

THE HIGHLAND COUNCIL

Education, Children and Adult Services Committee - 12 November 2014

Agenda Item	13.
Report No	ECAS 52/14

Chief Social Work Officer Report – 2013/14

Report by Director of Care and Learning

Summary

This report introduces the annual report by the Chief Social Work Officer, for 2013/14.

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 2013/14. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

2. Implications arising from Report

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

Recommendation

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

Designation: Director of Care and Learning

Date: 3 November 2014

Author: Bill Alexander, Director of Care and Learning

Highland Partnership: Chief Social Work Officer Report 2013/14

The Highland Partnership covers the Highland Council area. This serves a third of the land area of Scotland including the most remote and sparsely populated parts of the United Kingdom. We have the 7th highest population of the 32 authorities in Scotland, at around 233,000.

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

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

This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. This means that its economy does not function as a single unit.

Outwith Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the bulk of the region.

Accordingly, the region consists of a number of small local economies with relatively weak linkages between neighbouring communities. As such it is essential for agencies and authorities to understand the challenges and opportunities in each of the local communities that make up the region, and to organise their delivery response accordingly.

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

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



Highland Partnership Structures and Governance Arrangements

Leadership and the Director of Adult Social Care

Adult Social Work and Social Care within an integrated agenda has been further recognised and consolidated through the creation of the Director of Adult Social Care post. The Director is a member of the NHS Highland Executive Management Team and an Executive member of the NHS Highland Board.

The Director has established a Social Work Leadership Group to promote awareness and understanding of Adult Social Work and Social Care. The composition of the Group also ensures that the Executive Directors have access to the range of expertise and advice required to make informed and safe decisions.

Quarterly meetings take place of Social Work and Adult Social Care managers in Practice Workshops, designed to facilitate effective communication, share examples of good practice and promote a consistent approach.

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

Highland Council also provides the Criminal Justice Social Work Service, the Mental Health Officer Service, and Out-of-hours Social Work for the region.

The Chief Executive is Steve Barron, and the Director of Care and Learning and Chief Social Work Officer is Bill Alexander. The Principal Officer with responsibility for social care is Amelia Wilson; James Maybee is the Principal Officer for Criminal Justice Services; and the Principal Mental Health Officer is Karin Campbell.

Governance of social work and social care rests with the Education, Children and Adult Services Committee, where the Director of Care and Learning is the lead officer. The Chair is Councillor Alasdair Christie.

Adult social care is commissioned by Highland Council from NHS Highland. The Chief Executive is Elaine Mead, and the Director of Adult Social Care is Joanna MacDonald. There are two lead officers: Eilidh Macmillan in the South & Mid Operational Unit, and a current vacancy in the North & West Operational Unit.

Governance of social work and social care rests with the Health and Social care Committee, where the Director of Adult Social Care is a member. The Chair is Myra Duncan, a member of the Health Board.

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.

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

Highland Council and NHS Highland have formal arrangements for engaging with third sector and independent partners. These partners are also represented in strategic planning and governance processes.

Users and carers are represented in strategic planning for children's services ('For Highland's Children') and the strategic plan for adult services, as well as in self-evaluation and quality assurance processes for both organisations.

Social Services Landscape

The unemployment rate in Highland varies geographically from 1.5% to 7.1%, with those Council wards containing deprived areas having typically six times as many JSA1 claimants as less deprived wards.

The rate of long term unemployment varies geographically from 0.3% to 3% across Council wards, with the highest levels found in wards with deprived areas and with some rural wards experiencing higher than average rates. Youth unemployment varies geographically with similar patterns to the above, with the wards containing deprived areas having up to four times as many JSA claimants, peaking at 12% in Wick.

15% of children in the Highlands are growing up in poverty, compared to the Scotland wide figure of 20%. In Inverness Central 29% of children live in poverty, and in Cromarty Firth the rate is 25%. Around 2,000 children in the Highlands live in severe poverty – 6% of all children in the region (Save the Children 2012)

The most deprived areas of Highland have up to four times as many people claiming disability related benefits compared to the overall population of Highland. 37% of households in Highland are fuel poor, this rises to 57% for Highland's pensioners.

The Community Planning Partnership has identified a range of outcomes and preventative actions that should reduce the inequalities gap and reduce demand for public services in the future. These inequalities are most evident in our health, with the difference in life expectancy between men in our most deprived and least deprived communities reaching 14 years.

Social work is a major contributor to this activity to achieve better outcomes, and there are a number of preventative actions involving social care, including via 3rd sector partners:

- Enhanced early years services
- Actions to develop local placements for looked after children
- Work skills for young people, including looked after children
- Preventing Violence against Women
- Enhanced support for carers
- Enhanced reablement and community wellbeing services for older people.

Arrangements for delivery of social work services for children and families through the Highland Practice Model supports early intervention at all levels of need and risk. This effort to apply proportionate and consistent frameworks for identifying and assessing needs confirms the need for social care support at all stages of intervention.

Levels of recruitment to the children's social work and social care workforce are relatively stable, although recruitment to remote rural posts can be constrained by a more limited availability of suitably qualified local and external candidates.

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

Finance

The budget for children's social care is around £35m. This covers early years, looked after children, child protection and fieldwork services.

