

Agenda Item	<b>9</b>
Report No	<b>HSCW/05/21</b>

## **THE HIGHLAND COUNCIL**

**Committee:** Health, Social Care and Wellbeing

**Date:** 10 February 2021

**Report Title:** Chief Social Work Officer Report: 2019/20

**Report By:** Executive Chief Officer – Health and Social Care

### **1. Purpose/Executive Summary**

- 1.1 This report introduces the Annual Report by the Chief Social Work Officer, for the year 2019/20. This report provides a broad outline of some of the key issues facing social work and social care in the Highlands.
- 1.2 The report includes data on statutory services, areas of decision making, and sets out the main developments and challenges during the past year. This includes an update on finance, service quality, delivery of statutory functions, workforce planning and development.
- 1.3 The report highlights the impact that Covid-19 has had upon the Highland population and its social work and public protection services, as well as indicating how these continue to affect and contribute to even greater levels of need and vulnerability for people living in the county.

### **2. Recommendations**

- 2.1 Members are asked to:
  - i. Note and comment on the issues raised in the annual report.
  - ii. Consider the impact that COVID-19 has had on the population and the ability of services to adapt to the challenges that this has brought in relation to the delivery of statutory social work services.

### 3. Implications

- 3.1 There are no particular Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk or Gaelic implications to highlight. The report gives a summary of practice and service delivery as well as highlighting potential issues and pressures for 2021/22. There is no specific requests or changes in service delivery proposed.

### 4. Background

- 4.1 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. The report was written by Karen Ralston, CSWO. Karen left Highland Council in December 2020 with Jacquelyn Jennett taking on this role on an Interim basis.
- 4.2 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 and has included input from officers employed by NHS Highland involved in the delivery of adult social care to service users across the Highland area.
- 4.3 The role should assist both Highland Council and NHS Highland 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.
- 4.4 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. Members should be aware that the report attached was prepared by Karen Ralston who members will recollect was the CSWO for the time period covered by the current report.
- 4.5 The report, attached as **Appendix 1**, covers the broad period 2019/2020. However, due to COVID-19, a revised template was drafted including a section on the impact of COVID. Further, the submission date for this report was extended due to work pressures. As such, this annual report was submitted to Scottish Government substantially later than in previous years – hence the subsequent delay in presenting this report to Committee.

### 5. Policy Implications

- 5.1 During 2019/20, social work services have continued to receive high numbers of referrals across all departments. Further, presenting needs are becoming more complex. Whilst these pressures need to be addressed within the confines of austerity measures and efficiency targets, there are opportunities to develop better collaborative practice with partners.
- 5.2 We are actively looking at opportunities via the transformation programme to become more efficient and effective in terms of smarter ways of working. We are now needing to identify how we can reduce barriers within the different professional roles and services so that we can deliver effective services on a partnership basis ultimately producing better outcomes for all clients.

- 5.3 During 2020, we had to submit substantial reports to the Scottish Child Abuse Inquiry with regard to foster care and children who suffered abuse dating back to the early 1900s. This was a significant piece of work in terms of having to pull together information from historical records up until the present day. This information is now being considered by the Inquiry.
- 5.4 A knock-on effect from the above has been a significant rise in freedom of information requests and subject access requests. These could result in financial costs to the council if compensation is pursued. This is an issue that requires a national response rather than a local one.
- 5.5 As we move into 2021, two reports will have significant impact on social work services. These include the Independent Review of Adult Social Care, and the findings of The Promise Independent Care Review. Whilst we await further information as to how these will be taken forward, there is no doubt that they will have significant and lasting influence on how care for both children and adults is delivered.

Designation: Executive Chief Officer – Health and Social Care

Date: 25 January 2021

Author: Fiona Duncan, Executive Chief Officer – Health and Social Care

Background Papers: Chief Social Work Officer Report 2019/2020



# Chief Social Work Officer Report 2019/20



The Highland Partnership is a third of the land area of Scotland, including the most remote and sparsely populated areas with a total land mass of 25,659 square kilometres.

Highland has the 7th highest population of the 32 Local Authorities in Scotland at around 235,830 people with a slightly higher percentage of children and higher proportions in all the age groups above 45 years.

The population is broadly equally divided across urban areas, small towns, rural areas and very rural areas.

There are four managerial areas for the Highland Council, NHS Highland and nine local Community Planning Partnerships.

## Foreword

Social work is an area where there is a continuing need for change to reflect the needs of our society and never more so than at the current time where both, in our communities and in our services, we are responding to the challenges presented by the COVID 19 pandemic.

Social work services are delivered across the statutory services, third sector and independent organisations and therefore strong partnership working is essential in order to be effective. A key partnership has been the Highland Health and Social Care Partnership which is delivered by way of the lead agency model. COVID 19 has provided real challenges to all Health and Social Care Partnerships and Highland is not alone in having to manage complex situations. Prior to the pandemic the Council and NHS Highland had been working together to review the partnership arrangements in place between our respective organisations and notwithstanding the current emergency situation work is ongoing and is very productive. Whilst challenging, the pandemic has illustrated the need for all agencies to work together to deliver improved outcomes for all service users and above all to ensure that such delivery is safe.

We recognise that the needs and challenges faced by our communities at present are significant and the social work role has been complex and wide ranging. The response by services has been extensive and spans the protection of the public including those who live within our communities and also those who live in residential establishments and care homes. Staff have required to continue to deliver services across the Highland area whilst taking account of a new suite of guidance which has been required to manage the pandemic safely. That work has been significant, and we would like to take this opportunity to thank all staff involved for their continuing commitment and resilience to provide services to the people of Highland.

This report provides an overview of social work and social care delivery including statutory social work functions as well as referencing more local challenges and illustrates how our skilled and committed workforce have continued to deliver services in what have been very demanding circumstances.

Donna Manson  
Chief Executive  
The Highland Council

Pamela Dudek  
Chief Executive  
NHS Highland

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## **1. Governance and Accountability**

Welcome to my second Chief Social Work Officer Annual Report. This report demonstrates an overview of Social Work Services in Highland during 2019/20 and includes statutory decisions and information made by the Chief Social Work Officer on behalf of Highland Council and in partnership with NHS Highland, whereby there are delegated powers and duties for Adult Social Care through the partnership agreement. The report is not intended to be exhaustive but gives an indication of the key trends, achievements, challenges, priorities and the impact of the COVID 19 pandemic.

In 2019/20 Highland Council continued, in partnership with NHS Highland, to deliver high quality services and developed new approaches to caring for and supporting children, young people, families and adults. Through partnership working everyone remained committed to strive towards the Highlands being the best place to grow up, live and prosper. Communities remained at the heart of the collaborative approach and the Community Planning Partnerships allowed for more meaningful contribution to local decision making.

Social work and social care staff, including staff working across our Commissioned Services have and continue to be dedicated and committed to providing support, care and protection to our most vulnerable children, young people and adults throughout the last year, despite the challenging times. Highland Council and NHS Highland have in place formal arrangements for engaging with third sector and independent partners, service users and carers. These partners are represented in strategic planning and governance processes. Governance is through the Joint Monitoring Committee, Community Planning Partnership Board and The Highland Council Health, Social Care and Wellbeing Committee.

As Chief Social Work Officer I will continue to work alongside Elected Members, the Chief Executive Leadership Team and partners in putting people and communities at the heart of any decision making, planning and improvements. The voice of children and adults using our services will be integral to this work. The overall objective of the CSWO role is to ensure the provision of effective and 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.

It has been an exceptionally challenging year for all services, staff, communities, partners and has been a privilege to be part of a profession which contributes towards the support and protection of our most vulnerable people. Social work and social care services are also delivering against a challenging economic and financial environment. The Council continues to face significant budget pressures and difficult decisions must be made about the future shape of service delivery. The Chief Social Work Officer has a crucial role in ensuring that any financial decisions made do not compromise the safety and well-being of vulnerable children, families and adults.

Within the Highland partnership the CSWO works within Highland Council and is supported by Head of Children's Services (Operations), Head of Integrated Children's Services, Head of Health, Principal Officers of Social Care, Mental Health Officer and Criminal Justice services.

The information contained throughout this report regarding Adult Social Care has been provided by NHS Highland. Within NHS Highland, there is a Director of Adult Social Care who is a member of the Board,



and two Lead Social Work Officers who provide social work advice as part of the Operational Units senior management teams. Governance of Adult Social Care is with the Highland Health and Social Care Committee.

NHS Highland is currently transforming the support to the Adult Social Care Leadership Team to ensure professional standards, legal compliance and reduce risks to service users, staff and the organisation by ensuring improved quality, safety and cost efficiency in Adult Social Care Services.

This work is aimed at ensuring we meet the full range of duties and responsibilities bestowed on Social Work and Adult Social Care (ASC) under the legislative framework of the Social Work (Scotland) Act, ASP Act, AWI Act, MH Act, SDS Act, Regulation of Care Act, Carers (Scotland) Act, and the Community Empowerment Act.

Through the transformation there is recognition that the leadership structure will require additional support in order to meet the immediate challenges and activity in Care Homes associated with COVID 19 and at a wider level, support patient flow, the continuation and redesign of service provision, remobilisation of services and to lead and inform key areas in the essential and effective delivery of ASC savings plans.

There is also a three year transformational change programme with Highland Council which requires resourcing, leadership input, management and professional support from the Adult Social Care Leadership and Management Teams. Through the strategic plan they will review a number of important policy and functional areas including Self Directed Support, Strategic Commissioning, Care Homes, Care at Home and Community Led Support.

## 2. Service Quality and Performance

### Adult Protection

The number of Adult Protection referrals received for 2018/19 was 344 and for 2019/20 it was 525. These were received from the following:

No. of referrals	2018/19*	2019/20
<i>NHS</i>	87	55
<i>GP's</i>	3	7
<i>Scottish Ambulance Service</i>	1	6
<i>Police</i>	76	145
<i>Scottish Fire &amp; Rescue Service</i>	2	3
<i>Office of Public Guardian</i>	2	2
<i>Mental Welfare Commission</i>		
Healthcare Improvement Scotland	1	0
<i>Care Inspectorate</i>	7	3
<i>Other organisations</i>	19	111
<i>Social Work</i>	25	33
<i>Council</i>	3	7

<i>Self (Adult at risk of harm)</i>	12	14
<i>Family</i>	37	51
<i>Friend/Neighbour</i>	4	8
<i>Unpaid carer</i>	21	31
<i>Other members of public</i>	1	4
<i>Anonymous</i>	2	2
<i>Other</i>	41	43
<i>Total Referrals</i>	<b>344</b>	<b>525</b>

After screening and/or an initial inquiry, in 97 cases this resulted in the appointment of a Council Officer and an Investigation was undertaken. For 2019/20 this number rose to 127 cases.

Type

For these 97 Investigations the principal type of harm was recorded as:

<b>No. of investigations by principal type of harm</b>	<b>18/19</b>	<b>19/20</b>
<i>Financial harm</i>	21	29
<i>Psychological Harm</i>	6	11
<i>Physical Harm</i>	26	23
<i>Sexual harm</i>	10	10
<i>Neglect</i>	14	32
<i>Self-harm</i>	1	1
<i>Other</i>	19	21
	<b>97</b>	<b>127</b>

In addition, there were also 2 large scale investigations reported for 2018/19. For the same period in 2019/20 this number rose to 5. These large scale investigations have been sited both in community settings and in Care Homes (both Residential and Nursing), and for Older and Younger Adults.

