

Agenda Item	<b>7</b>
Report No	<b>HC/28/24</b>

# The Highland Council

**Committee:** The Highland Council

**Date:** 19 September 2024

**Report Title:** Chief Social Work Officer Annual Report 2023/24

**Report By:** Chief Social Work Officer and 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 2023/24. The report is attached at **Appendix A**. This report fulfils a statutory requirement for the CSWO to produce an annual report on the activities and performance of the social work and social care services within The Highlands.
- 1.2 The report provides Members with information as to the range of activities that have been carried out during the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

## 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 Resource: none as overview/summary report for 2023/24
- 3.2 Legal: none (see above)
- 3.3 Risk: none (see above)
- 3.4 Health and Safety (risks arising from changes to plant, equipment, process, or people): none (see above)
- 3.5 Gaelic: none (see above)

## 4. Impacts

- 4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.
- 4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.
- 4.3 This is an update report and therefore an impact assessment is not required.

## 5. Background

- 5.1 The report highlights the delivery of services across all social work services (children's, justice, and adult social work services and social care). It provides an overview of the professional activity across Highland via the delivery of statutory functions and responsibilities held by the Chief Social Work Officer.
- 5.2 The challenges and opportunities are articulated within the report. Staffing vacancies continue to be a significant issue although various trainee and 'grow your own' schemes are now well established within Highland.
- 5.3 Aligning national policy with local activity and delivery is proving challenging due to the Highland's geography and demographic variances. This is particularly true within adult social care. Different models of delivery are required to enable service delivery to be more effective and affordable.
- 5.4 Children's services have responded to expectations of The Promise by designing and implementing the Families First Strategy. This is a long-term strategy that will enable children and families to have more control over their lives in terms of the help and support they require.
- 5.5 The National Care Service will have implications for both the social work profession, and how services are delivered. We await clarity on what this will mean for Highland particularly due to the Lead Agency Model in place.
- 5.6 The report, attached as **Appendix A**, covers the broad period 2023/24. However, given the volume and range of current developmental activities in Social Work and Social Care in Highland, the start and end dates of the year are not always rigidly applied.

Designation: Chief Social Work Officer and Executive Chief Officer Health and Social Care

Date: 4 September 2024

Author: Fiona Duncan

Appendices: Appendix A – Chief Social Work Officer Annual Report 2023/24

# Chief Social Work Officer Annual Report 2023/24

Aithisg Bhliadhnail 2023/24  
Prìomh Oifigear  
Obrach-Sòisealta



**Fiona Duncan**

Executive Chief Officer Health and Social Care / Chief Social Work Officer

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# Introduction and Reflections

## Ro-ràdh agus meòrachaidhean

Social Work and Social Care services have faced considerable challenges during 2023/24 in terms of national policy, legislation, budget restrictions and increasing demand and complexity. There is also a staffing crisis across Scotland and the UK with record number of vacancies due to social workers leaving the profession. Further, the ongoing consultation around the National Care Service and subsequent uncertainty this brings, has resulted in unease within social work due to possible significant change for staff.

Highland has, however, remained focussed on delivering services within this very challenging environment. Whilst there have been budget efficiencies and savings, Highland Council has invested in children's services by increasing foster care allowances as well as putting investment into the Family First strategy to ensure The Promise is being met.

Inspections and subsequent improvement plans are helping to focus on areas needing developed. Working across teams and services which striving to achieve better outcomes through more collaborative working with partners is key. Strategies such as the Whole Family Wellbeing Programme have re-iterated the importance of support to all and encouraged us to design services that are responsive to need.

This report describes how statutory social work and social care services are being delivered in the Highlands. There have been major achievements during 2023/24 as well as challenges faced. This will continue in the coming years.

In September 2023, the first post pandemic Social Work Forum took place at The Barn Church, Inverness. Over 70 staff from Highland Council and NHS Highland attended to listen to guest speakers. The overwhelming success and positive feedback from this event, underlined the importance of continued learning as well as the opportunity to engage and network with colleagues.

## Highland Profile

### Profaidhl na Gàidhealtachd

The Highland Council serves a third of the land area of Scotland, including the most remote and sparsely populated parts of the United Kingdom. The Highlands have the 7th highest population of the 32 authorities in Scotland (235,540) while having the lowest population density at 8 persons per square kilometre.

The total land area including all islands at low water is 26,484 square kilometres. This is 33 per cent the land area of Scotland and 11.4 per cent of Great Britain. It is 10 times larger than Luxembourg, 20 per cent larger than Wales, and nearly the size of Belgium.

65% of people in Highland live in remote rural, accessible rural areas or remote small towns

8,795 children live in low-income households:  
67% in working households,  
33% not in working households.

1 in 5 children are affected by poverty

Employment rate for people aged 16 to 64 is 76.0%.

Minimum income required in remote rural areas is between 10-30% higher than elsewhere in the UK

Projected 15% reduction in 0-15yr olds in next 22 yrs

Projected 70% increase in 75+ in next 22 years

By 2034, projected 9% fall in working age population in Highland - 30% fall Sutherland, 27% fall Caithness, 20% fall Ross and Cromarty and Wester Ross

# **Governance, Accountability and Statutory Functions**

## **Riaghlachas, cunntachalachd, is dreuchdan reachdail**

### **Role of the Chief Social Work Officer**

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO). The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions.

Social Work services are delivered through a number of statutory duties and powers imposed on the local authority, with the CSWO ensuring 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.

Some duties and decisions which relate to public protection and the restriction of an individual's freedom, must - by law - be made by the CSWO. Whilst the CSWO can delegate authority for some tasks to a professionally qualified and registered social worker, the CSWO remains accountable for all social work functions.

In compliance with their statutory functions, the CSWO has a requirement to produce an Annual Report based on a template agreed with the Office of the Chief Social Work Adviser.

### **Overview of governance arrangements**

Within The Highland Council (THC), the CSWO position currently sits with the Executive Chief Officer of Health and Social Care. This directorate includes Children's Social Work Services; Child Health; Justice Services; Mental Health Officer Service; and Emergency Social Work Services (out of hours).

The CSWO retains overall professional accountabilities 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.

In addition, the CSWO works closely with stakeholders and has delegated authority to make direct reports to the Chief Executive, Elected Members, and the Joint Monitoring Committee within the partnership.

The CSWO is a member of the Corporate Management Team within THC and is a member on many strategic committees and boards. These include:

- Health and Social Care Committee (Highland Council)
- Highland Public Protection Chief Officers Group
- Integrated Children's Services Board
- Child Protection & Adult Protection Committees
- Community Planning Partnership Board
- Joint Monitoring Committee
- Highland Health and Social Care Committee (NHS Highland)

Formal – but separate meetings – are held with the Chairs and Lead Officers of the Adult Protection Committee and the Child Protection Committee. Focus includes future reports being presented in committee; learning reviews; and any pertinent guidance or legislation impacting on practice.

In 2012, THC and the National Health Service Highland (NHS) used existing community care legislation to take forward the integration of health and social care through a Lead Agency model. As such, THC acts as the lead agency for delegated functions relating to children and families, whilst NHS have delegated functions relating to adults thus delivering an integrated health and social care function. This model was formalised as a result of specific legislation in 2014 and continues to date.

THC as lead agency for Children's Services has delegated functions for Child Health Services including Health Visitors, School Nurses, Specialist Nurses and Allied Health Professionals. It also retains the functions of Justice Services and the Mental Health Officer Service.

The partnership is managed by the Joint Monitoring Committee (JMC) – which in other integration authority areas would be the Integration Joint Board (IJB). This Committee is chaired by THC and NHS on an annual rotation basis. The CSWO is a member of this committee.

The CSWO meets with senior social work managers within NHS Highland on a monthly basis. Whilst those working in Adult Social Care are now on NHS terms and conditions (Agenda for Change), the CSWO retains statutory responsibility for the duties being carried out, as well as oversight of the workforce.

In terms of the partnership, the CSWO meets with the Chief Executives of both NHS Highland and THC jointly to enable governance and assurance issues to be discussed in detail. This helps inform the national challenges that are presented, as well as local ones.

With regard to the oversight of the Multi-Agency Public Protection Arrangements (MAPPA), the responsible authorities within the Highland and Islands are:

- ❖ Highland Council & NHS Highland
- ❖ Orkney Islands Council & NHS Orkney
- ❖ Western Isles Council & NHS Eilean Siar
- ❖ Shetland Islands Council & NHS Shetland
- ❖ Police Scotland
- ❖ The State Hospital for Scotland
- ❖ Scottish Prison Service

The operation of MAPPA is directed and overseen by the Highlands & Islands Strategic Oversight Group (HIMSOG). This Group consists of senior representatives from each of the Responsible Authorities. Within Highland, this group then reports into the Highland Public Protection Chief Officers Group and the Community Planning Partnership Board. The CSWO is a member of both of these groups.

In February 2023, the Chief Executive of THC left post. This post was covered on an interim basis until the newly appointed Chief Executive joined in September 2023. Further, the Chief Executive of NHS Highland retired in March 2024, with the new leader joining on the 1<sup>st</sup> April 2024. These changes come on the back of a number of changes within strategic leadership posts across many of the partner organisations in Highland during the past 2-3 years.

The CSWO has regular meetings with the Care Inspectorate Link Inspector for Highland to discuss statutory duties and performance in more detail. However, there has been significant disruption with regard to the inspector role with 4 personnel changes in as many years.

Whilst there are governance structures and assurance reporting in place, the Lead Agency Model does present some challenges particularly around delegated services. To improve understanding and clarify what processes are required and by whom, a senior manager has been tasked to meet with professional leads and articulate the different asks that are required. Further, development sessions within the strategic committees are helping improve members' understanding of their role and function.

# Service Quality and Performance

## Càileachd is Coileanadh Seirbheise

### Children and Families

#### Families First Strategy

The Promise has a clear vision that:

*Where children are safe in their families and feel loved they must stay – and families must be given support together, to nurture that love and overcome the difficulties which get in the way.*

From the above, Highland developed its Families First Strategy, with its vision:

**to safely ensure that children and young people remain with their families within their Highland communities.**

Underpinning this overarching strategy is a set of principles of family support, which are outcome focused in preserving, protecting and upholding the rights of children within their families in the Highlands. Families First sits within a broader national and local strategic policy and legislative landscape. The strategy is underpinned by GIRFEC, UNCRC and The Promise. This is not a quick fix, but a strategy for the next five years and beyond that aligns Highland's aspirations with national policy drivers.

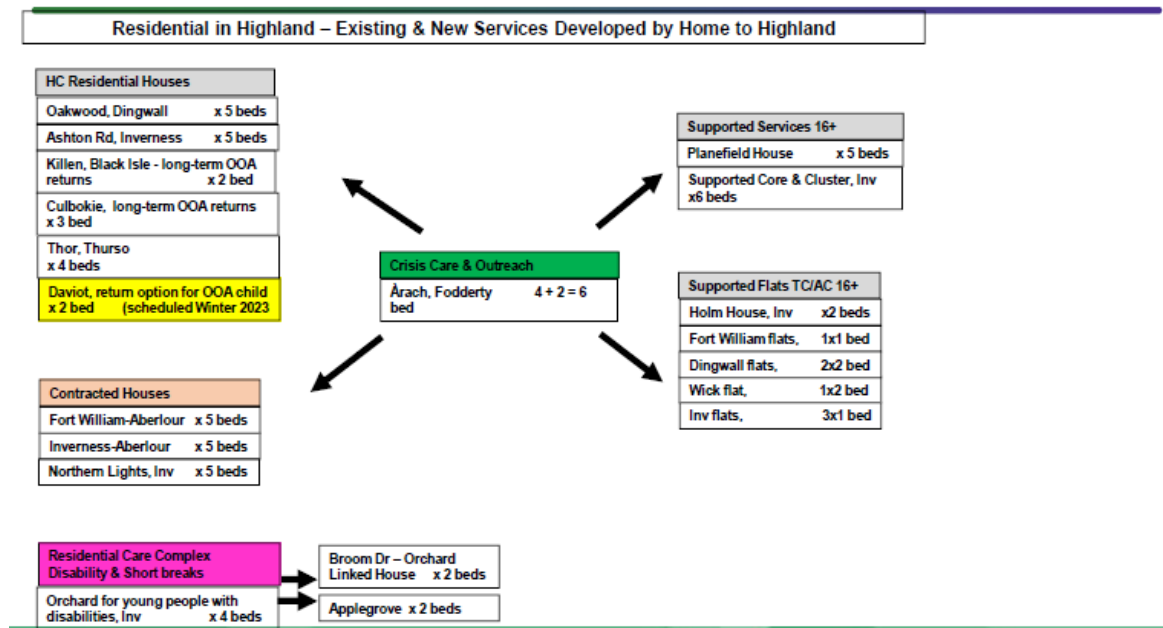
Highland shall focus on the concept of Follow the Money, interlinked with the Human and Economic Cost Modelling (HECM) of working as a partnership to shift the balance of spend further upstream (i.e. at an earlier stage) and thus that will lead to greater investment in early intervention and prevention. Crisis and acute service provision (for example out of area residential and secure care services) shall gradually contract and shift for the critical few with the most complex needs.

The investment in Families First, has the power to have a lasting positive impact that could achieve tangible positive wellbeing outcomes for children and families throughout the Highlands.

Prior to the Families First Strategy, the Home to Highland strategy was to return care experienced children and young people to the Highland area. This would enable them to live and learn in their home area. The progress made is shown in the table on p30. However, bringing Home to Highland into the Families First Strategy, has enabled us to not only return care experienced young people to the Highlands from out of authority (OOA) residential placements, but also, is helping us develop community resources and improved practice to prevent young people requiring to move out of authority in the first place.

## Highland Homes

Highland has 9 small residential homes for children and young people. Six are Highland Council provision (25 beds) and 3 are commissioned from the 3<sup>rd</sup> Sector (15 beds). Arach House is at the centre of all provision.



### Arach House

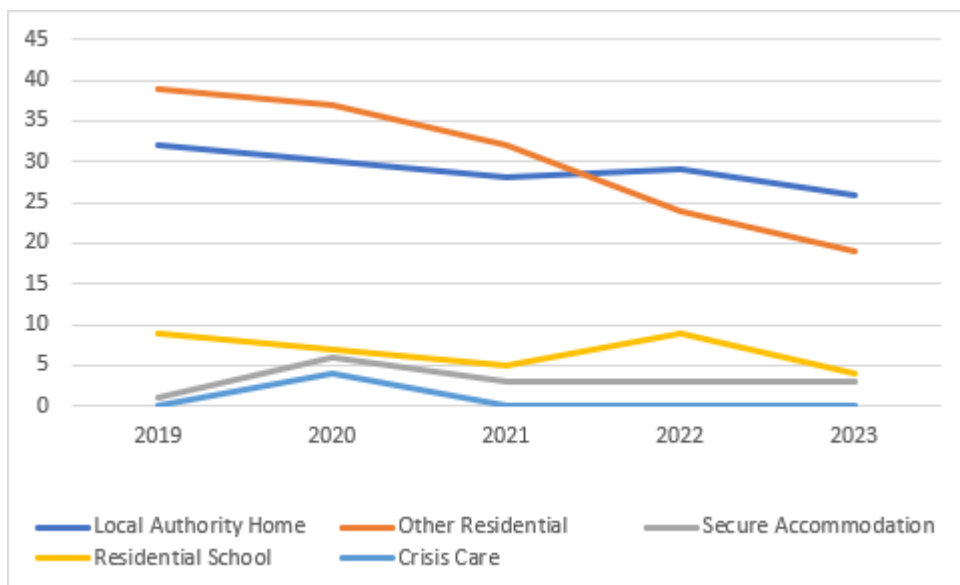
The model of residential care has been developed in 2022/23 as part of the Families 1st Strategy to build more intensive community support into the system. Arach is at the centre of our residential care system. The model offers a combination of residential emergency care and community-based outreach to families in need.

Community outreach is through our newly forming HOST Team (Highland Outreach Support Team) which shall provide intensive wrap around care, including evenings and weekends, to ensure families get help when they need it most. In addition, some support staff have been redeployed thus leading the way, innovatively testing a community model that's producing promising results.

The aim of Arach is to prevent the need for residential care, or to provide brief crisis residential care to support a safe return home with immediate or extended family; or if this is not appropriate, to carefully match young people into one of our Highland Homes. Of the 10 admissions to Arach in 2023, 4 returned to live with their families, 1 moved into foster care and 2 transitioned to our Highland Homes.

Highland Council and the 3rd sector partnership have formed an Alliance to enhance the services they provide and to bring additional resource and funding to the Highlands. These developments mean community supports, including intensive family support models, have

a reach across Highland. These services have been developed within the existing financial envelope as part of our Families 1<sup>st</sup> Strategy seeking to transform the way we deliver, and fund crucial services, strongly aligned to Keeping the Promise, keeping children safe, and keeping them within their Highland communities.



The total number of children in residential care has dropped by 35% since 2019. The highest number of children are in local authority accommodation.

Services to retain children at home with families whilst reducing the use of in-Highland residential care are being prioritised in line with expectations of the Promise. It is intended that once fully in place, these outreach services will reduce the demand for residential spaces as families will be supported to retain their children in the family home when safe to do so. It is acknowledged that it may take some years for these new supports to fully impact on the numbers of residential placements required.

### **Child Protection (Additional Information - Appendix 1: CP Minimum Dataset 2)**

Following publication of the Children's Service Inspection report in December 2022, and in consultation with partners, Highland began a significant improvement journey. Therefore, much of the work relating to child protection in 2023/24 has been in response to the Inspection findings.

The Inspection report highlighted that there was a variance in the understanding of GIRFEC and a shared language across the partnership. GIRFEC guidance and Child Protection

procedures have been collated into a single set of documents to ensure clarity of processes, language and connections across universal and targeted services.

One of the most significant areas of improvement work has been in response to older children and young people and the Service has had a specific focus on young people at risk of harm to themselves, and others, including those at risk from community harm(s).

The Service have been working with the Children and Young People's Centre for Justice (CYCJ) using the Scottish Approach to Service Design to look at ways of improving approaches to young people in conflict with the law. To date, this work has involved engagement with frontline practitioners and managers to identify priority areas of work. This is now being followed up with engagement sessions with children and young people in order to co-design our approaches moving forward. We are also working with CYCJ in relation to Places of Safety.

The Service has also been supported by Missing People Scotland to review our responses to missing children and young people, particularly young people missing from residential care. Whilst there were a number of strengths identified including partnership working and set procedures in place, there were key recommendations in relation to the development of multi-agency protocols, training for staff who may undertake return discussions, and information about Missing People for services and communities to be publicised more widely. These recommendations have been accepted and a short life working group established to progress the development of multi-agency protocols.

Exploitation remains one of the key areas of concern in Highland, with increasing numbers of young people being identified as being criminally and/or sexually exploited, or at risk. The PLACE (child exploitation) process to identify young people at risk of harm and disrupt perpetrators is now running across Highland. In addition, Barnardo's RISE Service has been expanded to directly support children and families affected by child sexual exploitation, and further embed the PLACE process.

Care and Risk Management (CARM) processes have been reviewed and updated to reflect the UNCRC and The Promise, with an increased focus on the 'Care' elements alongside Risk Management. Continued use of CARM in Highland will be considered as part of the wider Re-imagining Youth Justice project. Further work has been undertaken on the Harmful Sexual Behaviour self-evaluation and training for staff across the partnership is planned.

The Inspection report highlighted one of the most significant areas of improvement required was in relation to participation and voice. Whilst the report highlighted examples of good practice, this was not found to be embedded across the partnership. Consequently, Inspiring Young Voices, supported by the Integrated Children's Service Planning Board have been working with children and young people to develop a Participation Strategy for Highland, with its planned launch being in mid-2024. Exploration

around Mind of My Own for gathering the views of individual children in child protection processes is also progressing.

Following the announcement of Bairns Hoose funding in the Autumn of 2023, Highland became an Affiliate member of the national programme. The funding to date has been used to improve properties in Wick and Inverness in order to provide a safe and warm environment for the interviewing of children and young people in line with the Bairns Hoose standards. A formal launch of these new premises is planned for May 2024

In line with the updated National Child Protection Guidance (2023), a joint Sub-Group of the Adult and Child Protection Committees has been established to take forward work in relation to young adults (16+) at risk of harm. This includes those transitioning from children to adult services and those who might find themselves at risk of harm at crisis points.

### Family Group Decision Making

As part of Highland's Family First Strategy, Family Group Decision Making (FGDM) was introduced in Highland in June 2023 as part of a 12-month pilot. FGDM is a rights based, solution focused approach that encourages and supports families to develop their own solutions for supporting a child. Three FGDM co-ordinators were appointed to deliver the service and since the pilot commenced in the south of the Highlands, over 96 children (61 families) have been identified as considerations for the service. The team have supported 33 children and their families to develop family plans or contribute to the child's plan and are currently supporting 18 children and families to build safety for the child.

An evaluation of the service is underway but Highland Council have committed to maintaining and expanding the service across Highland.

### Scottish Child Interview Model (SCIM)

SCIM is a joint investigative interview model that is trauma informed and designed to minimise the risk of further traumatisation of a child/young person when being interviewed by Police and Social Work.

The Highland training programme for SCIM commenced in April 2023 with the interview model planned to roll out locally from September 2023. SCIM went live in September with a compliment of 2 Police interviewers and 2 Social Work Interviewers, 2 police managers and 1 social work manager. By November, a further Police office and social worker completed their training to bring the compliment to 6 and there have also been 7 Social Work managers who have attended the manager and evaluation training in 2023-24. The commitment was to learn from the pilot and to plan further roll out of the model from an informed and tested place. To date, 23 SCIM interviews have been carried out or

planned and the pilot has identified a number of learning points for wider roll out, namely that dedicated social work posts will be required for a full implementation as we transition from our current blended approach of SCIM and the 5-day Joint investigative interview model that still undertakes the majority of child interviews.

## Inspections

### Family Base Care

The 2024 Family Based Care (FBC) Inspection took place between February and March 2024. Whilst FBC services is one service in Highland, they are inspected as 3 distinct services – Fostering, Adoption and Continuing Care which is part of Care Inspectorate registration requirements. The report was published in April 2024.

#### 2024 Inspection Grades across all quality indicators and overall evaluation

Key Question	2022	2024	2024	2024
<b>How well do we support people's wellbeing?</b>		<b>Fostering</b>	<b>Adoption</b>	<b>Adults</b>
1.1 Children, young people, adults and their caregiver families experience compassion, dignity, and respect.	4 Good	5 Very Good	5 Very Good	5 Very Good
1.2 Children, young people and adults get the most out of life.	2 Weak	4 Good	4 Good	4 Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience.	3 Adequate	5 Very Good	5 Very Good	5 Very Good
1.4 Children, young people, adults, and their caregiver families get the service that is right for them.	2 Weak	3 Adequate	3 Adequate	2 Weak
<b>How good is our leadership?</b>				
2.2 Quality assurance and improvement are led well.	2 Weak	3 Adequate	3 Adequate	3 Adequate
<b>How good is our staff team?</b>				
3.2 Staff have the right knowledge, competence, and development to support children, young people, adults, and their caregiver families.	4 Good	5 Very Good	5 Very Good	5 Very Good
<b>How well is our care and support planned?</b>				
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people, and adults.	2 Weak	4 Good	4 Good	2 Weak
<b>Overall Evaluation</b>		<b>Adequate</b>	<b>Adequate</b>	<b>Weak</b>

The above table provides evidence there has been improvement across all quality indicators of FBC services. We have shifted from Weak in two key areas to Adequate. However, further significant improvement is required in respect of continuing care, (Adult Care Service), which overall remains evaluated as Weak. While disappointing, it should be noted there are significant positive shifts in 5 out of 7 quality indicators in total.

