is to provide independent assurance that services are well managed, safe and fit for purpose and that they represent the best value for money. The report is intended to provide this assurance to the general public and to Scottish Ministers.

³ An overview report 'Tackling Indifference' and each local report is available on the NHS QIS website:
<http://www.nhshealthquality.org/nhsqis/5988.html>

Angus Council and NHS Tayside

Area Profile Angus

Angus is situated approximately 96 miles north east of Glasgow and 78 miles north east of Edinburgh. Its total area is 842 square miles and the council area borders onto Aberdeenshire, Perth and Kinross and Dundee City. Angus has a total population of 110,250.

At 3.4%, the claimant count unemployment rate for Angus is lower than Scotland as a whole (4.9%). Of the total population in Angus people of working age account for 58.4% compared with 62.5% nationally. Those of pensionable age currently account for 23.8% of the population and is expected to grow by 34.4% by 2033. Over the same period, the population of working age is expected to decrease by 0.7%. By 2033 the total population is projected to have increased by 7.7% overall.⁴



⁴ Sources:

<http://www.scotland.gov.uk/statistics/browse/labour-market/>
<http://www.scotland.gov.uk/statistics/browse/population-migration/>
<http://www.sns.gov.uk>
<http://www.nomisweb.co.uk>

GRO Population Projections Scotland (2008 based)
 Population Projections by sex, age, administrative area. GRO Feb 2010

Angus Council/NHS Tayside

Performance in Angus was generally good across the areas we inspected, with important strengths and some areas for improvement.

The council had begun to develop and measure outcomes about the destinations of college leavers and the integration of people using day services. This, allied to the integrated approach to education, was positive.

The partnership had begun to redesign learning disability services. The redesign was based upon sound principles, and while these were not always explicit in some planning documents, the vision for learning disability services was part of a strategic priority in the current corporate plan.

Most people with a learning disability who responded to our survey in Angus said that they were generally happy with the support they received. For example, they told us that they and their family were involved in key decisions. Stakeholders said that person centred planning was a strong feature of social work services, although less evident in files for young people in transition.

Council staff were well motivated and positive about the plans to improve learning disability services and towards partnership working in general. They were committed to the principle of social inclusion for people with a learning disability. There had been effective work to establish integrated multi disciplinary working and to ease transitions between services.

There were good systems to identify people with a learning disability who might need a service. Assessment and review processes were also good and there were no waiting times for these. The one exception to this was in regard to occupational therapy services. There was no waiting list to access the council's supported employment service. More work was needed to increase opportunities to receive direct payments.

Transition planning was undertaken in a multi-agency way with the process beginning when the young person was 14 years old and with systems in place to support this. The council had good arrangements for expanding the employment opportunities of people with a learning disability but employed very few people who had received this support. Despite refocusing on the need to help people into paid work most people still had voluntary or part-time work.

Transport problems could make access difficult for people with a learning disability. However, the council and its partners had made good improvements to transport.

The council and the NHS had some good planning structures. These joint structures included a lifelong learning forum which benefited people with a learning disability. There was no formal “Partnership Matters” agreement in place however, informal partnerships existed which supported the resolution of some recurrent issues, though others were unresolved; (shared issues chapter, page 142).

As part of the redesign exercise careful consideration had been given to the roles and deployment of staff and managers within the council. This was supported by training, including joint training.

Despite a strong understanding of equality issues there were areas where this approach could be extended. Areas for development included the introduction of improved financial planning to better support commissioning and planning decisions.

Outcomes

Performance in this area was good with important strengths and some areas for improvement.

Measuring outcomes: Transitions

Staff in psychological services had developed transition passports which allowed young people to have a record of their own achievements and a document to share with further education institutions or potential employers.

Although there was as yet limited information on the destinations of young people with a learning disability, Angus had made a good start in understanding and monitoring these. Staff said that the number of young people who were referred for support from the adult disability service had increased substantially since 2003. Managers told us that the number of young people referred had doubled between 2003-2006. Of the 16 school leavers assessed as requiring adult learning disability services in 2009:

- 10 were attending further education college (1 with social work support);
- 3 attended an adult resource centre (ARC); and
- 3 had additional support through Independent Living Fund.

There was a system in Angus to ensure as smooth a transition as possible for young people moving to adult services. The Community Health Partnership (CHP) had a quality improvement framework which reported to NHS Tayside’s quality improvement forum. Managers acknowledged that more work was needed in reporting outcomes for people with a learning disability, and later said they were using the ‘Talking Points’ framework to do this.⁵

⁵ ‘Talking Points’ relates to two frameworks of outcomes, ones for users of community care services, and one for unpaid carers.

More Choices More Chances⁶

Angus council had an inclusive vision for children and young people. Children and young people were educated within the mainstream setting with additional support being provided as required. Young people spent an agreed amount of time in a support base to access this. This was an impressive achievement.

The 16+ Learning Choices is a national initiative to support all young people to continue their learning up to 18. Angus had a good range of work experience tasters and had achieved well in engaging the pre-16 age group in this. There was still work to be done in developing this. Staff there told us that the real challenge was ensuring young people had good opportunities after they reached 18. All the partners were considering a six month pilot to progress this.

The partnership said that it considered young people with a learning disability within these wider initiatives. We could find no information gathered to evidence the success of this approach and none that highlighted the needs of young people with a learning disability were being met. Angus College staff said that they had good links with the transition workers and successfully supported large numbers of young people who might, or already did benefit from More Choices More Chances supports.

Angus Council had no clear quantitative information about the destination of young people after college, although the council told us it tried to ensure that people starting full time college courses did not go back to adult resource centres. They said that in the main they were successful in this regard but some people may be attending part time courses and an adult resource centre at the same time. For these people this was an impressive outcome, notwithstanding any analysis of the quality of the services people received.

Generally the relevant agencies were involved and in all instances the carers were part of the planning. There was additional evidence from file reading that transition planning was maintained regularly and consistently. Results were less positive about transition plans being SMART⁷; not all files contained evidence that targets and milestones were being met.

File readers comments were mixed about the work with young people with a learning disability in transitions. They commented that there was *“a lengthy waiting list after referral for the supported employment service”* as well as noting comments from a carer about *“a lack of communication on the support plan for her son”*. Others noted *“a good assessment and a well managed transition”* with clear goals for service provision in the care plan.

⁶ The NEET Strategy, More Choices More Chances is an action plan to reduce the proportion of young people not in education employment or training in Scotland. Scottish Government 2006

⁷ Specific, Measurable, Achievable, Realistic and Time-bound

Measuring outcomes: Leisure

Angus council had a partnership which considered and supported access to council leisure facilities. Staff had received training to help them with people who may need additional support. The council did not routinely gather any data to indicate the usage by people with a learning disability.

Nevertheless, managers told us that some people still attended an adult resource centre full-time, reported as 16% in 2007 (SAY). However, they said that no one entering an adult resource centre now would be given a full time placement. This had been the position for the last few years. This was another positive indication that Angus had begun to understand and measure outcomes.

Staff in the independent sector reported that older people found it difficult to access these facilities and that staff were aware of this. It was acknowledged that further work was needed to support people to access the range of resources.

The majority of respondents to our staff survey in Angus agreed that the council's leisure services were flexible and supportive in enabling access to suit individuals with learning disability.

Good practice example

In 2007 Angus won a 'transport excellence' award for a project which had enabled people using a resource centre to travel to it independently on public transport. Drivers and people who used services had each received training to ensure access and use of the service. It had proved a great success, with the new routing and better accessibility of buses improving outcomes for people with a learning disability.

Measuring outcomes: Lifelong learning

Angus College community programmes were attended by 223 people from a range of backgrounds. Forty people with a learning disability who used social work services were provided with support to attend the college and had individual learning plans. College staff said it was possible for them to access courses other than community programmes aimed at disabled people, based on academic merit.

Angus College managers said that they had quality processes which ensured that all college courses were relevant, supported transition and led to progression. In 2009, of the 36 full time learners with a learning disability in community programmes nine moved into mainstream courses and the remainder moved up an academic level within community programmes. The view of college staff was that community programmes performed well.

Of the carers who responded to our survey in Angus

- Almost all said that the people they cared for had attended college;
- The majority said that they attended a course for people with a learning disability only;
- Most said that the subject that they studied stayed much the same; and
- Less than half said that those courses would lead to a recognised qualification.

These were issues that came up in all of the areas we inspected (see shared issues chapter).

College courses were leading to job opportunities and a few people who were in employment said that they had attended courses at the college which helped them in their jobs. Other people we met experienced no or very slow progression with no clear focus in their learning plans for improved longer term outcomes.

Measuring outcomes: Employment

Angus Council had a supported employment team for people with a learning disability (ASET) and at the time of our inspection 105 people received support from them. They had links to Angus College and were progressing work with the college to ensure that people were job ready when their college courses came to an end. This was still at an early stage of development. Staff at Angus Council told us that eight people with a learning disability attended Angus college mainstream courses. These courses focussed on employment although there was no information about the success of these students in moving into paid jobs.

ASET was viewed positively by partner agencies. Most people using the service were not in paid employment at the time of our inspection.

	Aug 2008	Nov 2009
People in paid employment	5	20
Work placements	28	43
People in Voluntary Placements	13	30

The supported employment team had gathered information about the use of their service. Their qualitative data shows the impact of their work on people with a learning disability who use their service.

Good practice example

Angus council had introduced a pilot of 'working interviews'. This allowed people to demonstrate their skills by working as opposed to passing a formal interview. This was a good example of a reasonable adjustment to the recruitment procedure.

Of the 562 people with a learning disability known to health and social care services in Angus, most were not in any form of employment, but others did have jobs.

The role of ASET was to support those who are furthest away from mainstream employability services. This resulted in their support being directed towards individuals who were on a pathway to employment and were only able to work less than 16 hours per week. It was the role and function of the Department of Work and Pensions to ensure that services were in place to support individuals who were able to work 16 hours or more per week. The employability partnership in Angus aimed to ensure that transitions in the pathway were managed effectively. Council managers said that Angus social work played a central role in the employability partnership and as such was committed to the long term development of employment options for service users.

	Frequency	Percent
Not currently in employment	490	87.2
Under 15 hours per week (open employment)	15	2.7
Under 15 hours per week (non-open employment)	3	0.5
16 – 30 hours per week (open employment)	3	0.5
Under 15 hours per week (open employment)	18	3.2
Not Known	33	5.9
TOTAL	562	100

Overall number of people with a learning disability known to be employed in Angus in 2010.

Some people were supported by the employment disability unit from the Department of Work and Pensions. Currently five people who received support from the ASET (Angus Supported Employment Team) worked for the council and one was employed by NHS Tayside. Similar to other public bodies, both the council and NHS Tayside needed to increase the numbers employed (see recommendation 5, shared issues chapter).

Angus College working in partnership with Enable Scotland had developed a work experience programme ('Options Angus') to support the development of employability skills and employment pathways for learners with disability. An employment support worker worked directly with full-time students to source and secure work placements. Of the eight college learners who participated one learner gained permanent full time employment.

We met people with a learning disability who were currently in employment. They said that they were better off in all aspects of their lives. One person had been able to move into his own home as a result of having a job. However, in our survey of people with a learning disability almost all of those living in Angus did not feel that the training offered to them in college helped them find a job.

Of the 22 carers who responded to our survey, six said that the person that they cared for had some kind of employment (paid or unpaid). Of the sixteen who did not have a job, nine carers said the person they cared for was not able to work; two said employment was never discussed at meetings; two had worries about benefits being affected; two said there was a lack of support from school; and two said there was no work available. Some carers commented on the waiting time for a service from the ASET. Managers told us that there was no-one waiting from a service from ASET.

Sharon's Story

Sharon had been working in her job for two years. She worked shifts, four days a week in a café and had a varied range of duties. Among the benefits of her job was the pay and the way it has enabled her to grow in confidence and independence. She felt part of the team and last Christmas went on the night out with all her work mates.

Sharon's social worker was a very important part of her support network. "She's there if I need her", Sharon said. The social worker supported Sharon with a personal problem and she helped her to find this job.

In the past Sharon has not always received the support with her learning problems that she has needed. She left school without taking any exams. She did a course at college, but it turned out not to be what she wanted to do. Nowadays she attends a learning project that really meets her needs and she is working hard at improving her skills and overcoming her learning problems.

National and local performance indicators

The Same as You?

The 2007 figures indicated that Angus was performing better on most issues which reflected the inspection themes compared to Scotland as a whole.

For detailed performance indicator figures please see appendix 1.

Experience of people who used services and carers

Performance in this area was good, with important strengths and some areas for improvement.

Transitions

The majority of young people who responded to our survey agreed that they got a choice and sufficient information about what they would do after they left school.

Four out of five of the carers who responded to our survey who were, or had until recently been caring for a young person in transition said that there had at least been one meeting to plan what would happen when the person they cared for left school. Some had a positive experience while others felt professionals were making most of the decisions. The council needed to ensure that in succeeding to involve all of the right professionals in the transition process, the voice of the young person and that of their carer did not go unheard.

In our carers' survey, some respondents agreed that the most recent social work and health review or transition meeting was held within the last three months, and only a few said it had been held over a year ago. The council performed well in this area.

Inspectors read 13 files where young people were identified as being at the stage of transition. In all of these instances parents were involved, and the relevant partners were almost always involved. Transition appeared to have generally been well-managed for most.

Leisure

Angus had a leisure partnership which supported vulnerable groups to access leisure services and ensure that staff in mainstream facilities had the appropriate training to support people with a learning disability. Twelve of the 22 carers who responded to our survey said that the person that they cared for attended a day (or 'resource' centre). Staff at the resource centres helped people to access a diverse range of activities such as drama, swimming and walks. Staff shortages limited the number of opportunities that could take place outwith resource centres. Staff reported that when staff and transport were available they supported people to go swimming or bowling. Arrangements to access these activities was mixed. They said that changing facilities for young adults needed improvement and that the pools were too cold, especially in winter.

Staff said that service redesign would benefit younger people initially. People who used services and carers had been consulted about the new arrangements.

A local group of people with a learning disability called SHOUT was now making its voice heard about issues like transport and leisure activities.

People with a learning disability who were in employment reported that some of them had made new friends as a result of being at work and they were included in work social events.

Lifelong learning

Angus Council led a lifelong learning partnership which co-ordinated activity to ensure learning was accessible to everyone. Programmes were supported in learning disability resource centres, community support services and Angus College.

Thirty-two people with a learning disability who attended courses responded to our survey. The majority of courses they did were community programmes for people with a learning disability, other disabled people or those identified as having additional learning needs. A few had attended a mainstream course such as horticulture. Nevertheless people with a learning disability remained positive about their opportunities and said that getting qualifications was important to them. Carers were less optimistic about college courses leading to future employment opportunities but said some courses offered would add to the life skills of the person that they cared for.

Employment

Staff in Angus said that people using services and their carers now saw employment as a real option for the future. Other partners were supporting this development. Partners and stakeholders we met expressed mixed views about how easy it was for people with a learning disability to obtain help to find voluntary work, but were pessimistic about them getting help to obtain and keep paid employment.

People with a learning disability were positive about their choices of work placement and the help and preparation that they received when applying for jobs. They valued the support that they got from staff. Those people who were in employment had had their benefits maximised. Others might have been able to make informed choices about working if they had received this information at an earlier stage. People in work were positive about other advantages of working such as increased confidence and learning new skills.

Both people using services carers, and other stakeholders such as employers thought the supported employment team made a real difference when applying for a job.

Impact on stakeholders

Performance in this area was good, showing important strengths and some areas for improvement.

Local Authority Staff

Staff motivation, commitment and satisfaction

Social work and health staff were positive about learning disability services in Angus and their contribution to them. Education, social work and health managers told us that their staff supported the council's redesign for these services. New NHS and social work integrated teams had been established.

In our staff survey almost all of respondents thought their team was successful in helping people with a learning disability lead as independent a life as possible and develop their skills and abilities to the full.

Angus Council's own 2009 staff survey did not identify learning disability service staff separately but overall it provided further evidence of staff satisfaction and commitment as well as high levels of satisfaction about support from managers.

Staff supervision, appraisal and development

Council documents, including the 2007/8 learning and development strategy for learning disability services, set out the supervision and training needs for the new service and some of the opportunities for meeting them. The majority of staff who responded to our survey thought that their training and development focussed on improving service delivery.

Staff perception about working within the council and with other agencies

Almost all staff who responded to our survey said they had good collaborative working relationships with local health services; and most staff reported good working relationships with education services. In our staff survey the majority of respondents agreed that NHS Tayside and social work services worked well to create a shared vision for service delivery. The majority of staff thought working across council departments was also positive.

The approach to welfare rights

Most of the staff who responded to our staff survey agreed that their team made referrals to income maximisation services on behalf of carers, people who used services or pupils; and the majority said that they worked hard to maximise income. The majority also said that social work services worked hard to help people come off benefits appropriately and to find employment. Staff recognised that there was still a long way to go in helping people with a learning disability move into work.

Impact on health services

A major component of Angus' redesign of learning disability services was the creation of integrated health and social care teams. NHS and social work integrated teams shared the chairing of team meetings.

Most social work and health services staff we met were positive about their NHS Tayside colleagues' contribution to the new teams. NHS QIS had commented favourably on this development. External stakeholders were less positive about a joint vision citing a lack of opportunities for joint training as a concern.

Supporting transitions

There were clear, written transition procedures and there were annual multi-agency planning meetings in schools. Transition work for young people moving to adult services started at 14. Staff said they mostly achieved this although there were sometimes a few late referrals.

Staff from all services told us that the integrated teams, with the inclusion of transition workers, assisted communication, holistic assessment and joint planning. They thought the transition passport and the health protocols for transition were seen as helpful. They said NHS Tayside staff in the integrated teams had trained resource centre staff to undertake peg feeding and other procedures and led initiatives focussed on men's and women's health, designed for adults with a learning disability.

Although some staff thought that there were particular gaps in the provision of OT and mental health services they were positive about the advice and equipment provided by occupational therapists and the fact that young people could retain their equipment when they went on to college or to adult services.

Impact on Employers

The supported employment team had created an informative DVD to promote employment for people with a learning disability. Most staff who responded to our survey said they had made direct referrals to local employers on behalf of people who used services or pupils who were seeking employment. The majority said their service always explored paid employment options with people with a learning disability, regardless of their ability.

Partner and stakeholder respondents to our survey had a mixed view about the employment activities of council social work and health staff on behalf of people with a learning disability. The Care Commission read some files held by independent agencies and found that some providers believed they were often expected to provide employment support for people who did not have an allocated worker and that support to help them do this was limited. Managers in the council told us that they did not recognise this of ASET and suggested it is possible providers were confusing them with other employment services.

Employers' views of the support to develop employment opportunities

A small number of employers confirmed the benefits of employment for people with a learning disability, including that of increased independence. They said that people with a learning disability and their carers were effectively supported by local services while they were in employment.

The Angus Community Planning Partnership had developed an employability strategy which emphasised social inclusion. NHS Tayside and CHP employed one person with a learning disability; and the council only employed a small number. A few staff and councillors were critical of Angus Council's record of employment of people with a learning disability. An employability coordinator took up post in October 2009. This could provide an opportunity to expand council employment for people with a learning disability.

Impact on colleges of further education

Partnership working to improve transition

Angus College played a lead role in the transition process and had close links with transition workers.

All the staff who responded to our survey and those we met said their team had good working relationships with further education colleges in their area. The majority agreed that college staff had reasonable expectations of the support that social work and social care provided within colleges. Allied health professionals worked closely with colleges to plan for transition. Half of the staff who responded to our survey said that social work services had been able to work in partnership with further education to improve the range and quality of courses for people with a learning disability.

Learning options

There were college based courses designed to help people with a learning disability develop their literacy and numeracy, promote their independence and prepare for work. College staff said that planned opportunities to move learners into mainstream courses were available and learners were participating in these where appropriate. They said that the learners' needs determined whether they were able to progress to the next level. The majority of staff who responded to our survey agreed there were examples of people with a learning disability working for vocational qualifications in college or community settings.

In common with colleges in all the councils (see general issues chapter) carers and council staff said some courses lacked of focus, were repetitive and did not progress to the next level.

Access to Services

Performance in this area was good, showing important strengths with some areas for improvement.

Access to assessment, planning, review and preventive work

Identification of children aged from 0 to five with a learning disability had helped health and social work services plan ahead, including access to assessment. However, there was a lack of clarity and room for improvement in transitional budget planning. Most staff who responded to our survey said their team was routinely able to do preventive or early intervention work with people with learning disability.

The majority of respondents to our staff survey thought that it was easy for adults with a learning disability to get information about the full range of day services, college courses and employment opportunities. NHS QIS reported that there was good information for people with a learning disability about health services.

Assessment processes

There were no waiting times for assessment, a positive result. In almost all of the files read there was an assessment or record of needs and most had been undertaken in the last two years. In almost all the files the timing of the most recent assessment was in keeping with the individual's needs.

Person centred planning and the 'getting to know you' format were their preferred methods of assessment at transition from children's services although we did not always see those in files we read.

Staff who responded to our survey thought the majority of comprehensive needs assessments carried out by their teams were excellent or very good. Our file reading results found that most assessments were rated as at least good. File reading confirmed that transition was handled well for eleven out of thirteen young people. Three quarters of carers said college was discussed, half said that resource centre was considered and there were discussions about paid work or voluntary work for a small number of people.

Five of the seven stakeholders who responded to our survey agreed that social work and health services would generally support people to move on if they thought day services were no longer meeting needs.

Managers in NHS Tayside said that the waiting time for an audiology assessment was 'many weeks' over the national waiting time guarantee. They said they were reviewing services and would redesign these where necessary in order to address this.

Care plans

Most of the staff respondents to our survey agreed that their team's care plans were excellent or very good. Inspectors who read files found care plans in almost all of them. Most care plans (completely or mostly) addressed the needs and risks. The majority of care plans were SMART. Most people using services who responded to our survey said they had a care plan that set out the help they needed and who would provide this.

Review processes

Almost all care plans were reviewed annually. The majority of the most recent reviews gave full and appropriate consideration to a wide range of leisure, learning and employment options. It was concerning that there was no wide ranging review for nearly a third of these people despite this being a requirement when using the "getting to know you" tool. (See recommendation 7, shared issues chapter).

Access to Advocacy

The council and NHS Tayside jointly commissioned the Angus Independent Advocacy Service. They did not fund work with children and young people. Council staff said that Enable and Capability Scotland could support parents and young people during transition from school. This was a gap which might be more systematically addressed.

Around half of the 44 people who used services responding to our survey said that they had an independent advocate. The majority of staff surveyed said it was not difficult for people who used services and carers to get access to independent advocacy. Nine of the 21 carers who responded to our survey said they did not know about advocacy and the same number said they did not want an advocate.

Access to a named social worker

All the people we met who used services, told us they had a named worker or knew who to contact if they had a problem. Some staff from education services or partner agencies said they thought the criteria for allocating a social worker were too rigid and could exclude people with major needs. They gave as examples some people with a learning disability and also autism or ADHD.⁸

Eighteen of the 22 carers who responded to our survey agreed that the person they cared for had a named social worker or care manager.

⁸ Attention deficit and hyperactivity disorder

Access to self directed support and universal services

The council informed us that only five people with a learning disability had a direct payment. Managers told us that they would make direct payments available to people who request them and this option is always considered when care plans are being developed. The redesign of learning disability services had emphasised access to mainstream services as an important goal. This included ensuring that people with a learning disability made maximum use of universal services such as health, leisure and mainstream social work resources. NHS QIS had commented that the consultant learning disability nurse helped to ensure easy access to hospital services.

Most of the council staff who responded to our survey said social work services always looked to support people in mainstream college settings, where these were available and appropriate. The council's support of the successful⁹ Tayside Special Olympics team showed a good partnership between mainstream and specialist resources.

Managers told us that the priority at transition was to consider what mainstream services a young person would like, what the outcomes would be, and how they could arrange and sustain access. Six of the ten stakeholders who responded to our survey agreed that people with a learning disability were supported to use universal services.

The closure of Lunan Park resource centre had shown that even with the most careful assessment and planning, moving people into mainstream services could be challenging. Services for middle aged and older people were not always ready to receive people with a learning disability and their resources were not always appropriate.

Access to mainstream services could be hampered by lack of public transport, particularly in rural areas, and some carers were reluctant for the person they cared for to use public transport because of safety concerns. There had been a drive to help people with a learning disability become confident to travel independently. The council had worked well with transport providers to make improvements which led to better outcomes for people with a learning disability.

Access to social work services

Fifteen of the 22 carers who responded to our survey said that all of the needs of the person they cared for were included in the assessment or support plan. NHS Tayside, education and social work staff told us that they thought access to social work and health services was difficult for those whose needs did not fit the strict eligibility criteria and could mean some important needs not being met, including carers' needs for support and for short breaks.

⁹ 43 gold, 63 silver and 34 bronze medals from the 2009 national summer games

With the exception of long waits of up to nine months for an occupational therapy assessment and six months for some OT equipment, we did not hear complaints about waiting times for assessment or services. The council told us that the waiting time from referral to allocation ranged from one to 24 days; the average waiting time was 3.4 days. We did not find unreasonable delay in any case files where there was an assessment and care plan.

Risk assessment and management

The Angus Child and Adult Protection Guidance and Procedures were comprehensive. They included useful information for the public and community groups. There had been extensive training for social work and health service staff. Education, social work and health staff told us that risk assessments were routinely carried out and were an essential part of the transition process.

Almost all of the staff who responded to our survey agreed they had clear guidance to follow when dealing with risk; and they said their team did everything possible to keep people safe. Most stakeholders who responded to our survey agreed that social work services and schools met their responsibilities to keep vulnerable adults and young people safe and the majority also agreed that services actively used risk management procedures to increase the independence of people with a learning disability. Overall most agreed that multi-agency procedures for adult and child protection worked well.

Access to specialist equipment and adaptations

The council had clear operational guidance on the provision of equipment and adaptations and the joint equipment store regularly met its targets. Equipment was readily available for children and it could follow them from resource to resource, as they got older. There was a positive contribution from occupational therapy to schools and colleges. Staff and people who used services said that occupational therapists gave prompt and useful advice and arranged for adaptations to be carried out quickly. Managers in the council told us they planned to address the waiting times for occupational therapy in adult services (above).

There was some criticism of leisure centre changing resources for adults with complex needs. These did not meet the standards set out by PAMIS¹⁰ because they lacked appropriate storage facilities. Half of the staff responding to our survey agreed that the council had tried to ensure that changing facilities for adults with complex needs were available in mainstream community settings.

¹⁰ An independent organisation providing support to people with profound learning disabilities and their carers

Strategic Planning

Performance in this area was good, with important strengths and some areas for improvement.

