

THE HIGHLAND COUNCIL
ADULT & CHILDREN'S SERVICES COMMITTEE
13 November 2013

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| Agenda Item | 14. |
| Report No | ACS/105/13 |

Chief Social Work Officer Report - 2012/13

Report by Director of Health & Social Care

Summary

This report introduces the annual report by the Chief Social Work Officer, for 2012/13.

1. Background

- 1.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968.
- 1.2 The Partnership Agreement between Highland Council and NHS Highland sets out that the CSWO will be an employee of the Highland Council. The Agreement also includes the various arrangements for professional leadership in Social Work, as part of the Lead Agency model, involving lead officers in both organisations.
- 1.3 The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. In the lead agency model, this includes advice to officers of NHS Highland. Accordingly, this report will also be presented to NHS Highland.
- 1.4 The role should assist both agencies to understand the complexities of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and the key role social work plays in contributing to the achievement of national and local outcomes.
- 1.5 The CSWO has specific responsibilities in relation to:
 - the placement and movement of children in secure accommodation
 - the transfer of a child subject to a Supervision Requirement
 - adoption applications;
 - enforcement of Community Payback Orders;
 - Mental Health Officers and statutory intervention under mental health legislation;
 - protection of adults at risk in terms of the Adults with Incapacity (Scotland)
 - investigation of complaints.
- 1.6 The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social

work services.

- 1.7 The attached report covers the broad period 2012/13. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, especially associated with the ongoing processes of integration, the start and end dates of the year are not always rigidly applied.

2. Implications arising from Report

- 2.1 There are no resource, legal, equality or climate change implications.

Recommendation

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

Date: 1 November 2013

Author: Bill Alexander, Director of Health and Social Care

Appendix 1

Chief Social Work Officer: Annual Report – Highland: 2012/13

1. The Role of the Chief Social Work Officer

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

The Partnership Agreement between Highland Council and NHS Highland sets out that the CSWO will be an employee of the Highland Council. The Agreement also includes the various arrangements for professional leadership in Social Work, as part of the Lead Agency model, involving lead officers in both organisations.

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

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

The CSWO has specific responsibilities in relation to:

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

This report covers the broad period 2012/13. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, especially associated with the ongoing processes of integration, the start and end dates of the year are not always rigidly applied.

2. Public Protection

Public protection arrangements in Highland are monitored through the Safer Highland Leadership Group, involving senior officers of Highland Council, NHS Highland and Police Scotland.

The Chief Social Work Officer presently chairs the Child Protection Committee, and is a member of the safer Highland Leadership Group. There is appropriate social work and social care contribution into each public protection strategic grouping, from the Highland Council, NHS Highland and 3rd sector partners.

i. Child Protection

The Highland Child Protection Committee has a rolling 3 year Improvement Plan based on agreed long and short-term outcomes and including improvement objectives drawn from self-evaluation activity. This is reviewed and updated at the annual review. This assists the Committee to identify specific key priorities and to address identified areas for improvement. Further detail is included in the Biennial report, and will be available in *For Highland's Children 4*.

The annual work plan is drawn from the rolling Improvement Plan and reviewed by the Child Protection Delivery Group, on an ongoing basis, using a traffic light system to track progress. Exceptions are reported at each meeting of the Child Protection Committee.

The period covered by this report involved the significant restructuring of local and national services, which impacted on all agencies involved in the Safer Highland Partnership. Throughout this time, the Committee continued to implement its Improvement Plan, as well as further actions from self-evaluation and audit work.

Achievements during 2012/13 include further improvement to governance arrangements and a number of high quality and award winning initiatives relating to e-safety, identification of sexual abuse and support for forces families.

Restructuring has allowed us to review many processes across children's services and to further improve information sharing and joint working. As children's workers in health, social care and ASN are being organised into new integrated teams, all guidance is being reviewed and refreshed to reflect this. An improved quality assurance framework, in line with guidance from the new Care Inspectorate is also being developed and embedded across children's services and it is anticipated that a further self-evaluation exercise will be undertaken in 2013/14.

ii. Adult Support and Protection

The Adult Protection Committee has an ongoing work plan, addressing key improvement priorities.

