**The Highland Council**

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| Agenda Item | 15. |
| Report No | ECAS 11/17 |

**Education, Children and Adult Services Committee**
**26 January 2017**

**Chief Social Work Officer Report – 2015/16**

**Report by Director of Care and Learning**


**Summary**

This report introduces the annual report by the Chief Social Work Officer for 2015/16.


## 1. Background

1.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968.

1.2 The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. In the lead agency model, this includes advice to officers of NHS Highland. Accordingly, this report will also be presented to NHS Highland.

1.3 The role should assist both agencies to understand the complexities of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and the key role social work plays in contributing to the achievement of national and local outcomes.

1.5 The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.

1.6 The attached report covers the broad period 2015/16. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

## 2. Implications arising from Report

2.1 There are no resource, risk, legal, equality, Gaelic, rural or climate change/carbon clever implications.

## 3. Recommendation

3.1 The Committee is asked to note and comment on the issues raised in the attached annual report.

Designation: Director of Care and Learning

Date: 16 January 2017

**HIGHLAND PARTNERSHIP: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2005-16**

**Content**

**1 Summary Reflections - Key challenges and developments during the past year**

This report provides an overview of issues relating to the role of the Chef Social Work Officer and social care services within the Highland partnership, during 2015/16. This has been a period when social work and social care in Highland and nationally have continued to experience enormous challenge and change, including new legislation, policy, governance and organisational arrangements.

Services in Highland have continued to be resilient and effective during this period, addressing the main challenges and opportunities highlighted below:

- Financial pressures.

All provision, but particularly adult social care and children's services, have faced the challenge of working within constrained budgets at a time of demographic and other demand challenges. The focus on prevention and early intervention in children's services has helped ensure consistent and effective delivery. Work has also been ongoing in adult social care, to continue the shift towards community based provision, including through investment from NHS Highland, and to apply improvement methodology to streamline processes.

- Integration of Health and Social Care

The Highland partnership has had an integrated lead agency model since 2012. To some extent, there has been a divergence in professional approaches, and lead officers seek to address that via cross-agency liaison and improved approaches to cross-cutting issues and transitions management.

- Delayed hospital discharge

While progress has been made to improve case management and discharge processes, and there have been advances with both residential and home-based care, there remains a high level of delayed hospital discharge, inevitably associated with the increasing demographic pressures. This is a continuing high priority issues for adult services.

- Children's Services Casework

Given the sustained implementation of GIRFEC and effective multi-disciplinary early intervention services, the focus for Children's Social Workers has become assessment, planning and interventions with the most high level and high demand cases. They require to be supported to sustain the management of these cases, often involving significant risk.

- Recruitment

There has been healthy recruitment into most professional disciplines across social care in both NHS Highland and Highland Council. There are often challenges though, with

recruiting into the most rural areas, Care at Home and some specialist roles. There needs to be a continuing focus on succession planning for Mental Health Officers, and the general difficulty to recruit experienced social workers means that the balance of experience in some smaller teams can be challenging.

## 2. Partnership Structures/Governance Arrangements

The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which is 33 per cent of Scotland, including the most remote and sparsely populated parts. We have the 7th highest population of the 32 authorities in Scotland, at around 233,000.

Highland generally has an older population profile than that of Scotland, with a slightly higher percentage of children, and higher proportions in all of the age groups above 45 years.

| | Highland | Highland % | Scotland % |
|---|---|---|---|
| **0-15** | 40,532 | 17.4 | 17.1 |
| **16-44** | 76,428 | 32.8 | 37.6 |
| **45-64** | 69,449 | 29.8 | 27.5 |
| **65-74** | 26,369 | 11.3 | 9.8 |
| **75-84** | 14,970 | 6.4 | 5.9 |
| **85+** | 5,202 | 2.2 | 2.1 |

This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outwith Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the bulk of the region. It is essential for agencies and authorities to understand the challenges and opportunities in each of these local communities, and to organise service delivery accordingly.

Gaelic arts, culture and heritage are important contributors to employment, tourism and regeneration across the region. It is a major priority to support and sustain the use of the Gaelic language, and to provide support for Gaelic speakers through that medium.

There are four coterminous managerial areas for NHS Highland and Highland Council. Each Area is comprised of two Districts, except the South Area, where there are three Districts.

Each District has a locality partnership for health and social care, and these partnerships are increasingly taking account of wider community planning themes.

The community planning structure is currently under review, as all partners agree the need for enhanced local decision making.


Children's social care is provided as part of a lead agency approach by Highland Council.

Highland Council also provides the Criminal Justice Social Work Service, the Mental Health Officer Service, and Out-of-hours Social Work. Governance is with the Education, Children and Adult Services Committee.

Adult Social Care is commissioned by Highland Council from NHS Highland. Governance of Adult Social Care is with the Highland Health and Social Care Committee.

Highland Council and NHS Highland have formal arrangements for engaging with Third Sector and Independent partners. These partners are represented in strategic planning and governance processes.

The Integrated Children's Service Planning Group is chaired by the Director of Care & Learning, and the 14 Improvement Groups are chaired by senior officers from across the Partnership.

The Adult Services Strategic Planning Group is jointly chaired by NHS Highland's Chief Operating Officer, and Chief Executive of Highland Home Carers.

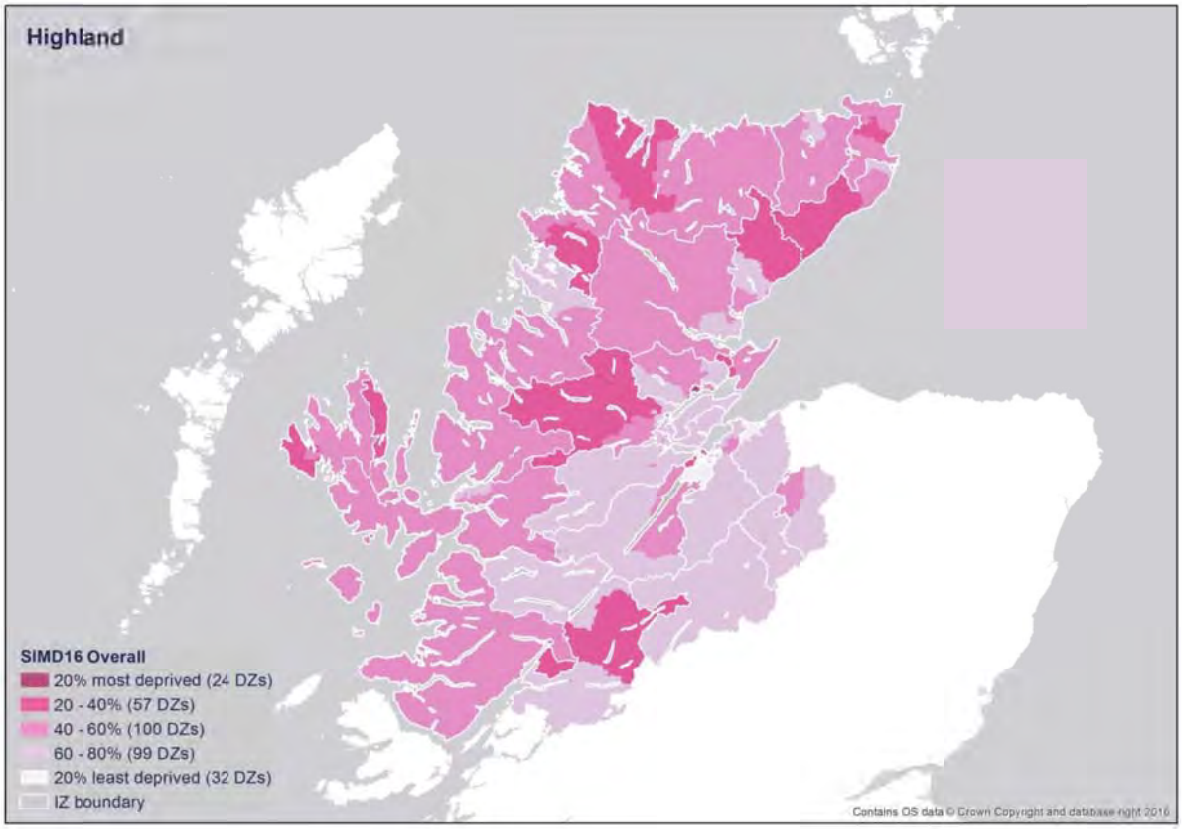
A range of service users and carers are represented in strategic planning for adult services and participate in the following Improvement Groups: Older People, Learning Disability, Carers, Adult Support and Protection, Autism, Sensory, Acquired Brain Injury and Mental Health. They are also involved in self-evaluation and quality assurance processes.