Community planning

The overarching vehicle for strategic planning was the Angus Community Planning Partnership (ACPP). It had set up a number of thematic sub-groups which had an Angus wide planning remit, all of which would be relevant to the interests of people with a learning disability; for example around economic development, lifelong learning and health improvement. However, the community plan for 2007-2012 contained no discrete references to people with a learning disability. The detailed strategy was contained in the joint 2007 Angus Council and NHS Tayside care group strategy for adults with a learning disability.

Strategic planning and involving people

The draft Angus Community Care and Health Partnership Local Partnership Agreement (July 2009 – March 2012) clearly indicated that the council and NHS Tayside had considered how they worked with each other in partnership, and additionally with other key stakeholders. In its October 2009 local report, NHS QIS graded its quality indicator on an agreed approach to joint working with social work and other agencies as being “substantially developed”.

The 2007 learning disability care group strategy had given consideration to the demographic position for people with a learning disability to inform service planning and commissioning. Using the SAY projection, they identified a 23% increase since the turn of the century in the population of people with a learning disability, including significant increases in both young and older people. They identified the importance of factors such as accommodation, lifelong learning, employment and housing for people with a learning disability. The partnership needed to develop this approach further (see recommendation 1, shared issues chapter).

There had been a number of changes in the operation of the ‘More Choices More Chances’ group and there appeared to be some uncertainty about the future of the group.

We met managers from NHS Tayside who were committed to the need for joint planning. Some commented that the learning disability strategy was good, although it could have been clearer about how the needs of people with both learning and physical disabilities could best be met.

Involving people who use services and carers in strategic planning

In our survey of local authority staff:

- Less than half of respondents agreed that people with a learning disability or their carers had been involved in the strategic development of services; and
- The majority of respondents agreed that information to improve services was gained from consulting with people who used services/pupils and their carers.

In its local report of October 2009, NHS QIS commented positively on the involvement of people with a learning disability and their carers in putting together the NHS Tayside disability equality scheme.

Strategic planning with employers and with the independent sector

Employers were not engaged in strategic planning with Angus Council or NHS Tayside, although Angus College had a list of approved employers who offered local work placements which were accessed by 31 learners with a learning disability in the last two years.

There continued to be a shortage of work placements in Angus.

In our survey of council staff, the majority of respondents agreed the council actively involved independent providers to help them plan better services for people with a learning disability.

We surveyed partners and stakeholders themselves about services for people with a learning disability. Four out of ten respondents agreed the local authority had a co-ordinated strategy for leisure, respite support or learning and employment services or supports. The same number agreed there were clear published plans and strategies in place for social work and education services for people with a learning disability which promoted learning and employment opportunities, and that the local authority engaged well with partners and stakeholders.

Strategic planning with colleges

Angus College was making progress in becoming more inclusive.¹¹ The college's stakeholders, including staff and managers spoke about improving partnership working and arrangements with the council and other agencies in supporting people with a learning disability.

Commissioning arrangements

Service wide commissioning

In social work and health there were plans and strategies which could potentially inform service wide commissioning in learning disability services, including plans for 'outcome focused commissioning'. Services were commissioned from within the council and externally.

¹¹ Angus College. A report by HM Inspectors on behalf of the Scottish Funding Council. Her Majesty's Inspectorate of Education, 2009.

Managers working in learning disability services were positive about the quality of the services they purchased and the support given by the council to these services.

The service planned to commission some of the new services as part of a tendering exercise. Most of the funding in learning disability services was invested in council run services.

The council's economic development division supported local suppliers to tender for public contracts. They had delivered information sessions and training for potential local suppliers. They were building capacity within the voluntary sector and had a planned initiative to support third sector organisations to be able to participate in future tendering exercises.

Personalised commissioning

Social work and health commissioned a support service for those accessing direct payments and the independent living fund. No one with a learning disability managed their own budget. At the time of the inspection the council had not capped its funding of direct payments. Commissioned services provided direct support for people with a sensory impairment both in terms of specialist assessment and communication support.

Financial planning and long term strategic planning

At the time of our visit the council was in the process of re-designing its learning disability services. Progress had generally been satisfactory, although the closure of Lunan Park resource centre had been delayed to allow time for people to transfer between services.

Capital & asset management planning

The council had established an overall strategic direction in capital and asset management. The corporate asset management plan included suitable information in relation to ongoing energy, maintenance, and other costs. Detailed financial analysis of proposed use of assets did not appear in the asset management plan itself. However, those priorities for investment were subject to the council's capital project appraisal process, which included a robust option appraisal.

There was a lack of detailed costing information available within learning disability services (see recommendation 8, shared issues chapter). Development of costing data would assist in both resource allocation and ongoing financial management. Officers agreed that this needed to be further developed. Together with improved demographic projections, the council should improve financial management information to assist future strategic decision making.

Supported employment and college

The council provided some supported employment and it was not formally embedded as a strategic priority. People who used services sometimes progressed through to supported employment via college courses and there were some formal links between the council and the colleges (for example through the lifelong learning forum, below). The council did provide some support at college but there was no formal 'Partnership Matters' approach undertaken (see shared issues chapter).

Direct payments and personalised budgets

Managers told us they needed to do more to develop direct payments as an option. There appeared to be a lack of impetus to move in this direction and an absence of strategic focus in this regard.

Range and quality of services and supports

Range of and quality services to meet the needs of people with a learning disability

Traditionally Angus operated four adult resource centres for people with a learning disability but as part of service re-organisation, the council had decided to close one. Of the ARCs which remained, Lilybank won a silver medal from the Royal Caledonian Horticultural Society in 2008 and was a winner in the Angus Council excellence awards in the same year. This was for a project which benefited young people in the community which was impressive because of the inclusive way it developed skills.

In our survey of partners and stakeholders, less than half agreed the quality of services for people with a learning disability had improved over the last two years. We met some staff in the independent sector who said that while a full range of options had yet to be developed, there were positive signs. In our survey of council staff who responded, the majority believed the council provided a good range of services for people with a learning disability.

Managers told us that mainstream day care was not suitable for most older people with a learning disability because of the types of activities involved. This had been identified as an area for development.

Managers acknowledged a significant achievement had been made in the development of the supported employment and leisure and recreation community teams to help people with a learning disability access community services. This included community mapping training to assist staff to improve awareness of the locations of shops, libraries and other community facilities.

In our survey of partners and stakeholders, the majority agreed services were provided in a flexible way in response to the individual circumstances of people with a learning disability and their carers.

Range of post-school learning and employment options

In Angus we came across similar issues to those found in other areas inspected – segregated courses, and difficulties in supporting people with additional support needs (see shared issues chapter). Staff from NHS Tayside, confirmed our view that these issues affected some people. Angus College managers told us they worked hard to provide progressive and inclusive learning options.

Council managers told us they had not yet ‘signed up to a ‘Partnership Matters’ agreement which might provide resolution to these ongoing concerns. While there was a lifelong learning forum in existence which may have impacted on the positive but limited availability of vocational training to some people who used services, it had not been able to significantly address some of our concerns. NHS Tayside needed to develop a strategic approach to people with additional support needs in further education (see recommendation 2, shared issues chapter). Managers said that the introduction of a complex needs assessment framework would assist this, along with the review of functions of NHS members of the joint learning disabilities team.

In our survey of partners and stakeholders five out of ten respondents agreed that social work and education services provided a wide range of services for people with a learning disability to assist them in finding the right learning opportunities.

Figures up to 2006 for Angus indicated that most people who used the employment service obtained voluntary placements. The PIP (2004-2007) recognised that the service must limit work placements to no more than 8 weeks and focus on obtaining paid work. As such we regarded this as good progress.

Employment options had not always been progressed because of fears of the ‘benefits trap’ leading to families being worse off. This is contrary to some independent research findings (see recommendation 4, shared issues chapter).

Angus had a ‘volunteer academy’, and planned to get 250 additional people volunteering in a healthcare environment within the next five years. It was expected that this would include some people with a learning disability. The Angus volunteer centre managed the programme.

Good practice example

‘Beyond the Trolley’ was a report which had been developed by a working group set up by Angus community Health Partnership and Volunteer Centre, Angus. Based on research and a consultation exercise involving approximately 200 people, it aimed to find volunteering opportunities including for people with a learning disability, in a healthcare environment. This was delivered through good partnership in community planning.

Equality plans and actions

The council's plans to change day services for people with a learning disability were based on a strategy to provide more inclusive options within the community.

Positive working between the council and transport providers produced good results which included better signs, changes of routes, better lighting at bus shelters, improved seating and dropped curbs.

The council said it was committed to undertaking equality impact assessments¹² and we read some of these. These required the screening of policies and procedures to ensure there was no disadvantage or discrimination towards members of the public through the way the council carries out its business. A range of committee reports which required confirmed policies and procedures had been screened in this way.

Angus council had a disability equality scheme and had reviewed this in 2008. The scheme made specific mention of issues affecting people with a learning disability. In our survey, the majority of staff agreed that people with a learning disability featured prominently in the council's disability equality scheme.

In the council scheme, transition was an area identified as important after consultations with people with a learning disability and their carers. The scheme itself, in the context of learning disability, was mainly focused on addressing transport issues. Although this was a worthy topic and one which had yielded good results, issues of transition, lifelong learning and employment opportunities were areas which might have been addressed, if they were able to be linked to a corporate and multi-agency approach to making improvements.

The council and NHS Tayside (in its Single Outcome Agreement)¹³ each gave strong commitments to eliminate discrimination on the grounds of race, gender, disability, age, faith and sexual orientation. Both had equality schemes for disability, gender and race.

Impact on black and minority ethnic people who used services and carers

Since 2007 the council had been running annual multicultural events celebrating the ethnic diversity in the area. These events offered information and advice – including on council-provided interpretation services – and entertainment events.

¹² A process intended to screen policies and procedures in order to determine that people from different backgrounds who may face discrimination do not do so through the business of the organisation.

¹³ Agreements between the Scottish Government and each community planning partnership which set out how each will work in the future towards improving national outcomes for local people in a way that reflects local circumstances and priorities.

The council had a race equality scheme for 2008-2011. Although it was quite comprehensive, including contacts the council had made with Gypsies and Travellers, it made no significant mention of learning disability. The education department's own race equality scheme was currently under review and the single equality policy which was adopted made no mention of transition or learning disability.

The opportunity to monitor the destinations of school leavers with a learning disability from a black and minority ethnic background appeared to have been missed.

While most of NHS Tayside's action plans were *SMART* this was not always the case in council equality schemes and policies, which were sometimes undated. Key documents were not always available on the council website. Managers identified the need for more adult changing facilities as a gap in community planning. Overall there was a strong commitment to tackling inequality.

Vision Values and Aims

We evaluated performance as good, having important strengths and some areas for improvement.

Managing services

Managers were considering the most appropriate staffing arrangements for the redesigned social work and health services. These included:

- Assessment and care management services;
- Day opportunities, including the reduction in registered numbers and the planned closure of one of the existing four resource centres; and
- The development of short breaks services.

The CHP's community learning disability nursing team and the social work and health care management team had recently been developed into two integrated assessment and care management teams. Each team had a single manager. Managers and staff we met from the various agencies were generally positive about the integrated teams and the planning work which had gone into their establishment. Monthly business/clinical meetings were held, co-chaired by the service manager and the consultant psychiatrist which were described as working well.

Angus College had responded by giving a base to support workers to help closer working around transitions. Similarly, the co-location of the community learning disability scheme and the supported employment team appeared to have helped the consideration of how individuals could be supported into work and what reasonable adjustments were needed to facilitate this.

We held a focus group with a range of managers from various services. They shared a vision and commitment to promoting independence and empowerment for adults with a learning disability.

This suggested that careful attention had been given to the skills development and deployment of first line and middle managers, a group who have a key part to play in taking forward the successful implementation of the service re-design.

In our survey of local authority staff, most people who responded agreed that their line managers understood the challenges they faced in their work, and generally supported them.

Leadership

Senior managers conveyed their determination to take forward service modernisation in an equal partnership. The director of education was recently appointed and seemed equally committed to this approach as his more established counterpart in social work and health.

Corporate vision for learning disability

In our survey of council employees, the majority of respondents agreed that the need for social inclusion of people with a learning disability was well understood and evidenced across council departments. Less than half agreed that education and social work services worked well to create a shared vision for service delivery.

A strategic priority in the Angus Corporate Plan 2007-2012 made clear reference to ensure that social work and health services were designed to meet the future needs of people with a learning disability within the community.

The chief executive described the corporate vision as being a “whole council approach” to meeting the needs and aspirations of people with a learning disability, particularly in terms of education, lifelong learning, employability, housing and leisure. This view was echoed by the other senior managers we met.

The director of social work and health who was also chief social work officer fulfilled the role of deputy chief executive and had done so for the previous three years. The chief executive said that this arrangement was based on a conscious decision to have a combination of corporate centre and large service department experience. Both the chief executive and the director of social work and health thought that this added value given the social work and health emphasis on promoting social welfare and service user and community engagement. We concluded that there was justification for their view.

There were some areas where the vision needed to be further strengthened or supported by more action. The extent to which council departments, other than education and social work and health, had made adjustments to their services to meet the needs of adults with a learning disability was limited.

NHS Tayside was an important contributor to the wider shared vision. We read the CCHP Local Partnership agreement for 2009-12 which clearly laid out a shared vision for community care and NHS services for people with a learning disability.

Leadership of change and improvement

In its report of the pilot inspection of the performance of Angus' social work and health services published in 2006 SWIA evaluated its strategic leadership and its capacity for improvement as good. The inspection report acknowledged the challenges involved in the modernisation of services, but recommended that the department of social work and health and partner agencies should quicken the pace of re-design of services for people with a learning disability. Committee approval for the vision paved the way for the long term strategy to re-design learning disability services referred to earlier in this chapter. The council's view was that the pace was correct and allowed full consultation with people who used services and carers which meant that the modernisation programme now in place was owned by most of them and did not feel as if it were imposed.

Managers identified demographic factors, the Disability Discrimination Act (1995) and the traditional nature of many existing services as important drivers behind the need to modernise and redesign services. While there were a number of positive aspects the broader principles and vision underlying the re-design of services could have been more explicit in policy and planning documents.

In our survey of council staff:

- The majority of respondents agreed senior managers communicated well with staff;
- Some agreed there was effective leadership of change in the social work service; and
- Some agreed there was effective leadership of change in schools.

These results indicated that the council needed to do more to convince staff that their vision for learning disability services was the right one and that they were making progress.

There were no additional learning needs (ALN) schools¹⁴ within Angus and senior managers described an approach based around inclusion, and not one based around attending specialist provision within mainstream schooling. The service had been praised for the development of its transition passports in the 2009 inspection of its psychological services. However, it needed to do more to embed 16+ learning choices and consider the particular needs of people with a learning disability in 'More Choices More Chances'. The director of education said the service needed to make better use of performance data and other intelligence in driving forward service improvement and improved outcomes.

¹⁴ Sometimes known as 'special' schools'

Elected Members

In SWIA's performance inspection of Angus' social work and health service in 2006, it was noted that elected members were supportive of the director and had clear views on how to develop social work and health services for some adult groups.

Prior to the commencement of the redesign of learning disability services, a conference was held for elected members. At this they were able to hear the views of people who used services and their carers about which services they wanted in the future and what they saw as the main priorities in achieving these. Further to this, elected members were given a presentation on the outcome of a change feasibility exercise. After the redesign of services had been approved elected members had received a number of committee reports describing progress.

In our survey of council staff, some of the respondents agreed the council's learning disability services were highly valued by elected members with the majority neither agreeing nor disagreeing with this statement.

Senior elected members we met were all interested in and supportive of the work being done to redesign and improve learning disability services. They identified transition from school and the number of people with a learning disability employed by the council itself as areas requiring further attention.

They considered that partnership working with the NHS was generally strong and said that the council was good at recognising the achievements of people who used services and also its staff.

Capacity for improvement

The performance of the partnership in this area was very good, showing major strengths.

Services and supports had improved and people who used services and carers were mostly positive about it. During a period of quite radical change in how services were delivered service users and carers had been kept informed, involved and positive about change. This had been a result of careful and considered consultation. Some of this was attributable to good leadership and strong strategic partnerships in recognising the need for change and delivering it, through clearly laid out plans. In particular the council had a good partnership with NHS Tayside through the CHP.

Council services for people with a learning disability in Angus were joined up to the council's corporate vision. While there were still challenges in making more explicit the needs of people with a learning disability in the 'More Choices More Chances' strategy and in some other policies and procedures, they were referred to. In addition, the local lifelong learning forum had addressed some strategic issues and as a result there were more vocational learning choices for people with a learning disability. Schools were fully inclusive of people with a learning disability and transition was being systematically addressed within a partnership.

Good transport arrangements were important to people with a learning disability throughout this inspection. The council had engaged with people who used services and their carers to make improvements, such as better signs and route changes.

The council had started to develop some outcomes for people with a learning disability, for example in limiting the number of hours spent in resource centres as opposed to community settings. This inclusive approach was impressive. Furthermore, Angus was performing strongly compared to Scotland as a whole in regard to the number of people in open employment and the leisure and learning opportunities available.

In employment services, although a shift to focussing on finding paid employment had been made, through limiting the length of time people can be involved in 'work placements', it was too early to judge the impact that this had. The service did offer better off in work calculations as a matter of course. These needed to be available to people who used services, and carers at an earlier stage in considering employment, and not only to those who had already decided to proceed.

While there were challenges from the increased demand on learning disability services, the council had detailed information about this which informed planning decisions. It was clear that the council had started to identify and track young people from an early age who might need future social work and health supports, although it was clear that more needed to be done for young people with a learning disability in particular.

Dumfries and Galloway Council and NHS Dumfries and Galloway

Area profile Dumfries and Galloway

Dumfries and Galloway is situated in the south west of Scotland. It is 77 miles from Glasgow and 79 miles from Edinburgh to the main town of Dumfries. Its total area is 6,439 square kilometres and it is the third largest region in Scotland. The council area borders onto South Ayrshire, East Ayrshire and South Lanarkshire in the north, Scottish Borders in the east and to the south is the county of Cumbria in England. Dumfries & Galloway has a total population of 148, 030. The population figure has remained steady, but the demographics are changing quite rapidly and present a challenge for the region in the years ahead. Dumfries and Galloway has a declining birth rate and an average age of 41.8 compared to the Scottish average of 38.3.

The region has around 60 people per square mile compared with the Scottish average of 168. Over a quarter of the population live more than 30 minutes drive from a large town.

At 3.7%, the claimant count unemployment rate for Dumfries and Galloway is lower than Scotland as a whole (4.9%). Of the total population in Dumfries and Galloway people of working age account for 57.5% compared with 62.5% nationally. Those of pensionable age currently account for 25.7% of the population and is expected to grow by 26.3% by 2033. Over the same period, the population of working age is expected to decrease by 10.8% and by 2033 the total population is projected have decreased by 1.0% overall.¹⁵



¹⁵ Sources:

<http://www.scotland.gov.uk/statistics/browse/labour-market/> <http://www.scotland.gov.uk/statistics/browse/population-migration/>
<http://www.sns.gov.uk> <http://www.nomisweb.co.uk>
 Dumfries & Galloway Single Outcome Agreement 2009 – 2011 GRO Population Projections Scotland (2008 based)
 Population Projections by sex, age, administrative area. GRO Feb 2010

Dumfries and Galloway Council and NHS Dumfries and Galloway

Performance in Dumfries and Galloway was adequate with strengths just outweighing weaknesses across all of the areas inspected.

Some people with a learning disability had been helped to obtain vocational qualifications and work experience. The council said it was taking steps to improve outcomes and the measurement of outcomes, both for people with a learning disability and carers. However, there was only one service where there was evidence that this had been progressed. This could have been adopted more widely. The SWIA performance follow up inspection published in August 2008 concluded that more needed to be done if outcomes for people who use services were to be significantly improved. The current inspection found that this was still the case, more than a year later.

Since the initial SWIA inspection in 2006 the council had a clearer vision for improving transitions but recognised there was still more to do to provide an improved experience and better opportunities for everyone who used services.

The majority of the partners and stakeholders thought that people with a learning disability and their carers valued social work and education services, had their views taken into account and had a positive experience of services.

Leisure services and supports were generally good. The council wanted to transform learning disability services so that more inclusive 'personalised' options were available. The council acknowledged that people who used services and carers could have been better engaged in discussing these proposals. This was the case, alongside the need for more explicit redesign plans, including clear timescales.

Staff were positive and committed to delivering a good service for people with a learning disability, but morale was low in regard to some issues, for example their perception about how long people had to wait for a service. Health staff provided training on personal care tasks to school staff, but not to college staff. In keeping with other public bodies, the partnership needed to expand employment opportunities for people with a learning disability, especially paid work.

Links between children's and adult services had improved but could be better in transferring support and services from one to the other. Although assessment processes worked well overall, some people had to wait several months for an assessment of their needs or for access to the council's employment service. Risk assessments were well managed but not always available in files where they should have been.

The council had tried to link together the different strands of strategic planning including through the community health and social care partnership board. It acknowledged the resource, staffing and demographic challenges the partnership faced. Managers were well aware of these challenges in bringing about their positive vision for learning disability services, which included a stronger focus on performance management built on plans for consultation with local communities, inclusion and enablement. The partnership had completed a self evaluation prior to the inspection taking place. Inspectors agreed with almost all of their evaluations as to how they were performing in the areas that were inspected

In October 2009 Dumfries and Galloway social work service had restructured the senior management team to align with the council's locality model but there was still further to go before this vision was realised, not least because of the need to clearly set out plans as to how challenges would be overcome.

Outcomes

Performance in this area was adequate, with strengths just outweighing weaknesses.

Measuring outcomes

Dumfries and Galloway was one of four Scottish Government pilot sites to develop personalised services for a range of people. Being part of the pilot meant they had to develop an outcomes framework. Progress on achieving this had been slower than expected.

Measuring outcomes: Transitions

The council made its own evaluation of the transition policy. It showed that it had been positively received by young people and their families and that the policy had led to some improvements, especially in multi-agency working. The council acknowledged that transition planning was not yet happening consistently well for all young people. It was unable to provide us with aggregated measurements about the outcomes of the transition process, such as increases in employment, learning and leisure opportunities.

The majority of the 17 respondents to our carers survey agreed that at recent transition meetings there was representation from social work (almost always) careers and school (sometimes), college (a few occasions), and others not identified (less than half). The council pointed out that schools organised transition meetings and attended all of these. Carers said that a variety of options were discussed such as resource centres, college, voluntary work and paid work.

Health staff in NHS Dumfries and Galloway informed us that ways of measuring outcomes for people with a learning disability currently existed or were being developed, but they were unable to provide us with any evidence specifically relating to the inspection themes.

More Choices More Chances

The local 'More Choices More Chances' action plan contained the 16+ learning choices initiative. It sought to ensure the offer of an appropriate place in education, training or employment for every young person in advance of their school leaving age through a wide range of actions. It did not contain discrete initiatives for young people with a learning disability.

During fieldwork staff from colleges told us that there was no quantitative information kept by the council or shared with them about the outcomes of transition. They said that most people go to the adult resource centres after they have completed their college courses.

File readers' comments about the outcomes of the transition process were mixed. One file reader said "*there was evidence of a lot of good work, especially joint working*". The main issue recorded was the absence of care plans or reviews clearly setting out the desired outcomes and difficulty in getting access to the Supported Employment Service (SES), due to a lengthy waiting list.

Measuring outcomes: Leisure

The council stated that it "*aimed to provide sustainable leisure outcomes for people within their local communities*". The evaluation by carers of a summer activity scheme for children and young people with complex needs was positive. This scheme provided a range of short breaks, leisure and sporting activities for these children and young people and the take up of the scheme had grown from 99 in 2006 to 146 in 2009.

Good practice example

The Summer Activity Scheme was run by Dumfries and Galloway Council for children between the ages of 5-18 who could not attend activities without the help of a support worker and who may have limited or no access to suitable social activities due to their disability or circumstances. It ran for four weeks in six schools. Outcomes for the project were identified, measured and recorded in an annual report using qualitative and quantitative methods.

Examples of outcomes identified by this service included ‘preventing social isolation’ for some young people and ‘increasing the opportunity to engage and socialise’ with other children. While this service understood and measured outcomes this was not evident elsewhere in services accessible to people with a learning disability across Dumfries and Galloway. Nearly two thirds of respondents in our staff survey agreed that the council’s leisure services were flexible and supportive in enabling access to suit individuals with a learning disability.

Comments from file readers were generally positive. For example, ‘very good’ outcomes were described in relation to some examples of the support given by an ARC in assisting a person to become more independent when their carer could no longer care due to illness.

Measuring outcomes: Lifelong learning

Five of the 13 carers in Dumfries and Galloway who responded to our survey cared for somebody who attended college. Four of these five carers said that the person they cared for studied the same subjects for the last two or three years, and all said that the course stayed much the same each year. All the carers said that the courses studied were only for people with a learning disability and two said the courses would lead to a recognised qualification.

There were several comments from carers about their local college, including about what they viewed as a lack of support and poor joint working between the college and social work services. None of the six partners and stakeholders who responded to our survey agreed that young people with a learning disability found that social work and education services were successful in helping them access and use mainstream or vocational learning opportunities in community settings.

Staff told us that there was still too great a reliance on the ARCs – *“all roads lead to the ARCs: they function as the default option.”* Managers had recognised this and considerable work was being undertaken to move the leisure opportunities offered by the council from being primarily building based to being community based. We met many staff who described the work being undertaken to enable people with a learning disability achieve positive outcomes through life long learning. Over the past year, 40 learners had accessed life skill courses and 68 individuals had attended transition courses.

Staff and managers were clear that college options were limited. For example, there was no progression after completion of life skills courses, no internal progression onto mainstream courses and a lack of support for some people with a learning disability in colleges (see shared issues chapter).

Measuring outcomes: Employment

Overall, six of the 26 people with a learning disability who responded to our survey said that they had a job. These included, one person in a full-time job, and three in permanent jobs which included paid work in pubs and warehouses. Others had voluntary work in charity shops and cafes.

None of the six respondents to the partners and stakeholders' survey agreed that in general young people with a learning disability found that social work and education services were successful in helping them find and keep employment.

People who used services, carers and staff reported that there were limited employment opportunities in Dumfries and Galloway and that, as a result, there had been an increase in the number of young people with a learning disability applying to go to college. This was reinforced by some parents who thought that college offered more protection and easier transport than going out to work. Many parents were concerned about the possible loss of benefits. The council needed to provide information and support to help young people and their carers make informed choices (see recommendation 4, shared issues chapter).

Some parents were keen that the young person they cared for should have the opportunity to progress into employment. The council accepted that they should try to find employment for more people with a learning disability even in difficult economic circumstances. The council had created the supported employment service which received referrals from all care groups but 63% were from people with a learning disability.