(**Note:** Within the CI evaluation ratings, the overall evaluation is given based on the lowest grade. So, for example, in the Adults Service, grades received = V Good x3; Good x1; Adequate x1, and Weak x2 (1.4. and 5.1). The overall evaluation was, as a result of this, given as Weak.)

The inspectors' verbal feedback acknowledged that it would have been difficult for the service to achieve significant improvement across all three services, at the same time, within the timescales. As stated, systems and processes, supporting continuing care arrangements, must be an area of significant improvement focus in 2024/25 to ensure our improvement is consistent across all FBC services.

A revised FBC Inspection Improvement Plan for 2024/25 has been developed, will be tracked and monitored to ensure that the service builds on its continuous improvement activity, supporting high quality of care for children, young people, and young adults in continuing care across Highland.

### Residential Care

During 2023/24, three children's houses were inspected by the Care Inspectorate – Mainstay; the Orchard; and Oakwood.

**Mainstay House** saw a positive shift from Adequate to Good. The inspectors stated that staff had worked hard to support young people and keep them safe. Their understanding of risk had given young people confidence in the community and to undertake new experiences. Staff had a passion and drive to ensure young people's rights were upheld. There was a strong commitment to embed trauma informed approaches to care and there were strong relationships between staff and young people. There are excellent opportunities for young people to develop relationships with their families.

**Oakwood House** saw a positive shift from Good to Very Good. The inspector commented on the amount of work and development since the last inspection, particularly around care plans and learning and development. It was noted that care plans were well written, personalised, and included contributions from young people; they were regularly reviewed and updated. Young people were encouraged to take part in community activities and sports and their achievements were supported and recognised.

### 2023/24 Inspection Grades across all quality indicator valuation

Quality Indicator	House	Grading	Grading
<b>Mainstay</b>	<b>Mainstay</b>	April 2022	<b>Sept 2023</b>
7.1 – Young people are safe, feel loved and get the most out of life		5 Very Good	<b>4 Good</b>
7.2 – Leaders and staff have capacity and resources to champion young people’s needs and rights		3 Adequate	<b>4 Good</b>
<b>Overall Evaluation</b>		3 Adequate	<b>4 Good</b>
<b>Orchard</b>	<b>Orchard</b>	Oct 2019	<b>Dec 2023</b>
7.1 – Young people are safe, feel loved and get the most out of life		5 Very Good (support)	<b>3 Adequate</b>
7.2 – Leaders and staff have capacity and resources to champion young people’s needs and rights		5 Very Good (planning)	<b>2 Weak</b>
<b>Overall Evaluation 2023</b>		5 Very Good	<b>2 Weak</b>
<b>Oakwood</b>	<b>Oakwood</b>	Feb 2023	<b>March 2024</b>
7.1 – Young people are safe, feel loved and get the most out of life		4 Good	<b>5 Very Good</b>
<b>Overall Evaluation 2023</b>		4 Good	<b>Very Good</b>

**The Orchard** saw a temporary closure of the respite (short breaks) service for a considerable time during 2023. This was due to a small group of young adults – with highly complex needs – unable to transition to Adult Care Services due to no community resource being available. The impact on families and staff was significant. When inspected, the evaluation went from Very Good (2019) to Weak (2023). Whilst there were very specific issues with regard the Orchard, the inspection grading is not acceptable. We have put a detailed improvement plan in place to make said improvements.

### Kinship

A review of Highlands kinship provision was undertaken in September 2023. Three key areas of priority were identified from this review, namely:

- Need to increase the number of family members identified to be kinship carers to be in alignment with the national average.
- Development of the assessment of kinship carers, with a particular focus on the supports they may need to care for a family member.
- Development of support offered to kinship carers as they take on the responsibility to care for a child/young person.

The review recommended that consideration be given to create and develop a dedicated kinship team across Highland. Consequently, proposals are currently being considered for the staffing and funding of a kinship service in Highland.

## **Child Health Professionals**

There are 240 registered health professionals and additional clinical support staff working to a social and public health model to reduce inequalities and improve outcomes for Highland's families within the Health and Social Care directorate. During 2023/24, delegated Child Health Services worked within Health and Social Care as part of the whole system of support for families to provide early prevention, targeted and system support from pre-birth through to adulthood. This includes:

### Pre-birth to Early Years Universal Prevention

Midwifery development officers improve the design and delivery of maternity and early years services across Highland. The midwifery officers have a key role in the development, implementation and review of policy relating to health inequalities that affect pregnancy and early years. Partnership funding is enabling midwives to target the impact of drug and alcohol use at pre to birth stage.

Fifty-nine FTE Health Visitors and thirty FTE Community Early Years Practitioners (CEYP) work as part of the Integrated Family Teams delivering early preventative support. This prevention starts pre-birth through till five years, as part of the universal health visiting pathway, with the offer of around 22,000 developmental reviews and home visits each year. Support focusses on enabling and empowering families to become resilient and resourceful, supporting the development of positive family relationships and mental health and wellbeing.

### Child Health and the School Years

The role of School Nursing continues to be transformed in Highland to focus on providing targeted support to families affected by inequalities and poverty, with a specific remit on mental health and wellbeing. The partnership strategic group is providing oversight to this change ensuring the role dovetails across the whole system of support for families in Highland.

### Children with Additional Support Needs

Allied Health Professionals provide support to infants who have additional needs, from birth to eighteen years. During the past 18 months, need for support from families has continued to rise.

Occupational therapy, physiotherapy and dietetics work across Highland, albeit in small teams. This brings a fragility to service delivery as increased demand or staff absence can impact. However, teams are currently full staffed.

Four FTE community children's learning disability nurses provide support within the integrated family team structure with NHS Highland providing cradle to grave support in North and West Highland.

### **Unaccompanied Asylum-Seeking Children (UASC)**

Highland have now transferred 46 young people to our UASC project, which we have named Comraich, meaning sanctuary in Gaelic, a name chosen in collaboration with the young people arriving in Highland. Whilst we have recently welcomed females into the project, most are males. From this cohort, Comraich supports 32 young people, with the remainder supported by either Springboard, our After Care Service, or foster care placements.

We operate a partnership approach headed by Aberlour, with partners including The Highland Council, Barnardo's, and Right There. Each Month, a core group of partners meet to agree on direction and to network. These partners include Education, Housing, Police, Guardianship Service, The Family Firm, UHI, Highlife Highland and the Homeless Trust. We also work closely with the Police and NHS.

We have built up a portfolio of supported accommodation throughout Inverness and the mid area of Highland and operate a comprehensive three-stage process. The first stage focuses on feeling safe and settling in, the second on support and integration, and the third on throughcare and aftercare. Initially, intensive support is offered, and each young person has a key worker. There is an orientation phase where culture and religion are explored, as well as health and well-being needs. Social workers are involved in formulating a child plan and arranging a review, assessing any risks and age assessment issues. Support needs are consistent with opportunities explored through activities and education, helping young people achieve independence and supporting them through the legal processes with the help of the Guardian service. Often, we find that young people do not want to move on after they have 'leave to remain' status, and Springboard is involved with Pathway planning and helping with community group workshops and one-to-one as required.

Our challenges include housing stock; the everchanging landscape from the Home Office; risk management and exploitation; and general health issues, especially the mental health of our young people. We have experienced some negative attitudes in the community but are working with members regarding ways of addressing this.

Through the multi-agency team and communities in Highland, we are providing a humanitarian response, welcoming many young people to the Highlands, where they may choose to settle and thrive. However, resourcing of this is increasingly difficult and we are monitoring this closely.

## Highland Whole Family Wellbeing Programme

Highland has been allocated a total of £5.5m through multi-year Scottish Government Whole Family Wellbeing funding, up to Financial Year 2025-2026. The Whole Family Wellbeing Programme (WFWP) Team initiated this work in 2023.

Through a locality focussed evidence-based and needs-led approach, the Programme is delivering innovative change, in line with the model agreed by the Integrated Children's Services Planning Board and the Highland Community Planning Partnership Board.

Networking across Highland has been a crucial investment of time to understand the whole system, to articulate exactly what needs to improve and to define what 'better' looks like. This provides the conditions to identify clear improvement aims and creates the environment for the development of meaningful theories and ideas for change.

Launching the Highland Whole Family Wellbeing Funding Strategy allows for the commencement of the release of funds across our nine Community Partnership localities in a structured, data and needs led way.

- a) **Element 1:** Locality Community Based Activity Small Grant Fund provides grants up to £10K to fund local community-based activities, addressing family wellbeing and is prioritised to tackle Poverty based inequality.
- b) **Elements 2 and 3:** provide for a Collaborative Partnership Fund and a Transformational Commissioning Fund. This enables the Programme to identify tests of concept for potential scale-up and consideration of commissioning.

Governance of this process will be provided through a multi-agency strategic Change Leadership Group. This group will have oversight of transformational commissioning elements, building in planning for the ending of the Whole Family Wellbeing Programme Fund to ensure long term sustainability of the changes supported.

As we move forward, the Family First Strategy will broaden out to include family support/early intervention and prevention. The WFWP will be key to this as we aim to work in communities and offer support to children and parents when they need it.

## Adult Social Work (NHS Highland)

Adult Social Care is delegated to NHS Highland as part of the Lead Agency Model.

### Care Homes

There are a total of 62 (April 2024) care homes across North Highland, 46 of which are operated by independent sector care home providers and 16 of which are in house care

homes operated by NHS. Annual spend is a total of £54m pa (£35.7m pa commissioned and £18.9m pa in house delivery).

In terms of size of care homes, 15% (7) independent sector care homes have 50 beds or over, with 3 of these being over 80 beds. The majority of care homes however, this being 85% (39 care homes), are under 50 beds, with 48% (22 care homes) operating with 30 beds or less.

Whilst the smaller scale provision reflects Highland's geography and population, it presents increased financial instability and vulnerability risks. The National Care Home Contract is calculated on the basis of a 50-bed care home operating at 100% capacity. As highlighted above, 85% of our care homes are not in this category.

There are currently around 1,850 care home beds commissioned or delivered, with around 86% of beds commissioned from independent providers.

Highland relies heavily on the capacity, availability and quality of independent sector care home provision as part of the wider health and social care system, and crucially, to enable flow within this system.

There have been continued concerns regarding independent sector viability over the last 12 months, mainly around the ongoing operational and financial sector pressures relating to small scale, remote and rural provision and the challenges associated with attracting and retaining staff, and the financial impact of high agency use. The sector continues to raise these issues, which are not abating.

### Care Home Closures

The fragility of the care home market within Highland is articulated in the table below. I have expanded the date range in this from March 2022 until April 2024 due to the significant impact these have had, and are continuing, to have.

Name of Care Home	Location	Registered Beds	Date of Closure	Provider
Shoremill	Cromarty	13	March 2022	Independent sector
Grandview	Grantown	45	May 2022	Independent sector
Budhmer	Portree	27	August 2022	Independent sector
Dail Mhor Respite Centre Temporarily suspended	Strontian	6	December 2022	In house
Mo Dhachaidh	Ullapool	19	March 2023	Independent sector
Castle Gardens	Invergordon	37	June 2023	Independent sector
Caladh Sona	Talmine	6	May 2023	In house
Mackintosh Centre Temporarily suspended	Mallaig	8	August 2023	In house
Cradlehall	Inverness	50	April 2024	Independent sector
Strathburn Temporarily suspended	Gairloch	7	July 2024	In house
<b>Total</b>		<b>218</b>		

Staff availability, recruitment and retention, arising agency costs, subsequent financial impacts, small size of care home and small scale of operator, have all been contributing factors to closure/suspension, and in one case, quality of care was the key factor leading to closure.

The Partnership's strategic direction around care homes is as set out in the Joint Strategic Plan and describes the need for viable and affordable care homes in identified strategic locations, where they can be sustainably staffed.

Due to the significant financial and capacity pressures described above, the good work and practice that is going on in our care homes can often be overlooked. The Care Home Collaborative Support Team continues to work in partnership with care homes to improve the health and wellbeing of people living there.

## **Care at Home**

NHS Highland (NHS) and commissioned care providers continue to operate in a pressured environment. A consequence of an insufficient supply of care at home services is that there is a significant number of people delayed in hospital awaiting discharge, who are medically fit to be discharged and should be in the safer and more comfortable environment of their own home.

We have not seen the expected growth in commissioned care at home. Low levels of recruitment and the loss of experienced care staff to NHS continue to be the primary concern expressed by providers in our frequent and open discussions.

The impact of lower levels of service provision on flow within the wider health and social care system is significant, and this needs to be recognised as part of the approach to, and solutions around, addressing care at home capacity.

Due to the above, pressures, at the end of January 2024, there were a total of 400 people assessed and waiting for a package of care. Of these, 42 are within a hospital setting and 358 within the wider community. This equates to a total of 2568 hours of unmet Care at Home need.

Whilst the capacity and staffing issues are impacting on availability of care at home, the quality of care being delivered continues to be of a high standard. Reported in February 2024, 90% of Independent Sector Registered Providers (19 of the 21) were evaluated as grade 4 (Good).

## Guardianship Orders (Adult Social Care)

Adult Social Care monitors and supervises Guardianship Orders. Between March 2023 end to March 2024 end, there was an increase of 2.9% in private orders but a decrease of 7.8% in Local Authority orders granted, with a 41.6% decrease in new orders.

Number of Guardianship orders and new Guardianship orders in Highland per quarter.

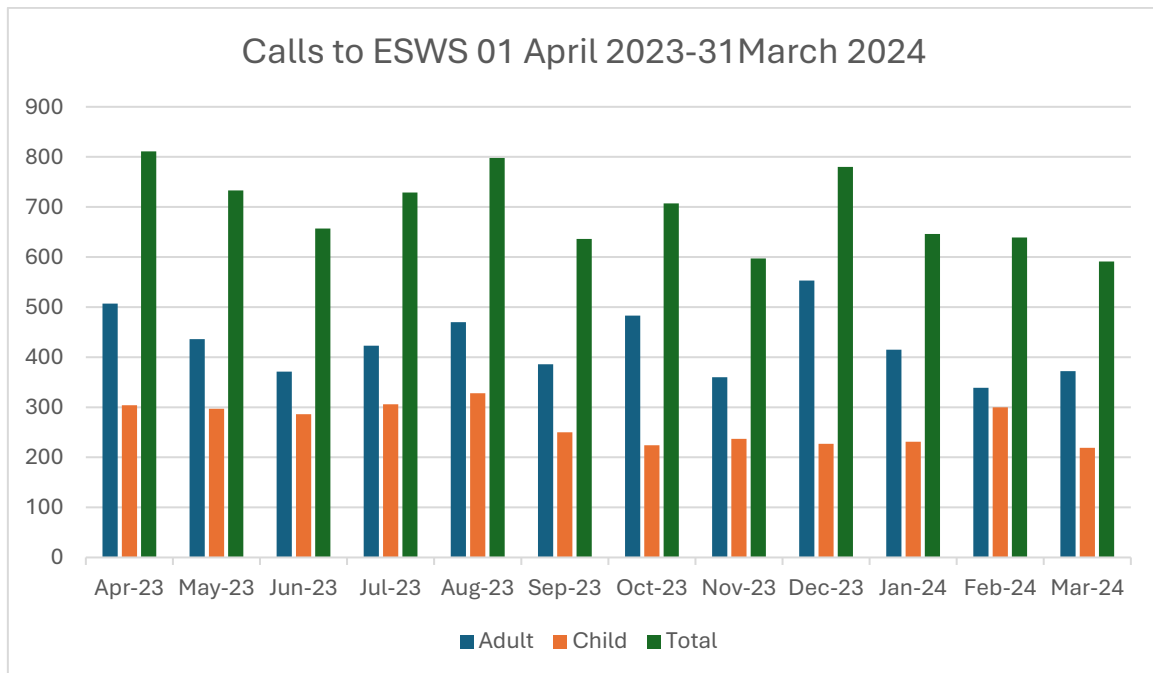
	Jan - Mar 23	Apr - Jun 23	Jul - Sep 23	Oct - Dec 23	Jan - Mar 24
PWG	634	625	629	648	653
LAWG	295	285	293	292	272
New Orders	48	20	49	36	28
Total	929	910	922	940	925

Between March 2023 and March 2024, 121 PWG orders had the need for supervision dispensed with, and 61.73% of orders were reviewed in time at the end of March 24. Greater understanding and training of the statutory supervisory role will increase awareness of measures that can be taken to reduce the number of private guardianship reviews, where this is no longer required. This will support social work staff to focus on the areas of greatest risk and need.

**(Additional information: Appendix 2 - Adult Social Care Data Slides)**

## Emergency Social Work Service

The Emergency Social Work Service is a crucial part of service delivery throughout Highland, providing an out of hours emergency service to both THC and Adult Social Care within NHS Highland. In 2023/24, total calls received were 8307, of which 5115 related to adults and 3192 to children. A breakdown of these figures are detailed below:



Of note, calls to the service have increased 33% in the past year. Work is currently underway to examine these figures in more detail. This information will then be fed back to the relevant teams and services as this sharp rise would suggest that there are some underlying issues within service delivery that need to be addressed.

## Mental Health Officer Service (THC)

Mental Health Officers (MHOs) operate across these four pieces of legislation:

- The Mental Health (Care and Treatment) (Scotland) Act 2003
- The Mental Health Act 2015
- The Adults with Incapacity (Scotland) Act 2000
- The Criminal Procedure (Scotland) Act 1995 (as amended by the 2003 Act)

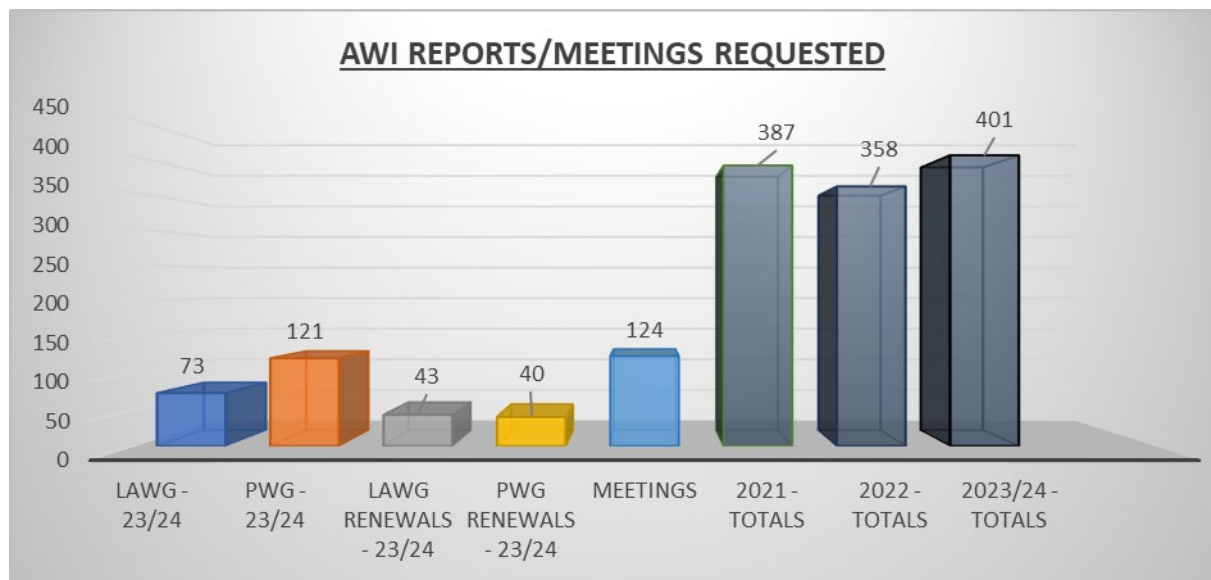
The MHO role and responsibility involves them working at the interface between the state and individual liberty, making decisions that require a careful balance between rights, needs and risks, both of, and to, the individual and the wider community. The MHO retains full accountability for their recommendations and are scrutinised by the Mental Health Tribunal and the Court. For this reason, it is essential that an appropriate balance is struck between managing risk and encouraging self-determination. The autonomous role of the MHO as a practitioner, independent from the health service, is considered a fundamental protection built into the legislation, for individuals who require this service.

## Adults with Incapacity Act (Scotland) 2000: The 2000 Act

The bulk of statutory Adults With Incapacity (AWI) work undertaken by MHOs is in the form of reports in respect of Local Authority and Private Welfare Guardianship applications. In many cases, a family member will apply. The local authority has a duty to supervise the family member guardian in their use of 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.

Advice, support, guidance, and information is provided in a wide range of mediums to members of the public, individuals in need of a service, and other professionals. Some examples of this advice contacts include advising and supporting people to implement Welfare and Financial Power of Attorney; supported decision making, and deprivation of liberty matters.

AWI has seen increases in reports; meetings; and orders granted. There has also been an increasing demand for MHO reports from solicitors instructed by private applicants. Priorities are given to vulnerable adults in the community and individuals awaiting hospital discharge.



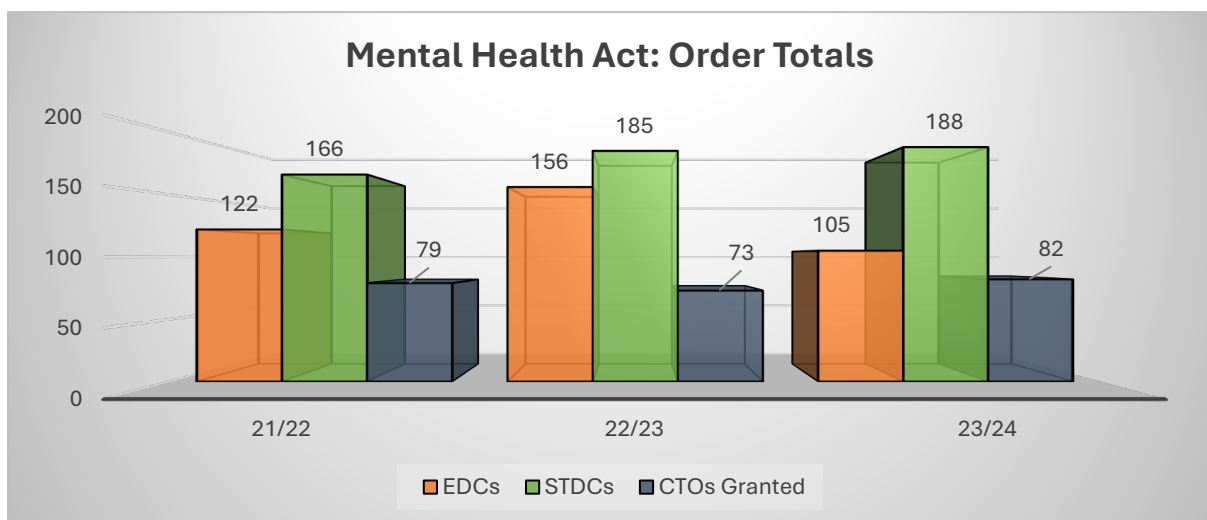
To cope with demand, the service has recruited to a new AWI Practice Lead post. Whilst this post is for 6 months only, we are looking to assess how we can secure permanent funding as AWI work is forecast to continue to increase due to the sharp rise in our aging population.

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

This Act involves MHO consideration of compulsory detention for the purpose of providing mental health care and treatment. Specific tasks include providing or withholding consent to detention and providing applications to the Mental Health Tribunal. A substantial part of work under the 2003 Act is unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention.

The demand for Mental Health Act work has remained persistently high since 2021. Of note is the increased number of individuals presenting to mental health services for the first time. It appears presentations have been influenced by a multitude of social stressors including, the lasting impact of the COVID-19 pandemic on mental health, the cost-of-living crisis, and the availability of mental health resources, including psychiatric beds. The unavailability of psychiatric beds in Highland, for significant periods in the past 12 months, is a concern.

There has been a reduction of Emergency Detention Certificates (EDC) in favour of an increased number Short Term Detention Certificates (STDC) this year. This is regarded as good practice as the imposition of an STDC affords the right to appeal against the order where the EDC does not.



