

Agenda Item	12
Report No	HC/42/21

THE HIGHLAND COUNCIL

Committee: Highland Council

Date: 8th December 2022

Report Title: Chief Social Work Officer Report: 2021/22

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 2021/22. The report is attached at Appendix 1.

2. Recommendations

- 2.1 Members are asked to:
- i. Note and comment on the issues raised in the annual report and the implications for social work and social care services within Highland Council and NHS Highland.

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. However, it does refer to the financial and service challenges that the services will face in future years.

4. Background

- 4.1 The requirement that every local authority should have a professionally qualified CSWO is contained within Section 45 of the Local Government (Scotland) Act, 1994. This report is prepared in line with the national guidance – The Role of the Chief Social Work Officer – published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work service within The Highlands.

- 4.2 Give the workload implications of the pandemic, the Scottish Government's Chief Social Work Advisor set out a requirement for this year's report to focus on the following areas:
- Achievements and challenges
 - Governance and accountability arrangements
 - Service quality and performance
 - Workforce
- 4.3 The report highlights the delivery of services across all social work services (children's, justice and adult social work and social care). It provides an overview of the professional activity within the county via the delivery of statutory functions and responsibilities held by the Chief Social Work Officer.
- 4.4 As a consequence of COVID-19, services have had to adapt and change. Children, families, and adults have had to face a variety of pressures during this time. Social work professional values of balancing risk, choice and control have been to the fore during this past year and workers must be commended on this.
- 4.5 The report, attached as **Appendix 1**, covers the broad period 2021/22. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

Designation: Executive Chief Officer – Health and Social Care

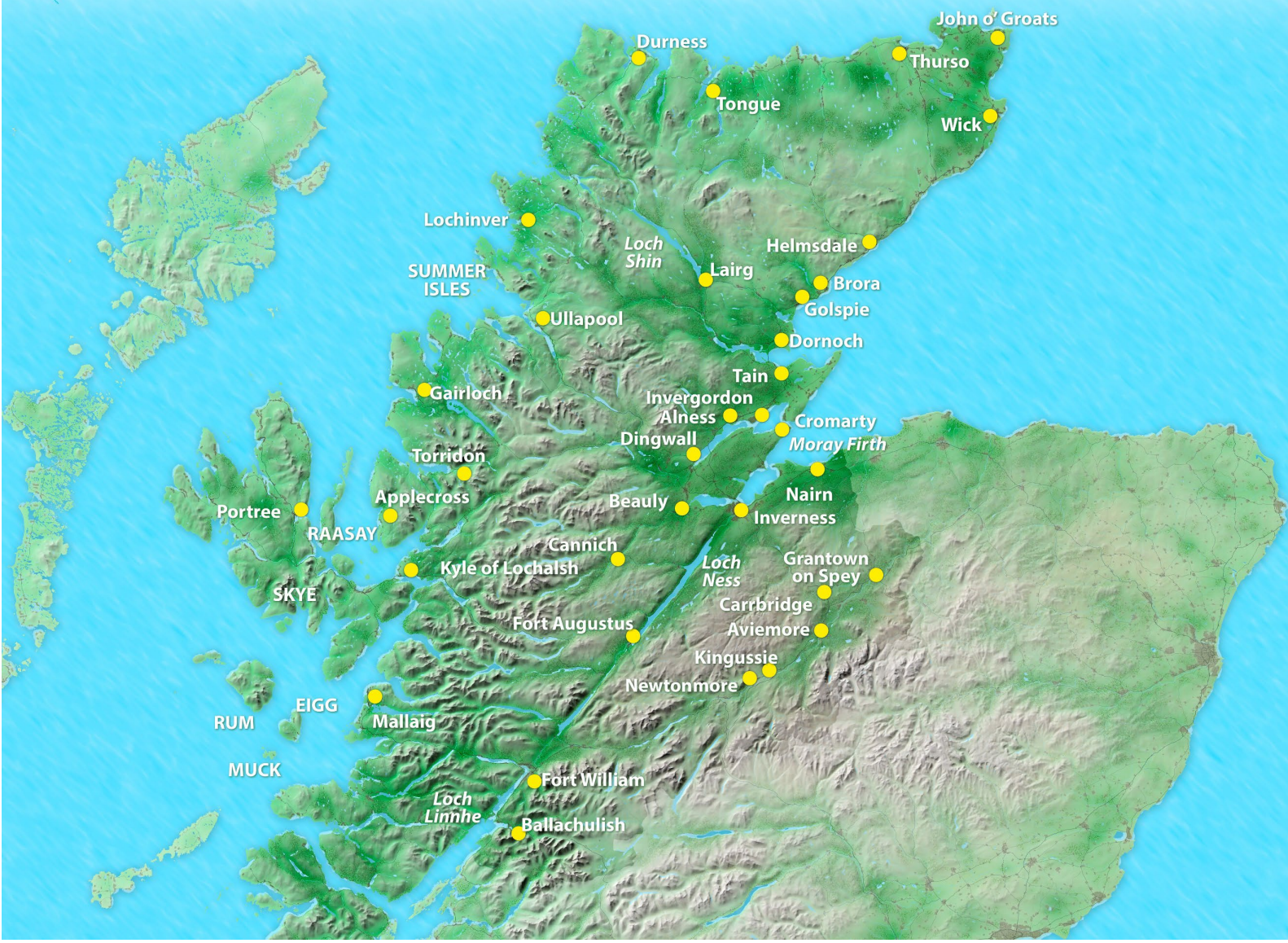
Date: 8th December 2022

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

Background Papers: Chief Social Work Officer Report 2021/22 attached at Appendix 1

Chief Social Work Officer Annual Report 2021/22

Fiona Duncan, Executive Chief Officer Health and Social Care/
Chief Social Work Officer



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Key Achievements and Challenges Summary 2021/22

1.1 Key Achievements

There have been a number of key achievements and developments during the past year. These include:

- Keeping children, young people, and adults safe by delivering services during the pandemic (and continuing into the recovery phase), regardless of the challenges that were presented
- Services having to be innovative and create/build partnership developments during the pandemic
- The introduction, implementation, and delivery of the National Transfer Scheme for Unaccompanied Asylum-Seeking Children
- Adapting service provision to address the care at home and care home social care crisis
- Reducing the number of outstanding unpaid work hours following the removal of restrictions, thus allowing a return to unpaid work in communities
- Trainee Mental Health Officer Scheme in partnership with Robert Gordon University, Aberdeen
- The introduction of a mentoring scheme through Barbara Firth, author of the national guidance, to support 12 members of staff from across Health, Social Work, Education and High Life Highland to undertake Learning Reviews and disseminate key messages and learning across agencies
- A full review and update of Care and Risk Management processes with an increased focus on Care elements
- Home to Highland continued to focus on bringing children and young people back to Highlands whilst developing resources and services to improve outcomes

1.2 Key Challenges

The effects of the pandemic continued to be felt during the year alongside a number of challenges. These included:

- Budgetary pressures and savings continue to impact on the ability of services to strengthen core service provision on a recurring basis
- Short-term funding allocations linked to national initiatives have, and will continue, to present significant challenges
- Increase in demand for social work services including adult protection and child protection referrals, and the increase in complex situations
- The demand for care at home has routinely exceeded the available capacity with gaps in service provision due to significant recruitment challenges
- Recruitment and retention issues in both social work and social care, with the additional geographical and financial challenge that remote and rural brings

- The impact of ongoing covid related impacts and the emerging cost of the living crisis on the health and wellbeing of staff across all areas
- The National Care Service proposals which bring both opportunity and uncertainty for the workforce
- The increased numbers and complexities of needs of young people being placed in Highland via the mandatory National Transfer Scheme for Unaccompanied Asylum-Seeking Children

Governance and Accountability

Local authorities are required, under Section 3 (1) of the Social Work (Scotland) Act 1968 as amended, to appoint a Chief Social Work Officer (CSWO). National guidance requires that an annual report is produced in relation to the CSWO's role in professional leadership, oversight of practice, governance, values, and standards.

In 2012, Highland Council and NHS Highland used existing legislation to take forward the integration of health and social care through a Lead Agency partnership agreement. The Council acts as the lead agency for delegated functions relating to children and families, whilst the NHS would have delegated functions relating to adults.

Adult Social Care is commissioned by Highland Council to NHS Highland. Delivery of Adult Social Care is reported to Committees of both the Highland Council and the NHS Board, and the governance of the partnership is managed by the Joint Monitoring Committee. Additional governance is routed through the Community Planning Partnership Board and The Highland Council Health, Social Care and Wellbeing Committee.

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

2.1 Role of Chief Social Work Officer (CSWO)

The role of the Chief Social Work Officer (CSWO) is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership, and accountability for the delivery of social work and social care services, whether provided by the local authority, the health board, or purchased through the third sector or independent sector.

The role of the CSWO in Highland currently sits with the Executive Chief Officer of Health and Social Care. This directorate includes Children's Services; Child Health; Justice and the Mental Health Officer Service.

It is noticeable that during the pandemic and recovery period, the role has been extended with more prominence given to helping and assisting the workforce to understand core and new tasks within a different working environment. Balancing public protection whilst maintaining the wellbeing of the workforce in a plethora of guidance and restrictions was a significant challenge. This included the supply of appropriate equipment to staff to enable them to safely continue visiting clients in their homes.

A key aspect of the CSWO role during this time was to protect and promote the rights of many vulnerable people, ensuring any restrictions which could impact on their wellbeing, were – when not fair or proportionate – challenged. Balancing rights

with keeping people safe, was often a very fine line hence the need to monitor and scrutinise in partnership with key stakeholders.

2.2 Overview of governance arrangements

The CSWO retains overall professional accountability for all social work and social care provision. As a statutory officer of the Council, she reports directly to the Chief Executive of Highland Council on these matters.

The CSWO has the delegated authority to make direct reports to the Chief Executive, Elected Members, and the Joint Monitoring Committee in her professional capacity to ensure that critical risks can be raised.

The CSWO is a member of the Extended Leadership Team within Highland Council, as well as being a member of key strategic committees. These include:

- Highland Health and Social Care and Wellbeing Committee
- Public Protection Chief Officers Group
- Integrated Children's Services Board
- Joint Monitoring Committee
- Community Planning Partnership Board
- Care Home Oversight Group

Membership of these groups helps maintain strategic scrutiny and oversight of all relevant services.

The NHS Highland Chief Officer supports the role of the CSWO in providing professional accountability for social work practice in the services delegated to the Lead Agency. Senior social work managers in adult services consult with the CSWO about practice issues. Further, regular meetings with front line staff and managers across all social work services take place with these providing opportunities to discuss practice issues; national issues; as well as a forum for reflecting on the various dilemmas emerging within services.

