

**INSPECTION OF LOCAL AUTHORITY SOCIAL SERVICES  
OUT-OF-HOURS EMERGENCY DUTY SERVICE**

Fieldwork April 2000

Survey March to May 2000

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## CHAPTER 1 SUMMARY AND CHECKLIST

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### Introduction

1.1 This report describes the findings of a thematic inspection of out-of-hours services provided by local authority social services throughout Wales. Thematic inspections provide an overview of a given theme across Wales, rather than test individual services. Out-of-hours services are those provided outside normal office hours - at evenings, weekends and bank holidays – to replace office-based services. Services which normally operate 24 hours a day, or outside traditional office hours, such as residential facilities, were only included in the inspection to the extent that their services can be used by out-of-hours staff. The inspection considered the organisation and practice of out-of-hours services and links with other agencies, such as the police and health services, who are likely to refer service users to social services. Arrangements to deal with civil emergencies were excluded.

### The inspection

1.2 The inspection was carried out over several months in the year 2000. It comprised:

- a questionnaire survey of all 22 local authority social services
- a questionnaire survey of other public and voluntary agencies who deal with the service
- fieldwork in three areas (covering eight local authorities)
- a limited questionnaire survey of service users
- reference to relevant studies and publications.

### Findings

1.3 The inspection found considerable variation in the way out-of-hours services are provided and managed. Most services have continued as they were set up in 1996 at

the time of local government organisation. With a few exceptions, little attempt has been made to review or develop services to take into account changing needs and circumstances.

1.4 Most services rely heavily on the individual social workers providing the service. These social workers are in the main appropriately qualified and highly experienced, and well used to operating on their own in often difficult circumstances. More issues will arise as these workers need replacing.

1.5 The quality of professional, managerial, administrative and technological support to these staff varies enormously, as do systems of accountability, quality assurance and service evaluation. Some authorities are very vulnerable through the lack of such support and accountability systems.

1.6 The inspection raises particular concerns about the health and safety of staff and in some cases the protection of the public from potential abuse or breach of confidentiality.

1.7 Much good and skilful work is done which is of great value to individuals concerned and to the discharge of statutory responsibilities. The frequent absence in some services of effective monitoring, supervision, service evaluation and user feedback means that instances of poor practice or unsatisfactory services do not come reliably to attention. The heightened vulnerability of many users of out-of-hours services increases the need for proper safeguards of service quality, and means of ensuring that concerns and complaints come to light and can be properly investigated.

1.8 The quality of co-ordination between out-of-hours services and office-hours services varies considerably and requires much improvement in some areas.

1.9 The networks with other agencies and services require further development. Frequently good working relationships at practice level are not sufficiently mirrored by good arrangements at organisational level. This means that there are no reliable means to address service deficits or problems.

1.10 In most authorities the out-of-hours service is intended only as a limited emergency service, not a continuation of mainstream services. The view of many outside local authorities who contributed to the inspection is that current arrangements offer a skeleton service only. If the service is to be developed more fully, in response to local or national initiatives (for example to speed hospital discharges), then more resources will be needed. This also may need attention at local and national levels.

## Conclusion

1.11 Most out-of-hours services are ripe for review. The internal needs for evaluation, planning and development are matched by significant changes in external circumstances. The checklist which follows is to help local authorities evaluate their own services and consider how they might be improved. It may be used internally and with partner organisations.

## Checklist for local authorities

### *Have you:*

- *analysed the need for out-of-hours services?*
- *taken into account past use, trends and likely future changes?*
- *analysed patterns of demand and required response?*

### *Have you:*

- *defined the aim and principles and what services you will provide?*
- *checked that your out-of-hours staff and office-hours staff share a common understanding about what the out-of-hours service can and cannot provide?*
- *discussed the aims, principles and capacity of your out-of-hours service with partner organisations in the public and independent sector?*
- *set quality standards clearly understood by all concerned?*

*Have you:*

- *produced clear information about the service?*
- *made this available to potential referrers?*
- *made reference to the out-of-hours service in public information?*

*Have you:*

- *made the best organisational arrangements to suit your particular circumstances?*
- *ensured that any joint arrangements are properly underpinned with formal working agreements, and clear management and accountability arrangements?*
- *maximised the opportunities for co-operation within the local authority, with other local authorities and with other emergency services?*
- *clarified the roles and responsibilities of any other social services on-call arrangements in relation to the out-of-hours service?*
- *ensured that your contracts with service providers specify responsibility for the ongoing delivery, support and management of services they have agreed to provide out of hours?*

*Have you got:*

- *the right number, range and gender of staff to deal with likely demand at the various times required?*
- *contingency arrangements to deal with unusually high levels of demand?*
- *a strategy for ensuring a supply of suitable staff over time?*
- *effective day-to-day management arrangements?*

*Are your staff:*

- *given adequate guidance, in terms of policies and procedures, up-to-date information on service provision and how to access it?*
- *properly trained, well informed and helped to develop?*
- *given opportunity to meet on a regular basis to discuss their work?*

- *supervised, held to account and subject to performance appraisal?*
- *given adequate technical, administrative and technological support, including:*
  - § *access to client records*
  - § *adequate telephone facilities*
  - § *access to legal advice*
  - § *access to senior staff?*

*Do you:*

- *fulfil your health and safety responsibilities to your staff and service users?*
- *carry out proper risk assessments of working arrangements?*
- *have health and safety arrangements for staff working alone?*
- *have arrangements for keeping track of the whereabouts and safe return of staff?*
- *give clear guidance on assessing the risk in individual cases and making appropriate arrangements, such as using more than one member of staff, requesting police assistance or using safer interview venues?*