Third and independent sector partners, together with service users and carers, were involved in the recent Joint Inspection of Services for Older People. This included participation in various focus groups.

The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. This advice is provided to practitioners, senior officers of the Service and the authority, and to members. In the lead agency model, this includes advice to officers of NHS Highland and Board members.

## 3. Social Services Delivery Landscape

The map below provides an overview of deprived areas, using the 2016 Scottish Index of Multiple Deprivation (SIMD).




In terms of this SIMD data, 8% of the Highland population lives in the 20% most deprived communities in Scotland.

The Highland Community Partnership has identified tackling deprivation and inequality as one of its key priorities. It has identified the communities most affected by deprivation, as indicated by both SIMD and factors of rural deprivation:

- Ardersier
- Nairn
- Lybster and Dunbeath
- Kinlochleven
- Conon Bridge
- Muir of Ord

- Castletown
- Thurso
- Wick
- Alness
- Invergordon
- Milton, Kildary and Balintore
- Tain
- Fort William
- Caol
- Dingwall
- Kyle of Lochalsh
- Portree and North East Skye
- Brora
- Golspie
- Helmsdale and Kinbrace
- Inverness Merkinch
- Inverness Hilton
- Inverness Raigmore

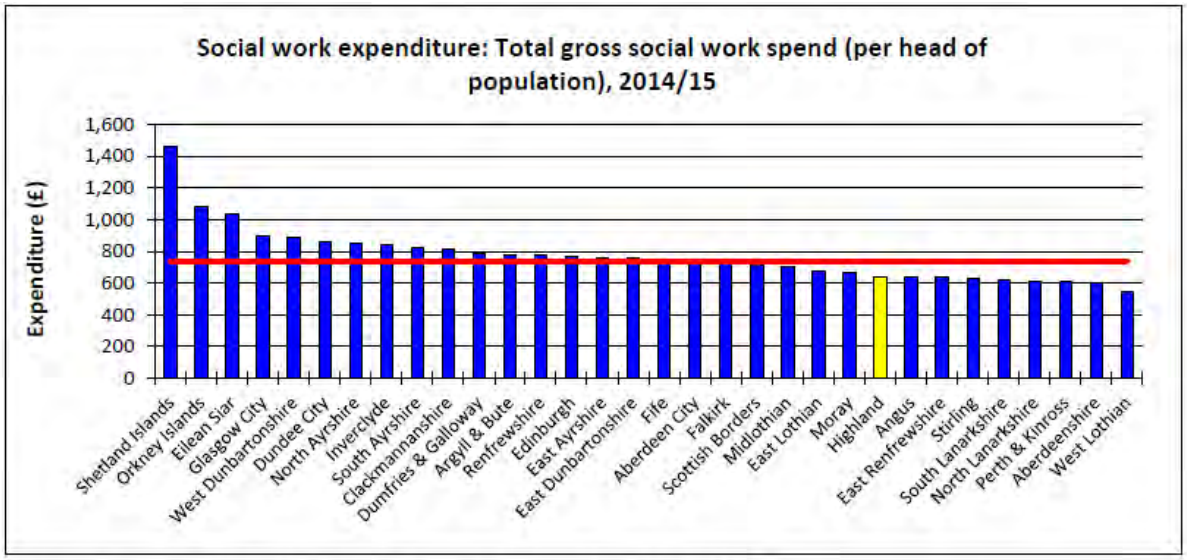
15% of children in the Highlands are growing up in poverty, compared to the Scotland wide figure of 20%. In Inverness Central 29% of children live in poverty, and in Cromarty Firth the rate is 25%. Around 2,000 children live in severe poverty – 6% of all children in the region (Save the Children 2012). Further demographic information about children is available in the integrated children's services plan, www.forhighlandschildren.org

The most deprived areas of Highland have up to four times as many people claiming disability related benefits compared to the overall population of Highland. Across Highland as a whole, the rate of benefit take-up is generally slightly less than the rest of Scotland.

Like other parts of Scotland, there is an increasing population of over 65s in Highland. The numbers of people aged over 65 is expected to be over 70,000 by 2035, an increase of over 50 percent from 2014. In 2014 about one in twenty people were aged over 80 years old, but by 2035 this figure will be over one in ten.

## 4. Finance

Compared to other local authority areas, the Highland Partnership has relatively low in expenditure on social work services, as demonstrated by updated national figures published during the year.




- This spend equates to £644 per head of population in Highland in 2014/15
- The average spend per head nationally in 2014/15 was £738 (represented by the horizontal line)
- The range of spend per head in 2014/15 was £544 to £1463

The budget for children's social care is around £36.25m. This covers early years, looked after children, child protection and fieldwork services.

Commissioned services include Homestart, the Care and Learning Alliance (both Early Years), Connecting Carers, Action for Children (Youth Justice), Barnardo's (Through and Aftercare and a residential service) and Children 1st (Child Protection and Kinship Care Support).

The budget for Mental Health Officers is around £1.1m. It is just over £3m for Criminal Justice Services.

It costs £360,000 to operate the Out-of-hours service.

The total budget for adult social care and associated costs, is £116.6m - of which £94m is funded by Highland Council and £22.6m is funded by NHS Highland (of which £11.7m is from Resource Transfer funding that would have been passed to Highland Council prior to integration).

The combined Adult Social Care budget in NHS Highland continued to be under considerable pressure, due to increasing cost of providing care, the increasing cost of supporting younger adults who have complex care needs and increasing numbers of older people, many of whom have significant and complex care needs.

NHS Highland commissions an increasing range of services from the Third and Independent sector. This includes contracts with 58 Care Home providers for 1857 beds worth approximately £27.5m, and contracts with 17 Care at Home providers worth approximately £4.9m.

There are Children's and Adult Services Resources and Commissioning Groups, which enable the management of in-year budget pressures and variations as they arise.

## 5. Service Quality and Performance

Overall performance in Children's Social Care is reported as part of the performance framework for the integrated service plan, For Highland's Children, at http://www.forhighlandschildren.org/1-childrensplan/objectives.htm

Fostering & Adoption

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in March 2016 resulted in grades of 5 and 6 across both services, with no requirements. The inspection report acknowledged the improvement the Local Authority had made in the last year in permanence planning timescales.