A Social Worker with many years of experience has been appointed to the newly created role of Lead Adviser (Adult Support and Protection), and will take up post in the latter half of November 2013. This postholder will provide professional advice and support to the Adult Support and Protection Committee, and within the organisation and partnerships. The post will report to the Head of Adult Social Care.

iii. Criminal Justice

Criminal Justice Services have been involved in the following activity over the year:

- Community Payback Orders (CPO) – 587
- Criminal Justice Social Work Reports – 1090
- Diversion from prosecution – 42
- Bail supervision – 15
- Statutory Throughcare (number of prisoners starting supervision in the community) – 11
- Statutory Throughcare (number of prisoners starting a prison sentence) – 21
- Home Circumstance Reports (for parole) – 74
- Home Detention Curfew Assessments – 65

The number of Community Payback Orders rose in 2012/13 from 444 to 587, which represents a significant increase. This was in large part because it is the first full year since implementation.

There are nine CPO requirements (supervision, unpaid work & other activity, compensation, programme, alcohol, drug, mental health, restricted movements and conduct). Other than supervision, programme and unpaid work, these remain under utilised by the courts.

There has been a significant increase in the number of unpaid work hours made in 2012/13 from 25,862 in 2011/12 to 33,040. This is in line with many local authorities in Scotland, and has created additional pressure on resources.

Developments

A Criminal Justice sub-committee of the Adult & Children's Services Committee was established in 2012, and met for the first time on 4 October. This is a welcome development and there has been a wide ranging agenda including women offenders, substance misuse, performance management and prison-based social work.

The Criminal Justice and Licensing (Scotland) Act 2010 involved a new duty on local authorities to submit annual reports on the operation of the CPO. The first Annual Report for 2011/12 was submitted in October 2012. The Annual Report for 2012/13 is due to be submitted in November. Criminal Justice Services (CJS) continue to look for imaginative ways to promote CPOs.

During 2012/13, CJS undertook a review of separately funded substance misuse services and, in the context of the Commission of Women Offenders Report published in March 2012, services for women offenders. This resulted in the decision to create one substance misuse team to include a dedicated Social Worker working with women offenders both in the community and in prison, including women in the Community Integration Unit (CIU) in HMP Inverness. The new substance misuse team came into being in Spring 2012 and will provide group and 1-1 interventions covering offenders subject to Drug Testing & Treatment Orders and, additionally and for the first time, CPOs. This team also contains NHS Highland Community Psychiatric Nurses (Addictions). This ensures that CJS is addressing key recommendations of the Commission of Women Offenders Report regarding establishing multi-disciplinary teams comprising, as a minimum, a criminal justice social worker, a health professional and an addictions worker to co-ordinate offending interventions and needs.

Multi-Agency Public Protection Arrangements (MAPPA)

The monitoring of sex offenders through MAPPA, a statutory set of partnership working arrangements operated by the responsible authorities (Police, Local Authorities, the Scottish Prison Service and Health) that aim to protect the public by managing offending, continues to operate effectively.

The 6th Annual Report was published and sets out key achievements, including the delivery of multi-agency training and data for Highland & Islands. This shows there were 237 registered sex offenders, of whom only 4 were convicted of further sexual or violent offences.

Performance

The Scottish Government collate and produce statistics annually on re-conviction rates nationally and by local authority area. One year reconviction frequency rates are at their lowest point since 1997/98: the number of offenders was 1,647 in 2010/11 (the most recent set of data published by the Scottish government in September) and the reconviction rate was 24.2% and the reconviction frequency rate 38.4%. In 2009/10 there were 1,938 offenders with a 1 year reconviction rate was 26.9% (Statistical Bulletin, Crime & Justice Series – Reconviction Rates in Scotland: 2009 – 10 Offender Cohort, Scottish Government 2012). This reflects a downward trend over the last 5 years: 2005/6 33.4%, 2006/7 31.1%, 2007/8 29.4%, 2008/9 27.8%.

This is a very welcome trend. However, it is not possible to extrapolate the specific performance of CJS from this data or, indeed, any single justice agency.

During 2012/13, a new quarterly outcome-based performance framework for the Northern Community Justice Authority (NCJA) was developed and implemented by the constituent local authorities in conjunction with NCJA Members and the Chief Officer. This details the performance of each local authority across a range of quantitative and qualitative measures and is designed to evidence the 3 key outcomes as set out in the National Outcomes and Standards for Social Work Services in the Criminal Justice System (Scottish Government, 2010) (NOS). NOS updated existing national standards and were designed to support the underlying political priorities in Scotland and Protecting Scotland's Communities: Fair, Fast and Flexible Justice (2008), the Scottish Government's blueprint for a modern offender management programme.