*Are there:*

- *good links between office-hours and out-of-hours staff?*
- *reliable arrangements to inform out-of-hours staff of problems likely to arise, together with contingency plans?*
- *reliable arrangements for out-of-hours staff to pass information back to office-hours staff?*
- *mechanisms to deal with any problems?*

*Do you monitor:*

- *levels and types of demand?*
- *sources of referral?*
- *time taken to respond to calls?*
- *actions resulting from responses to calls?*

- *age, gender, first language and ethnicity of service users?*
- *quality of service?*
- *the cost of the services?*

*What arrangements do you have for:*

- *user feedback?*
- *feedback from referrers?*
- *feedback to referrers?*
- *case audits?*
- *compliments and complaints about the service?*
- *other quality measures?*

*Do you have arrangements to plan, evaluate, review and develop the service that:*

- *involve users and carers?*
- *involve staff?*
- *involve other agencies?*
- *are based on systematic analysis of need?*
- *use monitoring information?*
- *take into account changing circumstances in the local authority, in partner agencies and in the national policy environment?*

*Do you automatically consider the implications for the out-of-hours service when you are developing new policies, procedures or services?*

*Have you and your partner organisations:*

- *discussed the aims, principles and capacity of your out-of-hours service?*
- *arrangements to discuss the quality, performance and development of services?*
- *means to inform each other promptly of changes in out-of-hours services?*
- *protocols to help provide efficient services and avoid disputes, such as:*  
  - § *with the police on the transport of children from police stations*

- § *for the provision of appropriate adults for police interviews*
- § *with the ambulance service on the transport of patients*
- § *with fuel boards concerning disconnection?*
- *arrangements to discuss and resolve any problems between you?*

## CHAPTER 2 INTRODUCTION

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### Background

2.1 Local authority social services departments (SSDs)\* have long provided emergency social services outside normal office hours. No one piece of legislation defines a local authority's responsibility for providing out of hours services. Rather the responsibility is defined or implied in a range of legislation, including the Mental Health Act 1983 and the Children Act 1989. Emergency provisions in legislation relate to the urgency of the service user's situation, not to the time of the referral.

2.2 While it is not feasible for SSDs to provide the same level of response at all hours, they need at least to be able to discharge their minimum responsibilities. The SSD's definition of its own response threshold is therefore crucial for service users, other agencies, and its staff.

2.3 Changes and developments in recent years have challenged the traditional mainstream/out-of-hours divide. The needs of the Health Service, for example for efficient hospital discharge arrangements, may require social services staff to respond out of normal hours. The intervention of social services staff may be required to prevent hospital admission in the first place. Supporting increasingly frail elderly people in the community has led to extended home care services, which provide support well into the evenings, seven days per week. Increasing awareness

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\* "Social services department (SSD)" is used in this report to refer to all departments of local authorities carrying out social services functions as defined in the Local Authority Social Services Act 1970. In an increasing number of local authorities in Wales social services

of the need to protect and respond to the needs of vulnerable people has highlighted the need for a range of services with back-up support and advice.

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functions are no longer carried out through a single department but through different organisational structures.

## The services

2.4 Local authorities face difficult challenges in providing out-of-hours services. They must provide a service adequate to meet needs while maintaining efficient use of resources – an especially difficult balance in sparsely populated areas. They must ensure that staff on duty have the range of skills and experience – as individuals or as a team – necessary to meet the different needs that might arise. They must use staff efficiently while providing adequately for safety and support. They must ensure that out-of-hours staff have adequate access to information (such as case files) and that their activities are properly linked with those of staff working normal office hours. They must ensure adequate management of the service and its staff.

2.5 Local authorities have responded to these challenges in different ways. Some have sought to solve issues of scale by entering into joint arrangements with their neighbours. Others maintain separate arrangements. Some use specialist staff teams for out-of-hours work. Others use staff from office-hours teams working on rotas. Some use a mixture of the two. Some use teams made up of staff from different disciplines (principally child care and mental health). Others use staff trained and experienced across disciplines.

## The inspection

2.6 This is the first SSIW inspection of out-of-hours services in their own right. Other SSIW inspections have referred to out-of-hours services as part of a broader picture. The Social Services Inspectorate in England recently published a report of an inspection of local authority social services emergency out-of-hours arrangements<sup>1</sup>. This inspection used and adapted some of the methodology from that inspection.

2.7 The inspection comprised two main parts. All local authority SSDs in Wales were required to complete a questionnaire on their out-of-hours provision. They also sent

in copies of policies and procedures. SSIW also conducted a questionnaire survey of a range of other agencies and groups who might have dealings with the services. These included all police forces, NHS trusts including the ambulance trust, all local health groups, women's refuges, Childline, local MIND groups and local carers' groups.

2.8 SSIW carried out fieldwork in three out-of-hours services which covered eight local authority areas. The services were chosen to represent a range of different arrangements and circumstances. They encompassed a group of authorities providing a joint service, a pair of authorities in which one provided the service for both, and a single authority providing its own service. They encompassed authorities employing specialist out-of-hours staff and others employing office-hours staff on an out-of-hours standby rota. They encompassed a mix of urban, rural and valleys areas.

2.9 The fieldwork comprised interviews with staff working out of hours, with senior managers, team managers who receive referrals from out-of-hours staff, and staff from control centres operating community alarm and other services. Inspectors sent questionnaires to sixty service users. Fourteen responded.

2.10 The inspection was carried out by Stephen Vaughan and Julia Phillipson, supported by SSIW administrative staff. The inspectors were accompanied by two lay assessors, Ann Hopkins and Sue Stephens. The inspectors are grateful for the co-operation of all who responded to questionnaires and participated in the inspection.