### **Targeted effort to reduce harm and the potential for harm**

One of the main identified areas for improvement for the period was to improve the timescale compliance for completion of inquiries and investigations under Adult Support and Protection legislation and for the two year period of this data report social work teams completed 815 inquiries. Of these 461 (around 58%) were within 7 days and 345 (around 42%) fell out with. Performance against a 20 day target (from receipt of initial concern to completion) for Investigations under the Act remained around 40% for the reporting period. This remains an area for improvement planning which recognises there are many factors that impact on the timescales e.g. complexity, delays in gathering information from partners and others; and ensuring interventions are conducted sensitively and safely.

## Adults with Incapacity

The total number of known Guardianships (including Interim Orders) across Highland is tabled below.

	North & West	South & Mid	Highland Total
Oct-18	239	462	701
Nov-18	234	463	697
Dec-18	237	460	697
Jan-19	234	462	696
Feb-19	234	462	696
Mar-19	236	464	700
Apr-19	246	475	721
May-19	241	485	726
Jun-19	240	481	721
Jul-19	247	486	733
Aug-19	248	495	743
Sept-19	246	496	742
Oct-19	250	504	754
Nov-19	245	502	747
Dec-19	242	489	731
Jan-20	243	501	744
Feb-20	242	504	746
Mar-20	242	505	747
Apr-20	243	518	761
May-20	243	519	762
Jun-20	239	513	752
Jul-20	239	512	751

The number of Private Guardianship is also tabled (below). Our social workers have duties to supervise the Guardian in the great majority of these cases.

As at 31.07.2020	Private Welfare	255
	Private Welfare & Financial	249
	<b>Total</b>	<b>504</b>

Finally, there are currently **237** individuals for whom the Guardianship sits with the Chief Social Work Officer. Here ASC social workers act as the Guardian (delegated role on behalf of the CSWO).

## Carers

Support services to carers are increasingly important at this point due to the impact of COVID 19. This has been demonstrated by the reduction of Day and Respite Services which have significantly reduced the short-breaks available to carers to support them in their role. The Carers Improvement Group have agreed that services for carers should demonstrate that they can provide a significant impact in one, or more, of the following areas:

- Provide highly reactive supports to help carers at times of particular stress;
- Link carers to their local communities; and the sources of support they contain;
- Prevent carer breakdown and obviate the need for more formal services to the cared for person (including admission to residential care or hospital);

- Support carers when the person they care for is being discharged from hospital;
- Offer a range of planned and 'Covid-proof' short-break alternatives which are attractive and/or acceptable to both carers and the cared-for person;
- Provide carers with the practical skills they need to manage their caring role; and
- Provide information and advice for carers which allow them to make informed choices about their role and supports decision making in line with Self-Directed Support principles.

Given the above, the Carers Improvement Group has agreed that a Carers Services Project Team is quickly brought together to structure a bidding process for Carers services/projects which can mitigate the current impact of Covid-19. Its work will include:

- Structuring an open invitation of bids
- Setting out the parameters for applications, including evaluation criteria.
- Working to an identified Implementation Budget (indicated to be up to £400,000 but broken down by district geographies to ensure equity)

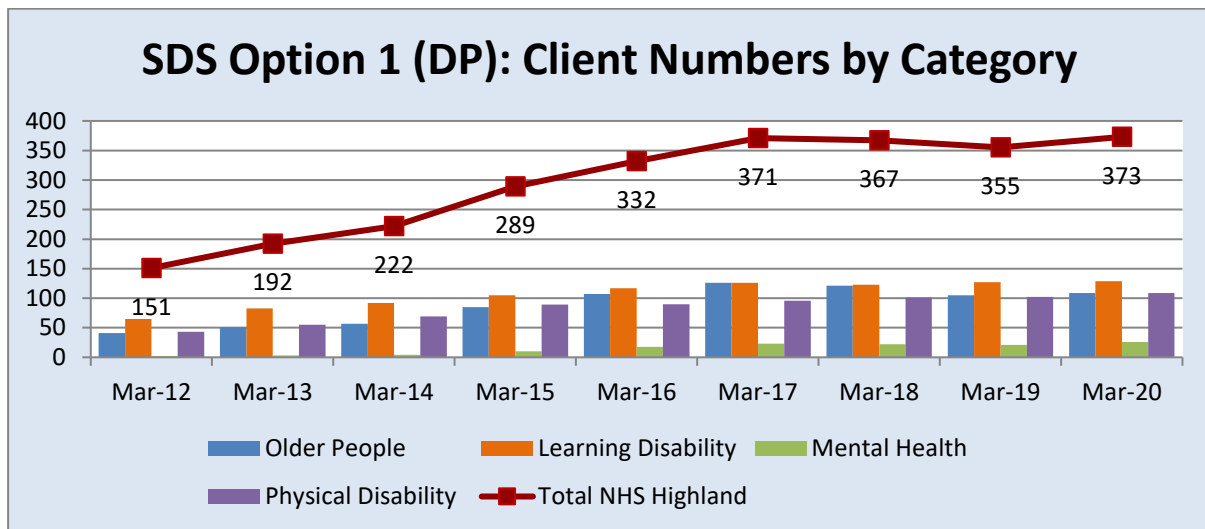
### **Self-Directed Support**

The four options of Self-Directed Support are available to any adult who has been assessed as requiring social care support. An outcomes-based assessment can be requested from any NHS Highland Integrated District Team. A personal outcomes-focused assessment will be completed jointly by the person in partnership with one or more professionals to determine eligibility for assistance with care and support needs. Depending on the individual's circumstances, a financial assessment might also be undertaken, and will normally be reviewed on an annual basis.

In adult services substantial growth in Self-Directed Support, and in particular Options 1 and 2, has been seen over the last four years as demonstrated in table 1 & 2. We continue to focus on raising awareness across our workforce and our plan is to develop our strategy and work with key partners to develop and embed community led support. In recognition of the national picture and the development of SDS Standards change is required at a transformational level to ensure more consistent practice in terms of adopting a strength-based approach to practice, highlighting the importance of good conversations to inform assessments and support options. There is also supportive measure with staff in place where lead professionals are able to discuss complex cases and possible support options.

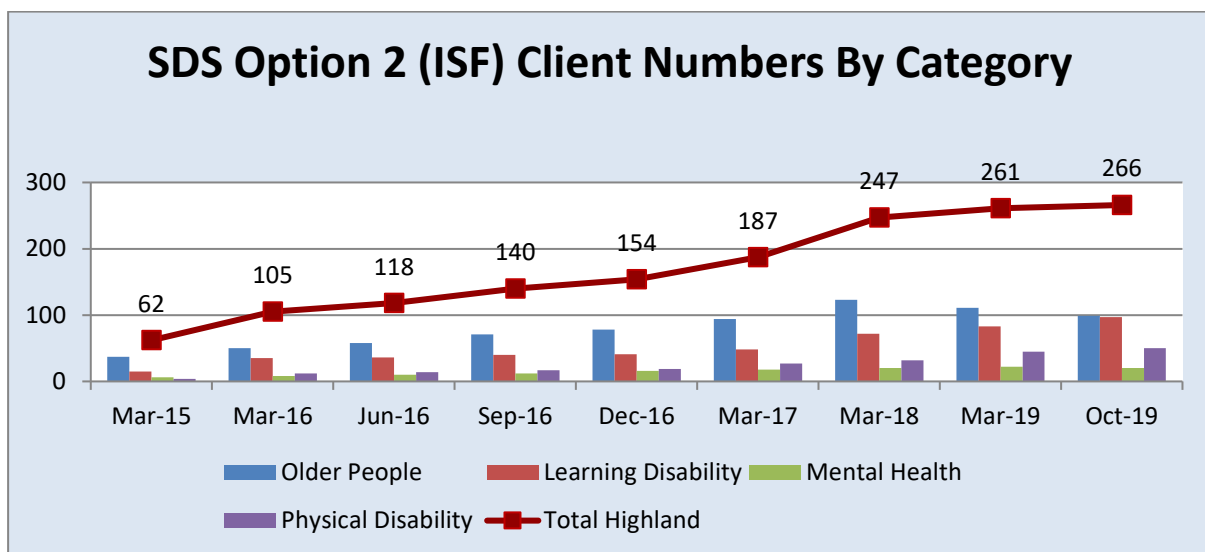
Throughout Highland, albeit we recognise we are on a journey with still some way to go, the measures as described above have led to greater involvement of supported people and their family/networks in the assessment and decision making processes and increased flexibility, choice and control in relation to meeting desired outcomes. Unfortunately, however we also continue to experience gaps in support provision, particularly in the more remote and rural areas of Highland where sustainability of support provision can prove to be a real challenge. We therefore have occasions when individuals and families are electing for Option 1 not as a matter of preference but in the absence of alternative Options available.

Table 1.

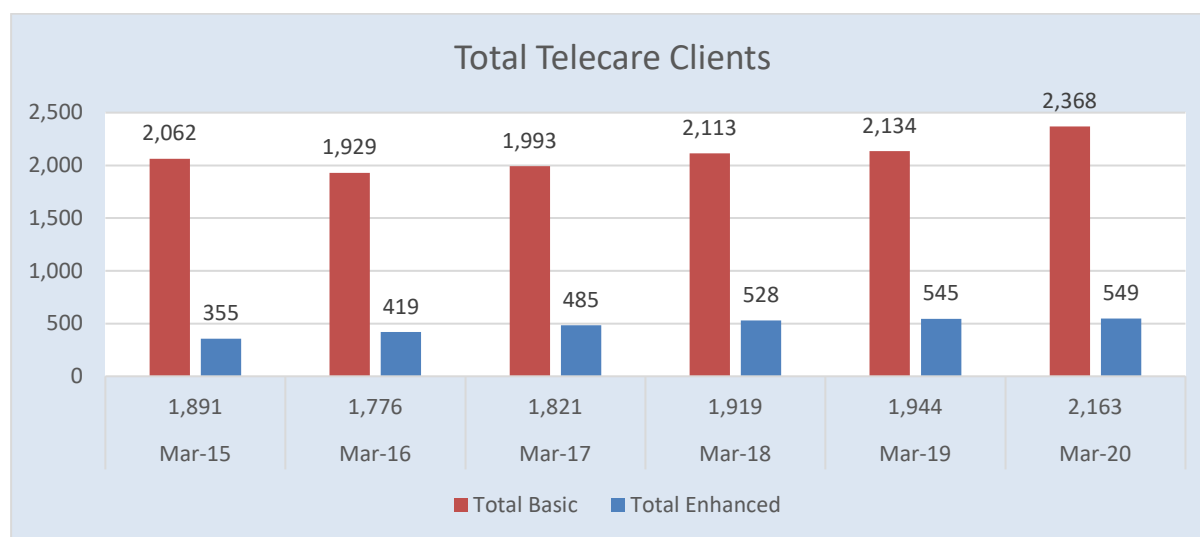


An Individual Service Fund (Option 2) allows individuals to tailor their support with a provider to seek to ensure their outcomes are met. Numbers of recipients are given below.

Table 2.



## Technology Enabled Care



## Social Work Teams

Social Work services are delivered, in the main as an integral part of local districts and there are 13 generic social work teams across Highland undertaking the required statutory functions. Each team is managed or led by a social work professional but there are no senior operational managers who are qualified social workers. However, the described structure in adult social care is designed to ensure robust professional support and supervision to the local leads.