There have been an increase in the number of 'new' admissions to foster care (children who have not been accommodated previously) from 57 in 2014/15 to 63 in 2015/16. However, there has been a steady reduction since November 2012, in the number of children placed in all categories of foster care when the numbers peaked at 177, and in the last year reduced further from 137 children at the end of 2014/15 financial year to 133 children at 31st March 2016. The numbers peaked slightly to 145 for the months April, May and June 2015.

**Number of children in Foster Care at:**

| 31/03/14 | 31/03/15 | 31/03/16 |
|---|---|---|
| 145 | 137 | 133 |

Of these children, six were in placements purchased from independent fostering providers.

An additional eleven children with disabilities were in receipt of regular established respite care, a reduction from the previous year, due to several respite foster carers retiring and the service being unable to replace like for like.

It continues to be a challenge to replace those who stop caring, due to retirement, employment, and changes in health and family circumstances. Enquiries have increased considerably from 117 in the previous year, to 140 in 2015/16. A concerted effort continues to be made to raise the profile of fostering and attract people to foster through a range of approaches.

There were thirteen foster carer approvals during 2015/16; eight of these were prospective adopters who were also approved to take temporary foster placements, with eleven foster carers resigning. The number of approved carers who could provide foster placements increased slightly to 124, compared to 122 the previous year.

The service provides a range of training to all current and prospective carers, including the opportunity to access training on line which suits many carers who work full time or live in a rural setting. The training events are planned in advance and a calendar is produced so carers can plan ahead and choose training sessions that will suit their own individual needs and family circumstances. The Care Inspectorate commented in the 2016 inspection report on the support and training on offer to foster carers ***"Foster carers were also well-trained and experienced and were encouraged by staff to undertake further training to enhance their existing skills."*** Five Fostering preparation courses were held during 2015/16 with attendees travelling from all over Highland.

This year has seen an increase in the number of children registered for permanency, an indication that permanency planning timescales are improving, as decisions are made timeously and delay for children is considerably reduced. The improvements were highlighted during the inspection in March 2016.

***"At this inspection we were aware that a lot of work had taken place to address the areas of drift……. The service should continue to progress the current very good work that has been carried out in relation to permanence planning. In order to achieve this the service should continue to monitor and scrutinise any areas where unavoidable drift or delay occurs."***

Preparation groups for prospective adopters are planned in advance, and are usually very well attended, with three adoption preparation groups being held during 2015/16. The current recruitment of adopters has ensured a reasonable number of placements, and we have been able to match within our own resources sibling groups of 2 and 3 children, as well as older children and children with developmental uncertainty and complex health needs.

Historically, we have attracted adopters with very little advertising. However more recently, it has become more challenging to recruit adopters for specific groups of children. During National Adoption week in November 2015, we advertised extensively raising the profile of adoption and the need for families for older children and those with significant needs. For a number of years, we have prioritised applications for those interested in adopting older children, larger sibling groups and children with additional health or medical needs.

There were ten applications approved as prospective adopters in 2015/16, which includes couples and single people. During 2015/16, seventeen children were matched with prospective adoptive parents including five sibling groups of two children and one sibling group of three children. The service supported twenty five prospective adoptive families with children who were matched with them but placed on a fostering basis.

At 31st March 2016, twenty nine children were waiting to be matched for adoption and this included 6 sibling groups of two, one sibling group of three and one sibling group of four children.

The table below shows a comparison to the previous year, with an increase in approvals, matchings and families being supported as well as an increase in the number of children waiting to be matched.

| Prospective Adopters | 2013/14 | 2014/15 | 2015/16 |
|---|---|---|---|
| No. of Prospective Adopters approved | 12 | 9 | 10 |
| No. of children matched with Prospective Adopters | 17 | 12 | 17 |
| No. of children waiting to be matched | 19 | 20 | 29 |
| No. of Prospective Adopters being supported | 25 | 20 | 25 |

To increase the possibility of finding a family for those children who might be described as 'harder to place', non-identifying profiles are on the Council Website and feature in adoption information packs and at preparation groups. Referrals continue to be made to Scotland's Adoption Register and children are also regularly featured at Adoption Exchange and Activity days held across Scotland.

Highland registered with Link Maker during 2015/16. This organisation provides the largest adoption matching database in the UK, and there has been an increase in identifying permanent families for children. This online service allows family-finders to search for families and express interest to them directly. By placing children with adoptive families out with Highland there are cost implications as most Local Authorities and Adoption Agencies charge an interagency fee. However, this proactive method of searching is shown to be particularly effective in finding matches for harder-to-place children.

As a result of all this activity, two sibling groups of two children were matched with prospective adopters out with Highland, with one of these children being over 8 years of age.

We are gradually increasing the number of older children being placed for adoption or in other permanent families, and continue to see an increase in the number of older children where permanent fostering is the plan with the children being secured legally by the granting of a Permanence Order.

Twenty three children were registered for permanence by the Permanence Panel in 2015/16. During this period eleven Permanence Orders, sixteen Permanence Orders with Authority to Adopt and fourteen Adoption Orders were granted. There has been one relinquished baby placed for adoption, the second in the last two years.

The table below shows a comparison to the previous year, with an increase in the number of children being registered for permanence, an increase in the number of Permanence Orders being granted and a very slight reduction in the number of adoptions granted. There has been discussion with Children's Hearing Panel members about the contact requirements imposed in cases where permanence is the likely plan, and staff have highlighted the need to keep the child at the centre of planning in a context where parents are increasingly represented by solicitors in Hearings.

| Permanence | 2013/14 | 2014/15 | 2015/16 |
|---|---|---|---|
| Children registered for Permanence | 26 | 18 | 23 |
| Permanence Order granted | 19 | 8 | 11 |

| | | | |
|---|---|---|---|
| Permanence Order with Authority to Adopt granted | 19 | 10 | 16 |
| Adoption Order granted | 16 | 17 | 14 |

The Council has continued to develop services after adoption, in acknowledgment of the greater needs of the children being placed and adopters recognising the need to maintain contact with the service. Alongside this, there is an increase in the number of requests for assessment for adoption support from adoptive families moving into the area.

Adoption support includes: managing letter box contact, adoption support planning meetings, the introduction of Video Improvement Guidance (VIG), the adoption allowance scheme, a specialist consultation service for the adopters, the adoption forum, which provides opportunities for training and support from social workers in the Fostering and Adoption teams and other professionals.

More than 125 families have benefited from one or a combination of these types of supports provided for adoptive families by the Fostering & Adoption service.

In addition to the adoption support provided the growth in referrals for adoption counselling and access to birth records has contributed to the increase in workload for the teams.

The Care Inspectorate acknowledged the demand was growing for adoption support and adoption counselling and commented on this in the inspection report in March 2016.

***"The service should continue to develop and respond to the increase in referrals for adoption support and adoption counselling."***

<u>Residential Child Care</u>

Residential children's services have experienced a general increase in the age of young people living in the residential resources. New provision has been planned to address these changes.

- Linked houses for each local authority residential unit are in the process of being provided. Oakwood have their link house identified and it has been occupied since October 2015. Ashton Road and Avonlea have identified properties and work is ongoing to prepare these for use.
- The Orchard also has a property identified and the program of work was completed during the summer 2016. It will operate with a different model of care to the other resources but with the same objective of preparing young people to progress to independent living arrangements with support.
- Millburn Court and Holm House have been operating for some time providing a similar resource for young people who are transitioning from independent providers.

