

Glasgow City Council Internal Audit Section

Committee Summary

Item 5(c)

21st October 2026

Social Work Services – Self-directed Support – Framework of Standards

1 Introduction

- 1.1 As part of the agreed Internal Audit plan, we have carried out a review of Social Work Services application of the Self-directed Support (SDS) Framework of Standards.
- 1.2 The Social Care (Self-directed Support) (Scotland) Act 2013 sets out the duties of relevant authorities to offer choice when arranging care and support, including community care services and children's services. Additional guidance in the form of the Self-directed Support Framework of Standards in 2021, supplemented in 2022 and 2024 was provided by the Scottish Government to guide good practice.
- 1.3 The standards can be grouped into 4 broad categories: Supported people's experience, Workforce competency, Organisational systems, and Leadership. There are currently around 2,900 service users in receipt of Self-directed Support with a total budget of £134m.
- 1.4 The framework is built around a series of standards designed to ensure that people who need support, and their carers, have choice, control, dignity and involvement in decisions about their care. It promotes person-centred approaches, informed decision-making, independent advocacy, transparent resource allocation, collaborative support planning, and positive risk enablement.
- 1.5 The purpose of the audit was to gain assurance that the Framework of Standards is being applied as expected. The audit included a review of the key controls in the following areas:
 - Documented policies, procedures and guidelines
 - Compliance with the Framework of Standards
 - Record keeping
 - Roles and responsibilities
 - Monitoring and reporting

2 Audit Opinion

- 2.1 Based on the audit work carried out a reasonable level of assurance can be placed on the control environment. The audit has identified some scope for improvement in the existing arrangements and six recommendations which management should address.

3 Main Findings

- 3.1 We noted that some key controls are in place and are generally operating effectively. Suitable guidance is available to support SWS staff in completing each stage of the Self-directed Support process and to do so in a manner which observes the Framework of Standards. There is also suitable information available for service users and families which SWS staff can provide where requested.
- 3.2 A clear process is in place for providing SDS. The assessor carries out a Support Needs Assessment (SNA) and based on the assessment a Resource Allocation Score (RAS) is calculated and used to determine the indicative budget to meet the service user's needs. The budget is considered at a Resource Allocation Meeting (RAM) and, where agreed by the appropriate Manager, a Support Plan (SP) is put in place. Any temporary changes to the SP are recorded as a Variation. There are suitable template e-forms for SNAs, RAMs, SPs and Variations and these are entered directly into the CareFirst system. An SDS Project Team is in place who are responsible for updating e-forms to promote compliance with the Framework of Standards.
- 3.3 SWS are represented at the Social Work Scotland Self Directed Support Programme Forum. The representative has responsibility for sharing relevant information within SWS. The Framework of Standards was first communicated to GCC via the Social Work Scotland Self Directed Support Programme Forum. To adhere to the Frameworks of Standards, Strength-based Support Needs Assessments were introduced, and this was highlighted to relevant SWS staff through a series of email communications. A variety of suitable guidance on SDS and training courses, including a GOLD course are available to staff. The SDS Project Team are responsible for managing the response to any future updates of the Framework of Standards.
- 3.4 However, our testing identified some areas requiring improvement. The SDS Project Team are responsible for reviewing and updating guidance for staff and while they were able to demonstrate this in practice, we were unable to verify that the guidance was formally approved by Senior Management.