Service Quality and Performance

3.1 Children's Services

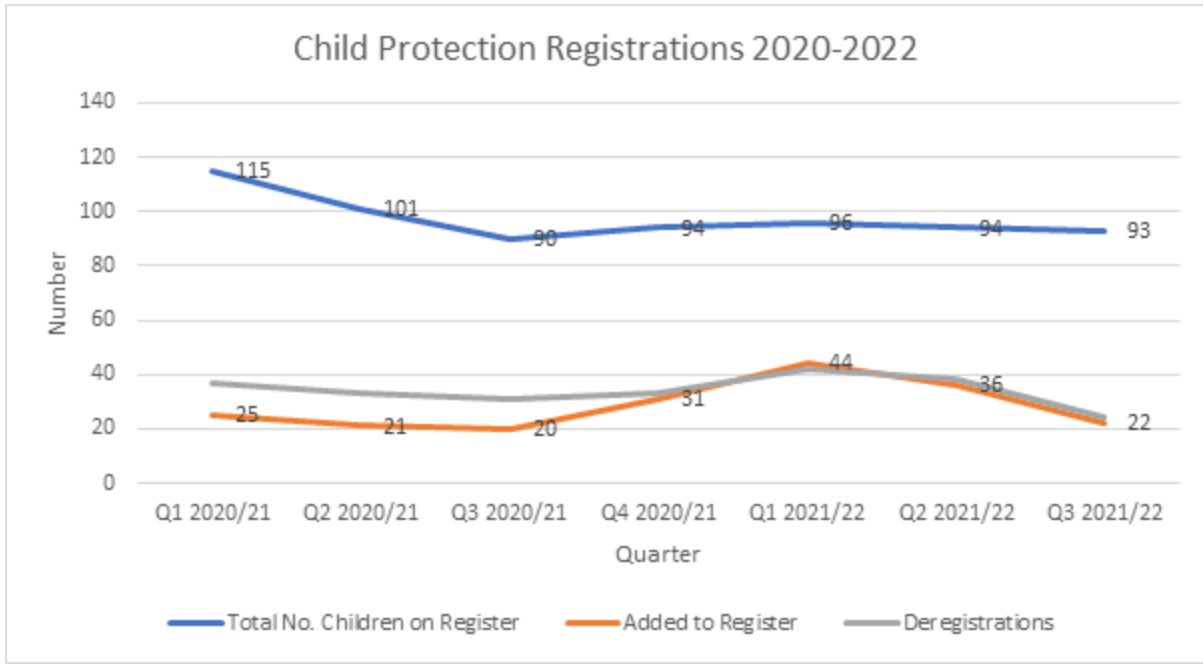
Child Protection

During 2021/22, there were a number of priority areas that emerged in child protection. These included:

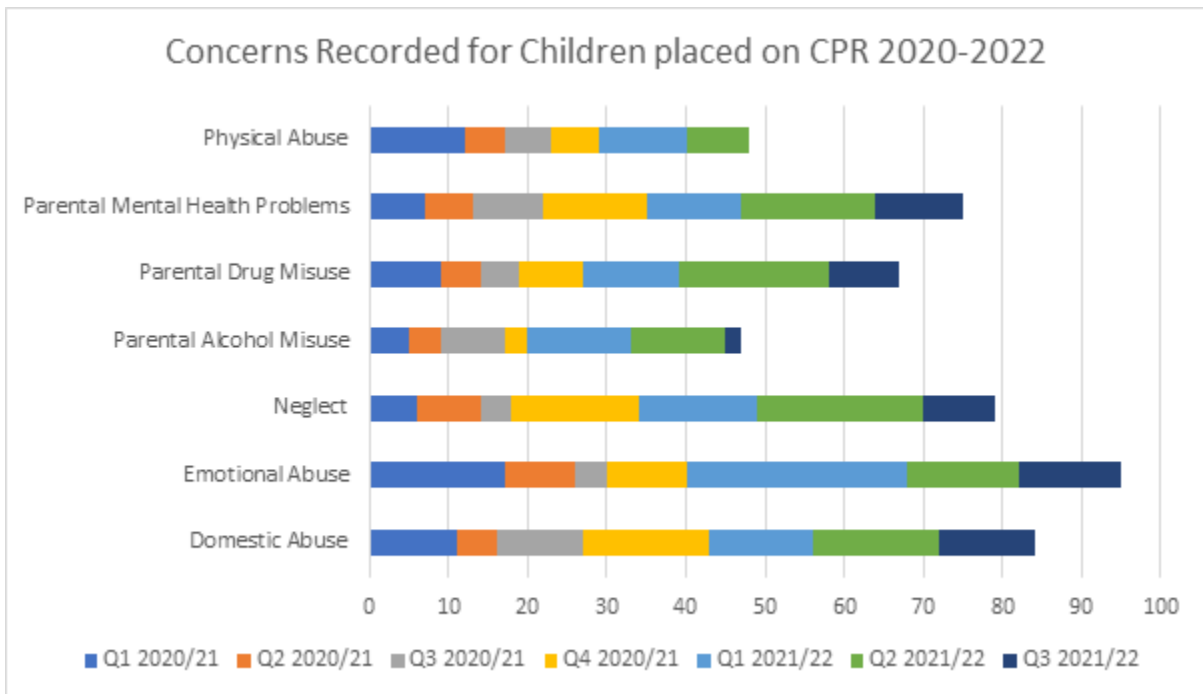
- Implementation of the new National Child Protection Guidance
- The delivery of interagency and single discipline learning and staff development opportunities
- Quality Assurance of practice and supervision
- Dissemination of learning from case reviews and the sharing of good practice
- Pilot project using Virtual Reality Headsets to obtain the views of children and young people
- Improve opportunities for supporting children, young people and families affected by drug or alcohol issues by implementing a whole family approach
- Implementation of the Safe and Together Model

Data and Information Gathering

Whilst child protection registrations have remained relatively stable during 2021/22, further scrutiny of the data available enables a good understanding about assessment, risk assessment and planning processes for children, young people, and families.



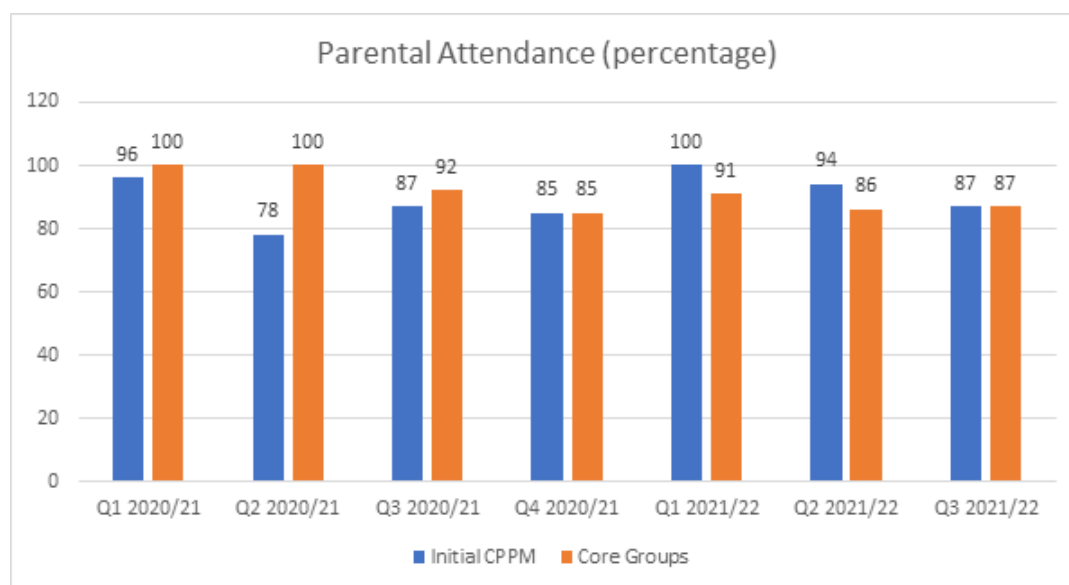
Concerns recorded in child protection registrations continue to show parental drug and alcohol use, parental mental health problems and domestic abuse as key reasons for registration. However, data also suggests an increase in neglect over the past four quarters, possibly as a result of increasing family pressures due to the pandemic. This will be monitored over the next 12 months and the subject of audit processes in 2022/23.



The number of concerns/risk factors recorded in child protection registrations has also increased steadily over the past 12-18 months suggesting increasing complexity within child protection cases and families experiencing a number of difficulties at one time (e.g., domestic abuse, parental mental health issues and drug/alcohol issues).

Parental Attendance

The National Minimum Dataset for Child Protection includes parental attendance at Initial Child Protection Planning Meetings and Initial Core Group. Whilst data shows a good level of engagement from parents (as outlined in the graph below) we need to monitor this closely as we have seen a gradual decline in attendance during the year. Parents play a key role, so we need to ensure that these meetings enable and encourage informed conversations.



Quality Assurance and Reviewing Team

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.

The Quality Assurance and Reviewing Officers have also undertaken two audits during this period in relation to children seen during COVID and recording of the views of children and young people in child's plans. As stated earlier, a multi-agency audit of child protection cases is currently underway and due to conclude in mid-2022.

Learning from Case Reviews

In Social Work it is recognised that undertaking reviews during the pandemic has been extremely challenging and not conducive to a safe learning environment. Highland have adapted the National Learning Review Guidance (Scotland) 2021 and in January 2022 held a Learning Review workshop to explore best practice in progressing learning reviews and disseminating learning effectively. A mentoring scheme is currently underway through Barbara Firth, author of the national guidance, to support 12 members of staff from across Health, Social Work, Education and High

Life Highland to undertake Learning Reviews and disseminate key messages and learning across agencies.

Care and Risk Management Processes

Care and Risk Management processes have been reviewed and updated in 2021/22 with an increased focus on Care elements. Previously, the focus has been primarily on risk management from a Police perspective. However, the new procedures enable a multi-agency approach to ensuring the wellbeing needs of young people are met whilst minimising risk to the wider community. Procedures have been developed in line with national FRAME guidance and will be incorporated into Highland's child protection procedures in 2022/23.

Learning and Development

The Child Protection Training Team have developed online training via MS Teams and 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. In addition, since the start of the pandemic Highland's E-modules for Child Protection, Children Affected by Parental Substance Misuse, Neglect, Understanding the Child's Plan, Chronologies and Child Sexual Exploitation have been offered free of charge for all practitioners across Scotland.

In addition, three bespoke child protection training courses for residential staff across Highland have been delivered.

Priorities for 2022/23

Following a review of the use of Viewpoint to gather the views of children and young people, Highland have concluded that the platform is outdated and does not meet the local needs of young people or practitioners and plans are in place to progress an independent model with Highland Children and Young Peoples Forum. This will include the use of Virtual Reality headsets, currently being piloted with a small group of young people, and the use of an online platform (Discord) enabling young people to connect with mentors and professionals in a safe space on a 1-1 basis, or in small groups.

Increasing concerns about young people aged 16-17 years will be considered in line with the implementation of the new National Child Protection Guidance. Contextual safeguarding for young people at risk of exploitation, those with suicidal ideation and at risk from drug or alcohol issues will be promoted and a revision of local trafficking protocols in line with the National Referral Mechanism for young people at risk.

Implementation of The Promise and UNCRC will be key priorities in implementation of new Child Protection Guidance and Procedures, providing high quality and accessible information for children, young people, families, and wider communities as well as professionals.

Highland Council will continue to consider the Learning and Development needs of Social Work staff and implement an audit cycle to ensure the quality assurance of

Social Work practice. Whilst the pandemic has had an impact on staff and children and families across Highland, we will continue to consider child protection processes and practice as we enter the recovery phase to ensure ongoing consideration of potential impacts and identify and implement mitigation when needed.

Residential and Looked After Children

Highland has 31 placements available within its main residential provision plus resources for young people with disability in both permanent placements and respite. In addition to this we have 15 placements available within contracted third sector providers located in Highland. We also have a service which focusses on emergency and crisis work to enable young people to remain with their families or where this is not possible can transition to permanent placements on a planned basis.

It was acknowledged that the balance of care in Highland needed to be addressed as historically, the service was utilising residential childcare services almost twice the national average. Consequently, an independent review of the service was carried out in 2021/22 to help inform service developments. This review, alongside other qualitative and quantitative data, as well as the findings of the Joint Children's Inspection, will be a catalyst for recovery from COVID restrictions. We are committed to changing the balance of care which includes looking after Highland children within Highland as much as possible and delivering a service which matches the ambitious aspirations of the Promise.

In order to achieve the above, the residential establishment is being scrutinised to ascertain if we have the right mix of houses, in the right geographical location, with an invested and trained staff group. During the pressures of Covid, staff have shown their commitment to our young people, and we need to learn from this to help inform how we move forward.