We noted that the ARCs had a role in both skills development in preparing for employment and in providing supported employment opportunities. The Merrick Café had helped seven people attain SVQ1 and eight get food hygiene training since 2003. The Agnew Park Café had supported five people to obtain SVQ1 in hospitality since 2008. Most people with a learning disability who took part in vocational training or who were in contact with the SES were not in paid employment.

The rate of full-time attendance at resource centres was considerably higher than for Scotland as a whole and the rate at which adults with a learning disability had alternative day opportunities was lower than the Scotland figure. Improvements were taking place with a wider range of opportunities being made available. This was recently influenced by a council decision to participate in a pilot of personalised services.

For performance indicator figures please see appendix 1 – National & Local Performance Indicators.

Experience of people who used services and carers

Performance in this area was adequate, with strengths just outweighing weaknesses.

Transitions

Of people who used services who responded to our survey, some agreed they had enough choice about what they could do after leaving school. In the carers' survey some said that the most recent social work review or transition meeting was held within the last three months. Some said it was held over a year ago. The council should ensure these meetings are held at least once a year.

The majority of all staff respondents to our survey agreed that during transition planning, people with a learning disability and their carers were involved in exploring the full range of future learning, employment and leisure opportunities. We were given information about the two futures evenings which were held by the council in early 2008 to improve the transition planning for young people with complex needs or a disability when they leave school. These were positive developments.

Organisations which provided advocacy thought that some parents had to rely on each other for information, although they thought that the new transition worker should improve the situation. Some people who used services and carers told us that information about support for the transition process was not easily available.

From our file reading and surveys and from speaking to staff it was clear that where transition planning was systematically undertaken, this worked well and involved all the right people. However, as the council itself acknowledged, this was not always systematic or consistent.

A Parents' Story

Our son, Peter was coming up to 18, the threshold of adulthood, a milestone for him and ourselves. When you have brought up a disabled child you want to get things right at this stage, so as not to store up problems for the future. Your son would no longer be able to attend the afterschool service where he had been happier than anywhere else. And we still had no definite commitment of the support that would be in place when he left school in a few weeks' time.

We got in touch with the social work department when our son was 16. We wanted to start planning for when he left school. We phoned and phoned. There had been no social work involvement for several years. Our son's notes could not be found. We were eventually reassessed, but it was only when we said that we might not be able to continue caring that we saw more support put in place. We felt as though there was an assumption that we should not be working and that other family members could step in, even though there was no one in a position to do this.

Things improved. A transitions worker came into post, there was more frequent contact and relationships were better. Support and services were put in place, some temporarily. There is still uncertainty about the services and support Peter will get in the longer term.

But the whole experience had been at a big emotional cost. You are exhausted and frustrated. You felt as though you had been going round in circles. Information in advance, decision-making in time and, above all, an outline of process and timelines would have made all the difference.

Leisure

People who used services and carers were generally positive about leisure facilities, both adult resource centres (ARCs) and mainstream facilities.

Less than half of all the people who used services who responded to our survey said they attended resource centres. Almost all of them said they were happy with the day time activities but some of them would have liked more options. The majority agreed they had choice about whether to go to resource centres, college or to look for employment.

There appeared to be good networks amongst carers. It was clear that some carers valued the ARCs, which in their opinion offered good support to people with high levels of disability, and their carers. Their view was that these acted as a hub for community activity for people with a more moderate learning disability and as important sources of information about services.

Carers told us about their anxiety over an option to close adult resource centres, contained within an early council budget option paper. The council decided not to proceed with this in the current financial year but it nevertheless had led to some carers believing that this would happen sooner rather than later. The proposal overshadowed plans to develop more personalised services for people with a learning disability.

Lifelong learning

Carers who responded to our survey described a range of reasons why the person they cared for could not go to college such as lack of a support worker to go with them (some respondents), lack of appropriate college courses (a few), and lack of transport (a few).

Both people who used services and carers spoke positively about the learning opportunities within the resource centres. Of the former who responded to our survey, about half said they did not get enough information about what they could do after leaving school. The council should continue to improve how it makes such information available.

Some carers who responded to survey said that the experience of people with a learning disability moving on from college could be a negative one. According to carers and people who used services, Dumfries and Galloway College had closed one campus building without any consultation or information being given. This had a significant adverse effect with some people having further to travel.

Employment

On the whole, people with a learning disability appeared to be satisfied with the work opportunities they had achieved. Of the people who used services who responded to our survey, some did voluntary work and some had a job. These were mostly part-time, permanent posts, such as working in a warehouse or local shops. Several of them said that finding a job would make their lives much better.

The majority of all the respondents to our staff survey believed that the service always explored paid employment options for people with a learning disability regardless of ability.

Carers identified the waiting list for the SES as being a concern, but indicated that once the team was involved, it offered good support to individuals. Most people who used services and carers were positive about the experience of employment and were clear that it was beneficial to people with a learning disability. People who used services identified self respect, fun, an income, new friends, and increasing confidence as benefits. They told us they *“definitely felt part of the community and were treated as part of the team at work”*. They said that the SES had provided them with good support and had helped them with any difficulties.

Impact on stakeholders

Performance in this area was adequate with strengths just outweighing weaknesses.

Local authority staff

Staff motivation, commitment and satisfaction

Council staff understood the integrated strategic vision for people with a learning disability. Most staff identified the lack of options for people and believed that a greater range of choices should be available. They acknowledged that the council was committed to rolling out the personalisation agenda and embedding this approach. They were optimistic that this could bring opportunities for the service, but raised some concerns about the budget pressures and the sustainability of the service.

There appeared to be a mixed picture in relation to staff support and staff morale. Social work services undertook their own staff survey in 2009. They found that staff enjoyed their jobs, but sometimes lacked confidence about service performance, reflected in perceptions about waiting times. Areas for ongoing improvement, included workload management, clarity about (changing) roles, limited resources and leadership and communication from senior management. Our survey of council staff echoed some of these findings.¹⁶ At the time of this inspection, the senior social work services management team had re-structured and a review of learning disability services was underway.

Almost all of the staff who responded to our survey agreed that the service their team provided was successful in helping people with a learning disability lead as independent a life as possible and develop their skills and abilities to the full.

The supported employment team was a 2009 finalist for the Scottish Social Services Council (SSSC) care accolades, a good achievement.

Staff supervision, appraisal and development

Staff supervision sessions were linked to personal development plans and team training priorities. There was a wide range of learning and development opportunities for staff working in learning disability services. A degree course in inter-professional practice was open to social work staff managing joint learning disability teams.

Partner agencies arranged joint training to prepare for the implementation of Education Additional Support for Learning (ASL) Act 2004.

Staff perception about working within the council and with other agencies

Staff were positive about the role of multi-agency services in successfully enabling people to live more independently. In our survey, almost all staff agreed they had good working relationships with social work services in the council. The majority were in agreement about positive working with education services. Most council staff agreed their team worked well with further education colleges.

Almost all staff who responded to our survey agreed their team had good working relationships with local health services. Education and social work services staff were positive about the way they worked with health colleagues, in particular, with allied health professionals. They described occupational therapy services as overstretched.

Most council staff we met agreed there were good working relationships with colleges of further education, for example educational psychology services made a positive contribution to post school support.

¹⁶ 28 responses were received from local authority staff whose main focus was adults with a learning disability

Partners and stakeholders who responded to our survey did not have a positive view of partnership working between the agencies.

Approach to welfare rights

The majority of staff who responded to our survey question agreed their team had made direct referrals to income maximisation services on behalf of carers, pupils or people who used services. Only some agreed the service worked hard to appropriately help people come off benefits and find employment.

The supported employment team and staff from adult resource centres described good links with a range of services, including community learning and development, welfare rights and *job centre plus*, to maximise income for the people they worked with.

Impact on health services

NHS staff we met reported positive working arrangements with council staff but managers explained that many health staff felt de-skilled carrying out care management tasks. Plans were underway to recruit a health care manager and the appointment of a consultant learning disability psychiatrist was seen as a positive move.

NHS Dumfries and Galloway employed a small number of people with a learning disability. Some jobs were full time, some started working as part of the resettlement programme, when the long stay in-patient service closed. Managers told us the council employed 'a small number' of people with a learning disability. This was an area for continuous improvement for both partners (see recommendation 5, shared issues chapter).

Supporting transitions

The joint learning disability teams had good links with paediatric services and with community learning disability nurses. In response to the NHS QIS review of health care services,¹⁷ recruitment for a learning disability liaison nurse was underway. This appointment should have a positive impact, such as improving access to general and acute health services, as well as assistance through the transition process.

At transition a lack of resources in the learning disability teams meant that people with a learning disability, who also had a physical disability, were often referred to the physical disabilities team. Some NHS Dumfries and Galloway staff questioned whether some people got the most appropriate services. However, there was a different opinion expressed by social work managers who said that these decisions had been made in the best interests of people who used services.

¹⁷ Healthcare Services for People with learning Disabilities, Local report, Dumfries and Galloway, NHS QIS, April 2009

The protocol for the Additional Support for Learning Act (2004) ensured health staff alerted their colleagues about young people requiring a service and planning meetings for future services took place that helped define responsibilities, including which professional would take on the lead role. To support transitions health staff gave advice to adult services staff and employers on the implications and management of conditions like epilepsy, diabetes, postural management, eating and swallowing.

The management of complex feeding needs and the administration of medication worked well in schools, where staff received training to the level of a parent or carer. Unfortunately, this was not the case in colleges, where the expectation was that only carers or nurses carried out these tasks which resulted in a number of people unable to take up their college placements. The 'Partnership Matters' group needed to develop clearer guidance in relation to care provision in educational settings.

Recommendation 2a: for the Dumfries and Galloway partnership

Statutory agencies should participate fully in the local Partnership Matters group in order to improve strategic and operational planning for people with a learning disability.

In older people's services, health staff reported good links between consultant psychiatrists in learning disability and older peoples' services.

Impact on employers

Our survey and meetings with employers found that the contribution made by an employee with a learning disability was valued by both employers and fellow employees. Several of the people we met had worked for the same company for a number of years.

Employers' views about the support to develop employment opportunities

The employers we met appreciated the support of the supported employment team. Their experience of the service was positive. One said:

'My member of staff has been with company for several years. This is due to good contact with the social worker and the supported employment team.'

Impact on colleges of further education

Partnership working to improve transition

Staff from various agencies, felt that where the transition protocol was followed, young people followed a clear pathway to supports and services. Sometimes young people spent long periods at home without access to meaningful day opportunities. Council staff were unable to clarify why the system was not working.

College staff usually attended transition meetings. Colleges tended to receive better information from schools about young people with profound and multiple disabilities, than for people with less complicated needs. They received a record of achievement, but this did not always highlight what supports the young person received in school. Colleges did not always contact social work staff when a young person stopped attending.

Some pupils accessed travel training at school to support their future attendance at college. Issues arose when some pupils, who used taxis to take them to school, did not receive travel training, and expected the taxi service to continue at college. There was a need to manage the expectations of parents and young people better.

College staff said that on occasions, the onus was on them to provide support, including personal care, in the absence of other resources. Local authorities have the responsibility to undertake this according to Scottish Government guidance.¹⁸

College staff provided examples when direct payments for personal care, agreed during transition planning, were not forthcoming. This resulted in some young people being unable to attend courses. Social work services should review the use of direct payments and ensure consistency to provide personal care and support in college settings.

We identified a considerable gap in service provision that occurred when young people left college. Neither colleges nor the council tracked outcomes or destinations for people who had moved on from college.

Learning options

The location of the colleges and transport links sometimes made attendance difficult. None of the colleges offered accommodation. The college held outreach classes in school, for example lifestyle and child care courses, although these appeared to be organised by the schools, rather than part of a wider strategy for community based learning.

College staff informed us that people moved to mainstream courses if the course was suitable and there were enough students to make a course viable. For the majority of students, there was no internal progression onto mainstream courses.

Some of the staff surveyed, staff from a range of agencies agreed with carers about some repetitive courses. There was a commitment at senior level within the council to work in partnership with the colleges to prevent this repetition but this needed to be actioned through the 'Partnership Matters' or similar forum (see above).

Half of the respondents to our staff survey agreed there were people with a learning disability working for vocational qualifications in colleges or community settings. The opportunities for vocational training needed to be available to more people.

¹⁸ 'Partnership Matters' www.scotland.gov.uk/publications/2009/05/08155445/0

Access to services

Performance in this area was adequate, with strengths that just outweighing weaknesses.

Access to assessment, planning, review and preventive work

Our surveys showed it was not easy for people to find information about what help might be available from council services. While some staff agreed it was easy to find information, none of the four stakeholders who responded agreed that there was:

- good quality and easy to understand information available in a range of easy read or other formats; or
- clear information about eligibility criteria for day services.

There was some disagreement about access to mainstream services. Staff said that many young people did not need adult day services, so a lot of time was taken managing parental expectations and signposting people to other options, for example leisure and sports services, college and supported employment. The majority of staff surveyed agreed the service was generally good at this. Only one of the five stakeholders surveyed agreed that people were supported to use universal services.

Most stakeholders disagreed that consideration as to whether people with a learning disability can have their needs met by mainstream or universal services was always given before social work services were offered. From our staff survey, the majority agreed their team routinely undertook preventive or early intervention work.

The supported employment team provided literacy classes, as an interim measure, until the person was ready to access a full service, including job coaching. There were no eligibility criteria for the service except people must have a disability. In an attempt to manage the time people waited, all referrals were screened. People were signposted to other services when appropriate. We commended the 'passport to work' and assessment forms used by the supported employment team that were in easy read format.

Assessment processes

In our discussions with staff we learnt that, for the majority of people, assessment processes worked well, and the stakeholders agreed.

Our file reading showed almost all contained an assessment of needs, the timing of which was in keeping with the needs of the individual. The majority of assessments were rated at least good. Service providers and staff from advocacy services told us that the single shared assessment process had improved.

There were inconsistent approaches within children's and adults' services with regard to health care assessments. The NHS QIS report stated that responses in adult services were reactive and assessments were not carried out in a systematic way.

Care plans

Most of the individuals had a care or support plan in place. In our staff survey, most staff agreed care plans were reviewed at least annually and action plans were acted upon within the stated time frame.

Careers advice was not available in all schools. For people likely to stay on at school until 18 co-ordinated support plans were in place. This process appeared to work well, but there was the need for a more strategic role for NHS Dumfries and Galloway in supporting people with additional healthcare needs to access further education (see shared issues chapter).

An analysis of education files showed there were a few examples of person centred planning and some evidence of appropriate communication approaches used to determine young people's views. There were examples of young people having appropriate experiences to prepare them for transitions, and a few examples of good transition action plans. Gaps in recording made it difficult to track arrangements and to be satisfied that young people and their parents were actively involved in the transition process and had their views sought and taken into account. In many instances, they were not.

Partners and stakeholders said that links between children's and adult services and transition planning arrangements had improved, and seemed to work well, although for a few people, transition planning started too late, often in the final year of school.

Of the 12 social work services transition files read, there was only limited evidence that transition was managed well. We concluded there were opportunities for improvement in transferring support and services from children's to adult services.

Review processes

In our survey of people who used services, the majority of respondents agreed staff listened to them at review meetings and that they had a care or support plan that listed the help they needed. In less than half of the files we read, the most recent review gave full and appropriate consideration to a wide range of leisure, learning and employment. The council could improve in this (see recommendation 7, overview chapter).

Only a few of the people that the supported employment team worked with had a care manager.

Access to advocacy

There were advocacy services for children and adults and a separate service for carers. This was helpful because carers and young people do not always have the same interests or priorities. The majority of staff surveyed agreed that it was not difficult for people and carers to get access to an independent advocate.

Access to a named social worker

From our file reading, in almost all of the files read the person had a named teacher or care manager. However, as stated above, not everyone who used services had a named worker. Less than half of the staff who responded to our survey agreed that most people, who got a service from their team, had an allocated social worker.

Access to self directed support and universal services

Council staff were aware of the development of a person-centred approach but those we met related this more to direct payments and flexible support packages, than self-directed support. Half of the 18 staff who responded to our survey said they expected personalised budgets or self-directed supports to be a clear option for the majority of people with a learning disability within the next 18 months.

Nine of the 33 people who used services who responded knew about direct payments. From our carer survey, 6 of the 16 who responded said the person they cared for received a direct payment.

Less than half of staff who responded to our survey agreed the service always looked to support people in mainstream college settings, where these were available and appropriate. There were examples of people who used local leisure services, either with support or through their own volition.

Access to social work services

There was a clear statement of eligibility for adult services. Ten of the 12 carers who responded to our survey were happy with the length of time they had to wait for services from education or social work. From the files we read there was evidence of unreasonable delay between assessment, care planning and commencement of services in only 16% of cases.

The council were unable to respond to our question about waiting times in their self evaluation. We did establish that people could wait for 'a matter of weeks' for an occupational therapy assessment. There was no waiting list for occupational therapy equipment and adaptations once the assessment had been made. Managers said that the implementation of a new business system within social work would improve the ability of the service to produce appropriate management information.

Council staff were more pessimistic about waiting times than file readers were. Council staff also thought that access to local area co-ordination for people with a learning disability and their carers was not good.

Risk assessment and management

There was evidence of joint training in assessing risk for both vulnerable children and adults. All staff who responded to our survey agreed their team did everything possible to keep people safe and that their team routinely used risk assessments to increase the independence of people with a learning disability. Less than half of the relevant files contained a risk assessment. The council needed to improve in this area (see recommendation 6, shared issues chapter). However, of the 24 risk assessments we read the majority were rated as excellent, very good or good.

The supported employment team carried out risk and vocational profiling although they had not always been given the relevant information with regard to risk assessment and risk management plans. Staff across all agencies require further clarity about risk management and inter-agency information sharing.

Within health, each department had its own risk register. Accountability reviews took place on an ongoing basis, and this was an important part of governance.

Access to specialist equipment and adaptations

The equipment needs for children with sensory impairments were met through the augmentative communication equipment group, jointly funded by education, social work and health. This group provided funding for children's and adults' communication passports and the communications aid catalogue that was in easy-read format. As a result, this generated a high level of enquiry about borrowing equipment.

When equipment was funded through social work services and paediatric health services, it generally remained with the person when they moved from children's services into adult services. This aided transition.

People in adult services waited several months for an assessment of their needs, due to the shortage of occupational therapists. There was no significant delay in providing equipment to support daily living and adaptations to property once people had received an assessment. Neither stakeholders nor staff agreed the council worked hard to ensure changing facilities for people with complex needs were available in community settings. Colleges made reasonable adjustments to enable people to attend courses of their choice. These included photocopying on green or yellow coloured paper to assist people with dyslexia, including people who had a learning disability, and the purchase by the college of adapted seating at significant cost.

Strategic planning

Performance in this area was adequate, with strengths just outweighing weaknesses.

Strategic planning and involving people

Involving people in strategic planning was of variable quality. This was reflected in our survey of council staff where less than half of respondents agreed that the council had a clear strategy for highlighting local priorities for people with a learning disability which was clearly understood at every level in the service. Slightly fewer agreed there was a strategy to move people with a learning disability on from day services to other community based options.

Community planning

The social work inspection agency carried out an inspection of Dumfries and Galloway social work services and published its report in September 2006. One of the recommendations was that transition planning should be improved. SWIA published a follow-up report in August 2008 which found transitions to be an area where some progress had been made. A vision for transitions had been agreed in October 2007 and two new transitions posts were filled. A transitions forum had just been established though the context for this area of work remained challenging.

In April 2007 a new policy titled 'making transitions work: a policy for young people with complex needs or a disability in Dumfries and Galloway' was launched. The policy was developed in consultation with all the stakeholders, including families and young people. It was evaluated after a year using questionnaires for all key stakeholders in social work, education, colleges and families. While the 'futures evenings' and transition packs were welcomed by all, it was clear that there was still some inconsistency in the process. For some people with a learning disability this meant that transition planning started late or that the right information about future options was not available at the right time. Some social work staff expressed concerns about 'raised expectations' on the part of people who used services and carers. It was clear that the council and its partners were still working to further progress this vision.

Arrangements were in place to develop 'More Choices More Chances' planning though we met senior managers from the council, and college staff who agreed that the group seemed to stand alone, without good corporate links or links to other strategies.

Managers told us of challenges set by the increasing numbers of young people, many with complex needs, moving on to adult services (57 people transferring in 2010), and the council acknowledged in its self evaluation that it needed to improve the way it tracked young people with a learning disability in anticipating the services they may need as they grow up (see recommendation 1, shared issues chapter).

A Community Health and Social Care Partnership Board was in place across NHS Dumfries and Galloway and Social Work services. This was being developed to become the joint decision making body to support both joint services and those areas of partnership working in adult care.

The main locus for the involvement of NHS Dumfries and Galloway in strategic planning was around issues relating to transition as opposed to lifelong learning or employment (see shared issues chapter).

The majority of transition files we read illustrated good involvement from all relevant agencies. In the majority of instances NHS Dumfries and Galloway had their own health to health transition issues. For example the NHS QIS report into the implementation of learning disability quality indicators two and three¹⁹ found contact and care planning process to be better in paediatric than in adult services. At the time of this inspection NHS Dumfries and Galloway was addressing these issues.

The joint learning disability functional action plan 2008-11 set out the strengths and challenges to council and NHS service provision and identified opportunities to improve service delivery. Strengths included the service's integration and flat structure and a strong independent sector. Challenges included providing services in rural and remote communities, difficulties in recruiting some staff and resistance to change in some local communities.

Progress was likely to be helped if the council and NHS Dumfries and Galloway were to produce *smarter* action plans (specific, measurable, achievable, realistic and time-bound).

Involving people who used services and carers in strategic planning

The council had a history of consulting with people who used services and carers through 'big events'. Managers recognised that the different issues that communities face may require a new approach.

Senior managers acknowledged that an internal discussion about an option to close ARCs had been made public before any debate as to whether to proceed had taken place. This option caused significant concern to some carers and service users who also linked the closure announcement directly with the personalisation pilot and set themselves against both.

In our survey of local authority staff, less than half of respondents agreed that people with a learning disability and their carers had been involved in the strategic development of services.

¹⁹ 'Healthcare Services for People with Learning Disabilities Local Report – NHS Dumfries and Galloway (2009) NHS Quality Improvement Scotland

Strategic planning with employers and with the independent sector

There were no formal mechanisms for including employers' views as part of strategic planning. In our survey less than half of staff who responded agreed the council actively involved independent providers to help them plan better services for people with a learning disability.

The small group of employers whom we met and others who responded to our survey agreed they had received good supports from social work services when they had offered a person with a learning disability some form of employment.

Partners and stakeholders we surveyed had mixed views. Most agencies who responded disagreed the council had a co-ordinated strategy for leisure, respite, learning and employment services or support for people with a learning disability, though some said there were published plans and strategies in place and others agreed the local authority engaged well with key providers.

In particular some providers told us that they had felt left out of plans to review support packages, leaving them with uncertainty as to how they fitted in with council plans.

Strategic planning with colleges

Links between council and NHS services and colleges tended to be on an individual basis rather than through formal strategic planning. Managers told us that council engagement with this group, which was only set up in 2009, was uneven and that strategic working with colleges was an area for development. Front line staff and carers said that the college at Newton Stewart had closed down 'almost overnight'. Better strategic links with the college might either have prevented this happening or afforded planning for alternatives.

Commissioning arrangements

Service wide commissioning

Services were commissioned from within the council and externally. Managers said the overall aim of commissioning in Dumfries and Galloway was to demonstrate continuous improvement, meet all key performance indicators, engage with local partners and be responsible to local elected members and the public.

In our survey of partners and stakeholders respondents seemed unclear how the commissioning strategy for people with a learning disability worked.

Independent providers had an agreed contract in place but said it was based on a care at home contract for older people and so not appropriate for people with a learning disability. Individuals had a service level agreement which outlined their support arrangements.

Personalised commissioning

Dumfries and Galloway was one of three Scottish Government pilot sites for the development of personalised services. Managers told us that personalisation would be reflected as part of the development of adult services commissioning frameworks, including the development of a single social work commissioning plan which they had begun addressing. In our survey of partners and stakeholders four out of six respondents agreed the local authority had plans to develop personalised commissioning processes.

Financial planning and long term strategic planning

In 2009/10, an additional £0.5m was directed towards the learning disability service on a recurring basis. There remained significant pressures within this budget and the council was projecting further overspends in this area. There appeared to be a lack of clear direction on how the overspends should be addressed. There was a continuing reliance on spot purchase contracts at the council, which may have contributed to the overspends in this area.

We were concerned to find a lack of reliable information supporting the financial monitoring of the service. However, the council had recently implemented a new financial ledger system and it was anticipated that this would largely resolve the problem of the unreliability of the data.

The council budget monitoring and control processes should be improved and a more robust framework put in place to manage the ongoing cost pressures in a structured and planned manner. The management information from the new ledger system should be utilised in developing more robust financial monitoring. Managers said that the implementation of the new social work business system, 'Frameworki,' would improve the ability to track and monitor the financial costs within the service.

Capital and asset management planning

The capital plan for the following three year period included only limited investment within the learning disability service. There was an absence of longer term strategic planning. The council should link its longer term capital planning process to the learning disability strategic service plans in a more robust manner and ensure that its capital priorities are aligned with its asset management planning processes which required further development.

There had been little progress in the development of demographic planning and unit costing, and the incorporation of such information into the strategic planning process for the learning disabilities service. The council needed to enhance its financial management and demographic planning to improve strategic planning, including by developing detailed costs (see recommendations 1 and 8, shared issues chapter).

Supported employment and college

Supported employment, although pursued, was not formally embedded in council strategy as a specific objective. Officers interviewed appeared to have little knowledge of the council's relationship with the colleges.

Direct payments and personalised budgets

The council had made reasonable progress in the use of direct payments and personalised budgets and it anticipated further growth in direct payments. These had risen from £34k to £226k over the period from 2003/04 to 2007/08 and, latterly, there were over 40 families utilising this service. The council should ensure that personalisation plans fully embrace direct payments. The council had developed a resource allocation system²⁰ (RAS) for the personalised budgets emerging from the personalisation pilot. These had been generated as a result of a desktop exercise to decide on fair calculation for individual budgets for people who used services. This was a good development in making available personalised budgets.

Range and quality of services and supports

Range and quality of services to meet the needs of people with a learning disability

In our survey of partners and stakeholders, none of the six respondents agreed the quality of services for people with a learning disability had improved over the last two years. Council staff were slightly more positive when surveyed. The majority of respondents agreed the social work provided access to a good range of services for people with a learning disability and that the quality of the social work services they received was good.

The NHS QIS report into the implementation of quality indicators two and three highlighted the positive work of learning disability screening nurses and the health improvement project titled '*building healthy communities*' which benefited people with a learning disability.