There are 3 key outcomes in NOS:

- Community safety and public protection
- The reduction of re-offending
- Social inclusion to support desistance from offending

In respect of Highland CJS, key performance data in 2012/13, the following is noteworthy:

- The number of CJSWRs submitted on time to courts – 96.7% (1048/1084)

- The percentage of offenders attending unpaid work <7 days of the Order being made – 48.4% (240/496) – a number of factors influence this indicator, including offenders failing to attend or unable to attend due to employment (e.g. off-shore working).
- 18 sex offenders completed the Joint Sex Offender Project programme and 100% had a relapse prevention plan and 82% showed an improvement in their Stable & Acute assessment score.

Governance

In the Scottish Government's response to the Commission's report published on 20 December, the Cabinet Secretary for Justice stated that "We accept the status quo...is no longer an option" and committed to consulting on the structures that support community justice.

Redesigning the Community Justice System – A Consultation on Proposals was published by the Scottish Government. It sets out three possible options for reform which have been developed with input from a range of key stakeholders, including the Association of Directors of Social Work (ADSW), COSLA and Community Justice Authorities (CJAs).

The options for reform are:

- Option A: Enhanced Community Justice Authority (CJA) model, where changes are made to CJA membership and functions.
- Option B: Local authority model, where local authorities assume responsibility for the strategic planning, design and delivery of offender services in the community.
- Option C: Single service model, involving a new national social work-led service for community justice.

Highland Council supported Option B. The outcome of this consultation will be known later this year.

3. Mental Health

Community Mental Health Services

Community Mental Health Services are now managed by NHS Highland, as part of the lead agency model. Community Mental Health Services are now managed by NHS Highland, as part of the lead agency model.

A key factor with integration has been the embedding of the Mental Health Officer (MHO) Service (described below) within the Community Mental Health teams. Where they are not physically co-located, there is a commitment from Mental Health managers to ensure they are recognised as an integral part of the Adult Mental Health Service.

The main challenge for the community teams has been gaps in provision in the North and West Areas. Interagency discussions have acknowledged the deficiency and the NHS Highland Senior Management team is considering how the community mental health social work resource is distributed across Highland.

A recent meeting with the Mental Welfare Commission noted service improvements, including the delivery of Social Circumstance Reports and systems to manage guardianship processes. It was noted that Highland has a higher proportion of local authority guardians than in other parts of the country.

The Commission indicated that they had visited some people with intensive support packages, and expressed concern that some of these had not been reviewed. It was indicated that NHS Highland was addressing this issue.

Mental Health Officer Service

A dedicated Mental Health Officer Service was created within the Council, as part of the planning for integration of health and social care.

Following integration, good progress has been made in a number of areas, as the role of the MHO has been rapidly evolving. MHOs now have a clear and confirmed role as officers employed by the Local Authority and their additional training and qualification empowers them to carry out specific legislative duties under current relevant Mental Health legislation.

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

MHOs existing and increasing confidence in dealing with this highly specialised area of practice allows them to assist medical colleagues in the interpretation and implementation of the law. Additionally, being seen as neither medical/social work staff allows the MHO to appropriately advise and facilitate in relation to the underlying principles of the Adults with Incapacity and Mental Health legislation. An example of this can regularly be seen in relation to 'least restrictive' principle. Lack of familiarity/confidence in interpreting legislation can sometimes result in professionals becoming risk averse and part of the emerging role of MHO has been in supporting medical and social care teams/professionals to make decisions predicated on the underlying principles of the Acts.

MHOs now routinely attend pre guardianship case conferences. This was not the case previously, as many MHOs struggled with competing demands and lack of clarity of role. There is an acknowledgement that there have been a number of cases where this has resulted in a more productive and less antagonistic relationship between a client's family and the hospital/care team.

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

their intention to apply for Welfare Guardianship, but progress is slow or not happening.