In addition to the generic teams there are two social work teams that work to a specialist remit covering different geographical areas of the Highlands. These include the Community Mental Health Team working with adults under 65 in the Inverness area and the Joint Transitions Team providing a social work service to young people up until the age of 25 in the South and Mid area of Highland. The Transitions team comprises staff from The Highland Council and NHS Highland who are co-located.

The whole service is supported by the Adult Care Review Team which consist of social workers and SDS officers who provide a Highland wide service. The main function is to chair all Adult Support and Protection meetings, chair review meetings for supported people with specific complex needs or complex solutions to service provision. The team also provide a quality assurance and auditing role and a priority of 2020/21 is to strengthen this element of the team and the SDS officers support the growth and delivery of options 1 & 2.

The generic model of social work practice focuses on providing local support within the integrated service to ensure equity to all in the community. This also comes with a unique set of challenges in that the service has to balance the requirements of statutory interventions and therapeutic supports as well as the need to support with patient flow and hospital discharge.

## Care Homes

Care homes activity was considerably impacted in March this year at the start of the pandemic including the suspension of in-house respite facilities and day support services.

Guidance to NHS Highland care homes during this time was issued quickly and a reduction in activity started early. Visits to the care homes were limited as per national guidelines, enhanced infection control procedures were introduced, and a range of information continues to be collected daily. This allows for early indication of areas of concern and a proactive, planned and supportive response. Residents are generally supported within their own rooms if possible and this required enhanced care planning to reflect a different way of working whilst remaining person centred, and outcome focussed. Care homes were provided with the range of national and local guidance to ensure safe practice, this was updated regularly, and NHS Highland also supported with the provision of PPE in the early weeks of the pandemic.

An outbreak of COVID 19 in one care home resulted in NESH deploying Community Response Team members to support with the issues arising and to supplement staffing levels.

The maintenance of safe staffing levels during this period for all care homes was problematic and has been monitored closely. The Community Response Team has been deployed in several areas to assist care home and Care@Home services experiencing problems with safe staffing levels.

As with Care@Home services procurement of appropriate personal protective equipment was initially problematic until the system became more streamlined and easier to navigate. Supportive infection control audits were introduced for all care home facilities, COVID 19 testing for staff also began following national direction and is currently being monitored. Visiting arrangements for care homes continue to be arranged as per guidelines and with support from Infection Prevention and Control and Public Health colleagues.

Throughout this time managers and staff have worked hard to support residents in a person-centred outcome focussed way, whilst also actively supporting health, safety and well-being. Staff teams have continued to demonstrate commitment and professionalism throughout this period of regular changes to practice. Residents and service users emotional and physical well-being remain the highest priority.

Table 3

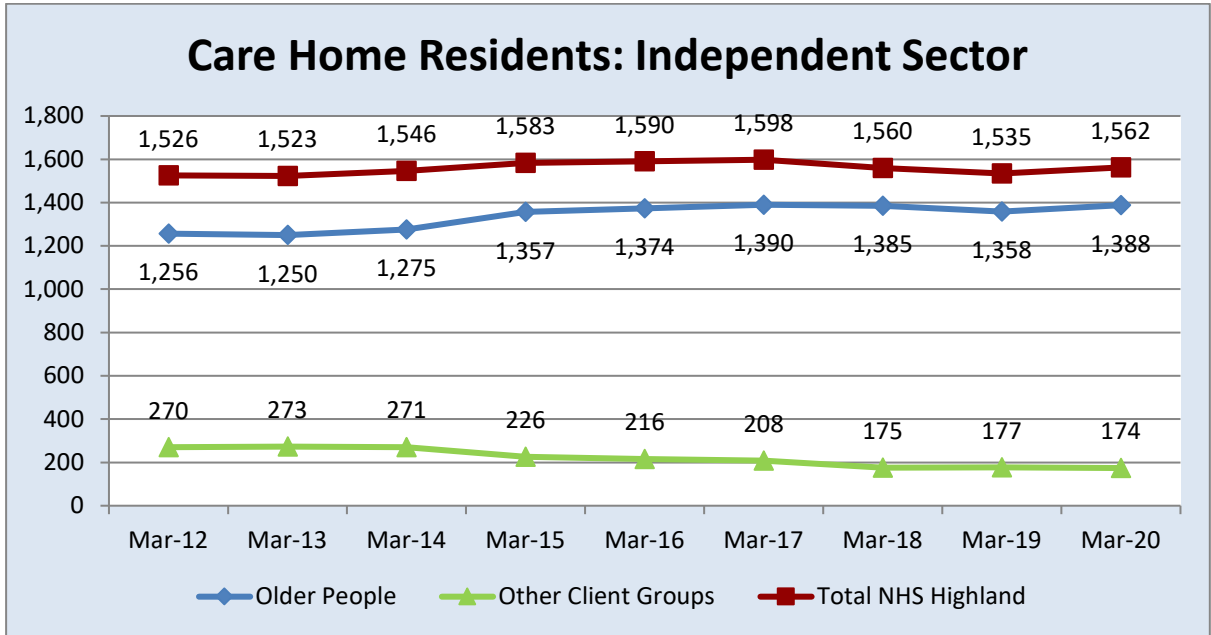
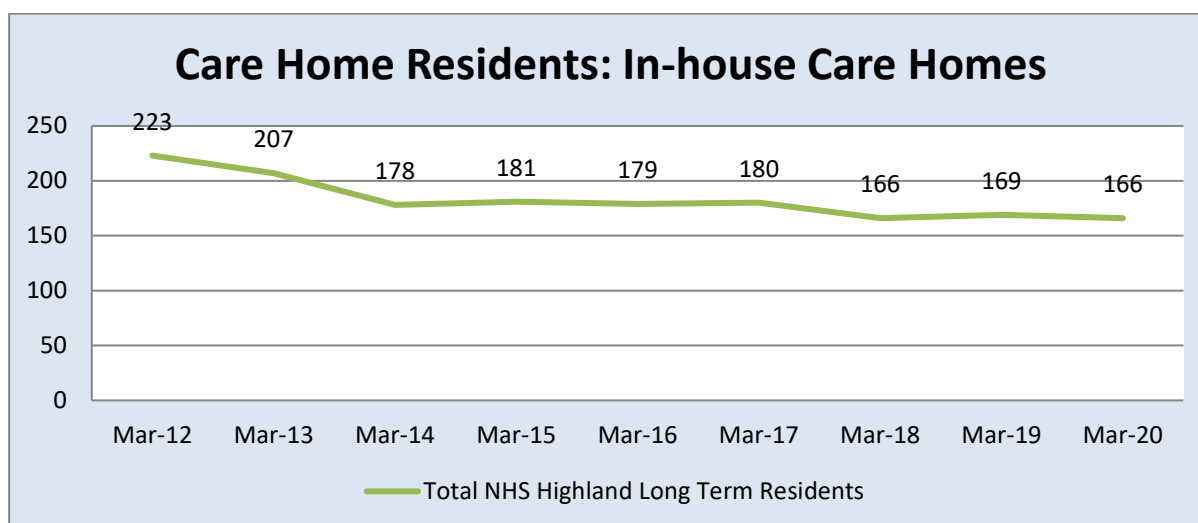


Table 4.



### Care at Home

The Care at Home sector has adapted well to the challenges of COVID-19 and continued to deliver services without significant disruption. Several of the providers have expanded their operations quickly and efficiently to include new areas of responsibility including additional services in Badenoch and Strathspey, East Ross, Drumnadrochit and Cannich. An Enhanced Responder Service has been developed and has worked closely to enable hospital discharges from Raigmore Hospital.

The Care@Home service across Highland adapted very quickly in terms of service provision this year as business as usual was interrupted by the Covid19 pandemic. Care@Home managers and officers prioritised input to those assessed as high risk and worked collaboratively with service users and their families to ensure vulnerable people continued to receive support required to promote safety and well-being. Staff received enhanced input in relation to the correct use of PPE and also have had regular infection control training. During this time Care@Home staff have demonstrated commitment, professionalism and flexibility in ensuring appropriately targeted service provision and service continuity.

In some more rural areas recruitment and retention remain a challenge; more lately response to advertised roles has improved. NHS Care@Home service is fully engaged with the learning and development programme for Care@Home staff with the manager of this programme maintaining an oversight of requirements and providing guidance/training as required. There is a planned and coordinated programme in place to facilitate staff to achieve required SVQ qualifications.

Earlier in the year concerns were identified in relation to SSSC registration requirements, a number of staff had not registered within the necessary time frame. Remedial action was taken quickly and subsequently audit systems have been enhanced to monitor continued compliance. Services reported difficulties in securing adequate PPE supplies at the beginning of the pandemic, a lack of communication or an influx of information. Communication channels have since improved.



NHS Care@Home staff continue to transition to 'agenda for change' terms and conditions, this was temporarily paused in March, but negotiations have recently resumed. A key area to be addressed centres on travel and mileage allowances.

## 2.2 Criminal Justice

Criminal Justice Social Work Services continues to produce quarterly performance reports detailing 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) – reducing offending, public protection and promoting social inclusion.

Key indicators are

- Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to the court by the due date (12 noon the date before the court hearing) – 93% (887 reports) (91.2% in 2018/19 based on 898 reports)
- 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 – 69% (579 CPOs) (68% in 2018/19 based on 608 CPOs)
- Percentage of offenders on new Community Payback Orders (Unpaid work requirement) receiving their first work placement within 7 working days of the order being made – 66% (453 CPO unpaid work requirements) (62.5% in 2018/19 based on 506 requirements)
- Percentage of Beneficiaries of Unpaid Work projects satisfied with the work done – 96% in 2018/19 based on 103 returns (2019/20 data not available yet)
- Percentage of Level 3 MAPPA cases reviewed once every 6 weeks – 100% (100%)
- Percentage of Level 2 MAPPA cases reviewed once every 12 weeks – 100% (100%)

Performance has improved or stayed at 100% across all 5 domains.

The 2019/20 Community Payback Annual report will detail the overall progress regarding Community Payback Orders. However, this report is not submitted to Community Justice Scotland until 31 October 2020 and data is not yet available. (CPO Annual Reports cannot be published before a summary of all 32 local authority reports is laid before the Scottish Parliament usually early the following year.) The 2018/19 report is the most recent report.

[https://www.highland.gov.uk/downloads/file/22775/annual\\_report\\_2018\\_2019](https://www.highland.gov.uk/downloads/file/22775/annual_report_2018_2019)

A Quarterly Analysis Report (QAR) is provided to criminal justice managers with statistics for 3 key areas: People, Process and Practice. The report also provides analysis and summary of findings. Significant work continues to be 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. There is also an annual report detailing Quality Assurance work undertaken. For example, this covers the quality of reports and case files, and feedback received from service users (e.g. on criminal justice social work reports and community payback orders) and beneficiaries (e.g. the recipients of unpaid work projects). Again, 2019/20 reports are not yet completed.