Commissioned services include Homestart, the Care and Learning Alliance (both Early Years), Connecting Carers, Action for Children (Early Years and Youth Justice), Barnardo's (Through and Aftercare) and Children 1st (Child Protection, Kinship Care Support and Family Group Conferencing). The Early Years services from Action for Children were decommissioned during the year, and have been replaced by enhanced provision within new health and social care 'Family Teams' within the local authority.

The budget for Mental Health Officers is around £1m. It is just over £3m for Criminal Justice Services, including additional funding to undertake work with women offenders.

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

There are 106 posts in Highland Council that require a qualified Social Worker.

The Mental Health Officer Service continued to develop with specialists in learning disability and older people working closely with NHS colleagues. The forensic team were under considerable pressure and a half time vacancy was allocated to this resource to help manage the workload. Three new Mental Health Officers were supported in training to qualify during summer 2014.

Highland Council commissions around £90m of adult social care services from NHS Highland, and this is monitored through various forums, including an Adult Services resources and Commissioning Group (involving officers) and the Adult Services Scrutiny and Development Sub-group (for members).

NHS Highland commissions a range of services from the third and independent sector, with sizeable contracts for care home and care at home provision.

There are 79 posts in NHS Highland that require a qualified Social Worker.

The social care budgets of both organisations have been under pressure, principally due to the combination of constrained local government financial settlements and:

- increasing numbers of children with significant levels of disability
- cost of specialist external placements for looked after children
- costs and number of high level home support packages for adults
- increasing numbers of older people, including with greater needs.

The budget for children's services increased in this year by over £1m, through preventative spend and additional funding for external placements.

Highland Adult Social Care Practice Forum

The Highland Adult Social Care Practice Forum is unique to Highland, and has been established to coordinate and formulate advice from Adult Social Work and Social Care professionals to the NHS Highland Board. Its membership is drawn from a range of staff at different levels.

The Practice Forum enjoys the same status as the Area Clinical Forum and its Chair attends the Board and the Highland Health and Social Care Governance Committee. This provides a huge opportunity to raise awareness of the Social Work profession and for Social Work to inform and shape key Health and Social Care policy initiatives.

In recognition of the particular challenges in relation to older people services, Highland Council increased recurring funding in this year by £3m, and also provided additional non-recurring funding of £1.5m.

Performance

Performance in adult social care is reported to the NHS Highland Health and Social Care Committee: <http://www.nhshighland.scot.nhs.uk/Meetings/HHSC/Pages/welcome.aspx>

Performance in children's services, mental health officer services and criminal justice, is reported to the Highland Council Education, Children and Adult Services Committee: http://www.highland.gov.uk/info/20003/committee_information/476/education_children_and_adult_services_committee_eca

Adult Services

This is the second year of the lead agency arrangement, and it is encouraging to see examples of good practice developing across Highland, which demonstrate the value and added benefits of integrated working. These include:

- care home staff have greater access to training and support from Health colleagues
- the ability to provide more flexible care and support solutions for people
- the Lochaber District Team has been formally recognised with an NHS Highland Quality Award for its excellence in progressing integrated working

Integrated teams, in which Social Workers play a key role, are now established across Highland. The aim in each of the nine Districts is to ensure that there is a single point through which communities may access Health and Social Care services. Plans are also well underway to ensure co-location of Health and Social Work practitioners.

Progress is being made to support the further integration of Occupational Therapists, with the creation of generic job descriptions that will enable staff to work across Health and Social Care.

The five year strategic commissioning plan (from April 2014 to March 2019) was approved by the NHS Board on 1st April 2014. In the past year, strategic planning has focussed on services for older people, and the importance of developing community based and preventative services. This is reflected in a developing Change and Improvement Plan, which is highlighting:

- Step up/down and intermediate care;
- Quantity and range of quality care at home services;
- Telecare;
- Preventative measures to assist avoidable hospital admissions.

Delayed Hospital Discharge remains a major challenge both at Raigmore Hospital in Inverness and in the smaller community hospitals. Social Workers are working closely with their medical, nursing and AHP colleagues to minimise the time spent in hospital and to plan and support the person's return home. A renewed focus on effective discharge is the focus of a new discussion paper 'Why not home now?'

Children's Services

Service redesign for children has led to the creation of integrated health and social care Family Teams, assigned to local associated school groups within a Care & Learning Service, including mainstream and additional education provisions.

This places social work clearly within the spectrum of universal and additional services at the local level closest to families and other community resources. In addition, Fostering & Adoption, Residential and Through Care/After Care teams all contribute to local and national outcomes.

The overarching purposes and ambitions of the continuing service developments are to offer children, wherever possible through their carers, experience of proportionate integrated provision that is both preventative and protective. Well over 2000 children in Highland access social work support and care at any given time, almost half of whom have the direct involvement of a social worker.

Demand for services is high. Relative to some other parts of Scotland, it is the range and diversity of that demand, combined with the extremely challenging geography that is stretching in Highland. Social work professionals require skills and knowledge in a wide range of varied activities. Workers address significant challenges in adapting local resources to meet very diverse individual circumstances and needs. In contrast, when children and young people require to be looked after away from home, it can be difficult to make local placements at what is a critical time in work with families.