### Forensic MHO Service

Forensic MHO practice requires an understanding of the relationship between mental disorder and crime. The overarching consideration is public protection.

MHOs work with inpatients within low, medium, and high secure hospital settings, and with outpatients in the community, who are subject to statutory mental health legislation.

Completion and application of advanced forensic risk assessment and management procedures are undertaken.

Contact, particularly with community-based forensic patients, is pivotally important as a means of continually monitoring mental state and managing risk. Monthly assessment evidence is generally required by the Scottish Government, often requiring a weekly visiting schedule. The significant time and attention afforded to supporting forensic patients in the community is not captured in graph data.

One area of concern relates to the lack of available Section 22 Approved Medical Practitioners who assess and complete the required report to accompany Guardianship and Intervention Order applications. Unless both documents are prepared within stated timescales, applications cannot proceed. This has been raised with NHS Highland as an urgent matter.

## Justice Services

Justice Services in Highland deliver a range of services, including statutory support and supervision to those involved in the Court and/or prison system. Justice staff are also located in HMP Inverness.

Quarterly and annual reports that detail performance across a range of quantitative and qualitative measures are produced. These reports (highlighted in table 1 below), show how the Justice Service contributes to the 3 key outcomes in National Outcomes & Standards for Social Work Services in the Justice System – reducing offending, public protection and promoting social inclusion.

**Table 1- Reports & Assessments 2022/23 & 2023/24**

	Caledonian Assessment	CJSWR	CJSWR with RLO	Diversion Suitability Report	DTTO Assessment	DTTO Court Review	HDC report	Home Background Report (HBR)	MF:MC Assessment	Prison Parole	RLO Assessment	TARL
2022-2023	34	959	283	158	74	273	18	55	49	7	14	3
2023-2024	38	931	210	356	73	212	26	37	69	8	4	45
% Differs	12%	3%	26%	125%	1.4%	22.3%	44%	33.9%	41%	14%	71%	1400%

Whilst the table illustrates the variations from the previous year, some increases have considerable impact on the service. For example:

- **Caledonian Assessments** - Caledonian groupwork programmes provide an integrated approach to address domestic abuse perpetrated by men towards a female partner or ex-partner. An increase in assessments brings additional demand

on the report writer at both pre-sentence stage and then at sentence if placed on a statutory order.

- **MF:MC** (Moving Forward Making Changes) – is an accredited programme focussed on males convicted of sexual offences. Again, increases in assessments and subsequent orders impacts as more risk assessments and risk management plans require to be done, monitored and reviewed.
- **Prison Parole** – those released from prison having served a long-term sentence, are placed on statutory licences supervised by social workers. This includes risk assessments; reviews; home visits; offence focussed work; and general support and assistance to re-integrate back into society.

Throughcare Assessment for Release on Licence (TARL) reports have been introduced to encourage collaborative working between Prison Based Social Workers and Community Based Social Workers. TARL reports are composite reports written by both PBSW and CBSW, with one report being produced for the Parole Board rather than two. The intention is for this report to lead to stronger communication and consensus between the workers particularly around the core elements of risk assessment and risk of serious harm.

This change in report for the Parole Board helps explain the significant changes in figures detailed in the above table with regard Home Background Reports (reduction of 33.9%) and TARL (1400% increase).

### Bail Supervision Scheme

Since April 2023, Highland has been fully involved with the Bail Supervision Scheme. Initially introduced in 2022, we were unable to join this scheme due to significant recruitment issues. However, we now have several Criminal Justice Officers in posts as well as a Social Worker covering the work produced by Highland's five Sheriff Courts. Demand for assessments continue to rise which again, is presenting us with capacity issues.

### Electronically Monitored Bail

At the same time as Bail Supervision was extended, the Government introduced Electronically Monitored Bail. This new strategy involves tagging an individual to an address where they could spend a maximum of 12 hours per day within its confines. To date, the uptake has not been significant in Highland. However, there is an expectation that numbers will increase.

### HMP Inverness

A small Justice Team works within HMP Inverness. Work is continuing with regard the building of the new prison with an opening date being 2026. The new prison capacity is expected to double to 200 with a small unit for Young Persons or female prisoners on overnight stays. Contract negotiations will be required moving forward as additional staff will be needed due to the increased prisoner numbers.

## **Multi-Agency Public Protection Arrangements (MAPPA)**

MAPPA remains well established across the Highlands & Islands area with the reporting year seeing continued refinement of the operation of MAPPA. This includes ongoing review of practice and process both locally and nationally.

Transfer requests from both cross border and from other areas in Scotland to have offenders supervised in our area are managed carefully. Multi-agency discussions and meetings are held so that collaboratively, an informed decision is made. However, it is noticeable that the Highlands & Islands continue to see increased numbers of offenders travelling to our area from England & Wales once their legislative orders/licences have been completed. MAPPA services and partners are alive to this issue particularly the impact on additional services such as housing, health and support organisations. We work closely with partners outwith our area to manage these increases.

- There has been a 14% increase in the Registered Sex Offender population within the Highlands & Islands. This impacts on resourcing and budget constraints.
- The Highlands & Islands have an ageing MAPPA offender demographic and are alive to the impacts this may have on community services and adult care services.
- Of note, the level of serious re-offending rates remains below the national average.

The HIMSOG appointed an independent chair at the end of 2023. They will oversee strategic matters along with the implementation an operational group to monitor and evaluate the delivery of MAPPA.

## **Community Justice**

Within Highland, the Community Justice Partnership is hosted by the Highland Third Sector Interface. Highland's new Community Justice Outcomes Improvement Plan (CJOIP) 2024 - 29 was implemented in March 2024. The priorities for the new plan have been identified as:

- Diversion and Early Intervention
- Mental Health and Wellbeing
- Employment, Employability, and Unpaid Work
- Policy, Partnership and Engagement
- Victims
- Housing
- Bail

The three primary areas of focus will include keeping me safe; supporting me to avoid offending; and helping me to realise my potential. The seven priorities mentioned above will be incorporated into these three areas of focus.

# Challenges and Improvements

## Dùbhlain is leasachaidhean

### Integrated Children's Services Plan 2023 – 2026

The Integrated Children's Service Plan 2023-26, outlines Highland's priorities for improvement to ensure that services are integrated for service users including children, young people and their families; that we make the best use of resources; and are meeting our aims to safeguard, support and promote wellbeing, early intervention and prevention.

The plan was developed to ensure it reflected the National Performance Framework Outcomes and incorporated a comprehensive evidence-based joint strategic needs assessment. This assessment includes analysis of quantitative and qualitative evidence and data relating to both service performance and child wellbeing.

The plan is supported by a performance management framework which determines clear indicators for monitoring and evaluating the effectiveness of outcomes in responding to and addressing children's wellbeing needs.

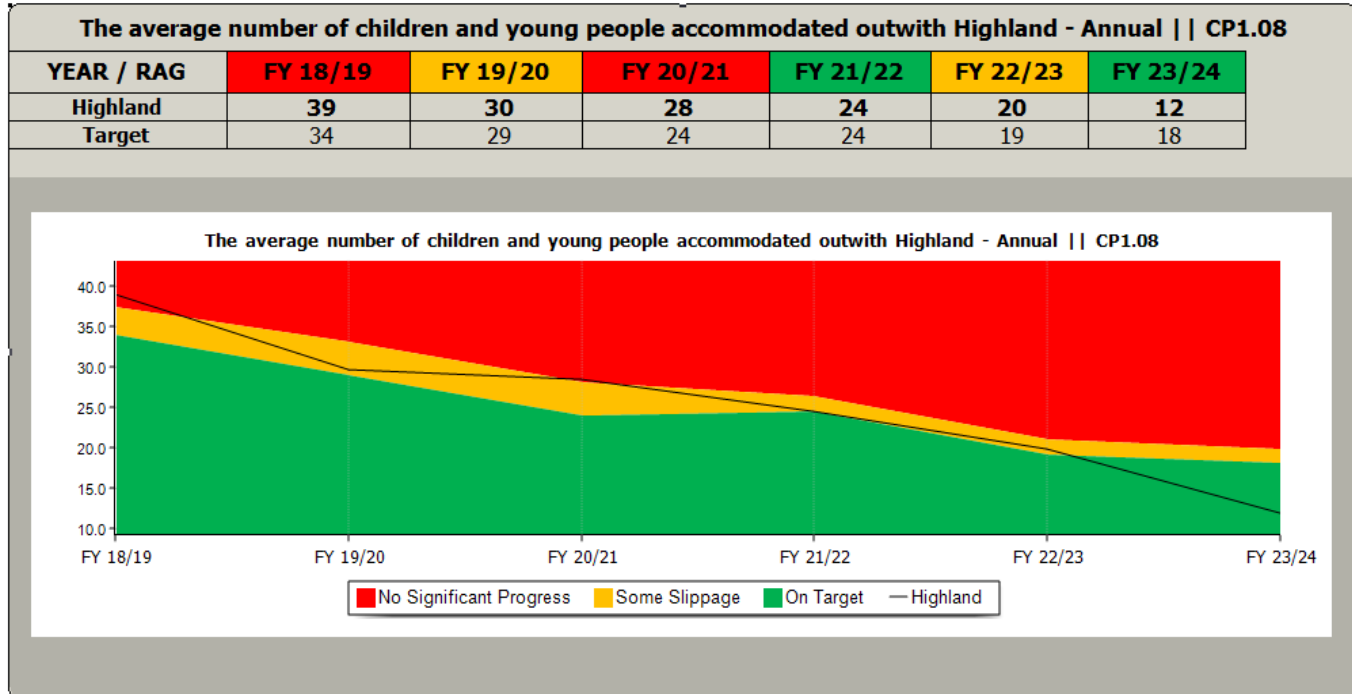
The plan has been developed through a lens of embedding children's rights articulated within the United Nations Convention on the Rights of the Child and reflects the values and principles of Getting it right for every child. It also reaffirms our commitment to 'Keeping the Promise'. **(Additional Information - Appendix 3: The Promise Activity)**

Our objective is to improve outcomes for Highland's Infants, Children and Young People through local delivery of services and provide support by considering the needs of their families across a life course from pre-birth to young adulthood. In taking a life course approach we can more readily identify opportunities to minimise risk and enhance the protective factors through evidence-based interventions.

A significant feature of this plan is our aspiration to develop community scaffolding for our supports through our community-based whole family wellbeing approach. This programme aims to reduce inequalities and improve the health and wellbeing outcomes of the Highland Population through improving cohesion, co-ordination and collaboration of whole family support within Highland's Communities. Working to the founding principles of this plan, communities will be supported by a partnership programme team lead by a programme manager and supported by locality coordinators.

## Home to Highland Evaluation

The review of the Home to Highland programme was undertaken in November and December 2023.



The number of children placed in residential placements OOA has reduced from 48 in June 2018 to 12 in Dec 2023 after achieving the lowest number ever (at 9) in Oct 2023.

Whilst the original focus of Home to Highland was to bring children back to Highland, the Family First Strategy has enabled us to also focus on practice improvements alongside increased community resources, so that children no longer need to move outwith the area. As a consequence, the significant progress being made should now be considered in this context.

**In summary:**

### Success & Achievements

- Care Inspection findings getting stronger with Good, Very Good and **Excellent!**
- Reduction of 12 beds + 4 3<sup>rd</sup> Sector with resources shifting to the community.
- Lowest numbers in Residential.
- Lowest numbers in high cost external provision
- Lowest numbers in Secure Care
- Lowest numbers of Looked After Children

## Quality Assurance and Reviewing Team

The Quality Assurance and Reviewing Team (QAROs) are key in ensuring practice is both appropriate and effective, but also improving. The review process for every child who is Looked After at home or in residential, secure, foster care or who has a Child Protection Plan continues to be chaired by a QARO or a manager who is independent of the responsible operational team.

The QARO team continue to have regular meetings with the Additional Supports Needs Officer and Senior Lead Manager Specialist Support Services and Who Cares? Scotland. They have representation in the following groups:

- All about me and my story
- Better hearings implementation
- Securing futures
- Securing futures for children and young people
- Comraich (our Unaccompanied Asylum-Seeking Children project)
- The Promise language subgroup

The QARO team are developing information leaflets for children, young people and their families and carers around Child's Plan Meetings and Child Protection Planning Meetings. They also give individual input to health and social work colleagues when requested on Child Protection processes and expectations in meetings. Initial input on the role of Scottish Guardians was well received and further training is planned to aid process knowledge, the legislative base and trauma informed practice with Highland's Unaccompanied Asylum-Seeking children and young people.

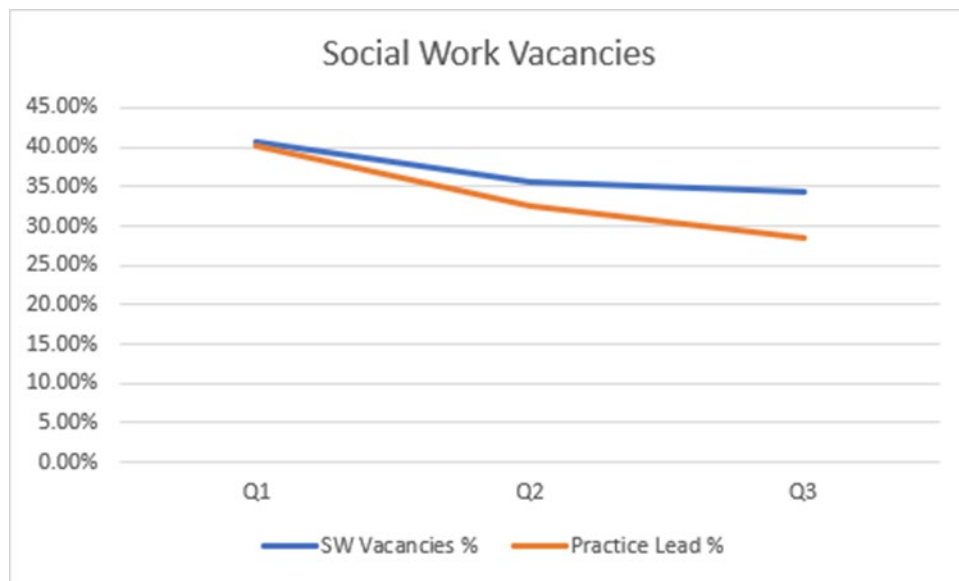
### Use of Data and Audits

The Children's Service has made use of the data available to understand the issues affecting children and young people in Highland. Examples of this include a review of re-registration data, referrals to the Scottish Children's Reporters Administration and the group are currently conducting a review of child protection registrations which have increased significantly in the past year. We have reviewed gaps in data provision and are currently addressing these whilst updating to Version 2 of the national minimum dataset.

Audits in relation to Interagency Referral Discussions (IRDs) are taking place bi-monthly with feedback to practitioners. Training for audit purposes is planned for April 2024 to increase capacity for single and multi-agency audits across the partnership. As part of our improvement journey, a full multi-agency case file audit will take place in May 2024 to establish the quality of assessment and planning processes for child protection, and progress made since the Inspection took place.

## Workforce Vacancies

Workforce vacancies are a major challenge for all services across Highland. However, the most acute vacancies are being experienced in Children's Social Work. The following graph – whilst demonstrating progress being made – needs to be taken in context. Quite simply, vacancy levels remain so high, they are articulated as a key risk on the Corporate Risk Register.



Whilst we have been able to recruit workers, many are newly qualified. This brings additional pressure around supervision requirements. Further, newly qualified staff cannot take on complex cases so capacity within teams is reduced even though staff numbers have increased.

The vacancy rate for social workers in Justice is **19%**. Historically, Justice Services have a stable and full workforce. However, they are also seeing vacancies emerge alongside a reducing pool of social workers to recruit from.

Within the MHO Team, the increasing volume of work (particularly in relation to Adults With Incapacity) has led to demand often exceeding service capacity. Due to an aging population, this is expected to continue on an upward trajectory. It is acknowledged that this is a national issue not just a Highland one.

Front line team managers are responsible for ensuring workload prioritisation and allocation of work across locality teams. Our managers are carefully screening and prioritising requests for assistance, where there are concerns, predominantly from partner agencies in Police, Health and Education into our Family Teams. All protection work remains our highest priority.

Due to capacity issues, we have to prioritise according to risk. Consequently, other parts of service delivery may receive a reduced focus (eg. early help from services in Family Teams or focus on permanency work). To compensate, universal services in Child Health and Education are now having to deal with increasing complexity of need.

Care at home and care homes are experiencing significant recruitment challenges. NHS is well aware of its own staffing challenges, and these are being similarly, and arguably, more acutely, experienced by independent sector providers, whose terms and conditions are generally lower than those offered by NHS.

In Highland, the unemployment rate is 2.7%, which is significantly lower than the Scottish average of 3.2%. This means there is a comparatively lower pool of potential employees within the marketplace in Highland from which to recruit. Within Highland, there are further particularly challenged areas around tourism and seasonal economies, increasing the level of difficulty recruiting and retaining staff.

## **Highland Health and Social Care Partnership Strategic Plan Adult Services 2024 – 2027**

The Joint Adult Strategic Plan was approved by the Joint Monitoring Committee in December 2023 and will govern the delivery of integrated health and social care services for adults in Highland over the next 3 years.

The Plan articulates how partnership working with third sector partners and communities across Highland will improve outcomes. It is a pan-Highland plan and recognises that the development of Locality Improvement Plans are required – and essential – to enable these improvements to happen.

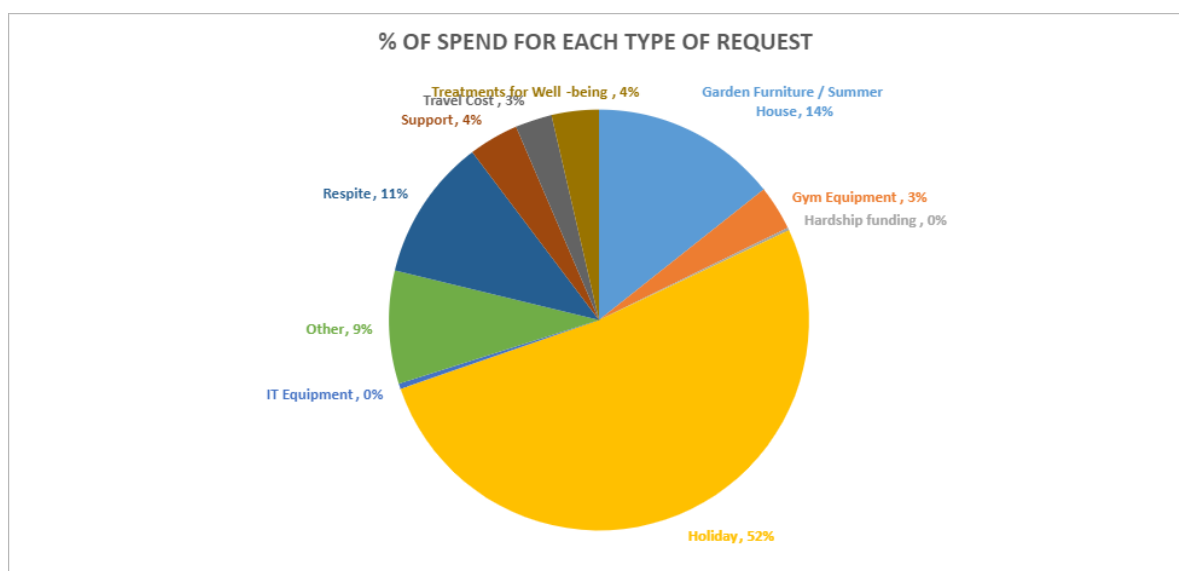
The stated aims are:

- We will co-produce and co-deliver services in partnership with communities and individuals to reduce inequalities, ill health and dependence.
- We will enable more care and support to be delivered closer to or at home.
- We will ensure we put the person at the centre.
- We will value the workforce that deliver care to our population.

## **Unpaid Carers Services**

During 2023, a successful Carers Roadshow took place throughout Highland to offer support and information and gather information to inform our Carers Strategy which is being updated into 2024.

We continue to operate an Option 1 Short Breaks scheme in Highland now known as the Wellbeing Fund. Over the course of 2023/24, 494 applications were approved which enabled those applying the opportunity to create unique and personalised breaks.



We are also working to increase the availability of independent support for unpaid carers in respect of accessing SDS for themselves and those they care for. The availability of place-based respite declined dramatically during and post the Covid-19 Pandemic and have never fully recovered. However, through 2023/2024 alongside person centred initiatives there is a steady increase to establish residential care availability to offer short breaks.

### Self-Directed Support Self-Evaluation and Improvement

The development of a new SDS Strategy for Highland was predicated on the understanding that much of the ethos of choice, flexibility and control had not been fully realised across the operation of our social care system.

An opportunity arose (as part of the National SDS Improvement plan) to carry out a Self-Evaluation exercise - supported and guided by partners in Social Work Scotland and the iHub (Healthcare Improvement Scotland) – against the SDS Framework of Standards (Social care - self-directed support: framework of standards - gov.scot ([www.gov.scot](http://www.gov.scot))).

We used independent facilitation to run a defined set of “Appreciative Inquiry” sessions. With 40 participating professional staff across three sites, the exercise included: Children's Services and staff from NHS Integrated District Teams, and professionals from our Carers Centre and our Support in the Right Direction (SIRD) partners etc. Staff involved were front-line workers and their immediate managers.

From this, a small set of focused improvement actions (experiments) have emerged. These ideas were co-designed by participants from their shared understanding of the system they worked within. The areas identified for piloting by identified Teams are:

- 1) Trialling Team and Worker Autonomy, delegated budgets and collegiate decision-making
- 2) Trialling a different model of "Eligibility": the role of Teams should be to provide appropriate advice, guidance and assistance within their communities
- 3) Exploring new approaches to place-based commissioning to meet local need across a defined geography

Planning is well underway, and we aim to run these pilots across the calendar year. Progress will be monitored and supported by a Programme Board. Additional activity is also going on in relation to Personal Assistant events and support, independent support and place-based commissioning.

## **Adult Support and Protection Inspection**

The Care Inspectorate, alongside its partners in Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, carried out an inspection of Adult Support and Protection in Highland between December 2023 and March 2024. The subsequent report was published in May 2024.

In summary the Inspectorate identified the Partnership's Strengths as follows:

- Initial inquiries were carried out in line with legislative principles and supported by good communication and information sharing.
- All investigations were conducted by a council officer. They were of a good quality and supported by comprehensive risk assessments and protection plans. The partnership was transitioning toward the new codes of practice.
- Case conferences were multi-agency and attended by relevant Practitioners. They were well chaired, demonstrated a person-centred approach and produced accessibly written minutes, including protection plans.
- The development of both the teleconference model and nominated officer role were impactful. These initiatives supported good information sharing and collaboration between and across organisations.
- The partnership's commitment to joint improvement recognised the need for a senior health manager to hold an adult support and protection remit.
- Effective leadership and governance of adult support and protection as strengthened through good working relationships between the chief officers' group and the adult protection committee. Strategic oversight of initiatives supported strategic and operational improvement.

Priority areas for improvement were:

- The partnership should continue the work it was undertaking to improve the quality and consistency of chronologies.
- Most service users were informed they were the subject of an inquiry. Where they were not, the reasons why needed to be more clearly recorded.
- An effective communication plan was needed to share and promote the strategic mission and good work of the adult protection committee with staff.
- The partnership's multi-agency self-evaluation framework was not in place due to a significant delay in developing an information sharing agreement. This was in the final stage of being addressed and should be implemented at the earliest opportunity.

Taken together the Inspectorate reported that the Partnership's Key Processes and Strategic Leadership were effective with areas for improvement. An Improvement Plan has been developed and will report into the Adult Protection Committee so that progress can be monitored and scrutinised.