Traditionally most people with a learning disability, including school leavers, would attend one of the adult resource centres in Dumfries and Galloway. ARCs provided a range of building based activities as well as an opportunity for people to spend time in local community facilities such as shops or sports centres. There were also some supported employment opportunities attached to the ARCs.

While it was clear that some people, particularly those with more complex needs benefited from and enjoyed being at their resource centre, it was clear that others had not been able to experience alternatives. Council staff told us that there did not appear be a managed process where people could gain basic skills at the ARCs, and move on to other activities independent of them.

²⁰ A calculation to determine level of funding for individualised budgets

Dumfries & Galloway had acted to become a pilot site to develop personalisation. The challenge which they now faced was to engage with people who used services and carers to find out what they wanted in terms of future leisure, learning and employment options and ensure that the right range of affordable and sustainable services and supports was available. The other challenge to doing this was in building capacity and infrastructure and at a pace that allows the time to do so for example replicating the ARCs personal care facilitates in community settings. Personalisation will not happen quickly, and there was still an opportunity for the council to convince carers and people who used services that its vision to create more inclusive opportunities was the right one. We did not see robust plans with timescales, which showed how this vision would be delivered.

Recommendation 9: for the Dumfries and Galloway partnership

The partnership should produce a SMART long-term action plan on how it will transform learning disability services, with timescales and a financial framework, following appropriate consultation.

Range of post-school learning and employment options

We met college staff who were enthusiastic and committed but they had not been able to consistently meet with colleagues in statutory services to review the options for school leavers. We read a document titled '*Integrated children's and young people's service planning 2008-2010*'. This set future intentions to develop the full potential of all learners; however, the document made no discrete mention of learning disability.

Percentage of People with a Learning Disability using the Service	People on Disregarded Earnings	People on Workstep Programme	People in Voluntary Work	No Information
63% (total 138)	27%	15%	55%	3%

Makeup of people with a learning disability using the supported employment service in 2009.

The employment service was fully committed, and according to council staff had little additional spare capacity to extend its work.

They were critical that the service was for people with more moderate needs and most activity was in supporting projects that did not lead to paid employment.

At the time of our visit there was a six month waiting list for the supported employment service. This would have an impact on the council's plan to deliver personalised services. The council and NHS Dumfries and Galloway needed to focus on providing paid employment opportunities (see shared issues chapter).

In developing its vision for new leisure, learning and employment services, the council needed to concentrate on all of these concerns through working with transport providers, assessing the skills of people with a learning disability and using robust risk assessment processes to help people who may be able to self travel to do so.

Equality plans and actions

Access to public buildings had been greatly improved by an injection of £5.5m after consultation with 15 different disability groups and young people. In addition there had been equality and diversity training seminars held in 2009, for education and social work staff.

NHS Quality Improvement Scotland published its report on healthcare services for people with a learning disability in April 2009. Overall, they identified a significant number of challenges for NHS Dumfries and Galloway including that they had not met the required standard in the quality indicator '*promoting inclusion and well being*' or the majority of statements in the indicator '*meeting general healthcare needs*'. The health partnership was addressing this at the time of the inspection.

In our survey, less than half of staff who responded agreed there is fair geographic coverage of social work services in the authority.

In general, the council was making progress on providing inclusive services, but the NHS QIS quality indicator report said NHS Dumfries and Galloway needed to better involve people who used services and carers in service planning. Both could continue to improve in this.

A statement on the council website made a commitment to ensure that equality impact assessments were undertaken for all of its policies and procedures. For example, we read one which related to the policy on employing people with disabilities.

We read case files of young people and adults with a learning disability and found that in the majority of relevant files there was evidence that all dealings with the individual had adequately addressed all barriers.

The NHS QIS Report noted that the disability equality scheme of NHS Dumfries and Galloway, while addressing disability more generally, made no discrete mention of learning disability. We expect that future versions of the scheme, including its action plan, will recognise that people with a learning disability can have specific needs. However, we did see examples of good practice during file reading. In our survey of council staff, the majority of respondents agreed that people with a learning disability featured prominently in the council's disability equality scheme.

The council had current equality schemes for race, gender and disability. These illustrated the commitment the council had clearly made in regard to equality issues. The council employed a diversity officer who had a key role in networking with groups for all strands of diversity including Dumfries and Galloway Multicultural Association, the local interfaith group, LGBT Youth and other public sector bodies. Of note was the fact that these included Dumfries and Galloway College. In addition the council employed an Employment Diversity officer but there was no evidence that this post had impacted on the number of people with a learning disability employed by the council.

Impact on black and minority ethnic people who used services and carers

The only inspection theme which was mentioned in the council's race equality scheme 2008 – 2011 was employment.

The council provided a 24-hour, seven day a week interpretation service which was available by phone. This gave access to over 100 community languages to improve communication with people whose first language is not English. The council provided this service free to all voluntary sector organisations in the region.

The council honoured its commitments under the race relations amendment act, including ethnic monitoring in employment and race equality monitoring in schools. However, the race equality scheme and its action plan did not explore how the experience of transition might have a different impact upon people with a learning disability from minority ethnic backgrounds.

Vision Values and Aims

Performance in this area was adequate, with strengths just outweighing weaknesses.

Managing services

Many health and social work staff were co-located. In the self evaluation questionnaire there is a recognition of a gap in health management at this level. This was being addressed through the appointment of a health manager as part of this management team.

In our survey of council staff, most respondents agreed their line managers understood the challenges staff faced in their work and generally supported them. This was a positive result for the council.

The new chief executive had instilled a strong culture of performance management and a management restructure including a focus on locality management. This had brought benefits of ownership by the new management team which had only been in place since October 2009.

A manager in the education department said that the integrated approach was easier to achieve with Health because of the coterminosity of the health board with the local authority. His view was that there was good multidisciplinary working and that joint decisions on coordinated support plans could be made.

Leadership

In our survey of council employees, some respondents agreed that there was a clear vision for social work in the authority, while half agreed that there was a clear vision for schools that included pupils with a learning disability. Less than half of respondents agreed that health and social work services worked well to create a shared vision for service delivery.

Senior social work and education managers gave statements about the council's vision for providing services based on principles of choice and inclusion, though the results of our surveys suggest they still have work to do to get this across to some staff within the council and in partner agencies.

They were unequivocal in their understanding of the challenges they faced, which they summarised as including:

- modernising service delivery;
- embedding the new management structure;
- increased demands in the face of financial constraints;
- developing consistency in practice and outcomes;
- information management and information sharing; and
- performance management and continuous improvement.

Managers within the council believed they had made progress in delivering improved leadership and performance management since the conclusion of the inspection.

Corporate vision for learning disability

In our survey of council employees, the majority of respondents agreed that the need for social inclusion of people with a learning disability was well understood and evidenced across the range of council departments.

The chief executive saw an alignment of the need for continuous improvement in community engagement, regeneration and social work service redesign. His belief was that decision making should be closer to communities and that social work should be joined to a corporate centre. He recognised the challenges that the council faced in terms of managing its resources and restoring the confidence of people who used services and carers in the light of the way the proposal to close ARCs had emerged.

There could be more effective planning between council departments. A number of corporate strategic documents we read were broad, and made no mention of learning disability even where we might have expected this (see shared issues chapter).

'Moving Forward' was a corporate improvement plan for the council. It had been developed to address the improvement agenda set out in the audit of best value and community planning undertaken by Audit Scotland and the findings of the Accounts Commission (published March 2009). The plan had been agreed within the council in June 2009, and so by the time of the inspection in November, had yet to demonstrate an impact on service delivery for people with a learning disability.

The NHS QIS review report was challenging, calling for better understanding of the Adults with Incapacity Act (2000). The report stressed the need to better involve people with a learning disability and carers in planning services and recommended the provision of more easy-read information. It prompted a learning disability health service improvement review.

As in other areas we inspected there was capacity for NHS Dumfries and Galloway to develop this strategic role in regard to employment opportunities and lifelong learning (see shared issues chapter).

Leadership of change and improvement

In general the future vision for service delivery to people with a learning disability was strong but it was not always in evidence in relevant corporate policies, or as yet detailed in social work plans. We were aware that there were a significant number of challenges, including of the availability of resources and the need to engage with carers and people with a learning disability.

Managers we spoke to had some reservations about the changes to the management structure but remained committed to the corporate vision of personalised learning disability services which enabled rather than disabled people and communities.

We noted a pupil support strategy which focused on the needs of people with a learning disability from aged three to eighteen. It promoted flexibility in the curriculum, effective partnership working and the promotion of positive relationships. There was little said specifically about transition and it was unclear clear these values are continued once young people left school.

There were practical measures which could be taken to improve transition processes in terms of tracking young people and linking them to financial plans (see shared issues chapter).

The NHS QIS report had been critical of the governance arrangements and of the patient focus on the needs of people with a learning disability in NHS Dumfries and Galloway. NHS Dumfries and Galloway was still addressing the issues which had been raised.

Elected Members

Councillors were positive about the work of staff and stated their commitment to providing good public services and the need to keep improving them. Councillors regularly visited front line social work services, accompanied by the chief social work officer.

They were knowledgeable about social work issues, including plans to redesign learning disability services. They understood the strong feeling on the part of some carers that had been generated by proposals to close adult resource centres and the need to deliver better and more sustainable services.

In our survey of council staff, some respondents agreed that the council's learning disability services were highly valued by elected members.

Elected members were optimistic about the opportunities available for people with a learning disability to attend college courses. They were less positive about prospects for gaining employment, given the number of small employers in the area and the poor economic outlook. They did believe that the council, as with many public bodies, could do more to employ people with a learning disability.

Capacity for improvement

Performance was adequate, with strengths just outweighing weaknesses.

The council had made slow and limited progress in developing an outcomes framework despite being required to do so as part of a Scottish Government pilot on personalisation. Social work managers acknowledged that while they had made efforts to improve outcomes in transition, this has not yet been consistently applied to benefit young people who used services. In education services, whilst 'More Choices More Chances' had been implemented, there were no discrete initiatives for young people with a learning disability. Similarly managers in NHS Dumfries & Galloway told us they were developing outcome measures but these had not been progressed to maturity at the time of the inspection.

An outcomes approach was most evident in one leisure service which people with a learning disability could access. A summer activity scheme was evidence that a systematic approach to developing and measuring outcomes could be achieved. This approach would have benefited more people had it been rolled out more extensively across services. Managers also recognised that while some people valued the adult resource centres, others might have improved outcomes from more community-based leisure options. In employment, most people with a learning disability who used services did not undertake paid work. Social work managers recognised this and said they would address it. Overall the partnership needed to hasten its development of an outcomes approach for people with a learning disability.

NHS managers needed to better involve people with a learning disability in planning for services and address other challenges set out in the NHS QIS review.

Senior managers from the council were clear and open about the challenges which faced them. This demonstrated positive leadership and this was important if these issues were to be addressed. These challenges included the availability of resources, pressures on services for an increasing number of people with a learning disability, as well as the difficulties in attracting people to the area to work in key posts.

The council had introduced an organisational development framework lead by the chief executive and the corporate management team involving senior managers from both education and social work in each of the working groups. These covered leadership, business planning, workforce planning, resources and partnerships. This was introduced during 2010, after the inspection had been concluded. New management arrangements needed time to bed in.

The chief executive of the council was upbeat and positive about this vision, describing the need to reconnect with local communities. For learning disability services, the focus was partly on moving away from creating dependency and towards the encouragement of independence. At the same time the chief executive recognised the need for people to be able to rely on council and NHS services for substantive supports where these were required.

This vision was part of a bigger plan to consolidate scarce resources in the context of what senior managers described as “Dumfries & Galloway plc”. Rather than competing and pulling in different directions, statutory agency interests would be better served by complementing each other in local service provision.

In evaluating its strengths and challenges in this way, the partnership had presented a positive opportunity. Our survey of council staff found that almost all of respondents agreed their team had good working relationships with other corporate services in the authority. This augured well for changing how services were delivered based on inclusion, if the council could build on it. For people with a learning disability this meant progressing personalised services and properly consulting with communities on a locality basis to better hear their particular concerns.

The council needed to put its vision on paper, with some concrete plans. People who used services and carers could then see how their views had influenced them. The plans would illustrate that personalisation and service redesign was not something which would happen overnight.

Council employees when surveyed stated some uncertainty about the extent to which there was a clear vision in education or in social work that included people with a learning disability.

Key processes needed to be better performance managed. Social work managers did not have detailed performance information nor were they able to benchmark their performance effectively against other local authorities.

We agreed with Audit Scotland in their October 2009 report²¹ that:

“key to the council’s success will be the introduction of a culture of performance management and continuous improvement through ongoing self evaluation and effective scrutiny and challenge. The council recognises the need to instil a corporate culture of performance management and to improve performance monitoring and reporting.”

While there was a clear commitment from the chief executive to make improvements, it was not yet evident that this culture was embedded.

After the inspection managers expressed confidence that the implementation of the new social work business system, ‘Framework I’, would improve performance management within the service. This confidence was supported by the publication of the council’s assurance and improvement plan²² (AIP, March 2010), after the inspection had concluded. It said that ‘social work and social care services are improving their performance management but ways for evaluating outcomes are still to be developed’.

The council needed to produce detailed plans for community engagement and service development. In addition, it needed to demonstrate how council services other than social work and education would play a part.

Improvements in outcomes, leadership and performance management needed to be evidenced. We therefore concluded that capacity for improvement in Dumfries and Galloway was adequate.

²¹ Dumfries and Galloway Council, Report to Members and the Controller of Audit on the 2008/09 Audit. Audit Scotland, October 2009

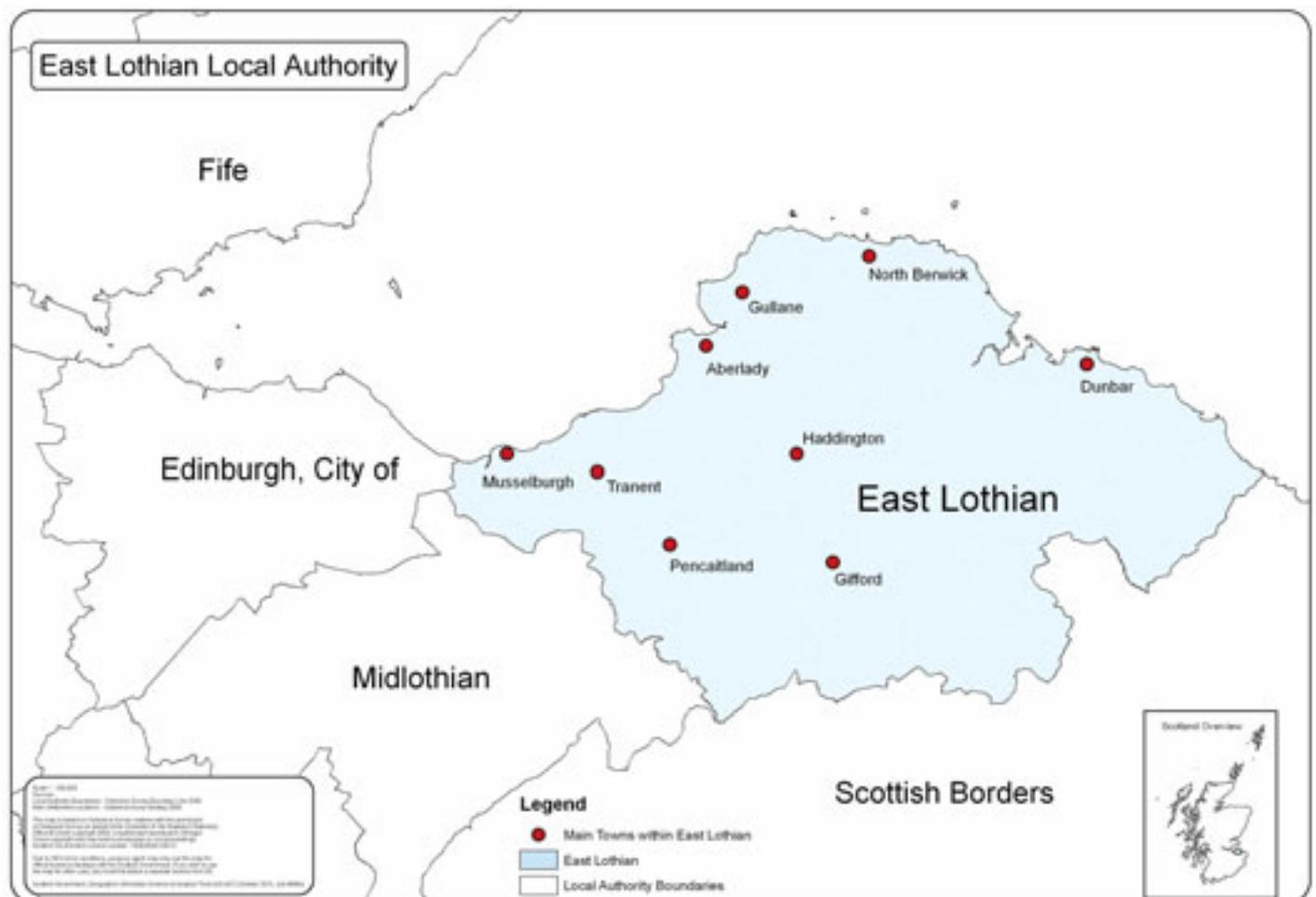
²² The AIP describes the challenges and areas of concern for councils in achieving good outcomes for people

East Lothian Council and NHS Lothian

Area profile East Lothian

East Lothian is situated approximately 64 miles east of Glasgow and seven miles east of Edinburgh. Its total area is of 262 square miles and the council area borders the City of Edinburgh, Scottish Borders and Midlothian. East Lothian has a total population of 96,830.

At 3.8%, the claimant count unemployment rate for East Lothian is lower than Scotland as a whole (4.9%). Of the total population in East Lothian people of working age account for 59% compared with 62.5% nationally. Those of pensionable age currently account for 21% of the population and is expected to grow by 43% by 2033. Over the same period, the population of working age is expected to increase by 28.7% and by 2033 the total population is projected have increased by 33.5% overall.²³



²³ Sources:

<http://www.scotland.gov.uk/statistics/browse/labour-market/>
<http://www.scotland.gov.uk/statistics/browse/population-migration/>
<http://www.sns.gov.uk>
<http://www.nomisweb.co.uk>

GRO Population Projections Scotland (2008 based)
 Population Projections by sex, age, administrative area. GRO Feb 2010

East Lothian Council and NHS Lothian

Performance in East Lothian varied between adequate and good across the areas we inspected.

Generally, there was little evidence that senior managers identified and monitored outcomes for people with a learning disability who used services in East Lothian. The majority of all staff working with people with a learning disability who responded to the survey were positive in their belief that their service measured outcomes for people who use services and carers.

Partners and stakeholders who responded to our survey said that education and social work services helped people fulfil their potential including independence.

In most of the relevant files read, there was evidence that the service took into account the individual's views at the assessment, the care planning the review stages.

Services worked well together to improve services for children. Education and children's services, adult social care and Health had worked together with service providers to train and support staff who worked with people with a learning disability. They had engaged with colleges to promote local learning opportunities.

More work was needed to ensure that people entering college placements were given meaningful learning opportunities. The council needed to reflect the specific needs of people with a learning disability in its wider policy objectives such as 'More Choices More Chances'. The council's employment service needed to concentrate on finding paid work for the people with a learning disability who used the service.

Adult social care services and health services were working together to improve the experience of children and their families. Most people had their services reviewed at least annually.

There were long waiting times for some assessments. The proposed call centre had potential to modernise services and provide more inclusive service options or supports but it was too early to say exactly how this would help people with a learning disability or if it would reduce waiting times. Fewer young people in transition were waiting for a service.

Senior managers in adult social care and in education and children's services shared the vision of promoting choice and independence. NHS Lothian had played an important part in planning and delivering services. But its partnership working with adult social care services could have been stronger in some areas. Similarly, working relationships between senior management teams in education and children's services and adult services could be improved.

Outcomes

Performance in this area was adequate, with strengths just outweighing weaknesses.

Measuring outcomes: Transitions

East Lothian council provided some evidence about the views of young people and carers in relation to the outcomes for them following the transition process. There was little evidence from young people on improved outcomes resulting from the use of transition passports.

A transition coordinator post was created in partnership between the council and Capability Scotland in September 2008. Its focus was to better understand the needs and aspirations of carers and young people approaching transition. The coordinator developed a database of young adults with a disability and worked closely with education partners to ensure that the information is accurate.

The council was not able to provide us with aggregate data about outcomes for people with a learning disability after their transition.

There was evidence of good planning and review for young people with a learning disability in the majority of the transition files we read. In 15 of 21 transition files, transition planning was maintained regularly and consistently.

More Choices More Chances

Senior managers thought that the work of the 'More Choices More Chances' group gave a clear lead to the council on achieving positive outcomes for the group of young people this initiative is designed to support, and that the transition passports were a key tool for a smooth transition for the young people. The group advised us that there were systems in place to track and monitor individual young people in relation to post school destinations for up to one year after leaving school, – but that this had not yet been aggregated to inform future planning.

Council managers said that the new information system 'Framework I' would in future help to track school leavers and more accurately identify waiting times to ensure the protocol is working effectively.

Measuring outcomes: Leisure

The integrated children's service plan 2008-2011 committed the partners to ensuring that all children and young people were fully included in their local community. This document made no discrete reference to learning disability.

Carers responses to our survey were mixed. One said that the person they cared for “*really enjoyed the social interaction and wide range of activities on offer in the resource centre*”. But another carer thought that the resource centre did not provide encouragement to build relationships outside the centre and said there were: “*no stepping stones to independence.*”

Good practice example

The *Shenanigans* project provided social and leisure activities to individuals with disabilities, including a learning disability. Staff identified outcomes for these individuals including the chance to develop and maintain friendships and personal relationships, increased social activities and the provision of social opportunities outwith the family home.

Measuring outcomes: Lifelong learning

The majority of carers who responded to our survey agreed that the people they cared for attended college one to two days per week.

In 2008-09 resource centres supported nine adults through the ‘headstart programme’ which promoted independent travel. All three centres also included group activities which led to 25 people achieving an SVQ award. Two centres supported 15 people to achieve environmental and healthy living awards.

Social work managers said that while college taster and core skills courses were available, there was not a wide variety of courses. No attainment or outcome data about college courses was provided to us.

Measuring outcomes: Employment

Work experience opportunities were offered for young people with a learning disability and additional support needs by their school. For some young people there was a range of work experiences such as working in leisure facilities and working in large stores.

Fourteen of the thirty seven people with a learning disability who responded to our survey had a job. Employment types included full and part-time positions and temporary and permanent positions. People in paid full-time work were in a minority.

There were a number of organisations which assisted people with a learning disability to find and sustain employment, such as the Bridges Project (a voluntary organisation) and the East Lothian Vocational Opportunities Scheme (ELVOS). ELVOS supported 142 adults with a learning disability. Of these:

- thirty nine were in voluntary work;
- fifty eight were on the lower-limit permitted working (part-time so benefits were unaffected);
- seven were learners at the Pittstop café; and
- two people were in open employment.

The council recognised that more needed to be done to improve outcomes for people with a learning disability who wanted to find paid employment, and it had begun negotiations with Capability Scotland to progress this.

NHS Lothian had made a commitment to employ 50 people with a learning disability by 2011, which was commendable. Plans to do this were at an early stage.

National and local performance indicators

The Same as You?

East Lothian performed better at getting people with a learning disability alternative day opportunities and some forms of employment than the Scottish average but needed to improve access to full-time education and open employment.²⁴

For detailed performance indicator figures please see appendix 1.

Experience of people who used services and carers

Performance in this area was good, with important strengths and some areas for improvement.

Transitions

There was a mixed picture in East Lothian in relation to people who used services and carers' experience of services. Generally they were satisfactory, except for the transition process. The main issue was the difficulty in obtaining input from adult social care services at the time of transition. The transition worker undertook nine interviews with carers of young people who had been through the transition process, in order to better understand their experiences. The interviews highlighted areas of concern (for example a lack of information or a single point of contact) as well as some good practice. It indicated that in situations where an adult social care social worker had been allocated early enough, the transition experience would have been greatly improved.

²⁴ Employment in the open market alongside non-disabled employees and undertaking the same or similar work to them, without a designated support worker

The majority of people who used services who responded to our survey agreed they had received enough information about what they could do after leaving school. In the carers' survey, most carers for whom this question was relevant said there had been one or more transition planning meetings about the person they cared for.

The council and its partners had taken significant steps to improve the flow of information, for example by surveying parents and carers about what information they wanted and then taken steps to provide it. In August 2009 the council produced a comprehensive document called '16+ Learning Choices' which set out the resources and services for transition.

The partnership's self evaluation questionnaire set out how the council had informed and involved people who use services and their carers. For example, they had consulted with young people including young people with a disability about their experience of transition and had produced a podcast in 2008, which was presented to a multi-agency staff group. This had led to the development of transition passports. These helped young people to be involved in their transition planning and to decide what information they wanted shared.

In our carers' survey, a few of all the respondents agreed that the most recent social work review or transition meeting was held within the last three months, and some said it had been held over a year ago. The council should ensure these meetings are held at least once a year.

In 13 of 21 relevant transition files in East Lothian, the young person was involved in the transition process and in almost all, parents were also involved.

There were many comments written by carers when responding to the survey and they were largely critical of the transition process, for example:

"I had to fight to get a social worker for my daughter one month before she left school – there was nothing in place for her. I never did get an explanation or an apology from the department."

However, some of the carers we met were positive about the way they had been involved in the transition process. One carer thought this was due to the skill and experience of the social worker.

Senior managers were aware that the assessment and transition processes should be improved, and social workers should be involved much earlier. A review of the transition procedures was being undertaken to address this.

Most of the staff who responded to our survey thought that the service responded well to individual need in transition planning. In fieldwork, some staff, particularly education and children's services staff, told us they thought that preparing for transition was well planned, with a good focus on developing young people's independence skills through work experience.

Leisure

The information from the council and the leaflets which we obtained showed that there was a wide range of information about leisure opportunities, and people found it easy to obtain this information.

The satisfaction of people who used services and carers in regard to leisure facilities – both mainstream facilities and those for people with a learning disability – was mixed but generally positive.

The majority of people who used services who responded to our survey said they attended resource centres. Almost all of them said they were happy with the day time activities and they knew who to speak to if they were unhappy with these activities.

We met individuals who independently used or had been assisted to join in mainstream leisure facilities such as gyms. All were positive about these opportunities. They all said that the lack of support staff limited their use of mainstream leisure services, especially as many of them could not travel by themselves.

