in the shadows: emergency out of hours social work services in Scotland
The SCC assesses the consumer perspective in any situation by analysing the position of consumers against a set of consumer principles.

These are:

ACCESS
Can consumers actually get the goods or services they need or want?

CHOICE
Can consumers affect the way the goods and services are provided through their own choices?

INFORMATION
Do consumers have the information they need, presented in the way they want, to make informed choices?

REDRESS
If something goes wrong, can it be put right?

SAFETY
Are standards as high as they can reasonably be?

FAIRNESS
Are consumers subject to arbitrary discrimination for reasons unconnected with their characteristics as consumers?

REPRESENTATION
If consumers cannot affect what is provided through their own choices, are there other effective means for their views to be represented?

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Chairman’s preface

Social work services in Scotland play a vital role in protecting and supporting vulnerable members of our communities, providing everything from lunch clubs, home help services and residential care homes, to child protection and adoption and fostering services. In addition to this wide range of services, there are many different client groups, including older people, disabled people, those with problems related to addiction, people with mental health problems, children and families, and offenders who have been in contact with the criminal justice system. It is vitally important that social work services also provide an emergency service outside normal working hours, and in the absence of much research in this area, we thought that it would be useful to have a look at how this service is being provided in Scotland.

Our research shows considerable variation in the way emergency out of hours social care services are provided in Scotland, with some local authorities providing their own service, while others come together to use a service provided on a regional basis. There is also variation in how services provide information to service users, and in how the service is accessed.

We found many local authorities extending their mainstream services beyond normal opening hours, with some services continuing to be provided into the evening. The pattern of service provision is becoming more complicated, with overlapping services available out of hours. Nonetheless, the emergency out of hours service has a clear focus on providing support in emergency situations.

Providing emergency services is challenging and stressful. The work is unpredictable and staff have to be able to respond to any situation, often without the support of other staff working alongside them. The type of cases which come up are often distressing, involving child protection or people being detained under mental health legislation.

We believe it is time that this ‘Cinderella’ service was brought out of the shadows. Its importance should be more widely recognised and the challenges in providing a high quality service acknowledged. At the same time, from the perspective of service users, we believe there should be agreed national standards to which all emergency out of hours services should be working. We believe that to take this forward it would be useful for there to be a national review or inspection of the emergency out of hours services, which would provide an opportunity to assess the most effective way of developing and enhancing the service to all service users in Scotland.

Graeme Millar
Chairman
Acknowledgements

We would like to thank the Association of Directors of Social Work in Scotland for their advice on and support for this research. The Scottish Out of Hours Social Work Group contributed to the planning of the research, and has provided invaluable comment at all stages. We have also benefited from the advice of several people involved in providing emergency out of hours services, and we thank them for their input to the questionnaire.

The SCC’s Health and Social Care Committee oversaw the work for this report. The members of the committee at the time were John Hanlon (chair), Liz Breckenridge, Isabelle Low, Mukami McCrum, John Wright, Helen Tyrrell, Graeme Millar (ex officio), Heather Brash (ex officio), and Martyn Evans (ex officio).

Andrew Pulford, Researcher at the SCC, drafted the survey and analysed the results. Andrew Pulford and Liz Macdonald (Policy Manager) carried out the telephone interviews.
1 Background

1.1 Policy context

The Social Work (Scotland) Act 1968 imposes obligations on local authorities to assess and provide social work and social care services. The Act imposes a general duty (section 12) on local authorities to promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for their area. This statutory duty continues to apply outside normal working hours.

Current social care policy emphasises the importance of those requiring care services being able to remain in their own homes. Care in the community means an increasing number of vulnerable people, including older people, people with mental health problems and people with learning difficulties living in the community, and potentially having difficulties or crises at a time when normal daytime services are not available. Similar needs arise when patients are discharged from hospital and return to their own homes, sometimes in response to pressure to unblock beds, when they may still be in need of support to prevent the need for readmission. This requires joint working with health service providers.

Finally, an increase in the number of cases involving child protection issues creates the need for staff to respond to high risk situations on a 24-hour basis. There are currently proposals from the Scottish Executive to develop a 24-hour child protection service, but at present, after normal working hours, child protection is the responsibility of out of hours social care.

In addition to the need to provide services in emergency situations, there is an ongoing debate about the need to provide services in different ways, and outwith traditional office opening hours. The Modernising Government White Paper1 in 1999 stated that:

> People have grown used to services being available when they want them. The Government is committed to making public services available 24 hours a day, seven days a week, where there is a demand. In short, we want public services that respond to users’ needs and are not arranged for the provider’s convenience.

The Prime Minister’s Office of Public Services Reform (OPSR) is responsible for driving and facilitating the reform of public services in accordance with the Prime Minister’s four Principles of Reform2, in order to improve customer experience. One of these principles is the need for flexible services which meet the needs of consumers, who want to be able to access services more conveniently.

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2 [http://www.pm.gov.uk/output/page254.asp](http://www.pm.gov.uk/output/page254.asp)
While the focus of this paper is on how emergency services are provided, the way services are delivered needs to be considered against the background of improving access to services more generally.

1.2 Reasons for doing the research

This research was prompted by suggestions from volunteers in the SCC’s Consumer Network that they were concerned about the availability of out of hours social care services. When we looked into this, we found that there was almost no information available, either in research reports or in inspections of services. While there have been inspections of out of hours social care services in England and Wales, there has not been a similar inspection in Scotland. Most of the literature is based on English policy and practice. As a result it was decided that the SCC should carry out some research into the way this service was provided across Scotland.

1.3 Scope of this research

It is beyond the scope of the SCC to study this area of service provision in the way that this would be done by the Social Work Services Inspectorate or Audit Scotland. The purpose of this research is to provide an overview of the way social care services are provided out of hours, and to identify any areas in which there appears to be variation in practice. The research also looks at some of the areas which are likely to affect individual service users, such as information about the service, the accessibility of the service, and how complaints are handled. The research does not allow the SCC to form judgements about the quality of service being provided currently, and has not involved any work with service users. This research was seen as an initial piece of work, which might lead to more focused research with service users.

This exploratory research looks at:

- how the service is provided across Scotland
- how services are planned, and how far that planning is carried out in partnership with other agencies
- the extent to which services take account of the needs of individual service users in the planning and monitoring of their services.
- how accessible services are
- how information about services is made available to members of the public
- how services are monitored and evaluated
- how complaints are handled.
2 Methods

2.1 Literature review

A short literature review was undertaken to identify relevant research already undertaken in this field. The report draws on this literature in chapters 3 and 4, and a bibliography of the main references is included in the appendix.