## The report

2.11 The report was circulated in draft to SSDs, to check for accuracy and clarification.

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<sup>1</sup> *Open All Hours?: An inspection of local authorities social services emergency out-of-hours arrangements.* Department of Health, 1999



## CHAPTER 3 FINDINGS: THE SERVICE

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### Definition and understanding of the service

3.1 Most SSDs need to increase the understanding of the work of their out-of-hours service. Out-of-hours staff themselves need a clear understanding of what the service can and cannot provide. Office-hours staff and other key agencies, such as the police, health service, and housing department, and independent agencies, such as women's refuges and private domiciliary care organisations, need a similar understanding. Service users need to know what they can expect. The inspection found that such understanding is not always present.

3.2 Several SSDs provided a written definition of out-of-hours duties together with some of the basic procedures to be followed. The service for Cardiff and the Vale of Glamorgan, for example, describes its primary purpose as "... to provide a quality service to meet the two departments' statutory duties out of normal office hours". It describes how it does this and clarifies what the service cannot do in terms of the responsibilities of other agencies. It also describes areas of work that cannot be undertaken because of limited resources. Denbighshire also lists the primary and secondary objectives of the service, together with the services provided and priorities for assistance.

Good practice:

Denbighshire lists priorities for assistance:

1. Children at risk of significant harm where there is an immediate need for investigation/intervention under child protection procedures.
2. People with mental health problems requiring an immediate assessment under the Mental Health Act 1983, or removed to a place of safety under Section 136.
3. Children looked after by the local authority.
4. Children in need, but not at risk of significant harm, including appropriate adult duties under Police and Criminal Evidence (PACE) guidance.
5. Mentally disordered and/or vulnerable adults detained in connection with a criminal offence, where an appropriate adult is required to protect their welfare whilst in custody.
6. Disabled adults with community care packages of support, where an emergency has arisen and whose immediate welfare would be jeopardised if immediate assistance were not given.
7. Vulnerable adults at risk of significant harm, but not covered by the Mental Health Act 1983 or the National Assistance Act 1948.
8. Support to other statutory and recognised voluntary agencies which have a need to access the child protection register.

3.3 In one area served by a small, dedicated out-of-hours team there was a consistent understanding among team members of what the service could and should provide. In another area where a large number of staff employed by their respective authorities during the day worked on the out-of-hours duty rota at night there was less consistency about what the service was able to provide, or where the boundaries between office-hours and out-of-hours work lay. We asked staff in this area whose responsibility it would be if the police telephoned the SSD at 4.30 pm requesting an appropriate adult for an interview at the police station to be held at 8.00 pm. About half believed this to be the responsibility of mainstream staff because the referral was

received during office hours and half believed it to be the responsibility of the out-of-hours service because the interview constituted a different care episode out of hours. More generally, several staff said that the service provided varied too much according to who was on duty.

3.4 In this same area a manager on the rota acts as co-ordinator, receiving all the calls. Some staff commented that managers were good gatekeepers in their own field of expertise (areas of work they covered in office hours) but were less good in areas of work less familiar to them; as a consequence, some staff said, they were sent out on visits inappropriately. This raises questions about the training and support needs for co-ordinators and about the need for clear criteria for staff to be sent out to do an assessment.

3.5 The level of understanding among mainstream staff also needs to be improved. Some do not appreciate the difference between an emergency-only service and a service which is a continuation of mainstream services. Some do not know how many staff work out of hours on any one shift or how limited the resources are. Several out-of-hours staff in different areas commented on unrealistic expectations created by mainstream staff.

3.6 In a few examples there was confusion when mainstream staff continued to work with a case beyond office hours and then turned to the out-of-hours team to access additional resources – the out-of-hours team, concerned to conserve scarce resources such as foster placements, was said to be reluctant to help.

3.7 The relationship between out-of-hours services and other on-call systems also requires attention. Some SSDs, such as Cardiff, have on-call arrangements covering a range of service areas. Managers of children's services, for example, provide support for child care residential establishments and there is also a support service for foster parents. Where such additional on-call arrangements exist SSDs need to ensure that

roles and responsibilities are clearly defined. Cardiff itself has conducted a review of such arrangements.

3.8 SSDs need also to clarify the responsibilities of independent contractors providing services for numerous people through residential and domiciliary care and the like through day and night. For example, if a domiciliary care worker fails to arrive to assist a service user in getting to bed, it should not fall to the SSD's out-of-hours service to make alternative provision. The responsibility should clearly rest with the contractor, who should themselves have systems in place to meet such eventualities. Contracts and service level agreements need to make arrangements clear. If out-of-hours staff become aware of such services not being provided as agreed, their duty will include passing information to contract monitoring staff.

3.9 SSDs need to ensure that other agencies understand what they can expect from the out-of-hours service. Our questionnaire survey of referrers showed that much still needs to be done. Nearly all had up-to-date information about contact telephone numbers. But in answer to the question "Have you received any written information from the SSD which defines the range and extent of their out-of-hours provision?" the great majority replied "No". A few from Health Trusts and from women's refuges replied "Yes". There were also misunderstandings about roles and practice, for example with the police in one area as to whether it was right for a social worker attending as an appropriate adult should request the attendance of a solicitor, when the young person in custody had not requested one. (Recent guidance from the Wales Youth Justice Forum for appropriate adults states that "it is good practice to request a solicitor, even if the young person has declined this service".)

## Public information

3.10 Some SSDs publish the existence of their out-of-hours service more widely than others. For example, Cardiff and the Vale of Glamorgan and Powys give the

telephone number on all SSD answering machines; the number is also in the telephone directory and in SSD leaflets and is known to other agencies. The telephone facility allows callers to reverse the charges. Ceredigion publicises the availability of the service in its information for carers. Some SSDs, on the other hand, do not publicise the number, making it known only to intermediate agencies such as the police and health service.