A carers' story

Mr and Mrs Fleming had brought up a family and were now grandparents. Their son, Philip, in his forties, still lived with them and needed constant care. In the last few years Philip's needs had increased, for example he needed to be propped up even when he was sitting and it now took two people to support him to move around.

When Mr and Mrs Fleming needed something to be organised it came to light that they had not had a social worker for years. A new social worker made it possible for them to continue caring, by organising the support the family needed, including short breaks from caring, adaptations to the family home and access to community health services like occupational therapy and nursing.

The difference that this support has made was that Philip could remain at home. Short breaks for Philip had meant potential for his carers to have some leisure time of their own in their lives, in which caring played such a significant part.

Lifelong learning

The detailed evaluation of the implementation of the Education (Additional Support for Learning) (Scotland) Act 2004, held in July 2009, had led to multi-agency staff working with carers on improving information, through events such as 'parents calling parents', meetings and surveys.

Overall there was good evidence that East Lothian worked well to inform and involve people in life long learning opportunities.

Good practice example

The college outreach course 'Health Matters' developed by NHS Lothian was being provided by Jewel and Esk College in partnership with community learning disability nurses and staff at Mansfield Resource Centre. It was specifically designed to teach people with a learning disability how to access primary care services. It was a good example of partnership working.

Carers who responded our survey described a range of reasons why the person they cared for could not go to college. These included:

- lack of a support worker to go with them (some respondents);
- lack of appropriate college courses (a few); and
- lack of transport (a few).

People who used services and carers we met spoke positively about the learning opportunities within the resource centres such as music courses and keep fit classes. In our survey most people who use services responding agreed they were doing the course they wanted to.

Employment

From our surveys and interviews people with a learning disability were reasonably satisfied with the work opportunities they had, but they wanted more paid work.

The majority of people who used services responding to our survey said they knew where to get extra help to assist them with finding a job and some said they had been offered training at college to help them find a job.

Half of all the respondents to the staff survey believed that the service always explored paid employment options with people with a learning disability regardless of ability. None of the 12 respondents to our partners and stakeholders survey agreed that people with a learning disability found it easy to get help with finding and keeping a paid job.

There was general recognition amongst managers and staff that although East Lothian Council employed some disabled people, monitoring was not detailed enough to record the type of disability so they were not able to tell us how many employees had a learning disability.

Impact on Stakeholders

Performance in this area was good, with important strengths and some areas for improvement.

Local authority staff

Staff motivation commitment and satisfaction

Council staff were highly motivated and highly satisfied with their jobs. Our staff survey found that almost all staff agreed that their service was successful in helping people with a learning disability develop their skills and abilities and that their team helped people to lead as independent lives as possible.

Staff in adult social care nevertheless spoke about high workloads and a lack of resources which affected how they did their job. Adult social care services were being restructured at the time of the inspection but it was too early to say how this would affect services for people with a learning disability.

Staff in both education and children's services and adult social care spoke of good partnership working to meet the needs of children and young people with additional support needs.

Staff supervision, appraisal and development

Staff within the council were supported to do their job well. There was an employee development scheme in place and staff training needs identified from this linked into team and service developments.

The council had produced a series of guidance notes and training for staff working with people with a learning disability which staff found valuable.

Those working with children with disabilities in adult social work and education and children's services could access a good range of specialist training. A multi-agency learning disability forum was in place and had developed a learning plan.

The council had a strong commitment to develop staff. In a recent Investors in People report, a member of staff working in children's services described it as "the best culture of learning and development I have come across."²⁵ Staff in education and children's services had clear guidance on carrying out assessments of the needs of children with disabilities using the 'transitions passport' developed by the educational psychology staff in the council. A recent HMIE²⁶ report on educational psychology services highlighted these support-planning tools as good practice.

²⁵ Investors in people is a business improvement framework aimed to enhance business performance through the effective management and development of employees

²⁶ Summary of evaluation of educational psychology services in East Lothian HMIE July 2009

Staff perception about working within the council and with other agencies

The development of the children with disabilities team in 2008 had greatly improved the focus on planning for this group of children as they prepared to leave school. Education and children's services and adult social care services worked well together once they identified an allocated worker. Staff within these services thought that the range and level of local opportunities for people with a learning disability could be improved.

In our survey, almost all staff agreed they had good working relationships with social work services in the council. The majority were in agreement about positive working with education services.

The approach to welfare rights

People who used services, carers and staff expressed concern to us about the potential loss of income for people with a learning disability if they came off benefits. Research²⁷ showed that for many people the opposite was true. The council needed to provide better information to people who used services and carers to enable them to make more informed choices about entering employment (see recommendation 4, shared issues chapter).

Most staff who responded to our survey agreed that their team had made direct referrals to income maximisation services on behalf of carers, people who used services or pupils, and that the service worked hard to maximise the income of people with a learning disability and their carers who claim benefits. Less than half agreed that their service helped people with a learning disability to come off benefits and find employment.

Impact on health services

The joint learning disability planning group led on the development of the shared vision for services in East Lothian. This group had identified more multi-agency training as one means to improve contact between services.

Staff in adult social care and education and children's services were positive about the responsiveness of the learning disability nursing service and its support to young people.

Health services for people with a learning disability were delivered in part by the NHS Lothian community learning disability team, which consisted of psychiatry, psychology, speech and language therapy, occupational therapy, dietetics, nursing, physiotherapy and paediatric health visitor. All NHS Lothian nurse induction and continuing development programmes included an awareness of learning disability.

Nearly all of staff who responded to our survey agreed that their team had good day-to-day working relationships with NHS Lothian. Health staff felt that they worked well with colleagues to support individuals and were keen to extend their involvement in strategic planning locally.

²⁷ Beyer, Stephen (2008) An evaluation of the outcomes of supported employment in North Lanarkshire, Welsh Centre for Learning Disabilities Cardiff University

Supporting transitions

The difficulties of ensuring continuity of health services for people with complex needs were being tackled on a Lothian wide basis. Some staff were concerned that children could not easily keep the occupational therapy equipment that they were using when they moved to adult services, where this was appropriate. The partners should review access and use of equipment.

NHS Lothian and college staff said that there was not a clear policy in place to cover health support to people attending college. Staff told us that they considered the needs of individuals but this was not part of an agreed strategy to support people with a learning disability attending college. Staff needed to work together to address the needs of people with complex needs, including people with epilepsy or assisting with PEG²⁸ feeding (see recommendation 2, shared issues chapter).

Impact on employers

Employer's views about the support to develop employment opportunities

The council run service ELVOS supported over 140 people including people with a learning disability. Employers told us that they got good support when employing people with a learning disability. People with a learning disability had a range of employment opportunities including catering, gardening and clerical work. Most of these were work placements. Some people had continued in work placements for a number of years without the offer of permanent employment. Some of the employers we met had not considered the option of offering a permanent salaried post. The supported employment service could do more to work with employers to develop and encourage them to provide paid employment to people with a learning disability.

Staff in ELVOS said that they were beginning to take on a more strategic role to develop their support to people in employment, which should in the future help to prioritise the length and nature of support they provide. They should concentrate on finding paid employment for people with a learning disability they worked with.

Through survey responses and interviews, employers told us about the benefits for both the employee and their co-workers of employing a person with a learning disability.

Impact on colleges of further education

Partnership working to improve transition

The council had developed a transitions protocol in 2008, aimed at providing more consistent support to young people with disabilities and their families. Managers said they were reviewing it in the light of lessons learned since it was implemented, to improve supports.

²⁸ percutaneous endoscopic gastrostomy

Although there was evidence of good joint work between colleges, health staff and adult social care, there needed to be a clearer strategic approach that engaged all partners. There was no college located within East Lothian and no 'Partnership Matters' forum to address recurring issues. NHS staff identified the lack of council or college – provided transport as an issue for young people with a learning disability who wanted to attend college.

The 'More Choices More Chances' strategic and operational groups met regularly in East Lothian but did not include a clear remit for people with a learning disability. This group did recognise the need to broaden the opportunities for young people with a learning disability within colleges.

College staff and council staff worked well together to deliver outreach courses at local resource centres provided by either Borders or Jewel and Esk Colleges. Some of these modules supported people with a learning disability to complete skills accreditation programmes that led to national awards.

Learning options

There was evidence of how local authority staff sought to improve options more locally. A service user survey at Mansfield Road resource centre had identified a reduction in the number of people wanting to go to college. Staff had looked at how they could deliver some of the college courses locally and there were 18 workers across three centres who were accredited assessors for SVQ's. Some voluntary sector organisations such as Garvald and Pit Stop Café offered access to SVQ courses.

Access to services

Performance was adequate, with strengths just outweighing weaknesses.

Access to assessment, planning, review and preventive work

The use of the 'staged assessment process' had been in place in East Lothian for a number of years and included pre-school children as well as those children with a learning disability placed either in mainstream or ALN schools. NHS QIS²⁹ commented positively on health screening that covered the key health needs of people with a learning disability. The community learning disability nursing team offered health screening as part of the staged assessment. They provided continuity of support to children through to adulthood. Health staff told us that this was crucial to providing support through to the completion of education. This was positive in supporting transition.

²⁹ NHS Quality Improvement Scotland. NHS Lothian. Healthcare Services for People with Learning Disabilities. March 2009

Staff used the transition assessment tool to record their assessment of a child's future needs for education, housing, employment and leisure. The tool had the potential to identify individual needs. Those we read during file reading were often incomplete. HMIE's³⁰ recent inspection of psychology services had assessed the service as weak in terms of planning, and satisfactory for impact on children and their parents. The services involved had still to evaluate the use of this tool, and should include how parents and children were involved.

The council told us that five young people were waiting for either an assessment, a worker or a service. At age 14 years, a post-school transitions group was set up by children's services, education, health and adult social care to consider the needs of children in East Lothian. They had compiled a database of young people with a learning disability and were at the stage of identifying the range of services they needed. This group had prioritised meeting the needs of young people with complex needs.

We were encouraged by the development of this work. However, future needs projections needed to be linked to a financial framework (see recommendation 1).

In 2008 – 2009 there were 21 young people with a learning disability who left school;

- fourteen young people were allocated an adult social care social worker six months or more prior to leaving school; and
- seven young people were allocated a worker less than six months prior to leaving school. Reasons for this included late diagnosis in one case, not being known to services in four, and not being allocated timeously in two.

There was a range of community-based options available to people with disabilities. These included youth clubs, play schemes and volunteering as well as vocational employment and day services. Many of these services had long waiting times, with some individuals waiting several years for a service.

Senior managers acknowledged that the length of time many people had to wait for an assessment for adult social care was unacceptable.

The table below shows the increase in the average waiting time for an assessment from adult social care. This average waiting time had been increasing over the last two years. Senior managers said that structural changes, including a proposed corporate call centre would address these delays which were caused by increasing demand for services. Managers said the proposed arrangements for handling enquiries would form part of a much broader modernisation of community care services. The redesign aimed to develop a service which would provide faster and more consistent support to people, and work in a person centred way to enable people to retain choice and control over the services they use.

³⁰ Summary of evaluation of educational psychology services in East Lothian HMIE July 2009

Year (<i>figures relate to a particular quarter in the year</i>)	Average waiting time in days for a community care assessment ³¹
2007-08	102 days
2009-10	134 days

The council had strict eligibility criteria based on ‘critical and substantial need’. Opportunities for early intervention and preventive work were limited.

We met staff from provider organisations who told us that they experienced delays when asking adult social care for a reassessment of the needs of some people they worked with.

Assessment processes

Children’s services had streamlined the range of assessment tools they used.

NHS Lothian staff said that there were sometimes delays in carrying out the initial diagnosis of learning disability. There were measures in place to ensure that once diagnosed, children and adults with a learning disability had an up to date multi-disciplinary care plan.

We read the case files of 50 people with a learning disability. There was an assessment of need or a co-ordinated support plan in most of the files we read. Two thirds of assessments were rated as excellent, very good or good. The timing of the assessment was in keeping with the needs of the individual in almost all case files.

Education and children’s services led on preparing young people for transition. Social workers generally became involved during the 12 months prior to a young person leaving. We read some files where adult social care services could have been involved sooner. Performance had improved since the introduction of the children with disabilities team. At November 2009 only one child with a disability was waiting for an assessment of needs.

There was a more mixed picture in adult services. The SWIA follow-up report in October 2009³² noted inspectors’ concern about the length of time some people had to wait for an assessment and then a service. Adult social care staff told us that they had improved their response times. Staff who supported people into employment told us that there was sometimes a delay of up to six months to get a worker allocated when they identified a need for an assessment.

³¹ Senior managers from adult social care informed us that people who are assessed as having critical needs received a “same day service”

³² Follow-up report to performance inspection – East Lothian Council October 2009

Care Plans

The services provided us with their guidance to staff on developing coordinated support plans and signposting people with a learning disability to non-social work support options. Staff said that there had been an increase in person-centred planning.

We read 21 children's case files; 14 contained person centred plans as part of transition planning. There was comprehensive planning for some people. The majority of the case files had a care or support plan in place and most of these completely or mostly addressed the needs and risks identified in the assessment.

Review Processes

Almost all of the care plans were reviewed at least annually. However, in only a third of these had the most recent review led to a change in care plan. When reviews took place nine of the twelve partners and stakeholders who responded to our survey agreed that the right people were present.

Staff could improve how they carried out and recorded the review of individual care plans. Some of the case files we read did not record any changes to care plans following review when these were needed. Less than half of the plans were SMART.

The adult social care service needed to do more to ensure that individuals who had been in receipt of services for several years continued to have their needs reviewed and care plans updated.

File reading revealed that the majority of the most recent reviews gave full and appropriate consideration to a wide range of leisure, learning and employment options. Continual improvement in this area was needed (see recommendation 7, shared issues chapter).

Access to Advocacy

East Lothian council had invested in advocacy with a number of providers contracted to deliver services. This included individual, group and self-advocacy for adults with a learning disability. Children In addition, children had access to designated advocacy services.

Carer and voluntary sector representatives from the East Lothian learning disability forum had raised the absence of advocacy as a gap. This led the joint planning group to prioritise money for collective advocacy. There was good support for people who used services to participate in this joint planning forum and overall the availability of advocacy was generally good.

NHS Lothian commissioned advocacy for children who are affected by mental health problems, or patients of the young persons unit at Royal Edinburgh Hospital.

Access to a named social worker

The council had clear processes in place to ensure that children had an allocated worker as well as a shadow worker from adult services to support planning for their current and future needs.

A number of staff from different services told us that this process did not always deliver and some children did not have a transitions worker allocated until very near the time they left school. This was improving. The council had commissioned Capability Scotland to provide transition support and the worker divided their time between children's and adult services. The council was considering how to extend this service at the time of our inspection.

Most of the partners and stakeholders who responded to our survey told us that adults with a learning disability had a long wait before they were allocated a social worker. Others did not always continue to have an allocated social worker when they had settled into the leisure, learning or employment services they received (see shared issues chapter).

Access to self directed support and universal services

The council were members of 'In-control'³³ and person-centred planning was developing and the council was planning to extend its local area co-ordination services.

'Transforming Transitions' was a Scottish wide project funded through the Big Lottery. It supported person centred planning for young people in transition. East Lothian Council had made six referrals to the project in 2009, and staff we met thought this worked well to support planning for children.

Four of the 18 carers who responded to our survey received a direct payment. Of those who did not the main reason was that they did not want direct payments.

Managers from all learning disability services recognised that access to mainstream services was limited. Some clubs were set up especially for young people with additional support needs. In addition there were some young people, supported by befrienders, to access mainstream activity, but there needed to be more. Carers said that they used direct payments to support their access to leisure activity. People using services, carers and staff we met were mainly positive about the accessibility of community facilities.

Access to social work services

The council worked with voluntary sector providers to offer a range of day activities for children. Parents reported that waiting times for specialised services were long, and often gaining access to them was challenging. For example, 20 children were on a waiting list for 'share the care' which offered both evening and daytime short break placements. Managers said that there were nevertheless 90 respite care places occupied by East Lothian children in September 2009. Parents and carers told staff in the disability team that there were limited opportunities and choices for young people with a disability living in East Lothian.

³³ In Control is a social enterprise that was set up to develop a system of self-directed support

Resource centres for adults were full or almost full. The council's self-evaluation suggested that they were addressing this by developing employment and other opportunities, but the ELVOS also had long waiting times. The adult social care service funded some services that offered an alternative to attending day services. People we met who were involved with these activities were positive about the gardening and film-making that they did.

The council was developing call centres. These arrangements were designed to be the first point of contact and aimed to divert people with lower level needs to community-based options. Managers told us that since the inspection had been concluded they had made progress addressing waiting times.

Risk assessment and management

The council had developed its own risk-management policy and a linked, positive risk taking policy; this was a good development. There was clear guidance to support staff in making complex risk decisions by ensuring that staff made and evidenced risk decisions to minimise harm and enable people to take acceptable risks.

They had produced comprehensive risk assessment and evaluation tools and guidance aimed at school and care leavers. The risk assessments helped to guide staff when they were considering how to promote individual independence and included travel as part of the risk assessment. Independent sector providers were included among those who would receive training on identifying and managing risk. Nine of the twelve partners and stakeholders who responded to our survey agreed that risk assessment and management was used to promote independence.

In our contacts with people who used services, and in the files we read, there were up to date risk assessments that included which risks the assessor considered and how they would manage them. There were some multi-agency risk assessments. All partners and stakeholders who responded to our survey agreed that the multi-agency procedures for protecting vulnerable people worked well and that there was a quick response when risk was identified.

Despite this, there was a risk assessment in less than half of the relevant files that we read. Only 30% of relevant files contained a risk management plan. A manager described this as 'a recording issue'. The council needs to address this (see recommendation 6, shared issues chapter).

Of the 20 risk assessments that we read, the majority were rated as excellent, very good or good, while less than half were adequate.

Some of the service providers we met did not routinely receive copies of the risk assessment; as result they carried out their own. The adult social care service needed to be better at undertaking and sharing risk assessments. They should engage with providers to complete risk assessments to ensure that they jointly identify and manage risk.

There was no evidence of health staff being involved with employment services to assist in risk and vocational profiling for those individuals they were working with; and none to suggest they were addressing this strategically despite the conventional wisdom of benefits to health from being in work (see shared issues chapter). This is an area which NHS Lothian could develop.

Access to specialist equipment and adaptations

Social work and NHS services were reviewing their occupational therapy services in order to reduce the waiting list and improve the allocation and continued use of equipment for young people at the transition stage. They needed to do this more quickly. Planned improvements included making equipment used in schools available at home over school holidays.

There were improvements to support access to community facilities and employment; for example school children with complex needs were supported to attend swimming/hydrotherapy, riding for the disabled and music therapy. There were fully adapted changing facilities in Musselburgh and Prestonpans for people with complex disabilities.

Strategic Planning

Performance in this area was good, with important strengths and some areas for improvement.

Strategic planning and involving people

A significant amount of strategic planning took place in partnership with the other Lothian councils. The Lothian learning disability review had led to jointly-funded projects between the four Lothian councils and the NHS Lothian, for example a project to support healthier lifestyles for people with a learning disability. During our inspection an initial survey of parents was underway to seek their views about occupational therapy services in order to inform the development of the service.

The 'partnership in practice' agreement, among other things, explored transition, employment and personalisation.

In our survey, of local authority staff who responded half agreed that the council had a clear strategy highlighting local priorities for people with a learning disability which this was clearly understood at every level in the service.

Community planning

There was a range of planning groups across education and children's services and adult social care. They addressed issues relevant to the lives of people with a learning disability. Examples included the integrated children's service planning subgroup. Other planning groups looked at the implementation of the Additional Support for Learning (Scotland) Act (2004) and young people not in education and employment or training. The local strategy did not address issues pertaining to people with a learning disability in particular. Managers said that the population of young people with a learning disability requiring support from children's services was not large enough to allow for strategic planning separate from other disabilities.

Between 2009 and 2011, East Lothian community planning partners had identified five priorities to tackle poverty and deprivation. These included: 'income maximisation', 'access to employment services', 'early intervention' and 'raising aspirations and ambitions'. East Lothian community planning partnership had developed an "access to employment" logic model to help to address the needs of people seeking employment opportunities. At the time of our inspection, we did not find that this had led to increased employment opportunities for people with a learning disability.

In most cases, East Lothian's corporate policies and procedures seldom mentioned disability. This included the education and children's services department's inclusion and equality action plan 2009 to 2010. The council could do more to raise the profile of learning disability (see general issues chapter).

The call centre plans for dealing with enquiries from members of the public were inclusive, though the detail of how they would specifically affect people with a learning disability was not yet available. The approach set out in the council's vision had been recognised as good practice elsewhere³⁴ as well as presenting the opportunity for early intervention, the possibility of avoiding costly crisis-intervention and the chance to identify and measure outcomes.

NHS Lothian was involved in strategic planning with the council and other agencies across a range of different planning groups across the Lothians. The NHS Quality Improvement Scotland report (2009) suggested that some of these groups could link together more effectively to benefit people with a learning disability. This could include a strategic approach to developing employment services or further their responsibilities under the national curriculum for excellence (see shared issues chapter).

In our staff survey, the majority of respondents agreed health and social work services worked well to create a shared vision for service delivery.

³⁴ 'Cutting the Cake Fairly' (2008) Commission for Social Care Inspection. 'National Standard Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People' (2009). Scottish Government.

Involving people who used services and carers in strategic planning

People who used services and carers had been consulted on the priorities set out in the partnership in practice agreement. The council had undertaken several consultation exercises involving adults with a learning disability and their families, such as the children's disability team parent and carer consultation in 2008. Council managers said that quotations drawn from post-transition interviews with nine carers were fed back to the social work teams for the purposes of planning for an Integrated service around transition.

The East Lothian Learning Disability Forum represented the views of local people who used services and their carers who, with independent providers, had been able to influence strategic and financial plans for advocacy services. This involvement was positive. Provision to young people with disabilities was reviewed on a strategic basis through a sub group of the children's services planning group which had carer involvement.

Council managers told us both children's and adult social care services continued to involve, engage and consult users and carers on strategic planning.

Strategic planning with employers and with the independent sector

We met a small group of employers and received a few survey results. It was clear that employers of people with a learning disability had generally valued the support of staff who worked for the council.

Independent sector staff told us about 'Pittstop', a cafe project supporting seven young adults with a learning disability to receive on-the-job training. It had links to Jewel and Esk College, with SVQ1 catering training and links to ELVOS. The project offered school placements one session per week to four young people with additional support needs.

Pittstop was a good service and it had received many referrals from the council. It had been entirely funded by charitable grants with a two-year lifespan which made long-term strategic planning or expansion difficult.

In our staff survey, the majority of respondents agreed the council actively involved independent providers to help them plan better services for people with a learning disability. Our survey results indicated that partners and stakeholders felt engaged, at least to some degree, by the council.

Strategic planning with colleges

As with other council and NHS areas there were a range of issues related to people with a learning disability attending college which would have benefited from a strategic forum of council, NHS and other key stakeholders (see recommendation 2, shared issues chapter).

Commissioning arrangements

Service wide commissioning

The Social Work Inspection Agency published a follow-up report to the East Lothian performance inspection in November 2009. One of the recommendations was that 'joint commissioning strategies for children's services and for adult social care services should be written.'

The learning disability strategy was approved by council in February 2009 and managers told us that the partnership in practice (PIP) agreement was their learning disability commissioning strategy. Among the priorities of the PIP were better day services opportunities and improved transition – the latter being a priority for year one of the three-year plan.

Services were commissioned from within the council and externally. The council told us that there were 15 external providers supporting adults with a learning disability. They said that managers monitored delivery of services against service specifications in contracts and care managers did this for individuals to ensure that outcomes were being delivered.

Personalised commissioning

There were no commissioning links to self directed support for personalisation. However, the council gave an outline of plans to develop one and said there were individual examples where this was happening.

The council told us carers had been involved in tendering processes for children's services. The initial SWIA performance inspection report in 2008 commented favourably that adults with a learning disability had been involved in tendering for the local area coordination service.

In our survey of partners and stakeholders six out of twelve respondents agreed, and none disagreed, that the local authority had plans to develop personalised commissioning processes.

Financial planning and long term strategic planning

The Social Work Inspection Agency in its 2008 performance inspection report had commented on capacity (staffing levels) in adult social care services. The council had responded with a budget uplift of around £700,000 to improve this.

The East Lothian Partnership in Practice (PiP) agreement was developed by the East Lothian Learning Disability Joint Planning Group. There was also a Lothian Learning Disability strategy which was developed by NHS Lothian and the four Lothian local authorities. Since 2006 the partners had recognised that, since the closure of the learning disability hospitals, demand for services had outstripped available resources.

The finance officers whom we met during our fieldwork interviews demonstrated a lack of knowledge about the terms of the PIP or the community planning framework. Closer links needed to be developed and officers needed to be more knowledgeable about the key strategic documents relating to the service.

Financial modelling³⁵ was limited although a post school transitions group had started to map young people with a learning disability but this was at an early stage.

Officers advised us that a transition protocol was in place but we were unable to obtain evidence of a financial framework to support this, and therefore there appeared to be no commitment to routinely ensure that there was a sufficiency of financial resources in the adult services to support people transferring from children's services. This resulted in increased pressure on the adult service budget which had to stretch even further. Within 2009/10, £0.75m had been added to the budget to assist with additional pressures and further pressures totalling £3m had been identified over the next three years.

Capital and asset management planning

The council needed to develop asset management planning at the learning disabilities service level and integrate it into the capital planning process.

There appeared to be no detailed costing information about learning disability services. The council should develop these to assist planning processes (see recommendation 8, shared issues chapter).

Supported employment and college

The council did not provide any direct financial support to the local college but transport and assistance was provided for those who attended college. There were no formal links or agreements in place between the college and the council. There may be opportunities for a more formalised approach.

Direct payments and personalised budgets

Direct payments were not actively promoted by the council and there were no personalised budgets other than direct payments (above). Council plans to develop these as additional options could help to improve outcomes. Progress was being made. According to Scottish Government figures, in 2009 East Lothian Council had a 6.2 rate per 10,000 population accessing direct payments. This was above the Scottish average of 5.8.³⁶

³⁵ For example cash flow forecasting, for management decision making purposes

³⁶ Scottish Government website: <http://www.scotland.gov.uk/Home>

Range and quality of services and supports

Range and quality of services to meet the needs of people with a learning disability

We met some carers who told us that there had been an improvement in support and clarity of information since the children with disabilities team had been formed. They were pleased with special needs play scheme and youth club. Families told the council that more information at an earlier stage in the transition process, about available services and supports and what happens next, would help. As a result East Lothian Council and Capability Scotland hosted a transitions event which included 50 organisations, interactive activities and young people and parents sharing their experiences.

Good practice example

During the inspection we were able to attend the 'Futures Fair' which was an impressive exhibition event representing all the services that are directly for or could be used by people with disabilities, including people with a learning disability in the East Lothian area. The event was organised by Capability Scotland and East Lothian Council. People we spoke to said they found the event very helpful.