An MHO duty rota is now fully operational ensuring there is always an MHO available to respond to request for intervention. There is no waiting list for Older Adults requiring intervention under Adults with Incapacity legislation. There is a waiting list in respect of Learning Disability Private Welfare Guardianship which is due to lack of Section 22 availability to complete medical reports.

At the recent Mental Welfare Commission end of year meeting (November 2012) it was highlighted that 81% of LA WG were granted within 2 months of application being made (Scottish average 75%). For Private Welfare Guardianship, the figures were 93% granted within 2 months of application being made (Scottish average 82%).

The Highland MHO service has established a programme of quarterly forums and is working to establish stronger communication with other MHO and MH services in neighbouring authorities (Argyll & Bute, Western Isles, Moray) and nationally in order to share CPD opportunities and improve communication on service developments and common themes.

There are 3 candidates from HC undertaking the MHO award 2013/14. The integration of Health and Social Care has created some operational challenges relating to the opportunities for potential recruits from the NHS Highland staff group, which are presently being addressed.

4. Adult Social Care

Work is progressing to create an Adult Social Care Practice Form, which will draw its membership from all areas of adult social care. The role of the Forum is to co-ordinate and formulate advice to the NHS Highland Board on matters of broad Adult Social Care practice and in particular strategic issues; provide a person-centred, Adult Social Care perspective to NHS Highland strategies and plans and to the prioritisation of the use of resources in such a way that promotes sustainability; advise on the development of Adult Social Care services, impact and risk assessment of policy and service initiatives; promote a greater awareness and understanding of the Adult Social Care perspective as it informs policy and decision-making; and ensure that professional social work values and the SSSC Codes of Practice for Employees and Employers are taken account of in formulating policies and plans and in decision-making.

The Chair of the Forum will be a member of the Highland Health and Social Care Committee and the NHS Highland Board.

Plans are in place within NHS Highland in four test sites (Nairn, Invergordon, South Skye and Sutherland) to promote the roll out of the integrated team model in each District. The new teams should enable further co-location, but this is already being taken forward elsewhere. Social Workers in adult social care in Fort William are now based in GP practices, co-located with nursing colleagues and promoting integrated working.

A number of appointments have been made to the new post of Social Work Advanced Practitioner in the Areas. This is seen as a key role supporting professional social workers in the new integrated district teams as they develop. The role will provide professional advice and support to social workers and other professionals in the teams, and will hold a caseload of complex cases

In April, NHS Highland appointed an experienced social worker and care home manager to the newly created role of Service Improvement Lead for Care Homes and Day Care for Older People. This role is seen as an important support for in-house and external providers, promoting and developing good practice, and providing support, advice and assistance to providers with low gradings. The post reports to the Head of Adult Social Care.

Also since April 2013, the Care Homes directly managed by NHS Highland have been managed by the District Managers. Work is ongoing with regard to increasing step up/down facilities, and to review staffing structures.

An apparently more robust approach by the Care Inspectorate has led to a number of care homes in the independent sector receiving lower gradings, resulting in the suspension of admissions. Through contract monitoring and the work of the Service Improvement Lead, NHS Highland is attempting to engage positively with these providers, and with the Care Inspectorate, to improve the quality of care.

Liaison meetings between NHS Highland and the Care Inspectorate take place on a regular basis and there is now an established cycle of three-monthly reports to the Highland Health and Social Care Committee, which detail and analyse performance of all registered Adult Social Care services in Highland.

5. Children's Services

i Fostering and Adoption

Fostering and adoption play major roles in securing positive outcomes for children who cannot be with their birth families. Over the past decade, changes in approaches to supporting children have meant that those requiring family placement frequently pose significant challenges because of their needs.

Highland has been successful in establishing good quality services which, although under ongoing pressure, mean that the needs of these children can generally be met within the authority. The new Intensive Fostering Scheme will provide the opportunity for children with complex needs or significant behavioural issues to remain within Highland and within their communities, and this will contribute to the achievement of more positive outcomes.

The Fostering and Adoption Service is responsible for the recruitment, assessment, supervision, support, review and training of foster carers and prospective adopters. The Service continues to work with adopters post adoption when the children are no longer "Looked After" and provides a search and counselling service to adults affected by adoption.

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The most recent inspection in November 2012 graded both services as being “very good”.

Fostering

The number of children placed in all categories of Foster Care peaked at 177 in November 2012, and reduced to 153 in August 2013. Of these children, seven are currently placed in purchased foster placements with independent fostering providers.