3.11 Of those service users responding to the inspection survey, most were existing SSD service users and found little difficulty in contacting the out-of-hours service.

#### Fair access

3.12 More needs to be done to promote fair and equal access to out-of-hours services. All local authorities have equal opportunities policies and should strive to give them effect in practice.

#### Good practice:

##### Rhondda Cynon Taff policy statement:

The County Borough accepts the need to overcome discrimination in service delivery. This will be achieved by ensuring that all employees are made aware of their responsibilities toward equality of opportunity. Employees will be properly equipped to take account of the different and special needs of particular groups when providing services on behalf of the County Borough Council.

3.13 Authorities gave a minimal response to the question about steps taken to provide fair access to the out-of-hours service. One SSD publishes an A-Z of services in large print and several but not all out-of-hours services have a minicom.

3.14 All out-of-hours services use English. The service for Conwy, Gwynedd and the Isle of Anglesey and that for Carmarthenshire use Welsh and English. Some other services have Welsh speakers on the rota or access to Welsh-speaking staff.

Recruitment material and job specifications often state that the ability to speak Welsh is desirable but it is not clear how actively this is pursued in recruitment strategies. Most out-of-hours services have access to interpreters in other languages, through the police, a commercial or voluntary organisation, a local university or other contacts.

3.15 Calls on the service are not monitored by language, so it is not possible to measure how often a service is provided in the user's preferred language. Ethnic monitoring is also minimal, so it is impossible to measure the needs of minority groups.

3.16 Gender is an issue in the make-up of teams and in service response. A male social worker, for example, was uncomfortable about being asked to work with a female rape victim. In one out-of-hours team all the staff were male. In other cases the rota for one session would comprise only male, or only female staff, leaving no choice of gender in the service response.

3.17 Most out-of-hours social workers have access to appropriate training through their SSD, but take-up of equal opportunities and anti-discriminatory practice training appears minimal, with few exceptions.

Good practice:

Swansea out-of-hours team has undertaken joint training with the police, following the Stephen Lawrence Inquiry.

3.18 Few SSDs have a development plan for out-of-hours services that includes fair access initiatives, or to take on particular new challenges such as the needs of asylum seekers. Two SSDs have clear plans to develop baseline data on ethnicity and language.

Referral networks

3.19 Out-of-hours services receive referrals from a wide range of sources: direct from the public and from other agencies such as the police, GPs, district nurses, community psychiatric nurses, hospitals, Childline and other voluntary organisations. The referral network is an important factor in the quality and efficiency of the

service.

3.20 As part of the inspection, we sent questionnaires to local health groups, NHS Trusts, police forces, Childline, local MIND groups and women's refuges across Wales. Overall we received 31 responses from GPs (in eight local health groups), 47 from NHS Trusts, 19 from the police, 8 from local MIND groups and 23 from women's refuges.

3.21 Very few respondents had been consulted by the SSD about the provision of out-of-hours services. There were more positive exceptions:

Good practice:

One NHS Trust reported: "There are ongoing discussions with representatives from the SSD concerning provision of out-of-hours services, including occasional reviews of inter-agency working out of hours. A standby team ASW is a member of the mental health liaison group, a multi-agency group which reviews the working of the Mental Health Act locally."

One out-of-hours service holds a quarterly meeting which includes team members and representatives from other agencies, where operational issues are discussed.

3.22 Few organisations had any formal arrangements or protocols with the SSD which define responsibility for out-of-hours services. Some referred to child protection procedures. One police force had signed a protocol about sharing information subject to section 15 of the Crime and Disorder Act. Two women's refuges had service level agreements with SSDs. Several SSDs reported having protocols relating to child protection and mental health.

Response to referrals

3.23 Questions about arrangements to contact the out-of-hours service and whether referrers experienced any difficulty produced a mixed response. Some were very positive and others reported no difficulties. A significant number expressed some dissatisfaction. One source of frustration is difficulty getting through on the telephone – some reported that the 'phone was constantly engaged, some complained about having to go through the police or other service before getting to the out-of-hours service, some reported long delays in returning calls. One reported that a call had not been returned at all and another commented that "one telephone contact seems wholly inadequate for such an essential service". In one case a recorded message told callers to contact the police or that the service was closed due to sickness. In another case the telephone system had not been switched to the out-of-hours service, which was consequently unavailable.

3.24 Once contact had been made, respondents were generally more favourable, but still mixed, about the response made. Two thirds of GPs and four fifths of NHS Trust respondents made positive comments. Others highlighted problems.

Praise ...:

"Excellent, I cannot speak too highly of them."

"Generally excellent allowing for obvious time delays."

"When the service is accessed staff are helpful and effective."

"usually very supportive."

"most helpful."

"very responsive."

... and criticism:

"A skeleton service which in practice only responds when pressed forcefully for help."

"Fire fighting response only."

"Vast room for improvement in all areas due to the lack of staff committed to the function out of hours."

3.25 Some complaints are more about the level of service than the quality of the response, or about more general shortfalls in provision:

- “In the case of vulnerable elderly we are often contacted by clients out of hours not because their illness has got worse but because their social care provision has broken down.”
- “Often medical calls are responding to calls that require social care because clients cannot access care out of hours.”
- “... had to admit people into hospital for social problems because of difficulty in obtaining SSD help out of hours.”
- “We frequently have to resolve issues that should be dealt with by social services because out-of-hours procedures are so poor.” (Police respondent)

3.26 Some of these problems are more pronounced at bank holiday periods:

- “Most services shut down at this time when most problems arise. Meals on wheels are stopped. Carers fail to turn up ...”
- “... carers don’t turn up, community nurse left holding the problem.”
- “Out of hours unable to provide help over the weekend when home situation broke down. GP admitted to hospital needlessly.”

