

Agenda Item	15.
Report No	PEO 51/17

HIGHLAND COUNCIL

Committee: People Committee

Date: 6 December 2017

Report Title: Chief Social Work Officer Report – 2016/17

Report By: Director of Care and Learning

1. Purpose/Executive Summary

1.1 This report introduces the annual report by the Chief Social Work Officer, for 2016/17.

2. Recommendations

2.1 Members are asked to:

- i. Note and comment on the issues raised in the annual report.

3. Background

- 3.1 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.
- 3.2 The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. In the lead agency model, this includes advice to officers of NHS Highland. Accordingly, this report will also be presented to NHS Highland.
- 3.3 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.
- 3.4 The CSWO also has a role to play in overall performance improvement and the identification and management of corporate risk insofar as they relate to social work services.
- 3.5 The report, attached as **Appendix 1**, covers the broad period 2016/17. 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.

4. Implications arising from Report

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

Designation: Director of Care and Learning

Date: 24 November 2017

HIGHLAND PARTNERSHIP: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2016/17

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1 Summary Reflections - Key challenges, developments and improvements during the year

This report provides an overview of issues relating to the role of the Chief Social Work Officer and social care services within the Highland partnership, during 2016/17. This has been a period of continuing development, both locally and nationally, in social work and social care, as set out in the Audit Scotland report, Social Work in Scotland (2016). Services in Highland have continued to be resilient and effective during this period, addressing the main challenges and opportunities highlighted below:

- Financial pressures

Adult social care and children's services have continued to face the challenge of constrained budgets at a time of demographic and other demand pressures. The focus on prevention and early intervention in children's services has helped ensure consistent and effective delivery. Work has progressed in adult services, to continue the shift towards community based provision, including through investment from NHS Highland.

- Legislation

The Community Justice (Scotland) Act 2016 led to the disestablishment of the Community Justice Authorities (CJAs) and shadow governance arrangements were put in place by the Community Planning Partnership, ahead of implementation in April 2017

The implementation of the Children and Young People (Scotland) Act 2014 has continued, as has preparation for the implementation of the Carers (Scotland) Act 2016 in April 2018.

Changes to the complaints process for social work services have been implemented in both Highland Council and NHS Highland.

- Integration

The contribution of social work to integrated Family Teams has been consolidated in children's services.

Integrated District Teams have been developed in adult services as "single points of contact" to ensure individuals are able to benefit from multi-disciplinary responses to their circumstances. Significant work has been undertaken with office redesign and technology enhancements, to move towards having as many as possible of the teams co-located.

The adoption of "lead professional" roles across the Integrated Adult Teams has been challenging; with work to develop shared processes and tools difficult to co-ordinate. Nevertheless we have seen some significant improvement work in the area of hospital discharge and supporting incapacity which has led to people leaving hospital more quickly. Feedback from social workers suggests that they feel that their skills are becoming more tightly focused on situations characterised by complexity and risk.

- Recruitment

There have been increasing recruitment challenges regarding social worker and Care at Home vacancies, and particularly for posts in children’s services, and posts in the more rural parts of the authority.

2. Partnership Structures: Governance and Accountability Arrangements

The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which is 33 per cent of Scotland, including the most remote and sparsely populated parts. We have the 7th highest population of the 32 authorities in Scotland at around 234,000, with a slightly higher percentage of children, and higher proportions in all of the age groups above 45 years.

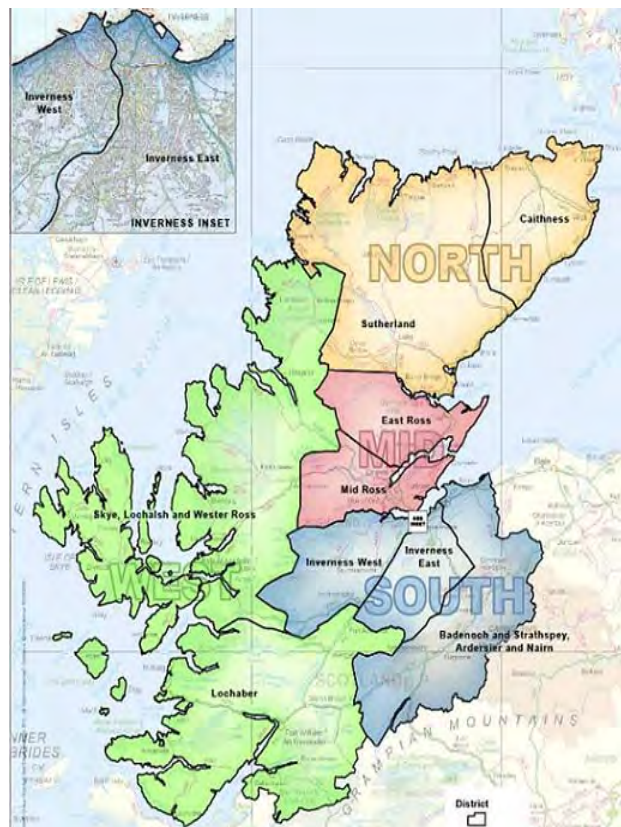
This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outwith Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the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