In respect of 2018/19, the most recently available set of data, for CPOs with an unpaid work and other activity requirement, key performance results included: 95% of individuals felt the unpaid work project was worthwhile ("Found satisfaction putting something into helping local community" was a typical comment); 95% of individuals felt the work was worthwhile; 95% felt they had received a good standard

of support during their order; 48% felt they had acquired new skills; 99% of beneficiaries felt the work undertaken was of great benefit and would use the service again; and 99% felt individuals were very well supervised and did not experience any problems – “We would love to welcome the team back, well supervised and professional, hopefully enjoyable work for the clients giving directly back to the community”; “Those doing community service that we had working at our home were all very polite, helpful and pleasant. They also had great respect for the person in charge;” and “I have had work carried out on a number of occasions now and it has always been done to a good standard and well supervised. I would have no reservations having further work carried out when required” were some of the comments.

Regarding supervision, 100% of individuals felt they were treated with respect; 84% advised that their offending behaviours had changed during supervision; 82% felt supervision helped to reduce their offending behaviour; 90% felt their thinking had changed; and 51% were linked into other supports or services in the community. Feedback from individuals included “I’m truly thankful for it. I’ve changed for the better at the worst point in my life and I’m so thankful to my supervisors for helping me through it”; “The year passed quick, I enjoyed the supervision meetings I am now on SMART training to help others with drugs/alcohol problems”; “My 2 years supervision with xxxx has helped me understand different difficult situations and made me think more, no emotions now as I have my two kids full time and I have 2 full time jobs. No further offending and going from strength to strength.”

Other key statistics were:

1. The number of criminal justice social work reports completed was 887 (898 in 2018/19).
2. The number of Community Payback Orders was 579 (608 in 2018/19 – reduction in 19/20 due to Covid-19). This includes supervision, compensation, unpaid work programme, residence, mental health, drug and alcohol treatment, and conduct requirements.
3. The total number of hours imposed for CPOs with Unpaid Work was 54,149 (58,176 in 2018/19).

The Statistical Bulletin published by Scottish Government on 24 June 2019, the most recent set of data available for (2016/17) shows both the reconviction rate and the average number of reconvictions per offender (which is the percentage of offenders who are reconvicted in a year) have decreased over the past two decades from a high of 32.9% in 2002/3. In 2016/17 it was 27.2% the same as in 2015/16 and the average number of reconvictions per offender was 0.48 also the same as in the preceding year.

In Highland, there were 1,432 individuals that offended, and the reconviction rate was 24.9 (24.1 in 2017/18), well below the national average of 27.2%. The average number of reconvictions per offender was 0.38 (0.41 in 2017/18), well below the national average of 0.48. This is excellent data for Highland.

In partnership with Women’s Aid in Highland, CJSW successfully bid for funding for the Caledonian System, an integrated and court mandated domestic abuse perpetrator programme. Following recruitment and training the programme went live in May 2019.

During 2019/20, Criminal Justice Social Work continued to contribute to the new arrangements for the delivery of Community Justice through Community Planning Partnerships. The Principal Officer (Criminal Justice) is a member of the Community Justice Partnership group, which is responsible for

oversight and delivery of the 2018 – 2021 improvement plan. The Annual Report must be submitted to Community Justice Scotland by 30 September 2020 but has not yet been published. There are 3 key outcomes: (1) mental health and wellbeing; (2) better access to diversionary and early intervention services; and (3) improved employment opportunities. CJSW have developed a domestic abuse awareness raising module to be delivered as an ‘other activity’ as part of an unpaid work requirement under the plan.

The grant is made up of 2 parts: Part 1 provides for a flexible element and covers the provision of Community Payback Orders, Drug Treatment & Testing orders, the provision of Throughcare services to prisoners during and following release on licence etc.; Part 2 is non-discretionary for the delivery of key services and programmes, e.g. MAPPA, the Caledonian System programme for male perpetrators of domestic abuse, women offenders and funding to prepare for the increase in CPOs resulting from the extension of the presumption against short-term sentences (PASS). For Part 1 the grant was £3,157,017 and for Part 2 £362,528. Part 1 funding is also used for the purchase of commissioned services from Action for Children (an offending awareness programme, bespoke interventions and a preventing abuse in relationship programme); Apex Scotland (employability); and Pulteneytown People’s Project (offending related interventions).

### **2.3 Mental Health Officers**

There is an established structure to manage and support the delivery of Mental Health Officer Services (MHO) in Highland. These arrangements provide a managed MHO service that meets the Highland Council’s statutory duties to appoint Mental Health Officers as per Section 32 (1) Mental Health (Care and Treatment)(Scotland) Act 2003. The Chief Social Work Officer of the Local Authority or his/her delegate is required to appoint sufficient Mental Health Officers to discharge functions under the,

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health Act 2015
- Criminal Procedure (Scotland) Act 1995
- Adults with Incapacity Act 2000

MHO’s operate across these four pieces of legislation that significantly impact on individual liberty. MHO’s are experienced registered social workers who have completed further approved training at Masters level and have a particular role and responsibility in legislation relating to individuals with a mental disorder. Their professional role and responsibility results in MHO’s working at the interface between the state and individual liberty, making decisions that require a careful balance between rights, needs and risks, both of and to the individual and the wider community. The MHO retains full accountability for the recommendations they make to Mental Health Tribunals and Courts and it is essential that they strike an appropriate balance between managing risk and encouraging self-determination. The role of the MHO as a practitioner, independent from the health service, is considered a fundamental protection built into the legislation, for service users.

#### **Adults with Incapacity**

This part of the service is led by a Practice Lead who is supported by a number of MHO’s. The work under the Adults with Incapacity Act is largely planned work as AWI intervention is not a quick response used in an emergency. The complexity of work is apparent in the range of age and situations presented.

The bulk of the statutory AWI work is undertaken by the MHOs in the form of reports in respect of Local Authority and Private Welfare Guardianship applications. Welfare Guardianship and/or Intervention Orders are used to provide a legal basis for the provision of care and support to people who lack the mental capacity to consent themselves, where this is necessary. In many cases a family member will apply. The Local Authority has a duty to supervise the family member guardian in their use of their powers. Where an order appears to be necessary and there is no person able or willing to apply, the Local Authority has a responsibility to do so. In such cases, the CSWO becomes the legal guardian.

There continues to be an increasing demand for MHO reports under section 57 (3) of the act from solicitors acting on behalf of private applicants. This year on year increase has to be managed within current capacity and it has continued to be necessary to operate a waiting list for intervention under AWI legislation. This reflects the pressures and demands on the service and is kept under continuous scrutiny to prioritise vulnerable adults in the community and those delayed in hospital.

In addition to this, the day to day work undertaken by social workers within the adult teams, involves consideration of intervention and duties under the 2003 Act, 2000 Act and/or 2007 Act which requires MHO advice, support and guidance. AWI Case Conferences routinely involve the MHO and Legal Services as per Highland AWI 2000 Procedures. This ensures the Council's legal team are fully involved in decisions relating to the need for Welfare Guardianship when no other person can apply.

Advice, support, guidance and information is provided in a wide range of mediums to members of the public, service users, and other professionals. Much of this provided routinely as part general practice, e.g. advising and supporting people to put in place Welfare and Financial Power of Attorney; implementing the principles of the Act; and advice in relation to 13ZA and Deprivation of Liberty issues.

Following lockdown, the MHO Service continued to manage the most urgent AWI work in essence; Adult's whose hospital discharge had been delayed and who were at heightened risk of infection if/when hospitals became a focus of COVID 19 infection. The court system in Highland offered a severely curtailed service, responding only to essential and urgent or uncontested civil/AWI cases.

The Coronavirus (Scotland) Bill 2020 proposed easing rules regarding section 13ZA so that Local Authorities could facilitate moving adults who lack capacity without recourse to a welfare guardian or POA and without applying the principle of taking into account the adult's wishes. To date this has not been enacted. Highland Council devised its own Standard Operating Procedure (SOP) in order to facilitate moving vulnerable people from hospital/community to care homes where no legal order was in place and where section 13ZA was not considered appropriate. This has now been discontinued.

Staff have followed the Mental Welfare Commission advice and made good use of technology to facilitate meetings and on occasion statutory AWI work. Virtual communication with NHS and other agencies has presented challenges such as, interagency linkage problems leading to staff being excluded from involvement in case discussion, Care Programme Approach Meetings and other multi-disciplinary fora.

The 2020 Bill 'stopped the clock' for the renewal of guardianships from 6th April for 6 months. This removed the need to renew guardianships during the Lockdown, however this is now suspended, and an increasing number of renewals will be required following a return to new normal working practice. This work will become a priority for the MHO Service which will further challenge capacity.

Staffing levels during the pandemic caused concern and exacerbated backlogs in AWI work, already adversely impacted by Lockdown and reduced court time. The MHO Service currently has its highest ever waiting list of approximately 90 unallocated cases.

The Mental Health (Care & Treatment) (Scotland) Act 2003 part of the service is led by a Practice Lead who is supported by a number of MHO's. This act involves MHO consideration of, consent to and application for a number of civil measures of compulsory detention and treatment. A substantial part of the work under this Act is generally unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention. As part of this, the MHO may be required to apply to the sheriff court for warrants to enact emergency protective measures. Compulsory Treatment in hospital or in the community can be ordered under this act. A daily MHO duty rota operates pan Highland and the duty MHO participates in the daily multi-agency 'huddle'. In addition to this the MHO manages a caseload of both inpatients and outpatients.

During COVID 19 operational systems changed with some MHO's undertaking face to face work whilst others, who were shielding, acted as support from home e.g. triaging duty calls, consultations for Emergency Detentions or AWI, inputting onto CareFirst Recording System and completing paperwork for warrants. Whilst there were some issues with connectivity, use of IT facilitated attendance at meetings with partner agencies and provided the medium for assessment when appropriate. Mental Welfare Commission guidance in respect of the use of telephone/video assessments was helpful in contingency planning of service delivery. Throughout COVID 19 practice experience was provided for MHO trainee candidates to enable them to meet their competence of practice. The service was able to continue service delivery and did not require the introduction of measures set out in the Coronavirus Bill. It must be acknowledged the level of service delivered has been reduced to minimise the risk of infection to both the service users and MHO's. The demand for Mental Health Act work has not decreased as a result of COVID 19. Indeed, the stress of COVID 19 has had an impact on individual's mental state resulting in higher than normal requests for assessments.

This part of the service continues to implement a staged approach to increasing service delivery to meet statutory duties and responsibilities. Whilst this team report home working has reduced the need to travel and increased competent use of technology, they indicate a feeling of fragmentation through home working, with respect to timeous sharing of information and peer learning.

The Forensic Mental Health Officer Service is a specialist role staffed by a Practice Lead and two main grade officers, who have substantial experience and expertise in the criminal justice system. Each has a live criminal justice social work practice commitment. Forensic MHO practice requires an understanding of the relationship between mental disorder and crime; a detailed knowledge and application of the legislation relevant to civil psychiatric patients and to mentally disordered offenders; an enhanced understanding of the interface between the mental health system and the criminal justice system; an ability to function within all parts of the Criminal Justice System (Police, Courts and Prisons) as well as in health and social work settings; the completion and application of advanced forensic risk assessment and risk management procedures and provision of a day-time on-call duty system for those in custody (Police cells, court and prison in-reach). Forensic MHOs work exclusively with mentally disordered offenders - defined as those who are "considered to suffer from a mental disorder and come to the attention of the criminal justice system or those whose behaviour poses a risk of such contact." (Scottish Office 1999)

Forensic MHOs work with multi agency partners such as Criminal Justice Social Work, Police Scotland, Crown Office and Procurator Fiscal Service, Sheriff and High Courts, Her Majesty's Prisons, MAPPA (multi agency public protection), Scottish Government Mental Health Department and NHS under the over-arching remit of public protection. Forensic MHOs work with inpatients (low, medium and high secure hospital settings) and with outpatients in the community who are subject to statutory mental health legislation and possibly concurrent criminal justice legislation.