3.27 Several respondents from NHS Trusts commented on the need for more social services support to accident and emergency departments at evenings and weekends to prevent hospital admission and improve hospital discharge. (One SSD respondent commented on the difficulty of getting a hospital admission when required.)

3.28 Several respondents from a range of agencies commented on the lack of feedback on referrals. Childline Rhyl referred 35 children and young people to out-of-hours services in eight SSDs between January 1999 and March 2000. Their policy is to confirm the referral in writing and request feedback, so that if the caller get in touch again Childline staff can make an informed response. Childline received only five letters offering any feedback of which only two provided information to assist with future work.

## Services delivered

3.29 Out-of-hours services respond to a variety of needs. These include assessments under the Mental Health Act 1983, providing an appropriate adult to meet the requirements of the Police and Criminal Evidence Act 1984 when young people or vulnerable adults are interviewed by the police, undertaking child protection investigations, intervening in family conflict, undertaking emergency community care

assessments and arranging emergency care packages involving for example the provision of domiciliary care or immediate placement in residential or nursing homes. In some cases the work is done over the telephone; in others a visit is required.

3.30 Inspectors heard of numerous examples of good practice. These included the arrangement of emergency packages of care for vulnerable people, the defusing of family conflict, and protecting the rights of people with mental health problems.

3.31 Of the fourteen service users who responded to our questionnaire, nine reported that they found the person who answered the telephone helpful and five found them unhelpful. Seven reported that they completely or mostly received the help they needed while four did not receive the help they required. Seven were very or reasonably satisfied with the service as a whole and five were dissatisfied – some because the social worker refused to visit or because help was not immediate.

3.32 Of the respondents from referring agencies, slightly more were generally satisfied with the service than were dissatisfied.

3.33 This inspection cannot reach any firm conclusions on the overall quality of out-of-hours social services in Wales. There are some gaps between expectations and delivery that cannot easily be resolved, because of the level of resources available. Some gaps between expectations and delivery could be resolved with better information and understanding. We can say with some confidence that there is a significant degree of inconsistency in the quality of services throughout Wales and in some cases within the same service. Inspectors were generally very impressed with the commitment demonstrated by frontline staff and their immediate supervisors on duty. This is not sufficient in itself to ensure a quality service overall.

## CHAPTER 4 FINDINGS: ORGANISATION, MANAGEMENT AND STAFFING

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### Joint and single authority arrangements

Table 1 sets out the organisation and management arrangements for each service.

Table 2 sets out the population and density for each area covered.

Table 1: Organisation and management arrangements

	Local authorities	Management arrangements
1	Blaenau Gwent Caerphilly Monmouthshire Newport Torfaen	Joint arrangement co-ordinated by Caerphilly. Staff employed by each authority to work across whole area.
2	Bridgend Merthyr Tydfil Rhondda Cynon Taff	Rhondda Cynon Taff employ and manage staff on behalf of all three authorities to work across area.
3	Conwy Gwynedd Isle of Anglesey	Joint arrangement ...
4	Cardiff Vale of Glamorgan	Cardiff employ and manage staff on behalf of both authorities to work across area.
5	Carmarthenshire	Single authority.
6	Ceredigion	Single authority.
7	Denbighshire	Single authority.
8	Flintshire	Single authority.
9	Neath Port Talbot	Single authority.
10	Pembrokeshire	Single authority.
11	Powys	Single authority.
12	Swansea	Single authority.
13	Wrexham	Single authority.

Table 2: Population and density

	Local authorities	Population	Total	Land area percentage of Wales
1	Blaenau Gwent Caerphilly Monmouthshire Newport Torfaen	72,009 169,571 86,251 139,208 90,188	557,227	7.47
2	Bridgend Merthyr Tydfil Rhondda Cynon Taff	131,430 56,955 240,360	428,745	3.75
3	Conwy Gwynedd Isle of Anglesey	111,948 117,450 65,397	294,795	21.13
4	Cardiff Vale of Glamorgan	320,940 121,295	442,235	2.28
5	Carmarthenshire		168,976	11.52
6	Ceredigion		70,703	5.75
7	Denbighshire		90,545	4.06
8	Flintshire		146,956	2.10
9	Neath Port Talbot		138,768	2.13
10	Pembrokeshire		113,693	7.65
11	Powys		125,996	25.00
12	Swansea		229,531	1.81
13	Wrexham		125,154	2.39
	Wales		2,933,324	100

4.1 The patterns of combination show no particular logic of population or density. They are a result more of the readiness of local authorities at the time of local government re-organisation to continue existing county arrangements or to go their own way.

4.2 The advantages of joint arrangements are mainly those of economies of scale, providing a larger pool and range of staff for the service and spreading the

management and supervisory capacity less thinly (a particular advantage for small authorities). In some cases the service may also benefit from greater co-terminosity with partner agencies. The Gwent service, for example, covers an area co-terminous with the police and health authority areas.

4.3 The disadvantages are the need for staff employed by one authority to work in another with whose geography, policies, procedures and resources they may be less familiar. There may also be greater difficulty in co-ordinating out-of-hours and office-hours work and in securing direct accountability. Single authority services may also better exploit links with other council services, such as the community alarm system.

#### Organisational arrangements

4.4 The four joint arrangements have differing arrangements for managing, financing and securing accountability for the service. In Gwent there is a formal agreement between the five authorities. The service is overseen by a joint board of assistant directors from each SSD. One authority, Caerphilly, administers the service on behalf of all. Staff remain employed by their home authority, working out of hours on an agreed rota. Core costs are divided according to population and variable costs by actual use of the service.