The number of children on the child protection register who have been registered previously fluctuates but the degree of fluctuation is not statistically significant, the numbers being very small.

The number of children supported with kinship carers has dropped slightly, at the same time as the number of residence orders has increased. National guidance is being drafted, and along with new legislation taking effect in the spring, this is likely to have a significant impact on these aspects of service.

The number of children in placements not provided directly by the local authority has reduced but the most costly placements, which are spot-purchased from a number of providers has remained between 40 and 45 for some significant time. The priority remains to place the majority of children within the authority, and we are continue to analyse the needs of this group, to be clear about the support or placements that would enable them to remain in Highland.

Statutory Functions

Adult Support and Protection

The new post of Lead Adviser (Adult Support and Protection) has been in place for almost a year, providing professional support to the Adult Support and Protection Committee and its Independent Chair as well as being a valued resource for Health and Social Care professionals across Highland. A Biennial Report is currently being prepared which summarises the work of the Committee over the period April 2012 – March 2014. This will be submitted to the Scottish Government in October.

A number of new developments and initiatives are helping to raise the profile of adult support and protection across all sectors of the health and social care workforce and beyond. Greater awareness of national and local policy and strategy in practice is being supported through the production and dissemination of a quarterly Adult Support and Protection newsletter. A robust Adult Support and Protection Training Strategy and Plan has ensured that training and staff development has moved from the initial Levels One, Two and Three training programmes to more bespoke, targeted approaches which better meet the needs of different groupings across the whole workforce, including independent and third sector staff. Examples of this include bespoke training for specific staff groups such as care home and care at home staff and regular development sessions for council officers and relevant professionals.

Delivery of an extensive training plan with reach beyond the health and social care workforce is possible through the appointment and development of a group of pan Highland practitioner trainers who offer adult support and protection awareness training as an adjunct to their current posts.

Under the auspices of the Adult Support and Protection Committee and Improvement Group, small working groups have been formed to consider and implement the recommendations of the five national priority areas for adult support and protection.

The successful 'Nimble Fingers Project,' based at Inverlochy, is a crafting and recycling project that was established for adults with a learning disability through the Montrose Centre at Fort William. The aims of the group are to promote employability and volunteering opportunities; to offer people the chance to work as part of a team to provide quality goods in an environmentally friendly way; to provide an opportunity for local people to volunteer in their community; and create opportunities for socialisation and inter-generational working.

Over the last twelve months, the activities of the group have been extended to include young people who are pupils at Lochaber High School and has acted as an effective stepping stone between Children's and Adults' services. The intention is to roll-out similar initiatives across Highland and discussion has begun to identify opportunities in and around Inverness.

They are:

- Care homes and independent hospitals

A small working group with membership including the Care Inspectorate is meeting to finalise a proactive approach to the identification and management of poor organisational practice and adult support and protection concerns in care home settings. This group will work alongside the Care Standards Steering Group.

- Financial harm
The Committee has endorsed the establishment of a group to work with a wide range of partners to ensure that adults are better protected against the risk of financial harm in all its forms. This group will consider both financial harm conducted by persons known to the individual and financial harm as a result of scams including doorstep crime, scam mail etc. Membership of this group includes Police Scotland, Citizens Advice Bureau, Money Advice, Housing, Advocacy, Office of the Public Guardian and Trading Standards.
- Service users and carers
A network of service user representatives has been established to act as a resource of the Committee and Improvement Group, to provide information and opinion, to respond to consultation, to engage in joint initiatives and to maximise reach by incorporating adult support and protection messages in individual agency activities. Joint work with Connecting Carers has resulted in the development of a short awareness training programme for carers to be jointly delivered across Highland.
- Accident and Emergency settings
Basic adult support and protection awareness training plus bespoke training for accident and emergency (A and E) staff has been delivered by an NHS Clinical Educator in two pilot hospitals. This has been accompanied by an audit of adult support and protection concerns being reported from A and E during a three month period in 2013 and an audit of staff training in this area.
- Data Collection
A new adult support and protection section on the MIS has been developed to support inquiry and investigation leads to record relevant information and processes in a consistent and clear manner, and to secure better performance information through improved case recording to meet the requirements of Scottish Government's new Adult Support and Protection Dataset.

One of the key challenges and concerns over the past twelve months has been the increase in the number of large scale Adult Support and Protection investigations in Care Homes. These have included a Care Home run by NHS Highland and a number of independent sector providers. A 'Large Scale Investigations Protocol' was developed in 2013. This has ensured a robust, multi-disciplinary response to what have largely been concerns around alleged and actual neglect of residents. The Protocol is now being reviewed and updated informed by learning from the investigations having been undertaken to date. An event will take place in October where important learning will be disseminated.

Alongside the development and implementation of a protocol has been the roll out of a bespoke one day programme of learning for care home staff. To date two programmes have been run for care home managers and a total of nine have been offered for care home staff with three further programmes planned.

A change in legislation permits Social Workers employed by NHS Highland to undertake the council officer role however the role will also be undertaken by social workers working within Mental Health Officer and Criminal Justice Services which have remained under the management of Highland Council.