Since March 2020, a forensic service has continued to be provided to patients although the shape of service delivery has been significantly altered. Patients have received less face-to-face contact since March, which has since increased slowly as directed by the dual service (NHS and THC) recovery plan. 'Business as usual' is not yet operational in terms of contact frequency. Furthermore, Conditionally Discharged Restricted Patient Monthly Reporting has ceased lessening the frequency of clinical observations. Patient contact is pivotally important in forensic mental health as frequent and continued observation and assessment evidences. Adjusting to different working priorities has been challenging with the key role of assessment being significantly altered.

The mix of Highland Council and NHS personnel in the team has been dependent on IT systems for vital communication which has created challenges to effective communication due to different corporate networks.

## 2.4 Children's Services

The data presented in table 1 is a snapshot of the comprehensive range of data collected within the children's services.

In the last year there has been improvement in the processes for quality assurance, performance and improvement planning which better use this data for demonstrable service improvement.

Children's services	2016/17	2017/18	2018/19
The number of Looked After Children accommodated by the Council	85	86	81
The average number of Looked After Children accommodated by the Council out with Highland	27	34	39
Looked After Children in kinship care	17.7%	19.5%	18.4%
Number of persistent young offenders with 5+ referrals	5	7	14
Number of offence-based referrals to Scottish Children's Reporter Administration	362	429	523
Average time between child accommodated to permanence decision (months)			7.4
Average time between decision for permanence via adoption to matching decision (months)			8.4
Average time between Child's Plan meeting decision to receipt of Child's adoption Permanence report (weeks)			38.3
Number of new foster carer and adopter approvals	148	144	127
Gross cost of Children's Residential Units (per bed per week)	£3,010	£ 3,379	£4,661
Cost of Looked After Children (per child per week) – community	£160	£197	£254
Looked After Children in the community	82.6%	83.5%	83.3%
Child protection re-registrations within 18 months	5.1%	6.8%	6.6%
Looked After Children with more than 1 placement in last year	34.7%	27.6%	28.2%

## Adult Services

Data shows some improvement over time. There has been improved understanding in the last year of the interventions that have led to improvement through strengthened partnership working with NHS within the Lead agency model

Adult services	2016/17	2017/18	2018/19
Criminal Justice - Offenders on new community payback orders (Supervision) seen within 5 working days	75.5%	70.3%	68.2%
Criminal Justice Social Work reports submitted to court by due date	91.2%	94.8%	91.2%
Criminal Justice - Offenders on new community payback orders (unpaid work) first placement within 7 working days	59.5%	58.3%	62.5%
Criminal Justice - Community payback order (Unpaid Work) beneficiaries	98%	97%	96%
Adult (65+) Home care costs per hour	£36.09	£29.79	£29.46
Direct payments spend on adults (18+)	6.3%	6.1%	6.5%
Adults (65+) with long term care needs receiving personal care at home	49.9%	53.2%	55.6%
Net residential care costs per week - Adults (65+)	£448	£482	£514
Readmissions to hospital within 28 days of discharge (per 1,000 discharges)	92	107	113
Proportion of care services graded good or better	85%	86%	86%
Days people spend in hospital when ready for discharge (per 1,000 population, aged 75+)	1,580	1,300	1,248
Adults supported at home who agree the services and support had an impact in improving or maintaining their quality of life	82.8%	86.7%	85.7%
Adults supported to live independently or who agree that they are supported to live as independently as possible	80.3%	83.1%	86.4%
Adults supported at home who agree that they have had a say in how their help, care, or support was provided	83.7%	76.6%	79.2%
Carers who feel supported to continue in their caring role	42.3%	37.3%	37.5%

Adult services national comparators data on ranking shows an uneven pattern pointing to improved use of data to make meaningful benchmarking effective.

## Child Protection

- Priorities in child protection are:
- The delivery of interagency and single discipline learning and staff development opportunities.
- Quality Assurance of practice and supervision.
- Development of minimum data set in line with national data set recommendations.
- Dissemination of learning from case reviews and the sharing of good practice.
- Roll out of Viewpoint to gather and analyse views of children and young people.
- Review of Highland Child Protection Guidelines and Community Guidance.
- Effective communication and consultation with practitioners.
- Embed principles of protection in Social Work practice
- Develop effective responses in relation to child trafficking and child sexual exploitation

Social Workers continue to access a range of learning and development opportunities including joint investigative interviewing, assessment & planning for permanence and legal training. Practitioner Forums for Social Work practitioners are also being rolled out across Highland. The Child Protection Training Team continued to deliver core child protection training for Social Work practitioners within NHS Highland and Highland Council, as well as all statutory and third sector agencies, allowing over 5000 training places to be taken up Highland wide. E-modules for Child Protection and the Practice Model, Children Affected by Parental Substance Misuse and Child Sexual Exploitation have also been offered free of charge for all practitioners and have been accessed by over 600 people in 2018/19.

The review process for every child who is Looked After at home or in residential/foster care or who has a Child Protection Plan continues to be chaired by a Quality Assurance & Reviewing Officer (QARO) or a manager who is independent of the responsible operational team. The QAROs meet regularly with teams to give feedback to lead professionals as part of their quality assurance role in respect of the

plans for children who are Looked After. A review of the current arrangements is being undertaken and has been prioritised due to restructure of the Family Teams, which has impacted on the capacity of managers to augment the existing chairing capacity.

In 2018/19, the Child Protection Quality Assurance Group carried out a review of cases where children had been deregistered in the previous six months. This audit was carried out using the Care Inspectorate audit tool and has now reported to Social Work managers. Plans to progress recommendations include a review of support made available for children and families in the three months following deregistration. In 2019/20 the Quality Assurance Group will build on this work to audit 20 cases using the full audit tool to consider cases where re-registration has occurred.

Social Work Managers have made use of the Dashboard to establish an informative data set which also reports to Highland Child Protection Committee. In 2019/20 Highland will work to develop a minimum dataset with CELCIS based on the national recommendations.

In 2018/19 the Initial Referral Discussion (IRD) process was reviewed and updated to ensure tri-partite consideration of child protection cases across Social Work, Health and Police. The Principal Officer (Social Care) has also developed a protocol for Care and Risk Management (CARM) in Highland to ensure the process is clearly defined and understood by Social Workers and other relevant professionals.

Highland Child Protection Committee have been working in partnership with the University of Highlands and Islands to develop resources for young people and parents in relation to child sexual exploitation. This includes prevention resources in relation to the sending and receiving of indecent images via social media. The Highland Underage Sex Protocol has also been updated to include guidance for social work practitioners in relation to online issues.

The Child Protection Committee Conference held in March 2019 attracted over 170 practitioners from across Highland, with a presentation from Sammy Woodhouse on Rotherham and Child Sexual Exploitation, and James Docherty from the Violence Reduction Unit talking about trauma and adverse childhood experiences. This promoted further discussion about professional responses to families experiencing trauma and/or young people at risk of exploitation. In October 2018 Dr Danya Glaser delivered a master class on Fabricated and Induced Illness to 68 practitioners from Police, Health and Social Work.

A review of Highland Child Protection Guidance came to a conclusion in September 2018 and the Guidance was uploaded in June 2019. The Child Protection Improvement plan for -2018-2022 was also developed in consultation with social work professionals and a multi-agency audience.

In 2018/19, Highland continued to make use of the SCIE model to undertake a learning review in relation to young people who display sexually problematic behaviour. This involved a range of practitioners and findings will be considered by Social Work managers in 2019/20.

The Child Protection website has continued to develop and since launching in July 2017, the website has had over 20,000 users and provides the main route for booking training courses and seeking local support services. Social media has also been used to promote public protection messages in relation to child sexual exploitation, substance misuse and neglect. This included a Facebook Chat on child sexual exploitation which resulted in 13,000 hits.



## Fostering and Adoption

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in January 2018 resulted in grade 4 being awarded across both services, with 3 recommendations for the Fostering Service and one recommendation for the Adoption Service and there were no requirements. The next inspection of the service was due early in 2020 but due to the COVID 19 pandemic and lockdown the inspection has been postponed.

The Highland Council Fostering and Adoption Service inspection reports for 2018 can be accessed via the following link:

[https://www.highland.gov.uk/downloads/download/1615/care\\_inspectorate\\_reports](https://www.highland.gov.uk/downloads/download/1615/care_inspectorate_reports)

### Fostering

The number of 'new' admissions to foster care (children who have not been accommodated previously) has reduced considerably in the last year.

Number of "new" admissions to Foster Care from:

01/04/16 to 31/03/17	01/04/17 to 31/03/18	01/04/18 to 31/03/19	01/04/19 to 31/03/20
53	53	53	88

The number of children placed in all categories of foster care had been steadily reducing since November 2012 when it had peaked at 177 however during the period 2016/17 there was a sudden increase with several large family groups of four, five and six children being accommodated. The number of Looked after Children at 31/03/20 was 498 in Highland. Of these children 153 were in foster care, a slight decrease from the previous year.

Number of children in Foster Care at:

31/03/17	31/03/18	31/03/19	31/03/20
162	165	166	153

Of the 153 children noted above, there were 44 children placed within and out with The Highland Council area in both temporary and long term/permanent foster placements, purchased from independent fostering providers at 31/03/20. There has been an increase in the number of children and young people referred to the Independent Fostering Providers due to the demand for placements for large family groups, children with complex needs and also as an alternative to residential care.

There were 19 children in pre-adoption placements on a fostering basis at 31/03/20 where they had been matched with prospective adopters and the legal process was underway to secure these children with their permanent families. An additional 6 children affected by disability were in receipt of regular established respite care, a significant reduction from the previous year, this was due to a number of factors including foster/respite carers resigning or retiring limiting the respite resources available or young people reaching 18 years of age and respite arrangements being sought elsewhere.

Recruitment continues throughout the year and presents challenges in replacing those who cease fostering, mainly due to retirement, changes in employment, health and family circumstances. A significant factor continues to be the presence of Independent Fostering Providers (IFP's) in Highland who are recruiting from the same communities as the Local Authority and who largely pay their carers a higher rate of fees and allowances. Local Authority Fostering and Adoption service who, in addition to the recruitment, support and training of foster carers are also responsible for permanence and adoption

planning and recruitment, adoption counselling and adoption support as well as providing a daily duty service for referrals to the service.

Throughout 2018/19 a team of social workers and managers from the Fostering and Adoption service, supported by the Corporate Improvement Team, undertook a review of the processes involved in recruitment and retention of Foster Carers. The aim was to consider ways in which we could increase the numbers of foster carers available in Highland particularly for older children, teenagers and larger sibling groups and in addition retain those carers who are currently providing a very valuable resource.