The number of “new” children who are accommodated for the first time by the Local Authority is steadily increasing, with 63 “new” children accommodated in 2012 and 73 up to August 2013.

Although the number of carers has remained relatively static at 174, it is an on-going challenge to replace those who stop caring, mainly due to retirement, employment, and changes in health and family circumstances.

Twenty seven foster carers have been approved since January 2012, with a further 10 assessments currently underway.

There is a wide range of training delivered to staff and carers with all current and prospective carers offered training, locally and centrally, during the day, evenings and at weekends and in addition 5 Fostering preparation courses held this year

Adoption

There is recognition that children who are adopted are not a distinct population, but are primarily children who have been on the child protection register who cannot return to or remain at home safely. Adoption gives these children the chance for some emotional recovery.

Outcomes for younger children who have been abused and neglected who are adopted, are generally better than for children who remain ‘looked after’.

Risks of adoption breakdown increase the older the age at placement and the longer the child is in care beforehand. Therefore, focussed planning and evidenced decision making are key to the process whereby delay is minimized. Proactive processes, including permanency planning and recruiting and approving adopters continuously have meant that all children are placed within Highland.

The Highland Council Fostering & Adoption Social Workers recruit and prepare prospective adopters to meet the needs of the children identified by the Permanence Panel for whom adoption is the plan.

Preparation groups for prospective adopters are planned in advance, and are usually very well attended, with two adoption preparation groups being held in 2013.

The current recruitment of adopters has ensured a reasonable number of placements, and we have been able to match within our own resources large sibling groups (of up to 4 children), as well as children with complex health needs.

We attract more adopters than we can assess, and therefore prioritise applications for those interested in adopting older children, large sibling groups and children with additional health or medical needs. There have been 9 couples and single people approved as prospective adopters in 2013, with a further 9 currently being assessed.

In 2012, there were 12 children matched with prospective adoptive parents and 2013 is already showing an increase with 14 children being matched and placed up to September 2013.

There remain a number of children who might be described as “difficult to place” and are awaiting matching with adoptive parents. All of these children have been referred to Scotland’s Adoption Register to increase the possibility of an adoptive family being identified.

We are gradually increasing the number of older children being placed for adoption or in other permanent families, and have seen an increase in the number of older children where permanent fostering is the plan. In total, 63 children have been registered for permanency by the Permanence Panel since January 2012.

Over the last two years, there have been 28 children adopted, none of whom were relinquished babies.

The Council has, in acknowledgment of the greater needs of the children being placed for adoption, developed its services after adoption. This includes: adoption support planning meetings, the adoption allowance scheme, a specialist consultation service, and the adoption forum and ongoing training.

ii Residential Childcare

The Council offers a range of residential services to children and young people within the Council area, and has entered into contractual arrangements with a private provider and Barnardo’s, which supplements our own service.

As well as what could be described as “mainstream” residential childcare, the Council provides residential respite care for children and young people affected by disability, and also has a small residential unit for such children and young people in Inverness.

The Geographical Spread of Services

In Caithness, the Council provides a residential service at 50 Northcote Street, Wick which is registered for up to 6 young people and also has a variation on its registration for a house in Seaforth Avenue, Wick which can be used as an emergency/time out facility for one young person or a sibling group of two. Northcote Street opened in the early 1980’s, and work has commenced on the construction of a

replacement 5 place unit. The service at Northcote St has been awarded grade 5 (very good) by the Care Inspectorate.

We have a respite unit for children and young people affected by disability in Thor House, Thurso, which opened in 1993. This can offer residential respite to up to 4 residents at any given time and has a total of 43 users. The Care Inspectorate have awarded Thor House grade 4 (good)

Oakwood at 1 Dochcarty Brae, Dingwall, offers residential child care to 5 children or young people. This is a purpose built unit which opened in September 2008 to replace the Lodge in Conon Bridge. The Care Inspectorate has awarded Oakwood grade 5 (very good).

Leault, in Abriachan by Inverness was extended recently, to cater for 5 children and young people. Similar to Northcote Street in Wick Leault has a satellite unit at 57 Kilmuir Road, Inverness which offers emergency accommodation for up to 28 days for one young person or a sibling group of two. Leault and Kilmuir Rd, which are registered separately, have both been awarded grade 5 (very good) by the Care Inspectorate.