Appropriate Adult Service

The Highland Appropriate Adult Service is led by NHS Highland. Changes have been made to the service's structure, leadership and management arrangements to reflect current issues and

developments at both local and national levels. Significantly appropriate adults within the more densely populated inner Moray Firth geographical area are predominantly drawn from an NHS Highland Appropriate Adult 'bank' of individuals who are not currently employed by NHS. Support from current health and social care staff is still required within the outlying areas.

Children's Fieldwork Services

The social workers in the Family Teams are predominantly deployed to fulfilling statutory duties in relation to children and young people in need of protection or additional care, including permanent alternative care. The range of risks to which children are potentially exposed demands that the workforce is informed, open and supported in order to respond to both long standing and newer issues. Joint child protection investigative work involves the ongoing challenge of deploying an appropriate level of trained interviewers across a vast geography. New approaches to the deployment of the social workers are being explored in an effort to sustain or improve quality of this work.

Child protection re-registrations remain low. Childrens services social work perspectives are provided to public protection and risk management arrangements.

An increasing proportion of children and young people are supported in their own families and communities without recourse to compulsory supervision orders. Any child who is subject to compulsory measures at home is reviewed by a Quality Assurance and Review Officer on the same basis as LAC away from home.

The investment in early intervention and in early years services contributes to the opportunity for good quality evidence gathering/assessment and early decision-making about the long term needs of children who do become accommodated.

Children's Fostering & Adoption Services

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 on-going pressure, mean that the needs of these children can generally be met within the authority. The intention of the new Intensive Fostering Scheme was to provide the opportunity for children with complex needs or significant behavioural issues to remain within Highland and be cared for by specially trained and experienced carers. There has been about ten enquires during the past year since advertising on the Council web site, local media and during National Foster Care fortnight. However the very nature of the task that we are asking applicants to undertake has made it extremely challenging to recruit and very few people have chosen to progress to assessment. Advertising is continuing, targeting specific groups and communities within Highland.

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 March 2014 graded both services as being “very good”.

- Fostering

There has been a steady reduction in the number of children placed in all categories of foster care since November 2012 when the numbers peaked at 177. In 2014 the numbers have continued to drop with 145 children in May this year, reducing to 136 children in September 2014. Five of these children are currently placed in purchased foster placements with independent fostering providers.

The number of “new” admissions to foster care for the very first time has fluctuated from 63 in 2012, 88 in 2013 and reducing to 51 new admissions up to October 2014.

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.

Twelve foster carers have been approved since January 2014, with a further 4 assessments currently underway.

There is a wide range of training delivered to carers with all current and prospective carers offered training, locally and centrally, during the day, evenings and at weekends and in addition 4 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 children are mostly 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 so far in 2014.

The current recruitment of adopters has ensured a reasonable number of placements, and we have been able to match within our own resources sibling groups of 2 and 3 children, as well as older children and children with developmental uncertainty and complex health needs.

We attract adopters with very little advertising and prioritise applications for those interested in adopting older children, larger sibling groups and children with additional health or medical needs. There have been 8 couples and single people approved as prospective adopters in 2014, with a further 9 currently being assessed.

In 2013, there were 17 children matched with prospective adoptive parents and 8 children matched and placed up to October 2014.

There remain a number of children who might be described as “difficult to place” and are waiting matching with adoptive parents. These children have been referred to Scotland’s Adoption Register, Scotland’s Children Waiting quarterly publication and have featured at Adoption Exchange days both nationally and locally in Highland, to increase the possibility of an adoptive family being identified. As a result two young boys who have been waiting for some time for a permanent family have recently been matched with prospective adopters in Aberdeenshire.

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. Twenty six children were registered for permanency by the Permanence Panel in 2013 and 18 children up to September 2014, with a further 14 expected by the end of this year. In 2014 there were 15 Permanence Orders granted, 9 Permanence Orders with Authority to Adopt and 13 Adoption Orders.

Over the last two years, there have been a total of 27 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, the adoption forum, which provides opportunities for training and support provided by social workers from the Fostering and Adoption teams. There are more than 100 families who have benefited from one or a combination of these types of supports provided for adoptive families by the Fostering & Adoption service.

Children’s Residential Services

Over the last 2 years Highland Council has invested in residential provision, with new in-house units being opened and new services commissioned from Keys Cromlet and Barnardo’s.

We are continuing to build on this through the development of linked houses/flats attached to children’s homes and more supported throughcare accommodation. We are currently reviewing our strategic needs assessment to ensure that we continue to meet the needs of young people in Highland and plan to open a specialist unit for young people with autism.

We have begun to plan for the new continuing care duties from 2015.

Criminal Justice

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

- Community Payback Orders (CPO) – 581
- Criminal Justice Social Work Reports – 877

- Diversion from prosecution – 22
- Bail supervision – 1
- Statutory Throughcare (number of prisoners starting supervision in the community) – 10
- Statutory Throughcare (number of prisoners starting a prison sentence) – 22
- Home Circumstance Reports (for parole) – 78
- Home Detention Curfew Assessments – 55

The number of Community Payback Orders over the last 3 years has risen from 444 in 2011/12 to 587 in 2012/13 (a significant increase in large part because it was the first full year since implementation [February 2011] to in 2013/14) and a similar figure this year.