Therefore recruitment, retention, support, training, allowances and fees for foster carers were all reviewed. As a result of this work a number of improvements have been implemented during 2019/20:

- Elected members agreed to pay an age-related fee per child as opposed to a fee per household to make fostering more attractive and to encourage our current carers to take additional placements
- An online enquiry process to help eliminate those not suitable to foster or adopt at a much earlier stage and to speed up the initial enquiry process
- A new and quicker referral process for requesting PVG's and Disclosure checks within the Council has also meant the process of these checks being carried out which are required for fostering, adoption and kinship
- A new website for the Fostering and Adoption service that explains clearly to enquirers the process of becoming an approved foster carer or adoptive parent as well as the skills and experience required
- An online application form to assist the assessing social workers reduce their administration tasks
- An additional two social worker posts to undertake fostering and adoption assessments
- Agreement for a recruitment and marketing post to raise the profile of fostering and adoption within Highland

All of these improvements have assisted in speeding up the process of recruitment and assessment of suitable carers. There is a direct link with recruitment and retention and the allowances and fees paid by Local Authorities to foster carers. A review of the fees in 2019 resulted in Elected Members agreeing to an increase in fees and to pay a fee per child, allowances are to be reviewed during 2020.

A concerted effort continues to be made to raise the profile of fostering and attract people to foster through a number of avenues such as the new website, social media, regular advertising in local publications, posters and flyers as well as on Highland Council payslips, intranet and web page. Holding information sessions in the community have proved to be successful, particularly in the more rural areas. During National Foster Care Fortnight and National Adoption week the need to recruit more foster carers and prospective adopters is highlighted locally as well as nationally by the media and we always see a rise in the number of enquiries during these times. The new website for the service has been in place since April 2019 and has allowed the service to have a higher profile within our local area and encourage more people to enquire and sign up to undertake the assessment process.

There were 5 foster carer approvals during 2019/20 a slight decrease from the previous year and 5 resignations during this period. The number of approved carers who could provide foster placements remained at 107 in 2019/20.

Many people choose not to proceed at different stages of the recruitment and assessment process and often after they have attended a preparation course when they have learned more about the challenging task of caring for traumatised children and the potential impact on themselves and their family.

Fostering Preparation courses are held throughout the year dependent on demand with two being held in the 2019/20 period. The service provides a wide range of training to all current and prospective carers, locally and centrally, during the day, evenings and at weekends as well as the opportunity to access training online which suits many carers who work full time or live in a rural setting. Training events are planned in advance and a calendar is produced at the beginning of each year so carers can plan ahead and choose training sessions that will suit their own individual needs and family circumstances.

## **Adoption**

There is recognition that children who are adopted are not a distinct population but are primarily children who have been on the child protection register and looked after in foster care who cannot return to or remain at home safely. Adoption gives these children the chance for some emotional recovery. Outcomes for younger children, who have been abused and neglected who are adopted, are generally better than for children who remain 'looked after' and in a permanent fostering placement.

Risks of adoption breakdown increase the older the age of the child at placement and the longer the child is in 'temporary care' beforehand. Therefore, a concerted effort has been made by working alongside partner agencies and professionals along with the support from CELCIS to consider what the barriers are and to improve timescales for permanency decision making and planning for all children and with a particular emphasis in relation to very young children.

Focussed planning and evidenced decision making are key to the process whereby delay is minimized. Proactive processes, including permanency planning, recruiting and approving adopters continuously have meant that children are mostly placed within Highland. The service has increased its use of Scotland's Adoption Register and Link Maker which has resulted in finding families for some of our more difficult to place children out with Highland. During the period 2019/20 there were 13 children matched with prospective adopters with 4 of these children being placed out with Highland with prospective adopters approved by another local authority or independent adoption agency. During the period 2019/20 the service was also supporting 20 children in pre adoptive placements where the legal process to secure them with their new and permanent families was underway. There were a further 25 children in foster care, with an age range from 6 months to 8 years of age where permanence decisions had been made and who were waiting to be matched with their permanent family.

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 2019 we advertised extensively raising the profile of adoption and the need for families for older children and those with significant needs and were specifically looking for people to consider male sibling groups aged 6, 7 and 8 years of age. 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.

Preparation groups for prospective adopters are planned in advance, and are usually very well attended, with two adoption preparation groups being held during 2019/20. 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.

There were 7 applications from a variety of backgrounds, approved as prospective adopters in 2019/20 a significant increase from the previous year.

The table below shows a comparison to the previous 3 years, with an increase in approvals of prospective adopters, as well as a slight increase in the number of matchings and a small increase in the number of children waiting to be matched.

<b>Prospective Adopters</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
No. of Prospective Adopters approved	11	12	3	7
No. of children matched with Prospective Adopters	14	18	12	13
No. of children waiting to be matched	24	16	23	25

To increase the possibility of finding a family for those children who might be described as ‘harder to place’, non-identifying profiles feature at our adoption preparation groups. Referrals continue to be made to Scotland’s Adoption Register and Link Maker and children are also included in the Adoption Exchange and Activity days held across Scotland.

Link Maker took over the management of Scotland’s Adoption Register on behalf of the Scottish Government several years ago. This service is in place in order to widen the opportunities and choice in identifying permanent families for children and there is access to the largest adoption matching database in the UK. Since registering with Scotland’s Adoption Register and Link Maker 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 children who have been waiting for an extensive period for a permanent family.

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.

During 2019/20 9 Permanence Orders, 18 Permanence Orders with Authority to Adopt and 10 Adoption Orders were granted in Courts within and out with Highland. There have been no relinquished babies placed for adoption in the period 01/04/19 to 31/03/20.

The table below shows a comparison to the previous 3 years with a decrease in the number of adoption orders being granted but a significant increase in the number of Permanence Orders with Authority to Adopt, being granted and an increase overall of legal orders being granted in court.

<b>Permanence</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Permanence Order granted	2	4	9	9
Permanence Order with Authority to Adopt granted	16	22	9	18
Adoption Order granted	10	23	12	10
Total Number of legal orders granted	28	49	30	37

After adoption support continues to be developed for adoptive families recognising the need to maintain contact with the service and by acknowledging the impact of the children’s experiences of trauma and neglect during their early years and how this can manifest itself through challenging behaviour, mental health issues, developmental delay and significant health needs. Alongside this, there continues to be an increase in the number of requests for assessment for adoption support from adoptive families with teenage children and those moving into the Highland area.

Adoption support includes managing letter box contact, adoption support planning meetings, the adoption allowance scheme, a specialist consultation service for adopters, the Looked After CAMHS

team, the adoption forum, which provides opportunities for training and support from social workers in the Fostering and Adoption teams and other professionals.

More than 150 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 there continues to be a growth in referrals for adoption counselling and requests for access to looked after and adoption records linked to the Scotland's Historical Abuse Inquiry, which has contributed to the ever-increasing workload for the service.

### **Placement Services Change Programme**

In 2018/19 the Council agreed an ambitious Business Plan to further develop in-area resources for Looked after Children (LAC) following the success of the Alternative to Out of Authority Programme which had returned young people from out of area and achieved a CoSLA Excellence Award in 2016 for Achieving Better Outcomes.

The Placement Services Programme has since developed all new Highland LAC services including residential, specialised units for young people with disabilities, Àrach the respite and outreach unit, the LAC One-Stop-Shop and 12 supported flats for older young people across Highland. The Programme aims to reduce spot-purchased care placements, retain more young people in the Highland area and increase the number of children placed in foster care and family alternatives.

A further key aim of the programme is to improve educational attainment of LAC and as a result, access to a suite of services to supplement school placements was progressed by the Programme's LAC Education Manager underpinned by the Attainment Challenge Funding for Care Experienced Young people. Services include specialist outdoor learning, music tuition, dedicated Pupil Support Assistants and support to re-integrate young people into school, especially appropriate for young people returning from out of area (OOA).

Between June 2018 and March 2020, 60 children returned to Highland or were able to remain in area, avoiding costs of over £7 million pounds. Money that would have been spent on out of area placements has been invested in the development of new services in the Highland area. A budget overspend of £4.4M in 2018/19 reduced to £1M overspent in 2019/20 and the Programme won the Improving Services award at the Highland Council's Quality Awards in October 2019.

The Programme's current in-area projects include developing another small residential unit and bespoke education package for younger children, another small unit for children with disabilities, a small step-down unit for young people returning from secure care, supported accommodation for young people with complex disabilities transitioning to NHS Highland care and an increase in Highland foster and kinship placements.

In March 2019, only 23 young people remained OOA in purchased residential placements. 18 young people have been identified by the placement and family teams to return to Highland in 2020/21 as part of the programme.

COVID-19 has had a significant impact on Children's Services working practices and costs during the pandemic to date and is expected to continue to do so going forward. In the last year there has been an increase in LAAC (Looked After and Accommodated Children) and an increase in children on the Child

Protection Register (highest risk children living at home/at risk of being accommodated) demonstrating higher costs to accommodate LAAC and additional need in the community. There are currently 369 LAAC as compared with 354 in May 2019 an increase of 15 children. There are 105 children on the Child Protection Register as compared with 82 on June 1st, 2019, an increase of 23 children.

The greatest impact of COVID-19 on Children's Services to date has been in additional purchased residential and fostering placements, renting property to shield children, supplementing residential staff who are shielding/self-isolating and overtime in family and mental health teams during lockdown.

The Placement Services Change Programme has been negatively impacted upon as young people could not be returned to area during the lockdown and in-area beds were being utilised for breakdowns in home/kinship/fostering/residential in Highland. Work on developing new provisions was delayed despite all design and planning being actioned as far as is possible during this period.

### **Residential and Aftercare**

The residential services in Highland began a significant development during 2019/20 with the opening of a new and innovative project based on the No Wrong Door program in South Yorkshire. This service has a team of professionals focussed around a crisis unit, admissions process and a multi-agency support team. The support team includes Children's and Adolescent Mental Health services (CAMHS) workers, education development staff, fostering social worker and input from the youth justice service including a forensic psychologist.

In its first year the service has been successful in providing a mixture of residential based work with community outreach. The service initially allowed the council to undertake a complex assessment and investigation of keeping a large family together without the need to separate them. Following this a number of accommodations were avoided, reduced to a minimal length of time and where necessary young people were accommodated in longer term children's houses on a planned basis. This service will continue to develop expanding its reach across the Highland Council area and in developing different methods of working which have better outcomes. An example of the strength of this approach can be evidenced where we have currently been able to maintain young people with significant mental health needs who reside within our core services and are being supported by the Highland CAMHS. Previously these young people would most likely have been previously placed out with the Highland area losing the connection to their family, community and local services.

Our other four main residential houses have gone through some changes in leadership, but the service has managed to maintain good or very good gradings from the care inspectorate.

The residential workforce has continued to attract new staff with a varying degree of skills, experience and qualifications and this has benefitted the service as whole. There has also been a targeted recruitment for several small children's houses where a more specialised staffing has been required to work as part of a multi-disciplinary team. In recognition of this approach the Service has been pursuing the development of two further specialist children's houses.

As part of Commissioning Services with the 3rd Sector we also have availability of a further three residential houses and these services have also been achieving good inspection grades, providing settled care and maintaining high levels of occupancy within the Highland area.

Our aftercare service is provided in a partnership with a number of 3rd Sector Organisations. Barnardo's provide a lead professional function and during the past year have worked closely with Barnardo's to restructure their service and ensure the focus matched the Services expectations. This resulted in a new management structure and refocussing of priorities where there is a greater emphasis and understanding of trauma for care experienced young people and young adults. Care experienced young people and adults struggle to navigate around adult social care services and engage in any meaningful support and this has been particularly difficult during COVID 19 where they have suffered more due to social isolation and deteriorating mental health. However, the partnership is currently developing an improvement strategy around these areas to recognise the shared responsibilities and commitment to providing better outcomes in and throughout adulthood.

