



Internal Audit Report  
Education & Children's Services  
16-23 Personalisation  
March 2017

## Final Report

Finance Division  
Corporate and Democratic Services  
Perth & Kinross Council  
Council Offices  
2 High Street  
Perth  
PH1 5PH

### Internal Audit

“Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”. Public Sector Internal Auditing Standards (PSIAS)

On 27th March 2013, the Council’s Audit Committee approved the PSIAS as the relevant standard for its Internal Audit activity.

### Background and Introduction

This audit was carried out as part of the Internal Audit plan for 2016/17, which was approved by the Audit Committee on 30 March 2016.

Personalisation and self-directed support, within a social care setting, is about actively involving people in shaping and selecting the services they receive. In terms of social work services to children and families, this means working with young people and their families through a person-centred approach to support greater choice over the support they receive and the way in which they receive it. This allows families to decide how and who is going to help meet their assessed needs and personal outcomes.

The Social Care (Self-Directed Support) (Scotland) Act 2013 came into effect in April 2014, placing duties on local authorities to offer greater choice and control to people who they have assessed as eligible for support. This legislation works in conjunction with other aspects of the broader reform agenda, and closely aligns with Getting It Right For Every Child (GIRFEC) and the Children (Scotland) Act 1995.

The Service has advised that throughout 2015 and 2016 they have been moving towards implementation by prioritising the development of the cultural conditions for personalisation. The focus has been on encouraging staff to view personalisation as an approach, rather than a set of procedures, and to draw on SDS principles to address vulnerability and risk.

Audit testing was carried out in January and February 2017.

### Scope and Limitations

The audit considered arrangements in place within Children, Young People and Families Services, regarding personalisation relating specifically to legislative requirements defined within the Social Care (Self-Directed Support) (Scotland) Act 2013.

The review consisted of analysis of documentation and systems in place and interviews with officers within the Planning, Performance, Partnership & Woodlea Cottage Service, Fieldwork Services and other relevant officers within Education & Children’s Services (ECS) as identified.

The audit did not evaluate compliance with GIRFEC requirements and similar legislation yet to be enacted. The audit did not evaluate the qualitative nature of the assessments which have been undertaken by social work professionals.

## Control Objectives and Opinions

This section describes the purpose of the audit and summarises the results. A 'control objective' is a management objective that requires the maintenance of adequate and effective internal controls to ensure that it is achieved. Each control objective has been given a rating describing, on the basis of the audit work done, the actual strength of the internal controls found to be in place. Areas of good or poor practice are described where appropriate.

Control Objective: To ensure the adequacy of arrangements to support personalisation through Self-Directed Support (SDS)	
<p>Internal Audit Comments:</p> <p>Internal Audit has observed arrangements in place to support personalisation through SDS. These include collaboration with Housing &amp; Community Safety, process development, pilot schemes, the review of Service Level Agreements and budgets and a planned transformation project to develop an appropriate commissioning strategy. The first phase of implementation has been carried out within the Child Health Team, with recent expansion to the Fieldwork Teams through the provision of a dedicated locally held and managed budget.</p> <p>It is recognised nationally that SDS is less advanced in services for children and families, than for adults and this national position is reflected in Perth and Kinross. The Service acknowledges that further development would strengthen arrangements to ensure that SDS is fully embedded within ECS by the target date of 2020, set by the Scottish Government. This includes a need to put in place a Council-wide strategy supporting SDS implementation and associated arrangements, which acknowledges the differences in application across services for adults and children. In addition, the Service should undertake a full implementation self-evaluation exercise as recommended by Audit Scotland.</p> <p>The Service reviewed options for SDS within ECS through the delivery of 2 pilots, the first of which concluded in May 2016 and the second which is ongoing. Whilst consideration has been given to the evaluation of both of these schemes, there are improvement actions from the first pilot scheme which are still to be completed. This includes the revision of procedures and training materials.</p>	
Strength of Internal Controls:	Moderate

## Management Action and Follow-Up

Responsibility for the maintenance of adequate and effective internal controls rests with management.

Where the audit has identified areas where a response by management is required, these are listed in Appendix 1, along with an indication of the importance of each 'action point'. Appendix 2 describes these action points in more detail, and records the action plan that has been developed by management in response to each point.

It is management's responsibility to ensure that the action plan presented in this report is achievable and appropriate to the circumstances. Where a decision is taken

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not to act in response to this report, it is the responsibility of management to assess and accept the risks arising from non-implementation.

Achievement of the action plan is monitored through Internal Audit's 'follow up' arrangements.

Management should ensure that the relevant risk profiles are reviewed and updated where necessary to take account of the contents of Internal Audit reports. The completeness of risk profiles will be examined as part of Internal Audit's normal planned work.

### Acknowledgements

Internal Audit acknowledges with thanks the co-operation of officers within the Planning, Performance, Partnership, Child Health Team and Woodlea Cottage and all other relevant officers within ECS who assisted during this audit.

### Feedback

Internal Audit welcomes feedback from management, in connection with this audit or with the Internal Audit service in general.