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.

The number of unpaid work hours made in 2013/14 was 45,395. Work undertaken included gardening, decorating, maintaining village halls and assisting local charities. This is detailed in the Community Payback Annual Report submitted to Scottish government end-October 2014. The annual report also details efforts made to promote and consult with communities about CPOs and to assist in this a short film detailing the work of the unpaid work requirement was shown for a week in the Eastgate shopping centre in Inverness. The service continued to achieve positive media coverage, including the high profile opening of a fit trail constructed by offenders at Lochaber Leisure Centre in Fort William by the Minister for Justice in July 2013.

- Developments

Following the allocation of specific funding for women offenders from the Northern Community Justice Authority, combined with an allocation from Highland Council, the service was able to implement and begin to develop the dedicated service for women offenders planned in 2012/13, including a multi-agency women's programme, as part of a wider substance misuse team. This reflects best practice with women offenders and the recommendations of the influential Commission on Women Offenders (2012).

In March 2014, the new community-facing HMP Grampian opened in Peterhead. The majority of statutory prisoners from Highland, including remand prisoners, are now being held in the new prison. The location is challenging for family, friends and professionals but the new prison offers unrivalled facilities, including training and education.

In late 2013 and early 2014, the service took part in a national self-supported evaluation exercise agreed by Scottish government, the Risk Management Authority, Care Inspectorate and Social Work Scotland to assess and benchmark progress following the introduction of the national risk and needs assessment tool, the Level of Service & Case Management Inventory (LS/CMI). The results were encouraging, for example 90% of cases had a case management plan and in 89% the summary of the analysis of offending was well-considered and accurately evaluated, and an improvement plan agreed, which included a commitment to replicate the self-evaluation exercise in 2014/15.

- Governance

In December 2012 the Scottish Government launched a consultation on the Redesign of the Community Justice System following on from the recommendations published in the Women Offenders Commission report and Audit Scotland's Reducing Reoffending in Scotland report. The consultation closed in April 2013.

On 16 December 2013 Scottish government published its response to the consultation and their decision as to the future direction of the delivery of Community Justice. Community Justice Authorities (CJA) will cease to exist with Community Justice being delivered locally through Community Planning Partnerships (CPP). The response stated: "There was a clear preference for a model with local delivery, partnerships and collaboration at its heart while still incorporating some form of national arrangements to provide the profile, leadership and strategic direction felt to be missing from the present set-up." The finer details of the new model are currently being worked on with CPPs likely to start assuming responsibility during 2015/16 with CJAs ending in 2016.

- Multi-Agency Public Protection Arrangements (MAPPA)

The monitoring of sex offenders through MAPPA, a statutory set of partnership working arrangements involving 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 7th Annual Report was published and sets out key achievements, including the delivery of multi-agency training and data for Highland & Islands. It shows there were 271 registered sex offenders, of whom only 1 was convicted of a further sexual offence.

- Performance

The Scottish Government collate and produce statistics annually on re-conviction rates nationally and by local authority area. The number of offenders in Highland was 1,566 in 2011/12 (the most recent set of data published by the Scottish government in June 2014) and the reconviction rate was 26.7%, lower than the national rate for Scotland of 29.2%.

During 2013/14, Highland continued to be responsible for the production of the quarterly outcome-based performance framework for the Northern CJA. 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): community safety and public protection; the reduction of re-offending and 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 was 95%
- 65% of offenders were seen within a week of an order being made
- 91% of sex offenders had their order/licence reviewed as scheduled
- The average number of hours per week taken to complete unpaid work was 3.6 hours
- The percentage of offenders attending unpaid work <7 days of the Order being made was 62% – a number of factors influence this indicator, including offenders failing to attend or unable to attend due to employment (e.g. off-shore working).

- 15 sex offenders completed the Joint Sex Offender Project programme and 100% had a relapse prevention plan and 53% showed an improvement in their Stable & Acute risk assessment score.

Mental Health Officers

There is an established structure to manage and support the delivery of Mental Health Officer (MHO) Services. These arrangements provide a managed MHO service that meets the Highland Council's statutory duties to appoint Mental Health Officers as per Section 32 (1) Mental Health (Care and Treatment)(Scotland) Act 2003.

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

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

MHOs 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. Being freed from care management duties and aspects of their work has allowed MHOs to work closely with clients' families and carers. There is now 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 more 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 take time to progress this.

A MHO duty rota is fully operational, ensuring there is always a MHO available to respond to request for intervention under MHA legislation. The Service is currently undertaking a pilot of operating a community as well as hospital duty rota in response to the challenges of responding to requests for MHOs in rural and remote parts of Highland and to ensure equitable distribution of work throughout Highland. This is a 6 month pilot which will be reviewed and evaluated in the New Year.

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

There are different orders allowing a person to be assessed or treated depending on individual circumstances. The table below shows the number and type of orders commenced in Highland over the last 3 reporting years. The permissible duration of each order is given in brackets. The information demonstrates that there has been an overall increase in EDCs and STDCs. Last year's increase in CTOs has reduced slightly to the same number as 2011/12. The increase in the use of EDC and STDC represents a significant increase in demand on the MHO Service as both of these orders place specific legal duties on the Local Authority MHOs.