In addition to the lead professional role provided by Barnardo's there are services which support employment and training for care experienced young people through the council's Employability Service, bringing a range of expertise, networks and support. This has ensured that every care experienced young person will have been offered employment support prior to school leaving age with a routine follow up if they remain in school-based education. The Youth Employment Service provides direct routes to employment via youth trainee programs and modern apprenticeships.

The Scottish care leavers bursary has also enabled and encouraged many young people into further education. This has opened up more opportunities to young people who would not have considered this option previously and to support them with independence and financial sustainability to enable them to go to university.

Housing remains a challenging issue for many care leavers and through the partnership provided by housing services, Barnardo's and Y People they provide a tailored individual package of support to care leavers in the Highlands. Developments by the Placement Services Change Programme have resulted in a variety and increase in the number of properties available to enable transitional support from residential to their own or shared accommodation.

Care experienced young people and adults have been supported to develop social networks and have their say in a wide range of services connected through Who Cares Scotland, Hi Life Highland and a number of 3rd Sector organisations. The partnerships associated with this programme provide a direct connection between care experienced, corporate parents, elected members and communities. It also creates a network of creative mediums funded through the Life Changes Trust which has been especially beneficial during the ongoing challenges of COVID 19.

One of the issues which has been highlighted during COVID 19 in the Highland area for care experienced young people is exploitation by serious organised crime. This has resulted in some young people having to be placed out with the Highlands to keep them safe and to avoid the repercussions from the perpetrators of crime. Social work and Police are working closely to develop a protocol that addresses the adult nature of crime and the impact it is having on our young people and communities. Additional resources are being set up with a three year program provided by Barnardo's RISE service which has been specially revised for the unique Highland area.

## Self-Directed Support, Children

Two years ago, the Highland Council SDS provision for children changed from the “budget first” points/pounds assessment process (RAS - Resource Allocation System) which all local authorities had been using since the legislation came into effect. This will involve a discussion with the child, their family and the professional(s) assessing and agreeing what supports the child needs and if the child meets the criteria for support from the Health and Disability team. All support plans are reviewed yearly and ensure that any additional needs are taken into consideration in the implementation of the support package.

During 2019/20, the Service launched the SDS website which allows service users and professionals to have access to all the relevant guidance and documentation used in SDS. This includes information about local and national support options, examples of support packages and the SDS appeal process:

<https://www.highland.gov.uk/selfdirectedsupport>.

[https://www.highland.gov.uk/downloads/file/20665/sds\\_appeal\\_process](https://www.highland.gov.uk/downloads/file/20665/sds_appeal_process)

The above changes to the SDS process, website and appeal process means the Highland Council’s SDS provision for children is able to meet the 3 main assumptions identified by the Scottish Government proposed framework and the SDS draft standards1-9.

SDS draft standard 10 - Whilst we are getting better at managing good transitions from children’s services to adult services there continues to be discussion regarding improvement around both agreeing transitions and service choice.

SDS draft standard 11 – There has been no examples of children moving to Highland with an established support plan. However, this would be provided as long as the transfer plan does not conflict with Highland’s guidance on the use of the SDS budget.

[https://www.highland.gov.uk/downloads/file/20666/spending\\_-\\_self-directed\\_support\\_budget](https://www.highland.gov.uk/downloads/file/20666/spending_-_self-directed_support_budget)

Children receiving support packages in the more rural settings rely on either Highland Council support or have chosen to use option 1, direct payments to employ locally as it is not viable for 3<sup>rd</sup> sector organisations to provide the same level of delivery as they do in the more urban areas of the Highland’s.

### Receipt of SDS package since New procedure introduced

Year	March 2018	March 2019	March 2020
Number of recipients	219	167	118



### 3. Resources

#### 3.1 Adult Social Care Services

Net expenditure on Adult Services, and performance against budget, is as set out below. Expenditure on Adult Services consists of payments made to NHS Highland for commissioned adult services under the lead agency arrangements, and in addition a number of functions still directly managed and provided by the Highland Council including Mental Health Teams and Criminal Justice Services.

Net Expenditure 2019/20	Annual Budget £000	Out-turn for the Year £000	Variance Against Budget £000
Commissioned Adult Services	100,636	100,636	-
Services for Vulnerable Adults			
- Mental Health Teams	1,159	1,098	- 61
- Supported Employment	60	43	- 17
- Criminal Justice Service	243	80	- 163
- Other Services for Vulnerable Adults	1,260	1,284	24
<b>Total Adult Services Net Expenditure</b>	<b>103,358</b>	<b>103,141</b>	- <b>217</b>

Expenditures shown above exclude some management, support service and other costs which were accounted for across the former Council Care and Learning Service, which covered Education as well as Health, Social Care and other Services.

#### 3.2 Children Services

Net expenditure on Children's Services, and performance against budget, is as set out below. Expenditure shown is funded through Highland Council core budget plus funding received from NHS Highland for commissioned children's services through the lead agency arrangement.

Net Expenditure 2019/20	Annual Budget £000	Out-turn for the Year £000	Variance Against Budget £000
Looked After Children	22,831	25,379	2,548
Family Teams	18,529	15,555	- 2,974
Other Services for Children	3,917	3,451	- 466
Commissioned Children's Services Income from NHH	- 10,681	- 10,681	- 0
<b>Total Children's Services Net Expenditure</b>	<b>34,596</b>	<b>33,704</b>	- <b>892</b>

Expenditures shown above exclude some management, support service and other costs which were accounted for across the former Council Care and Learning Service, which covered Education as well as Health, Social Care and other Services.

### **3.3 Financial Pressures**

As reflected within the tables above, there were and continue to be a number of recurring pressure areas.

In relation to Adult Services, while the funding provided to NHS Highland by the Council was within budget as shown, there were significant pressures and areas of overspend as reported by NHS Highland in relation to their own financial position, with an overall deficit of £9.5m across all NHS Highland functions i.e. Health plus Adult Social Care, which takes account of the £1.3m adult social care work stream savings which delivered during 2019-2020.

NHS Highland was escalated to level 4 on the Scottish Government Health Department (SGHD) ladder of escalation and additional support measures and initiatives were put in place to assist the Board in returning to financial balance over a 3 year timescale or earlier if possible. Learning the lessons from other parts of the NHS, NHS Highland has avoided focusing the financial improvement agenda uniquely on the opportunities afforded by major strategic change and instead has adopted a balanced approach that addresses the immediacy of the financial position, while giving time to develop much needed longer term strategy led change. This approach is being taken across NHS Highland services, including Adult Social Care. Steps being taken jointly by the Council and NHS Highland relating specifically to the Adult Services financial position are further described below in the next section.

In relation to Children's Services, Looked After Children was the main area of overspend, reflecting ongoing demand pressures within that area of activity, despite positive steps to address the level of placements outwith the authority area. This is an area of particular focus, with the Council having in place a *Placement Services Change Programme*, with the objective of investing in residential provision within the Highland area, and returning young people out with the authority, to the Highland area, to both improve outcomes for the young people, and at reduced cost. The typical cost of an out of authority residential placement can be up to £250k per annum.

Underspend within the Family Teams budget was at a lower level than in the prior financial year, and reflective of the impact of measures taken to recruit to vacancies and address some ongoing challenges of recruitment and retention of staff in certain disciplines, and geographic areas. Further positive impact of these steps is expected in 2020/21, with further recruitment activity planned.

The financial position for the year reflects limited impact of the Covid-19 pandemic, and the lockdown and public sector response from late March onwards. This clearly has a much greater financial impact in the subsequent 2020/21 financial year, and beyond.

### **3.4 Financial modelling for service delivery**

Significant engagement between officers of Highland Council and NHS Highland took place during 2019/20 in relation to finances, to improve understanding of the financial position, context and modelling, and action planning.

In light of the significant and ongoing pressures across both Children and Adult Services, Highland Council and NHS Highland have jointly agreed to revised governance and financial scrutiny arrangements to be implemented during 2020/21. The objective of which is to ensure more effective

delivery of service going forward, improved outcomes for service users, and the efficient use of available resource.

A new programme management approach is being established, with key workstreams to include Review of the Assessment Model, Work with Community Planning Partnerships, Income Maximisation and Work force planning. A project team will take forward this work, with overall reporting and governance to a Project Board comprising senior officers from both partner organisations and members of both the Highland Council and the Board of NHS Highland.

### **3.5 Capital Investment**

Highland Council retains responsibility and funding for capital investment in both Children's and Adult Social Care Services, under the lead agency arrangements. The Council's current 5 year capital programme runs to 2022/23, and includes the following relevant budgets.

- New Inverness Justice Centre Contribution £2.5m
- Adult Services Improvement Programme £5m
- Children's Services Improvement Programme £0.750m
- Out of Authority Placement Change Programme £3m

TOTAL CAPITAL OVER 5 YEAR PROGRAMME £11.25M

In relation to Adult Services capital investment, while the Council retains the funding and governance in relation to this budget, investment priorities are discussed jointly with NHS Highland who occupy and operate from the adult service facilities. A key business case being developed relates to a new care home provision within North West Sutherland, with business case finalisation expected during 2020/21.

For 2021-22 and beyond, discussions continue, with our partners in Highland Council, to develop and agree a three year cost containment and transformational plan within a joint governance and programme management structure. This is necessary to address the known budget quantum gap with continued support from Scottish Government as required with precise detail of plan, scale of savings and joint ownership to deliver on this ambitious transformational change programme.

- Year One – cost containment, transformation planning and resourcing of programme management team.
- Years Two and Three – continued cost containment and transformation opportunities.

In addition, cost pressures for 2020-2021 are estimated by NHS SH as being £7.7m and detailed financial modelling is in place to ensure this is re-aligned within available service and operational functional budget.

## **4. Workforce**

### **4.1 Adult Social Care**

The delivery of the Social Work role and function have been highlighted as a priority for analysis and review across NHS Highland. This is a significant piece of work which has been delayed due to the impact of COVID 19 and the staffing challenges but is recognised as one of the highest priorities for the

Service in the coming year. As the role for Social Work is constantly evolving there is commitment to reaffirm the duties of the Social Worker and to provide assurance that the establishment is able to fulfil this safely and to the required standards. Local data informs us that, like many professional colleagues, there is a high proportion of the local workforce due to retire in the next 10 years.

As with all aspects of service provision, the demand for social work intervention is increasing. There have also been a number of changes brought about through legislative requirements and associated underpinning principles. This cultural shift in social work is documented in the 21<sup>st</sup> Century Review of social work.

Following the Inspection of Adult Support & Protection (ASP) in 2018 significant emphasis has been applied to the training of social workers and other staff with lead responsibilities for implementing ASP Procedures and 410 people have attended the courses in the period to 31/03/20. Also 133 staff had completed "Council Officer & Nominated Officer Training" and some of this has been delivered virtually.

NHS Highland have also successfully undertaken a programme of 'grow your own' social workers in partnership with the Open University. This programme was first developed due to the recognition that recruitment and retention of social workers in Highland was particularly challenging but within our services staff could be supported to train and develop into excellent practitioners within the organisation. This model is now continuing, and managers are encouraged to consider having a trainee in their team when recruiting to vacant social work posts. NHS Highland social work teams, wherever possible will support student social workers on placement.