Home to Highland Programme

The 'Home to Highland' Programme vision is to return care experienced young people to the Highlands from Out of Area (OOA) residential placements, whilst also building services in-area to help children avoid OOA residential placements. The Programme aims to reduce spot-purchased residential placements, retain more young people in the Highland area and increase the number of children placed in foster care and family alternatives.

Since 2018, over 70 children have returned to Highland and over 400 have worked with the 'Home to Highland' team with demonstrably improved educational and emotional wellbeing outcomes. A combination of new services and the creative use of existing provisions are enabling children to remain in the communities they know and that care for them. This also reduces the need for additional out of area placements.

The Home to Highland Programme has utilised costs avoided to develop in-area services which stop children going OOA and serve as places for children to return to. Services to retain children at home with families whilst reducing the use of in-

Highland residential care are being prioritised going forward in line with expectations of the Promise.

The Programme has developed the following CEYP services: specialised residential units for young people with disabilities, small residential units for younger children, Àrach – a respite and outreach service, Clachnaharry – a centre for CEYP, twelve supported flats across Highland with a third sector provider, two residential contracts with third sector providers, bespoke education packages to improve attainment and achievement of CEYP and those on the edge of care, and a close working relationship with NHS to ensure supported accommodation packages for young people with complex disabilities transitioning to NHS Highland adult care.

A total of 25 young people were returned from OOA or enabled to move-on from residential in-area placements in 2021/22 and 5 of the intended 10 children planned to return this year, already have. It is hoped that the total will reduce to 17 young people OOA in Summer 2022. This will equate to the lowest number of children OOA in over 8 years.

A further key aim of the programme is to improve educational attainment of CEYP and as a result, access to a suite of services to supplement school placements is underpinned by the Attainment Challenge Funding for Care Experienced Young people. All children returning from OOA receive a bespoke education/positive destination package but the bulk of work of this team is developing individualised education packages and working with families to enable children to stay in Highland who are on the edge of care and often on part-time timetables.

Throughcare & Aftercare

Highland Council's aftercare service is provided by Barnardo's through their Springboard project. This is provided through a service level agreement currently renewed on an annual basis. Barnardo's provide a service to all care leavers who were looked after children on their 16th birthday. This includes young people who lived at home with their families, were in kinship care, foster care, or residential care. They act as the lead professional in most cases, assess the needs of young people through a pathway plan and co-ordinate the support arrangements. During the period October 2021 to March 2022, they supported 126 young people.

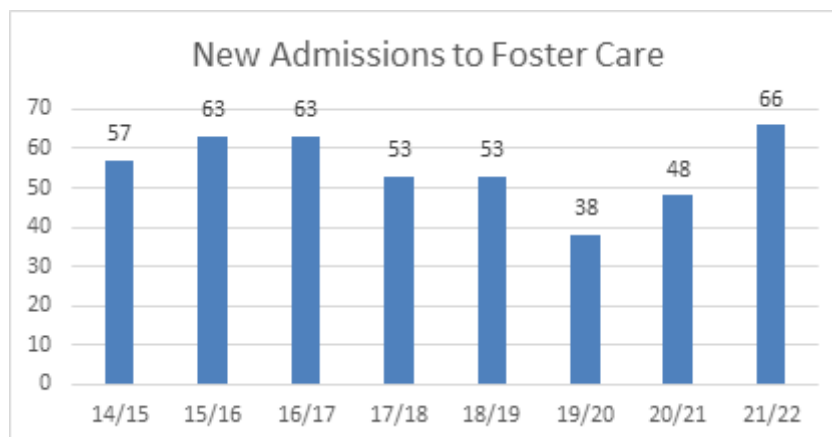
The majority of young people are in the 16–21-year age group. We are starting to see a pattern of young people generally remaining in their residential placements beyond 16 years of age as well as an increase in the use of continuing care.

Fostering & Adoption

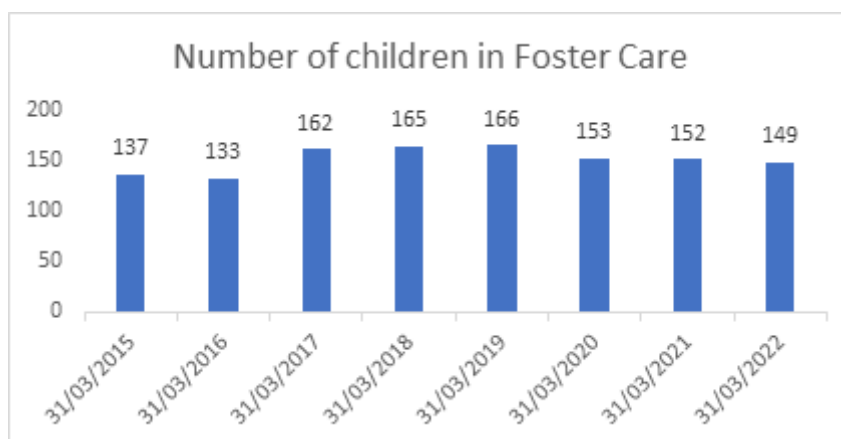
The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate.

Fostering

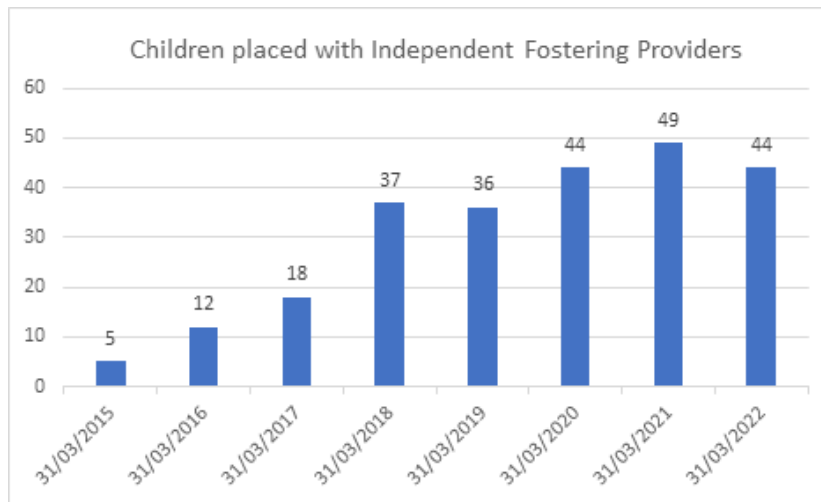
The number of 'new' admissions to foster care (children who have not been accommodated previously) has increased in the last two years, with 66 new admissions during 2021/22.



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, several large family groups of four and five children being accommodated, resulted in increases between 2016 and 2019. The number of Looked after Children at 31/03/22 was 441 in Highland. Of these children 149 were in foster care, a slight decrease from the previous year.



Of these 149 children, there were 44 children placed within and out with Highland Council area in both temporary and long term/permanent foster placements. These are purchased from independent fostering providers. There has been an increase over the last five years in the number of children and young people referred to the Independent Fostering Providers due to a reduction in available foster placements within Highland's own resources and the added demand for placements for large family groups, children with complex needs and also as an alternative destination to residential care. During 2021/22 the number of children placed with the independent providers reduced by four.



There were 22 children in pre-adoption placements on a fostering basis at 31st March 2022, 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.

Recruitment and Retention

Recruiting foster carers continues to be a challenge to replace those who cease fostering, whether it be due to retirement, or changes in employment, health, and family circumstances. Recruiting and retaining carers is a national issue that requires constant consideration. 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 Fostering and Adoption website, social media, posters, and flyers as well as periodically on Highland Council payslips, intranet, and web page.

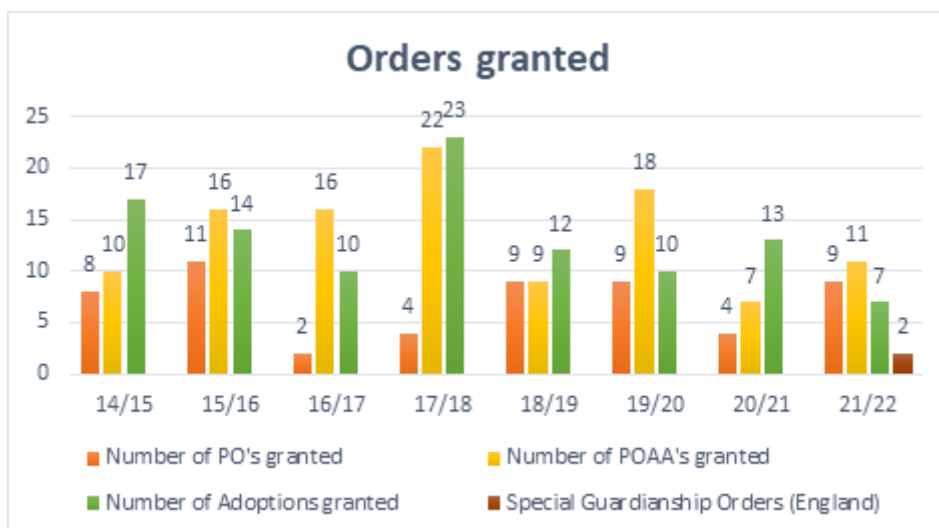
Fostering Preparation courses continued to be held throughout the year with three virtual courses being held in the 2021/22 period. Of note, we have seen an increase in the number of carers accessing training since it has been delivered online, which suggests that this is more accessible to those working full and part time and those who live in the rural areas.

We are also reviewing our allowances as there is a correlation between payments and recruitment. Our aim is to increase our foster carer numbers which in turn, will enable us to reduce the need to use Independent Fostering Providers which are much more expensive.

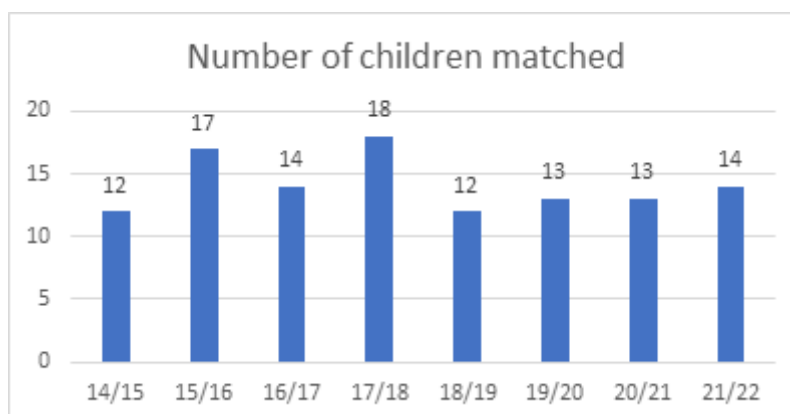
Adoption

During 2021/22, there were 4 Permanence Orders, 7 Permanence Orders with Authority to Adopt, 13 Adoption Orders and 2 Guardianship Orders (English legislation) granted in Courts for Highland children, within and out with the Local Authority area.

There have been no relinquished babies placed for adoption this past year.