There are four coterminous managerial areas for NHS Highland and Highland Council children’s services, and nine local community planning partnerships.

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. Governance is with the Education, Children and Adult Services Committee (more recently, the People Committee).

Adult Social Care is commissioned by Highland Council from NHS Highland. Governance of Adult Social Care is with the Highland Health and Social Care Committee.



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

The Integrated Children's Service Planning Group is chaired by the Director of Care & Learning, and the 14 Improvement Groups are chaired by senior officers from across the Partnership.

The Adult Services Strategic Planning Group is chaired by the Chief Executive of Highland Home Carers.

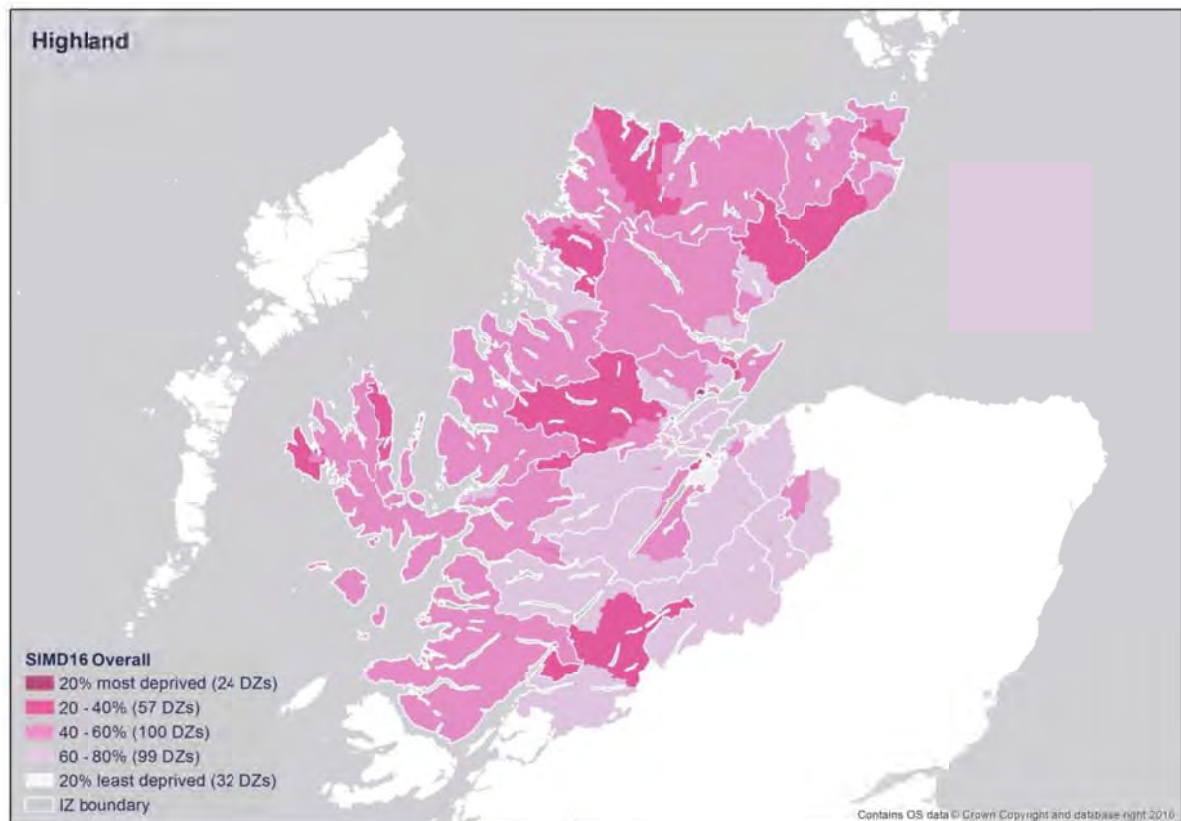
The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. This advice is provided to practitioners, senior officers of the Service and the authority, and to members. In the lead agency model, this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

The CSWO works within Highland Council, and is supported by a lead officer and Principal Officers for Mental Health Officers and Criminal Justice, who ensure professional leadership.