In terms of inspections during the year:

- Avonlea improved their grading during this period to achieving grade 5s (very Good) in all areas of inspection. The inspection concluded that "Avonlea is a well managed resource with a committed staff group who are zealous in their approach to caring for young people. The staff group are committed to developing young people's confidence so they can take part in new experiences which help them do their best."

- Thor House (respite service) were given grades 5 (very good) for support, staffing and management however environment was only awarded a grade 3(adequate). This relates to how feedback information was used from surveys and this issue was quickly addressed.

- Oakwood achieved grade 5 (very good) across all areas of inspection and the inspector concluded that the "management and staff at Oakwood continue to provide a very good and supportive service to young people." For Oakwood these grading's continue a very consistent inspection history.

- Ashton Road achieved grade 6 (excellent) for support and staffing and grade 5 (very good) for environment and management. These grades indicate a step up from the previous year. The inspectors concluding comments were that "management and staff at Ashton Road continue to provide an excellent level of care to the young people who live there. We found that families (where appropriate) continued to be well supported by staff and there have been some excellent outcomes for young people."

- Kilmuir Road also received grade 5 for all areas inspected in 2015 which continued into their 2016 inspection. The inspector stated that "the standard of care provided by staff at Kilmuir Road is of an extremely high standard" and that "staff worked well with parents and this resulted in better outcomes for young people."

- Leault achieved grade 5 across all areas of inspection in 2015 however in their 2016 report the grade for support had dropped to 4 (good) which reflects some challenges within the group of young people living there.

- The Orchard also gained grade 5s across all inspection areas during 2015. The inspection report concluded that "management and staff at the Orchard continue to provide a very high level of care to children", "provide good support to parents and carers" and were "very dedicated to their work".

Gable House, which is inspected as part of Avonlea, began accommodating young people in July 2015. It was developed to reduce the number of young people in the north area who were being placed away from their local communities or out with Highland. During the period to April 2016, Gable House has accommodated 8 young people, ranging in stays of 1 night to 7 weeks.

Adult Social Care

In October 2014, the Care Inspectorate and Healthcare Improvement Scotland announced that it was to undertake a Joint Inspection of Older People's Health and Social Care Services in Highland. This took place during the period up to April 2015.

In December 2015, the inspection bodies advised us that there would be no Inspection Report, having come to the conclusion that whilst their model for inspection was well-suited to commenting on the outcomes on individuals, the methodology was less suited to "interpret understand and meaningfully reflecting the unique lead agency model in Highland".

Given that NHS Highland had expressed significant reservations about the inspection process, the decision by the regulators not to publish a report was supported. However, the following helpful observations were noted: positive outcomes for older people and their carers; a well- embedded approach to partnership; a clear vision; initiatives designed to improve outcomes for people; staff were generally well motivated, committed and enthusiastic; encouragement and support from managers; a positive approach to community engagement; co-location and good teamwork between Health and Social Care staff; involvement of third and private sector organisations; wide range of training and development opportunities.

In terms of Care Inspectorate grades for Care Homes, we continue to observe improvement across the partnership. There is generally good feedback from participant surveys and questionnaires.

The aim is to have no hospital discharges delayed by more than 4 weeks. In March 2016, there were 42 and the number of bed days lost due to delayed discharges increased from 3075 to 3573 during 2015/16. Work continued to make the discharge process more seamless, and considerable progress was made on ensuring no delays because of people awaiting care at home placements, including through the further development of reablement services, as reflected in the tables below.

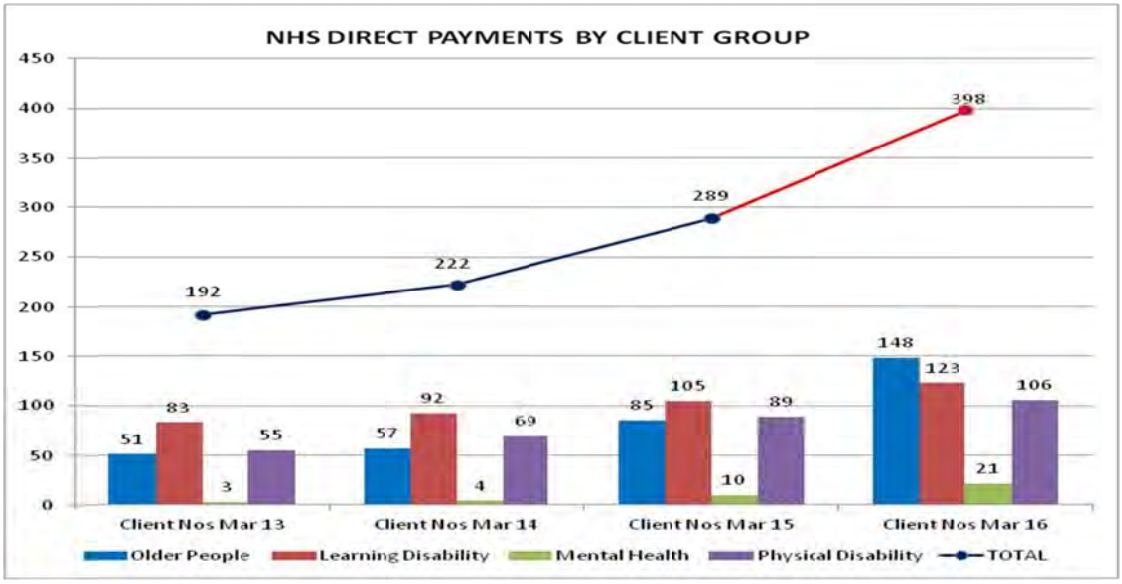
Care at home enablement:
April 2015 to March 2016

| Outcomes | Number | Percentage |
|---|---|---|
| **No further C@H service required** | 167 | 47% |
| Transfer to mainstream CAH | 100 | 28% |
| Did not complete enablement (hospital, died, no engagement) | 46 | 13% |
| Enablement still on-going | 42 | 12% |
| TOTAL REFERRALS | 355 | |

Care at home enablement
April 2015 to March 2016

| Cases transferred to Mainstream CAH (100) | Number | Percentage |
|---|---|---|
| Transfer with decrease in hours | 51 | 51% |
| Transfer with same hours | 33 | 33% |
| Transfer with increase in hours | 16 | 16% |

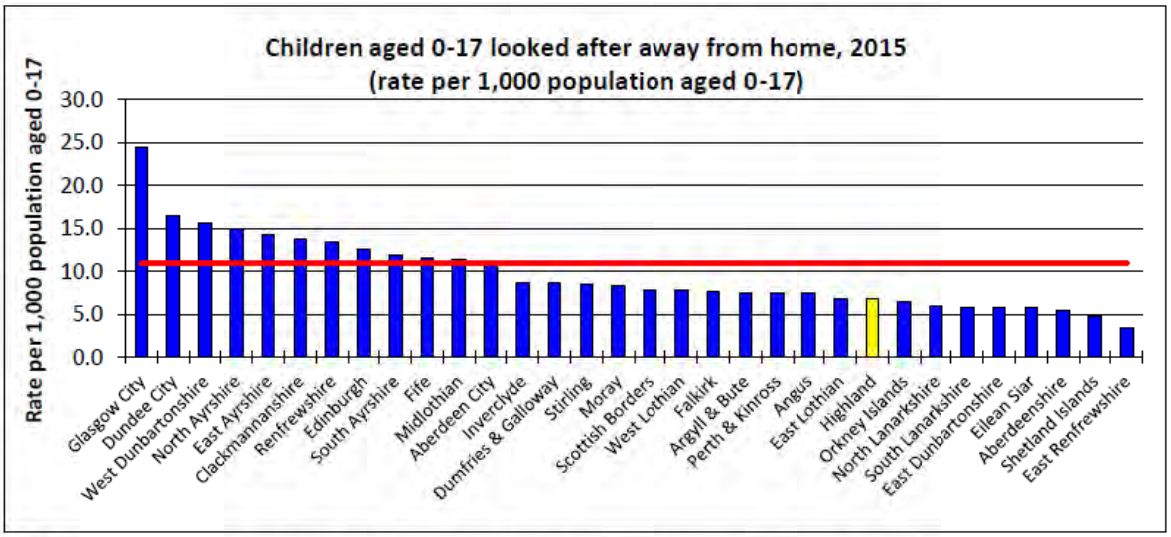
There has also been continuing shift during the year towards SDS models of service delivery for adults.