2.2 Survey of emergency out of hours services

A postal survey of emergency out of hours services was conducted. This was sent to services covering more than one local authority area, and to local authority social work departments providing their own emergency out of hours service. These services are referred to in this discussion paper as EOH providers.

The survey focused on the following areas:

- general information about the service
- planning, monitoring and evaluation of the service
- how the service is publicised
- accessibility of information about the service
- how complaints are handled.

2.3 Telephone interviews with local authorities

Telephone interviews were held with local authority social work departments which purchase or use out of hours services provided by an EOH provider operating on a regional basis. These are referred to in this paper as purchasing authorities. We attempted to speak to a representative from each of these authorities, but time constraints and difficulties in contacting the key person meant that we only spoke to twelve out of the 22 local authorities in this position. However, for each regional EOH provider, we spoke to two out of three of the purchasing authorities.

These interviews focused on the relationship between the purchasing authority and the EOH provider, and on the extent to which the local authority social work department is involved in:

- the design and review of the out of hours service
- publicising the service
- collecting feedback on the service
- handling complaints about the service.
### 2.4 Responses

<table>
<thead>
<tr>
<th>EOH provider</th>
<th>Responded to postal survey</th>
<th>Purchasing authorities</th>
<th>Participated in phone interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen City Council</td>
<td>Yes</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Aberdeenshire Council</td>
<td>Yes</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td><strong>Central Scotland Emergency Social Work Services</strong></td>
<td>Yes</td>
<td>Clackmannanshire, Falkirk, Stirling</td>
<td>Yes, Yes, No</td>
</tr>
<tr>
<td>Comhairle nan Eilean Siar (Western Isles)</td>
<td>No</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Fife Council</td>
<td>Yes</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Highland Council</td>
<td>No</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td><strong>Emergency Social Work Services (City of Edinburgh, Midlothian and East Lothian)</strong></td>
<td>Yes</td>
<td>East Lothian, Edinburgh, Midlothian</td>
<td>Yes, Yes, Yes</td>
</tr>
<tr>
<td>Moray Council</td>
<td>No</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Orkney Islands Council</td>
<td>Yes</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Scottish Borders Council</td>
<td>Yes</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td>Shetland Islands Council</td>
<td>Yes</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td><strong>Emergency out of hours social work service (Dundee, Angus and Perth and Kinross)</strong></td>
<td>No</td>
<td>Angus, Dundee, Perth</td>
<td>Yes, No, Yes</td>
</tr>
<tr>
<td>West Lothian</td>
<td>No</td>
<td>N/a</td>
<td>N/a</td>
</tr>
<tr>
<td><strong>West of Scotland Social Work Stand-by Service</strong></td>
<td>Yes</td>
<td>Argyll and Bute, Dumfries and Galloway, East Ayrshire, East Dunbartonshire, East Renfrewshire, Glasgow, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire, South Ayrshire, South Lanarkshire, West Dunbartonshire</td>
<td>No, No, Yes, Yes, Yes, Yes, Yes, No, No, No, No, No</td>
</tr>
</tbody>
</table>

| Number of responses (total) | 9 (14) | 12 (22) |
3 How services are provided

In Scotland, emergency out of hours social care services are provided either by local authorities themselves, or by a service which operates on a regional basis, often covering the area of a previous regional council. The pattern of service provision in the area of emergency out of hours social care varies considerably across Scotland. Small social work departments in remote and rural areas inevitably rely on on-call staff to handle cases which reach a crisis outside normal working hours. Elsewhere in Scotland, large regionally based services provide this professional service to anything from three to thirteen local authorities.

There has been considerable change in the boundaries of both local authorities and health services in recent years. In social work, the disbandment of regional councils means that social work services are provided by smaller authorities and have in many areas lost economies of scale, for example in relation to IT, personnel and training. The legacy of the former regional councils can be seen in the centralised services provided for emergency out of hours care in several areas.

3.1 Emergency out of hours providers

As can be seen from the table at section 2.4, the large West of Scotland Stand-by Service, based in Glasgow and managed by Glasgow City Council, provides a service to 13 local authority areas: all the councils previously in Strathclyde region, as well as Dumfries and Galloway.

Three of the local authorities which formerly made up Lothian use an emergency service based in Edinburgh, the Emergency Social Work Service. West Lothian has opted to provide its own service.

Falkirk, Stirling and Clackmannanshire operate an Emergency Duty Team which is based in and led by Stirling Council. Angus, Dundee, and Perth and Kinross councils (formerly making up Tayside region) use a service based in Dundee.

The following councils provide their own service: Aberdeen, Aberdeenshire, Fife, Highland, Moray, Orkney, Scottish Borders, Shetland, West Lothian and Western Isles.

Where the emergency out of hours service is provided by a service operating on a regional basis, this is done on the basis of a service level agreement, which is discussed further in section 5 on planning.

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3.2 Complementary services provided by mainstream social work departments

It is common for mainstream social work services to provide some services during extended opening hours, which complement the services available through the emergency out of hours service. Community alarm systems are the most common of these. Some authorities also provide support for homecare staff out of hours. A typical out of hours service might involve a co-ordinator being on duty in the early morning and during the evening on weekdays, and throughout the day at weekends and on public holidays. The out of hours co-ordinator receives calls from home care staff and can organise replacement homecare cover if staff are unable to report for duty. S/he can provide advice to homecare staff and contact the regional out of hours service if that is necessary.

The three councils in Central Scotland provide home care support. Each council operates a Mobile Emergency Care Scheme (MECS) using mobile wardens who respond to calls for support or assistance. Both of these services are provided in different ways in each local authority area.

Aberdeen City has an out of hours homecare service, an outreach service to support children and families in the community, and liaison arrangements with Community Psychiatric Nurses based in the GP out of hours co-operative.

In Perth and Kinross, the council is developing an intensive support care service for children and families. This service will support existing clients, and will be provided by the council working with National Children’s Homes (NCH).

Glasgow has a mental health helpline, which is partly funded by Greater Glasgow NHS board, to provide out of hours back-up for people with mental health problems.

In the West of Scotland, the stand-by service operates alongside other services. For example, some councils provide homecare support for homecare staff and service users outside normal working hours. East Renfrewshire Council has a rapid response team which operates on a 24-hour basis responding to community alarms and providing direct support to people who have been discharged from hospital. Between 4.45pm and 8.45am it also responds to calls from West of Scotland Stand-by Service. They also have an out of hours home care manager dealing with emergency situations and providing support for staff from 8am - 10pm during the week, and from 8am - 8pm at weekends.