Within NHS Highland, there is a Director of Adult Social Care who is a member of the Board, and two Lead Social Work Officers who provide social work advice as part of the Operational Unit's senior management teams. There is a quarterly Adult social work forum where social workers and their managers consider local practice issues, training needs and quality of local services within the Practice Governance Framework and in line with 'Getting it Right for Every Adult' (GIRFEA).

3. Social Services Delivery Landscape

The map below provides an overview of deprived areas, using the 2016 Scottish Index of Multiple Deprivation (SIMD).



In terms of this SIMD data, 8% of the Highland population lives in the 20% most deprived communities in Scotland.

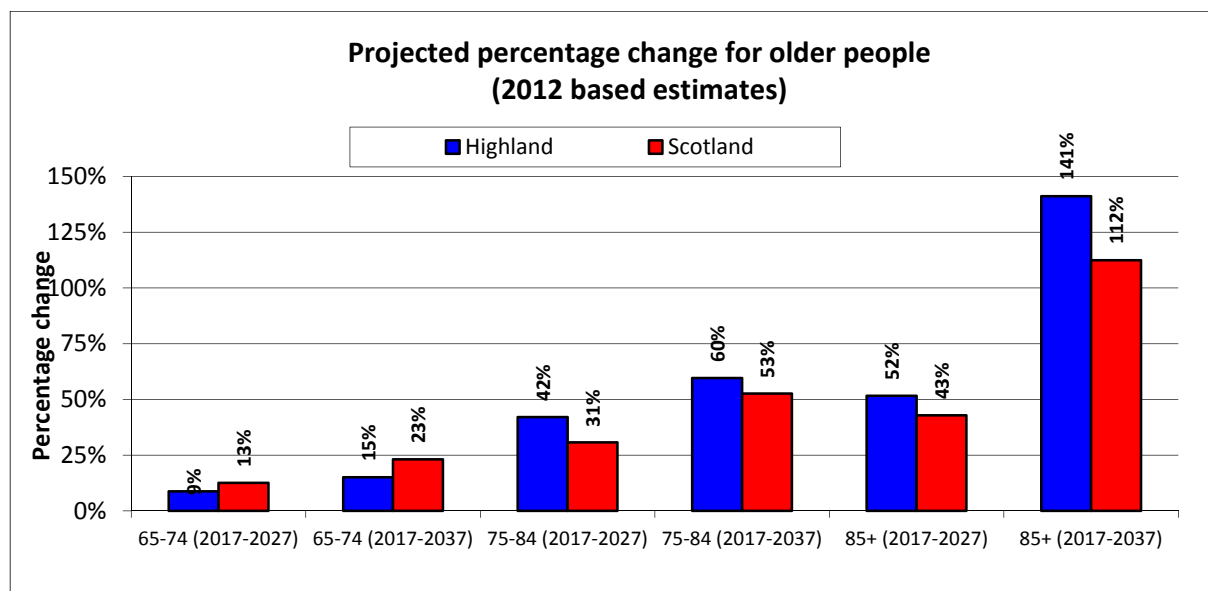
The Highland Community Partnership has identified tackling deprivation and inequality as one of its key priorities. It has identified the communities most affected by deprivation, as indicated by both SIMD and factors of rural deprivation:

- Ardersier
- Nairn
- Lybster and Dunbeath
- Castletown
- Thurso
- Wick
- Alness
- Invergordon
- Milton, Kildary and Balintore
- Tain
- Fort William
- Caol
- Kinlochleven
- Conon Bridge
- Muir of Ord
- Dingwall
- Kyle of Lochalsh
- Portree and North East Skye
- Brora
- Golspie
- Helmsdale and Kinbrace
- Inverness Merkinch
- Inverness Hilton
- Inverness Raigmore

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 live in severe poverty – 6% of all children in the region (Save the Children 2012). Further demographic information about children is available in the integrated children’s services plan, www.forhighlandchildren.org