## 6. Delivery of Statutory Functions

Children's Services

It is clear that GIRFEC approaches have continues to have a positive impact, reducing the number of looked after children and children considered at risk of harm over a number of years, and contrasting with the overall position across Scotland.




- As of July 2015, in Highland, the rate of children looked after away from home was 6.7 per 1,000 population aged 0-17

- The rate, nationally, of children looked after away from home was 10.9 per 1,000 population aged 0-17 (represented by the horizontal line)

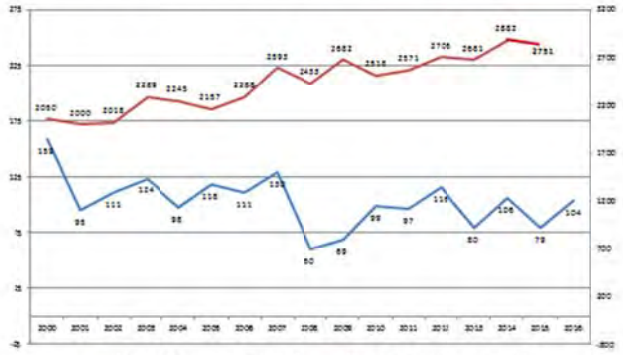
- Rates of children looked after away from home in Scotland ranged from 3.4 to 24.5 per 1,000 population aged 0-17

## Looked after children

| | Highland | Scotland |
|---|---|---|
| **2007** | 501 | 14,060 |
| **2013** | 462 | 16,041 |
| **2014** | 447 | 15,580 |
| **2015** | 437 | 15,404 |
| **2016** | 440 | Published March 2017 |

*Source: annual CLAS returns (2016 total is provisional)*

## Child Protection Register




*Source: Scottish Government Child Protection returns (2016 total is provisional)*

The biennial child protection report was published in May 2015 - http://www.highland.gov.uk/download/meetings/id/68150/item_17_child_protection_committee_biennial_report_april_2013_-_march_2015 The next report will be in May 2017.

Current priorities across child protections services are:

- Delivery of CPC Interagency Training Strategy
- Quality Assurance of practice, including case reviews
- Child Sexual Exploitation
- Children Affected by Parental Substance Misuse
- Supporting Young People to be Champions
- Review of programmes to help children and young people keep themselves safe
- Discuss findings of the review of participation to identify and fill gaps

The inter-agency and core training around Child Protection and the Highland Practice Model were reviewed and updated. In-house training has also been reviewed.

Social workers and their supervisors in children's services continue to access a range of development opportunities from, for example, training in joint investigative interviewing through to assessment & planning for permanence, with creative sharing of resources between partner agencies. Around 6 social workers each year undertake accredited post qualifying studies in child welfare and protection

Despite ongoing pressures on resources, the reviews process for every child who is Looked After or who has a Child Protection Plan continues to include the involvement of a quality assurance and review officer or manager who is independent of the responsible operational team.

Adult Support and Protection

The Highland Adult Support and Protection Committee has responsibility for ensuring that vulnerable people are appropriately protected.

Keeping vulnerable people safe remains a key priority for the Committee, with NHS Highland being the lead agency for Adult Support and Protection.

In 2015-16, there were 1218 ASP referrals (72% being from Police Scotland) resulting in 87 ASP investigations. Of these, 51% were investigations that concerned the harm or alleged harm of people aged over 65. This shows a rise on the previous year, where there were 77 ASP investigations, with a similar proportion of older people being the focus of these.

To better manage the ASP referrals coming from Police Scotland, a unique Triaging Project began in March. Partnerships elsewhere in Scotland have indicated an interest in learning about the outcomes of the project, which comes to an end in July.

Large Scale Investigations have been a feature in Highland with 10 Investigations taking place in 2015-16; of these 8 involved Care Homes for older people. Work has begun to review the LSI Protocol with a view to streamlining existing processes. This has involved engagement with a range of stakeholders, including Social Workers who have undertaken the role of Council or Nominated Officer.

Criminal Justice Social Work

Criminal Justice Social Work Services provide a quarterly performance report to the Northern Community Justice Authority, and this is reported to The Highland Council criminal justice sub-committee. This details performance across a range of quantitative and qualitative measures and how criminal justice contributes to the 3 key outcomes in National Outcomes & Standards for Social Work Services in the Criminal Justice System (2010). http://www.northerncja.org.uk/NCJA-Meetings-Minutes-and-Papers

Four key indicators are reported quarterly to the Highland Council's chief executive and performance overall in 2015/16 is on a par with the previous year.

- Percentage of CJSW Reports submitted to the court by the due date (12 noon the date before the court hearing) – 92.4% (94.4% 2014/15)
- Percentage of offenders on new Community Payback Orders (Supervision requirement) seen by the allocated supervising officer within 5 working days of the order being made – 67.5% (71.8%)
- Average hours per week taken to complete a Community Payback Order with Unpaid Work & Other Activity – 4.4 (4.4)
- Sex Offenders subject to a statutory order to receive a review within National Standard timescales – 100% (93.8%)

The 2015/16 Community Payback Annual report details the overall progress regarding Community Payback Orders (CPO). 593 CPOs were made during 2015/16 (587 in 2014/15). This included 285 supervision, 15 compensation, 516 unpaid work, 87 programme, 0 residence, 6 mental health, 9 drug treatment, and 27 alcohol requirements. The 2014/15 report details significant achievements, particularly regarding the personal achievements of offenders on unpaid work & other activity requirements, for example:

- In terms of developing new skills, 46% felt they had acquired new skills – an increase of approximately 7% as compared with 2013/14 figures.
- When asked if there have been any personal achievements for the individual during unpaid work 36% felt they had – a slight decrease as compared with 2013/14 of approximately 3%.
- When asked to consider if the unpaid work experience was an experience that may help give the individual something positive to talk about in an interview, 47% felt that yes it was, in line with 2013/14 data.

The number of criminal justice social work reports completed was 729 (723 in 2014/15) with 92.4% being submitted on time (noon the day before the court hearing); and 40,490 hours of unpaid work was successfully completed.

A Quarterly Analysis Report (QAR) is provided to managers with statistics for 3 key areas: People, Process and Practice. The report also provides analysis and summary of findings. Significant work was undertaken to ensure information collected is relevant and to engage with staff at all levels in data collection and to show the importance and relevance to them.