3.3 Scope of service

EOH providers were asked about the scope of the service they offer out of hours. A list of possible services was included in the survey and a large majority of those responding said that they provided most of these. The following table illustrates this.
<table>
<thead>
<tr>
<th>Type of service</th>
<th>Provided by EOH provider</th>
<th>Provided jointly with another agency</th>
<th>Provided by another agency out of hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>8</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mental health officer</td>
<td>7</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Appropriate adult</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Children and families</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community care</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal justice</td>
<td>8</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Child protection</td>
<td>8</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Childcare issues raised by carers</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible adult</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport of children</td>
<td>8</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Support for children’s residential unit</td>
<td>7</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Accommodation for children</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Support for homecare workers</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Access to out of hours homecare support</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Assessment of older people for residential care</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for people with learning disabilities</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic abuse</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Emergency homelessness</td>
<td>2</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Providing material assistance</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Total number of respondents 9

As noted above, support for homecare staff is something which is often provided outside normal working hours by local authorities which also use a regionally based EOH provider. Our data suggests that the EOH provider does not always know that the local authority is providing a complementary service.

### 3.4 Frustrations and aspirations

EOH providers were asked about any areas which they would like to be able to deal with better and the reasons for the difficulties in these areas. Of those who responded, most referred to the need for more resources to provide services for children, including child protection, and being able to transport and provide accommodation for children. One smaller local authority said that the specialised police unit dealing with child protection was not available out of hours, there was no legal assistance available, and only very rarely would there be an emergency foster carer on standby. One large provider said that it needed more resources to meet demand at peak times, especially weekends and public holidays.
4 Staffing

4.1 Background

Local authorities have to strike a balance between providing adequate services outside normal working hours with making the best use of limited resources. Services in Scotland are currently experiencing a shortage of qualified staff and this is likely to compound the difficulty of providing services at all times.\(^4\)

The inspection carried out in England in 1999 described how out of hours services in England are increasingly provided by dedicated teams known as Emergency Duty Teams (EDTs)\(^5\). These staff are dealing with many of the highest risk clients, often in difficult circumstances and often with little support to fall back on.\(^6\)

\[
\text{The need to make speedy decisions, with limited information, without prior knowledge of the service user and usually without the means of sharing ideas with a colleague or manager, puts the EDT worker in a hazardous position.}
\]

The English inspection report showed that the use of the word ‘team’ in this context is misleading as there are often only one, two or three members of staff on duty. Team members are expected to be expert on the whole range of social work provision unlike those working during the day who will often specialise in one client group.

The nature of work is that it is unpredictable and uncertain, and it may be harder to provide continuity of care. There may be limited opportunities for debriefing, and differential access to recorded information. Out of hours staff tend to develop stronger links with the police than their day-time colleagues, with many referrals coming from the police.

It is a feature of out of hours services that the majority of contact with the client is over the phone, and not face to face. The social workers in out of hours services also function as gatekeepers, and this\(^7\) changes the nature of their interaction with clients.

Staff members working out of hours do not develop a relationship with their clients, but are responding on a one-off basis in a crisis situation, and are unlikely to be involved in any follow-up work. They are expected to make significant decisions about assessment, prioritising and responding to cases on minimal information, in a very short time frame, in circumstances in which the outcome for clients may be considerable, for example being detained under mental health legislation.

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\(^{5}\) Department of Health, *Open All Hours?: an inspection of local authorities social services emergency out of hours arrangements*, 1999


\(^{7}\) M Smith, ‘Keeping the customer satisfied? Service users’ perceptions of an Emergency Duty Team’, *Practice*, vol 12 (3)
They do not have the support normally available to day-time social workers, such as taking another colleague on a home visit, or being able to carry out agency checks, for example with a school, health visitor or GP.

Smith and England describe how in England staff work long shifts, sometimes with little time to take a break or have something to eat, with limited or no support from other colleagues and no-one to discuss difficult cases with. Some people may be attracted to working in such circumstances by the greater autonomy and independence which the work offers, and with having less bureaucracy to contend with. While much of this is equally likely to apply in Scotland, some of the larger regional services provide more peer support than may sometimes be the case in England.

It is in the nature of an emergency service that there will be times when the service is unable to cope with an unexpected surge in demand, while at other times there may be quiet periods.

There has been little research into this area of service provision in Scotland, which the English inspection report described as being ‘out of sight and out of mind’.

**4.2 Research findings**

Of the nine EOH providers who responded to our survey, four have dedicated staff (two regional providers and two single authorities), two use on-call social workers from the mainstream social work service, and three use a combination of dedicated and on-call staff.

In some providers, the dedicated staff work permanently for the out of hours services. In others, staff are seconded to the service for a particular period of time before returning to the mainstream service. This happened in Central Scotland, where most staff were seconded on a three-year basis. This can be seen as providing a development opportunity for the social worker, who may, for example, get the opportunity to qualify as a Mental Health Officer. However, it depends on having enough staff available and willing to take part in a rota.

Staffing levels vary according to the size of the service. At the time of the survey Borders had two full-time and two part-time staff, while the Emergency Social Work Service (City of Edinburgh, East Lothian, Midlothian) had a total of 23.52 members of staff, which includes 11.5 social workers, five assistant managers, and an emergency services manager. In small local authorities there will be one or two members of staff on duty at any time, with varying numbers of staff on standby.

In the smaller, more remote local authority areas which responded to the survey, calls are taken at a hospital switchboard and referred on. In two of the larger providers, calls are received by either social workers or administrative staff, while one provider has calls routed through the general council call centre. In four local authorities which provide their own service all calls are received by a social worker.

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8 M Smith and J England, ‘The night watch and the morning after – experiences of working for an emergency duty team’, *Practice vol 9 (3)*
We asked EOH providers how often a call would require them to leave the office. Answers to this were fairly consistent, ranging from 10% to 15%, with three respondents saying that 10% of calls would require this.

### 4.3 Specialist roles within the out of hours service

EOH providers were asked how many members of staff were qualified as mental health officers, appropriate adults, and in child protection, and how these services were provided if the staff on duty did not hold such qualifications.

In some providers, all the staff are qualified to deal with all these areas. Where staff are not all qualified, there will normally be a rota of staff available to provide cover out of hours. Sometimes the arrangement is less formal, with the EOH provider having a list of names they can contact, when those on the list are not on duty. In Orkney the appropriate adult service is provided by Victim Support Orkney via a service level agreement.

### 4.4 Access to information about clients

Social work departments have to ensure that EOH providers have access to the necessary information about service users and that their work is linked with the day-time work of social work departments.