# Resources

## Goireasan

### Budget and Investment

Funding for social work services in Highland amounts to just over £238m. Of this:

- £179m = Adult Social Care (see table below)
- £4.2m = Justice Services
- £55m = Children's Services  
(including £11.5m from NHS for Child Health Services)

Investment was also given to Children's Services as detailed in 'Our Future Highland Budget Strategy 2023-24'. The Service's vision articulated in the newly created Family First Strategy - firmly based around The Promise and the principles of GIRFEC (Getting It Right For Every Child)) - was recognised and endorsed by THC with two investment funds made available. Firstly, recognising the vital role undertaken by foster carers, kinship carers and adoptive parents, the Council invested £1.306m which increased allowances and enhanced support and training to carers.

The second investment of £1m in the Family First Strategy was required if we were to achieve our vision of safely maintaining as many children and young people at home within their family group. Consequently, this investment enabled us to create three new teams with specific remits:

- Family Group Decision Making
- Rights, Advocacy and Participation
- Scottish Child Interview Model (SCIM)

Justice Social Work is specifically funded by a Scottish Government ring-fenced grant administered in accordance with Section 27 of the Social Work (Scotland) Act 1968, as amended. In 2023/24, the grant allocation for Highland Justice Service was £4,207,838.

This budget is under considerable pressure as no increase in line with inflation has been received over many years. As a result, any pay awards or increasing costs in respect of vehicles, fuel, equipment, etc to carry out the various tasks and demands, have to be found from within the allocation given.

Health and Social Care were given savings targets of £3m for 2023/24. Whilst full savings have not been met for the Service in-year, a balanced budget has been achieved due to the significant number of staff vacancies. The unachieved savings of £1.6m will be carried forward and added to the savings target agreed for 2024/25.

Positive trends are being shown in Looked After Children, with the relevant forecast showing that the number of children in out of authority residential provision is consistently at the lowest level it had been at for some years. The Home to Highland initiative, which forms part of the broader Families First Strategy, continues. Positively, the year-end figures show savings of £1m in terms of the looked after children element of the budget (historically, these lines have shown significant overspends). Although there do remain challenges in terms of the Looked After Children spend – principally in terms of the in-house residential provision – there is significant ongoing work and a level of confidence that those figures which have improved over the course of 2023/24 will continue to do so.

Alongside the above stated savings, we can now articulate progress with regard shifting the balance of spend in relation to looked after children. The full budget was originally all spent outside of Highland but in 2023/24, it is estimated that 70% (of the now £12.9m budget) is currently spent on in-area services for Care Experienced Young People. This has enabled the development of over £8 million in-area services detailed earlier in this report, which help stop children going OOA as well as serving as places for children to return to.

Looking at 2024/25, savings identified will be presented in the new Council Delivery Plan with workstreams and projects developed. Whilst this will enable close monitoring of savings targets, it will also assist in identifying pressures within service delivery.

### NHS Highland

Adult Social Care has an annual budget of £179m. At the end of year, a balanced position was delivered following receipt of allocations and the use of reserves held by Highland Council (£9.8m).

Services Category	Annual Budget £000's	FY Actual £000's	FY Variance £000's
<b>Total Older People - Residential/Non Residential Care</b>	<b>58,359</b>	<b>57,375</b>	<b>984</b>
<b>Total Older People - Care at Home</b>	<b>34,674</b>	<b>36,843</b>	<b>(2,168)</b>
<b>Total People with a Learning Disability</b>	<b>41,778</b>	<b>45,446</b>	<b>(3,668)</b>
<b>Total People with a Mental Illness</b>	<b>8,276</b>	<b>8,373</b>	<b>(97)</b>
<b>Total People with a Physical Disability</b>	<b>8,334</b>	<b>8,650</b>	<b>(316)</b>
<b>Total Other Community Care</b>	<b>18,441</b>	<b>18,247</b>	<b>194</b>
<b>Total Support Services</b>	<b>9,150</b>	<b>4,733</b>	<b>4,417</b>
<b>Care Home Support/Sustainability Payments</b>	<b>-</b>	<b>(655)</b>	<b>655</b>
<b>Total Adult Social Care Services</b>	<b>179,011</b>	<b>179,011</b>	<b>-</b>

Due to the significant pressures within ASC, alongside a model that is not financially viable when forecasting future spend, an ASC Cost Reduction Plan has been identified. Further, Highland Council have put aside a £20m transformational fund to identify and enable change to service delivery models within ASC, consistent with the agreed Strategic Plan.

Programme activity in terms of the transformational fund, will be monitored within THC's Delivery Plan.

### **Agency Spend**

Within social work services in THC, we spend - on average - £1m on agency staff per year. Whilst we want to reduce the use of agency staff and replace with permanent staff, we continue to face significant recruitment challenges (see workforce section). Consequently, the cost of agency workers has to be offset against the need to maintain service delivery.

Staff costs within Adult Social Care have also seen excessive spend on agency and bank staff. Staff shortages across all areas of service delivery has resulted in the need to access these high-cost options to ensure needs are being met in the community – whether it be care at home or care homes.

# Workforce

## Feachd-obrach

Staff vacancies in Highland's social work and social care services continue to be significant. In February 2024, the Health and Social Care Workforce Plan Annual Progress Report was submitted to the Health, Social Care and Wellbeing Committee. The report was submitted to inform members of the progress made during 2023/24. This report included:

### 1. Recruitment and Retention:

- Social worker vacancies reduced from 41% to 34%. Whilst a positive shift, having such a high vacancy figure impacts significantly on service delivery, meeting statutory duties and managing risk. There is also significant impact on staff and client wellbeing.
- Critical key posts have been identified for succession planning.
- The rolling trainee programme successfully delivered 6 newly qualified social workers in 2023. The programme purposely recruit the trainees from the areas with the highest number of difficult to recruit posts. By recruiting staff who are already living and working in the local communities we are improving the probability of retaining and developing these staff in our workforce. We will continue with this successful programme.
- In addition to our current Practice Support officer post we have created and recruited to a Learning & Development Social Worker role to provide additional support to our newly qualified Social Workers and to prepare the service for the SSSC new Supported Year requirement.
- Job descriptions of most difficult posts have been refreshed to make them more attractive for recruitment.
- A video has been recorded and is now used to support recruitment on My Job Scotland.
- More administrative support has been created to enable front line managers to focus on service delivery.
- An analysis of exit interviews has shown that lack of development opportunities is a key reason for people leaving.
- A working group to review the induction programme has been formed.

### 2. Staff Wellbeing and Performance

- In order to reduce sickness absence, an attendance management e-learning module for managers was launched at the end of 2023, to enable managers to provide employees with appropriate support. In addition, employees can access the employee assistance programme 24/7. Furthermore, the Attendance Support Officer continues to provide managers and employees with support, guidance and advice.

- A Staff Wellbeing survey was conducted in December 2023 which 24% of the Health & Social Care staff responded. The responses highlighted that H&SC staff feel well supported by their colleagues and line managers. 70% of staff know where to seek support when dealing with mental health, managing stress and or bullying and harassment issues. This is a significantly higher score than seven of the eight other services within the Council.
- The survey identified some areas of improvement specifically workloads and working relationships with other services in the Council. A corporate action plan is currently in development and the Council and the Service will continue to survey staff on a regular basis.

3. Other Key Staffing & Workforce Issues:

- 41% of the H&SC workforce is older than 50 years
- The turnover rate for Health & Social Care staff was 14.7% which is a significant number, mainly impacted by the aging workforce. This is also in line with “The Big Resignation” which is an international issue across all workforces.
- The Service has identified many difficult to recruit vacancies. This is a national problem enhanced in rural areas of Highland Region. Especially in the North and the West areas. Housing is a particular issue in the West due to the lack of available and affordable housing, which is highly impacted by the tourist industry.

Whilst mitigation actions have and continue to be taken to address recruitment and retention issues, it is acknowledged that all current vacant posts will not be filled.

Consequently, we have had to focus on:

- a recruitment and retention strategy with significant activity around trainee social workers and ‘growing our own’
- a staffing model that focusses on both speciality roles and teams to target specific areas (ie Family Group Decision Making), whilst also developing support worker roles to focus on early intervention and prevention across services – with help and support being offered on a whole system approach

## **Trainee Schemes Activity**

### Trainee Social Worker Scheme

As part of workforce planning, and the focus of recruitment and retention, a scheme was developed based on a previously successful initiative which recruits suitable candidates from within internal staffing across the Council including Highlife Highland and NHS Highland colleagues. The Higher Education Institute (HEI) is the Open University, chosen for their high standard undergraduate and postgraduate courses. Vitally, they have significant experience and success regarding remote learning, which, given Highland’s geography, is a significant and necessary consideration.

2023 saw 4 Trainees graduate and another 7 Trainees appointed bringing the total number to 9 in THC. 2023 saw the scheme extended into a Youth Action Team and Justice Services. THC utilised a Scottish Government Grant of £8516 which was used to increase numbers from 5 to 7 in 2023. Highland's trainee model scheme is being acknowledged nationally with several Local Authorities requesting details from us to assist them setting up their own Traineeship/ Grow your Own schemes. This scheme will run approximately every two years with plans to extend the scheme into Child Health and Disability/Transition Teams.

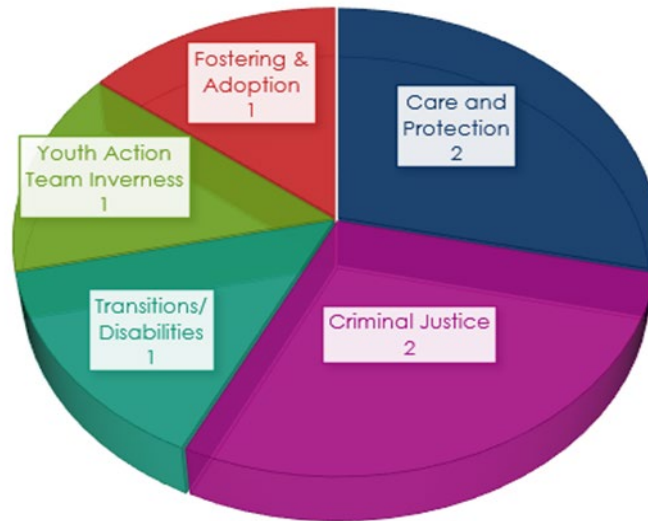
The appointment of a Practice Educator- Social Work post in September 2023 increased our capacity to provide statutory placements within Children's Services. Currently the Practice Educator is practice teaching 4 Trainee Social Workers on placement (2 THC Trainees and 2 from NHS Highland). The Practice Educator runs bi-monthly Trainee group sessions promoting networking and focussing on specific Trainee developmental needs. The Practice Educator also supports Trainees on an individual and group basis and co-facilitates the Newly Qualified Social Workers forums. The Practice Educator is currently liaising with HEI's regarding student placement requests from August 2024 onwards.

#### Graduate Apprenticeships in Social Work

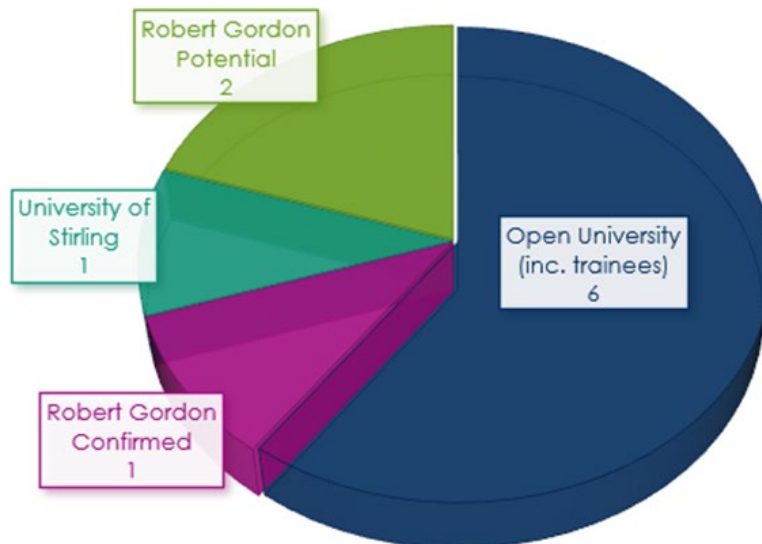
The Principal Officer, Social Work, continues to chair the steering group for the Open University and represented THC in the short-term Scottish Government Agile Working group on Graduate Apprenticeships in Social Work. The Scottish Government presented a business case to Skills Development Scotland to consider extending the Graduate Apprenticeship Scheme to Social Work in Scotland. It is important to note that while there is national interest in this scheme, conservative estimates suggest there is a 2 year lead-in time. THC have noted their commitment to the scheme alongside other Local Authorities.

THC and NHSH met with colleagues in the University of Highland and Islands for preliminary discussions around developing a Graduate Apprenticeship Scheme in Social Work.

### HIGHLAND COUNCIL PLACEMENTS 2024



### PREDICTED NEW PLACEMENTS 2024



#### Adult Social Care Trainee Scheme

The trainee Social Worker scheme is now well established and there are currently 5 Social Workers in training across our Adult Social Work teams. The trainee Social Work scheme has been invaluable to our workforce planning, particularly in our remote and rural teams. The aim is to continue to develop this scheme and plan this in parallel with our learning and development of experienced Social Workers which includes supporting the Post Graduate certificate in Social Work practice education.

### Postgraduate Certificate Mental Health Officer (MHO) Award

The MHO Team have aligned with Robert Gordon University with regard the postgraduate MHO Award. Since becoming operant in Summer 2022, the service has successfully recruited 7 Trainee MHOs, thus avoiding a recruitment crisis. A further 2 members of staff are due to complete their Award in September 2024. (Note: it takes approximately 12 months to gain this Award).

The Highland MHO Team received national recognition by winning the Scottish Association of Social Work (SASW) MHO Practice Award 2023. This award, developed and implemented in-house by the team, is ground-breaking in national terms and looks to “grow our own” MHOs. A number of local authorities have contacted the team for advice on this initiative and plan to take this forward in their own areas. The whole team supports this scheme, offering mentorship and training opportunities through shadowing and general support.

Whilst many MHO Teams across Scotland are experiencing considerable staffing challenges, the Highland team, along with senior managers, have been focussed on succession planning (particularly around retirement) for several years. Consequently, adapting to market challenges – and developing the ‘grow your own’ scheme – has kept staff vacancies to a minimal.

### Child Health Professionals

Through implementing the five pillars of the national workforce strategy (Plan, Attract, Train, Employ and Nurture) and through working with Higher Education and implementing a successful advanced nurse training programme for health visitors and school nurses, the mean vacancy rate for Health Visitors and School Nurses has fallen from 30% in 2019 to 8% in 2023. However, pressures continue to be evident across small specialist nursing and Allied Health Professional Teams, where there is national shortage of staff with the specific specialist core health qualification. In 2023, the vacancy rate rose to around a mean of 10% which in small teams, has a noticeable effect.

### Adult Social Care

A two-year Careers and Attraction Officer is now in post and is dedicated to innovative approaches to support the adult social care workforce and this post holder works collaboratively with an independent lead.

In response to limited availability for urgent social care community staffing needs, inhouse services developed the Reserves Team in 2022. This team fostered a nurturing, value-based leadership approach which shaped a team who brought a variety of skills but not necessarily social care experience. Through a robust learning framework and strong

leadership, this team evidenced the ability to successfully recruit and deliver high quality care across a wide range of roles and services. This service works across all in house services including care at home and day services as well as care homes.

There is inhouse service delivery of Care at Home and enablement across the 9 District areas of Highland. These services are individually registered and designed to support local need. Given the overall demands across the social care sector continuous improvement through use of systems in practice is ongoing to ensure that resources are being used in the most efficient way.

## Training, Learning and Development Trèanadh, ionnsachadh is leasachadh

Core training and learning and development opportunities remain key components for our workforce. Staff surveys and exit questionnaires for those leaving the organisation have highlighted the importance of these activities within the job.

Due to the changing make up of our workforce, we have had to develop and invest in this area. Ensuring workers continue to learn and train thus achieving compliance with SSSC registration requirements is key. However, we have also needed to build in additional support and learning for our newly qualified workers as well as those who have taken on promoted roles.

Within Children's Social Work, the Learning and Development Strategy has been updated to reflect needs identified within the staff survey and through Inspection. Three additional members of staff have been trained to deliver the Graded Care Profile training, a strengths-based tool to support families affected by neglect. Additional training has been provided for staff and managers in relation to exploitation and trafficking. The CPC Training Officer has worked with partners to develop a range of e-modules and update training programmes.

Training statistics for 2023/24:

Course Title	Total courses held	Total Attendees
Assessment and Analysis in Child Protection	9	179
High Life Highland R&R	36	475
Recognition & Response	106	2811
Understanding Child Protection Processes	8	169
Vulnerable Pregnancy	4	53
Trauma Informed Practice	9	156
Childhood Adversity & Trauma Pt1	3	47
Childhood Adversity & Trauma Pt2	3	44
Promise Conversation cafe	4	68
Harmful Parent Child Interactions	5	59
Graded Care Profile	2	25
	<b>189</b>	<b>4086</b>

The Promise Programme Manager and CPC Learning and Development Officer have been delivering Promise Conversation Cafes for staff and developed a Preferred Language Guide which is due to be launched in May 2024 at a 'Mind your Ps and Qs' Language Academy event. The Training Calendar has also been extended to include relevant training from

partners in statutory and third sector agencies in order that all staff have improved access to training opportunities.

### Child Protection Training

THC annually purchase places on the PG Certificate Course Child Welfare and Protection, and the Practice Learning Qualifications (Social Services) award. In 2023, 3 Social Workers and 1 Training and Development Officer started the PG Certificate Course in Child Welfare and Protection- all are due to complete in July 2024. We currently have 2 Practice Learning students- both currently have Trainees on placement (1 from the THC and 1 from NHS). We plan to recruit to both courses in the latter end of 2024, recognising the importance of staff development on competence and confidence; direct practice; service delivery; and the positive impact student and Trainee placements have on Social Work recruitment.

The Principal Officer- Social Care remains an agency stakeholder in the postgraduate courses in the University of Stirling and a member of the Course Management Team for the Practice Learning Course at Robert Gordon University.

### Joint Investigative Interview Training (5-day model)

Joint Investigation Interview Training (JII) was delivered in April 2023 and March 2024 with another course planned in September 2024. THC co-delivers this training with Police Scotland- training Social Workers and Police Officers in Highland, Shetland and Orkney. While THC continue with a blended Scottish Child Interview Model and Joint Investigative Interview (5-day model) delivery of these courses have aided the JII trained cadre numbers across Highland, Shetland and Orkney.

### Newly Qualified Social Worker (NQSW) supported year in practice early implementation scheme

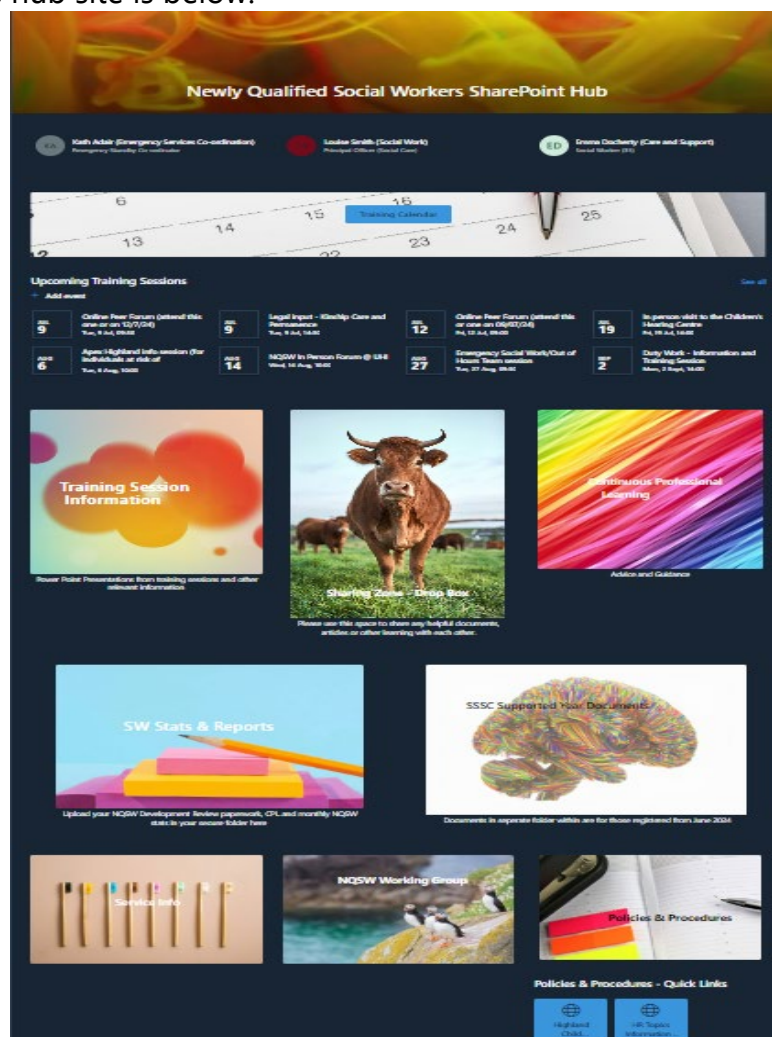
NQSW Supported Year is a national approach based on a best practice model to support newly qualified social workers transition into the workforce ensuring an increasingly confident and competent workforce. Highland, along with Moray, Eilean Siar, Argyll and Bute, Orkney, and Shetland LAs, (referred to as the North Partnership) were successful in securing funding to be one of the early implementation sites. THC used this grant funding to recruit a part time post to provide enhanced support and development for NQSW (from April 2023-May 2024).

As the NQSW supported year in practice becomes mandatory in October 2024 all future NQSW will be registered on the supported year in practice. Acknowledging the significant numbers of NQSW in recruitment and associated development needs of this group, a full

time post - Social Worker (Learning and Development) - has been developed with recruitment planned for June 2024. This post marks a significant investment in NQSW. An implementation group was established in early 2024, comprising senior leaders, Practice Leads and NQSW from across Justice and Children's Services. This group progresses full implementation of the supported year and is currently focusing on each employer support in turn. The Social Worker (Learning and Development) continues to attend the NQSW national bi-monthly meet organised by the SSSC.

THC have 22 NQSW in post with the majority on the supported year early implementation pathway. In the past year, 5 NQSW have successfully completed the supported year whilst 2 resigned before completion.

The development of a NQSW SharePoint site has been a welcome addition for staff. It again illustrates the importance of enabling and supporting communication and engagement with and between peers, particularly when working across such a large geographical area. This hub site is below:



### Post-qualifying training

Thematic training courses based on Social Work specific needs including supervision, is planned to be delivered to Practice Leads and Residential Managers (1 full day and 2 half days) in April and May 2024. This is being commissioned acknowledging the need for supervision training including being trauma informed, working with colleagues with neurodiversity, NQSW needs and the impact of moral injury. A key aim of this is to increase confidence of managers in delivering developmental supervision.

### **Adult Social Work**

This year there is continual growth in demand for Adult Social Work assessment and intervention across our Highland communities. Throughout 2023/24, focus has been on supporting our Social Workers to practice in a supportive service including their individual learning and development. We are also undertaking a full review of the Social Work learning and development framework.

Several learning and development initiatives have been developed with a focus on practice improvement, supporting shared learning and peer support:

- Online development sessions on Case Recording, Risk Assessment and Chronologies. These rolling sessions build on key areas of practice improvement and are designed to be smaller sessions with opportunity for reflective practice and shared learning across teams.
- Social Work and Social Work Assistant Forums – Held quarterly, these forums enable practitioners to meet with peers for support and to bring key areas for discussion and learning.
- Supervision training for all Principal Officers, Senior Social Workers and Social Work managers. This training recognises the importance of supporting workers with the role of supervising Social Work staff to develop this area of their own learning and development. We recognise the importance of good supervision in promoting good practice, workload management and staff wellbeing.
- Newly Qualified Social Worker Development Sessions to support NQSW across the service to come together for peer support to share experiences and be supported in their early career development.