Front-line staff in adult social care and education and children's services told us that whilst the majority of NHS Lothian's services for people with a learning disability were of a good standard, speech and language therapy needed to be more readily available for people over 16.

There were three adult resource centres which acted as a base from which college and community activities could be accessed, as well as providing a range of activities on site.

From our survey of partners and stakeholders, eight of the twelve respondents agreed that services were provided flexibly in response to the individual circumstances of people with a learning disability and their carers. Half agreed that the quality of services had improved in the last two years, while the remainder neither agreed nor disagreed.

Adult social care managers told us that East Lothian was in the process of redesigning its day services. Managers told us that the transformation and redesign team would lead on strategic developments on behalf of all service user groups to deliver better links with mainstream services. The main policy driver for this team was the personalisation of services.

Range of post-school learning and employment options

The council's adult literacy service had set up two new groups for adults with a learning disability; Port Seton and Mansfield Resource Centres. One was based on numeracy, the other on literacy.

We met with representatives from Jewel and Esk College and from Borders College. The latter provided an outreach service to people with a learning disability in East Lothian, some of whom faced difficulties with transport or were from rural areas. One of the outreach courses at Tynebank Resource Centre delivered communication through music to individuals who had complex disabilities.

As in other areas we inspected, the courses available to people with a learning disability were limited (see shared issues chapter).

ELVOS was the main service involved in helping people with a learning disability find employment options. Work placements ranged from voluntary work to open employment. Resources for people with a learning disability were mainly directed at supporting them in voluntary or part time work.

More clarity was needed in defining the core strategic business of the different services providing employment or employment supports. It was important for providers to be clear about their priorities and for people who used services to understand what was on offer (see shared issues chapter).

In our survey of partners and stakeholders, two of the twelve respondents agreed social work and education services provided a range of services to people with a learning disability to assist them in finding paid employment.

'IntoWork East Lothian' were successful in their application for funding through the Fairer Scotland fund to employ a support worker who would work in partnership with ELVOS to provide support to adults with disabilities including people in transition to achieve employment, work placements or training and education towards employment. The worker had already been allocated to ten adults from the ELVOS waiting list which had been operating for 15 months.

Equality plans and actions

The education and children's services accessibility strategy 2008-2011 addressed physical access to buildings and transport and more general access to services and supports for disabled young people. The SMART action plan made links to transition and had discrete mention of the needs of young people with a learning disability.

The council website contained a link to the East Lothian *disabled go* pages with access to information about over 800 local venues. The website was funded through East Lothian community planning partnership. In our staff survey most respondents agreed there was fair geographic coverage of social work services in the authority.

In March 2009 NHS Quality Improvement Scotland published its report on NHS Lothian learning disability services. A positive finding in the report was that NHS Lothian staff were generally knowledgeable about disability equality legislation and its implications for service provision for people with a learning disability. The review team noted the wide range of activity in raising awareness of equality, including the use of an e-tool for training purposes.

The council was committed to carrying out equality impact assessments for all of its policies and procedures and we read a number of these. During the inspection we read 50 case files of young people and adults with a learning disability and found that in most instances there was evidence that all dealings with the individual had adequately addressed all barriers.

The council told us that disability equality training was offered to all employees. They said this was undertaken to help ensure services were accessible to all citizens. The disability equality scheme (2006-2009) set out intentions to make the workforce of the council more representative of the disabled population. This could include developing more work experience and supported placements, identifying barriers to employment, and developing policies to address them. Managers acknowledged the need to do more to enable people with a learning disability to work for the council, and in general, (see recommendation 5, shared issues chapter).

The education and children's services 'inclusion and equality action plan 2009 to 2010' did not mention 'disability'. The disability equality scheme had no specific input from leisure services, for example sports centres, libraries and other community services. There were some steps that the council could take corporately to improve experiences and outcomes for people with a learning disability and their carers (see shared issues chapter).

Within East Lothian Council three councillors with relevant health, social care and leisure portfolios were champions for equality. For example, the council had made good progress monitoring the composition of its workforce and had checked if it was representative in terms of ethnicity, gender and sexual orientation.

Impact on black and minority ethnic people who used services and carers

There was a good range of information leaflets for people whose first language was not English. The council had developed a race equality scheme which contained positive commitments and an action plan. It outlined plans to consult with different groups within the community, including Gypsy Travellers. Given the broad nature of the scheme there was nothing specific in regard to the themes of transition or lifelong learning for people with a learning disability.

Vision Values and Aims

Performance in this area was adequate, with strengths just outweighing weaknesses.

Managing services

In 2009 the Social Work Inspection Agency follow-up report noted the council planned a pilot corporate system of staff appraisal. In our staff survey most respondents agreed that their line managers understood the challenges staff faced in their work and generally supported them. This was a positive result for the council.

Operational working between NHS Lothian and front-line adult social care services was described by managers and elected members as being positive. An integrated learning disability team had improved joint working, for example in ensuring that the right people from the NHS attended transition planning meetings and reviews.

In our survey of council staff, less than half of respondents agreed that senior managers communicated well with staff.

Leadership

Managers, including senior managers had acknowledged at times there had been some tensions between education and children's services and adult social care services. For example there had been a disagreement between the services about the allocation of money for transition to adult social care services. These issues would need to be addressed if the council's and NHS strategic vision for delivering services was to progress.

The chief executive and elected members acknowledged that senior managers in health and adult social care services needed to work more closely. NHS Lothian's otherwise impressive commitment to employ 50 people with a learning disability by 2011 was not a joint initiative.

With an oversight of departmental priorities, the director of education and children's services and the chief social work officer felt there had been a significant shift across the council in the attitude of staff to accepting responsibility for people with additional support needs.

The director of education and children's services highlighted the work of Musselburgh Grammar which recently held a cluster event about meeting the needs of people with disabilities – over 300 staff attended.

Senior managers said that financial constraints affected what the authority could deliver. In particular, they referred to the high cost care packages for young people with very complex additional support needs.

Corporate vision for learning disability

The chief executive stated that the lack of reference to learning disability or other disabilities in corporate documents was more about language rather than the approach by the council. Reasonable adjustments to some corporate policies (see above) would endorse the commitment of the council to people with a learning disability. He believed that while adult services had clear eligibility criteria, so that services were available to those in greatest need, other council services and those provided by partner agencies must be accessible to people with more moderate learning disabilities. He was, for example confident that the Enjoy Leisure Trust³⁷ would be inclusive of people with a learning disability and widen the opportunities available to them.

Leadership of change and improvement

In our survey of council staff, less than half of respondents agreed that there was effective leadership of change in schools; and a similar number agreed that there was effective leadership of change in social work services.

Transition planning was being addressed by the council, including a recent cash injection into adult services. However the vision needed to include the needs of people with a learning disability.

Elected members

In our survey of council staff, less than half of respondents agreed that the council's learning disability services were highly valued by elected members.

Adult social care managers were positive about the contribution of elected members whom we considered to be generally well-informed about education and children's services, and adult social care services. We met some elected members who were knowledgeable about issues affecting people with a learning disability.

We noted, for example, that the minutes of the scrutiny committee were detailed. We agreed with the point made about council services by an elected member in one such meeting:

'If demand for services continued to rise, there was a real danger that limited resources could migrate to critical and substantial needs at the upper end of the spectrum. It was therefore important that the council continued to invest in preventive services which enriched people's lives'.

³⁷ Formerly the council's in-house leisure services

Capacity for improvement

Performance was adequate, with strengths just outweighing weaknesses.

Social work services still needed to do more to systematically measure outcomes. The good approach outcome measurement undertaken by the Shenanigans service needed to be rolled out elsewhere.

The council acknowledged it faced significant challenges with limited resources and increasing demand for learning disability services. Their eligibility criteria were focused on people with the greatest need. Among the challenges faced was how to ensure people with a more moderate learning disability were properly supported. This was an expressed view of the Chief Executive.

A significant development was the corporate call centre. This had great potential to be inclusive and ensure that all council services discharged their responsibilities to all citizens, including those with a learning disability. It also had the possibility to identify outcomes from the perspective of the person seeking a service, and possibly to go back later and see the difference council advice, services or support had made. It presented the opportunity to offer direct payments or individual budgets as well as established services. Plans for the call centre were advanced but had not reached a point where we could assess their impact on service delivery.

The council was trying to reduce the significant waiting times for some services, including assessment, and was having some success in doing so, including those for assessments of young people in transition. Senior managers said these new arrangements would have a positive impact on these delays.

NHS QIS had highlighted some key strengths of NHS Lothian had in regard to learning disability services and they had produced some good and ambitious plans. The council planned to participate in the integrated resource framework arrangements³⁸ which would be taken on during 2010. The chief executive expected that the integrated resource framework would enhance partnership working with NHS Lothian. This was required. Relationships between some senior managers within and across services could have been stronger. Education and children's services and adult social work needed to work more closely together to promote better transitions. NHS Lothian and adult social work needed to collaborate more effectively, for example on plans to employ people with a learning disability.

³⁸ Where councils and NHS used their budgets towards a collective purpose

Council managers told us that ‘significant progress’ had been made in strategic relationships between the council and NHS Lothian since the inspection, including the development of a joint programme board.³⁹ The board was set up to provide high-level direction and governance for the development of services for older people but managers said they would consider widening its scope as part of a review of all of East Lothian’s community care joint planning arrangements, starting in Autumn of 2010.

As in other areas we inspected, the council needed to make more explicit any benefits to people with a learning disability from corporate and partnership strategies of relevance to them. These included the ‘More Choices More Chances’ strategy and some policies on equality, which were otherwise generally impressive in scope. In addition it needed to put employment services at the heart of its strategy and link these to the corporate economic strategy of the council. This was an important issue in terms of satisfying the partnership that its responsibilities under equality legislation were addressed. It was also true that in East Lothian, as across Scotland, people with a learning disability were much less likely to get paid work. For some time this had not been an improving picture. Finally, the partnership needed to engage better with local colleges to set up a strategic framework to improve opportunities for people with a learning disability.

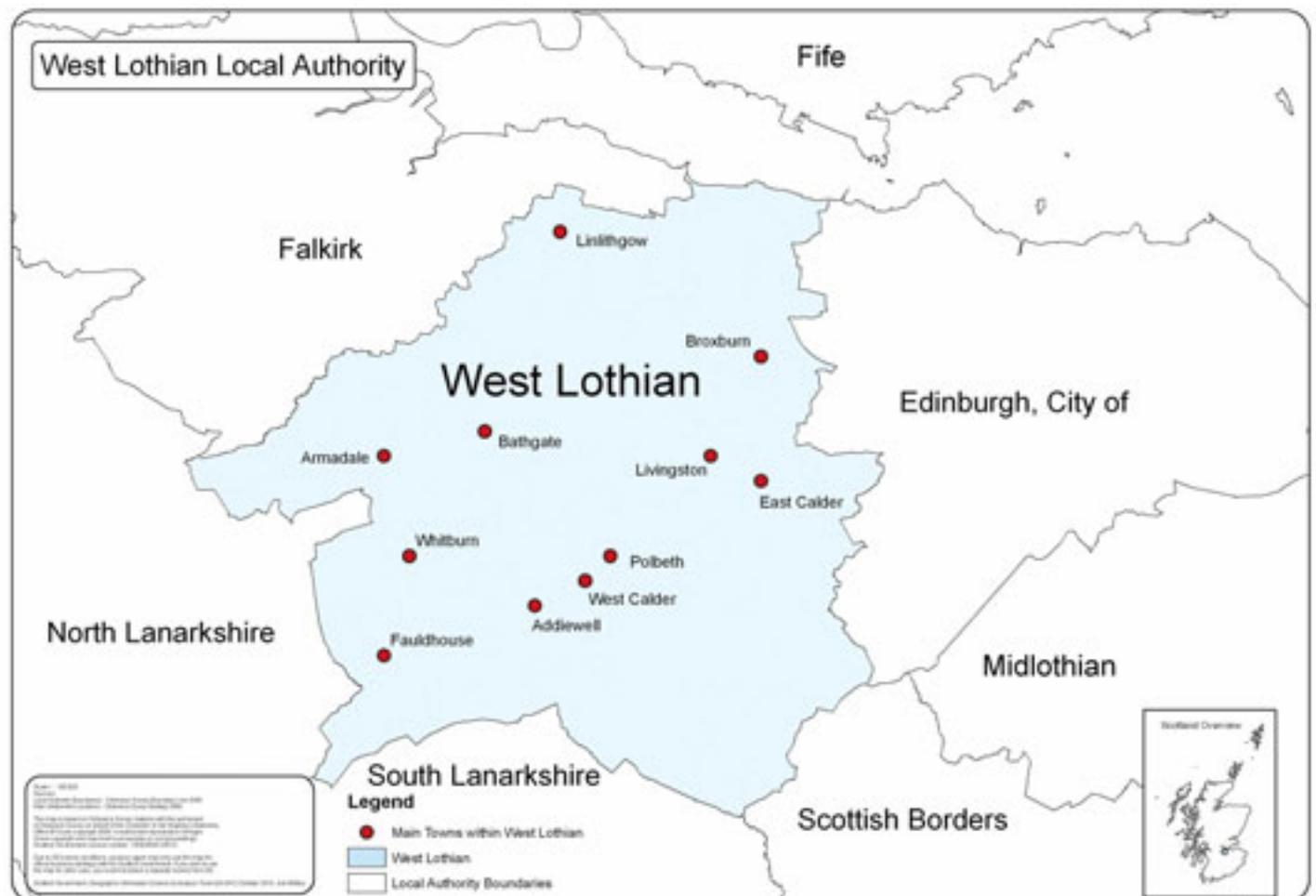
³⁹ The board was attended by elected members and chief officers from the council, executives and non-executive directors from NHS Lothian and had representation from the Scottish Government and Midlothian Council who provided a peer review function

West Lothian Council and NHS Lothian

Area profile West Lothian

West Lothian is situated approximately 34 miles east of Glasgow and 15 miles west of Edinburgh. Its total area is 165 square miles and the council area borders the City of Edinburgh, Scottish Borders, South Lanarkshire, North Lanarkshire and Falkirk. West Lothian has a population of 171,040.

At 5.3%, the claimant count unemployment rate in West Lothian is higher than Scotland as a whole (4.9%). Of the total population in West Lothian people of working age account for 63% compared with 62.5% nationally. Those of pensionable age currently account for 16% of the population and is expected to grow by 59.5% by 2033. Over the same period the population of working age is expected to increase by 15.9%, and by 2033 the total population is projected to have increased by 22.9% overall.⁴⁰



⁴⁰ Sources:

<http://www.scotland.gov.uk/statistics/browse/labour-market/>
<http://www.scotland.gov.uk/statistics/browse/population-migration/>
<http://www.sns.gov.uk>
<http://www.nomisweb.co.uk>

GRO Population Projections Scotland (2008 based)
 Population Projections by sex, age, administrative area. GRO Feb 2010

West Lothian Council and NHS Lothian

Performance in West Lothian was generally good or above across the areas we inspected.

A generally inclusive approach to providing services meant that distinctions for one group of people who used services over another were not always made. In line with other councils in Scotland work to identify and systematically measure outcomes for people with a learning disability needed to be progressed, although almost all staff who responded to our survey believed their service actively measured outcomes.

Carers expressed mixed views about college options but were more positive about the services the council provided.

Almost all staff respondents to our survey agreed the individual experience of people who used services was fully taken into account in delivering them. Staff in learning disability services were well motivated and positive about the impact their team made in helping people with a learning disability to lead an independent life. Employers were positive about the support provided by the council's employment support staff. The assessment process was good and joint working between NHS and council services was positive. Assessments in files, transition plans and care plans sometimes lacked SMART actions.

Corporate working across the council was good. West Lothian Council had developed a coherent approach to strategic planning and performance management, working closely with partner agencies since the establishment of the council as a single tier authority in 1996. This approach was corporately driven on the understanding that its consistent application would benefit all people who used council services. This included those provided by social policy.

It was nevertheless notable that relevant corporate and strategic plans did not always refer specifically to the council's responsibilities for people with a learning disability.

The future shape of services included a campus development which went against an otherwise strong approach to inclusion within the council. The council had determined that several other learning disability services would not be buildings based and would be influenced by integrated working across all services.

NHS Lothian had played an important part in planning and delivering services. Many staff described the strong commitment to partnership working in services for people with a learning disability. This could have been stronger in some areas, for example in working jointly to deliver NHS Lothian's plans to employ people with a learning disability.

Outcomes

Performance in this area was adequate, with strengths just outweighing weaknesses.

The partnership strongly believed that a range of individual outcome measures were routinely gathered and that outcomes for individuals with learning disability in this area are were good or above.

Measuring outcomes: Transitions

The transitions group gathered information to inform future planning and the senior officers review group (SORG) quality assured transition packages, including outcomes and destinations. Middle managers told us they were not able to provide any outcome measures in regard to people with a learning disability to demonstrate what they had achieved. Work on demographic projections had started but needed to be further developed for people with a learning disability, alongside the introduction of systematic monitoring of post school destinations (see recommendation 1, shared issues chapter).

Carers we met said that the transition process had not been a positive experience, due to a lack of information and a drawn out process, but in general the end result had been helpful. They thought they could have received more information about direct payments. Other carers who responded to our survey were more positive about the availability of direct payments information.

More Choices More Chances

West Lothian stated that the 'More Choices More Chances' strategy focused on 14 to 18 year olds and was available to young adults with a learning disability. Staff told us that 180 jobs had been found through the initiative – but none for young people with a learning disability. There were also six school employability programmes, but no young people with a learning disability were included.

Council managers told us that all they did not set quotas for the number of people with a learning disability – all young people had equal access to all of the employability programmes. They said that this was part of a wider issue related to the ethos of inclusion within the education department of the council. As these services did not routinely describe children and young people as having a 'learning disability', it was difficult to provide outcome information for these children and young people as a discrete population. The council needed to find new ways of monitoring outcomes for people with a learning disability in inclusive services. There were specialist career officers to deliver information and advice in all schools. ALN schools were part of the *transition to work*⁴¹ network. Although they did not have a transition worker there were plans to provide input from one. Staff told us the transition worker worked closely with Careers Scotland and there were transition reviews for young people with a learning disability.

⁴¹ There was a transition to work coordinator and identified teacher within mainstream schools. They were responsible for organising work placements.

Measuring outcomes – Leisure

There had been adaptations to swimming pools and leisure centres in order to improve access for people with a learning disability and additional physical disabilities. Teaching staff spoke positively about their own leavers' programme which offered different experiences to young people, including volunteering and gardening groups.

Measuring outcomes – Lifelong learning

Twenty nine of the 37 people who used services who responded to our survey in West Lothian attended or had attended college. Twenty were doing the course they wanted to, although only five were attending mainstream courses. Nine of the 29 people who had attended college agreed they had been offered training in college to help them get a job.

Overall, the education and college staff and carers we met expressed mixed views about learning outcomes. College staff felt that limited capacity and funding were pressure points in the need to take students with a learning disability. Council education staff we met were critical of the further education college; in particular. They stated last minute decisions were handed down and there was a lack of progression planning and limited time for link courses. Social work managers told us that provision and capacity across the college varied to a considerable extent depending on historical funding allocations. There was no prescribed level of activity for adults with specific learning disabilities.

Measuring outcomes – Employment

Fourteen of the thirty seven people with a learning disability who responded to our survey currently had a job. Staff said that most people with a learning disability were engaged in part-time employment, work experience or voluntary work.

NHS Lothian had made a commitment to employ 50 people with a learning disability by 2011, which was commendable. Plans to do this were at an early stage.

There were mixed views from focus groups of staff, people who used services and carers in relation to employment. The dominant theme was about gaps in the availability of support to access employment. Staff in West Lothian were clear there needed to be improvement in this area. The council had created an independence team to ensure a more focused approach to leisure, learning and employment options.

National and local performance indicators – The Same as You?

It was a positive indicator that a low number of adults with a learning disability attended a resource centre full time. Those that had alternative day opportunities were higher than the Scottish average. There had been a decline in numbers in employment from 2003 to 2007, and there was a gap between the Scottish average for open employment and the West Lothian figure.

For detailed performance indicator figures please see appendix 1.

Experience of people who used services and carers

Performance in this area was good, with important strengths and some areas for improvement.

Transitions

'Signpost' was a voluntary organisation providing information and support to anyone involved with a young person with a learning disability. It had been commissioned by West Lothian Council and was involved in developing information about the transition process, including in a booklet which had been produced. Signpost had run transition sessions, alongside Carers of West Lothian, to assist parents and carers to find out more about the process.

In one of the seven transition files read the young person was involved in transition planning. In five instances parents and carers had been involved, with relevant transitions partners being involved in two.

The council told us that education and cultural services consulted with all young people in mainstream school about their learning experiences. They had plans to extend this consultation to include all people with additional support for learning needs leaving specialist provision, from November 2009.

Carers and people who used services expressed mixed views about the transition process. Less than half of the latter who responded to our survey agreed they got a choice about what they did after leaving school. Almost all agreed their family was involved in decisions about support for the individual after leaving school.

David's Story

David left school two years ago. The only contact with services while David was at school was through the health service. His parents made a number of phone calls to the council for help. This is where David's social worker, whom he has known for the past year, made a difference. She found out what was available, and gave the family the opportunity to make choices.

As a result he was getting to do some things he enjoyed and learning some new skills and responsibilities. David's week had varied activities and included some time at the resource centre, including a fitness class and horse riding away from the centre. On another day a support worker from a provider organisation came to the house and this enabled David to do things that he enjoyed, such as cooking or going to the cinema. He also attended a group run by a local voluntary organisation and had successfully completed a cookery class there.

David's mother thought that one of the biggest issues was in finding the right information about the opportunities available "what's out there and where to go for it. You don't know where to go to find out".

In our carers' survey, some of respondents agreed that the most recent social work review or transition meeting was held within the last three months while less than half said this had taken place over a year ago. These meetings should be held at least once a year. The experiences of young people and carers we spoke to and who responded to our survey varied. Carers we met were pleased with the end result but not the process. One young person was *'happy with arrangements'* whilst another said *'it was the worst day in my life'* when she left school because she missed the structure that school provided.

Three of the seven partners and stakeholders who responded to our survey agreed that in general young people with a learning disability found social work and education services were successful in properly planning the move from children to adult services. They also said that the full range of leisure, learning and employment options were explored successfully. Most staff who responded to our survey agreed with the latter statement. The council could nevertheless improve in this area (see recommendation 7, shared issues chapter).

Leisure

The majority of the thirty seven respondents to our survey, and who used services, attended a resource centre. Those we met told us there were few opportunities outwith the resource centre and whilst staff tried to provide some choice of activities, they stated that they mostly had to accept what was on offer.

A third of comments from the survey of people who used services indicated that getting out more, socialising and having something else to do would make their life better. Nine of the carers who responded to our survey said the person they cared for attended a resource centre. Carers were generally complimentary about what had been provided.

Comments from the carers' survey ranged between praise from some carers for services they had received, to frustration from others about not being able to access them.

Lifelong learning

The majority of partners and stakeholders who responded to our survey agreed people with a learning disability found it easy to move into special education classes at college, with some agreeing it was easy to move into mainstream courses or vocational training opportunities.

In our survey most people who used services who were attending or who had attended college, agreed they had done the course they chose. Some attended mainstream courses. Some had been offered training in college to help them find a job. We met a group of people, most of whom had been to college at some point, but none had gained any qualifications. They thought the college and inclusion team was inflexible, with only three courses open to those who were involved with the inclusion team. They told us they would have preferred a greater variety.

College staff disagreed they were inflexible. Students were made aware that courses delivered did not always lead to a formal qualification. Those accessed through the inclusion team involved people working towards personal goals rather than qualifications. College staff later pointed out that, since 2008, they had introduced three preparation for further education courses: Preparation for Beauty, Vocational Trades and Customer Services as well as a further transitions programme.

Employment

The council's employment service had produced leaflets for both employers and people who used services about what they would provide. Less than half of respondents to the staff survey agreed the service always explored paid employment options with people with a learning disability. The majority of respondents to our survey of people who used services knew about the extra help they could get to help find them a job.

It was clear from people we met that they greatly valued being in employment and they identified a range of benefits from financial skills development, social interaction and becoming more independent. None felt left out at work, they took great pride in their work and they felt more a part of the community. Those in employment told us they had all had help to get a job and they valued this. There was some uncertainty about benefit entitlement, which the council could address more systematically to enable people who used services and carers to make an informed choice about employment (see recommendation 4, shared issues chapter).

We met a few people in work placements who thought they could be encouraged more to train and improve their skills to improve their future employment prospects. Many were unsure how long these placements would continue, but did feel they had choices.

Impact on stakeholders

Performance in this area was good, with important strengths and some areas for improvement.

Local authority staff

Staff motivation, commitment and satisfaction

Results from West Lothian Council's employee survey in 2009 indicated that over 90% of staff working with people with a learning disability knew what was expected of them at work. All these staff thought that their job was important and said they were involved in reviewing and improving the service. They were encouraged to make suggestions about service improvements.

Staff who responded to our survey were similarly positive, and almost all of them agreed that, in general, the service and their team successfully helped people with a learning disability lead as independent a life as possible, develop their skills and abilities to the full, and lead less isolated lives.

Senior staff from additional learning needs teams were positive about their school leavers' programme which they believed offered a lot of different experiences to young people, including volunteering, gardening, swimming and guiding groups.

Staff supervision, appraisal and development

Most staff in the learning disability service who responded to the councils' employee survey indicated that they had opportunities to learn and develop over the previous 12 months, and that this training had helped them do their job better. The SWIA Performance Inspection in March 2007 found that the majority of staff held positive views about supervision and said that they had regular formal meetings with their line manager. The social policy workforce development strategy for 2008-2013 noted that the person centred planning approach would be implemented. This had been introduced to Beattie School by the psychological service through the delivery of staff training and a pilot run with one family. The council said that school staff said it had been successful in helping to focus planning on the future and in involving the young person in the process.

Annual staff development and performance appraisals were a strong feature of working for the council.

Staff perception about working within the council and with other agencies

We met with managers from social policy, education and community development. They had a 'can do' approach to their work, and because they all knew each other well, said they were usually able to find solutions to difficulties. Community development staff were not involved in planning meetings with the rest of the managers. In our survey, almost all staff agreed they had good working relationships with social work services in the council. The majority were in agreement about positive working with education services.

Managers in schools said they had good individual relationships with young people's social workers who worked hard to put a full package of support in place. They described the children's disabilities team as 'really strong' and perceived them as carrying high and demanding caseloads, which could sometimes limit the support they offered.