All four regionally based EOH providers had procedures in place for accessing and sharing information between mainstream social work departments and the EOH service, although the client computer files in one purchasing authority in the West of Scotland area could not be accessed by the Stand-by Service.
5 Planning

EOH providers were asked whether they were involved in the planning of day-time social work services, and also whether the EOH service was planned strategically with other partner agencies, such as health, police and housing. They were asked whether each agency’s contribution to emergency out of hours services was defined, and whether emergency out of hours services were included in the community planning process in their area.

Purchasing authorities interviewed in the telephone survey were asked about how the service level agreement with the EOH provider was drawn up, what it contained, and whether there had been any problems with this process. They were also asked whether the authority was involved in the strategic planning of the emergency out of hours service.

5.1 Planning of mainstream social work services

Six of the nine EOH providers who responded to the survey indicated that they are sometimes involved in the planning of mainstream social work services. One respondent which covered a single local authority area reported that the mainstream social work department only very rarely involved the out of hours service in planning of services, while two (both island authorities) indicated that this question was not applicable to their service as out of hours staff were also part of the mainstream social work department.

All nine services indicated that the geographical area they covered was coterminous with the local authorities who acted as partner agencies in the provision of social work services.

5.2 Involvement of local authorities in strategic planning of out of hours service

Purchasing authorities were asked how their local authority was involved in the strategic planning of out of hours services. All four regional EOH providers had a joint management board with representatives from each member authority, meeting quarterly. These management meetings usually involve the examination of statistics relating to performance and discussion of strategic issues and any other matters that member authorities wish to have addressed. One local authority noted that while the strategic plan is discussed and reviewed with the local authorities covered, the people involved were not necessarily involved in the drawing up of the plan in the first place. Discussions are more like ongoing consultation rather than strategic planning. Another local authority commented that:

*For a service that is done on our behalf we’ve got quite an appropriate level of involvement.*
5.3 Service level agreement

Where local authorities do not provide their own out of hours services, they have service level agreements with a regionally based EOH service. For our phone interviews with purchasing authorities, we asked to speak to someone in the authority who was involved in the relationship between the local authority and the regional provider. The level of knowledge about what the agreement contained varied considerably. In the West of Scotland area in particular, there was a low level of knowledge, while in Lothian and Tayside there was more awareness of the detail it contained. Respondents were not always sure how long the agreement lasted, and some emphasised that the agreement was subject to ongoing review. The service level agreement for the West of Scotland Stand-by Service and the Emergency Duty Team based in Stirling are currently being reviewed.

Service level agreements were legally binding, although one purchasing authority expressed the view that it was not. The duration of the contracts appeared usually to be three years, although there were conflicting answers. Common specifications included in the service level agreements were:

- the services to be provided
- the cost of that service
- the number of days on which it would be provided, eg specifying public holidays etc
- the key officers and the link officers
- the standards which the service is expected to meet
- standard clause for withdrawal.

We asked purchasing authorities if there had been any problems in relation to the service level agreement. Most respondents had not been involved in setting this agreement. They thought that while the initial negotiations at the time of local government reorganisation may have been hard, since then there had been incremental changes which had not been difficult to agree. Some respondents felt that while there were no particular problems in relation to agreeing what was in the service level agreement, there was often debate about particular issues and concerns, including negotiations over price and the role of the out of hours co-ordinator.

Purchasing authorities in one regional service identified a number of concerns relating to the service level agreement. One interviewee felt that the service level agreement had been re-signed very quickly without a great deal of review. Some respondents spoke about the kind of issues which can arise between mainstream social work departments and the out of hours service, but these were not necessarily as a result of the service level agreement being inappropriate. For at least one authority in a more remote part of the west of Scotland, there was a feeling that the service provided by West of Scotland was not as good in more remote areas as it was in Glasgow. For example, cases were more likely to be dealt with over the phone.
The final concern related to lack of clarity over what a member authority’s legitimate expectations of the out of hours service were. In this case the local authority had a number of its own staff working out of hours and the service level agreement did not give enough guidance on which actions were the responsibility of the EOH provider and which were the responsibility of local authority staff. This created questions as to whether the EOH provider was passing on duties which it should have undertaken itself.

5.4 Strategic planning with partner agencies

There are a range of agencies which may work in partnership with social work services such as police, NHS boards, fire brigades, and local authority housing departments.

Eight EOH providers reported that partner agencies were sometimes involved in the strategic planning of out of hours services. Orkney said that this did not happen specifically in relation to emergency out of hours services. Of the eight providers that involve partner agencies in strategic planning, three indicated that this involved a definition of the nature and extent of each agency’s contribution to shared out of hours responsibilities. For five of the providers, strategic planning involved inter-agency protocols for access to and the exchange of information, and maintaining confidentiality.

The survey asked which of the following potential partner agencies were involved in the strategic planning of out of hours services:

<table>
<thead>
<tr>
<th>Partner agency</th>
<th>Number of providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>7</td>
</tr>
<tr>
<td>NHS board</td>
<td>4</td>
</tr>
<tr>
<td>Primary care trusts</td>
<td>4</td>
</tr>
<tr>
<td>Fire Brigade</td>
<td>0</td>
</tr>
<tr>
<td>Housing</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Seven of the nine EOH providers indicated that the geographical area their service covered was coterminous with police authorities and NHS boards for that area.

Purchasing authorities were asked how different agencies contributed to the out of hours service and whether this was set down anywhere. Purchasing authorities in all four regional areas believed that the EOH provider had links with partner agencies such as the police and health. Examples were given of protocols relating to child protection and mental health which were agreed with partner agencies. In one instance an interviewee expressed concern that there was considerable variation in the nature of service provided by police out of hours in relation to child protection. It was felt that police officers based further from the service centre did not have the same level of training, and that social work intervention was more often required.
5.5 Community Planning

The Local Government in Scotland Act 2003 provides a statutory basis for community planning in Scotland. The two main aims of community planning are:

- making sure people and communities are genuinely engaged in the decisions made on public services which affect them; and
- a commitment from organisations to work together, not apart, in providing better public services.

Emergency out of hours social care was found to fall within the scope of community planning for four of the nine EOH providers who responded to the survey. Three were providers covering a single local authority area, the other was a large regional service.
6 Access

6.1 Opening hours

There is an obvious contrast between the way healthcare services are provided and the way social care services are provided, with much greater use of shift working in the NHS, with, for example, almost a third of nurses working early, late and night shifts. As stated above, the current difficulties in recruiting social care staff mean that it is unrealistic to expect these services to be provided on a 24-hour basis.

Six EOH services provided a consistent level of cover outside normal working hours during the week, plus weekends and statutory holidays. Two operated a staffed service until a certain time at night after which staff would be on call. The remaining service was based in a small local authority and operated a 24-hour on-call service.