4.5 In the second largest service, Rhondda Cynon Taff employ and manage a dedicated team of staff on behalf of itself, Bridgend and Merthyr Tydfil. The service is overseen by a joint user group comprising assistant directors of children's services from each authority, resource management officers, the emergency duty team manager and the Rhondda Cynon Taff operations co-ordinator. Costs are apportioned on the basis of the number of calls received by the team. (This method of apportioning costs is currently under review).

4.6 The third largest service serves Cardiff and the Vale of Glamorgan. Cardiff employ and manage a dedicated team of staff. There is no formal management

board. The Vale of Glamorgan pays a proportion of the cost based on a disaggregation formula used at the time of local government re-organisation.

4.7 In north-west Wales lead responsibility for the service has recently transferred from Conwy to Gwynedd. A joint management board comprises an assistant director from each authority and the manager currently responsible for the service, which is provided by a mix of full-time and sessional workers. Costs are divided on the basis of population.

4.8 All these collaborative arrangements are based on formal agreements. These collaborative arrangements serve 58% of the population of Wales.

4.9 The remaining nine local authorities provide their own independent service.

## Staffing

4.10 Out-of-hours services are staffed in different ways: with dedicated teams of staff employed solely to work out of hours, with mainstream office-hours staff covering out-of-hours work on a rota, or a mixture of the two. Staff in dedicated teams may work full-time, part-time or on a sessional basis.

4.11 Dedicated staff teams reduce the stress on mainstream staff, allow the team to provide a more consistent response and allow staff to develop expertise. Rota systems for mainstream staff aid continuity between office-hours and out-of-hours work. Choices between the two may be constrained by size and population density factors, but Table 3 shows no obvious correlation.

Table 3: Staffing arrangements

Out-of-hours services delivered by dedicated teams	Out-of-hours services delivered by mainstream staff on a rota
Cardiff and the Vale of Glamorgan	Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen
Bridgend, Merthyr Tydfil and Rhondda Cynon Taff	Carmarthenshire
Conwy, Gwynedd and Isle of Anglesey	Denbighshire
Ceredigion	Flintshire
Neath Port Talbot	Powys
Pembrokeshire	Wrexham
Swansea	
Some of these services also use mainstream staff on rota	

4.12 The number and nature of staff on duty also vary. Three services rely on one member of staff to provide the whole range of services. (One of these has two members of staff on Saturdays.) Two services have two staff on duty: one for child care and one for adults. Another has three: one for child care, one (approved social worker) for mental health and one for community care. The relationship between resources and demand is not constant. The service that receives most calls has fewer staff on duty than one receiving only a seventh of the number of calls (albeit covering a larger area). The total number of staff involved in providing the service varies greatly, from three in one area to more than fifty in another.

4.13 Fourteen SSDs provided information about the background and experience of their staff. The average age was 44. About 45% were male and 55% female. Some services had an even gender balance while in others there were almost twice as many females as males. One service is staffed only by males. Nearly all staff classify themselves as white British or European.

4.14 The average length of experience is over nine years since qualification and in some services over twenty years. In most services the length of out-of-hours working experience is over five years. In only two services is it below three. The large majority of staff had a Certificate of Qualification or Diploma in Social Work. Several had Certificates in Social Services.

4.15 The high levels of experience among staff are a very positive feature of out-of-hours services. Many staff will have qualified and worked generically in social services before the implementation of the Children Act 1989 and the National Health Service and Community Care Act 1990 effectively divided children's and adult services. Many have worked long enough in their area to develop impressive informal networks. The high average age also means that many staff will be due to retire in the coming years and will need to be replaced.

4.16 Most SSDs require staff working out of hours to have a social work qualification and at least two (sometimes three) years' post-qualification experience. Some authorities have had difficulty in recruiting suitably experienced staff and have used less experienced staff supported by others with more experience. Several SSDs forwarded job specifications spelling out the attributes required. These included:

- Social work qualification
- Approved social worker status
- Joint child protection investigation training (completed or awaited)
- Training in emergency protection orders
- Training in Police and Criminal Evidence Act
- Practical knowledge of legislation

- A knowledge of the main agencies and their functioning
- Knowledge of the principles of crisis intervention theory
- Commitment to continuing professional development
- Full driving licence
- Clear/concise written and verbal communication
- Ability to communicate at all levels
- Ability to organise information and record it concisely
- Computer literacy
- Sensitivity and approachability
- Interpersonal skills to work with people in stressful situations
- Ability to work independently with minimum support in crisis situations
- Ability to understand and manage conflict situations
- Assessment skills
- Ability to make decisions and plan effectively
- Ability to negotiate
- Ability to use scarce resources imaginatively and creatively
- Ability to use networks in solving problems
- Ability to co-ordinate and manage work on a multi-agency basis
- Commitment to equal opportunities
- Experience of working in a multi-racial environment
- Knowledge of the Council's equal opportunities policy
- Commitment to user involvement
- Ability to speak Welsh
- Commitment to safe working practice.

4.17 Most out-of-hours staff have access to training. Some services build this in as a matter of routine.

**Good practice: Training**

Cardiff provides five days a year training for child care work and six for approved social worker work.

## Management and supervision

4.18 Management and supervision arrangements vary in a way not explained by size, structure or staffing arrangements.

4.19 In some services the duty social worker is the first and only point of contact and must in effect manage their own work.

4.20 Several out-of-hours services operate with a senior social worker or co-ordinator who receives the calls and co-ordinates the response during a shift. These co-ordinators allocate the work to the duty social workers and provide ongoing advice, support and information. They do not all provide supervision to the duty social workers and do not necessarily have a role in monitoring the quality of the service.