- Completed Assessments

	2011/12	2012/13	2013/14
EDC - Emergency Detention Certificates (up to 72 hours)	129	164	169
STDC - Short Term Detention Certificates (up to 28 days)	196	221	245
CTO – Compulsory Treatment Orders (up to 6 months/reviewed annually/hospital or community based)	82	94	82
Totals	407	479	496

(percentage increase from 2011/12 to 2013/14 = 21.86%)

- Social Circumstances Reports

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

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

2011/12	2012/13	2013/14
15%	35%	49%

(Scottish average is 38% completion)

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

- Adults with Incapacity (Scotland) Act 2000

The MHO Service received 162 referrals for AWI interventions, including requests for MHO attendance at pre guardianship case conferences. The service undertook the following recorded activities over the 3 year reporting period.

2011/12	2012/13	2013/4
Local Authority 37	Local Authority 46	Local Authority 35
Private 61	Private 43	Private 77

(percentage increase from 2011/12 to 2013/14 = 14.28)

Throughout Scotland, there has been a gradual decrease in the percentage of orders granted during the past few years where the primary cause of incapacity was dementia. There has been an increase in the granting of orders for adults where the cause of incapacity was learning disability. This trend is reflected in Highland where the percentage of orders for dementia was 54% and learning disability 36%.

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

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

The recent Cheshire West ruling and decision poses challenges to the operation of incapacity law in Scotland as it currently stands. The UK Supreme Court's view on the definition of 'deprivation of liberty' considerably broadens existing interpretations in Scotland which have been held, for the most part, by health and social services. These interpretations have evolved over the years from accepted common practice but have been further informed by the Scottish Government's guidance in CCD5/2007 following the amendment to the Social Work (Scotland) Act 1968 with the introduction of 13ZA.

The Scottish Law Commission is due to report this autumn on proposed legislative changes. It is expected that the Scottish Government will have to respond to this and consult on what they consider necessary amendments to existing legislation. In the meantime, services need to operate within the existing statutory framework and be informed by developing case law.

The Cheshire West decision highlights the importance of ensuring that there is a proper and auditable process for taking decisions on care arrangements for people who lack capacity, and that this process fully reflects the principles of the 2000 Act.

The MHO Service is committed to ensuring that the above is taken into consideration when carrying out duties under AWI 2000 jointly with NHS Highland. A draft procedure for the use of 13ZA is being finalised and should be available for practitioners before the end of this year.

- The Mental Health (Scotland) Bill – Consultation

The Mental Health (Care & Treatment) (Scotland) Act 2003 has been in operation since October 2005. The widespread view is that it has been a significant advance on the previous 1984 Act. However, as can often be the case with new legislation, it became clear as practitioners and service users became familiar with the new Act that there were some aspects that weren't working as effectively or efficiently as might have been hoped. The Scottish Government therefore issued the draft Bill and followed this by issuing a consultation seeking views on proposals of the Bill.

'The Bill' brings forward changes to improve the operation of the MH Act and importantly, also proposes a number of changes and additional duties to the role of Mental Health Officers. It is likely that the proposed changes will significantly increase demands on MHO time and capacity and we will need to address these issues as part of future work force planning.

SSSC are currently undertaking a short study which will inform their understanding of workforce capacity and the current landscape for Mental Health Officers (MHOs) in Scotland. This work is being undertaken by the Office of the Chief Social Work Adviser.

There is currently one candidate undertaking the MHO post qualifying award. 3 MHO trainees successfully completed the MHO award in September 2014.

The MHO Service have delivered a number of training opportunities to NHS Highland and partners throughout the year, including a training day in February 2014 on the Adults with Incapacity (Scotland) Act 2000 for Health & Social Care Managers. Quarterly MHO Forums are established and have included presentations and workshops from a variety of organisations and partners.

Transitions planning

The importance of robust transitions planning for young people cannot be underestimated if they are to embark successfully on their journey into adulthood. There is a multi-agency strategic planning group, led by the NHS Highland and Highland Council Chief Executives.

Continuous Improvement and Planning for Change

The Highland Quality Approach underpins the way we design and deliver safe, effective and person-centred services for adult social care:

<http://www.nhshighland.scot.nhs.uk/AboutUs/HQA/Pages/Welcome.aspx>

A developing Change and Improvement Plan sets out the actions and milestones that are critical to the enhancement of preventative, community based and social care services.

In response to the low grades being awarded by the Care Inspectorate to Care Homes across Highland, a Care Standards Steering Group has been established with strong Social Work representation to ensure a standardised approach to service improvement by all the different professionals involved.

All teams and units across children's services have undertaken self-evaluation and developed improvement plans. Access to induction and training in self-evaluation and improvement methodologies has been available to the social work workforce and all staff in practice leadership and management roles have a continuing programme for development.

The integrated children's services plan uses a service improvement model to determine outcomes, identify priorities and quality assure the plan. A number of multi-agency improvement groups have been established to take ownership of the improvement agenda, using a self-evaluative approach to identify how well we are performing in relation to the outcomes we seek for children, young people and their families.

The plan provides a performance management framework for monitoring and scrutinising the outcomes. The framework articulates the mechanism agreed for evaluating and measuring outcomes, responsibilities and timescales.