6.2 Information and publicity

Evidence in Scotland shows that three-quarters of the general public say that they would know how to contact their local authority social work services during normal office hours. However, only 35% said that they would know how to do so out of office hours.

The survey asked how out of hours services were publicised and what kind of information was made available to service users.

Six of the EOH providers covered only one local authority area and there was not any division of responsibility in publicising the out of hours service. Of the three providers which covered more than one local authority area, one indicated that the local authorities were responsible for publicising the out of hours service; one that the service itself took lead responsibility; and for one service both the local authorities and the EOH provider were responsible.

The local authority purchasers who bought into a regional service seemed to think that the regional providers took the lead on publicising out of hours provision with local authorities also taking some responsibility. Local authorities usually saw their role as distributing materials published by the EOH provider or including information about the service on their own social work publications.

A range of methods were identified as being used to publicise out of hours services. The most widely used was the inclusion of the provider’s phone number in the phone book. All nine EOH providers used this method. Six published flyers or handouts about the emergency out of hours services, while four used posters. Service providers also mentioned newspaper adverts and social workers advising potential users as other methods.

9 A Thompson, “Hours of Need”, Community Care 16-22 March 2000
10 B Sawyer and D Ingram, Public views of social work services in Scotland, Scottish Executive, 2000
Eight out of nine providers made information about the out of hours service available in social work offices. Three providers also made information available in local authority offices. Respondents were asked to identify how else information about the out of hours service was distributed to make sure that it got to those who would have most need of it. Four providers reported that information was distributed to health professionals and three to the police.

Emergency teams need to be clear in their policy statements about the level of service they are providing. This message needs to be emphasised to other agencies which may refer cases. The survey asked whether information about the service described when it was appropriate to contact the service, or described the kind of cases it could deal with. Seven providers indicated that they provided this type of information. Local authority purchasers were also asked about this. In certain cases there was some contradiction between local authorities buying into the same regional service (for example, one authority indicating that these kinds of descriptions were given while another responded that they were not). For three regional EOH providers this involved a general description of a social work-related emergency that was too urgent to wait until office hours. The other regional provider listed its agreed priorities and secondary issues that the service could deal with. One purchasing authority emphasised the importance of keeping the description quite general so that people were not put off phoning when they had a valid case.

6.3 Alternative formats

Eight out of nine EOH providers had access to an interpreter if required. They were less likely to provide information in alternative formats as the table below indicates:

<table>
<thead>
<tr>
<th>Format</th>
<th>Number of providers producing information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large print</td>
<td>1</td>
</tr>
<tr>
<td>Audio tape</td>
<td>1</td>
</tr>
<tr>
<td>Braille</td>
<td>1</td>
</tr>
<tr>
<td>Minority languages</td>
<td>3</td>
</tr>
</tbody>
</table>

Two purchasing authorities spoke of having very small ethnic minority populations and did not routinely publish information in minority languages.

6.4 Phone access

Most of the EOH providers (six) were only accessible to service users by phone. The three providers that did offer other ways of accessing the service offered a range of options including fax, minicom and attending the hospital where the service was located. One provider also noted that it was in the process of introducing an SMS text messaging facility for service users.
Six providers used a local rate number, while two provided a freephone number. The remaining provider used a local rate number up to midnight and a freephone line afterwards. For six providers, calls came directly to the out of hours social work service. The other three filtered calls through the local authority’s general out of hours number.

6.5 General out of hours service provided by local authority

Seven of the twelve purchasing authorities had a general out of hours telephone service covering some or all council services, for example emergency repairs. These included an answerphone service, out of office hours number, 24-hour emergency number and 24/7 general switchboard. All these telephone services would refer appropriate social work cases to the emergency out of hours provider.
7 Monitoring and evaluation

7.1 Who is responsible

All but one of the EOH providers said they were reviewed on a regular basis. Of the three providers that covered more than one local authority area, two were reviewed by both the service provider and the local authorities who bought into the service, while one was reviewed solely by the service provider.

<table>
<thead>
<tr>
<th>Is the service reviewed on a regular basis?</th>
<th>Number of local authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, by the local authority</td>
<td>2</td>
</tr>
<tr>
<td>Yes, by the out of hours service</td>
<td>3</td>
</tr>
<tr>
<td>Yes, by both</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

The providers that were involved in reviewing out of hours services, either as an individual local authority or as a service covering more than one local authority area, were asked whether the review included an evaluation of how well the service was meeting the needs of individual service users, families and carers and other agencies. Four out of six included an evaluation of how well the service was meeting the needs of service users and other agencies, while three included an evaluation of how well the needs of families and carers were met. Two of the providers did not include any of the above in their review.

Purchasing authorities did not in general know who was responsible for monitoring and evaluation.

7.2 Standards

In England, there are inspection standards for local authority social services’ out of hours arrangements\(^\text{11}\). These include a standard which focuses on outcomes for service users. These outcomes are as follows:

1.1 Public information is provided on the emergency out of hours service, which includes access arrangements and eligibility criteria that apply.
1.2 Service users can access the emergency out of hours service quickly.
1.3 Service users receive an appropriate response which is effective in reducing risk and stabilising an emergency.
1.4 Out of hours intervention is followed up efficiently by mainstream services, when necessary.

\(^\text{11}\)Department of Health, *Inspection Standards: inspection of local authority social services emergency out of hours arrangements*, London 1998
1.5 Service users are able to access the complaints procedure, if dissatisfied with the service they received.
1.6 Service users express satisfaction with the service provided and are positive about the outcome of their enquiry.

In the absence of nationally defined standards for emergency out of hours services in Scotland, the survey asked whether there were any locally set standards specific to the quality of service which users can expect to receive. Five providers indicated that they did have service standards, while four did not.

Respondents were given a list of outcomes based on English social work standards for EOH services and asked to identify which, if any, were covered by their service standards.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Number of local authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public information on the service is provided, including access and eligibility criteria</td>
<td>5</td>
</tr>
<tr>
<td>Service users can access the out of hours service quickly</td>
<td>5</td>
</tr>
<tr>
<td>Service users receive an appropriate response</td>
<td>5</td>
</tr>
<tr>
<td>Out of hours services works effectively alongside mainstream services</td>
<td>5</td>
</tr>
<tr>
<td>Service users have access to a complaints procedure</td>
<td>5</td>
</tr>
<tr>
<td>Service users express satisfaction with the service received</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Purchasing authorities were asked if they knew whether the service level agreement contained any descriptions of the outcomes which service users could expect from the emergency out of hours service. The general impression was that it did not, even within areas which had claimed to have locally set standards.