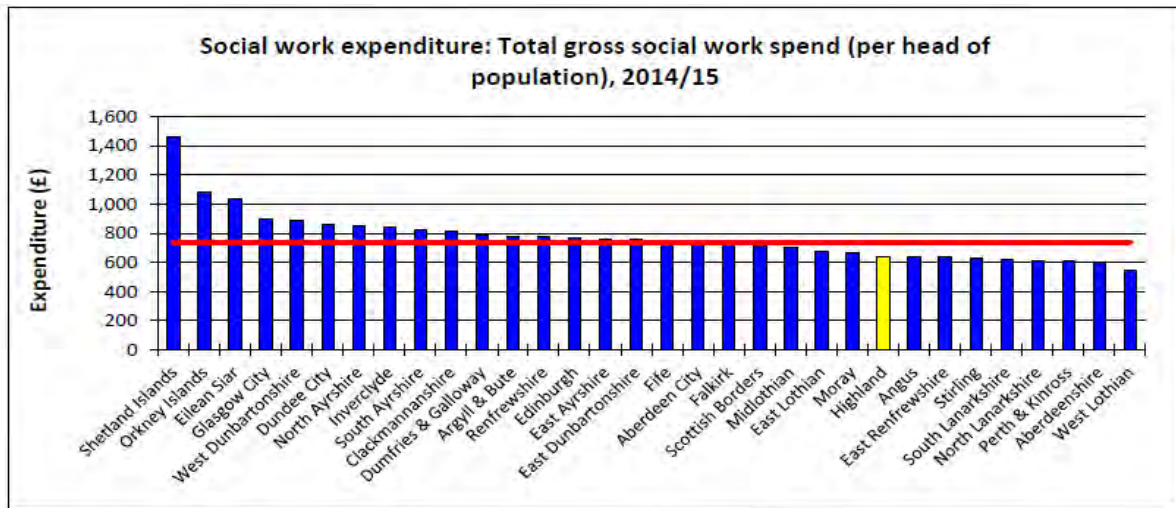
The most deprived areas of Highland have up to four times as many people claiming disability related benefits compared to the overall population of Highland. Across Highland as a whole, the rate of benefit take-up is generally slightly less than the rest of Scotland.

Like other parts of Scotland, there is an increasing population of over 65s in Highland. The numbers of people aged over 65 is expected to be over 70,000 by 2035, an increase of over 50 percent from 2014. In 2014 about one in twenty people were aged over 80 years old, but by 2035 this figure will be over one in ten. This is a greater projected increase in the population of older people than most other authorities.



4. Resources

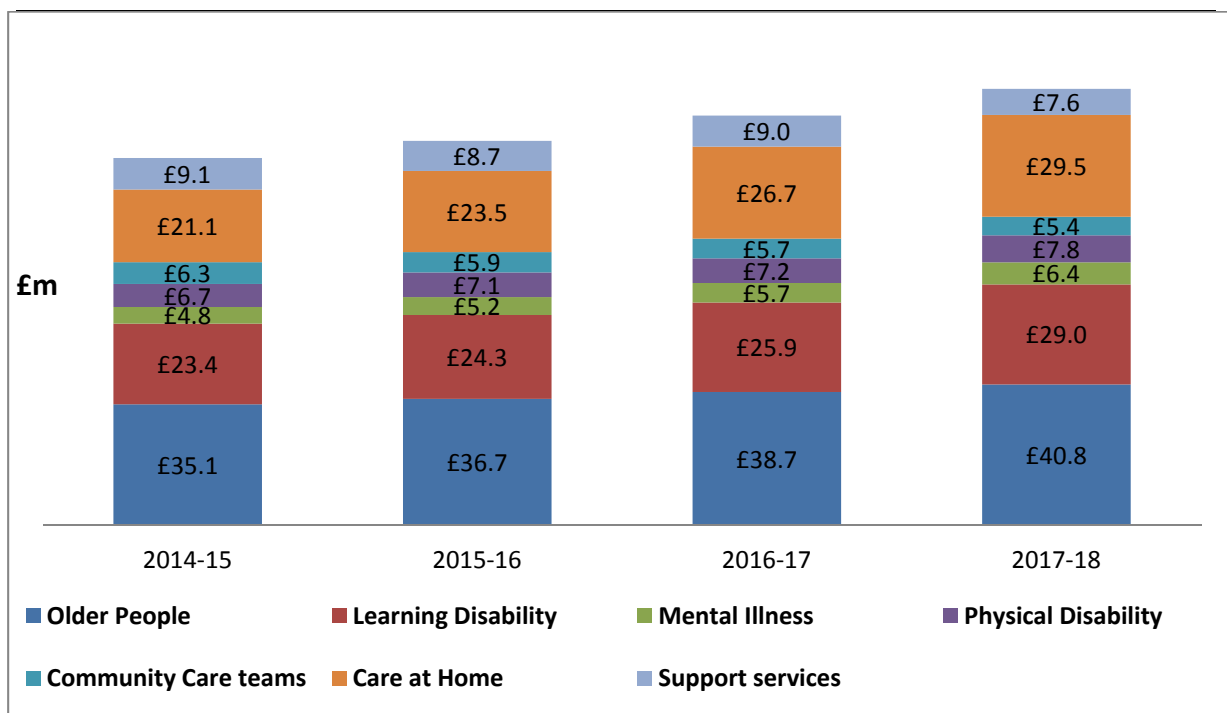
Compared to other local authority areas, the Highland Partnership appears to have relatively low in expenditure on social work services, as demonstrated by Care Inspectorate figures published during the year.