Criminal Justice Social Work continues to receive regular, very positive coverage in the media. For example, the Inverness Courier published on 14 August 2015 a piece entitled 'Payback workers give railings a new lick of paint' detailing a Community Payback Order with Unpaid Work project which involved scraping, sanding, undercoating and painting the railings along the River Ness. The John O'Groat Journal ran an article on 9 December 2015 entitled 'Offenders clean up as part of punishment' and detailed a number of unpaid work projects undertaken, including litter picking, cleaning up coastlines, painting buildings, building stages for events and filling sandbags to prevent flooding. The Black Isle Chatterbox, a local publication, reported 'More help for Avoch from Payback scheme' in its Spring 2015 issue detailing unpaid work erecting signposts, snow and ice clearing, and building benches.

The Statistical Bulletin published by Scottish Government on 31 March 2015, the most recent set of data, shows the national reconviction rate has fallen by 0.6 percentage points, from 28.9 percent for the 2012-13 cohort to 28.3 percent for the 2013-14 cohort, the most recent data. In Highland, there were 1,427 offenders (down from 1,519) and the reconviction rate was 24.0, down from 25.9 (and a reduction from 26.7 in 2011-12), and well below the national average of 28.3. The average number of reconvictions per offender was 0.39, a reduction from 0.43, again below the national average of 0.51. This is excellent data for Highland.

One key challenge for Criminal Justice Social Work will be contributing to the development of the new arrangements for the delivery of community justice through Community Planning Partnerships. Since 2012, a criminal justice sub-committee within the council has overseen the delivery of criminal justice social work and the Education, Children & Adult Services committee and CPP approved the expansion of the sub-committee to include those agencies responsible for the delivery of the community justice agenda. £50,000 has been made available annually for up to 3-years to CPPs through the local authority by the Scottish government to assist with the transition from Community Justice Authorities, including the development of a local Improvement Plan by December 2016 to deliver the Scottish government's National Strategy for Community Justice. (A Community Justice Project Manager, hosted by the Third Sector Interface, took up post in April 2016 to lead on this work.)

From April 2016 the Multi-Agency Public Protection Arrangements (MAPPA) will be extended to take into account Category 3 offenders, notably violent offenders. This category may include:

- offenders who are not required to comply with the Sex Offender Registration Requirements or those who are not mentally disordered restricted patients and;
- who have been convicted of an offence, and by reason of that conviction are required to be subject to supervision in the community by any enactment, order or licence and;
- are assessed by the responsible authorities as posing a high or very high risk of serious harm to the public at large and;
- the risk is assessed as requiring active multi-agency management at MAPPA level 2 or 3.

Since 2010, Criminal Justice Social Work has had an equivalent process for managing violent offenders, developed in collaboration with legacy Northern Constabulary, and plans were put in place to ensure a seamless transition to the MAPPA extension. This included the publication of a new version of the MAPPA Guidance (Scottish government) published in March 2016 and a new document set, including Risk of Serious Harm and risk management plan templates. All relevant staff received training, including MAPPA Chair training and specific Risk of Serious Harm training linked to the new MAPPA document set contained in the new MAPPA Guidance and which are linked to the related screens in LS/CMI (the Level of Service & Case management Inventory, the risk & needs assessment tool used nationally by criminal justice social work).

A Joint Thematic Review of MAPPA concluded in late 2015. The report concluded "there is strong evidence that MAPPA is well-established across Scotland and that Responsible Authorities, through joint working and information sharing, discharge their duties effectively under the terms required by the Management of Offenders etc. (Scotland) Act 2005." Although the report did not provide individual assessment on areas, the informal feedback on the operation of MAPPA in Highland & Islands was extremely positive. The 10 recommendations outlined in the report are strategic in nature requiring a national response and are directed towards Scottish Government and Responsible Authorities. Additionally, 18 areas for development have been identified across key processes that can be delivered locally at an operational level. They are directed primarily at Strategic Oversight Groups and Responsible Authorities.

Mental Health Officers

There has been a steady increase the number of referrals since the inception of the Mental Health Officer service in April 2012. The current rate for new Mental Health (Care & Treatment) (Scotland) Act 2003 referrals is approximately 12 per month.

The structure of the Mental Health Officer Service has been revised with three Practice Leads now focussing on Forensic Services, Adults with Incapacity and Adult Mental Health. The Adults with Incapacity Procedures have been revised and in the autumn, a training programme was delivered across NHS Highland to more than 120 Health and Adult Social Care staff who have responsibilities under the Act. Communication between MHOs and staff in Adult Services is much improved. Training will continue and AWI advice sessions for staff are being introduced.

During the period 1/4/15 to 31/3/16, the following were granted: 11 Intervention Orders; 54 Local Authority Guardianship Orders; and 94 Private Guardianship Orders. In terms of Guardianship Orders, this compares with 49 Local Authority Guardianship Orders and 80 Private Guardianship Orders period in previous 12 months.

Following Integration of Health & Social Care, progress continues to be made in all relevant areas as the role of the Mental Health Officer has rapidly evolved in Highland. MHOs have a clear and confirmed role as officers employed by the Local Authority and their additional training and qualification empowers them to carry out specific legislative duties under all current relevant Mental Health legislation.

A significant area of progress is in the relationship between Mental Health Officer and the Responsible Medical Officer (RMO), and medical staff in general. Medical colleagues/professionals appear more informed in relation to the role and responsibility of the MHO, which differs significantly from the previous dual role of SW/MHO, and are becoming increasingly more reliant on MHOs to support and help them navigate through complex areas of mental health law.

MHOs existing and increasing confidence in dealing with this highly specialised area of practice allows them to assist medical colleagues in the interpretation and implementation of the law. Additionally, being seen as neither medical/social work staff allows the MHO to

appropriately advise and facilitate in relation to the underlying principles of the Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care & Treatment) (Scotland) Act 2003. An example of this can regularly be seen in relation to 'least restrictive' principle. Lack of familiarity/confidence in interpreting legislation can sometimes result in professionals becoming risk averse and part of the emerging role of MHO has been in supporting medical and social care teams/professionals to make decisions predicated on the underlying principles of the Acts.

Clients becoming Delayed Discharges are now identified and quickly referred for MHO allocation allowing medical/care staff to work closely with all involved to ensure plans in place to facilitate appropriate outcomes. There can be a delay in progressing a welfare guardianship application due to difficulty in obtaining medical certificates. MHO involvement at an early stage can ensure this issue is appropriately addressed.

An MHO duty rota is fully operational, ensuring there is always an MHO available to respond to request for intervention under MHA legislation. The Service operates a community as well as hospital duty rota in response to the challenges of responding to requests for MHO in rural and remote parts of Highland and ensures equitable distribution of work throughout Highland.

Annual statistical information by the Mental Welfare Commission demonstrates that there has been an overall increase in Emergency and Short-term Detention Certificates and STDCs. Last year's increase in Compulsory Treatment Orders has reduced slightly, to the same number as 2013/14. The increase in the use of EDC and STDC represents a significant increase in demand on the MHO Service as both of these orders place specific legal duties on the Local Authority MHOs.

Social Circumstances Reports (SCR) must be completed following a Short Term Detention Certificate. The Mental Welfare Commission continue to promote the completion of SCRs in line with their published guidelines and include this as part of their annual reporting on how the Mental Health Act legislation is being used across local authorities and health boards in Scotland.