122 Ashton Road in Inverness offers 5 places to children and young people and is a purpose built building which opened in December 2002. It has been awarded grade 5 (very good) by the Care Inspectorate.

The Orchard, Broom Drive, Inverness, which opened in June 1994, is the largest respite unit for children affected by disability in the Council area and can offer 9 places spread across 2 units within the same building for respite. It also has a residential unit which offers full time care to one young person and shared care to two others. The respite units offer overnight care to 62 users at varying intervals; day care to 15 users and after school activities to 12 users. The Orchard has been awarded grade 5 (very good) by the Care Inspectorate.

There is a small respite unit for children and young people affected by disability in Staffin, Isle of Skye. This unit offers respite for 2 young people at any given time and has 16 users. Staffin Respite Unit has been awarded grade 5 (very good) by the Care Inspectorate.

Contracted care within the private and voluntary sector

The Council entered into a contractual arrangement in 2012 with a private organisation called Keys Cromlet to provide 8 places for children and young people in the inner Moray Firth area and 4 in the Lochaber area. The places in the Moray Firth area are spread between Cromlet House, Invergordon and Moorhouse, by Strathpeffer. The 4 places in Fort William are provided at Birchwood in Camaghael and all are fully occupied.

Cromlet House and Moorhouse have both been awarded grade 5 by the Care Inspectorate and a report is pending on Birchwood.

The Council has also entered into a contract with Barnardo's to provide 5 residential places for young people returning from out of authority care, at the Northern Lights Project, Scaniport by Inverness. This has operated very successfully since it was opened in February 2011 and is fully occupied. The Northern Lights project has to date helped return 16 young people to the care of the Council from other care providers, and subsequently reintegrated 11 to appropriate placements. Northern Lights has been graded 5 (very good) by the Care Inspectorate.

iii. Out of authority placements

The definition of children in 'out of authority placements' that has been used over the years, involves looked after children (or children who have been looked after) in placements that are neither provided nor commissioned by Highland Council – i.e. children who are in spot purchased placements in independent sector care homes and residential schools. These placements are both within and outwith the Highland Council geographical area.

Over the year, there have been between 50 and 41 children in such placements. These involve the most expensive placements for the authority, providing significant levels of specialist support to young people with disabilities, as well as young people with challenging behaviours, including those in secure care.

There were a small number of children in secure care during the year, peaking at three at the year end.

iv. Children's Hearings (Scotland) Act 2011.

The new legislation supersedes those elements of the Children (Scotland) Act 1995 that relate to the Children's Hearings system. In preparation for the delivery of training to professionals in Highland, representatives from the service joined Children's Panel members in some pre-implementation training and collaborated with the Locality Manager for the Scottish Childrens Reporters Administration. Mandatory full day training for social workers and managers (and available to other interested professionals) was provided in Thurso, Skye, Fort William, Tain and Inverness through a total of 8 sessions in May and June 2013. A further 8 half day briefings were provided in the same locations for professionals in other disciplines. Additional training sessions are arranged. The progress in implementation of the new legislation is supported by communication between the relevant agencies and general support and updated guidance to practitioners.

v. Practice Leadership

The evolution of more integrated services for the communities of Highland depends on professionals with diverse identities, skills and capacities being valued, understood and strengthened. The cohort of first line managers in social work/care across children's services have critical leadership roles in the development and support of a skilled workforce involved in complex practice. As a group, they require opportunities for peer learning, support and development within their own professional discipline, alongside programmes of interdisciplinary learning and development. Such activity is complimentary to the functions supported by local

management arrangements and can significantly contribute to the development of effective services and best practice.

6. Workforce Development

A calendar of regular development sessions is in place to support this group of staff, with the opportunities as appropriate to include time with colleagues in similar social work roles in adult services. Professional leads in NHS Highland and Highland Council will co-ordinate and deliver a programme of support to newly qualified social workers who must meet specified post qualifying training and learning objectives as part of their professional registration requirements.

The Health & Social Care Service is prioritising social care qualifying training for CSWs (school years) as this group of staff were appointed without the same qualification requirements as CSWs (early years).