This suggests that, in the absence of national standards, local authority social work staff probably do not know very much about the kind of standards which services aim to meet, particularly in relation to the experience of service users, whether those are social work clients, carers, relatives, or other agencies.

It should be noted that standards are currently being developed in particular service areas, such as standards for MHOs and child protection, which will affect out of hours services.
7.3 Research with service users

In England, EOH services are expected to meet the following standard:

*Emergency out of hours services respond to the needs and preferences of service users, and services provided are sensitive to race, religion, language, culture, gender and disability.*

Smith describes how in 1995 one Emergency Duty Team in England sought to obtain the views of those who used the service they provided. All service users who contacted the team during one month were sent a survey letter asking them to identify what they had found helpful or not with regard to responses to their contact, and ways in which the service could be improved. While there was a reasonable level of satisfaction, there were pleas for access to more information, additional resources and for greater accessibility of localised services.

Only two of the nine EOH providers had carried out research with those who used the service to find out if they were satisfied with the service. One had undertaken service user research as part of a Best Value review of the service while the other carried out customer satisfaction surveys.

None of purchasing authorities interviewed by phone were aware of any research with individual service users, although it was noted that some services had undertaken research with partner agencies such as the police or health service.

7.4 Complaints and other feedback

Seven EOH providers indicated that they monitor feedback from members of the public who use the service, either as client or as referrer of a case to the service.

Six out of the nine providers who responded to the questionnaire indicated that they have a written complaints procedure for the out of hours service. Of these six, all provided information on making a complaint when requested by a service user, and one when general information is given about the service. The purchasing authorities were also more likely to provide information about making a complaint at the time a service user wanted to complain, though a number also indicated that they provide this information along with more general information about the service. One provider noted that due to the emergency nature of the service they did not want to give a lot of information when a call was being received. Therefore, they did not provide information on their complaints procedure until a service user had expressed dissatisfaction.

Most of the 12 purchasing authorities interviewed by phone carried out some kind of monitoring of feedback from service users.

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12 Department of Health, *Open All Hours?: an inspection of local authorities social services emergency out of hours arrangements*, 1999

13 M Smith, “Keeping the customer satisfied?: service users’ perceptions of an Emergency Duty Team”, *Practice* vol 12 (3) 39–48
There appeared to be some differences in who complaints are directed to. Authorities buying into the same regional provider contradicted each other on a number of occasions, suggesting that there was not a clear point of contact for complaints about the EOH service. However, all social work departments have a statutory requirement to have a written complaints procedure in place. If a local authority was dealing with a complaint about the out of hours service this procedure would be followed. Where necessary, staff from the out of hours service would be involved in the complaints process.

7.5 Ethnic monitoring

Only two EOH providers (Scottish Borders and Fife) were found to carry out ethnic monitoring of their services. It seems surprising that the larger services, located in the main population centres in central Scotland, do not carry out any ethnic monitoring of the service.

7.6 Recording source of calls

The survey asked whether the source of calls made to out of hours services was recorded: for example, whether the call had come directly from the service user, or whether it was a referral from a carer or partner agency. Five providers recorded the source of all calls; three services recorded only the first call about a case; and one service recorded the source of all calls that lead to action being taken.

7.7 Inspection

In England there was an inspection of emergency out of hours arrangements in 1999\(^\text{14}\), and a similar study in Wales in 2001 adopted much of its methodology from the English inspection\(^\text{15}\). The Social Work Services Inspectorate in Scotland has not carried out a similar study in Scotland. The inspection in Wales concluded that most out of hours services were ripe for review, as there had been little attempt to review or develop services in the light of changing needs and circumstances.

The Welsh report noted considerable variation in the way services were provided and managed, and that most services had continued as they were at the time of local government reorganisation in 1996. It found that the quality of professional, managerial, administrative and technological support varied enormously, and that some authorities were vulnerable through the lack of such support and accountability systems. The inspectorate were not convinced that there were proper safeguards regarding the quality of service provided, and commented that the co-ordination between out of hours services and office hours services varied considerably.

\(^{14}\)Department of Health, *Open All Hours?: an inspection of local authorities social services emergency out of hours arrangements*, 1999

\(^{15}\)Social Services Inspectorate for Wales, *Inspection of local authority social services out of hours emergency duty service*, 2001
The English inspection in 1999 surveyed 24 local authority services to review the organisation and staffing of their out of hours services. It then inspected eight services in more detail. As well as interviewing staff, the inspectorate sought the views of service users through interview and postal survey.

The inspection found differences in how services provided information, with only one producing a leaflet which detailed eligibility criteria and access arrangements. Most service users got the phone number from their social worker. The method of access varied from direct access to the on-duty social worker to access through other agencies, such as the police, or through a call centre. Many social services departments were described as being ‘equivocal’ about advertising their emergency service. Eligibility criteria were usually tightly defined, limiting the situations in which the emergency duty teams would intervene.

The inspection report recommended that services should regularly review their provision, based on the needs of the community and of other agencies. It found that relations with police and health were mostly informal, with few social services departments having protocols with other agencies. Departments did not always think strategically about these services, and better co-ordination and co-operation with other services available out of hours would make intervention much more effective.

At present, audits of aspects of social work services, for example child protection, are carried out which would include out of hours services along with the mainstream social work service. However, given the lack of a specific inspection of emergency out of hours services in Scotland, it would seem a good time to recommend such an inspection in Scotland by the Social Work Services Inspectorate, or a study by Audit Scotland.
8 Issues of concern for the future

There is a general sense that this is a time of change for the provision of emergency social work services out of hours, with local authorities and regional providers thinking about how they provide this service in the changing environment in which they find themselves, and the increasing demands and pressures on the system. Four out of hours providers said that their service or the Service Level Agreement is currently under review (Borders, Fife, Central Scotland and West of Scotland). Those responding to the survey, and those interviewed by phone were asked what they thought the main issues for the future were.

8.1 Meeting the demand

There is concern about the increasing demand for services out of hours. This is partly created by people’s expectation that services should be available on a 24-hour basis, and partly by increases in the level of demand for particular services. Those singled out by respondents included increasing demand for child protection, increasing numbers of elderly and disabled people living in the community, and changes in mental health legislation. This is supported by research by the Scottish Development Centre for Mental Health in 2003 which found that many local authorities felt that they were struggling to maintain a consistent out of hours response in relation to mental health issues.16

Some respondents felt that the EOH providers were currently struggling to meet demand, partly because of difficulty in maintaining staffing levels, and partly because of the range and number of issues needing to be dealt with. Some respondents believed that the service was more or less able to meet demand, but there were some concerns expressed about the consistency or quality of that service.