- 3.5 We obtained a report of completed SNAs and selected a sample of 30. From the selected sample, 13 were not appropriate for Self-directed Support as the SNA had been conducted for either a long-term care or respite placement and were therefore discounted from the sample as they were ineligible for SDS.
- 3.6 Judging adherence to the Framework of Standards can be subjective. An assessment which observes the Framework of Standards should be strengths based, focusing on what the person being assessed can do, not what they are unable to do. There should be clear, person-centred outcomes which are developed from analysis of the assessment and the outcomes should identify the service user's needs and how they can be supported. The sample was reviewed in conjunction with two Social Work Practitioners and from the remaining 17 cases sampled none of them were deemed to fully observe the Framework of Standards. Further details are provided in the action plan below. Assessments should be reviewed by the relevant SWS Team Leader as part of the Resource Allocation Meeting and for all 17 cases sampled a Team Leader had reviewed and authorised the assessment.
- 3.7 Although there is a clearly defined process in place for providing SDS, (i.e. where a service user needs are assessed, an indicative budget for their care is developed, the budget is approved at the Resource Allocation Meeting and then a service plan is put in place) we reviewed the sample for compliance with this and found that 9 of the 17 cases (53%) had not been handled in line with the stated process.
- 3.8 We were advised that data quality was an ongoing issue with the information recorded within SNAs and held within the service users' CareFirst records. We reviewed the sample of 17 cases and identified data quality issues with each of the 17 cases including instances where contacts were no longer applicable or where no contact details for key individuals mentioned within the SNA were recorded which could impact emergency response activities. When discussing the levels of non-observation of the Framework of Standards and other issues found during the sample testing, we were advised that some of the issues were cultural with many staff still conducting SNAs using the previous methodology however as noted in section 3.6, whilst Team Leaders were found to have authorised the assessments, non-compliance with the standards was not adequately challenged.
- 3.9 From review of the sample cases, we identified one instance relating to shared accommodation where a service agreement was not in place as expected and the service user was not currently allocated a social care worker. As the costs of the service are dependent on the number of residents within the placement an unnotified increase in occupancy could lead to SWS being overcharged and for this to go unnoticed until the next review.
- 3.10 An action plan is provided at section four outlining our observations, risks and recommendations. We have made six recommendations for improvement. The priority of each recommendation is:

Priority	Definition	Total
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	0
Medium	Less critically important controls absent, not being operated as designed or could be improved.	6
Low	Lower level controls absent, not being operated as designed or could be improved.	0
Service Improvement	Opportunities for business improvement and/or efficiencies have been identified.	0

- 3.11 The audit has been undertaken in accordance with the Global Internal Audit Standards in the UK Public Sector.
- 3.12 We would like to thank officers involved in this audit for their cooperation and assistance.
- 3.13 It is recommended that the Head of Audit and Inspection submits a further report to Committee on the implementation of the actions contained in the attached Action Plan.

4 Action Plan

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Documented guidance used by staff is subject to formal approval.				
1	The SDS Project Team are responsible for reviewing and updating guidance for staff, such as the e-forms used by assessors for inputting assessments to CareFirst, and while they were able to demonstrate this in practice, we were unable to verify that the guidance was subject to formal approval by the SWS Senior Management Team as expected. The lack of formal approval for guidance documents increases the risk of inconsistent practices and that activities are not carried out in line with the expectations of Senior Management.	SWS Management should ensure that guidance produced and updated by the SDS Project Team is subject to formal approval.	Medium	Response: Accepted. Revised SDS guidance has been developed and implemented operationally; however, the audit has highlighted that formal approval and governance arrangements were not sufficiently evidenced. Updated SDS guidance will be presented to SDS Operational Group for sign off and if required Social Work Governance. A document control process including version history and ownership arrangements will be introduced. Officer Responsible for Implementation: Head of Older People and Primary Care Timescales for Implementation: 31 December 2026

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Service Users needs are assessed in line with the Framework of Standards				
2	At the end of an SNA, the assessor is required to complete the Resource Allocation Scoring (RAS) where they attribute a score to six categories to identify the service user's levels of need. The score attributed should be evidenced within the SNA., e.g., If a service user requires moderate support to meet their personal care needs it should be clear from the assessment how this score was arrived at. The RAS is used to calculate the indicative budget required in order to meet the service user's identified needs. For 10 of the 17 cases sampled the RAS noted at the end of the assessment was not evidenced by the content of the assessment. Without well evidenced scoring there is an increased risk of service users receiving an incorrect level of service provision.	SWS Management should remind staff of the importance of detailed assessments which accurately assess the service user's levels of need and reviewing officers should flag instances where the RAS score does not reflect the content of the assessment.	Medium	Response: Accepted. Management agrees that assessment rationale should be strengthened to improve transparency, consistency and auditability. Currently under development is an AI Agent to support the screening of SNA's ensuring all areas of need are recorded and evidenced to improve consistency and quality. Officer Responsible for Implementation: Head of Older People and Primary Care Timescales for Implementation: 31 March 2027