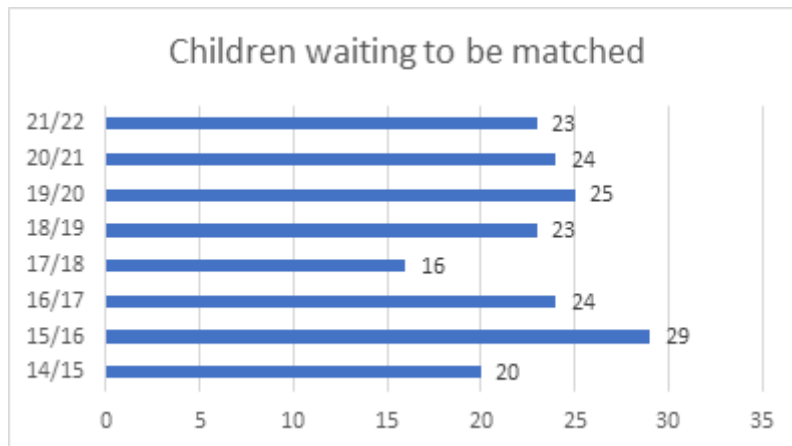


During 2021/22, there were 14 children matched with prospective adopters with 7 of these children being placed out with Highland with prospective adopters approved by another local authority or independent adoption agency. The service also supported 22 children in pre adoptive placements where the legal process to secure them with their new and permanent families was underway. However, the legal and court process for these children was seriously affected by the pandemic resulting in considerable delays for some children.



There were a further 23 children in foster care, with an age range from 11 months to 9 years of age where permanence decisions had been made and who were waiting to be matched with their permanent family. Again, nationally, there is a challenge with permanency and the need to recruit adoptive parents. We need to prioritise this as we do not want to see children 'stuck' as this will negatively impact on them and their lives.

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, particularly male sibling groups aged 6, 7 and 8 years of age.



There were 8 applications from a variety of backgrounds, approved as prospective adopters in 2021/22. Whilst enquiries about adoption during the last two years have continued to increase significantly, there is no doubt that this area will continue to be challenging as we attempt to build our adopter numbers.

After Adoption Support

After adoption support continues to be developed for adoptive families. There is a recognition that there is a need to maintain contact with the service to enable support and advice to be offered. This particularly relates to the child'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 adoptive families who have moved to the Highland area.

Adoption support that is provided in Highland includes managing letter box contact, adoption support planning meetings, payment of an adoption allowance, a specialist consultation service for adopters and the Looked After CAMHS team. The adoption forum provides opportunities for training from social workers in the fostering & adoption service and other professionals and "Listening Circles" provide much needed peer support.

More than 150 families continue to be supported and have benefited from a combination of these types of supports provided for adoptive families by the Fostering & Adoption service.

Kinship



During 2021/22 there has been a decrease in the number of children who are looked after and placed with Kinship carers. However, there was an increase in the number of children whose Kinship carers have obtained a Kinship Order so that the children are permanently secured with their carers. This is a positive and aligns with the Promise who emphasise the need for children to have the opportunity to be looked after by family or friends whenever this is possible and the need to ensure they are provided with the supports to enable this to happen.

In Highland, we need to develop kinship services and to help with this, a dedicated kinship social worker was appointed in September 2021. A Kinship Carers Day was held in March during National Kinship Carers Week which was well attended with lots of ideas from Kinship carers about developing peer support and training. The Kinship social worker has also produced two newsletters during 2021/22 for Kinship carers which introduced her role, the support that can be provided, shared information about benefits and the National Kinship Care Advice Service Scotland (KCASS) which is funded by the Scottish Government. Linked to changing the balance of care, our intention is to develop the kinship role further in 2022/23.

SDS and Disability Team

The impact of the pandemic on families with SDS packages has been considerable, and unfortunately has been evidenced by the rise in the need for accommodation of more young people with disabilities.

The pandemic impact is shown as follows:

- 2019 total SDS packages in Highland = 195
- 2020 “ “ “ “ “ = 164
- 2021 “ “ “ “ “ = 265

Moving into the recovery phase, we are now seeing SDS spend increasing with families reinstating their support packages. However, there is now a national staff shortage with regard personal assistants (PAs) and there is a disparity with regard funding for children PAs and adult PAs. This is a critical issue that needs to be addressed and has been highlighted to the Scottish Government.

Unaccompanied Asylum-Seeking Children (UASC)

During the past year the Home Office have created a rota system for transferring UASC to local authorities across the country. This process was mandated towards the end of 2021 and for Highland it means that 3 or 4 young people will be allocated to Highland for every 650 who arrive in the UK.

By the end of March 2022, we had received 3 young people. In collaboration with the University of the Highlands and Islands (UHI) accommodation was secured. Further, our alliance with our 3rd sector partners enabled us to provide a service to these young people and to begin to develop a model to ensure ongoing sustainability in meeting our mandated responsibility.

The young people have successfully integrated into their living arrangements, are learning English, progressing with their asylum claims and building links within the Inverness community.

Child's Health

200 FTE registered health professionals work across eight professional disciplines including health visiting, disability, mental health, specialist, and school nursing as well as dietetics, physio, speech and language and occupational therapists.

All nursing staff work through the national child health framework for early health prevention, protection and education with activities including the national child health pathway which requires the offer of 22,000 developmental assessment home visits for Highlands pre 5 infants per year and the delivery of around 30,000 vaccinations per year to Highlands' school age children. Across the 21/22 Covid period, health staff continued to sustain delivery of legal, national, and local requirement with workforce availability remaining above 90%. The opportunity exists to develop a mixed model of delivery through direct/indirect (E Health) support for families. Data review demonstrated, in addition to the core contacts as determined by the Chief Nursing Officer, an average of 200 home contacts and 750 E Health contacts per week with more vulnerable or those in need of additional support.

Highlands Advance Nurse Practitioner (ANP) Programme.

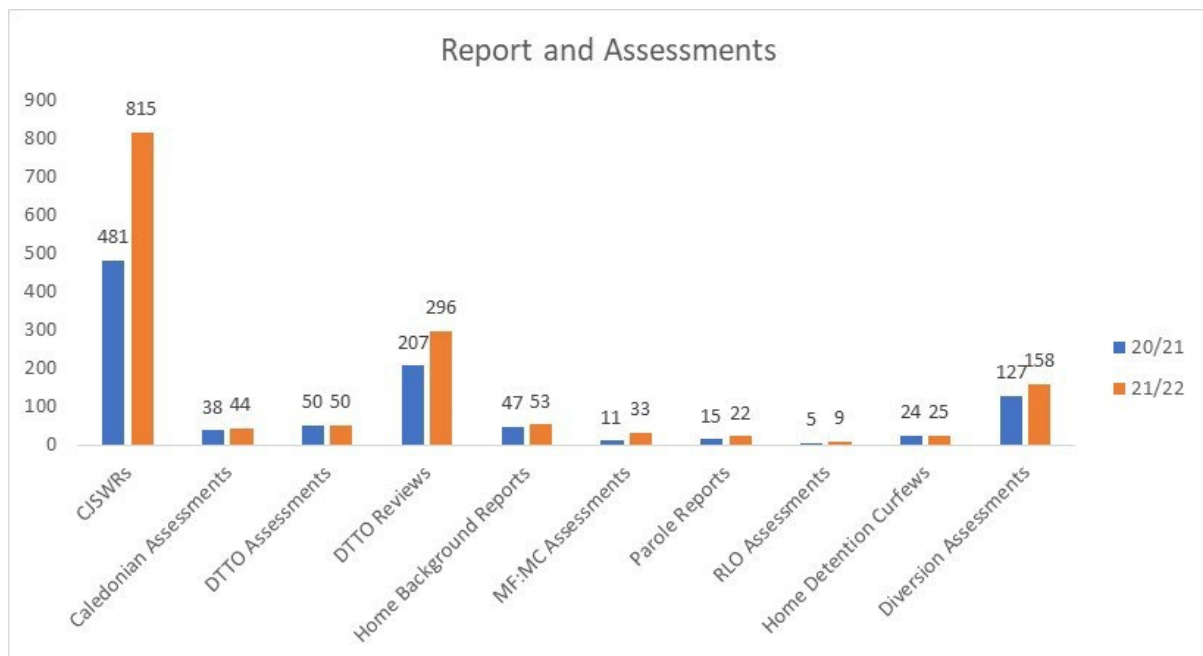
Working with the Scottish Government and universities, an opportunity was taken across the pandemic to accelerate the post graduate master level training programme for advanced nurse practitioners in The Highland Council. This training is part of the national Workforce 2030 vision which aims to have a nursing workforce which is expert in supporting families who are at risk, may have suffered the impacts of inequalities, poverty, trauma, adversity, and where mental health need may be high.

Since 2019, Highland have successfully recruited and supported almost 40 nurses through the year long course, with another 15 nursing staff commencing training in the incoming university year of 22/23. As part of the workforce plan, we have increased our dedicated workforce for care experienced children and young people with an additional 4FTE nurses currently undertaking the ANP training and anticipate expanding this to include an additional 2FTE nurses for mental health and youth justice within the 22/23 cohort.

3.2 Justice Social Work

Justice Social Work Services continues to produce quarterly and annual reports detailing performance across a range of quantitative and qualitative measures. These show how 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.

There was a significant increase in the submission of all reports submitted but particularly Criminal Justice Social Work Reports (CJSWRs) where there was approximately a 69% increase between 2020/21 and 2021/22 with reports reaching pre-covid levels. The increase in all report types submitted is fairly consistent across all geographical teams.



Report Type	20/21	21/22	% difference
CJSWRs	481	815	69%
Caledonian Assessments	38	44	16%
DTTO Assessments	50	50	0%
DTTO Reviews	207	296	43%
Home Background Reports	47	53	13%
MF:MC Assessments	11	33	200%
Parole Reports	15	22	47%
RLO Assessments	5	9	80%
Home Detention Curfews	24	25	4%
Diversion Assessments	127	158	24%

Despite this increase, teams have managed to achieve improved performance in terms of the percentage of CJSWRs submitted to court on time - at 95% for 2021/22, this equates to the highest performance figure for this particular indicator in recent years. The increases in Court Reports and assessments have a knock-on effect with Court Orders and therefore current caseloads. During 2021/22 and compared to 2020/21, the service experienced a 65% increase in Community Payback Orders (CPO) from 260 to 428. A significant increase but not quite at pre-covid levels as yet.

During 2021/22, workloads have nearly returned to pre-pandemic levels. However, there has also been an increase in serious offending – particularly with regard sexual offences and domestic abuse offences - resulting in the need to complete more MF:MC (sexual) and Caledonian (domestic abuse) assessments and programmes being required. These assessments and orders are more intensive requiring additional worker input and activity.

Recruitment issues have been experienced during the past year particularly around fixed term contracts either for maternity cover or to support the Service to recover from the impact of Covid. Further, when staff have been recruited, access to the national training courses for Risk Assessments and Programmes has proved problematic thus creating a strain in a number of teams. Again, this has been reported to Scottish Government.

Unpaid work orders have not yet returned to pre-pandemic levels. However, the service continues to offer unpaid work in squads, as well as utilising a variety of other intervention options including therapeutic group work, literacy classes and fathers' groups.