The trainee Social Worker scheme is now well established and there are currently 5 Social Workers in training across our Adult Social Work teams. The trainee Social Work scheme has been invaluable to our workforce planning, particularly in our remote and rural teams. Our aim is to continue to develop this scheme and plan this in parallel with our learning and development of experienced Social Workers which includes supporting the Post Graduate certificate in Social Work practice education.

## Looking Ahead

### A' coimhead air adhart

The improvement journey which stemmed from inspections within Children's and Adult Protection Services, will continue in 2024/25. Children's Services will look to embed family support and the whole family wellbeing programme into the Family First Strategy. This will be across services and teams and involve numerous partners. Our vision is to get help, support and advice to those that need it, when they need it, and within the community.

Inspection activity will continue during 2024/25. A national thematic inspection with regard Social Work Governance and Assurance is planned alongside a self-evaluation within Justice Services. The biggest challenge will be balancing the 'asks' of the inspections/self-evaluation work alongside the delivery of improvement plans in both children's and adult services, whilst maintaining service delivery with the workforce challenges we have.

There is no doubt that the staffing vacancies impact on Highland on a much greater scale than the rest of Scotland. However, all organisations are working together to identify options available. Further, we will continue to grow and develop our various trainee schemes as well as our learning and development opportunities. These are key to attracting and retaining staff.

We will continue to liaise with the Scottish Government around innovative work solutions. For example, the area of retirement and return. Within NHS, this is now an accepted practice. Consideration should be given to this within the social work profession – albeit government funding for this would be required.

Within adult social care, the current model is not sustainable. We need to move from crisis and introduce different working models as well as alternative commissioning arrangements. A funding stream has been made available from THC and can help with this (£20m over 3 years). Workstreams will be identified and triggered to help transform service delivery.

A significant focus in 2024 onwards will relate to the National Care Service developments. As stated previously, Highland has a lead agency model – the only one in Scotland. Any change to the model will require considerable activity to fully appreciate the impact that changes will have, as well as actions required to transfer service delivery from one model to another. Highland also has the additional issue of social work staff in Adult Social Care being employed by NHS Highland on Agenda for Change terms and conditions. These terms and conditions differ from those workers employed by THC and a solution will have to be found to address any disparities that exist.

## Conclusion

## Co-dhùnadh

This report highlights the significant challenges social work and social care have and will continue to face. However, it also articulates the continuing professionalism of staff across all services who remain committed to delivering services to clients and their families. To help staff reach their full potential, Highland Council and NHS Highland remain committed to workforce training and development programmes as we want to retain staff as well as attract.

The Highlands presents unique challenges due to its geography and workforce pressures. However, it also offers opportunities to do things differently – in our communities - and with all partners playing a role. Whilst increasing demands and complexities will continue to be placed on us, being committed to supporting, enabling and protecting people will remain at the heart of what we do.

# Appendix

## Eàrr-ràdh

Appendix 1 Child Protection Minimum Dataset 2

Appendix 2 Adult Social Care Data Slides

Appendix 3 The Promise Activity

## Child Protection Minimum Dataset 2 Report

### Child Protection Register – Numbers & Rates

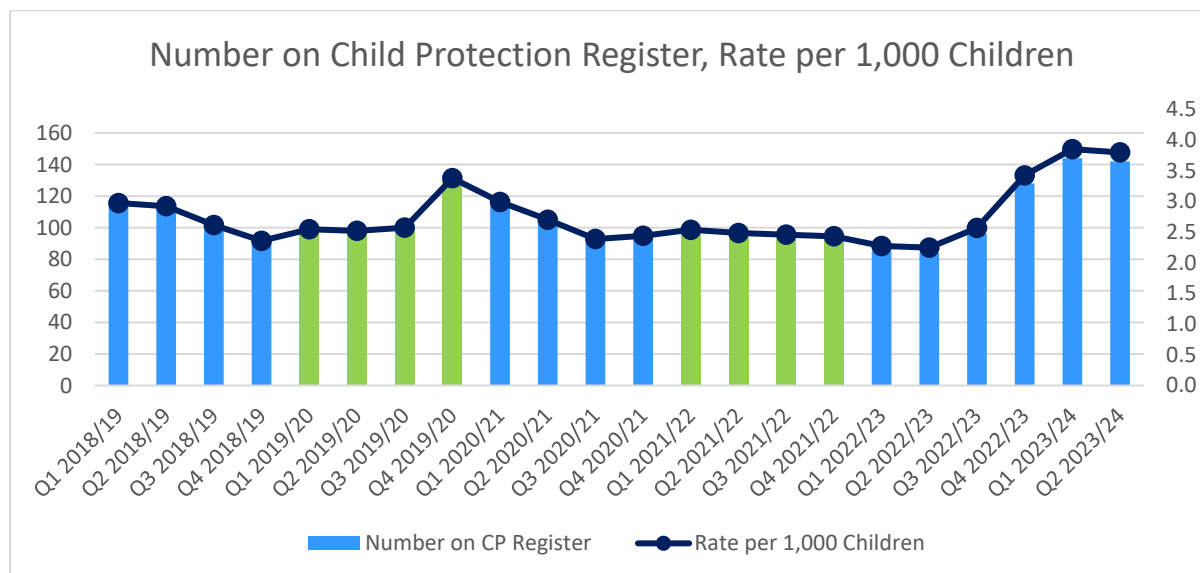


Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered

The overall trend since Q4 2019/20 has been of a downward trajectory; however, the previous 3 quarters are showing a notable increase which is higher than the 130 recorded in Q4 2019/20. The Service should note that the 130 occurred during the initial phases of the pandemic, where practitioners were likely to have been more reluctant to deregister children with increased isolation and less support available to them. Large sibling groups being registered or de-registered can also impact on overall figures.

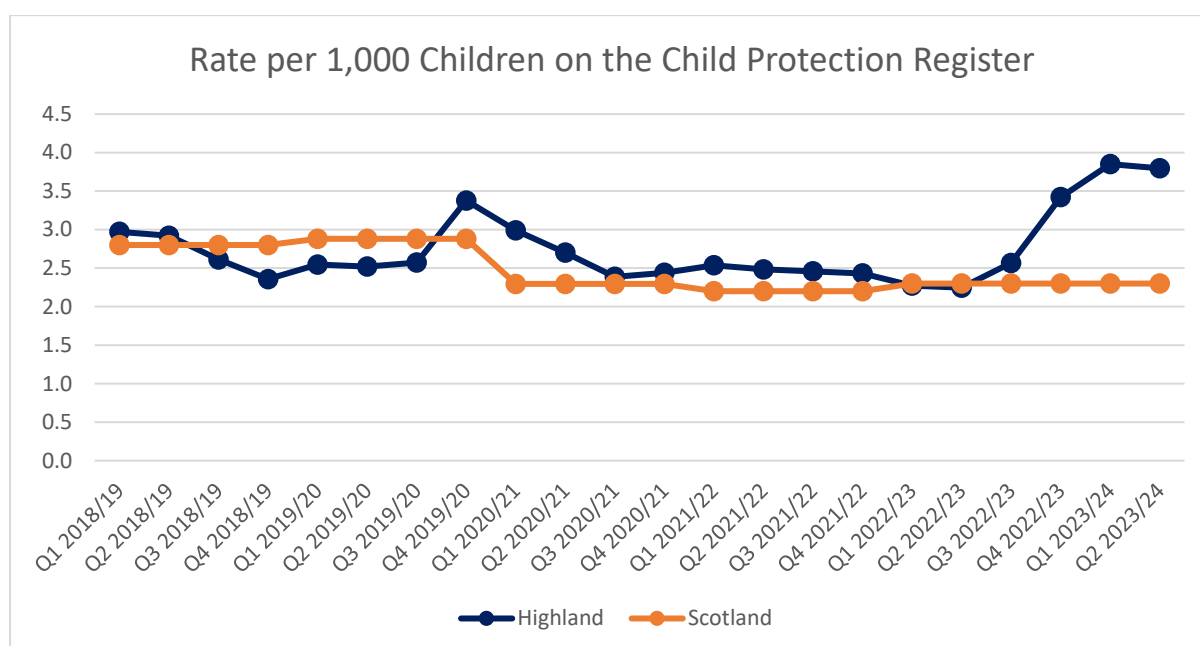


Chart 2: Rate per 1,000 Children on the Child Protection Register – Highland Council v Scotland

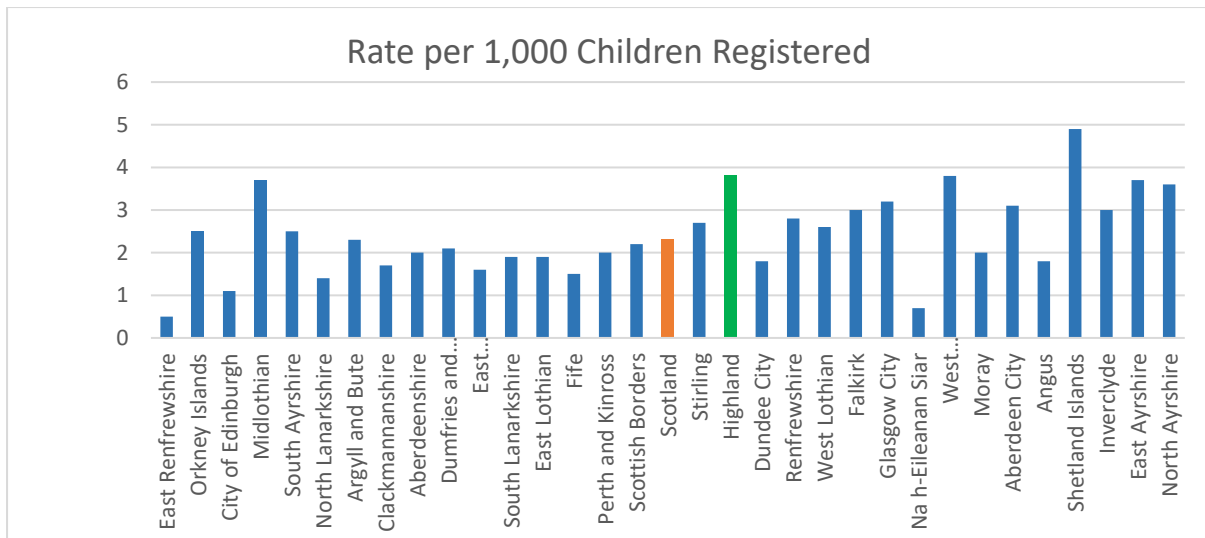


Chart 3: Rate per 1,000 Children on the Child Protection Register – Highland Council in comparison with other Local Authorities

The Scottish Government have published their 2022-2023 Social Work Statistics which shows the national Rate per 1,000 Children Registered in Scotland has risen slightly from 2.2 to 2.3 – seen in Chart 2 above.

In Highland, in Q2 2022/23 the Rate per 1,000 Children Registered was at 2.2 – slightly below the current national average. However, with the higher number of children registered in Q2, Highland now sits at 3.8 slightly lower than 3.9 in the previous quarter.

Chart 3 shows the Rate per 1,000 Children Registered on the Child Protection Register across all Local Authorities with the last updated data. For Highland Council, that will be Q2 2023/24, for all other Councils this will be Q4 2022/23.

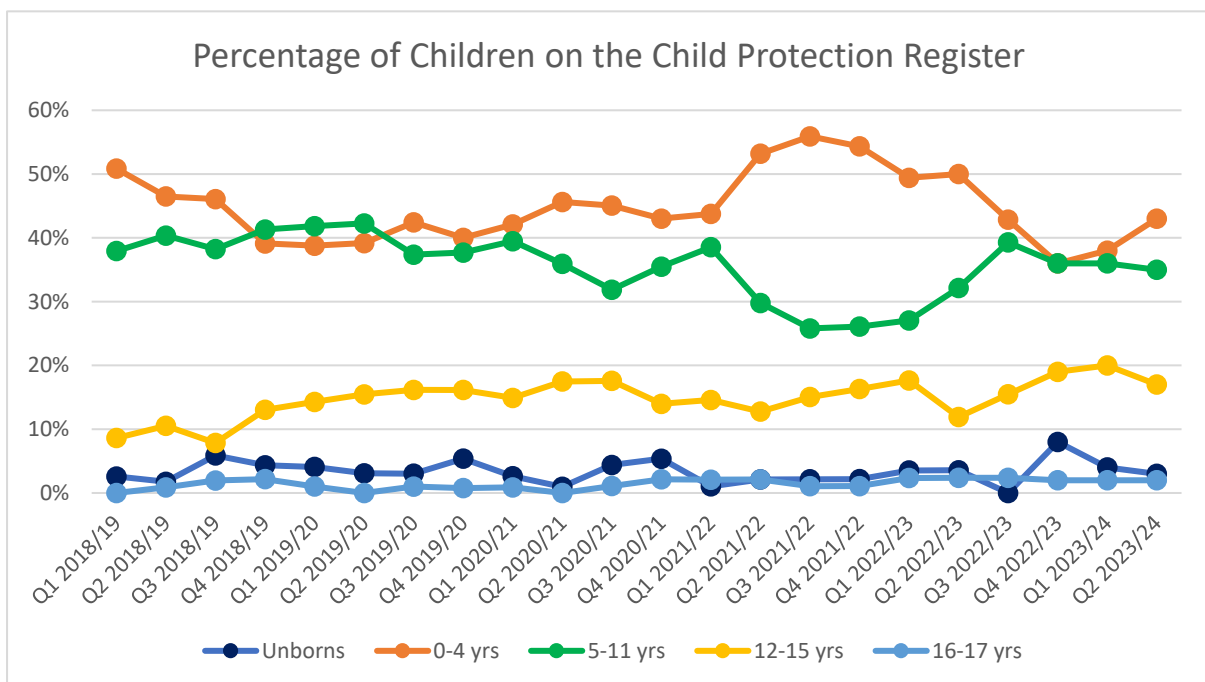


Chart 4: Percentage of Children in Age Bracket on the Child Protection Register

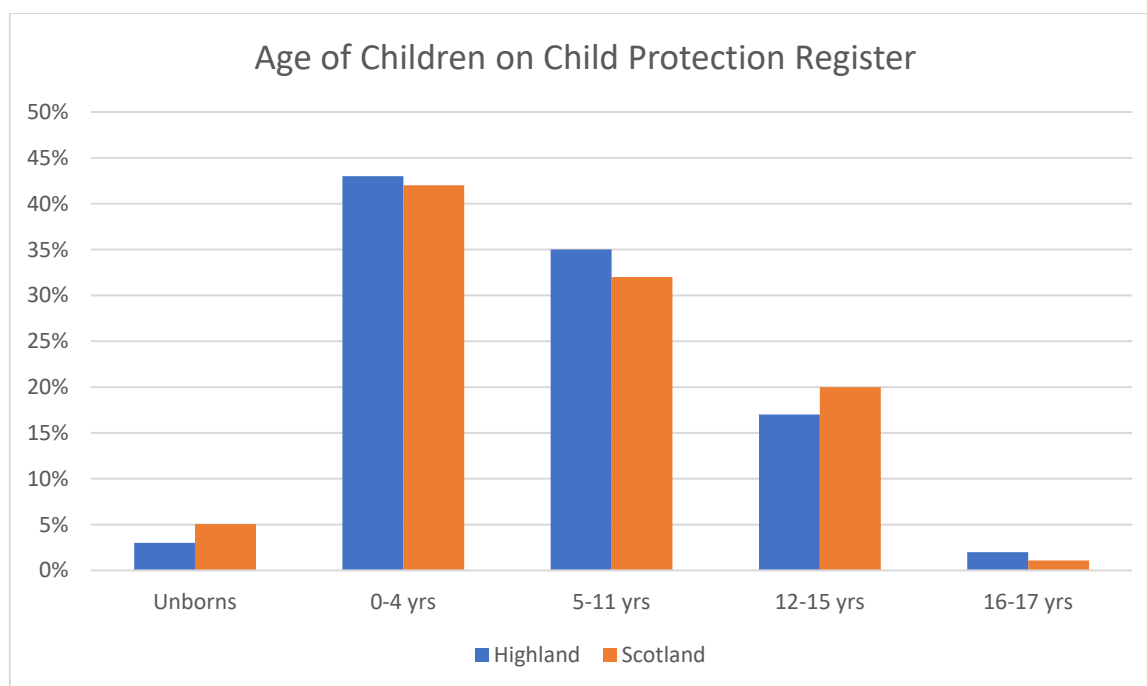


Chart 5: Percentage of Children in Age Bracket on the Child Protection Register

Chart 4 above shows the proportion of children registered on the Child Protection Register at the end of each quarter by age. As can be seen, 0–4- & 5–11-year-olds make up the highest proportion of those registered since Q3 2019/20. There has been a change in recent months that shows slightly more children aged 12-15 are currently on the Child Protection Register although there is a reduction this quarter. This trend will be monitored.

Chart 5 above shows the age of the children currently on the Child Protection Register compared to the national figures, as released in the 2022-23 Social Work Statistics publication. While there has been a levelling of the figures in Q3 2022/23, this is a recent development, as Chart 4 illustrates the change. More detail given below in *Child Protection Register – Registrations & De-Registrations* section.

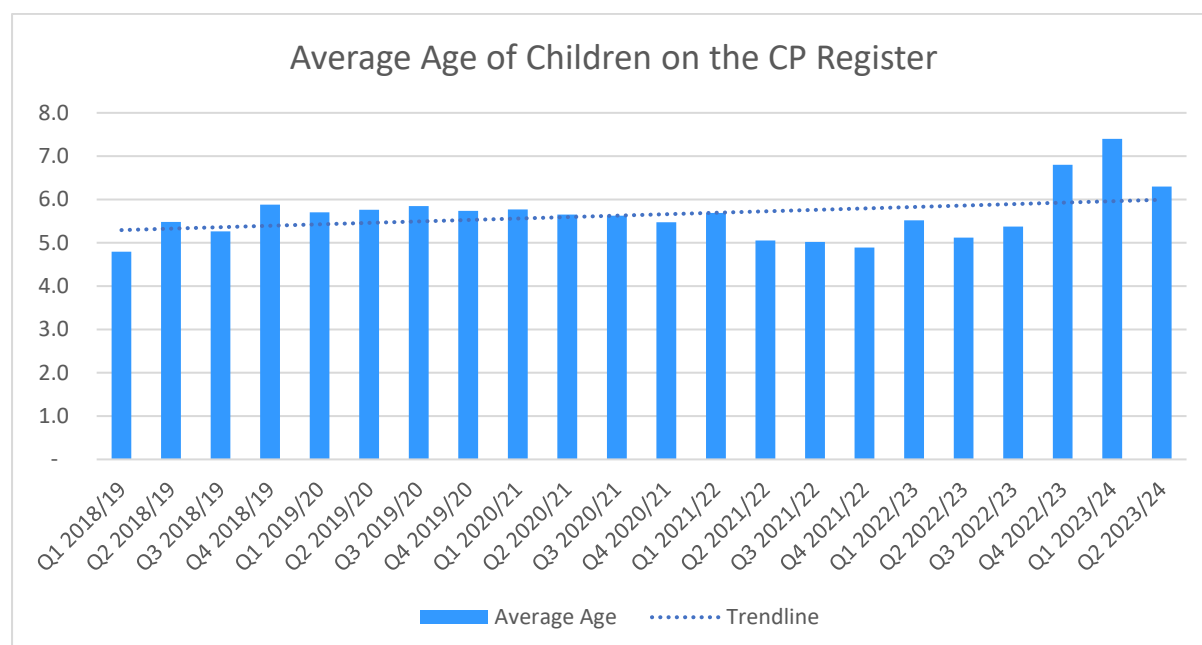


Chart 6: Average Age of Children Registered on the Child Protection Register

Chart 6 above shows the average age of all children registered on the Child Protection Register – including those unborn. There had been a gradual decline in the age of children that are registered since Q4 2018/19 to Q3 2022/23. Although the previous 2 quarters show an increase, the Q2 average age decreases from 7.4 to 6.3.

### **Child Protection Register – Registrations & De-Registrations**

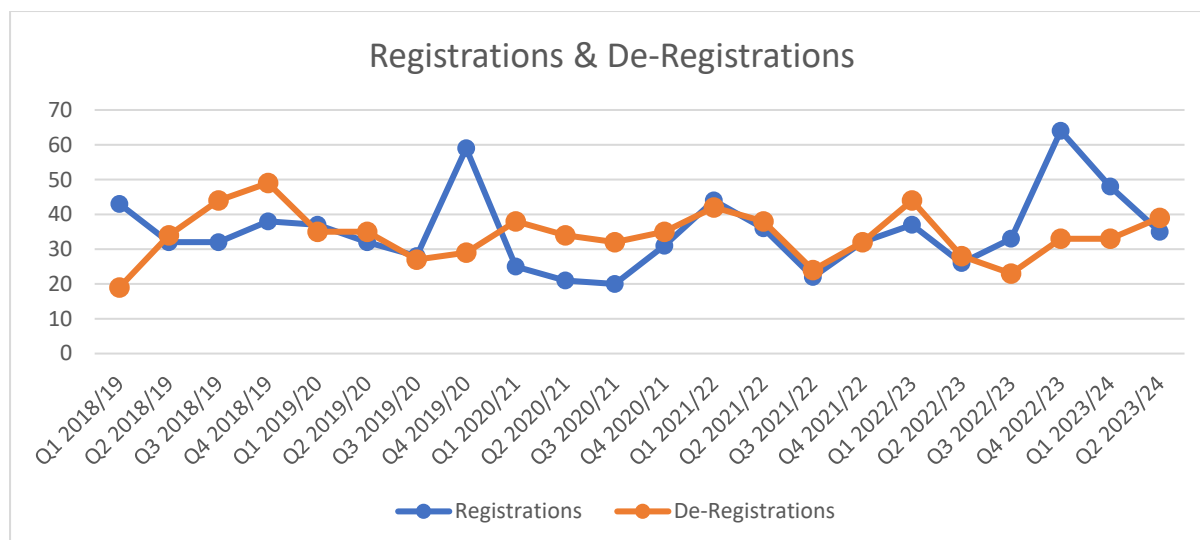


Chart 7: Registrations & De-Registrations of Children on the Child Protection Register

Chart 7 above shows the number of quarterly registrations and de-registrations from the Child Protection Register in the period. Historically overall numbers tend to follow each other closely. However, in the most recent quarter the number of de-registrations has levelled, while registrations have decreased. Q2 2023/24 has again seen quite a high number of registrations – with 35 more registrations (although 13 less than Q1). Again, it should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

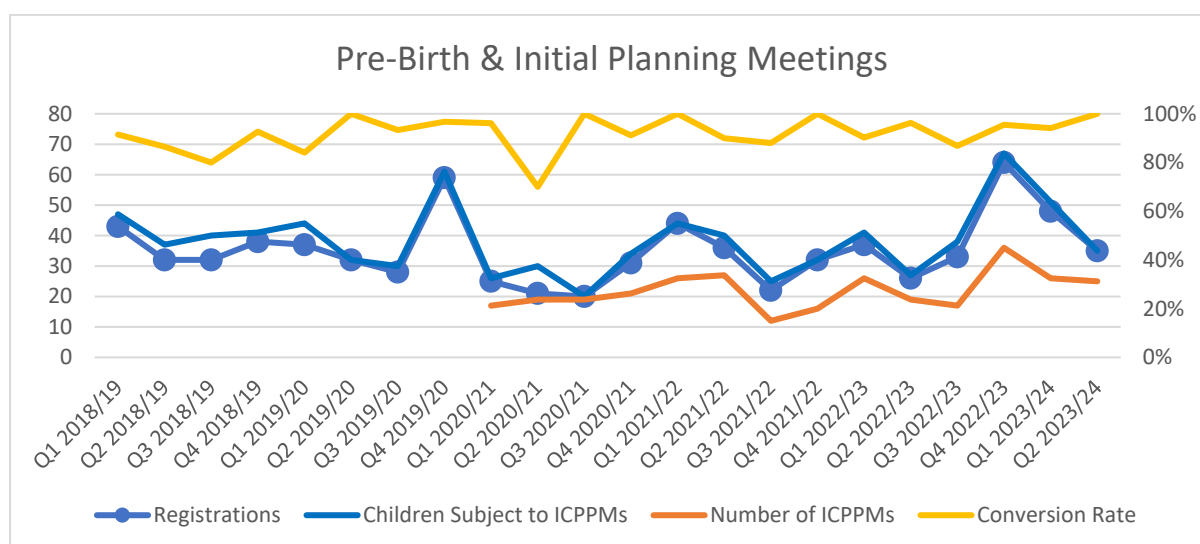


Chart 8: Pre-Birth & Initial ICPPM Conversion Rates

Chart 8 shows the number of children subject to an Initial Child Protection Planning Meeting (ICPPM), the total number of ICPPMs, and the conversion rate of ICPPM for each quarter. Please note, these meetings were previously referred to as Child Protection Case Conferences (CPCCs). This data provides an indicator of the type or level of cases being taken forward to ICPPM. A low percentage (conversion

rate) potentially indicates that greater focus ought to be placed on the Investigation, Assessment, and Interagency Referral Discussion stages. The conversion rate in Highland averages 94% over the period, which is being negatively affected by Q2 2020/21, where there was only a 70% conversion (during the pandemic period). The conversion rate has not fallen below 90% since Q3 2021/22. This suggests that thresholds for proceeding to ICPPM in Highland are good.