We also have staff undertaking these external accredited programmes in children's services:

- 4 qualified social workers (and 1 public health nurse) completing the Graduate Certificate in Child Care & Protection Studies (Stirling University) this calendar year
- 6 social workers across Fostering and Adoption and Children and Families teams (in 2 cohorts) have completed the BAAF PQ course Securing Children's Futures – Good Practice in Permanence Planning

Some senior practitioners and others have facilitated short direct practice skills and knowledge sessions for social workers and this programme of events needs to increase in range and frequency during the next year.

207 candidates have completed SVQs since 1 April 2012, as follows

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|-------------------------------|----|
| Health & Social Care Level 2 | 31 |
| Health & Social Care (Adults) | 60 |
| Health & Social Care (C&YP) | 10 |
| Health & Social Care Level 4 | 6 |
| Supervisory Award | 3 |
| PDA – Dementia | 13 |
| PDA – Medication | 84 |

There are currently 96 working candidates, with 43 to commence shortly.

Specific courses for staff working in social care have been delivered as follows:

| <u>Course</u> | <u>Attendees</u> |
|---|------------------|
| Death, Dying & Bereavement | 24 |
| Dementia Workshop | 43 |
| Understanding & Awareness of Diversity in the Older Adult including Lesbian, Gay, Bisexuals & Transgender Issues with Highland Rainbow Folk | 41 |

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|--|----|
| Awareness of Palliative Care within Social Care Settings | 43 |
| Sensory Awareness | 36 |
| Understanding & Working with Dementia | 27 |
| Working with Adults at Risk of Harm | 31 |
| Working with Autism | 17 |
| Managing Challenging Behaviour in Adult Care Settings | 59 |

7. Complaints

With the Integration of Health and Social Care Services on 1 April 2012 and the implementation of Highland Council's corporate complaints handling process in November 2012, there have been some changes in the way that complaints during this period have been processed.

Adult Social Care services complaints remain subject to Social Work Complaints legislation but are now dealt with by NHS Highland.

Complaints about Children's Social Care Services, Criminal Justice Services and Mental Health Officer services remain the responsibility of Highland Council Health and Social Care and continue to be processed through Social Work Complaints legislative procedures.

Complaints about Children's Health service regarding functions that transferred from NHS Highland into Highland Council at integration are dealt with through the Council's corporate complaints handling procedure.

Complaints received

Most concerns are resolved at point of contact or by the local Team Manager. These are dealt with under Stage 1 of the Social Work and the Council's corporate complaints procedure.

Where a complainant remains dissatisfied with the response at Stage 1, there is a formal investigation by a manager that has not been involved, and a Stage 2 response from a senior manager.

Where complainants are unhappy with the proposed resolution of a Social Care complaint at Stage 2, they have a right to a review of their complaint by the Complaints Review Committee.

In the case of a Health complaint that has been dealt with under Stage 2 of the Council's corporate complaints procedure, complainants have the opportunity to refer the complaint to the Scottish Public Services Ombudsman.

Monitoring and Reporting

Complaints are actively monitored by the Customer Care Officer and the Health and Social Care Senior Management Team to ensure they are resolved within statutory deadlines whenever possible or within timescales agreed with complainants.

Weekly reports are also provided to Directors and Heads of Service by the Chief Executive's Customer Service Team.

Performance is reported to the Chief Executive through the Chief Executive's quarterly performance report and also by the Customer Service Team.

Stage 1 complaints

In the period 1st April 2012 to 31st March 2013, 68 Stage 1 complaints were received and recorded centrally. Other Stage 1 complaints will have been addressed locally.

Of the recorded complaints, 34 were about Adult Services and dealt with by NHS Highland, while 34 were about services that remain with Highland Council.

Complaints dealt with by Highland Council Health and Social Care

Of the 34 complaints received by Highland Council Health and Social Care:

- 24 related to children's social care services
- 3 related to children's health services and were dealt with under HC Corporate complaints procedure
- 5 related to Criminal Justice Services
- 1 related to Mental Health Officer services
- 1 related to Highland Council Policy regarding Adult Sheltered Housing

| Service | No. | Topic | In/out timescales | Upheld/not upheld |
|-----------------------------------|------------|--|--------------------------|--|
| Children's services (Social Care) | 24 | 11 behaviour of staff 3 service delay 2 poor service 3 decisions 1 policy 1 confidentiality | 10 within 10 outwith | 4 upheld 16 not upheld 4 withdrawn |
| Children's Services (Health) | 3 | 3 behaviour of staff | 3 within | 1 partially upheld 2 not upheld |
| CJS | 5 | 2 reports 2 behaviour of staff 1 poor service | 4 within | 0 upheld 1 withdrawn |
| MHO | 1 | Behaviour of staff | within | not upheld |
| Other (Adult) | 1 | Financial | outwith | not upheld |

5 complaints were withdrawn and therefore not progressed. Of the remaining 29:

- 18 were concluded within the required Stage 1 timescale (62%).