There was a 'More Choices More Chances' (MCMC) strategy group with close links to schools, including ALN schools. These schools were part of a transition to work scheme and MCMC workers told us that ALN staff had been pleased to be part of this initiative.

ALN school staff told us that some young people were not able to access some resources as they could not travel on their own. The council should consider providing some dedicated transition worker support time to the ALN schools. This could include a role in developing travel training for young people.

The approach to welfare rights

Most of staff who responded to our survey agreed their team had made direct referrals to income maximisation services on behalf of carers, people who used services, or pupils. Less than half of respondents thought the service helped people with a learning disability come off benefits and find employment.

There was no discrete mention of the particular needs of people with a learning disability within the council's economic strategy for 2007/10. Their self evaluation questionnaire acknowledged this. The strategy was under review and they said it would *'include harder to reach groups such as people with learning disabilities'* (see shared issues chapter).

Impact on health services

Almost all respondents to our staff survey agreed that their team had good working relationships with local health services. Partners and stakeholders we met endorsed this positive view.

The West Lothian Partnership in Practice (PiP) agreement described considerable progress being made across Lothian in taking forward the recommendations from the 'Same as You?' of the contribution of all nurses and midwives to the care and support of people with a learning disability. Community learning disability nurses in West Lothian offered a health surveillance assessment to all adults referred to their service. Two carers in a focus group spoke positively of the help provided by this service.

Awareness of learning disability was included in all NHS Lothian nurse induction and continuing development programmes.

We met with NHS Lothian staff from paediatric and adult services, including the community learning disability team (CLDT). All commended NHS Lothian's target to employ 50 people with a learning disability by 2011.

Staff from the council's supported employment team said that their team was delivering the council's vision for people with a learning disability and were meeting people's needs on an individual basis.

Supporting transitions

NHS Lothian staff told us that education's staged assessment approach in West Lothian helped ensure effective transition to adult services, although it placed particular time demands on allied health professionals. The community learning disability nursing team provided help to both adults and children – this is not typical throughout Scotland. Most children were linked to the community learning disability nurse (CLDN) throughout their life, where appropriate, and this helped with transition. A multi-disciplinary health group managed the health and medical needs of young people with complex needs in the move from children's to adult services. This group had close links with the multi-agency group responsible for transition planning for young people from the age of 14. This connection helped to join up planning for young people.

NHS staff had worked closely with local authority staff to support people with a learning disability to move from inpatient healthcare services and help them settle and stabilise in the community after discharge. Local area coordinators described close and effective working relationships with a range of health professionals, including psychiatrists, psychologists and the learning disability liaison nurse at St John's Hospital.

Health colleagues were well engaged in transition planning. At the Beatlie campus there was involvement from a range of health professionals including speech and language therapy and occupational therapy. They were fully involved in individual educational plans (IEPs).

The difficulties of ensuring continuity of health services for people with complex needs were being tackled by all four councils within the Lothian region.

Links between health staff and the college were not so well developed. As was the case in other local authorities we inspected there were issues about support for people with a learning disability with additional support needs, (see shared issues chapter).

Impact on employers

Employers we met or who responded to our survey were generally positive about council employment services and the benefits of employment to people with a learning disability.

Employers views about the support to develop employment opportunities

The small number of employers who responded to our survey were similarly positive about employing people with a learning disability and the supportive role of the council. Social policy learning disability services provided specialist employment support for people with higher levels of disability. Most people with a learning disability who used the supported employment service did not have paid work, but the council had taken steps to address this in redesigning the service. Evidence from file reading showed that people in paid work had received good supports from social policy services, including local area co-ordinators.

The employment team held an open day in February 2009 including a series of presentations by a local employer, a service user in employment, and a carer. This was a positive initiative. Four of the seven respondents to our partners and stakeholders survey agreed that social work had successfully reached out to local employers on behalf of people with a learning disability.

Impact on colleges of further education

Partnership working to improve transition

The multi-agency transitions group discussed young people known to children's services prior to their 14th birthday. Where children were not previously known to social policy, discussions would take place with adult services to agree the most appropriate support. There were procedures in place to support the transition process.

West Lothian College staff we met told us that transition planning was happening early enough. This view was supported by the files we read. They said that young people would only come to the college if they could offer progression. There were still some issues which needed to be addressed (see shared issues chapter). For example, NHS staff identified the lack of council or college-provided transport as an issue for young people with a learning disability who wanted to attend college. Young people either needed to be able to self travel or, if not, to be taken to the college; otherwise they could not attend. Council managers said their focus was to train people to travel independently, where appropriate. They gave individual examples where they had worked with transport providers to alter signage and a bus route but this was not happening regularly or strategically.

West Lothian College provided transport for full-time students who were not able to travel independently. The college was not obliged to provide transport for any part-time student, whether they had a learning disability or not. West Lothian College staff visited young people in the additional learning schools several times prior to their move to college. In addition there was a longer introductory opportunity for young people to visit college in their last school year to help ease the transition. Students from additional learning schools attended West Lothian College every Monday throughout the academic year. Each student has three visits. This 3-day school link was extended to all secondary schools with West Lothian.

Learning options

There was a mixed picture for learning options.

In their self-evaluation, managers stated that West Lothian College worked in collaboration with social policy and education to provide full and part time courses for young people and adults with a learning disability. There were 49 individuals on 'assisted programmes' at West Lothian College and a further 41 on a range of part time courses which involved people with a learning disability. These included courses on hospitality and catering, preparation for independent living, arts and craft, and digital photography.

Council managers said that West Lothian College worked in collaboration with social policy and education and cultural services and would continue to nurture this partnership in the future. The council's independence team met with West Lothian College staff in 2009 which resulted in the development of a course on how to sustain and be supported in a tenancy. This was an innovative initiative. The college offered a 'new directions' course which taught a group of young people to look at employment or other options when they left college. Managers in the council said the college continually reviews the effectiveness of its courses and liaises with partnership bodies to ensure that what we are delivering meets the needs identified by all parties.

From our survey, some staff agreed that people with a learning disability repeat the same course year after year with little or no progression. West Lothian College managers said that they made a reasonable adjustment to allow students with a learning disability to conclude some courses at their own pace.

Council managers said the college identified learning goals for each individual and recorded this on the personal learning support plan; this guided their learning process throughout their time at college. An individual's progression was determined by their success and their ability to reach these goals in an undetermined period of time.

Whilst there were some examples of good partnership working, the lack of a strategic forum in West Lothian, in keeping with national guidance on 'Partnership Matters', was a significant gap (see shared issues chapter).

Access to Services

Performance in this area was very good, with major strengths.

Access to assessment, planning, review and preventive work

NHS Quality Improvement Scotland, made positive comments regarding health screening that helped identify the key health needs of people with a learning disability. The community learning disability nursing team offered health screening as part of the staged assessment and they also provided continuity of support for children through to adulthood. Health staff told us that this was crucial to providing support through to the completion of education. This was positive in supporting transition.

In adult services, any referral for a person with a learning disability was screened within one working day by the learning disability team manager. This manager decided whether a full social work assessment was required, or whether the referral fast tracked to a specialist team.

Middle managers in education, social policy, and community development told us that all agencies worked together effectively. The NHS QIS report⁴² highlighted the information and support service to young people with additional needs and their families in West Lothian provided by *Signpost*. This was readily accessible to health staff.

Assessment processes

Children's services had a comprehensive set of documents relating to additional support needs and links to transition. These helped create a good support package for a young person.

NHS Lothian staff said that there were sometimes delays in carrying out the initial diagnosis of learning disability. ALN school managers told us that although they encouraged parents to make contact with social policy, a lot of parents did not see a role for them. Senior managers from statutory agencies said there had been excellent cooperation from paediatricians in helping meet the requirements of the Additional Support for Learning (Scotland) Act (2004). This had led to improved assessments.

Care plans

Senior teaching staff from ALN schools described good input from health and social policy staff who attended reviews of coordinated support plans where required.

From their reading of case files, including statutory coordinated support plans of young people in transition, strengths identified by HMIE inspectors included:

- Evidence of consistent planning for transitions;
- A few examples of person-centred planning; and
- Examples of young people being given appropriate experience to prepare them for transition e.g. work experience and college links.

Areas for development included:

- Greater acknowledgement of the requirements of the Additional Support for Learning (Scotland) Act (2004); and
- A lack of clear transition plans with SMART targets and regular reviews.

Although most files which SWIA inspectors read had care plans in place, less than half of them were rated as SMART. Target milestones were met in four of the seven files we read.

⁴² NHS QIS Local Report – NHS Lothian (March 2009) Healthcare services for people with learning disabilities

Review processes

Clear arrangements were in place for transition planning and reviews, and in the 32 relevant files we read almost all of care plans had been reviewed annually. In nearly two thirds of the files read the most recent review, including transition reviews, considered a wide range of leisure, learning and employment options

There was a multi-agency transitions group which considered young people from 14 onwards until their transition to adult services was complete. This group reported to the multi-agency senior officer resource group (SORG) which had a strategic role to consider future service development.

We noted that revised person centred planning guidance and procedures were in place but we were told by different staff groups that this was still at an early stage. Managers told us that some people had refused person centred plans.

In our survey of people who used services, most respondents agreed staff listened to them at review meetings. The majority said that they had a care or support plan that listed the help they needed and that they went to review meetings to talk about the services they received and plan for the future.

Access to advocacy

Advocacy support for people with a learning disability in West Lothian was provided through Ace Advocacy. The project began in 2003 and was jointly funded by the council and NHS Lothian to provide citizen advocacy, group advocacy and self advocacy support. It linked to West Lothian's collective advocacy group *our voice our choice* (OVOC) which met regularly and had over 70 members. OVOC representatives were supported as full members of the West Lothian Disability Forum and had contributed to the steering group for the new resource centre, the Lothian wide learning disability review and the 'partnership in practice' agreement.

The majority of staff who responded to our survey agreed that it was not difficult for people with a learning disability and carers to get access to an independent advocate.

Access to named social worker

Ten of the 15 carers who responded to our survey said that the person they cared for had a named social worker. A carer said that getting a social worker involved with her son had been "*life changing*" for them both, giving him a level of independence which she had never thought possible including his own supported tenancy. In our meeting with partners and stakeholders, the group spoke highly of swift responses from social workers if they raised concerns about anyone. The 'flattened hierarchy' made it easy to get to the right person quickly. E-mails were responded to very quickly and people contacted 'within a day or so'.

Whilst there were examples of people with a learning disability being well supported in their work placement, in some instances staff needed to demonstrate greater ambition for what people could achieve.

Access to self directed support and universal services

The council told us that all teams in the learning disability service were able to offer a direct payment for any service. Seventeen people with a learning disability received direct payments in 2008-09. This was marginally short of the council's own target but had increased from four in 2006-07.

Carers told us about their experiences of using direct payments. In some instances, direct payments had been used to arrange befriending or provide support to attend college. In another case, a young woman had used direct payments to develop a range of activities which she enjoyed, as an alternative to the day services offered by the community inclusion team. Managers said that support into work was not the primary focus of this team. Six of the fifteen carers who responded to our survey said the person they cared for received direct payments. Of the nine carers who did not receive direct payments three said they had no information about them. Some carers told us they did not want direct payments.

Around half of respondents to our staff survey agreed they expected personalised budgets or self directed supports to be a clear option for the majority of people with a learning disability and their carers within the next 18 months.

We read a range of documents produced by the community inclusion team. They had a focus on adult leisure and recreation which seemed to be well organised and had something for everyone. However these did not mention college, qualifications, or work.

All of the seven partners and stakeholders who responded to our survey agreed people with a learning disability were supported to use universal services such as welfare benefits, the health service, leisure services such as swimming pools, libraries and sports centres.

Access to social work services

In almost all of the case files we read where there was an assessment and a care plan, there was no evidence of unreasonable delay between assessment, care planning and commencement of services. In July 2009 there were four people with a learning disability waiting for a basic assessment and four waiting for a complex one. The average number of weeks they had been waiting for the former was 1.79, with 1.86 for the latter. These findings were positive, as was the fact that the council was diligent and proactive about monitoring waiting times on a weekly basis.

The council told us there were no waiting times for people assessed as being need of day services in West Lothian.

Four of the six partners and stakeholders who responded to our survey agreed there was good quality and easy to understand information about what social work services were available in a range of easy read or other formats. The web page on learning disability day services was good; it set out council standards for day support including contact details about who to contact with views, comments and queries.

Risk assessment and management

Almost all staff who responded to our survey agreed they had clear guidelines to follow when dealing with risk to and from people who use the service. Six of the seven partners and stakeholders who responded were positive about the effectiveness of the multi-agency procedures for protecting adults at risk of harm. In the files we read risk assessments and risk management plans were completed in most of the files where they were relevant. File readers rated the majority of the risk assessments and almost all of risk management plans as at least good.

The new multi-agency adult protection guidelines were published in October 2009. They updated previous guidelines to take account of recent legislative changes as well as incorporating lessons learned from critical case reviews.

HMIE's joint inspection of services to protect children in West Lothian (September 2008) noted that children with additional support needs were assisted in schools through multi-agency support plans. HMIE considered the C-ME shared electronic information system to have great potential for assisting staff in the assessment of risk.

As part of their work to support people with a learning disability into paid work, the employment team was responsible for preparing a comprehensive vocational profile, addressing any risk issues, on each candidate they supported. Team members said they needed to do more work with resource centre staff, people who used services and carers to help them understand how the service worked and what it could do. NHS Lothian was not involved in this work.

Educational psychologists told us that vocational profiling could take place quite some time after young people had left school. Staff undertaking this work seldom went back to speak to school staff who often knew the person best.

Access to specialist equipment and adaptations

The council occupational therapists worked closely with partner organisations, for example for people needing equipment in resource centres or when going to college. They provided equipment for children at home, including where NHS staff had carried out the assessment and had transferred funding to an NHS budget to assist health staff, as they worked closely with children with disabilities. The occupational therapy manager said there were no significant gaps between school, college and home in relation to specialist equipment.

The joint equipment store had helped ensure the transfer of specialist equipment with young people as they moved into adult services. This view was confirmed by NHS staff whom we met. Education still retained a separate equipment budget.

The council had an access committee with a wide membership including the equality officer, elected members, people with a learning disability, staff, and representatives of organisations in West Lothian. It worked to ensure that all public buildings in West Lothian were accessible.

NHS QIS report noted the links between NHS Lothian and social policy services in the provision of appropriate transport to schools and short break services.

The majority of respondents to our staff survey agreed that the council had worked to ensure that changing facilities for people with complex needs were available in community settings. Two thirds agreed that the council's leisure services were flexible and supportive in enabling access to suit individuals with a learning disability.

Strategic Planning

Performance in this area was good, with important strengths and some areas for improvement.

Strategic planning and involving people

The council's approach to person-centred planning had involved both school and social policy staff. A partnership in practice integration group had been developed by the interagency learning disability management group and the West Lothian disability forum. The PIP outlined the service priorities for the council and other key partners.

The West Lothian CHCP had a transition group which considered the more complex health needs of some young people with a learning disability. A senior operational resource group ensured quality assurance for transition arrangements for all young people in out of authority placements.

In our staff survey:

- The majority agreed, that the council had a clear strategy highlighting local priorities for people with a learning disability that was clearly understood at every level in the service; and
- Most agreed that there was a strategy to move people with a learning disability on from day services to other community based or mainstream options and that there were many examples where this had happened.

As part of the Lothian learning disability review, jointly funded projects between the four Lothian councils and NHS Lothian led to greater involvement of people. An example was a project to support healthier lifestyles for people with a learning disability.

The council and CHCP had developed integrated assessment frameworks which promoted joint working, staff development and training. These practical applications of policy and integrated operational practice were well developed. In mainstream priority areas like 'More Choices More Chances', people with a learning disability were not given any higher priority and were not identified as a separate group, whereas young unemployed people were a priority.

Community planning

The West Lothian Assessment Model (WLAM) facilitated service improvement for all the council's services. This had been an important development for the council, and other councils have adopted the model. The council had a strong culture of performance management and continuous improvement which was reflected in the general quality of the services it provided.

More could be done to progress employment opportunities for people with a learning disability within the council and reflect the particular needs of people with a learning disability in the disability equality scheme and other relevant corporate plans (see recommendation 5, shared issues chapter). In their self-evaluation, the council could not tell us how many people with a learning disability it employed.

We noted the council had undertaken work in data gathering to assist capacity planning and local commissioning plans linked to the Lothian Learning Disability Strategy. Nevertheless a greater focus on people with a learning disability was needed (see shared issues chapter).

The joint Lothian Learning Disability Strategy 2008-11 was prepared by NHS Lothian and was a wide-ranging document covering current service requirements and future projected developments. Midlothian CHP had been assigned the lead role for developing the strategy, although in West Lothian local joint planning was well established through the CHCP.

In our staff survey, the majority of respondents agreed, that health and social work services worked well to create a shared vision for service delivery. In our survey of partners and stakeholders, four out of six respondents agreed, and none disagreed with this statement.

NHS Lothian was involved in strategic planning with the council and other agencies in a range of different planning groups covering the four local authorities in the Lothian area. The NHS Quality Improvement Scotland report (2009) suggested that some of these groups could link together more effectively.

There was little evidence of NHS involvement in any strategic work on developing employment or further education options people with a learning disability. The main NHS involvement in strategic planning was for transition issues. A record of the multi-agency disability network group identified some deficits in the transition process for young people with a learning disability. The council, NHS Lothian and other partners acknowledged that there was ongoing work to be done on improving transition processes and outcomes.

Involving people who used services and carers in strategic planning

The SWIA performance inspection report (published 2007) noted that people with a learning disability were involved in a number of consultation forums, including the a learning disability strategy review group. Managers told us that the views of people who used services and carers had led directly led to the commissioning and development of services, including the new campus development to replace two resource centres.

In our survey of local authority staff, the majority of respondents agreed that people with a learning disability or their carers had been involved in the strategic development of services. All of the seven partners and stakeholders who responded to our survey agreed that this was the case.

Strategic planning with employers and with the independent sector

There was no formal input from employers into service planning. Partner and stakeholder agencies were positive about partnership working with the council and its focus on the individual and on choice. They were involved in work to develop new service level agreements with the council and they felt it listened to their concerns.

In our survey of council staff, half of respondents agreed, that the council actively involved independent providers to help them plan better services for people with a learning disability.

Of the seven partners and stakeholders who responded to our survey,

- Four agreed that the local authority had a co-ordinated strategy for leisure, respite, learning and employment services or supports;
- Five agreed that there were clear published plans and strategies in place for social work and education services for people with a learning disability which promoted learning and employment opportunities;
- Five agreed, that the local authority engaged well with partners and stakeholders; and
- All seven agreed the local authority had been effective in engaging relevant partners and stakeholders in planning processes for social work services and schools for people with a learning disability.

Strategic planning with colleges

The partnership in practice agreement included a section on the West Lothian College and on a range of educational opportunities within the curriculum. The PIP further quantified development opportunities for people with a learning disability at both West Lothian College and other colleges in neighbouring authorities.

The West Lothian Learning Disabilities Service Statement 2009-11 outlined a number of initiatives in conjunction with West Lothian and other further education colleges. These included a range of activities as alternatives to resource centres and a commitment to maximise the use of leisure opportunities. West Lothian College offered a range of courses including leisure and personal and social development courses with an academic element where appropriate. However, as in other areas, issues to do with the type of course available and the ability of people with a learning disability to access them needed to be progressed. These would have benefited from a strategic forum of council, NHS and other key stakeholders (see recommendation 2, shared issues chapter).

The council acknowledged its priority to date had been for early years services and there had been an inclusive approach to ensure young people were able to enter and remain in mainstream education.

Commissioning arrangements

Service wide commissioning

The council's service plans linked to their overarching commissioning strategy and informed service wide commissioning in learning disability services. Services were commissioned from within the council and externally. Joint work with health services included monitoring plans for people with a learning disability discharged from hospital based assessment and treatment beds. These plans included a stated commitment by social policy to expand the range of opportunities for self directed support as well as direct payments and to maximise their uptake.

The commissioning policy and arrangements for procurement were set out within the policy for the commissioning and provision of community care services. It was particularly positive by seeking to incorporate the access and delivery of self-directed support into this policy.

The partners in the Lothian learning disability strategy had begun phase two of the Lothian learning disability review. In practice this focussed more on health requirements, with less about community based services and the commissioning arrangements for these. The SWIA performance inspection report (2007) had identified that a more strategic approach to commissioning was needed. Council managers said that work on a strategic joint approach was ongoing in order to meet the needs of people with complex care needs.

Managers had identified that they still needed to improve their financial and management information in order to further develop an outcome focused approach to commissioning.

The social policy procedure for the commissioning and procurement of community care services set out for staff how services should be obtained: it included clear timescales for monitoring, review and renewal of contracts.

Personalised commissioning

In our survey of partners and stakeholders four out of seven respondents agreed, and none disagreed, that the local authority had plans to develop personalised commissioning processes. In keeping with current national guidance there was an explicit commitment made by the council to expand the range of opportunities for self-directed support for people with a learning disability.

Financial planning and long term strategic planning

Limited information was made available to us on the council's funding of the learning disability service. The PIP agreement was developed by NHS Lothian and the four local authorities in the Lothian area including West Lothian Council. Since 2006 the partners had recognised that demand for services had outstripped available resources since the closure of the learning disability hospitals.

The council had begun to link budgets to demographic projections in a substantial exercise in 2009/10, although none especially for learning disability services. Some projections had been used in the business case and option appraisal exercise for the special educational needs blind school.

Some longer term financial modelling had been done on a general basis, showing the likely financial impact of various service needs of social policy as a whole. However the main focus had been on the shorter term situation due to the current funding issues being faced by the council. There were detailed projections based on demographic data for the years 2010-11 to 2012-13, and some higher level detail was available to around 2014-15. The council demonstrated good progress in developing longitudinal financial data.

Capital and asset management planning

Revenue and capital monitoring was well established and robust. The council had carried out a significant re-alignment of its social policy budgets that had resulted in a projected balanced position at the time of our inspection. Capital resources of some £1.4m had been earmarked for a learning disability day support campus and it was forecast that this would be spent in 2009/10. We understood that there was no other capital expenditure planned for learning disability services.

Transition budgeting was limited. The budget realignment exercise had helped smooth inherent mismatches in providing for young people moving through services but there was no formal transitional budget transfer (see shared issues chapter).

The council had made progress integrating asset management into its strategic decision making processes. Asset information was generally available but there was little detail about learning disability services. There was an absence of detailed costing information available for learning disability services (see recommendation 8, shared issues chapter).

Supported employment and college

There was little mention of supported employment in the finance strategies that we reviewed. We did not receive costs and performance information in this area. The council's focus on supported employment and its relationship with the college needed to be further developed and formalised.

Direct payments and personalised budgets

The council was taking steps to raise the profile of direct payments as a means of self directed support but this did not feature in detailed financial plans. Similarly, despite council commitments there was little evidence yet of the impact of personalised budgets; and there was no resource allocation system (RAS) in place.

Range and quality of services and supports

Range and quality of services to meet the needs of people with a learning disability

The SWIA performance inspection found that there was a comprehensive range of social policy services. Whilst recognising that some people who used services and carers had asked for a resource centre base, the council catered for others who wanted alternatives in community settings. The conservation project was a good example of a service which involved people with a learning disability, as well as helping the environment.

Good practice example

Café Mistura was a joint venture between the council and Capability Scotland, providing training and work placements for people with a learning disability. The provision of health promotion advice had enhanced the scope and contribution that the service made. This was an example of good partnership working.

The community inclusion team had been established to provide alternatives to traditional day opportunities for 85 people. In addition, the independence team helped people with a learning disability to access paid employment. Service redesign had resulted in the planned closure of Clarendon and Blackburn resource centres beginning in late 2010. Managers gave commitments that the new day support campus, due to open around the same time, would be more person centred than the traditional resource centre model.

Council staff were positive when surveyed. Most of the staff who responded agreed that social work provided access to a good range of services for people with a learning disability. Six of the seven partners and stakeholders who responded to our survey agreed services are provided in a flexible way, in response to the individual circumstances of people with a learning disability and their carers.

Range of post-school learning and employment options

In our survey of partners and stakeholders, five of the seven who responded agreed that social work and education services provided a wide range of services to people with a learning disability to assist them in finding the right learning opportunities.

The PIP agreement included actions on development of employment opportunities and set out plans to provide additional resources for this.

In our survey partners and stakeholders:

- Three of the seven respondents agreed social work and education services provided a range of services to people with a learning disability to assist them in finding paid employment; and
- All of the seven respondents agreed the quality of services for people with a learning disability had improved over the last two years.

Equality plans and actions

In our staff survey most of staff who responded agreed there was fair geographic coverage of social work services in the authority. In addition, we surveyed partners and stakeholders – all six who responded agreed the local authority promoted equality and diversity in its work.

It would be a challenge for proposed learning disability day support campus to promote inclusion; however, the council told us people who used services and carers had asked for this.

Equality impact assessments helped ensure that the council complied with all of its statutory equality duties. Managers told us that they were committed to undertaking these, and we read many examples which they had provided. The disability equality forum examined existing and new council policies for the impact they might have on disabled people. We were impressed by the extent of the forum's efforts to involve disabled people, but the forum did not include anyone with a learning disability.

In almost all of the learning disability case files we read there was evidence that all dealings with the individual had adequately addressed all barriers. Examples of the good practice were illustrated by these comments from one of our file readers:

“Although (this man’s) verbal communication is limited, he can clearly make known his likes and dislikes and these have been taken into account in the assessment, care plan and review stages”.

“This young woman.... had been presented as someone with very challenging behaviour. However....it has become clear that her behaviour is not as challenging as once perceived and.... the worker is actively pursuing a different, more appropriate placement.”

Good practice example

A local area co-ordinator had helped a person with a learning disability to find work. The job was going well, but the employer introduced new regulations with which the whole workforce had to quickly comply. The local area co-ordinator was able to support the person with a learning disability and the employer, by reminding the latter of their responsibilities under the Disability Equality Duty. Consequently, the employer made reasonable adjustments by allowing the employee more time to adjust.

West Lothian Council had anticipated the requirement for a single equality scheme by 2011 and was developing an integrated scheme from 2009-12. As with some other important corporate documents, learning disability received no discrete mention (see shared issues chapter). The council had a gender equality scheme in addition to those on race and disability. The council website made it clear commitment to “promoting equality (and) celebrating diversity”.

West Lothian Council was winner of UK diversity achievement of the year award in 2009. The award recognised the efforts to promote diversity and inclusion in a wide range of council activities throughout the year. This was exemplified by its diversity week which comprised a series of events designed to raise awareness of equality; this included issues like sectarianism and of violence towards women. The council was also a member of the *Stonewall Diversity Champions Programme* and was named top Scottish local authority in that charity's 2009 Workplace Equality Index.