There has been a decrease in the number of children subject to ICPPMs in Q1 2023/24, lowering to 35 from 51 in the previous quarter. The conversion rate for the quarter has increased to 100% from 94% in the previous quarter. This would be expected with the high number of children registered in the period.

Notably, there were also less children per ICPPM in the quarter than had previously been seen, with an average of 1.4 children being the subject of each Planning Meeting. This is a lower average than the previous quarter, and the 2nd lowest since Q1 2020/21 where the value started to be tracked.

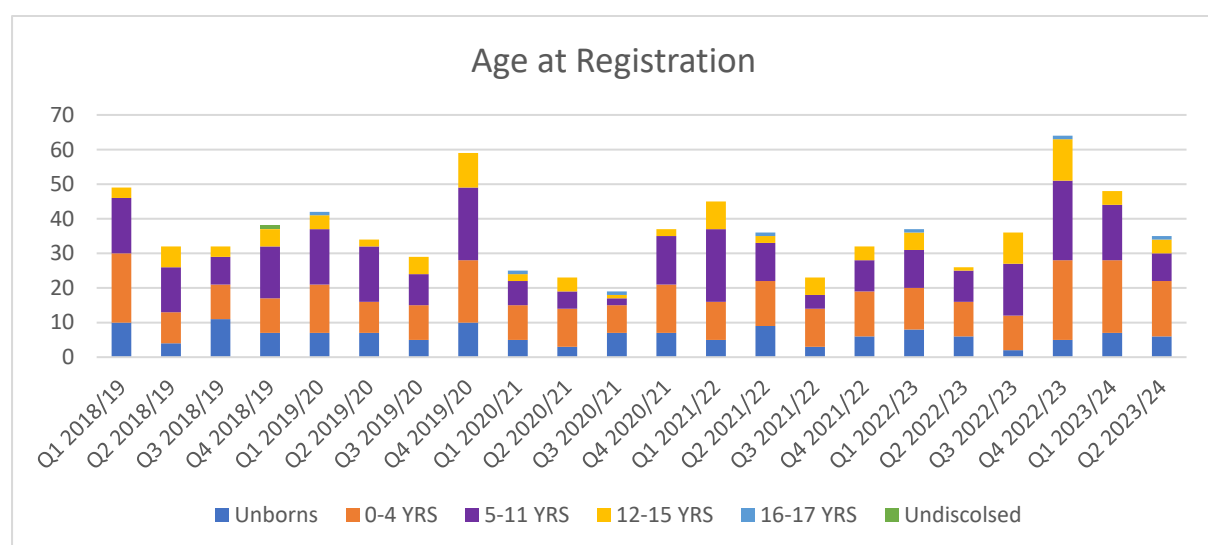


Chart 9: Age of Child at Registration

Chart 9 above shows the trend in the age of children registered on the Child Protection Register in that quarter. While there is variation in the overall figure, it would appear to indicate a trend in an increase in the number of 0–4-year-olds & 5–11-year-olds; this ties in with Chart 4 showing the percentage of children in each age bracket on the Child Protection Register.

In Q2 2023/24, the increase in the proportion of 0–4-year-olds continues, while there is a sizeable drop in the proportion of 5–11-year-olds registered in the quarter. Six unborn children were registered in the period, a rise from prior quarters, sixteen 0-4-year-olds, eight 5-11-year-olds, and four 12-15-year-olds were registered in the period.

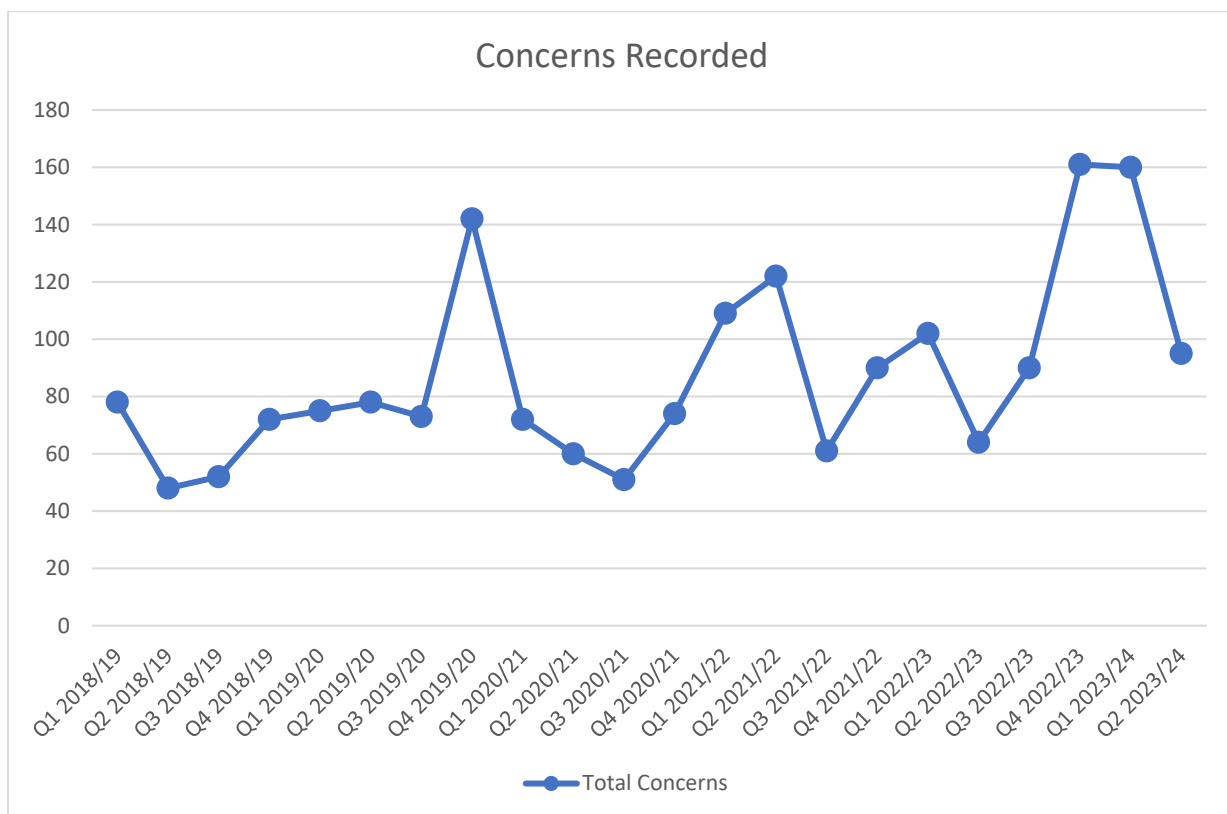


Chart 10: Concerns Recorded Children Registered on the Child Protection Register

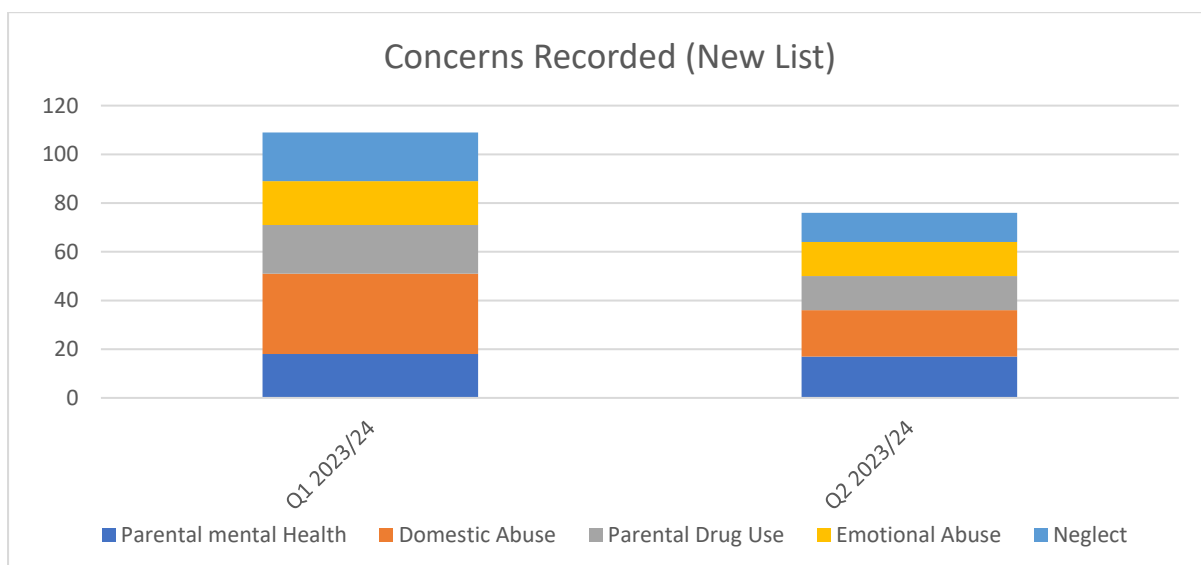


Chart 11: Top 5 Concerns Recorded at ICPPM

Chart 10 highlights all concerns (includes old & new list of national risks and vulnerabilities) that have been recorded for children registered on the Child Protection Register. In Q2 2023/24, there were 95 concerns recorded and showed a large decrease from 160 in the prior quarter. Domestic Abuse was the most common concern recorded across Highland in the Quarter, followed by Parental Mental Health, while Neglect continues to feature in the top 4 in the quarter.

Chart 11 shows the breakdown in the five most common concerns over the time period. While the overall number of children registered has remained high in the time period, the number of concerns

has dropped in proportion. This would suggest the complexity of cases has increased with families experiencing a number of risks and vulnerabilities. The five largest concerns registered in descending order for Q2 2023/24 are: Domestic Abuse, Parental Mental Health Problems Neglect, Parental Drug Misuse, Neglect and Emotional Abuse, (as seen in Chart 11). This is useful data in terms of service planning and development and working with partners within the Alcohol and Drugs/Violence Against Women Partnerships. However, it is important to note that other types of abuse can have significantly higher risks for a smaller number of children (e.g. criminal exploitation).

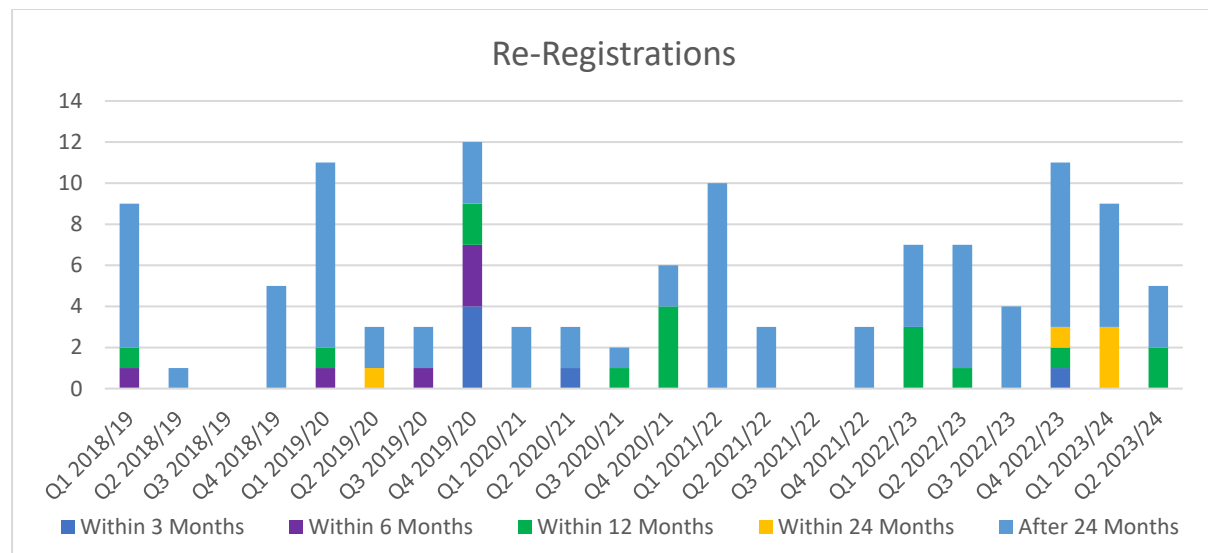


Chart 12: Re-Registrations

Chart 12 above shows the number of re-registrations of children on the Child Protection Register in each quarter. Re-registrations can provide an indicator of the quality of assessment, decision making and planning for children. For example, if there were a high number of children re-registered within 3-6 months, planning and decision making in relation to de-registration may be questioned. Where risk may have been reduced significantly and families are receiving support, children may be de-registered from the child protection register. However, at a later stage the family may experience further crises which puts a child/children at risk of harm. This is particularly the case where substance use, domestic abuse and/or parental mental health is a vulnerability. Re-registrations provide an indication The Quality Assurance Sub-Committee will consider re-registrations within the Audit Cycle and findings reported to the Child Protection Committee.

The absolute numbers tend to remain around 10 for each quarter since Q1 2018/19. There have been 2 re-registrations of children on the Child Protection Register within 12 months in Q2 2023/24.

### **Child Protection Register – SCRA**

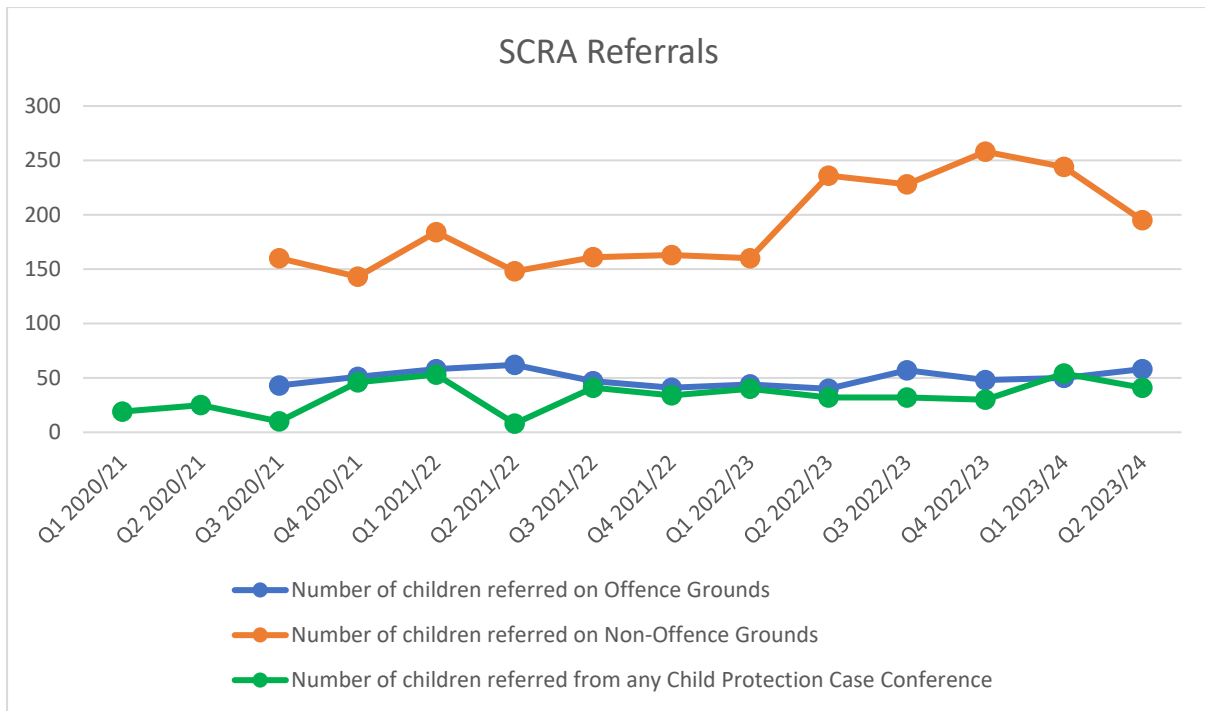


Chart 13: SCRA Quarterly Referrals

Chart 13 shows the number of children referred to the Children’s Reporter on Offence Grounds, Non-Offence Grounds and from any CPPM. The quarterly figures are primarily available from Q3 2020/21. As can be seen, there tended to be little variation in the figures until quarter Q2 2022/23, where the number of children referred on Non-Offence Grounds increased significantly, it remained at a high level up until this quarter where there has been a drop.

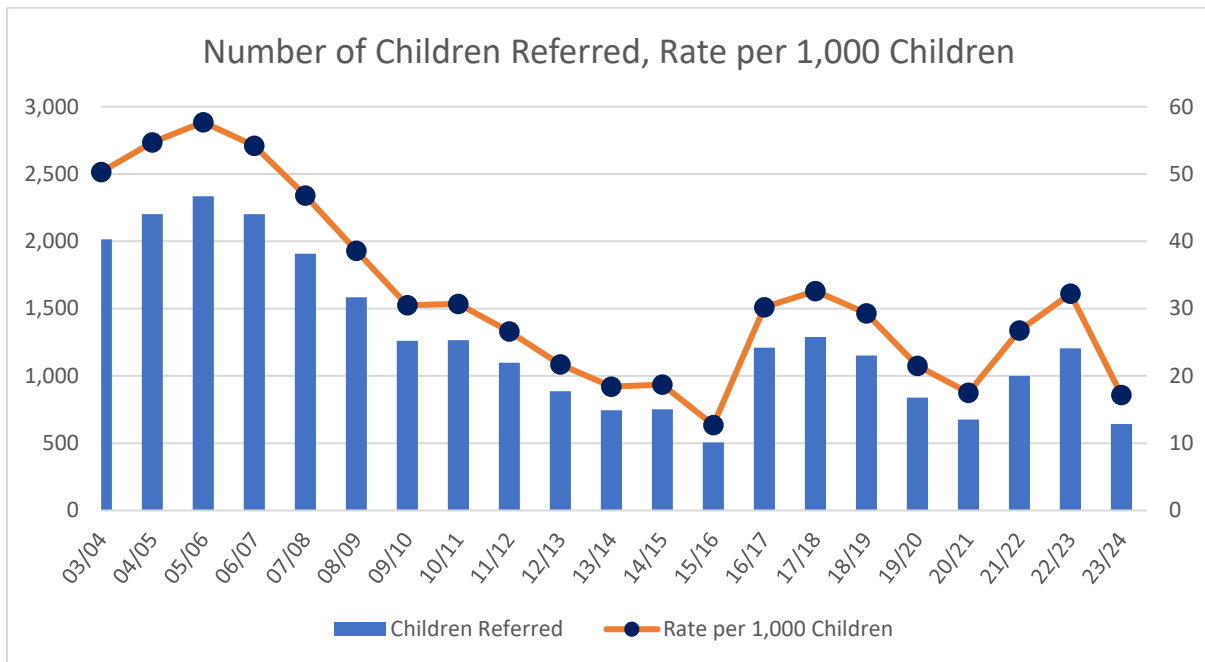


Chart 14: SCRA Annual Referrals

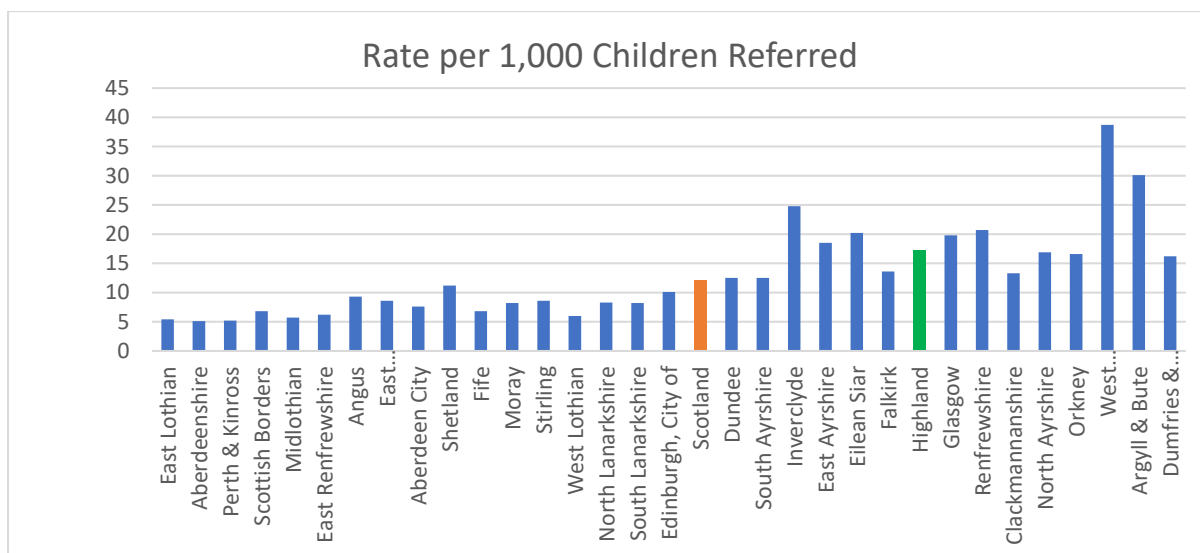


Chart 15: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 14 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There had been a significant drop in the number being referred, although the current 23/24 figure of 642 children, or 17.2 children per 1,000 children, is above the 15/16 figure of 506 children, or 12.7 children per 1,000 children. Progress however is being made and there is a general trend of decreasing numbers despite the sharp increase in the previous quarter.

Chart 15 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 22/23. Highland Council's position of 24<sup>th</sup> out of 32 can be seen in green, with a rate of 17.2 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 12 Children Referred per 1,000 Children.

It should be noted that these charts do not take account of the increase in referrals on non-offence grounds as detailed above. Should there be a continued increase in referrals, we should expect Highland to be having a higher rate than 2017/18.