- 5 were upheld or partially upheld (17%).

Adult Social Care complaints dealt with by NHS Highland

| Service | No. | Topic | In/out timescales | Upheld |
|----------------|------------|---|--------------------------|---------------------------|
| Community Care | 17 | 9 poor service 3 behaviour of staff 2 service delay 2 financial 1 confidentiality | 7 within 10 outwith | 2 upheld 15 not upheld |
| Care at Home | 16 | 9 poor service 4 delay in service 2 behaviour of staff 1 communication | 5 within 10 outwith | 10 upheld 5 not upheld |
| Deaf Services | 1 | delay | within | not upheld |

- 13 of the 34 complaints were concluded within required timescales (38%)
- 12 of 34 were upheld (35%).
- 1 complaint progressed to stage 2

Stage 2 complaints

In the period 1st April 2012 to 31st March 2013, 23 Stage 2 complaints were received. Of these, 8 were about Adult Services and dealt with by NHS Highland, while 15 were about services that remain with Highland Council.

Complaints dealt with by Highland Council Health and Social Care Service

Of the 15 complaints identified above:

- 11 related to children's services
- 4 related to Criminal Justice Services

| Service | No. | Topic | In/out timescales | Upheld |
|---------------------|------------|---|--------------------------|---|
| Children's services | 11 | 7 poor service 3 behaviour of staff 1 data protection | 2 within 8 outwith | 1 upheld 9 not upheld 1 withdrawn |
| CJS | 4 | 2 communication 1 confidentiality 1 report | 1 within 3 outwith | 0 upheld 1 Director Review 2 to CRC |

One complaint was withdrawn. Of the remaining 14 complaints:

- 3 were concluded within the stage 2 timescale of 28 days (21%).
- One complaint was upheld (7%).

Adult Social Care complaints dealt with by NHS Highland

| Service | No. | Topic | In/out timescales | Upheld |
|----------------|------------|---|--------------------------|---|
| Community Care | 7 | 3 behaviour of staff 2 policy 1 poor service 1 service delay | 6 within 1 outwith | 4 partially upheld 2 not upheld 1 withdrawn |
| Care at Home | 1 | 1 poor service | outwith | Not upheld |

One Adult Social Care complaint was withdrawn. Of the remaining complaints:

- 6 were concluded within 28 day timescale (86%).
- 4 were partially upheld (57%).

Director Review/ Complaints Review Committee

3 complainants remained dissatisfied following receipt of a Stage 2 response from the Head of Social Care. All three related to Criminal Justice Services.

Of these:

- One complaint was formally reviewed by the Director of Health and Social Care and the Stage 2 response was upheld.
- Two complaints were referred to Complaints Review Committee and the outcomes of these were reported separately to this committee.

Actions taken to improve service responses

The Service is committed to learning from complaints and taking action to improve policy and process for the benefit of service users, within the limits of the resource constraints faced by the service.

We have reviewed and updated the complaints procedure and guidance based on the Model Complaints Handling procedure developed by the Scottish Public Services Ombudsman.

In addition, the Service has continued to seek to improve its handling of complaints by maintaining an active presence within the Association of Directors of Social Work Complaints Sub-group.

Discussions are held with team managers to identify and resolve key issues in dealing with complaints, particularly looking at ways that we can focus on complaint outcomes, rather than complaint processes, thus reducing the time taken to respond.

The largest number of Stage 1 complaints received by Highland Council Health and Social Care related to the behaviour or attitude of staff. Only 3 of 17 such complaints were upheld or partially upheld (18%).

Where complaints have been upheld or partially upheld, an apology has been offered and, action identified and where necessary, support and guidance has been provided to staff.

END