**Provision of completed SCRs in Highland over the last 3 reporting years**

| 2011/12 | 2013/14 | 2015/16 |
|---|---|---|
| 15% | 49% | 50% |

Percentage increase from 2011/12 to 2015/16 of 233%
Scottish average is 40% completion

This is a significant improvement of SCR completion since 2011/12 in Highland also taking into account the increase of Short Term Detention Certificates during this time.

In 2015/16 the MHO Service received 264 referrals for AWI interventions, including requests for MHO attendance at pre guardianship case conferences. This is a substantial increase from 2014/15 when there were 162 referrals. The service undertook the following recorded applications over the reporting period.

| 2011/12 | 2013/14 | 2015/16 |
|---|---|---|
| Local Authority 37 | Local Authority 35 | Local Authority 42 |
| Private 61 | Private 77 | Private 96 |

Percentage increase for Local Authority applications from 2011/12 to 2015/16 = 13%
Percentage increase for Private applications from 2011/12 to 2015/16 = 57%

Throughout Scotland there has been a gradual decrease in the percentage of orders granted during the past few years where the primary cause of incapacity was dementia. There has been an increase in the granting of orders for adults where the cause of incapacity was learning disability. This trend is reflected in Highland where the percentage of Private applications for dementia was 55% and learning disability 38%, and for Local Authority applications there was no difference between dementia and learning disability applications.

It may be that the increased use of Power of Attorney, as reported by the MWC, is beginning to have a moderating effect on the number of people with dementia who require guardianship orders, given that the majority of Powers of Attorney are granted by people over 65 years of age.

Due to the increase in demand on the service it has been necessary to introduce a waiting list for private applications from solicitors under AWI legislation. This reflects the pressures and demands on the service having to prioritise Delayed Discharge patients in hospital, and private and local authority applications for individuals in the community.

As part of The Mental Health Officer Service there are specialist Forensic Mental Health Officers based at New Craigs Hospital, Inverness.

The Forensic Mental Health Officer Service is a specialism within a specialism. It is staffed by three Forensic MHOs (one Practice Lead and two main grade officers), all of whom have substantial experience and expertise in the criminal justice system. Each Forensic MHO has a live criminal justice social work practice commitment.

**7. User and Carer Empowerment**

Users and carers are fully involved in strategic planning processes in both children's and adult services.

Carer Support Plans have now been fully introduced, with 367 Plans being completed in 2015-16. These sit entirely separately from the service user's Personal Outcome Plan and offer a conversational outcomes approach to carers as an alternative to a needs based assessment.

Carers are supported in the planning process by a voluntary sector carers' centre service that is commissioned by NHS Highland. Carers Liaison Worker posts have been established in the three acute hospitals in Highland to ensure that carers are better able to access support planning and services at times of crisis or major change, making optimum use of local networks, family and community supports.

Training on the four SDS options became mandatory for new Adult Social Care staff. In addition, further 'Effective Support Planning' training was commissioned in order to embed the outcomes-focused approach throughout the transitions journey. NHS Highland has worked in partnership with the SDS Highland Consortium to deliver training from a users' perspective and to develop brokerage.

In order to further embed the philosophy of SDS within Mental Health, an SDS Officer was seconded into the Inverness Community Mental Health Team for six months. SDS Officers have also been supported to spend 50% of their time to work directly with operational staff to promote outcomes-focused practice.

An 'Options for Support' event was held in March 2016. This was well-attended and local stories were used to illustrate the positive impact that an outcomes-focused approach is having on peoples' lives.

NHS Highland works closely with the SDS Highland Consortium to promote and encourage uptake of the four Self Directed Support options. It has been privilege to support the development of SDS Adviser posts, which are now filled by people who themselves have experience of managing their own care. The Advisers are employed by the Consortium and have shown themselves to be a major asset in helping to shape care and support in Highland.

The development of housing cluster and support services for people in Highland has continued throughout 2015/16 and it has been good to see new service providers coming into Highland.

## 8. Workforce

Accordingly to Social Services Workforce data, a total of 9,440 people work within social care in the Highland area. 3,120 of these work in the public sector, 3,870 in the private sector and 2,450 in the third sector. This equates to 4% of the population.

Within the private and third sector, the vast majority of staff are involved in care homes and providing care at home.

There are 106 posts in Highland Council that require a qualified Social Worker, and 79 in NHS Highland.

A range of social work student placements have continued to be provided by the Highland Council and NHS Highland. The fees paid by universities for student placements are substantially directed towards meeting the costs of post qualifying accredited practice learning awards, helping us to sustain a viable cohort of practice teachers.

Levels of recruitment to the social work and social care workforce are relatively stable, although recruitment to posts in more remote and rural areas can be constrained by a more

limited availability of suitably qualified and experienced candidates. There are also challenges maintaining the Care at Home workforce, and some more specialist roles.

Where vacancies are difficult to fill, they can have a significant impact on service delivery, particularly given the geography of the Highland Council area. This also impacts for commissioned services, as all providers are likely to have the same recruitment difficulties.

Imaginative approaches to Care at Home recruitment have been scoped with third sector partners, involving planned changes to local delivery arrangements.

Vacancies for social workers in children's services are routinely considered for possible conversion to trainee social worker posts (for the period of time required to complete Open University social work degree studies). When these opportunities do occur, applications are sought from the existing social care workforce, contributing to the longer term development and resilience of local services. There are currently 3 trainee social workers in post in children's services

In August 2015, five Trainee Social Workers were appointed as part of a new Scheme developed by NHS Highland in partnership with the Open University. This is the first such scheme in an NHS Board in Scotland.

As part of a pilot, a number of student dieticians have undertaken practice placements in social care settings, including Care Homes and in a Care at Home service. This exercise has had the support nationally of NHS Education Scotland and the Care Inspectorate and is the first such education and training initiative in the UK. This initiative won The BDA Dame Barbara Clayton award in June 2015 for Innovation in practice.

To aid understanding of the statutory roles and responsibilities of a Registered Social Worker in NHS Highland by Health colleagues, a document was produced that is entitled "Role of the Social Worker." This was followed up by a handy tri-fold leaflet with a similar title. Both have been well-received and have also served as a reminder to our staff of our priorities. The next step is to produce a leaflet specifically designed for service users and carers.

Preventive work as part of the GIRFEC model has helped ensure that caseloads for children's Social Workers compare favourably with other parts of the country. A recent audit showed the following.

| **Area** | **Average caseload** | |
|---|---|---|
| **Mid** | 12 to 16 | 26 Looked After children, 1 permanence and 8 child protection cases |
| **East Ross** | 12 to 16 | 65 Looked After children, 4 permanence and 17 child protection cases. |

| | | |
|---|---|---|
| **Sutherland** | 19 | Only I child protection case and no permanence cases |
| **Caithness** | 16 | 13 child protection cases and 18 permanence cases |
| **Skye** | 10 to 20 | 30 Looked After children, 3 permanence, 8 others |
| **Lochaber** | 12 to 18 | 38 Looked After children, 9 child protection |
| **South** | 10 to 14 | Mainly statutory - Looked After (204 looked after) or child protection cases (34) |

This does though mean that the focus for Social Workers is assessment, planning and interventions with high level and high demand cases. They require to be supported to sustain the management of high demand cases, often involving significant risk.

Succession planning for mental health officers remains a concern in Highland with an ageing MHO workforce. It is also the case that whilst particular cases and issues bring MHOs and Adult Services Social Workers together, there remains a view that knowledge and expertise in relation to Mental Health has been lost from the teams.