### Child Protection Planning Meetings – Initial Timescales & Attendance

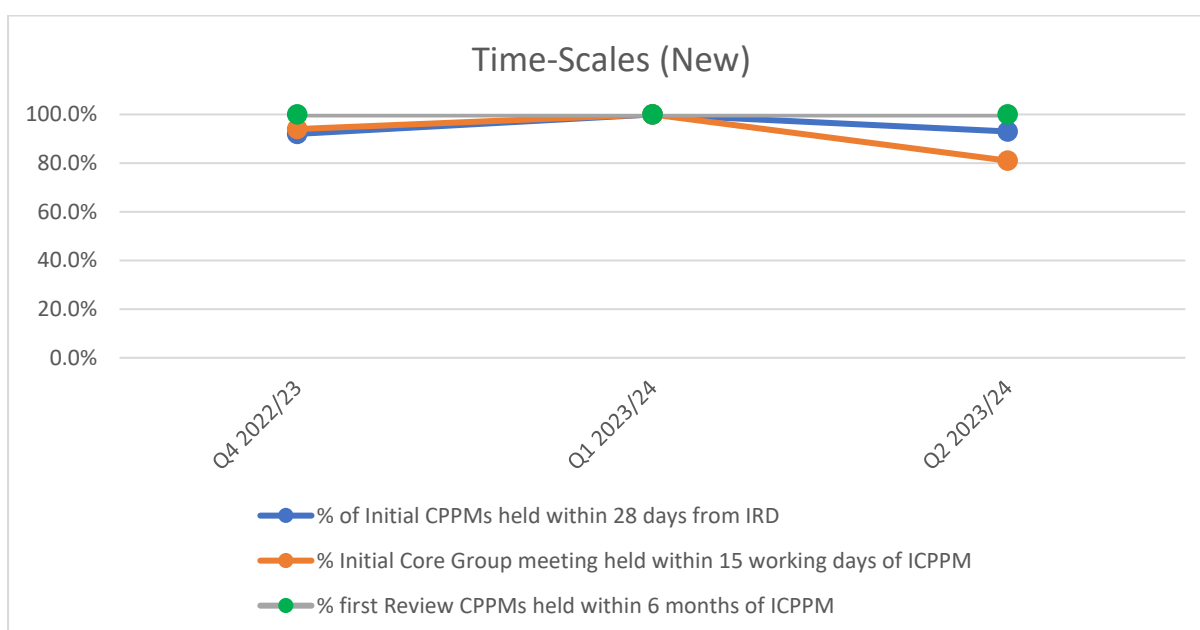


Chart 16: Percentage of Meetings held within timescales

Chart 16 above shows the 'New' timescales for Initial Child Protection Planning Meetings being held from notification of concern, followed by the Initial Core Group and Review dates. This figure tends to remain relatively high and consistent.

The CPC will monitor timescales closely and raise any concerns regarding trends in this area with appropriate agencies. Please note, timescales in Highland are currently tighter than those outlined nationally. In line with the National Child Protection Guidance, from September 2023 Highland will be moving to national timescales.

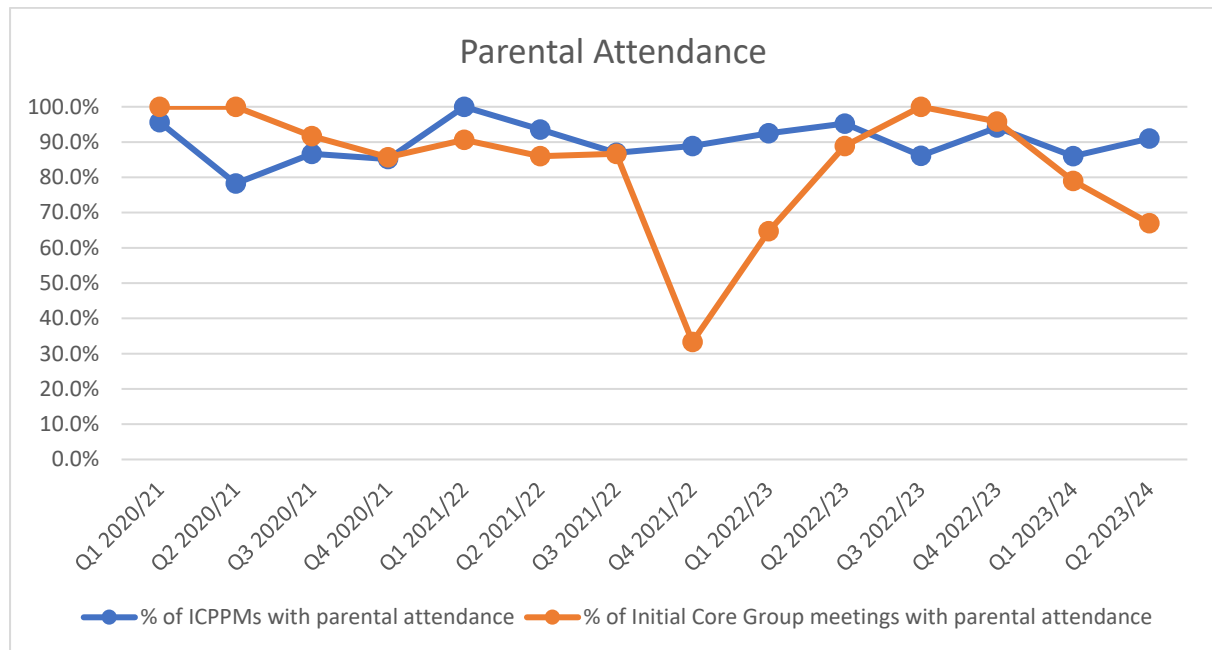
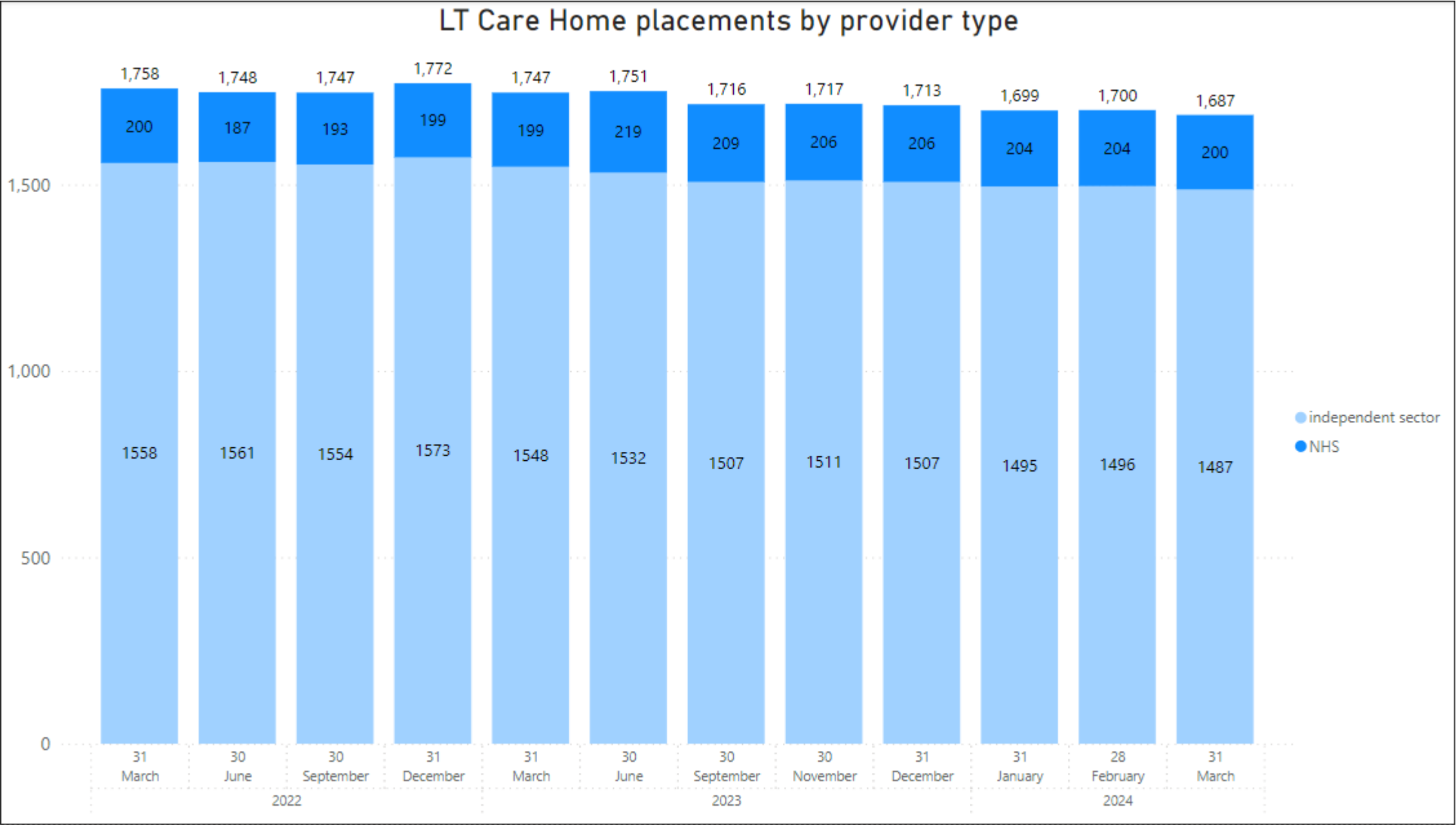


Chart 16: Percentage of Initial Child Protection Planning Meetings where at least one person who usually has care of the child attends

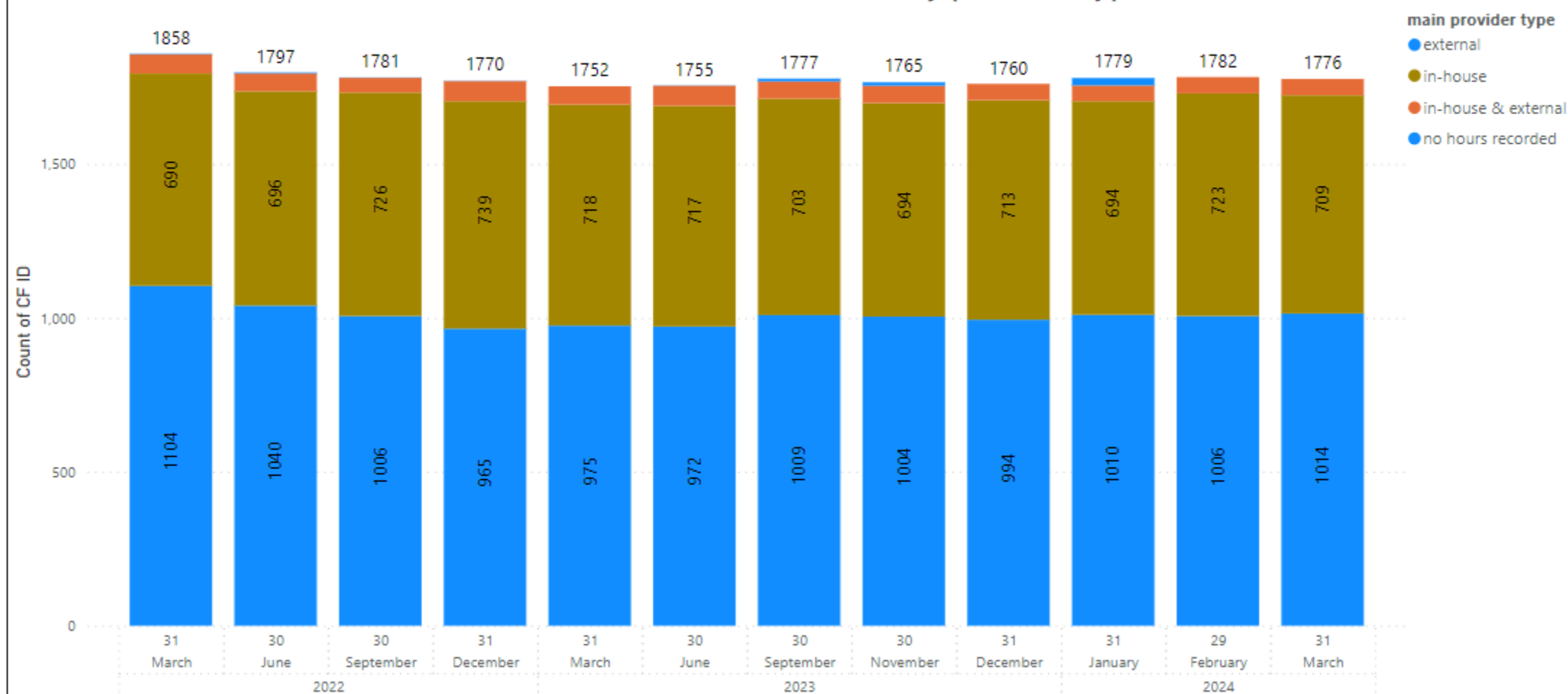
Chart 16 above shows the percentage of attendance from parents at an Initial Child Protection Planning Meetings and the percentage of attendance from parents at an Initial Core Group Meeting.

The figures for both tend to be consistently high across the periods although there is a drop at Initial Core Group Meeting attendance this quarter, which will be monitored.

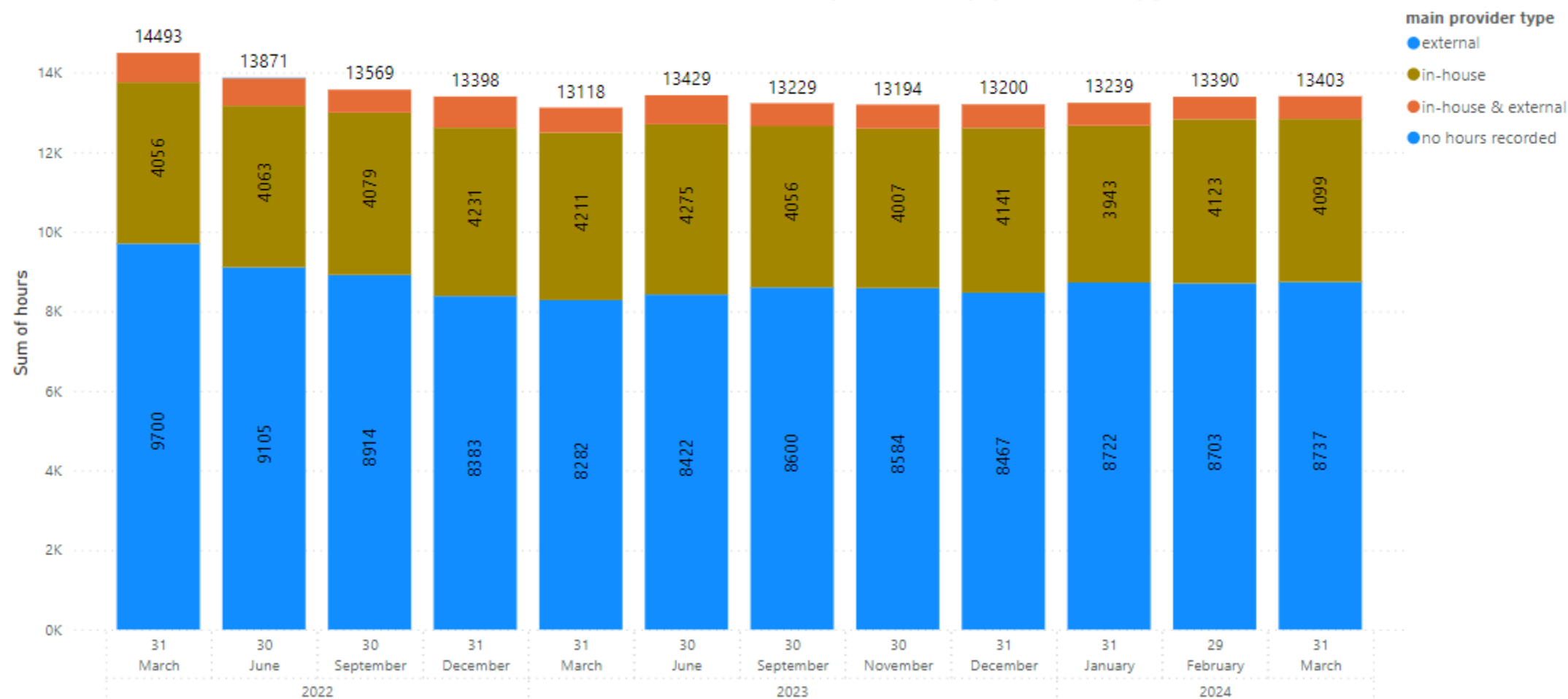
Please note that the large drop in Q4 2021/22 in the percentage of parental attendance at Initial Core Group Meetings appears to be an anomaly and the figures have since returned to expected levels.



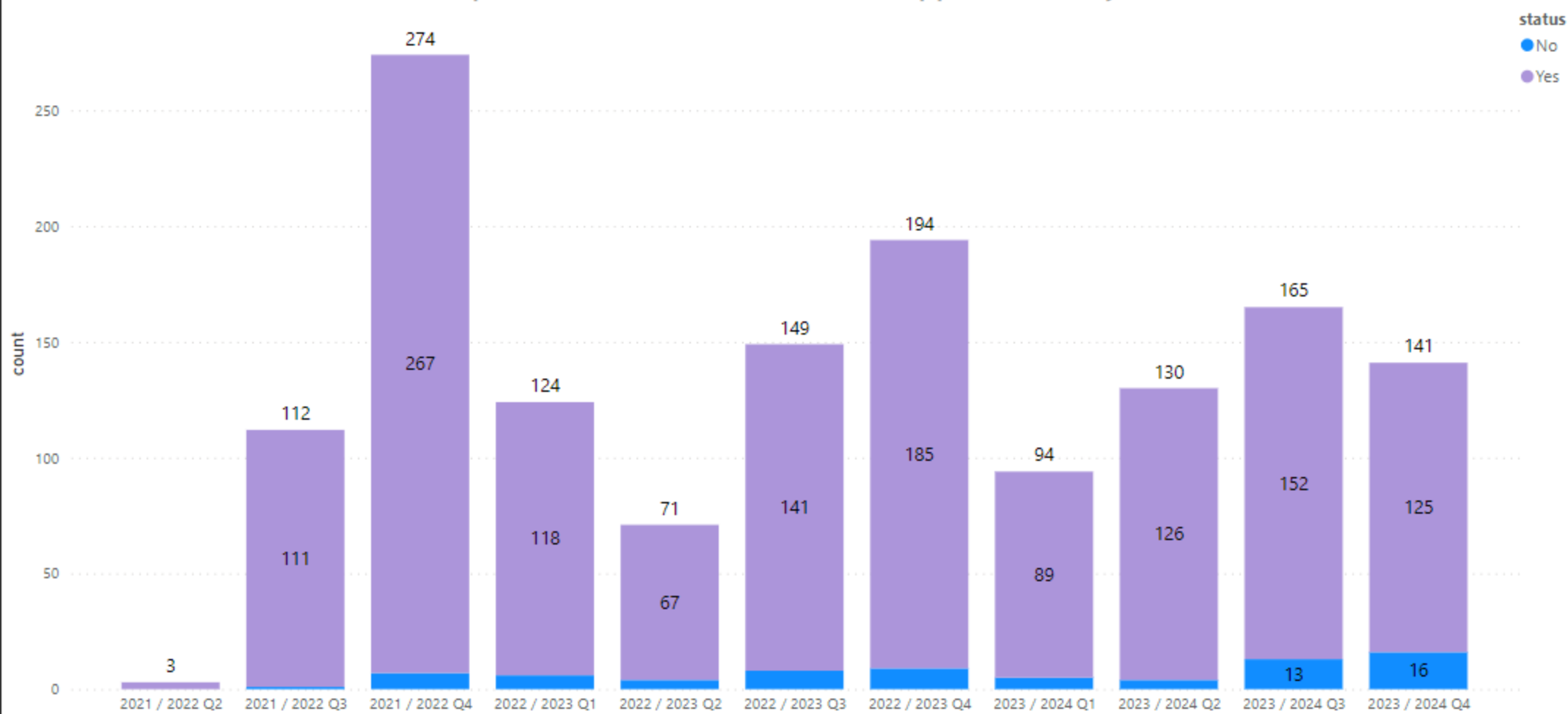
# Care at Home - count of clients by provider type



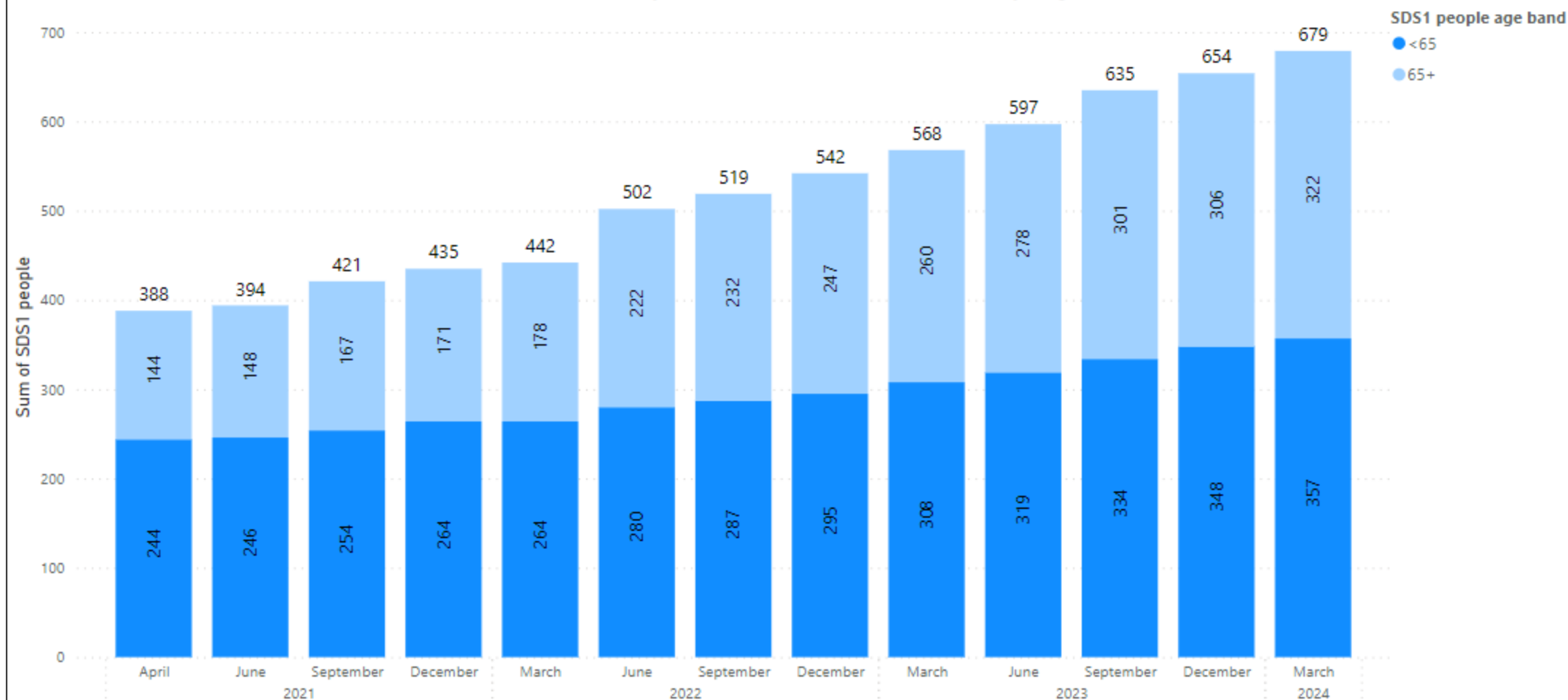
# Care at Home - sum of weekly hours by provider type