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Effective monitoring arrangements promote adherence to the Framework of Standards				
3	We reviewed 17 SNAs where Self-directed support was applicable. From review of the sample none were judged to fully observe the Framework of Standards. Feedback from the reviewing Social Work Practitioners highlighted that the assessments often lacked sufficient detail and focused incorrectly on what the service users could not do. Outcomes, (the identification of the service user's needs based on the assessment), were often vague and non-specific. Each of the 17 SNAs had been reviewed and authorised by a Team Leader, however there were no instances from the sample where the reviewing manager noted non-compliance with the Framework of Standards. Without a suitable monitoring framework in place to address non-compliance there is an increased risk that SNAs fall below the expected standards.	SWS Management should develop a suitable monitoring framework to identify and challenge Team Leaders who sign off on SNAs which do not observe the Framework of Standards and promote improved SNAs.	Medium	Response: Accepted. Stronger quality assurance arrangements will be introduced. Currently under development is an AI Agent to support the screening of SNA's ensuring all areas of need are recorded and evidenced to improve consistency and quality. This can be utilised by both the completing worker and Team Leader. There is focused TL development from a commissioned Service, In Control to support the development of the TL role within SDS Framework Standards. This will occur between Oct - Dec 2026. Officer Responsible for Implementation: Head of Older People and Primary Care Timescales for Implementation: Assurance: 31 December 2026 AI Development: 31 March 2027

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Service Users needs are assessed in line with the Framework of Standards				
4	For 9 of the 17 cases reviewed we identified that they were not handled in line with the stated process. Assessments should be carried out to assess the needs of the service users. For 9 of the cases within the sample the Support Plan had been created before the SNA or RAM indicating that the service user's current needs had not been fully evaluated which contradicts the spirit of the Framework of Standards. Without a robust assessment there is an increased risk of that Support Plans put in place do not meet the current needs of service users.	In addition to recommended actions 2 and 3, SWS Management should investigate the use of data analytics / reporting to highlight instances where Support Plans are created prior to the SNA or RAM to allow appropriate corrective action to be taken.	Medium	Response: Accepted. Management recognises the importance of ensuring the correct sequence of assessment, resource allocation and support planning. Work is underway with Business Development and Performance colleagues to develop an easy use report that identify exceptions to the required SDS process. Reports will be reviewed routinely by allocated workers and operational managers with action taken where non-compliance is identified. Officer Responsible for Implementation: Senior Learning & Development Officer Timescales for Implementation: 31 January 2027

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: System data is complete and accurate.				
5	From a review of the 17 cases sampled, we found that there were data quality issues with each of the cases reviewed. Issues frequently found included: • Incorrect or outdated contact details for those in the circle of support for the service users. • Incorrect or multiple legislation classifications in use. • Cases showing as open to both a worker and a team where it should only be open to one of them. • No contact details noted for people mentioned within the SNA. • Information copied from previous assessments to the current assessment. • Outdated outcomes from previous assessments used within current assessments, including some marked *DO NOT USE*. Whilst in isolation, most of the data quality issues identified are minor and do not have material implications they could have more significant future impacts such as emergency response activities if required.	SWS Management should develop an action plan to monitor and address data quality issues within the CareFirst system.	Medium	Response: Accepted. Management acknowledges the data quality issues identified. Expectations regarding record maintenance will be reinforced through supervision and performance management arrangements. Reporting is being developed as above. Learning and Development sessions to take place with Team Leaders and their teams to focus on data quality and thereafter adopt the use of the report within supervision and local management structure. Officer Responsible for Implementation: Head of Older People and Primary Care Timescales for Implementation: 31 March 2027

No.	Observation and Risk	Recommendation	Priority	Management Response
	Inaccurate contact details could impact emergency response arrangements and poor data quality impacts on the ability to produce meaningful reports and increases the administrative burden in cleaning up data for reporting or data migration requirements.			

No.	Observation and Risk	Recommendation	Priority	Management Response
Key Control: Costs for service users in shared accommodation are subject to appropriate monitoring.				
6	We identified one case where further action was required. A service user placed in shared accommodation did not have an allocated social care worker and there was no active service agreement in place. As a result, any change to the occupancy of the placement, which would impact on the costs, may go unnoticed as it would not be picked up by the allocated worker or SWS Finance and could lead to SWS being overcharged for the service. Without an allocated caseworker or active service agreement there is an increased risk that SWS could be overcharged.	SWS Management should ensure that service users with a placement at supported accommodation have an allocated worker or active service agreement in place.	Medium	Response: Accepted. SWS will undertake a review of supported accommodation placements in to identify any gaps in allocation or service agreement arrangements. SWS will also establish routine monitoring to ensure all placements remain compliant and are subject to appropriate monitoring. Officer Responsible for Implementation: Head of Older People and Primary Care Timescales for Implementation: 31 December 2026