The Mental Health Officer Service Management Team, alongside some NHS and Highland Council colleagues, have identified the challenge of recruitment to MHO training as a matter requiring priority consideration and development if we are to avoid a deficit of MHO. The average age of the MHO work force in Highland is 59, and so retirement of much of the current workforce is relatively near. This is a national issue currently being subject to discussions and working groups led by the Scottish Government with representatives from local authorities and a number of key agencies.

There are currently 3 candidates undertaking the MHO post qualifying award at RGU, Aberdeen. One candidate successfully completed the award in 2015 and is now in full time post as Forensic MHO.

Across NHS Highland and Highland Council, the integrated lead agency arrangements have been in place since 2012. Perhaps inevitably, there is increasing divergence between the workforce in the two organisations, with many fewer natural points of contact. Lead officers seek to address that through maintaining their own contacts and via cross-agency liaison and improved approaches to the management of cross cutting issues, including enhanced support for young people moving in to adult services through a new protocol.

## 9. Improvement Approaches and examples/case studies of improvement activities

This was the fourth year of the integrated Health and Social Care service for adults. Structures are now well-embedded and considerable progress has been made towards achieving Integrated District Teams and single points of access. There are good examples of

where the traditional demarcation of work between the different disciplines is disappearing. At a Kaizen event where the different Districts within the North and West Operational Unit presented their progress towards more integrated working, specific examples were shared to demonstrate the difference this was making to people's lives.

The roll out of the Personal Outcome Plan commenced in March 2015. In many of the Districts, there is now a truly seamless and supportive response to helping people meet their personal outcomes, where they themselves to be in difficult or challenging. The next steps include adoption of the 'Lead Professional' model, thus recognising the need for continuity in care planning and incorporating the Plan into CareFirst.

Food, Fluid and Nutritional Care Standards have been developed for Care Homes in Highland. These have been supported by new Standard Operating Procedures in NHS Highland for Mealtime Co-ordinators and the safety of service users who are classified as nil by mouth. These have been shared with other Health Boards and dietitians across the UK.

A Review of Respite Care was undertaken which fully involved carers and representatives of carers' organisations. An implementation plan is now being implemented based on offering greater flexibility and choice to service users and families.

As part of the wider application of the Highland Quality Approach, greater use has been made of LEAN Methodology to streamline processes, reduce duplication, and achieve greater efficiencies and improved outcomes for people.

Development Officer posts were established in July 2015 to support service change and improvement in independent sector Care at Home and Care Home services. These one-year posts were hosted by Scottish Care and have been instrumental in driving forward improvements.

A lot of work has been undertaken in the Care Homes to ensure that end of life care for residents is as good as it can be and people are supported to remain in the Care Home and receive the Health and Social Care they need to ensure that their final days are comfortable and dignified.

Care Home staff have developed a more collaborative outcomes focussed approach to care planning, participation methodology and are more adept at continually checking back with people. The well established person-centred approach has been adapted to become more relationship- based thereby creating an understanding of the need for this to work well to allow positive cultures to thrive.

My Home Life is a philosophy that we have now adopted across Highland's Care Homes. Fifteen Care Home managers formed the first cohort for training and there have been several workshops focusing on culture of care and impact of self that have been attended by more than fifty staff. One of the outputs from this activity has been the creation of "Highland Home Life" a support network for Care Homes. It is envisaged that the network will be available to provide support during difficult times, share resources, celebrate

successes and act as a critical friend to colleagues where they are completing evaluations and audits, etc.

Social Workers and Adult Social Care staff are increasingly communicating with their Health colleagues through team 'huddles'. This approach originated in safety huddles for nursing staff, but is now an effective way of staff coming together as a team to share information and problem-solve.

In the North and West Operational Unit, the Care at Home service has benefited positively from the introduction of weekly and daily management huddles. These have improved communications and encouraged faster decision-making, keeping managers abreast of change, and assisting in the prioritisation of both strategic and operational work. This is felt to "keep us on track with changes and be clear about the work we need to focus on." Achieving and maintaining quality is the main priority for the Unit following the in-house service achieving poor Inspection grades. A major service restructure has begun and will see the single registered service in North and West being divided into two and all Care at Home staff will move onto NHS terms and conditions.

A major service redesign of Care at Home has also begun in Inner Moray Firth. The aim is to introduce short-term, intensive enablement services to prevent hospital admission or support discharge from hospital, provide rapid response care to those at the end of their lives or who are acutely unwell to enable them to live at home for longer. Meanwhile, more straightforward Care at Home packages are being commissioned from the independent and Third Sectors.

A partnership approach between the community and independent sector has enabled the establishment of community-led Care at Home in some rural areas. This brings together existing provision with community capacity to create reliable Care at Home where there previously had been none. It is planned to further develop this model in North and West Highland. In particular, Highland Home Carers have supported local communities to deliver care and have encouraged local communities to learn from the practice developed in other parts of Highland.

A vast amount of development work has taken place to shift the balance of Care at Home Service provision over recent years. As of March 2016, in-house volume was 5,661 hours per week (40%); and independent sector care was 8,667 hours per week (60%). This contrasts significantly with March 2013, at which time in house volume was 7,837 (62%) and independent provision was 4,817 (38%). The attached paper on Collaborative Commissioning, as prepared for the Cabinet Secretary, sets out the detail of this important transition.

The MHO service was subject to internal audit in 2015. An action was drawn up to address issues raised with the main issues focussing on addressing the waiting list for Adults with Incapacity referrals, CareFirst training and adequate Admin Support to comply with the National Standards for Mental Health Officers. Work in these areas continues to be subject to regular review to ensure compliance with the statutory duties under all current mental health legislation.

In respect of Offender Feedback, Behaviour & Attitude, the following table shows there were significant improvements across all four attitude and behaviour areas with confidence being the one area that improved more than the others. (Both unpaid work and supervision may well be contributory factors in these improvements).

| | Much Better At It | Little Better At It | No Change |
|---|---|---|---|
| More confidence around others | 43% | 18% | 35% |
| Learned to get on better with people I don't really like | 39% | 25% | 36% |
| Getting up in the morning and into a routine | 38% | 18% | 44% |
| Being ready for work | 39% | 13% | 48% |

When asked if they experienced job satisfaction form doing something well/hearing praise for what they have done, approximately 88% of offenders felt they had. 93% were of the opinion that the work undertaken during an unpaid work order was worthwhile.

Some Personal Achievement and General Comments from offenders included:

- "Happy to help the community"
- "Stop drinking"
- "Paying back the community"
- "Working hard for nothing can be a personally rewarding experience"
- "I would like to thank the supervisor's for the help they would give me always there if help is needed. Also found it easy to speak to them, their advice helped"
- "Thank you very much. It was of great benefit. To my local community's. Thanks also to my supervisors"
- "unpaid work was good and far much better than getting the jail"

Beneficiaries of unpaid work orders were all positive in their feedback. For example:

- "The work was completed to a very high standard; they even made suggestions how to further improve my garden. The team were very polite & lovely to chat with. I was always kept informed of who would be here and when and also the progression of the tasks"
- "Work completed to a high standard, I must say all the men were very well mannered & worked so hard. More than welcome back"
- "The Glenelg community council wish to express their deepest thanks for the help with the cemetery and the work carried out at the war memorial"
- "A sincere thank you to (the) team at Alness Comm service. A most helpful and friendly service. The benches will be of great benefit to many families who visit the Cemetery"
- "A very sincere thanks for all the help and support your team have given me over the last few difficult months"