3.3 Mental Health Officer Service

There is an established structure to manage and support the delivery of Mental Health Officer Services in Highland. This is 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 (MHO's) to discharge functions under the

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health Act 2015

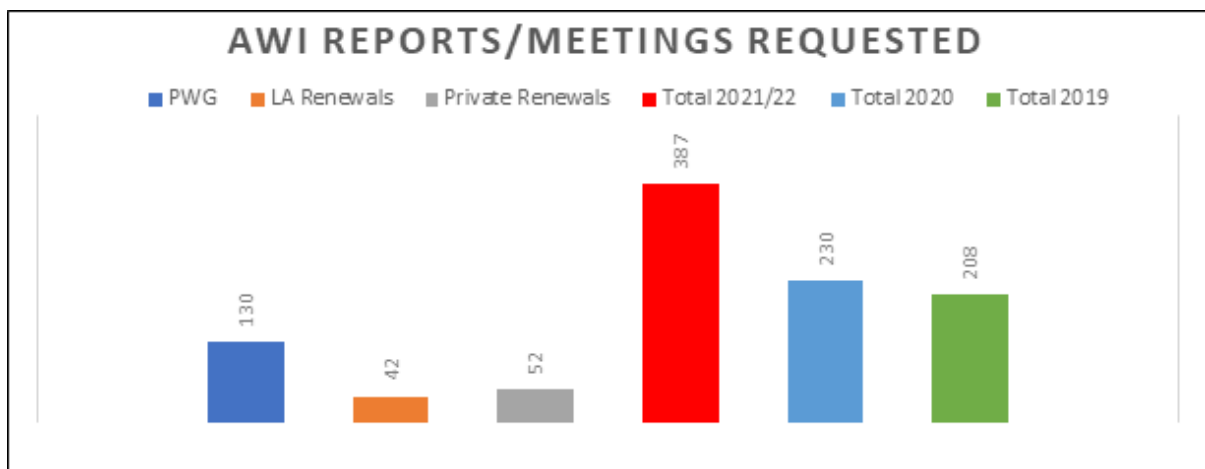
- Criminal Procedure (Scotland) Act 1995
- Adults with Incapacity Act 2000

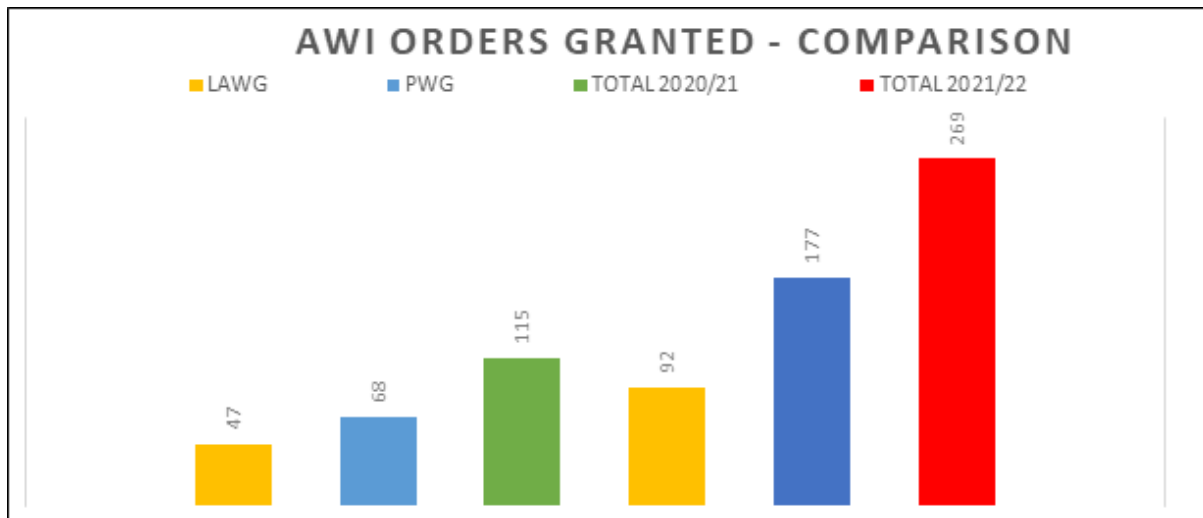
Adults with Incapacity Act 2000 (AWI 2000)

This part of the service is led by a Practice Lead who is supported by a number of MHOs. 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 undertaken by the MHOs is in the form of reports in respect of Local Authority and Private Welfare Guardianship applications. During the COVID 19 pandemic, AWI Practice ceased in all but the most urgent AWI work - in essence Adults 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 offered a severely curtailed service, responding only to essential and urgent or uncontested civil/AWI cases. Highland Council devised its own Standard Operating Procedure to facilitate moving vulnerable people from hospital/community to care homes where no legal order was in place. This has now been discontinued. Staffing levels during the pandemic caused concern and exacerbated the backlog in AWI work, already adversely impacted by lockdown and reduced court time.

The 2020 Coronavirus Bill 'stopped the clock' for the renewal of guardianships for 6 months. This removed the need to renew guardianships during lockdown, however this has now ceased, and has substantially increased number of renewals required following the return to normal working practice. This work has become a priority for the MHO Service which further challenges strained capacity. There continues to be an increasing demand for MHO reports from solicitors instructed by private applicants. This year-on-year increase has to be managed within current capacity and intermittently it has been necessary to operate a waiting list. 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.





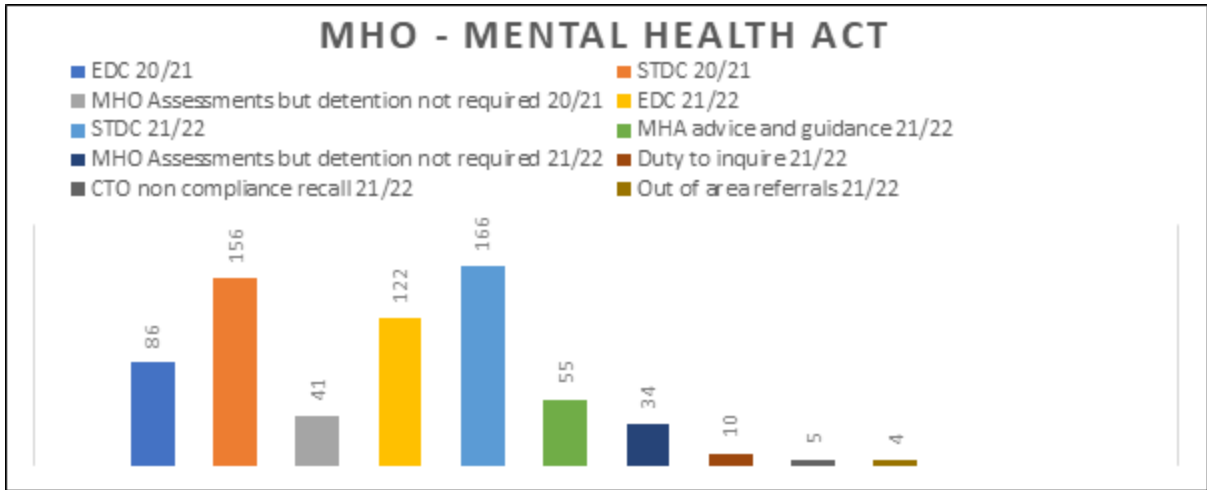
The Mental Health (Care & Treatment) (Scotland) Act 2003

This part of the service is led by a Practice Lead who is supported by a number of MHOs. This act involves MHO consideration of, consent to, and application for a number of civil measures of compulsory detention and treatment.

During the COVID 19 pandemic, the operational system changed with some MHOs 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 and completing paperwork for warrants.

Whilst Service delivery continued, the level of service delivered was reduced. The Mental Health Tribunal Service (MHTS) for Scotland paused all face-to-face tribunals and moved to telephone conferencing which continues at present. This has caused challenges for all parties affected - in particular Advocacy Services - who were unable to visit individuals and represented a potential risk in respect of Human Rights.

The demand for Mental Health Act work has increased not decreased during and post lockdown. Of note, the service has seen an increasing number of people presenting for the first time. It appears these presentations have been influenced by the pandemic and various related social factors. This has resulted a proportion requiring detention under the Mental Health (Care and Treatment) (Scotland) Act 2003.

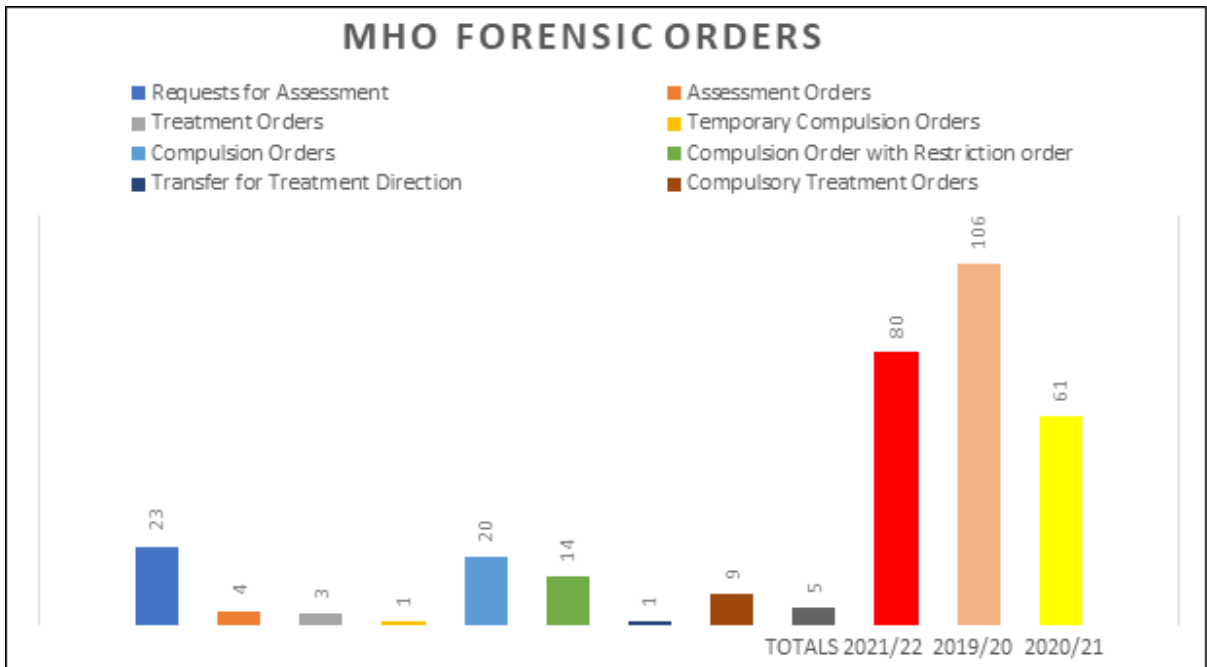


Forensic MHO Service

This part of the service is led by Practice Lead supported by two main grade officers, all of whom have substantial experience and expertise in the criminal justice system. Each has a live criminal justice social work practice commitment.

During the COVID pandemic, a forensic service was provided to patients although the shape of service delivery significantly altered. Patients received less face-to-face contact which was a concern as patient contact is key in forensic mental health.

The demand for Forensic MHO work mirrors the increase seen by colleagues in the Mental Health Act part of the service recorded above.



In the coming year, the service requires to continue to implement recovery plans against the national shortage of MHOs. With increasing demand, this is a risk which again, has been highlighted to Scottish Government.