A culture of robust assessment, planning and review of children's individual plans is a continuing foundation for improvement across all children's services. Regular small scale sampling as well as multi-disciplinary quality assurance activity add value to the review systems for child protection and looked after children. There continues to be a need for improvement in the presentation of high quality analysis in children's plans, with subsequent improvement in the description of planned SMART actions. Useful learning from complaint investigations is incorporated into team, area and service plans for improvement.

The integrated children's services plan (www.forhighlandschildren.org) sets out a range of improvement plans across children's services, including the contribution of social work and social care.

There is also recognition in the Highland Partnership, that the processes of GIRFEC implementation, and the integration of health and social care and integrated front line teams in the two lead agencies, has meant ongoing practice and organisational change over the past five years. There is a need to begin to consolidate and build on the changes, to ensure that the benefits are fully maximised to improve outcomes for individuals, families and communities.

User and Carer Empowerment

Achieving high quality person-centred care and support

Ensuring that we put the person at the centre of what we do has become even more critical since the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 Act on 1 April 2014. Highland continues to make significant progress in terms of embedding the principles and practice of SDS in both children's and adult services.

During the last two years, an extensive programme of awareness-raising and training has been rolled out for staff, to ensure that they understand their duties under the Act, particularly in relation to offering people four options as to how they receive their care and support. Training has extended to colleagues in the third sector.

A dedicated SDS Team provides support and guidance, and works closely with third sector partners to support the creation of innovative, personalised care and support solutions for people. The Team is working in close partnership with 'Health and Happiness', a Highland-wide third sector organisation that supports people with a learning disability to take control of their lives. The organisation is helping to shape SDS in Highland and its team of Community Connectors have been trained to offer advice on SDS and support to members at a local level.

In children's services, there is a detailed implementation plan, and a Resource Allocation System (RAS) is now in place.

Innovative practice can also be evidenced in communities such as Boleskine, on the southern side of Loch Ness, where NHS Highland has worked with an established third sector Care at Home provider to secure home-based care and support solutions using a non-traditional model and where, a local community group has taken on the responsibility for scheduling care to suit the needs of individuals.

To assist us to embed personalisation and achieve necessary cultural and organisational change, the Scottish Government has made available dedicated funding. Implementation monies have been used in a range of ways to promote SDS and enhance practice across the authority.

Personal Outcome Assessment and Planning in Adult Services

Outcomes-focussed assessment and care planning form the basis of person-centred care and support in adult services. This requires a shift of emphasis in practice and change of approach as Social Workers and Adult Social Care staff are assisted to progress from a 'care management', service gate-keeping approach to more personalised, and innovative practice. Feedback from staff would suggest that they welcome the opportunity to think more creatively and be able to use the knowledge and skills they acquired during their training.

Community development and capacity building

On Skye, there are several examples where an inclusive approach to the planning and development of services. This includes a new approach to day care services at Tigh Na Drochaid, Portree for adults of all ages with a wide range of needs. The Steering Group includes older service users and service users with a learning disability, adult education providers, 'Health and Happiness' and other third sector organisations. 'Rag, Tag and Textile' is now based in the centre, offering additional opportunities for service users. Service users are actively involved in the appointment of staff for the new service.

Adopting an outcomes-focus and taking an assets-based approach requires a reconsideration of how risk is assessed and how individuals are assisted to take risks. This is an important area of work that we need to continue to invest in and address if we are to work together to support individuals to achieve the very best outcomes.

A Personal Outcome Planning tool has been developed, the trialling of which came to an end in August 2014, and this will now be rolled out across the authority.

Community development and capacity building

The ability to deliver local, personalised care and support solutions depends on achieving success in building capacity within communities. In turn, this requires us to take an assets-based approach, identifying and building on strengths rather than focus on the deficits of an individual, family or community.

It is recognised that in the past, we may have created and fostered dependency in those who have become reliant on our services. With small-scale investment in keeping people active physically and mentally through health promotion and community activities, for example, loneliness and isolation amongst older people can be avoided or alleviated. This can also result in people feeling safer and more secure in their communities and enable them to remain in their own homes for longer.

Greater numbers of younger adults, including those with a learning disability, are availing themselves of community-based activities thus moving away from the more traditional buildings-based, day care services.

Children's Services

In children's services, the principles of *Getting it right for every child* underpin the Highland Practice Model, which in turn aspires to promote positive, asset based approaches to work with service users and carers - in the context of the competent evaluation of risks to vulnerable children and families. Updated small scale external evaluation of the practice model has been progressed using a practitioner interview, action research approach.

The views and contributions of children and young people are sought at all levels of intervention and age groups, using relevant communication methods. This is reflected in the Child's Plan, and in planning processes.

Quality Assurance & Review Officers directly provide additional opportunities for children and carers to be empowered in their involvement in formal processes.

The new integrated children's services plan was based on a self-evaluation model that involved user and carer consultation. This process considered three key questions: how are we doing?; how do we know?;

and, what can we do differently or better to improve outcomes for children and young people? The process also describes how children and young people, their parents and carers and other stakeholders are consulted with.