4.21 Several services employ a manager. The duties of the manager may include:

- establishing a written operational policy for the team, in consultation with staff and (in joint arrangements) with participating authorities
- ensuring consistent delivery of the service
- ensuring the rota is covered and a service is provided for the agreed hours
- providing consultation, advice and guidance to team members through individual supervision and team meetings
- monitoring the work of staff, conducting performance appraisals, identifying training needs and seeing that these are met
- ensuring that the team conforms with current policies and is aware of any changes in policy
- ensuring that staff understand and comply with health and safety and working alone policies and procedures
- assisting with the recruitment, induction and training of staff

- maintaining regular liaison with office-hours team managers to ensure effective transfer of information and work
- maintaining regular liaison with external agencies to ensure effective working arrangements
- managing the budget for the service
- monitoring the overall work of the team, collecting information and providing periodic reports on performance
- investigating any complaints in accordance with agreed procedures
- alerting senior managers of any problems threatening the effective and efficient work of the service
- (in joint arrangements) identifying problems arising from differing policies and practices in the participating authorities and reporting to the steering group.

4.22 In some services staff report directly to more senior managers. The inspection showed that this arrangement is unlikely to provide sufficient consistent management attention to enable the service to operate well and develop.

4.23 Supervision arrangements for individual staff vary considerably. Some receive no effective supervision of their practice, despite the fact that they are operating in an isolated way and in crisis situations.

4.24 In areas where there is no dedicated out-of-hours team, several SSDs indicated that staff receive supervision on all their work from their line manager. In one such service staff reported that they did not receive supervision on out-of-hours work and had no opportunity to meet with other out-of-hours staff to discuss their work.

4.25 In one area with a dedicated team, all full-time staff receive regular supervision and attend team meetings. Other staff had access to the manager and attended meetings when they could.

4.26 Other arrangements included meetings with the assistant director every three or four months, and monthly group supervision. Some of these arrangements clearly do not provide the regular accountability and attention to professional development that is the hallmark of effective supervision.

## Health and safety

4.27 Out-of-hours work carries heightened risk because of the concentration of crisis work and the absence of normal office-hours safeguards. In particular, staff often have to work alone in places and with people unfamiliar to them and away from sources of support.

4.28 Employers have a responsibility for the health and safety at work of their employees and of others affected by the work. Employers have a duty to assess risk and to take steps to avoid or control risk when necessary. SSDs must have effective policies and procedures and must take all reasonable steps to reduce risk to their staff. This inspection showed that many local authorities are not fulfilling their responsibilities.

4.29 In one predominantly urban area, out-of-hours staff had a good awareness of safety issues. They were much clearer about when they should make visits, venues to be used for meetings and the involvement of police and other professionals. In other areas the awareness is nowhere near as high.

4.30 Good risk assessment requires as much relevant information as possible, and clear indications from past records when there have been problems.

Good practice ... :

Monmouthshire have reviewed safety of staff in their mental health team. They have drafted a procedure which requires that information about risk of violence will be recorded in all case records and at the front of the file. The file and the computer entry carry warning indicators.

... and bad:

Out-of-hours staff do not have access to the file or computer records.

4.31 Good practice also requires clear guidelines to staff, and wherever possible a sharing of the responsibility. Where there is a co-ordinator or manager on duty, they should assess risk before sending staff out to visit, taking into account the nature of the referral, case history, location and involvement of other services.

4.32 Inspectors found that social workers often went out without such risk assessment taking place, or that social workers themselves were making judgements as to whether to ask for extra support. There were inconsistencies between office-hours and out-of-hours practice. In one area social workers transported young people alone out of hours when this would not have happened during office hours. In some cases social workers used family or friends as chaperones. This raises questions not only about the level of support available through the employer but also about insurance and confidentiality.

4.33 Some authorities, for example Denbighshire and Flintshire, had arrangements to keep track of staff out visiting. One authority had no system for checking the safe return of workers. In another, the social worker was expected to telephone the senior social worker on return, but it was not clear at what point the alarm would be raised if the return was delayed.

4.34 Some SSDs have provided mobile telephones and personal alarms to out-of-hours workers. Even when this was the case, practice was sometimes inconsistent and the arrangements were sometimes not convenient for staff.

4.35 Some SSDs provide training to staff on health and safety, on risk assessment and on dealing with violence.

4.36 Inspectors also found cases in which out-of-hours staff had been involved in moving and handling people without proper training.

### Support systems

4.37 Out-of-hours staff need good information about service policies and procedures, inter-agency arrangements and resources and facilities available. They also need access to case records and registers, and to be briefed on problems likely to arise.

4.38 In one area, staff did not have good up-to-date information. Some social workers said they had been given an information pack, some said they had not. Some had developed their own resource packs. Some had resorted to using yellow pages to find residential or nursing homes or other facilities while on duty.

4.39 Very few staff have direct access to case records. Many SSDs have arrangements to give out-of-hours staff access to the child protection register via the police. One SSD provides access via an elderly persons home. One SSD provides a sealed copy of the child protection register to staff in their duty bag. One team has access to records in an office base until midnight, when the duty worker goes to complete the shift at home.

#### Good practice:

Powys has upgraded the home computers of all co-ordinating managers to give them access to the social services database.

4.40 Information passed to out-of-hours staff from office-hours staff varies considerably, within and between areas. Sometimes out-of-hours staff receive good information about likely referrals and possible courses of action, sometimes they receive partial information, sometimes none at all. Shift arrangements often mean that there is no easy opportunity for discussion at handover times.

4.41 The provision of technology to support staff generally varies. Some have mobile telephones, some faxes, some have access to computers. Few have the full range available to office-hours staff.