### Distribution

This report has been distributed to:

B Malone, Chief Executive

J Fyffe, Senior Depute Chief Executive Equality, Community Planning & Public Service Reform

S Devlin, Director (Education & Children's Services)

J Pepper, Head of Services for Children, Young People & Families

J Symon, Head of Finance

K McNamara, Head of Strategic Commissioning and Organisational Development

L Simpson, Head of Legal Services

G Taylor, Head of Democratic Services

C Mackie, Service Manager – Planning & Performance Partnership

S Cooper, Improvement Officer

P Dickson, Complaints & Governance Officer

External Audit

### Authorisation

The auditor for this assignment was L Ferguson. The supervising auditor was M Morrison.

This report is authorised for issue:

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Jacqueline Clark  
Chief Internal Auditor  
Date: 31 March 2017

Appendix 1: Summary of Action Points

No.	Action Point	Risk/Importance
1	<a href="#">SDS Strategy/Policy &amp; Evaluation</a>	High
2	<a href="#">Risk, Implementation &amp; Monitoring</a>	High
3	<a href="#">Evaluation Actions &amp; Procedures</a>	Medium

## Appendix 2: Action Plan

### Action Point 1 - SDS Strategy/Policy & Evaluation

Statutory Guidance refers throughout to Local Authority strategy/policy for implementation of SDS. This strategy/policy should address matters such as eligibility, allocation of resources and integration with any other relevant plans.

Whilst the Service is aware of current arrangements and plans for the delivery and monitoring of SDS, these have yet to be formalised in a strategic document and presented for approval at an appropriate level. The Service stated that further guidance is anticipated from the Scottish Government which will assist in the development of a Council-wide strategy along with colleagues from Housing & Community Safety.

In line with recommendations from an Audit Scotland report in 2014, the Service may benefit from completing a self-evaluation of arrangements using the appropriate matrix from either CIPFA or Audit Scotland. Outcomes from this could be used to inform, and facilitate discussion about, an appropriate documented framework and strategy.

### Management Action Plan

1. The Service will undertake a self-evaluation of SDS implementation using the Audit Scotland matrix.
2. Following receipt of the guidance from the Scottish Government, the outcomes from the above will be used to inform the Council-wide strategy, which will then be considered at the appropriate Committee.

Importance:	High
Responsible Officer:	C Mackie, Service Manager – Planning & Performance Partnership
Lead Service:	Education & Children's Services
Date for Completion (Month / Year):	1. August 2017 2. October 2018
Required Evidence of Completion:	1. Completed Audit Scotland matrix showing Self –Evaluation of SDS 2. Approved strategy and minutes from Committee showing approval.

### Internal Audit Comments

Satisfactory

## Action Point 2 - Risk, Implementation & Monitoring

A report completed by Audit Scotland in June 2014 highlighted that Councils should ensure that they have a clear plan and effective arrangements for managing the risks to successfully implementing SDS. This includes monitoring the risks regularly, and keeping Elected Members and senior managers informed of progress.

The Service's monitoring processes do not yet include any reference to SDS implementation, monitoring or the risks attached to these.

### Management Action Plan

1. The Service will review the Audit Scotland report and Statutory Guidance to identify the key risks for SDS implementation.
2. The outcomes from the above will be considered for inclusion within the Service's formal monitoring processes and risk register for 2017/18 as appropriate.

Importance:	High
Responsible Officer:	C Mackie, Service Manager – Planning & Performance Partnership
Lead Service:	Education & Children's Services
Date for Completion (Month / Year):	1. June 2017 2. October 2017
Required Evidence of Completion:	1. Evidence of review 2. Review outcome documentation , including mechanism for formal reporting to senior managers and Elected Members

### Internal Audit Comments

Satisfactory

## Action Point 3 - Evaluation Actions & Procedures

The Service completed the evaluation of an SDS pilot within May 2016. Whilst a corresponding action plan was drafted this did not identify timescales or owners sufficiently. At the time of Internal Audit testing, not all actions have been completed.

It was noted that the Child Health Team and Fieldwork Teams are using different forms for processing SDS. In line with actions identified as part of the evaluation exercise, Internal Audit notes that procedures and training materials would benefit from revision to provide clarity around processes

Furthermore, there was an additional multi-agency pilot designed in association with a secondary school which has recently concluded, with an evaluation being completed by an external organisation: Children in Scotland. There is scope for the Service to liaise with Children in Scotland to ensure that lessons learned from this evaluation are formulated into an action plan and monitored at an appropriate level.

## Management Action Plan

1. The Service will revisit the action plan from the May 2016 pilot and document action owners and target dates. Follow up of actions will be monitored through Children and Families Services Senior Management Team (CFSMT).
2. Evaluation of the recently concluded SDS pilot will be analysed by the Service and an appropriate briefing paper/action plan will be presented to CFSMT and followed up as necessary.
3. The service will consider ways in which the application and implementation of SDS can be incorporated into commissioning arrangements with third sector organisations for children and families at risk, and the ongoing strengthening and implementation of GIRFEC.

Importance:	Medium
Responsible Officer:	C Mackie, Service Manager – Planning & Performance Partnership
Lead Service:	Education & Children's Services
Date for Completion (Month / Year):	October 2017
Required Evidence of Completion:	1. Revised action plan with action owners and target dates and minutes of CFSMT showing acknowledgement of this. 2. Minutes of CFSMT showing consideration of the recent pilot evaluation 3. Outcomes from the considerations

## Internal Audit Comments

Satisfactory



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