3.4 Out Of Hours Service

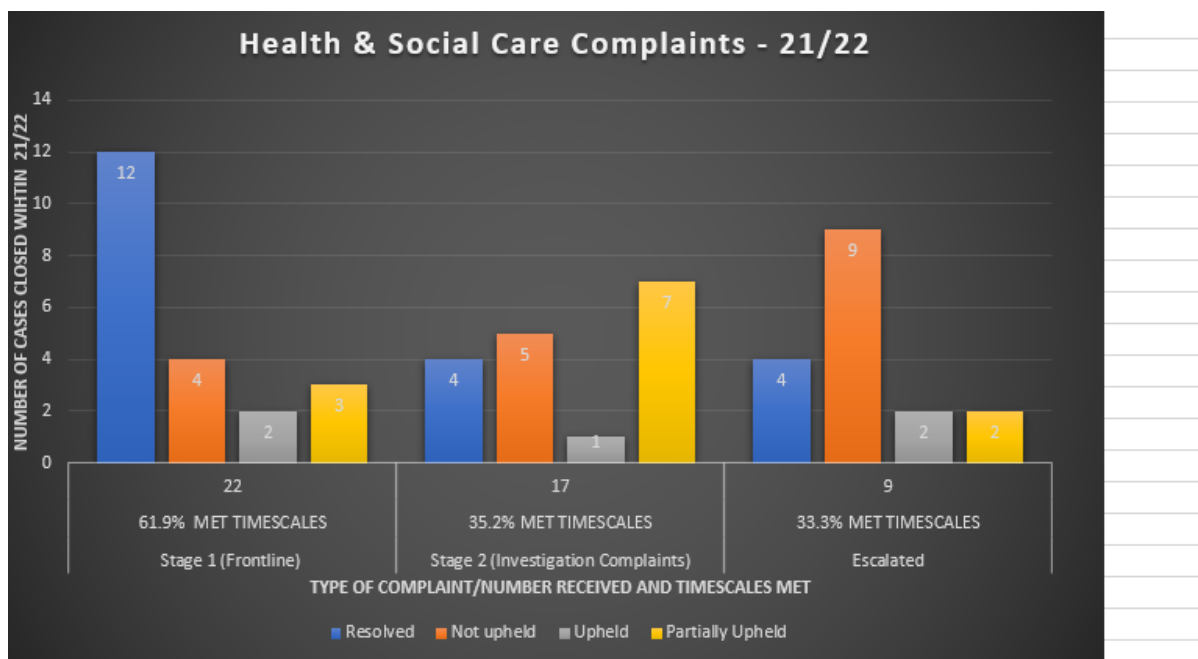
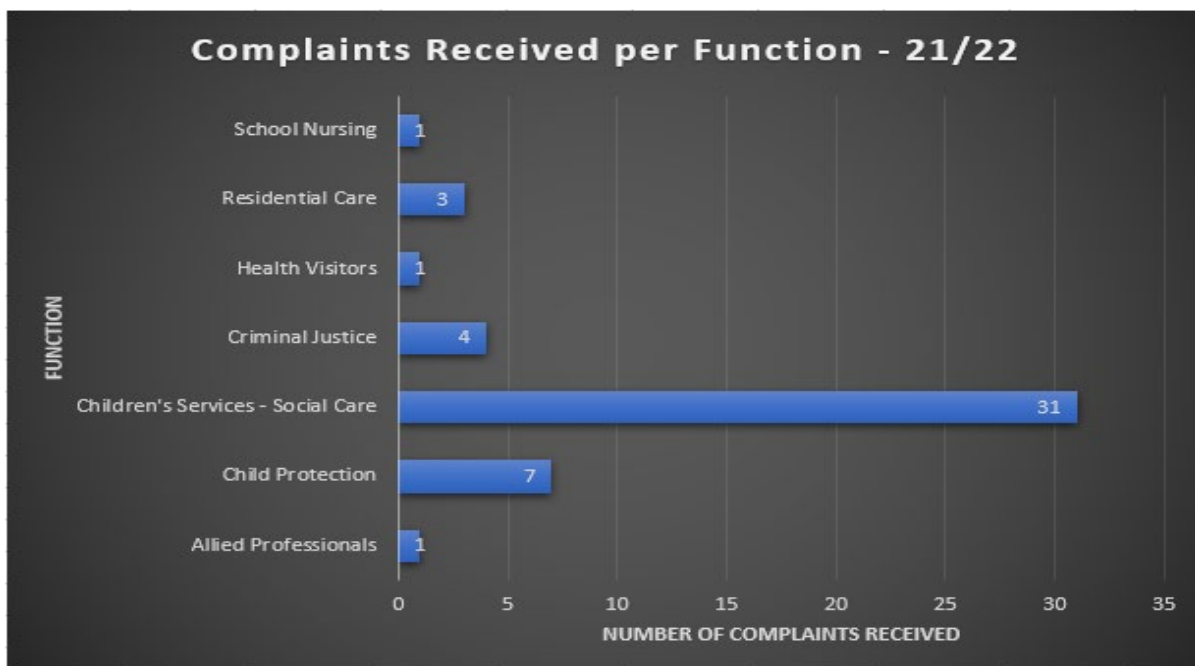
The Out of Hours Social Work Team in Highland covers all parts of the Social Work Service within Highland Council and NHS Highland. Working across the two organisations can be challenging and good communication is vital to ensure a smooth and efficient delivery of service. This has been partly achieved by the development of a part time post, with discreet management time, within the Out of Hours Social Work Service.

The total number of calls that the Out of Hours Social Work Service received from April 2021 to March 2022 was 8,352. This averages out at 696 calls each month. There are variations throughout the year particularly the summer holiday period and public holidays periods – most noticeably the Christmas/New Year period. Adult Services account for 60% of the work and Children’s Services 40%. The numbers in Adult Services are higher largely as a result of the ongoing management service provided to parts of the Care at Home service in Highland.

The team are all experienced Mental Health Officers and can therefore respond to need/demand across all adult and children’s services. There is a growing need for increased links between the Out of Hours Social Work Service and day services with an expanding need for a vision of social work that can respond appropriately to the need for care and support out with office hours. Moving forward, there continues to be a need to develop more responsive services that the Out of Hours Team can access to support service users when a crisis develops.

Complaints/Compliments

Complaints and compliments were collated during the year. Not noted below however, has been the significant increase in Subject Access Requests. These appear to be linked to the Historical Child Abuse Inquiry. To ensure these were completed within timescales, the service has recruited to specific posts to deal with this ask.



*Note - the number of complaints received (22, 17 and 9 across the 3 types) do not add up to the number closed in the period

3.5 Adult Services

Care at Home

Care at Home Services can be delivered via all 4 SDS options. In terms of option 3, service delivery is broken into three component parts. In house enablement care, in house mainstream care and independent sector care. The independent sector makes up 69% of the total Care at Home delivery in Highland.

Care at home services have experienced a challenging period, particularly around staff recruitment and retention, and delivery of capacity required to meet current needs.

There has been significant dialogue with the sector collectively regarding plans and intentions regarding commissioned care at home services, in order to achieve first and foremost, sector stability, with a view to thereafter:

- building resilience;
- growing and releasing capacity; and
- improving efficiency / processes

A priority area is the need to identify, release and deliver additional care at home capacity. This is critical to addressing flow issues within the wider system

Across North Highland, unmet need is still a real issue, and the sector is finding further growth more difficult due to severe recruitment challenges that are currently facing all providers. This current issue is not unique to North Highland and is consistent with the picture at a national level but does need to be balanced against the significant additional growth seen during the pandemic. It is a multi-faceted changing situation, and Highland will continue to seek to engage collaboratively with providers as we work to build sustainable care at home services.

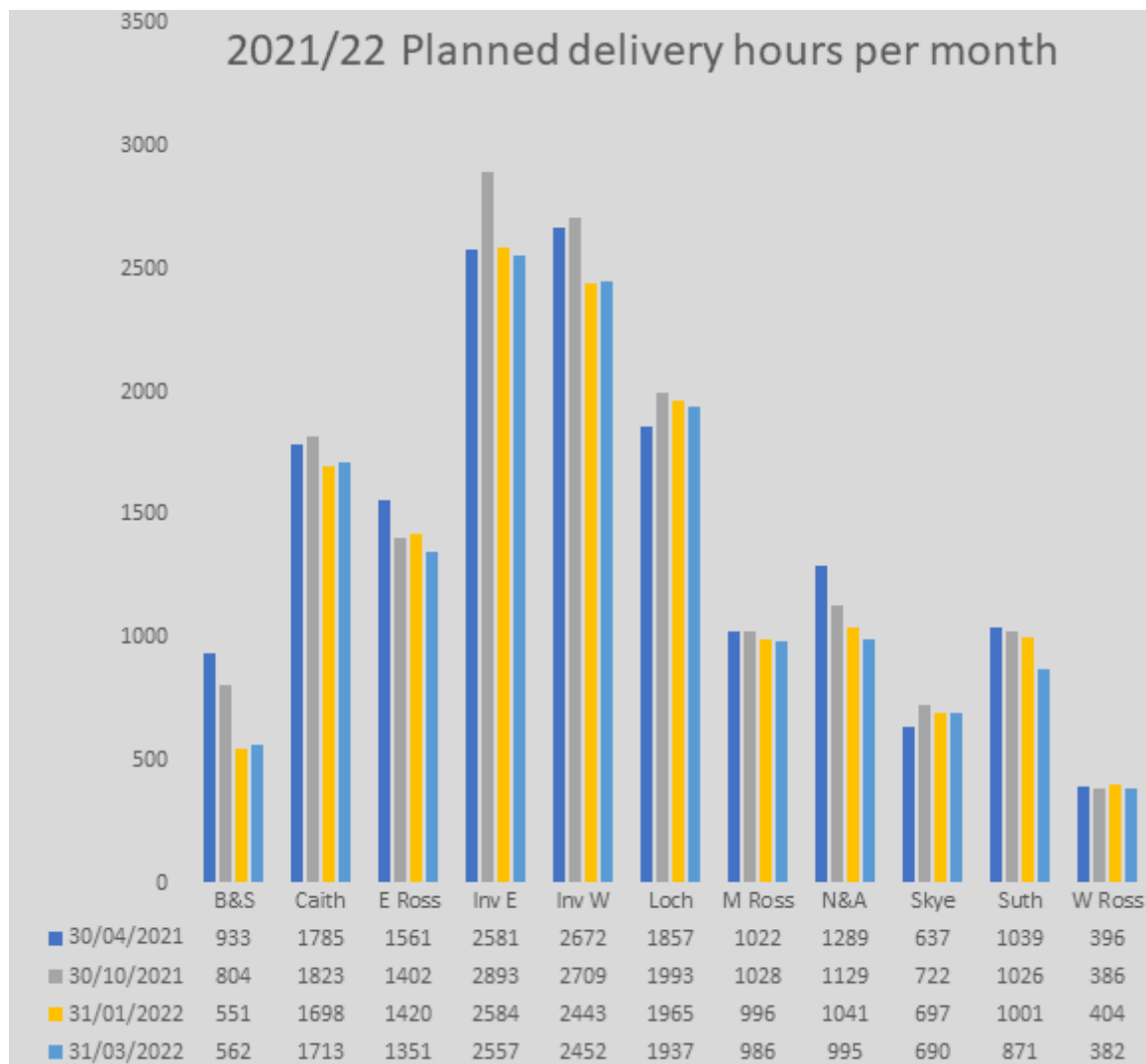
In terms of immediate actions to attract and retain staff, additional Scottish Government funding for care at home capacity has enabled Highland to implement, ahead of schedule, commitment of £10.50 per hour minimum wage, which was welcomed by the sector. It is noted that staff are fatigued and there is an increase in staff sickness, alongside vacancies is compounding the challenges.

There has been close work in house and with care at home partners to seek to address the following identified key issues:

- Staffing crisis situations arising from significant recruitment / retention issues
- Increased attrition and unsuccessful recruitment
- Acute staffing availability and wellbeing issues
- Specific geographic challenges in rural / remote delivery
- Escalations / contingencies already deployed, and service instability already experienced or anticipated

Due to significant stressors in this sector and despite the sustained efforts of both NHS Highland and our care-at-home partners as detailed above, there have been a reduction in commissioned hours per week over 21/22 and, increasing package returns with a reduction in excess of 1300 external hours across the whole region.

It is important to set this scheduled hour reduction in context with the many challenges described in the report as there has been an increase in the number of paid relative carers reflecting individual preferences in keeping with Scottish Government direction on self-directed support and the requirement to meet identified needs in a more flexible way, reflecting individual choice.



This sector has experienced a challenging 2 years but there is ambition about what can be achieved with and alongside the sector. There is a commitment to ensuring that care at home services have a clear and positive identity and are widely regarded as important and valued by Highland communities and that the models of care available embrace and maximise digital innovation and reflect the diversity and geography of Highland. To achieve this, next steps include ongoing joint work with the sector, contract and commissioning redesign and workforce planning.