Some local authorities have responded to the problem of increasing demand by creating new services outside normal office hours. This is discussed further below in section 8.4.

8.2 Quality

Five respondents mentioned quality as being one of the key issues for the future. Some referred to the need to develop national standards, one mentioned the need for best value reviews, and one referred to the need to evaluate services, and to expect more rigorous inspection than has happened in the past.

In the West of Scotland, some concerns were expressed about the difficulties in providing a consistent service across such a large geographical area. Some local authorities in the West of Scotland area believed that there was variation in the way cases were dealt with in different local authority areas, for example in relation to the type of professional who handled particular cases. At the same time, it should be borne in mind that local authorities

16 Scottish Development Centre for Mental Health, “Mental Health Officer Services: Structures and Supports”, Research Findings No.32/2003, Scottish Executive, 2003
have often made a decision that their emergency out of hours service should be provided by a centralised specialist service because they are unable to provide the service themselves. Three respondents in this area stated that using an outside service was the best or most cost-effective option for them.

Some specific criticisms which were made of the West of Scotland Stand-by Service are criticisms which could also be levelled at mainstream social work services, for example the use of handwritten referrals or assessments, which was mentioned by three respondents. Four respondents also referred to the difficulty of getting through to the West of Scotland Stand-by Service on the phone, particularly for members of the public.

8.3 Inter-agency working: integration and collaboration

Almost all the respondents referred to the increasing importance of the integration of the out of hours service with other agencies, particularly police and health, or increasing collaboration with other agencies. In health, the introduction of NHS24 and new out of hours arrangements for medical services mean that the out of hours service will need to find ways of working with these new services to meet needs in an integrated way. Some respondents specifically used the word ‘integration’, suggesting the need for services to be much more closely inter-related than they are at present. For example, Aberdeenshire referred to creating a joint emergency response service.

Particular initiatives in the health field will also impact on out of hours provision: for example, if there is a seven-day hospital discharge policy this will increase the workload for social work staff at the weekend.

There are some examples from England showing how greater integration can be achieved. The Care Direct service for older people was developed to provide a one-stop shop gateway to information and help, in the areas of social care, social security, health and housing. The service was piloted in six areas from 2001. The service works by linking with NHS Direct, the equivalent of NHS24. NHS Direct can refer callers to local authorities where appropriate. There are alternative points of access to the service including walk-in centres, and on-line. Care Direct in one of the pilot areas, Devon, has been co-located with the Social Services Emergency Duty Team and NHS Direct.

8.4 Relationship between regional out of hours provider and local authorities

Several local authorities made it clear that they were happy to get the service provided by a regional provider, and that this was the most efficient option. There was no great appetite for taking on the responsibility for responding to all emergency out of hours cases.

At the same time, there are signs that some local authorities are re-considering their relationship with the EOH provider. Some local authorities have been proactive in developing the services they provide during the day and during extended periods outside normal office hours.
Where local authorities have increased the extent of service they are providing out of hours, they may find cases being referred from the EOH provider to their out of hours staff. These staff are not always sure whether this is right, and what the exact nature of the responsibility of the out of hours service is. This is more likely to be a problem with a large provider like West of Scotland Stand-by than it is in the smaller regions. For example, the development of the Mobile Emergency Care Scheme has taken place in all three council areas in the former Central region area, and so there is not the degree of variation which there is in the West of Scotland. Nonetheless, one respondent from this area said that the three councils increasingly had their own policies which made it hard for the regional service.

One respondent from a local authority referred to the increasing provision of services outside normal office hours, and how this made it more difficult to establish when day-time services ended and the stand-by service kicked in. There appears to be an increasing grey area of ‘planned’ out of hours services provided by a local authority, and the EOH service provided by a regional provider.

One respondent referred to the development of council services in general, suggesting that the increasing use of call centres outside normal office hours would have implications for the out of hours social care service.

### 8.5 Resources

Several respondents referred to the need for adequate resources for this service. The discrepancy between the level of funding for their service was compared with what was being spent on NHS24, which provides advice on health on a 24-hour basis. For example, while the West of Scotland receives £2 million to cover half the population of Scotland, NHS24 is funded to the tune of £49 million for the whole of Scotland in the financial year 2004-5.

The need for more resources to provide services for children, including child protection, and being able to transport and provide accommodation for children was a concern raised by the emergency out of hours providers.

In addition to money, some respondents mentioned the need for staff resources such as home carers, ancillary staff to provide escorts, foster carers and children’s unit staff. This was particularly the case in the area of child protection, where some respondents felt there was a shortage of resources for children who needed to be accommodated or looked after.

In relation to information technology one respondent felt there was a need for ‘appropriate technology to enhance the out of hours response’.
8.6 Staffing

In common with mainstream social work services, there is a problem with recruiting and retaining staff. There were particular difficulties in recruiting staff in more remote and rural areas both in mainstream and out of hours work. One respondent said that the requirement that staff in more remote areas must also be on-call for out of hours work made it more difficult for them to recruit. Some respondents referred to the difficulty of retaining staff, and to competition between local authorities for staff.

Some respondents mentioned the tension between the increasing specialisation of mainstream social workers and the need for generalist staff to work out of hours. One authority said there was a problem with more experienced generic staff reaching retirement age, and a few respondents commented on the difficulty of recruiting experienced staff to undertake generic social work duties.

One respondent from a local authority thought there was a need for a more diverse workforce, with some staff having a more limited role, for example carrying out assessments. However, one out of hours provider expressed a concern about unqualified staff being used.

Another respondent referred to the impact of the Working Time Directive, which restricts the number of hours staff can work at night.

Two respondents referred to the difficulty of maintaining Mental Health Officer (MHO) status for an out of hours worker, in the context of an increasing demand for MHO involvement. It is recognised that changes in legislation will increase this demand.

One respondent spoke of the ‘dilemma’ faced by those planning services in getting the staffing level right: unexpected peaks in demand were inevitable however carefully the service was planned.

8.7 Training

A few respondents referred to the need for training for out of hours staff ‘to enhance the skills base’. Training related to new legislation was also mentioned, for example in relation to the Mental Health Act and anti-social behaviour legislation.

8.8 Mental health

This research has not specifically covered the needs of mental health service users for support in a crisis situation, but this is something which should be considered in any review of the range and extent of emergency services available out of hours.