4.42 Staff may also need access to advice, from more senior managers or sometimes from lawyers. Most SSDs have arrangements to contact senior managers if need arises. The out-of-hours team in one area has access to legal advice, but in other areas several staff expressed concern that they did not.

#### Inter-agency arrangements

4.43 Good inter-agency work at a practice level requires an understanding of each other's responsibilities, functions and operating procedures, underpinned as appropriate by operational protocols and good arrangements at management and policy levels to resolve problems and develop better services.

4.44 Many out-of-hours staff, by dint of their experience, have developed good working relationships with staff in other agencies. There are, however, still instances of misunderstanding and failures to work together to best effect.

4.45 As reported in Chapter 3, few SSDs provide good information to other services about their out-of-hours service, have formal protocols setting out working arrangements, or regular meetings to review the working of out-of-hours services and to resolve problems.

## Monitoring and evaluation

4.46 The quality of management information about out-of-hours services varies considerably. Some SSDs keep good information about calls received, the source of referral, the geographical area (particularly in joint arrangements), whether the call resulted in a visit and whether the call resulted in further action to be taken by mainstream services. In some areas this information is broken down by client group (for example child care, mental health) and in some cases further divided into more detailed categories (for example child protection, children looked after, youth offending). Some SSDs record calls per session or the timing of calls, to show the pattern of demand at different times.

4.47 From the information provided by SSDs, we calculated that there may be about 75,000 calls a year to out-of-hours services in Wales. In one area the number of calls had increased by over 60% in the past six years (with no increase in resources). The percentage of calls resulting in a visit ranged from between 1% and 2% in one area, through figures around 7%, 15%, and 20% to more than 31% in another area.

4.48 Three SSDs did not provide information on expenditure – one stated that it did not have a specific budget for out-of-hours services. Information from the other 19 SSDs suggested that the average spend per head of population is about 60p. Expenditure in authorities providing their own service ranged from 44p to £1.07, and in joint arrangements from 48p to 62p. (Some variation may reflect different accounting practices.)

## Planning, review and service development

4.49 Some authorities have reviewed the operation of their out-of-hours services in recent years and have made changes as a result. Others have developed particular aspects of the service, such as the provision of technological support. Several

authorities are planning Best Value reviews of their out-of-hours services. In many areas, however, there is little evidence of serious management attention to the working of the service, or any real attempt to analyse need and plan service development accordingly.

Good practice:

Swansea reviewed their out-of-hours service in 1997. The service business plan contains a mission statement, aim, objectives and a work plan to develop the service.

## CHAPTER 5 CONCLUSIONS

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5.1 This inspection provides a broad overview of out-of-hours social services in Wales. It did not examine all services in detail. It found considerable variation in the way services are provided and managed. Some findings are, nonetheless, more generally applicable.

5.2 Most services have continued as they were set up in 1996 at the time of local government organisation. (One or two have continued more or less unchanged since before that.) With a few exceptions, little attempt has been made to review or develop services to take into account changing needs and circumstances.

5.3 Most services rely heavily on the individual social workers providing the service. These social workers are in the main appropriately qualified and highly experienced, and well used to operating on their own in often difficult circumstances. More issues will arise as these workers need replacing.

5.4 The quality of professional, managerial, administrative and technological support to these staff varies enormously, as do systems of accountability, quality assurance and service evaluation. Some authorities are very vulnerable through the lack of such support and accountability systems.

5.5 The inspection raises particular concerns about the health and safety of staff and in some cases the protection of the public from potential abuse or breach of confidentiality.

5.6 We cannot comment authoritatively on the quality of service delivered. Much good and skilful work is done which is of great value to individuals concerned and to the discharge of statutory responsibilities. The frequent absence of effective monitoring, supervision, service evaluation and user feedback means that instances of poor practice or unsatisfactory services do not come reliably to attention. The

heightened vulnerability of many users of out-of-hours services increases the need for proper safeguards of service quality, and means of ensuring that concerns and complaints come to light and can be properly investigated.

5.7 The quality of co-ordination between out-of-hours services and office-hours services varies considerably and leaves much to be desired in some areas.

5.8 The networks with other agencies and services require further development. Frequently good working relationships at practice level are not sufficiently mirrored by good arrangements at organisational level. This means that there are no reliable means to address service deficits or problems. One particular complaint from referrers was the lack of feedback.

5.9 Most out-of-hours services are ripe for review. The internal needs for evaluation, planning and development are matched by significant changes in external circumstances.

5.10 Most out-of-hours services operate across the range of local authority social services responsibilities. Structural and professional changes mean that office-hours services are not delivered in this way, but may be separated between children's, adults, mental health and youth offending services. This has implications for out-of-hours services.

5.11 Changes in local authority corporate structures may have further implications, for example possible links with community alarm and other emergency services.

5.12 Developments in other services, such as NHS Direct and the need to respond more quickly to emergency pressures, may also change expectations on social services.

5.13 The drive to achieve best value, and more generally to achieve services that are more joined up and which are more responsive to users and carers, requires a review of services that meet vital needs at times of crisis.

5.14 In most authorities the out-of-hours service is currently intended only as a limited emergency service, not a continuation of mainstream services. The view of many outside local authorities who contributed to the inspection is that current arrangements offer a skeleton service only. If the service is to be developed more fully, in response to local or national initiatives (for example to speed hospital discharges), then more resources will be needed.

5.15 Some of these matters require national as well as local attention. These include the role of Social Services Emergency Services in the context of national policy including:

- handling emergency pressures in the NHS
- providing links with NHS Direct
- other developments providing more open or round the clock services.

The findings of this inspection will provide an important input to the Assembly's consideration of these and related developments.