In house care at home services mirror many of the challenges faced by the external sector. This service and in house care home services work to a cycle of continual

improvement. We have an updated and ratified registered services learning framework which reflects national and local priorities and reinforces statutory /mandatory learning. This is being further developed to ensure the impact of the learning is sustained and appropriate by enhancing supervision and appraisal sessions to include a noted reflection of this. The NHS Highland SSSC policy has also been updated to clearly outline the responsibilities of employer and employee in relation to achieving and maintaining registration.

Looking ahead, we are in the early stages of working with partners in exploring the possibility of a more widespread and consistent approach to modern apprenticeships. A series of bite size training resources are being developed to support staff to have the skill set required to safely undertake roles. Quality assurance processes, outcomes focussed care planning, and the new Care inspection frameworks are all priority areas.

Care Homes

Over the course of 2021-2022, there has been a considerable level of care home related activity / supports within Highland, across a wide number of service areas: adult social care, nursing, health protection, infection prevention and control, vaccination, testing, community operational teams, business support (and others), all of whom have had a pivotal role in supporting or overseeing commissioned or delivered care home services.

The challenges faced by care home services have been multiple, sometimes simultaneous, fast changing, and unrelenting, spanning across staffing, guidance, financial and regulatory areas.

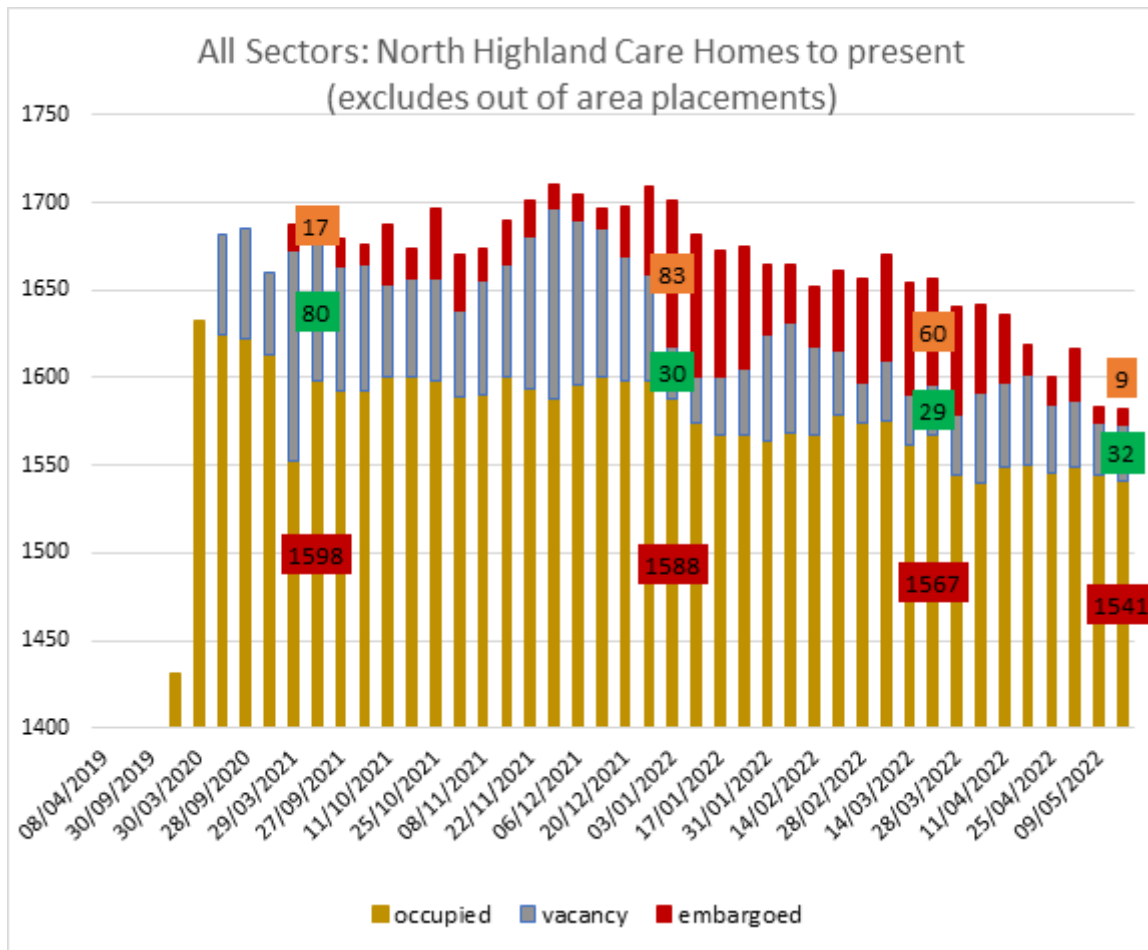
The primary challenges have undoubtedly been in relation to staffing and Covid status, particularly around recruitment, retention and Covid impacted absences.

There were already insufficient numbers of staff in care home employment pre Covid. This has been exacerbated over the pandemic as exhausted staff seek to leave the sector for a less demanding and often better paid role.

The impact of Covid within a home can acutely and rapidly decimate staffing levels, which is, at best, significantly challenging to plan for, and highly stressful to manage and coordinate, in terms of staffing cover, along with supporting residents and their relatives during these anxious periods. These situations also have a direct and negative impact on resident experience.

Staffing issues have therefore dominated care home activity over 2021-2022, mainly arising from the significant number of care homes experiencing staff or resident related Covid cases.

The graph below shows all North Highland beds which are occupied, vacant and embargoed from March 2021 to April 2022 with data labels added for the current financial year to highlight variations and unpredictability of available beds.



The highest number of care homes “closed to new admissions” at any one time, was 47 (out of 69 care homes in north Highland) on 9 January 2022. The highest number of care homes in outbreak at any one time was 29 on 24 March 2022. The knock-on impact on staffing availability for care homes in these situations, was significant. Despite an expanded and expanding mutual aid support team (CRT) there has been unmet need and providers have been supported to prioritise the delivery of safe care.

During 2021-2022, this area of activity has been overseen by the Care Homes Oversight Group.

There have been 2 care home closures in the last two months with a 3rd pending, it is almost certain there will be further unplanned short notice closures, without action / intervention. These short notice closures result in poor resident outcomes; are resource intensive to manage; and require significant short notice and high level business and commercial input to support.

A decisive and proactive plan is being developed to ensure availability of and support to, care homes, in identified strategically important locations.

Following on from 2021-2022, the most recent arising issues, and the ongoing sector liaison, it is anticipated that the acute staffing issues experienced in 2021-2022 will continue, and in addition to quality related impacts, these challenges will also present increasing viability and sector sustainability issues.

Covid Response Team (CRT)

The Covid Response Team (CRT) has continued to support many services across Highland affected by outbreaks and there was a recognised need to further strengthen the team and to also confirm the permanent status of the core team members who have supported outbreak sites since the start of the pandemic. The additional Scottish Government monies made available during November 2021, enabled these plans to be executed and the employment status of these staff to be confirmed before Christmas.

The CRT team continues to be fully deployed to support services negatively impacted by Covid 19. Recent deployments have included care homes settings (independent sector and NHS), Care at home services (NHS) and hospital services. Support has also been provided within the community to avoid unnecessary hospital admissions. Requests for assistance have been such that this year the team have been mobilised a total of 2084 hours. Unmet need hours for the same period are currently 1874.

The intention remains to develop the resource to continue to support care services in a more planned way by developing a roadmap to aid recovery and build resilience and this work will be developed with partners.

Recruitment does continue at pace albeit staff numbers are fluid, and the team is expanding with more staff expected to join the team during April. As at the end of March 2022, 38 WTEs have been recruited to the team with Team Managers, Team Leaders, Nurses, Admin Support, and predominantly 29.5 WTE Health & Social Care Workers/Assistants now in post with permanent contracts.

Remobilising of Day Services

During 2021/22, day services paused, amended, or flexed to respond to public health guidance and the needs of local communities. The most recent guidance now allows and increasing number of people to access buildings-based services and we are seeing further changes in response to this guidance. Day opportunities for adults with a learning disability have been transformed during the pandemic to ensure buildings-based access for those with the most complex needs and an increasing focus on community-based activity.

There have been some changes in the provision of older adult day care with some sector care homes choosing not to restart day care and some in-house areas opting for better use of local hubs. There is also a requirement to respond to the changing need and wishes of individuals who use these services and there is commitment to review and redesign day services to incorporate outreach and bespoke support when required.

Carers

There was understood to be a profound negative impact on unpaid carers due to Covid-19 in 2021-22. In part this has been due to the unavailability of traditional Respite and Day Services - and the concomitant increase in the weight of their

caring role – and it has also been due to many natural and community supports becoming unavailable. Given this, it is unsurprising that demand on our carer support services was reported to have increasing markedly.

However, work has been undertaken in Highland during 2021-22 to implement a balanced “carers programme” aimed at meeting our duties under the Carers Act. This has included:

- Fully committing a “carers programme budget” to support the establishment of high quality and effective carer services in Highland.
- Supporting a number of local projects to increase carers’ access to practical and creative help in the short term to mitigate the impact of Covid-19.
- Instituting a new Option 1 Short Breaks scheme to increase the access of carers to flexible, personalised ways to give them a break;
- Supporting our core carers services to ensure we can meet our duties to provide advice and information and Adult Carer Support Plans (ACSPs) etc.- at a time of increasing demand and inflation.

Taken together, at the end of the period, in March 2022, just under 500 Adult Carer Support Plans were in place via our Carers’ Centre, 380 individual carers had benefitted from an SDS Option 1 Short Break in the financial year and 7 new targeted projects continued to run to provide a range of creative/supportive inputs to carers.

Self-directed support (SDS)

NHS Highland’s SDS Strategy is about forming relationships, building trust, sharing intelligence, and co-producing the new ideas and solutions necessary to truly refresh our approach to implementing Self-directed support in Highland.

Subsequent to a significant consultation effort a number of local co-production groups are now working to improve our delivery of SDS including by:

- Improving local information about how budgets can be used flexibly
- Exploring how SDS can be used to complement Community-Led approaches to act preventatively
- Agreeing a realistic budget that those managing an Option 1 can translate into good quality care, and
- Agreeing how we can best engage people in realistic and creative conversations about the choice and control that SDS can offer them

At year end March 2022, we had 467 Option 1s and 234 Option 2s in ASC in Highland. This means there has been an ongoing increase in the uptake of Direct Payments in Highland (although we are working with partners to explore a small drop-off in Option 2s). We anticipate the trend in Option 1s will continue over time – and we are keen to increase the availability of Independent Support to help those choosing this option.

Adults with Incapacity

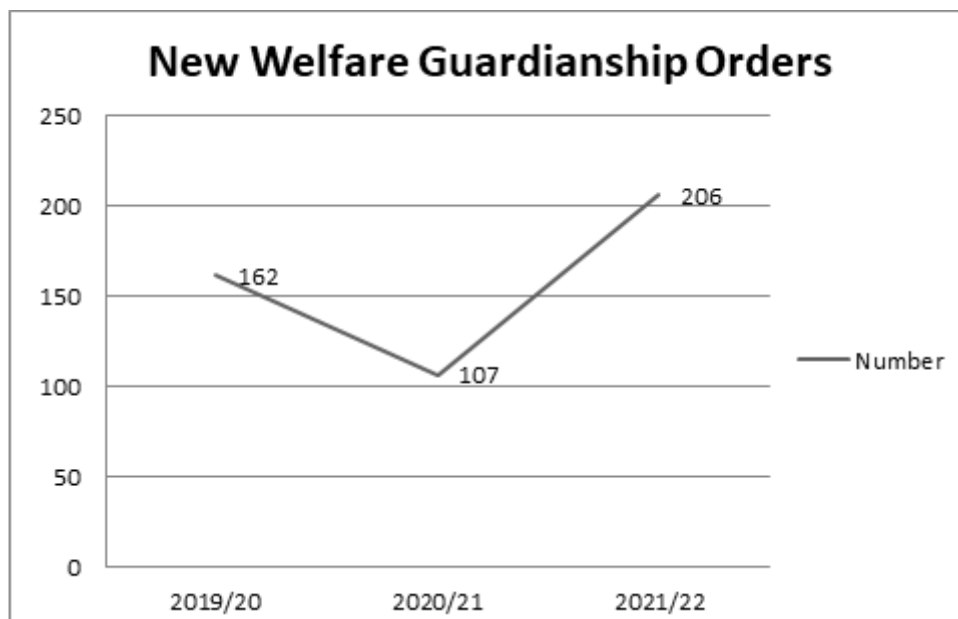
In response to the Mental Welfare Commission (MWC) Report, 'Authority to Discharge: Report into decision making for people in hospital who lack capacity, NHS Highland submitted an 8-point action plan to address the 11 recommendations in the report.