NHS QIS found that NHS Lothian staff were aware of and addressed equality issues whilst working with people with a learning disability.

Impact on black and minority ethnic people who used services and carers

The council consulted with the West Lothian Race Equality Forum and the Edinburgh and Lothians Race Equality Council to develop the integrated equality scheme. The scheme contained strong commitments to further consult with black and minority ethnic groups although there was no information in regard to any of the inspection themes for people with a learning disability, for example plans to monitor post-school destinations.

Vision Values and Aims

Performance in this area was good, with important strengths and some areas for improvement.

Managing services

The council and its partners had initiated integration of services in a number of areas through the community health and social care partnership. They were proud of this model and thought it had improved partnership working.

Almost all of staff who responded to our survey agreed their line managers understood the challenges they faced in their work and supported them. West Lothian Council had a clearly stated vision to aspire to excellence in all of its services through continuous improvement. It had developed the WLAM which was adopted by others in pursuit of the same goal, including within the Public Service Improvement Framework. SWIA's performance inspection (published 2007) was generally complimentary about the council's progress in delivering on this vision but services for people with a learning disability received some criticism. The current inspection found that learning disability services had progressed but that there are still areas of service delivery to be improved.

Leadership

SWIA's published performance inspection of social work services in 2007 evaluated the leadership and management of the council as very good.

Since then there had been several changes of senior managers, but the vision of ensuring everyone had an assessment of individual needs was maintained. There were a number of multi-agency operational planning groups and these fed into the strategic planning processes. The establishment of a learning disability independence team had been positive for staff in improving multidisciplinary teamwork, in close collaboration across services.

In our staff survey, the majority of respondents agreed the need for social inclusion of people with a learning disability was well understood and evidenced across the range of council departments. The majority of respondents agreed senior managers communicated well with staff.

The chief social work officer reported to the Director of the CHCP. The philosophy of providing education to young people with a learning disability was based on inclusion. In social policy service re-design was still being developed. The planned closure of two day care centres coincided with an application for European funding to develop a social firm to enhance the range of employment options.

Of those responding to our staff survey the majority agreed there was a clear vision for social work and for schools that included pupils with a learning disability in their authority. In our partners and stakeholders survey, five out of six respondents answered positively in regard to the same question.

Corporate vision for learning disability

The council applied a considered and determined performance management approach across all of its services which worked well together. SWIA's performance inspection report in 2007 recommended the council to review existing and planned learning disability services in order to improve outcomes in accordance with 'The Same as You?' At the time of the follow-up inspection in September 2008 social policy had carried out this review but was awaiting completion of another from NHS Lothian.

This inclusion of specific performance targets was linked to developing a more outcome focussed performance – management approach and reflected developments in the corporate vision of the council, NHS Lothian and the consultation with people using services and their carers.

The council cited long term funding shortfalls at West Lothian College to be disadvantaging attendees from the more rural parts of the council area. Not all of the issues affecting people with a learning disability would prove costly to address. The council acknowledged that if improved tracking through 'More Choices More Chances' was developed it would influence and assist its corporate planning.

A related issue was that West Lothian did not have a current system of evaluating the different standard or unit costs⁴³ of various services. There was some presumption by senior officials and elected members about the high cost of care for certain services. The lack of development of unit costs or detailed financial information for a range of services had seemed therefore to limit any momentum to diversify from current day services to other support services and employment within the community.

Leadership of change and improvement

In recent years the council, with its partners, had made achievements to provide appropriate supports to promote more independent living, including for significant numbers of former long term hospital patients moving into local communities.

There had been a careful lead on how services could be modernised and developed, in particular, to expand opportunities for many individuals with a learning disability to become appropriately employed and supported. Councils generally were not well aware of this opportunity and had found it difficult to progress the service modernisation and personalised service approach. One of the reasons for this was opposition from existing people who used services, and from carers who feared they may be worse off financially, or would lose the routine and security that they believed resource centres provided.

In our staff survey, half of respondents agreed there was effective leadership of change in the social work service and less than half agreed there was effective leadership of change in the schools.

Of the partners and stakeholders who responded to our survey:

- Six out of seven agreed there was effective leadership of change in social work services;
- Three of the six agreed there was effective leadership of change in schools; and
- Five out of six agreed the need for social inclusion of people with a learning disability was well understood and evidenced across the range of council departments.

Elected Members

Elected members were positive about the range of services in the council, especially those for educational transition. They were committed to the principle of integration of children into universal provision including those with high levels of need.

The elected members understood the importance of service modernisation but were aware that this could also be interpreted as a service withdrawal.

⁴³ The average amount of money that it cost a council to provide a service or part of a service, for example the average cost for each individual accessing a day service

The development of multi-member wards since 2007 had changed the political balance of the council. And while members were committed to supporting vulnerable people, there was not always a strong consensus about service change. This had unfortunately been delayed and diverted by party political issues.

In our survey of council staff, some respondents agreed the council's learning disability services were highly valued by elected members. In our survey of partners and stakeholders, five of the six who responded agreed with this statement.

Capacity for Improvement

Performance in this area was very good, with major strengths.

West Lothian Council had focused clearly on improving performance and continuous improvement. SWIA's performance inspection report in 2007 found that in general services were of a high quality and the likelihood was that they would continue to improve. However, among these learning disability services required most improvement.

The chief executive understood the challenges faced by people with a learning disability in regard to lifelong learning. There was an inclusive approach to schooling for children with a learning disability and an award-winning vision for equality. Leadership and performance management were strong within the council. For people with a learning disability and their carers this meant that they usually did not have to wait long for an assessment or to access services or supports.

The council worked well across its different departments. It could do more to progress and demonstrate more explicitly how corporate council approaches benefited people with a learning disability. For example, transition processes and 'More Choices More Chances' needed more emphasis on the needs of people with a learning disability.

The council had a willing partner in NHS Lothian which had a confident approach to learning disability, as recognised in the NHS QIS 2009 report and in our inspection findings. There were areas which could be developed further to benefit people with a learning disability. Partnership working was one of these areas. NHS Lothian had made plans to employ 50 people with a learning disability by 2011 but it had done this without council input. The council, as with other public bodies, needed to do more to employ people with a learning disability.

The council had responded to the review of employment for people with a learning disability undertaken by the Scottish Government⁴⁴ by restructuring its independence team so that employment support had a new focus on finding paid, as opposed to voluntary work or work experience.

⁴⁴ Scottish Executive 'Working for a Change?' (2004)

In 2007 SWIA had noted plans to build a new adult resource centre to replace two which were closing. After extensive consultation with people who used services and carers these plans developed into a learning disability day support campus (to open in late 2010). The council had tried to meet the needs of people who required a physical base, mainly on account of complex health needs and to improve accessibility. For some people who used services and their carers, good transport had been a problem. The service was likely to be less inclusive than alternatives which were more integrated into local communities.

Further progress on systematically measuring outcomes was required. Like other areas West Lothian needed to progress the identification and measurement of outcomes for people with a learning disability, including for those who attended the further education college. West Lothian did not have a strategic forum to address lifelong learning issues. The chief executive questioned the availability of grant resources to develop the council's commitment to people with a learning disability in lifelong learning. Some of the issues in question required more formal local discussion.

Shared Issues for All Areas

Across all of the areas we inspected we found good practice and examples where the support provided by council and NHS services had transformed people's lives for the better. People who used services, carers, employers and staff across agencies told us about the positive differences these services had made.

There were a number of issues which emerged in more than one council and NHS partnership. These issues are set out here. They are described under sections on transitions, lifelong learning, employment opportunities, case-recording, and individual and service planning.

Transitions

People experience many different transitions during their lives. The transitions referred to in this report are those which take place from childhood to adulthood, and more particularly from attending school and receiving children's services to receiving adult services, including social work and health supports, or college or employment opportunities.

All three NHS boards in this inspection were involved in strategic and operational work around transitions from education to adult social work services and from paediatric to adult health services.

The Education (Additional Support for Learning) (Scotland) Act 2004

The Act places duties on local authorities to plan well ahead for young people's transfer to post-school provision. This should impact on young learners with a disability moving into adult services provided by their own local authority or other services such as colleges of further education. New legislation⁴⁵ coming into force in 2010 will allow these learners (over 16) or their parents, should they wish, to go to the Additional Support Needs Tribunals where there is a question as to whether an education authority is properly fulfilling its duty.

Early identification and tracking

Early identification and tracking of young people with a learning disability who might require future adult social work services, further education or employment support could be improved. Most councils did not do this systematically, often reflecting that people with a learning disability had no specific arrangements in local 'More Choices More Chances' strategies. These strategies were designed to improve outcomes and experiences of young people who are not in education, employment or training.

⁴⁵ The Education (Additional Support for Learning) (Scotland) Act 2009 which amends the 2004 Act

Whilst most councils had made some good attempts to understand likely future needs from an early age, there was less information especially about people with a learning disability, for example in financial plans for future service delivery. Whilst we acknowledge that needs can change as people grow older, good planning and review processes will allow councils and health boards to provide the right services and supports at the right time and avoid costly surprises.

There was limited evidence of monitoring of the destinations of school leavers with a learning disability, including in the contribution education departments were making to disability equality schemes. Councils should consider developing these as part of their efforts to measure outcomes, systematically tracking the destinations of young people with a learning disability once they have left school, and linking these projections to financial plans.

Recommendation 1: for all partnerships in the inspection

The partnerships should improve the identification and tracking of the changing needs of young people with a learning disability in order to project future service and support requirements. This should include cost projections.

Lifelong learning

The Scottish Funding Council⁴⁶ (SFC) distributes around £1.7 billion annually for teaching and learning, research and other strategic activities in Scotland's colleges and universities in support of the policy priorities of Scottish Government. In discharging its duties as a public body the SFC supports progress that can be made to help ensure the equality of opportunity and outcomes for students with a learning disability. It is committed to working with colleges to ensure they provide appropriate education opportunities within their communities.

During the inspection there was, at the very least, a strong perception, on the part of carers, people who used services and staff in health or social work services that the main learning options for people with a learning disability were segregated courses only for them. Students often repeated these year-on-year, with little or no progression to the next and higher skill level. We were assured that vocational and mainstream courses were available in some instances but clear information about how many people with a learning disability were attending was difficult to identify. Neither were colleges able to tell us how this was being monitored.

It became clear during the inspection that where colleges, local authorities and NHS services intended to be inclusive, this sometimes needed to be appropriately balanced with the requirement to recognise people with a learning disability as a specific group. Better recording and monitoring of how their learning and other needs would be met might afford improved opportunities to make reasonable adjustments and identify outcomes.

⁴⁶ The Scottish Funding Council is working to establish a national coordinator and a team of regional coordinators to develop the capacity of the college sector to deliver more meaningful learning for students with profound and complex needs. They expect the coordinator team to work through 'Partnership Matters' locally to support colleges to work with the local community, including statutory agencies.

Council and college staff expressed differences of opinion as to how accessible colleges were for people with a learning disability who had additional support needs, including people with autistic spectrum disorder, epilepsy, those needing the administration of medication or help with personal care and those with challenging behaviour. Some of these differences appeared to stem from differing perceptions over roles. It is important to acknowledge that colleges made clear that they are not providers of day-care but aim to deliver an appropriate and meaningful educational experience. It was noted that, in some instances, the ability of colleges to deliver this learning experience was dependant on the provision of additional support. In this regard, some people were excluded because college staff felt that that councils were not providing sufficient supports. In addition, transport difficulties prevented some people from attending college. The Scottish Funding Council said they expected colleges to be clearer with local authorities about the expectations of the support they provided to ensure a person's participation in further education.

Colleges and statutory services did not always have well established links and contact tended to be about individuals rather than part of local joined up strategic planning. This was despite several councils having plans to change how they provided day services for people with a learning disability. It would be helpful if colleges were involved in these strategic plans.

Whilst health partnerships seemed to be addressing the needs of people with a learning disability who attended colleges, their contact was also on an individual basis. There were benefits to be had from a co-ordinated approach to addressing these issues.

'Building the Curriculum Three' is part of the National Curriculum for Excellence in Scotland aimed at supporting the health needs of people with a learning disability in college or other learning environments. 'Partnership Matters' is Scottish Government guidance about removing barriers faced by people with additional support needs.

It was the responsibility of all agencies, along with colleges, to work together to ensure the appropriate provision of personal and health care, transport or other forms of support. Although some good work had begun in some areas none of the partnerships had progressed these strategies to a point where they had a sustainable impact on lifelong learning opportunities for people with a learning disability.

Recommendation 2: for Angus, East Lothian and West Lothian partnerships⁴⁷

Statutory agencies should liaise with further education colleges to set up a 'Partnership Matters' or similar forum to better plan operational and strategic service solutions. These should be aimed at improving the options, experience and outcomes for people with a learning disability attending colleges of further education.

⁴⁷ Dumfries and Galloway has a related recommendation in its chapter

Employment opportunities

All councils provided their own services to help people into work, including people with a learning disability. There were some notable success stories and instances where the involvement of these services had made a huge difference to the lives of people who used them and those of their families.

In focus groups of council staff and of partners and stakeholders we found that there was a lack of clarity about the role and function of council run employment services. The end result was small enterprises working well in some individual instances but lacking direction and resources to make a significant contribution to the strategic plans or to equality improvements. For some people with a learning disability this meant lengthy periods of time undertaking the same unpaid work experience and a general lack of opportunity for paid work. We were concerned that sometimes a person with a learning disability worked unpaid alongside paid non-disabled employees who did similar tasks.

This sometimes prolonged focus potentially limited access to resources for people wanting to move into sustainable work. Council-run employment services should focus on finding people who use services with a learning disability paid work, with other services providing voluntary work, tasters or work experience if required. The employment services needed to link to the corporate economic strategy and disability or single equality schemes. This might free up significant resources which could be put to a different use for re-investing the types of service supports to sustain employment (see below in regard to both of these points).

Recommendation 3: for Dumfries and Galloway and East Lothian Councils

Council-run employment services should have a main focus on and responsibility for finding paid employment for people with a learning disability who use these services.

Angus and West Lothian councils had started to address this issue; they now needed to further consolidate the positive changes they had already made.

All councils should ensure that their employability and employment services have in place individual contracts or support plans between the person with a learning disability and the employment service where they do not already exist.

A minority of people with a learning disability were in paid employment for over 16 hours (the point for in work benefits to start and the disregard of benefits to cut off). Sometimes this was because people who used services and carers may have misunderstood (according to research⁴⁸) that pursuit of anything other than voluntary or part-time employment would leave them worse off. This view in many instances, including in files we read, went unchallenged. There was little recourse to providing people who used services and their carers with 'better-off in work' calculations which would establish their individual position – except in situations where people were already in touch with employment services who undertook this function on their behalf.

Whilst the issue of benefits was a factor, there was a lack of understanding of in-work benefits such as working tax credit that could be claimed for employment over 16 hours. Carers and people with a learning disability should be in a position to make informed choices about work options at the earliest opportunity, not only when they had already made a tentative decision to proceed.

Recommendation 4: for all councils in the inspection

Councils should be pro-active in advice and information given to carers and people with a learning disability about how their benefits would be affected by working for more than 16 hours. This advice should be offered to people before they engage with employment services, and should include 'better off in work' calculations.

Independent research (above) has shown there is financial gain in supporting someone with a learning disability into work. This research estimated that on average it costs £15,000 a year to provide a resource (or 'day' centre) place for someone with a learning disability and around £7,000 to assist and sustain them in a job. If this is correct, there might be significant savings to be effected over a long period of time. It could also benefit the national and local economy whilst improving the independence and confidence of people with a learning disability. There is additional evidence⁴⁹ that health and well-being is improved, leading to further savings for the NHS.

All three NHS boards in this inspection were involved in strategic and operational work around transitions from education to adult social work services and from paediatric to adult health services. There was no formal strategic input from the NHS to either lifelong learning or employment for people with a learning disability.

⁴⁸ Beyer, Stephen (2008) An evaluation of the outcomes of supported employment in North Lanarkshire, Welsh Centre for Learning Disabilities Cardiff University

⁴⁹ Dame Carol Black' 'Working for a Healthier Tomorrow'. (2008). The Stationery Office

As with other public services in general, all council and NHS partnerships could do better with the number of people with a learning disability whom they employ. NHS Lothian set itself an ambitious target to support fifty people with a learning disability into work. All inspected councils and NHS partners as large public employers should work together to better represent the local population of people with a learning disability in their workforce.

Recommendation 5: all partnerships in the inspection

The council and NHS should work in partnership to help more people with a learning disability to enter paid employment.

Case Recording

We read 50 social work case files for people with a learning disability, and between seven and ten education files in each council. Around two thirds of the relevant case files for adults in employment and adults in further education contained a risk assessment and half contained a risk management plan. Most of these were evaluated as good, very good or excellent by file readers. The remaining files did not have this information. This was an issue in Dumfries and Galloway and in East Lothian councils.

Recommendation 6: for Dumfries and Galloway and East Lothian Councils

Councils need to ensure that if risk is identified for a person with a learning disability a multi-agency risk assessment and risk management plan is always completed and recorded in files.

All councils need to ensure that risk is assessed for adults entering employment or college settings and that this is linked to local health and safety protocols. Risk should be assessed on a multi-agency basis, where appropriate, including contributions from occupational therapists and psychological services, when necessary (for example in completing vocational profiles). NHS partnerships should examine how they might work strategically and operationally with council services to better accommodate vocational profiles of those people with a learning disability seeking work.

The social work files we read were grouped by the primary needs of the individual and the themes of the inspection:

- Young people with a learning disability in transition from education to adult services;
- Adults with a learning disability in employment (16 hours per week or more);

- Young people with a learning disability in further education;
- Adults with a learning disability in day time activities; and
- Adults with a learning disability and with additional needs, such as physical disability, complex health needs and significant challenging behaviour.

The file reading results were positive in terms of demonstrating the involvement of people who used services and their carers in key decisions; the quality of risk assessment and management plans where these were present; and in overcoming other barriers to service delivery to include people, for example with physical disabilities or sensory impairments. We found good practice across all areas we inspected. Within this, the results have identified a small number of areas for development.

- Risk assessment and planning: (see above);
- Triggers for risk assessment: In half of the risk assessments read in files, the primary aim was solely to prevent harm. Only a small number of risk assessments were undertaken with the primary aim of promoting independence. Similarly only ten per cent of risk management plans had been completed with the primary intention of increasing independence;
- Chronologies: only a third of the case files read contained an acceptable chronology on file. Evidence from previous inspections shows the practice of completing a chronology varied across local authorities;
- Care plans: less than half of the care plans read across all areas were SMART. Evidence from the SWIA performance inspections shows local authorities vary in their performance in producing SMART care plans; and
- Person centred planning: half of the case files read contained evidence that the assessment, care planning and review processes had been informed by person centred planning, and less than half of transition case files read contained evidence that person centred planning was part of the transition process. Where people who used services want person centred plans, councils should make sure they are provided.

The files we read included single shared assessments, care plans, co-ordinated support plans, and the minutes of review meetings. Review meetings for both young people and adults showed full and appropriate consideration was given to a wide range of leisure, learning and employment options in only half of the total number of files read. In the transition files read, nearly two thirds contained evidence the service had explored a full range of leisure, learning and employment options during transition. It was often difficult to determine the extent to which leisure, learning or employment options had been discussed in formulating these plans. This could be improved by more systematic recording to ensure that opportunities were not missed.

Recommendation 7: for all councils in the inspection

Councils should revise their review forms, to ensure all leisure, learning and employment options are considered. Review minutes should refer to any person centred plans.

In addition this applied to staff in education services. Education staff should liaise closely with social work and Health colleagues before options are discussed with carers and people in transition.

In general, file reading case recording was at least good in 70% of all instances in all council areas.

Individual and Service planning

Care Management

The Care Commission read between 7 and 10 files held by independent agencies of people living in supported tenancies. In each of the geographical areas inspected, evidence suggested that having a named worker may increase the range of available leisure, learning or employment options for someone with a learning disability. Many people living in these tenancies had active care management only if they had additional support needs such as mental health problems.

There was value in having reviews overseen or chaired by a worker who was independent of the leisure, learning or employment services being directly provided, for example an allocated social worker. This avoids conflicts of interest and potentially opens up different opportunities other than the services already on offer. Councils should be able to satisfy themselves that the best options for individuals are always made available for consideration, rather than defaulting to the status quo.

We saw some good examples of person centred plans in each of the council areas we inspected. None of the councils aggregated these to obtain service user-defined outcomes either to be reflected in planning and commissioning strategies or in the development of broader performance indicators.

Financial Planning

Detailed financial information was not available for learning disability services in any of the councils we inspected. Councils should determine the standard or unit costs of various learning disability services in order to better plan and commission services to benchmark and offer personalised services.

In all councils we inspected there was capacity to improve the availability of direct payments for people with a learning disability and their carers.

Recommendation 8: for all councils in the inspection

Councils should establish more detailed costs and data for their learning disability services to allow benchmarking and better planning processes, including around direct payments and possible options for personalised budgets.

Corporate and partnership planning

Councils reported that high level strategies which did not mention people with a learning disability or 'disability' were not a reflection of a lack of commitment to meeting the needs of people with a learning disability. This was also true of other vulnerable groups or those which required additional help or support.

It was implicit that high-level corporate strategies would benefit everyone, regardless of need. However, in some corporate strategies there was a strong case for a specific reference to the impact on vulnerable groups, including in regard to people with a learning disability. This might represent a reasonable adjustment, as required of public bodies under the Disability Equality Duty (2006):

'This duty is not necessarily about changes to buildings or adjustments for individuals, it's all about including equality for disabled people into the culture of public authorities in practical and demonstrated ways... by taking an organisation-wide approach'.⁵⁰

This may have made the planning aspect of the corporate commitment to meeting the needs of people with a learning disability more straightforward to determine during the inspection. Examples where these references would help included corporate equality strategies, the corporate economic strategy and 'More Choices More Chances'. Partnerships should satisfy themselves that they have addressed equality legislation in their strategies and plans.

In all partnerships we inspected, there were some practical steps which could be taken to help improve experiences or outcomes for people with a learning disability. These included:

- Housing services using their discretionary powers to encourage people with a learning disability entering employment to continue to claim housing benefit;⁵¹
- Continuing to build more adult changing facilities⁵² in community settings in consultation with people who used services, carers, and, where appropriate private enterprises; and
- Employing more people with a learning disability.

⁵⁰ 'Doing The Duty. An overview of the Disability Equality Duty for the public sector. Disability Rights Commission (2006)

⁵¹ Councils can treat disabled people more favourably if doing so helps eliminate discrimination, under the Disability Equality Duty (2006). This measure might also help to ensure people will be financially better off in work

⁵² For people with a learning and additional physical disability who require them

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National performance indicators – The Same as You?

The performance of each of the councils in the inspection against national performance indicators arising from 'The Same as You?' as reported in 2007.

Table 1 – Day opportunities and education

Performance Indicator (2007)	Angus	Dumfries & Galloway	East Lothian	West Lothian	Scotland
People with a learning disability attending a resource centre full time	16%	48%	24%	8%	25%
People with a learning disability with alternative day opportunities	48%	20%	38%	28%	27%
People with learning disabilities in further education	41%	25%	17%	19%	20%

Table 2 – Employment

Performance Indicator	Angus		Dumfries & Galloway		East Lothian		West Lothian		Scotland	
	2003	2007	2003	2007	2003	2007	2003	2007	2003	2007
People with a learning disability with employment opportunities	15%	6%	45%	37%	31%	46%	15%	10%	14%	16%
Percentage of people with learning disabilities in paid work in open employment	17%	100%*	12%	14%	12%	29%	6%	8%	30%	42%

*30 people in total

APPENDIX 2

Model for the multi-agency inspection of services for people with a learning disability⁵³

7. Capacity for Improvement	6. Vision Values and Aims	5. Strategic Planning	4. Operational Access Planning	3. Impact on stakeholders	2. Experience of Service Users and Carers	1. Outcomes
Combined evaluation based on current performance in regard to outcomes, leadership and performance management	<p>6.1 Line and middle management</p> <p>6.2 Senior management</p> <p>6.3 Elected members</p>	<p>5.1 A strategy for leisure, respite learning and employment services or supports</p> <p>5.2 Commissioning strategy</p> <p>5.3 Financial strategy</p> <p>5.4 Range and quality of services</p> <p>5.5 Equality plans and actions</p> <p>5.6 Involving stakeholders, including service users and carers in strategic planning</p>	<p>4.1 Access to timely assessment, plan and review</p> <p>4.2 Access to an independent advocate</p> <p>4.3 Access to a social worker</p> <p>4.4 Access to self directed support and to universal services</p> <p>4.5 Access to social work services</p> <p>4.6 Assessment and management of risk</p> <p>4.7 Access to specialist equipment and adaptations</p>	<p>3.1 Local authority Staff</p> <p>3.2 Health services</p> <p>3.3 Employers</p> <p>3.4 F.E. Colleges</p>	<p>2.1 Transition</p> <p>2.2 Leisure</p> <p>2.3 Learning</p> <p>2.4 Employment</p>	<p>1.1 Transition</p> <p>1.2 Leisure</p> <p>1.3 Learning</p> <p>1.4 Employment</p> <p>1.5 National or local performance indicators</p>

⁵³ Based on the European Framework for Quality Management (EFQM)

Additional stories from people who used services or their carers

The Scottish Consortium for Learning Disability (SCLD) met some of the families whose files we had read. Their stories are featured throughout the report. Here are two additional stories.

Finding the right job

Alistair had a busy job as a kitchen porter. His job involved washing dishes, cutlery and pots and pans, operating the dishwasher and cleaning kitchen equipment. He worked shifts and travelled in by bus or gets the taxi home when on a late shift.

Alistair had been in his present job for a good many months. He liked his work and appreciated the regular monthly wage, but most of all he enjoyed working alongside other people “I feel part of the team”, he said.

It was his support provider, part-funded by the council, who found him his present place of work through their employment service. Alistair could not speak highly enough of the members of the employment team, describing them as his “backbone and support network”.

Robert’s Story – a Father’s View

Robert lived at home with his parents. He attended a resource centre and went to college. He received his own support at both.

Robert had a positive experience of school which really “brought him on”. The transition to the resource centre was managed well, with Robert spending a couple of days at school and a couple at the centre over several weeks.

Robert got out and about with support from the resource centre. His father appreciated the freedom his son had there. He felt Robert was a lot happier there than he was at school.

The advice that Robert’s father would give to other parents is, “get as much information as you can. It will save a lot of possible grief”. He suggested checking out options, getting a feel for different services, talking to staff and trusting your instincts about what is best for your son or daughter.

Thanks to all of the families who agreed to be interviewed.

For further information about the inspection or to request copies of this report, contact the lead inspector, Steve Porter (0141 242 0396).

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