Workforce Planning/Development

207 candidates have completed SVQs since 1 April 2013, as follows:

Health & Social Care Level 2	58
Health & Social Care (Adults)	29
Health & Social Care (C&YP)	14
Health & Social Care Level 4	15
Assessor Award	3
Supervisory Award	1
PDA – Dementia	18
PDA – Medication	100

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There are currently 136 working candidates, with 26 to commence.

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

Death, Dying & Bereavement	5
Dementia Workshop	172
Awareness of Palliative Care	35
Sensory Awareness	24
Understanding & Working with Dementia	69
Working with Autism	90
Manage Distressing Behaviour	18
Administration of Medication to Children & Young People	17

Developing and supporting a learning environment

The lead social work officers in NHS Highland and Highland Council work alongside service managers and training teams to ensure a continuing focus on social work and social care training.

The transfer of learning and development monies from the Council to NHS Highland is supporting a programme to assist staff to meet professional training needs. A Practice Support Officer post has been established within the NHS Highland Learning and Development Team.

Key priorities for learning and development include:

- social care staff in children's units and care homes
- volume training for Care at Home staff leading to certificated SVQ assessment, which continues to be provided through the Council's accredited SVQ assessment centre
- a programme of training and development for Referral and Assessment Officers in Adult Services.

The value to students and teams of practice learning continues to be recognised and work has begun to establish stronger links with the Social Work training institutions and to reinvigorate practice learning within Highland.

Professional supervision is accorded a high priority. The 'Professional Supervision Framework and Standards' have recently been reviewed and revised to ensure their suitability for Adult Social Work and Social Care professionals who work in an integrated Health and Social

Care service.

Adoption of the eKSF, the electronic toolkit for implementing the NHS Knowledge and Skills Framework is taking some time to embed in relation to Adult Social Work and Social Care professionals. Progress is continuing so as to ensure that all posts are incorporated within the system and important new work has begun to ensure a meaningful interface exists between the eKSF and the Post Registration Training and Learning Requirements set down by the Scottish Social Services Council (SSSC), the workforce regulation body.

Middle and senior managers responsible for children's social work services access the Leading for the Future programme delivered jointly by the Highland Council and NHS Highland

Social Work Practice in Permanence

In consultation with CELCIS, an independent trainer and consultant was commissioned to provide a 2 day programmes for all supervisors and practitioners involved in assessment, planning and direct work in relation to placement of children with permanent alternative carers. Colleagues from locality, fostering/adoption, disability and residential teams worked together on this programme. A follow up session with colleagues from legal services provided support and guidance in regard to procedures and practice matters.

Staff in practice leadership and management roles in integrated Family Teams are currently being supported through a development programme, with a particular emphasis on leadership in change management and skills in supervision. Area managers with responsibilities for integrated teams will be involved in complimentary development activities, as will colleagues in other service areas such as Fostering & Adoption and Children's Residential services.

A suite of multi service/disciplinary training to support delivery of service through the Highland Practice Model is accessed by all staff. With the support of dedicated co-ordination, this is organised and delivered by representatives of all children's services and is reviewed and updated in response to changing needs and priorities at least annually. Training is provided at different levels of content and intensity and incorporates knowledge and processes to support the protection of children at risk of significant harm.

In service development opportunities are provided to social work/social care staff, including training events with education and health colleagues.

Employees in community social care roles in children's services are either already within groups who are qualified and registered or are being supported to obtain SVQ/HNC qualifications. This supports the development of a professional workforce in anticipation of future registration requirements.

Social workers in children's services access post qualifying accredited studies in Child Welfare & Protection at certificate level. Around 5 children's services social workers graduate each year. At least one candidate will also be included in the pilot of a new accredited advanced practitioner/direct skills programme. Highland Council was represented in the reference group linked to this NSPCC/University of Stirling initiative.

Social workers in Family Teams access Child Protection Investigative Interview training, facilitated jointly by local police and social work trained tutors. Two local cohorts each year (to also include 3 island authorities) is desirable in order to train around 10 Highland council employees.

Staff in social work practice leadership roles and other social workers have access to individual and group consultations for assistance with complex practice issues, crafting child's plans, reviewing research and publications, for example.

An annual sequence of presentations and discussions is available to newly qualified social workers, complimentary to support from their formal supervision relationship and team work. Practice learning capacity is currently being increased and improved in order to support requests for student placements.

Consideration is also being given to create and support a number of social work trainee posts in children's services, from within current staffing establishment. An opportunity exists to control costs and strengthen an aspect of longer range workforce planning.

Key Challenges for Year Ahead

The continuing activity to integrate services and improve outcomes for individuals, families and communities demands sustained energy and attention to both opportunities and any unintended negative consequences. Preservation of professional identity and effectiveness in role are as critical to improvements in practice and outcomes as strategic and organisational integration.

The key challenges for the year ahead are:

- Consolidating service and practice change to ensure that the benefits are realised for staff and service users.
- Maintaining service quality with reducing budgets.
- Continuing and sustaining the implementation of self-directed support.
- Maintaining professional links between workers based in NHS Highland and the Highland Council.
- Improving transitions between children's services and adult services.
- Planning for the changes in governance for the Community Justice Authority.
- Maintaining the focus on key social work skills and values.