A Senior Practitioner AWI Specialist was recruited in Sept 2021 to support and implement the action plan, to work collaboratively with health & social care staff to improve standards of practice, clarify processes, procedures and ensure compliance with the law across all disciplines.

Work is underway to address the training needs identified by staff across health and social care, with some immediate training needs being addressed and a rolling programme of training being planned to ensure compliance with statutory duties.

Looking ahead an AWI audit is planned, which will look at individuals who were discharged from hospital who lacked capacity between 1st Jan 2021 and Dec 2022. Due to the work already completed it is anticipated there will be evidence of improvement in practice during this period, and it will highlight areas for further development.

The following chart shows the increase in new welfare guardianship orders & subsequent demand on social work teams, between 2019 and 2022, with the reduction in 2020 due to the COVID Pandemic. The majority of social work teams saw a significant increase in Guardianship orders, with the Transitions team (supporting adults 18 – 25 years) seeing an increase of 112%. There were 51 orders granted in 2019, compared to 108 in 2022.



The total number of active Guardianships at March 2019 was 697 and at March 2022 was 888. This equates to a 22% increase in legal orders being supervised and managed by social work teams in Highland.

Adult Protection

The work of the Highland Adult Protection Committee has progressed well in 2021/22. We have seen the consolidation of a number of working sub-groups where partners have come together to implement the continuous improvement framework. This work is being complemented by the initiation of a number of SCR/ICRs.

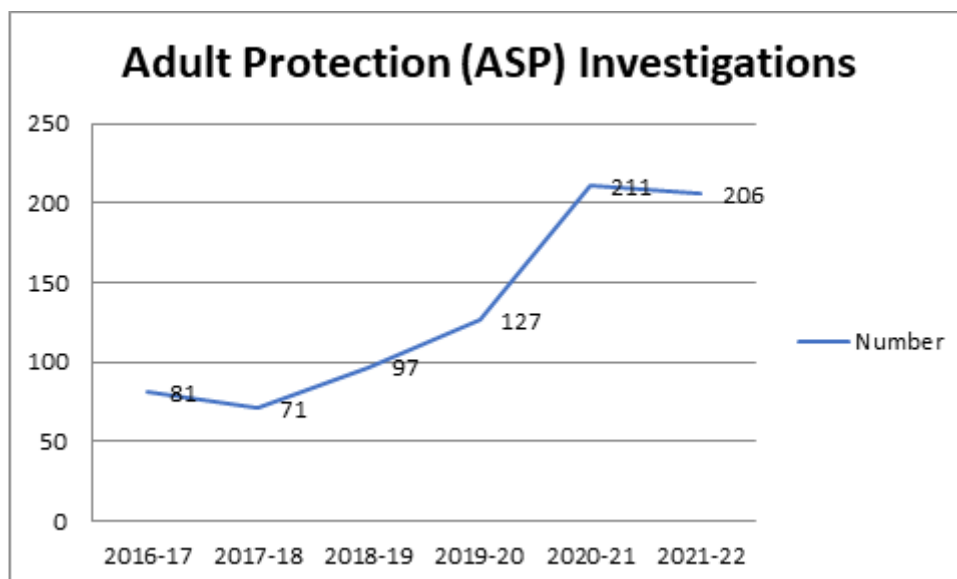
At a practice level we have seen continuing high levels of demand.

- There were 675 Referrals received/recorded by Social Work Teams in year 2021-22 (National dataset return). This represents a 6% increase on the previous year's figures (636).
- These Referrals translated into 206 ASP Investigations (this equates to a third of all Referrals resulting in Investigations (an Investigation involves the appointment of a Council Officer to assess the risks of harm to the identified individual).
- The completion of 206 Investigations represents a 2% decrease on the previous year's figures (211).

The "types of harm" which were the subject of an Investigation in 2021/22 are as below:

Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April 2021 and 31 March 2022	
Financial Harm	38
Psychological harm	26
Physical harm	39
Sexual harm	8
Neglect	54
Self-harm	6
Other	35
Total	206

The figure for Investigations for 2021/22 was 202. This is a slight decrease from the previous year – however it is clear that demand remains high in comparison to our pre Covid levels.



Large Scale Investigation (LSI) Activity

- LSI activity has focused on where there are identified concerns within care/service settings
- There have been 5 Large Scale Investigations initiated in year 2021/22 which is down from last year.
- It should be noted that the Care Home sector face significant challenges in order to maintain high level/quality of service delivery. Care homes have reporting to NHS when they have any issues relation to public health or staffing, and while there may be risks to residents, the ASP and LSI activity in care homes has reduced for this period. A contributing factor to this is the strengthened relationship between the sector and NHS, and individual care home's assessment of their pressure points.

Social Work Teams

The social work service has seen a predicted increase in demand over the period. The impact on social care services has created additional risks and pressures to individuals and their carer's. Social work teams have seen a reduction in resources available to meet outcomes as well as an increase in statutory work.

The Adult Social Care Leadership Team are finalising the completion of a social work workforce review and workforce plan. This important piece of work will inform the future planning and development of the 15 adult social work teams across Highland, ensuring they are prepared and supported to meet future demand and practice improvement.

Hospital Flow

Highland has seen a long period of sustained high numbers of delayed hospital discharges. NHS Highland is developing a discharge hub for acute services to compliment the local District teams in their planning for and facilitating discharge. With the known pressures in the social care sector immediate improvement work commenced in April 2022.

A core team was developed to consider support to local teams with coordinating discharge, preventing admission and with social work in reach; ensuring appropriate statutory support and a human rights approach is maintained during a stay in hospital. Intermediate care home beds are being utilised in one care home with a view to rolling this out around Highland. The CRT are utilising any spare capacity to support care at home teams to enable earlier discharge. While in its infancy this approach is proving successful with a focussed approach on discharge with an additional 30 individuals being discharged with the support of this team in the first 5 weeks.

Workforce

Covid Impact

The past year has continued to be dominated by the effects of COVID-19 with the report highlighting the impact this has had on services and service delivery. Further, there have also been significant staffing challenges throughout particularly with regard maintaining required staffing levels, managing sickness and staff absences, and recruiting to vacancies. The Council is in the process of implementing a blended working model for staff. This enables staff to work from offices encouraging continued collaboration with colleagues and across other services, building and developing relationships and promoting team support networks.

The pandemic has brought opportunities to increase efficiencies in service delivery due to better use of ICT skills, reduced travel, improved work life balance for staff and office rationalisation which should deliver budget savings. There are also benefits with regard service delivery with many clients stating they are more comfortable using virtual/digital means to facilitate communication rather than having to travel for face-to-face meetings. However, having a mix of face-to-face and virtual is crucial.

Trainee Schemes

- **A Trainee Mental Health Officer Scheme** in partnership with Robert Gordon University, Aberdeen has been established. This is a proactive response to challenging circumstances and is designed to address the statutory requirement placed on local authorities to recruit an adequate number of qualified MHOs. The scheme was introduced by the Highland Council in Summer 2021. Successful applicants are fully supported to complete the MHO Postgraduate Certificate with the Robert Gordon University. In addition to learning support provided by the university, close support from a locally based practice assessor and line manager is available throughout the duration of study. Upon successful completion of the course, the individual will continue in their role as a Mental Health Officer in the substantive post they were recruited to.
- **Social Work Trainee Scheme** has now been running for a year. It was developed with the aim to capitalise on and give opportunities to, existing staff with appropriate skills and experience who can demonstrate they have the academic ability to study to Degree level. We currently have 5 Trainee Social Workers working towards obtaining their Social Work degree, with the first tranche due to qualify in summer 2022. These trainees will move into fulltime permanent posts in the service. Due to recruitment issues, we have agreed to retain trainee posts in the workforce establishment thus allowing a rolling trainee scheme. Further, the

programme will focus on specific geographical areas within Highland where historically recruitment has proved challenging.

Workforce Planning

The Highland Council implemented a five-year Workforce Planning Strategy in August 2017 which was reviewed in 2021. In addition to the corporate workforce planning strategy, a Service Workforce Planning working group was established to develop a workforce plan specifically tailored to meet service needs. Priorities identified are recruitment and retention, further development of trainee programmes and workforce development.

This service workforce plan will enable us to focus on recruitment and retention; developing an agile workforce; and work towards new ways of working including greater flexibility in relation to how we deliver services.

The Health and Social Care Directorate has successfully taken forward its redesign and recruitment of senior posts. This has been a key development as these managers play a key role in driving forward services and redesigning them accordingly. Work is now focussed on the redesign of all service levels with achieving outcomes detailed in the Integrated Children's Plan being the key focus for service delivery.

Staff Health & Wellbeing

The Council's main focus during the pandemic has been staff's Health & Wellbeing. The existing Mental Health and Wellbeing toolkit has been grown and developed to support staff with the impact that COVID-19 has had on their work and personal life.

The toolkit covers a wide and diverse range of subjects including:

- Mental and physical health issues
- Welfare and money advice
- Misuse of drugs & alcohol

As Part of the Mental Health and Wellbeing programme the Employee Assistance programme Spectrum. Life is available to all staff providing them with confidential, free mental wellbeing support, fitness plans, legal assistance, financial advice, and eLearning content related to a variety of wellbeing topics. This is available 24 hours a day, 365 days of the year.

The following table illustrates the uptake of the services available in Quarter 3 (1st Oct – 31st Dec 21):

Primary Presenting Problem	10/2021 - 12/2021	
	#	%
alcohol addiction	1	2.38%
Anxiety	9	21.43%
Bereavement	2	4.76%
Depression	3	7.14%
Family Issue	4	9.52%
Mood	3	7.14%
Physical Health	2	4.76%
Relationship Issues	2	4.76%
Stress	4	9.52%
Traumatic Incident	1	2.38%
Work Related Issue	9	21.43%
Work Related Stress	2	4.76%
Total	42	100%

Conclusions

The past year has seen a number of significant challenges across all areas of social work provision. However, it has also resulted in some exceptional and innovative practice delivery.

Formal scrutiny bodies have now resumed their inspection processes. This will bring additional workload pressures to organisations in general, and specifically to Highland due to the Joint Children's Inspection which will conclude towards the end of 2022. All partners are committed to improving service delivery and achieving outcomes. As such, the Inspection findings will assist us in our improvement plan.

Moving forward, we will have to manage the uncertainty that the National Care Service has presented us with. Balancing service re-design alongside potential future structures will have to be managed carefully.

All organisations will face significant budgetary challenges and restrictions as we move from 2022 into 2023. Ensuring we have a flexible workforce will assist in using skills and knowledge appropriately, thus maximising opportunities. However, the need to keep people safe will remain at the heart of what our services and profession do with appropriate governance and scrutiny in place.

Fiona Duncan
Chief Social Work Officer
Highland Council
November 2022