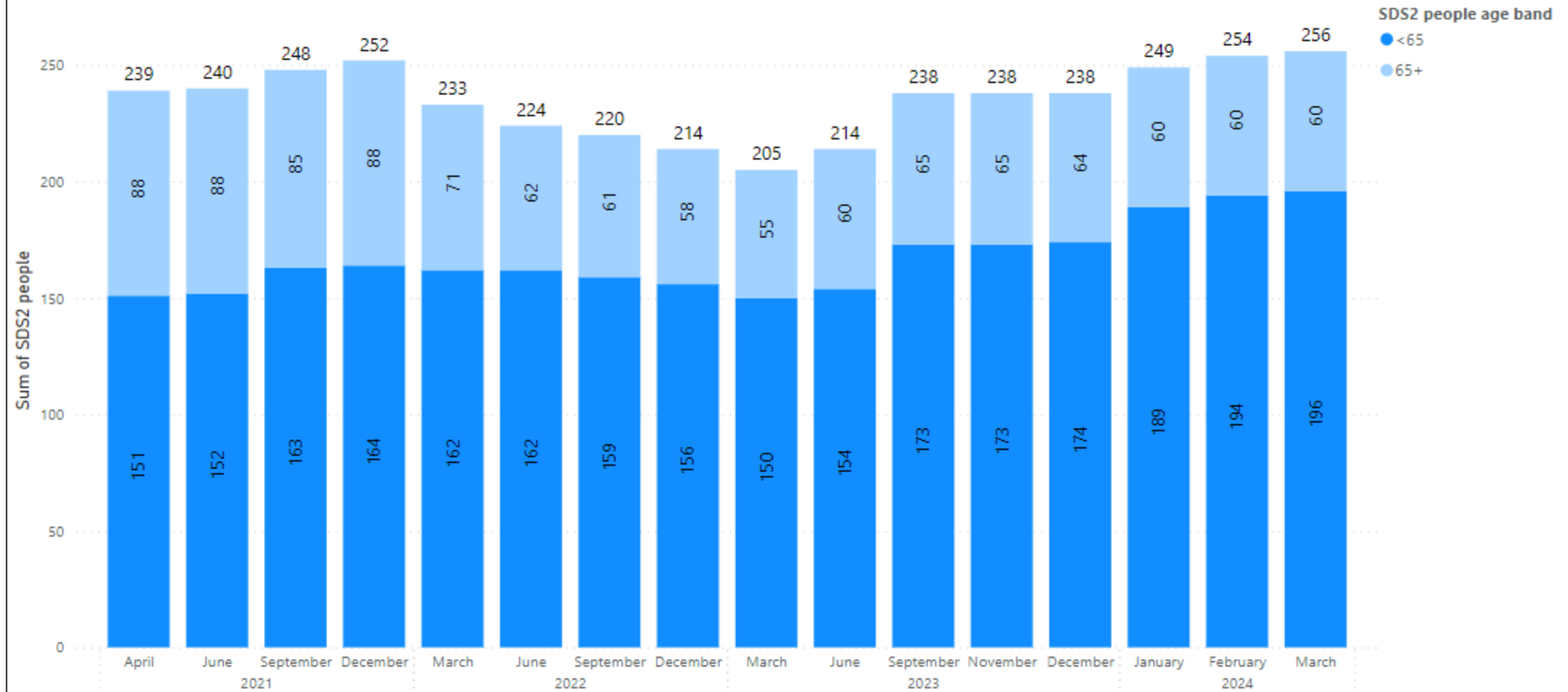
SDS (option 1) Carer Break scheme applications by status



## SDS1 Direct Payments - No. of clients by age band

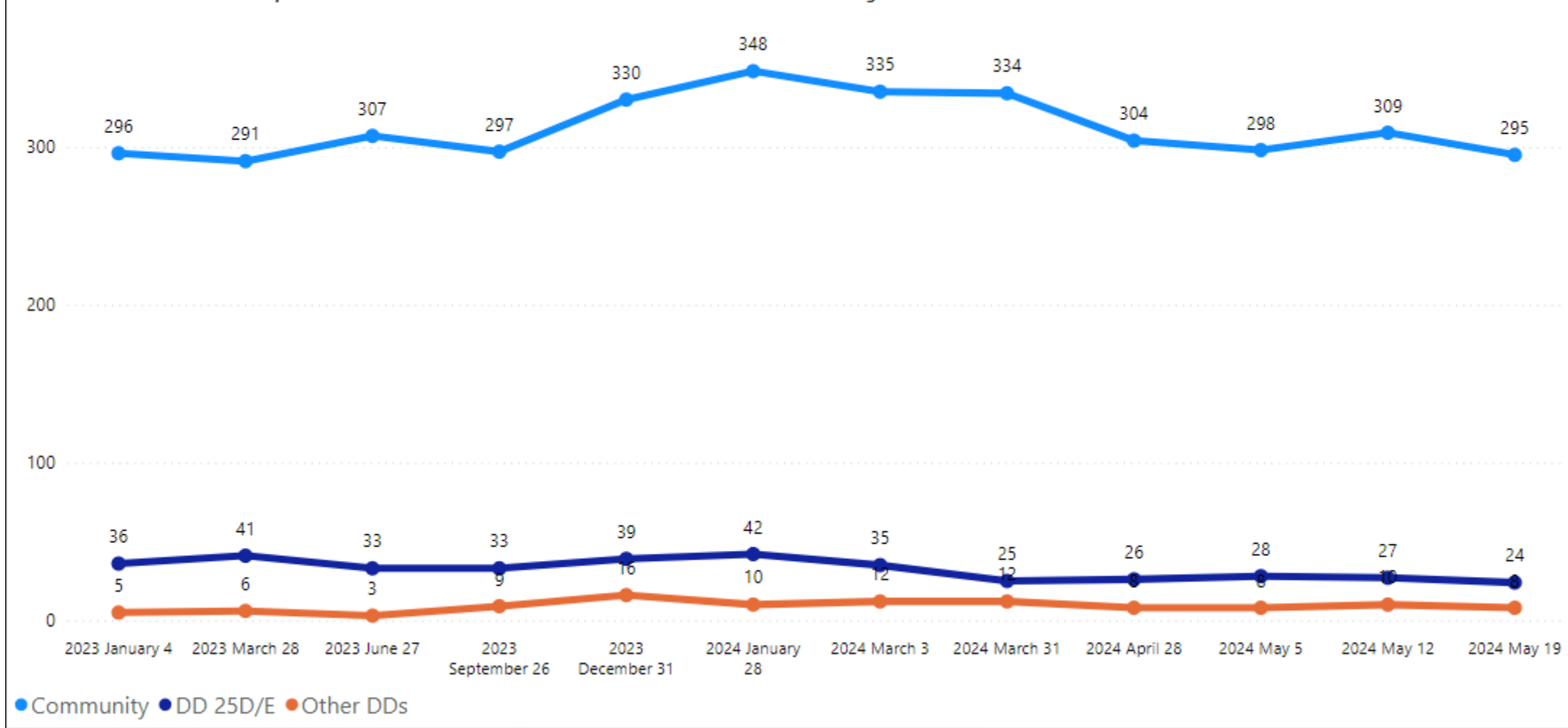


## SDS2 ISFs - No. of clients by age band

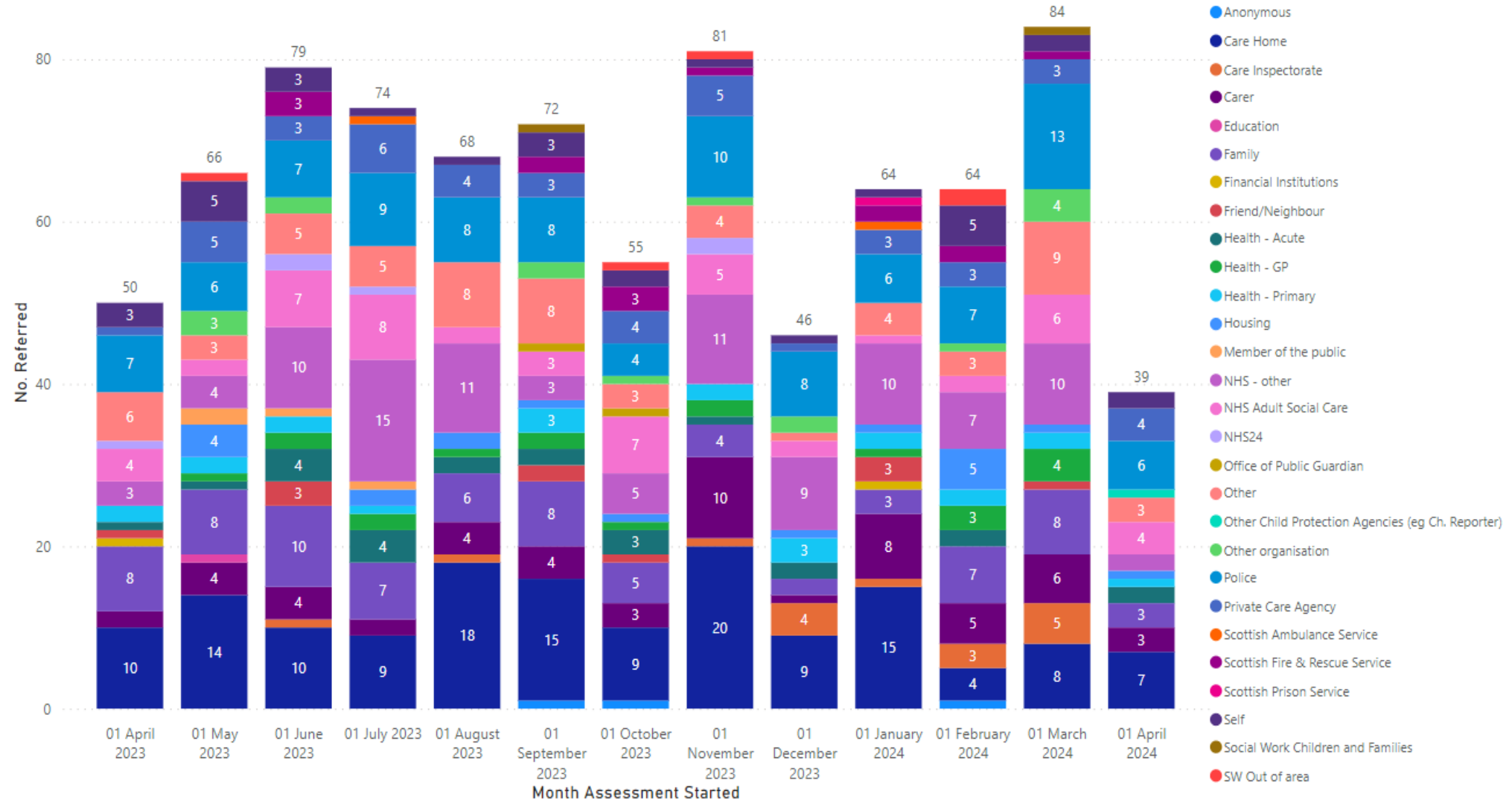


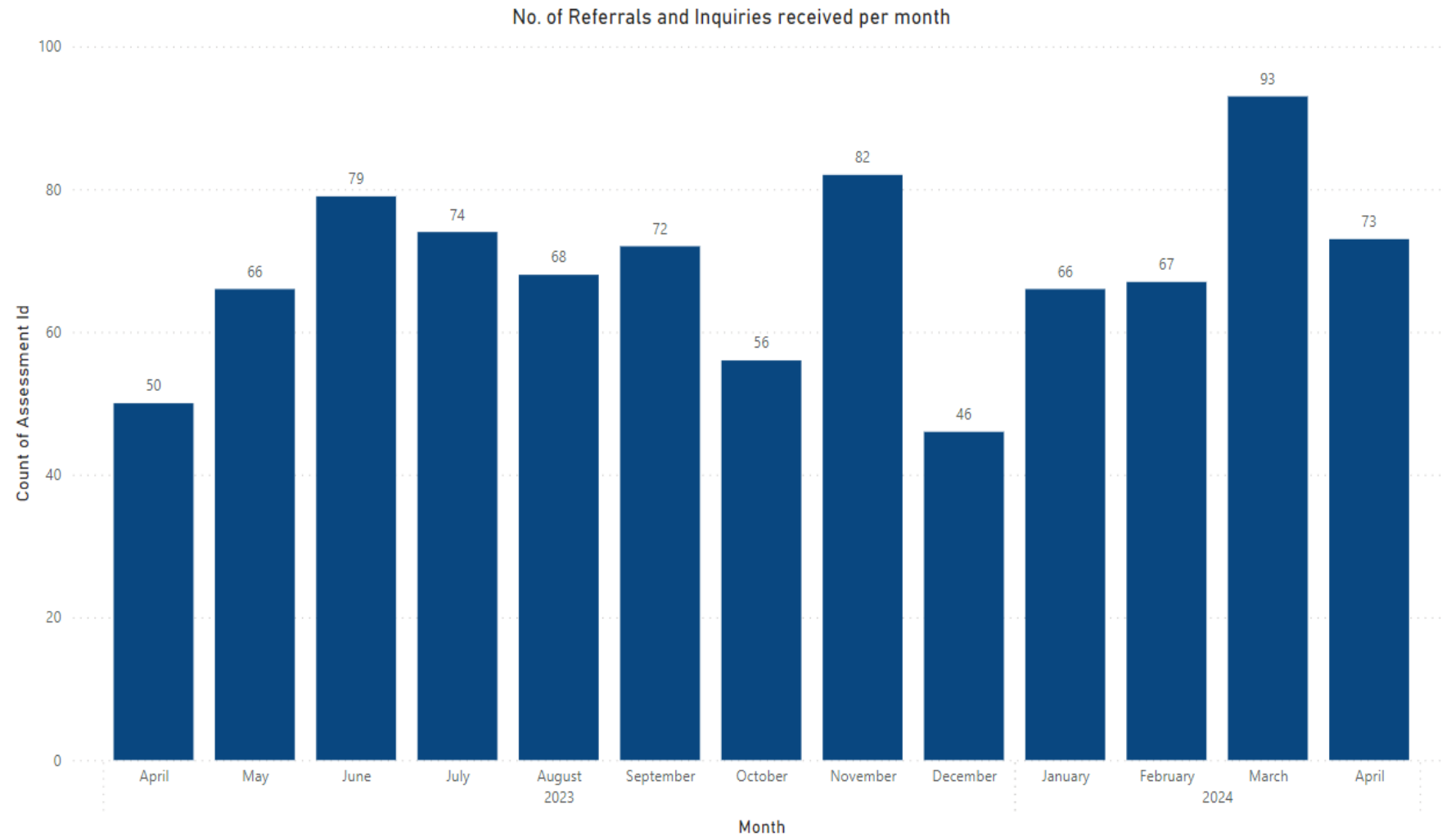
### Total number of people assessed and awaiting a new package of care (Community and DDs)

Note, totals include hospital DHDs with code 25D or 25E who are not on the CAH team waiting lists



Complete Adult Protection by Source





### Activity on the Promise in Highland – a follow on from 2023

#### *Promotion & Engagement*

Work continues to engage the workforce in areas of activity related to KeepingThePromise.

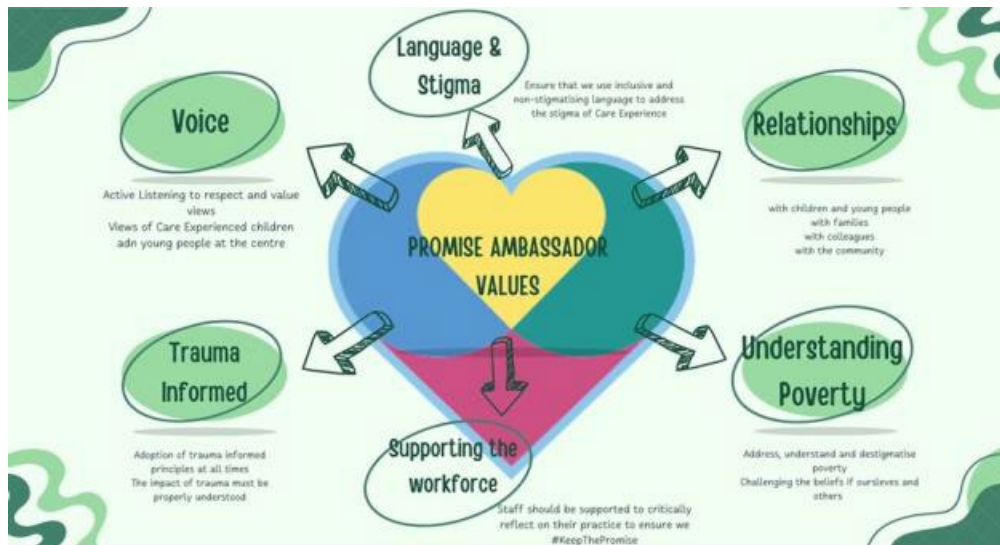
From January 23 to March 24 there has been 4 Promise Conversation Cafés with over 63 attendees. These online, partnership engagement sessions remain open to all who are interested in sharing how Highland is #KeepingthePromise. The ambition of the Café is to create a safe, trauma informed, collaborative space for all partners and ensures voice is given to the workforce across all sectors, through an accessible setting.

Findings and themes from engagement activities identified the need to develop 'induction' sessions on The Promise for all staff working in the Highlands. To avoid perpetuating the myth that #KeepingthePromise is the responsibility of Social Care, it was agreed to develop a multi-agency '**Raising Awareness of The Promise in Highland**'. This multi-agency induction package is currently being developed by a short-term working group with the support of our Promise Scotland Delivery Partner and our Child Protection Committee

The **Promise Ambassadors** initiative continues to grow with 18 Ambassadors recruited across Highland Council, and now includes representation from Education. There are current plans in progress to expand this initiative to Highlife Highland, with the support of Highlands Promise Delivery Partner.

The ambassadors have met 4 times since Jan 23 and agreed collaboratively their remit:

- To act as ambassadors for The Promise in Highland
- To support Highland Council's pledge to #KeepthePromise
- To champion The Promise and its calls to action in their local areas, within their professional networks and with their communities
  - o through promoting the ambitions of the Promise
  - o Through modelling the core values and ethos of The Promise as a whole
- To ensure The Promise is at the forefront of service delivery
- To reflect the core values of an Ambassador (see below)



Graphic 1: Highland Promise Ambassador values

Promise Ambassadors are key to supporting delivery of the Promise, ensuring connection to the communities of Highland whilst recognising the vast and varied geography.

### Language

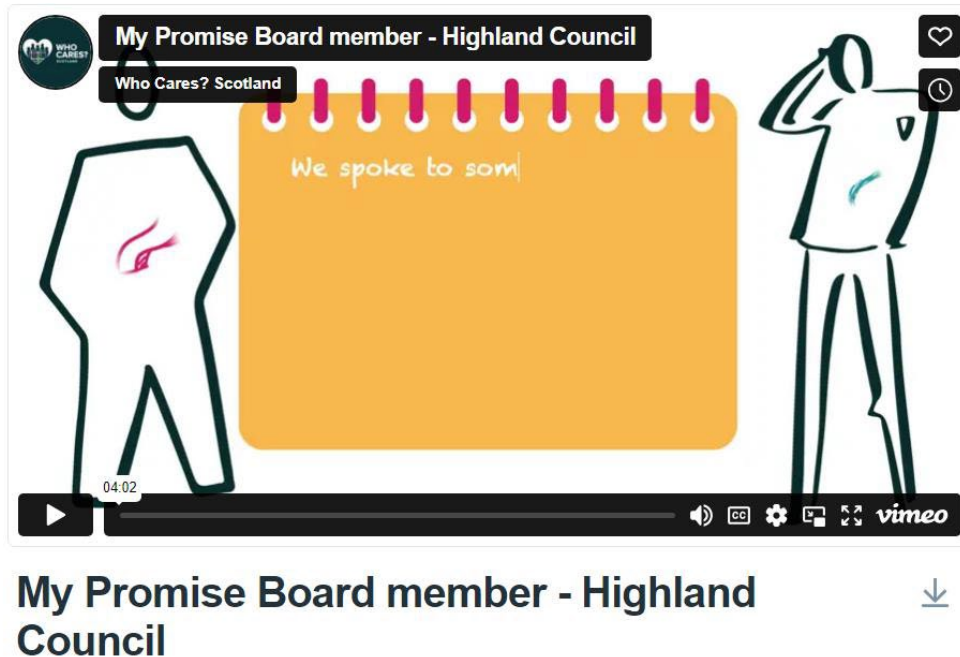
To respond to calls to action in The Promise and in recognition of improvement needed in the area of Language, Highland Council and Partners set up a small working group with the ambition that: **'we will be able to demonstrate destigmatising language and practices across the way we work by the end of plan 24.'**

Several activities were undertaken, or are in progress:

- The production of a 'Language Guide', in the form of an online 'microbite' which was developed through engagement with children and young people with experience of care and professionals working with children services through a 'Language Bin'. This guide is accessible to all partners.
- two small tests of change with two residential homes within Highland, in collaboration with Each & Every Child. These projects have adapted their language in terms of daily notes, and care planning aiming to create more trauma informed records.
- With the support of a secure care experienced young person living in Highland, producing a letter from the Chief Social Work Officer for any child or young person going into secure care. This also includes a letter from a young person, based on their experience and what they felt would be supportive and helpful for any young person entering secure care from Highland.
- A multi-agency 'Master Class' on Language was delivered in May 2023 through the Child Protection Committee) with partnership collaboration from Each & Every Child and the 'Write Right About Me' Aberdeen City Partnership.

### *Highland's Promise (Corporate Parenting) Board*

Following significant reflective development to reach a collaborative and shared sense of Highland's priorities, the Promise Board continues to develop (see appendix 1 for high level graphic mapping of subgroups) to achieve its priorities and reports to the Integrated Children Service Board. The Board underwent training for Corporate Parents to support their knowledge and understanding of their responsibilities as a Board which included a video produced by care experienced children in Highland where they shares 'What a Corporate Parent should be' [You can watch the video here](#)



*Graphic 3: Screen grab of video produced by Highland's care experienced young people*

### *Rights, Participation & Co-production*

#### **My Journey Journal**

Through part of the Highland Strategic Partnership's 'Moving On' Subgroup, a partnership with third sector organisations including Aberlour, Barnardo's, Action for Children and Inspiring Young Voices and Highland Council, My Journey Journal was produced – an example of co-production, driven by the voice of children with lived experience of care.

The My Journey Journal was co-designed and written by Care Experience young people in the Highlands. Through consultation they shared their voices and experiences of their care experience journey, sharing what they felt was good and what could be even better. They voiced that sometimes they felt unclear with what was happening around them and they didn't feel in control of decisions being made. They wanted to change this for other young people to empower them to have a voice and feel in control and this was why 'My Journey' was created.



*Graphic 2: My Journey Journal, a partnership co-designed booklet for care-experienced children*

## **Participation**

Highland Council alongside partners and with the support of the Integrated Children's Service Board has produced a Participation Strategy (June 24). The implementation of this strategy will be fundamental to Highland's ambition to develop co-designed services with those with lived experience.

Supporting this and under the Families 1<sup>st</sup> Strategy is the development of a Child's Rights & Participation Service consisting of 3 x officers. These officers have now been recruited and will support and improve the quality of how children are listened to, heard and included in their planning as well as enhance how the council systematically gathers children and young people's views to influence wider service planning.

## ***A Trauma Informed Workforce***

Supporting the workforce to deliver Trauma Informed practice remains a priority in terms of Highland's ambition to Keep The Promise. The Programme Manager continues to drive this work through her Trauma Champion role: a position others hold across the partnership and where governance sits within the Mental Health Delivery Group. The development of a Trauma Lead officer to progress and lead on this work has been approved following funding from the Scottish Government, demonstrating partnership support for this national agenda, National work and evidence emphasises the focus on supporting the workforce cannot solely focus on training the workforce. Practitioners cannot demonstrate a Trauma Informed approach if they sit under systems and processes that are not. Therefore as a collective group within the Trauma Champion network, energies have focused on promoting trauma

informed leadership. The work undertaken to date has been recognised nationally, with the Programme Manager presenting at the National Trauma Champion workshop and most recently, at the Scottish Trauma Informed Leadership Training programme as part of the leadership section (along with a colleague in Highland Council's Housing service). A Trauma Summit is planned for September 2024 targeting all senior chief officers and leaders with the aim of providing a foundation to planning and implementing more extensive training, awareness raising and improvement activity in the wider workforce.