Additional support is required to enable social workers to become practice educators and there is recognition this role needs to be developed further but due to COVID 19 has meant postponement of this year's cohort. This will recommence in the next academic year.

## **4.2 Criminal Justice Service**

A number of vacancies were held following a recruitment freeze in 2018/19 across the Council which directly impacted on service delivery, particularly due to the small staff teams and the geographical nature of the Highlands. However, these were subsequently released in 2019/20 and following recruitment the service has maintained a stable workforce during the remainder of the year.

CJSW employs 28 full-time equivalent social workers within a workforce of 102 people, which includes shared business support and 2 forensic psychiatric nurses working within the multi-agency Drug Testing and Treatment Order team (DTTO).

## **4.3 Mental Health Officer Service**

This year has seen 3 Mental Health Officer trainees working towards qualification. On completion of the course, this will ensure all current emergency out of hours social work staff are MHO qualified, providing a service to children and adult services. This has also allowed for an increase in MHO's within adult social care too.

The MHO Service is required to manage a number of challenges due to workforce changes through flexible and normal retirement. This will significantly increase demands on MHO time and capacity, this will be addressed as part of work force planning. Difficulties in recruitment and retention of MHOs are

a national issue and continues to be addressed as part of the Scottish Government's mental health strategy. In 2020/21 there is only 1 Highland candidate undertaking the Robert Gordon University MHO Award training.

Demands on the service continue to grow, which inevitably places a challenge on the teams capacity, along with the impact of sickness and length of time due to the specialist nature of the post to fill vacancies.

In the coming year the service requires to continue to implement recovery plans which by their very nature require to be contemporaneous and responsive to the prevailing climate in terms of the COVID pandemic. Staff are being supported in 'Preparing for a New Normal'.

#### **4.4 Children Services - Proposed Social Work Trainee Scheme**

Plans are being developed for a trainee scheme for Social Workers which will aim to capitalise on skilled, experienced, unqualified existing Highland Council staff working in Children's Services. A similar initiative has been successful in recruiting trainees who went on to work across sectors of the Social Work service in Highland, including adult and children's teams. The trainees will be recruited from successful applicants who wish to continue to live and work in Highland.

There are particular geographical areas in Highland where the recruitment of qualified Social Work staff has proved very challenging and where skilled employees residing in those areas have expressed a wish to undertake their Social Work training, as they have a particular interest and background skills in relation to Children's Services responsibilities.

The proposed scheme would utilise existing vacancies in key areas, re-assigning qualified posts to trainee posts. The trainees will be fully supported to complete their Honours Degree in Social Work, utilising a partnership approach with Open University. Successful applicants will be drawn from those employees who can demonstrate that they have the academic ability to study at Degree level, and at least one year's relevant experience. Following successful completion of their qualification they will be able to register with SSSC as Social Workers. The trainee post they are in would then be converted back to a qualified Social Work post.

Careful selection of the vacancies to be re-assigned will be necessary to ensure that there is sufficient, experienced staffing to ensure the trainee is supported on a day to day basis in addition to the formal support and guidance offered by their practice teacher, and from the university in terms of the academic requirements.

#### **4.5 Workforce Planning**

The Highland Council implemented a five year Workforce Planning Strategy in August 2017. The strategic objectives are currently reviewed with input from Highland Council managers who have been asked to complete a survey and participate in workshops.

Future workforce planning activities will especially focus on recruitment and developing an agile workforce and efficient work streams this is partly driven by the current budget constraints. The Health and Social Care structure is currently under review and is looking to reduce the number of specific job descriptions and in the creation of clear career paths will form part of the new structure.

The Health and Social Care Service carries a significant number of vacancies which we are in the process of filling. This has been a long-standing challenge particularly in the North and West area teams which has become more significant during COVID 19. We have positive experience with targeted recruitment campaigns recently, including the use of social media and press releases. In particular, it is difficult to recruit to areas (North) the focus will be on Grow our Own. The Highland Council has appointed a Talent Manager to support the Services with recruitment strategies and who will work closely together with other organisations to promote the Highlands as a place to live and work.

The Highland Council's Engagement and Partnership Working Framework builds on already strong work relationships with Trade Unions. Our engagement strategy empowers all staff by devolving decision making, increasing flexibility and enabling them to use their initiative. We actively encourage staff to be involved in the decision-making process.

Link to Highland Council Workforce Planning Strategy [here](#).

## **5. COVID 19**

You will see from this report the impact of COVID 19 on services and the challenges it has presented retaining required staffing levels, managing sickness, vacancies, whilst trying to manage the impact on Social Work staff adapting to homeworking and different means to stay in touch with vulnerable children, families and adults. Additional resources and staff were deployed to deal with increased demand and enable service delivery to continue to ensure the safe, supportive and providing good care. However, staff consistently report the most effective approach to supporting people who are vulnerable is by the traditional face-to face visits and meetings rather than relying on virtual and digital interventions.

### **5.1 Children's Services**

The challenges experienced due to COVID 19 for residential, fostering and adoptions services has been unprecedented. Initially accessing PPE was problematic and managing the risks presented by the virus to children, carers and staff was extremely worrying. It was evident that social distancing could not be easily achieved, and the routine use of PPE was not always appropriate, unless required while providing personal care, shielding or due to risks around the prevalence of the virus. Whilst there was significant amounts of national guidance in relation to adult residential settings it was often not focused on children's services causing confusion and uncertainty for staff and carers. Children reported feeling anxious and worried about information relating to the virus and couldn't always understand why they had to abide by the restrictions placed on them. Staff and carers found it difficult to keep children and young people busy and stimulated whilst there was limited educational input and opportunities to participate in activities. Through the LAC educational team who were very creative in assisting residential staff and carers to use technology, crafts, alternative learning strategies to alleviate some of the pressures e.g. virtual guitar lessons, exercise programmes, Zoom Quiz nights.

Residential staff and carers were committed to ensuring along with social workers that children remained in contact with their family members, however, there were periods during lockdown due to the restrictions where children and young people were distressed by not having direct contact with their families. The staff developed various methods and strategies to support children and young people to keep their family connections.

Shielding caused considerable strain on the service due to the number of staff who were no longer available to work in the children's houses and additional staff had to be re-deployed and recruited to cover the gaps. During COVID 19 a number of the staff who volunteered to be re-deployed into the children's houses are now become permanent members of staff.

The full impact of COVID 19 on families with SDS packages is still to be established due to the ongoing pandemic. However, it is clear that a significant number of families continue to be under increased pressure due to the reduced availability of support options. The Highland Council has agreed alternative appropriate spends with families when the original support choices were no longer available or not deemed safe by the family, but this has not always been possible, again due to the reduced availability of support, particularly in the North and West area of Highland's.

## **5.2 Adult Social Care**

### **Rapid responses**

25 additional care staff were recruited by NHS Highland to complement existing and reassigned staff to form a Care Response Team and provide an effective response in situations where Care Services were impacted by COVID 19. The team has played an important role from the beginning of May 2020 in supporting a situation at a Care Home for Older Adults in Portree where COVID 19 had a critical impact on the residents and their families. The team have also provided valuable support to other Care Homes where staffing had been significantly compromised by the pandemic.

### **Care at Home**

At the outset of the pandemic regular discussions with all providers was established to assess risk and offer support to ensure sustainability. A complete staffing resource was compiled and the data was shared with the Workforce Resource Centre and the NHS Volunteer manager, who were tasked with fast tracking new recruits, redeploying staff and NHS volunteers in order that there was an accessible bank of staff and volunteers available to support people that did not require personal care e.g. food and medication deliveries, support phone calls which could be undertaken by voluntary support. Also, in each local area, we identified exiting local charities and voluntary groups who could be called upon to support the local community.

### **Support Services**

The support sector has adapted well to the challenges of COVID19 and continued to deliver and maintain services for people with a learning disability and mental health issues in Highland. The sector has been meeting regularly with the Head of Service: Learning Disabilities and Autism in a huddle arranged to flag issues with regards to service delivery, PPE, and any other emerging issues. In addition, regular meetings with individual providers have been held in order to provide additional support and oversight of services. Since the onset of COVID19, there has been an expectation that providers would maintain regular contact with every person that they support even if they have ceased their support for a short period. Providers were expected to complete and submit notification of change of support forms for every individual they support where a change has been made. In addition, a RAG status was set up for every person with a Learning Disability that we know in Highland which involved provider support for monitoring and overseeing. These support mechanisms have been successful in flagging

any emerging issues, maintaining stability in the service and enabling a quick response to any escalation of issues.

### **Care Homes**

There has been an enormous amount of guidance issued by Scottish Government since the pandemic resulting in the establishing of the Care Home Assurance group which has membership from Social Work, Public Health and Nursing. This group provides a governance role and reports to Scottish Government on the local data and detailed plans to address Infection Prevention and Control measures, PPE and the testing regime.

Operational meetings and Safety Huddles consider each Care Home in Highland individually and report on relevant issues in terms of safe service delivery being primarily PPE, staffing and COVID status. This information is shared with the Care Home Assurance Group providing a safe and robust process for the continuing delivery of adult social care services during the pandemic.

### **Day Services**

NHS Highland commissions Day Care services from 13 independent sector providers, 9 on a block purchase basis and 7 on a spot purchase basis, at a cost of approximately £1.5m. Assurance was given to providers that contracts would continue on the current terms and payment levels until at least 30<sup>th</sup> of June 2020, pending approval of fee rates for the financial year 2020/2021.

NHS Highland agreed to uplift current fee rates by 3.3% (total cost now approximately £1.65m) in line with Scottish Government expectations, with the increase backdated to 1 April 2020, subject to providers signing their variation to contract, with funding levels reverting to 2019/2020 rates in the event of non-signing. This was communicated to providers during June 2020, with updated contractual documentation enclosed and providers are now progressing the signing of the documentation.

It is highlighted, that due to COVID 19, the majority of day care providers have had to close their service with many establishing alternative means of delivering some form of service to their clients. NHS Highland has agreed to continue to make payment to providers, in accordance with their contractual terms and conditions during this time.

Day and Carers services have sought to creatively reassign their resources so that carers and service users receive some form support within the confines of lockdown; and a variety of new routes have been found to provide assistance. We have also streamlined our Assessment and Approval processes to seek to ensure that there are no unnecessary delays in people accessing appropriate support and to ensure increased flexibility of response during this time.

### **Services to Carers**

Carer Services adapted by supporting Carers to complete emergency plans and by undertaking mini adult Carer and young Carer plans that ascertained the best way to support Carers during this time. They offered a range of services either by phone, via Zoom or as newsletters which ensured that although no face to face contact was available workers were still available to offer advice and support to them.



There was also a selection of training provided on mindfulness, first aid as well as aspects of training related to specific conditions (such as Parkinson's and Alzheimer's). Craft boxes were sent out as short break opportunities for Carers and to stimulate the people they care for. Regular informal group chats were available via social media forums, all creative solutions that ensured Carers had access to support tailored to meet their own individual needs when Carer services were not directly accessible.

### **Integrated services**

NHS Highland developed practice guidance in response to the Coronavirus 2020 Act and allowed teams to undertake partial assessments. The guidance was explicit that there was no variation in duties in relation to Adult Support and Protection and incorporated some guidance to support discharge from hospital taking into account the AWI principles but recognising the challenges when a legal order was not in place.