Users of mental health services have identified a distinct need for support services available on a 24-hour basis. The Framework for Mental Health Services in Scotland points out that mental health problems do not fit neatly into a 9-5 service, and that there is often a need for help, support and advice at night and at weekends. Research by the Scottish
Development Centre for Mental Health in 2003 found that many local authorities felt that they were struggling to maintain a consistent out of hours response\textsuperscript{17}. A survey of an English out of hours service found that 39\% of mental health service users had been turned away by the service when they needed help out of hours\textsuperscript{18}. The Accounts Commission found in research with service users and carers that they would like to see further development of crisis services and out of hours services for mental health problems.\textsuperscript{19} The need for crisis services is recognised in the Partnership Agreement between Labour and the Liberal Democrats in the Scottish Parliament.

Scottish mental health service user groups have been arguing the need for crisis services. Highland Users Group undertook work which showed that what was important for this group of people was knowing who to contact, having quick access to services and face-to-face contact with someone they knew. Simply having someone to talk to on the phone may be as important as anything else, but these contacts could also facilitate access to services if that was needed\textsuperscript{20}.

Edinburgh Users’ Forum defined a crisis as a situation which people no longer had the resources to deal with themselves and needed an intervention to help in resolving.\textsuperscript{21} What they were looking for was a crisis centre, an outreach team and telephone support. There has been disagreement between the NHS board and the local authority about who should fund such a service, but proposals for a crisis service are being developed.

There are some services in different parts of Scotland which aim to meet this need, often with extended opening hours, if not 24 hours a day. For example, the Flexible Intervention Response and Support Team (FIRST) set up by Renfrewshire Association for Mental Health is based in Paisley and provides support from 11am –11pm seven days a week, 365 days a year. In Midlothian there is a crisis management team based in a GP out of hours service. This operates from 4.30 to midnight on weekdays and 9am to midnight at weekends and on public holidays.

\textsuperscript{17}Scottish Development Centre for Mental Health, ‘\textit{Mental Health Officer Services: Structures and Supports}’, Research Findings No.32/2003, Scottish Executive, 2003
\textsuperscript{18}Mental Health Foundation, \textit{Crisis}, MHF, 2000
\textsuperscript{19}Accounts Commission bulletin, Adult mental health services, January 1998
\textsuperscript{20}Highland User Group (HUG), \textit{Crisis Services}, Inverness, 1998
\textsuperscript{21}Edinburgh Users’ Forum, ‘Making a drama out of a crisis service’, \textit{The Point}, Autumn 2003
9 Conclusions and recommendations

Our research suggests that many people in Scotland are committed to providing a high quality social work service to those who need it outside normal working hours. While far from being a comprehensive study of emergency out of hours social care provision in Scotland, this study does show that there is considerable variation in the scope, size and way of working between different parts of Scotland. It highlights some of the problematic areas which exist, such as the relationship between the out of hours service and the mainstream social work service, and the extent to which the out of hours service is working effectively with other agencies providing care out of hours. Our research suggests that it is timely to review the EOH service across Scotland as a distinct service with its own challenges and ethos, with a view to raising its profile and raising awareness of the need to fund a good quality service committed to meeting consistent standards.

Recommendation 1

The Social Work Services Inspectorate, in discussion with the Care Commission and Audit Scotland, should consider the need to review emergency out of hours social care services in Scotland.

The variation in provision across Scotland is made more problematic by the absence of national standards for these services. While several service providers do work to local standards, it would be beneficial for service users to know that all services in Scotland are working to a common set of standards, particularly in relation to access and availability.

Recommendation 2

National standards for emergency out of hours social care should be developed.

There appears in general to be an absence of strategic planning – and the extent of working with other partner agencies is very variable. Links with the police appear to be strongest, but there is potential for more joint working with health and housing authorities. It is worrying that two EOH providers never involve partner agencies in the planning of services.

Community planning should be the way in which services are planned in an integrated way for local communities, and it is concerning that only four of the nine EOH provider respondents to the survey said that they were involved in the community planning process. This low level of involvement should be addressed.

Recommendation 3

Local authorities should ensure that there are comprehensive and well-integrated emergency services which include police, health, social care, housing and benefits.
Recommendation 4
Local authorities should ensure that emergency out of hours social care is included in the community planning process.

Our research shows a low level of awareness among mainstream social work staff about which the exact responsibilities of EOH providers are. There is uncertainty about which matters should be handled by the EOH provider and which should be passed back to the local authority.

Recommendation 5
Local authorities should do more to make mainstream social work staff aware of the responsibilities of the EOH provider, and of how mainstream and EOH services can work most effectively together.

Recommendation 6
EOH providers need to be clear in their policy statements about the level of service they are providing. This message needs to be emphasised to other agencies which may refer cases.

There appears to be a lack of clarity about who should be providing information and publicity about the out of hours services, and about who should take the lead in this area. Our limited evidence suggests that a proactive approach to publicising the service, such as happens in Edinburgh, East Lothian and Midlothian, would be better for service users. Evidence also suggests that there are not well-thought-through information strategies in relation to out of hours services, with this information being tagged onto other information which is being produced. Only a few EOH providers gave us printed information specifically about the out of hours service. There is considerable scope to improve the information for members of the public and the dissemination of that information.

Recommendation 7
Local authorities and their EOH providers should review how the out of hours service is publicised, and the quality of information available to those who may need to use the service.

Evidence suggests that this is not a service which has used research with, or feedback from, individual service users to drive service development to any great extent. Very often service users are seen primarily as being other agencies such as the police or homecare staff. Very little research has been done on the experience of individuals who have used the service on their own behalf, or on behalf of others, although this has been done in a few places. Where service providers have surveyed service users, this more often involves other agencies such as the police or medical staff. A consumer-focused service needs to be engaged in this kind of research and obtaining feedback from individual service users. The staffing constraints on EOH providers may mean that it is unrealistic to expect these staff to undertake this kind of research. If this is the case, it should fall to local authorities under the requirements of Best Value to lead this work.
Recommendation 8
EOH providers should investigate how they could explore the needs and experiences of individuals who have used the service, including particular groups such as mental health service users, and carers.

Recommendation 9
Local authorities and EOH providers operating on a regional basis should carry out Best Value reviews of their emergency out of hours social care service.

Another issue which appears to have received very little attention from service providers is the extent to which they are meeting the needs of people from ethnic minority or other potentially excluded groups.

Recommendation 10
EOH providers should monitor their service to check the extent to which it meets the needs of people at risk of exclusion from services on the grounds of ethnicity or disability.

Considerable comment was made on the demands on the service from child protection work, and the inadequacy of the resources currently available to provide the level of service required. This is an area which should be addressed as a matter of urgency.

Recommendation 11
In the context of the increasing workload associated with child protection work and the recognition of the importance of this area of work, any review of the out of hours emergency service should make recommendations about any additional resource needed to ensure that this service is meeting the needs of children and their families.
Appendix  Bibliography


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