- This spend equates to £644 per head of population in Highland in 2014/15
- The average spend per head nationally in 2014/15 was £738 (represented by the horizontal line)
- The range of spend per head in 2014/15 was £544 to £1463

However, these figures have been impacted by the experience of integration since 2012, when it has become increasingly difficult to identify the social care pound. The actual spend by NHS Highland on social care is set out in the two charts below.

ADULT SOCIAL CARE EXPENDITURE	Council funding plus Resource Transfer (£000)	SG Specific Funds via NHS Highland (£000)	Additional NHS Highland investment (£000)	Total Expenditure (£000)
2012/13	97,610	1,000	-10	98,600
2013/14	97,748	1,000	3,939	102,687
2014/15	103,331	1,000	3,845	108,176
2015/16	104,559	1,500	7,581	113,640
2016/17	102,079	12,200	7,582	121,861



The total expenditure in 2016/17 on adult social care is £121.9m, of which £90.8m is funded by Highland Council and £7.6m by NHS Highland direct investment with a further £12.2m provided via earmarked funds within NHS Highland's uplift. The remaining £11.7m is from historic Resource Transfer arrangements.

The combined Adult Social Care budget in NHS Highland continued to be under considerable pressure, due to increasing cost of providing care, the increasing cost of supporting younger adults who have complex care needs and increasing numbers of older people, many of whom have significant and complex care needs.

The budget for children's social care is around £40m. The budget for Mental Health Officers is just over £1m, and it is around £3m for Criminal Justice Services.

It costs almost £400,000 to operate the Out-of-hours service.

There are Children's and Adult Services Resources and Commissioning Groups, which enable the management of in-year budget pressures and variations as they arise.

5. Service Quality and Performance including delivery of statutory functions

Adult Services

Self-Directed Support

Highland continues to promote the ethos of flexibility, choice and control. The number of service users choosing Option 1 (Direct Payment) and Option 2 (Individual Service Fund) continues to increase. The redesign of Option 3 demonstrated in the introduction of Neighbourhood Teams and the Zoning of Care at Home in Inverness, reflects Highland's ambition to deliver flexible, responsive services across the geographical area.

Care at Home

We have seen ongoing improvement in the quality of our in-house Care at Home Services over the past year. NHS Highland continues to be the biggest providers in rural settings and we believe we are developing a strong core to allow us to explore and develop community provision in some of our most remote areas

A major service redesign of Care at Home is now near completion in the South and Mid Operational Unit. Reablement is now embedded in practice as an intensive short term outcome based service that supports an individual to function to their maximum level of independence. Longer term packages of support are being commissioned from the independent and third sectors.

The introduction of an overnight Care at Home service in Inverness has enhanced the Care at Home service by providing targeted support overnight to individuals. This is enabling

them to continue living at home, is preventing hospital admission and facilitating discharge from hospital.

Care Homes

The second NHS Highland My Home Life programme for care home managers was completed during the year. Feedback indicates that the programme has had a positive impact for all stakeholders, with managers feeling more confident within their role.

To maximise the impact of the My Home Life programme, NHS Highland have developed a two day 'Culture of Care' workshop where we examine the impact of our own behaviours on culture in a care setting. This includes reflective practice, examining how we might do things differently to get a different outcome and a more in depth look at how language has an effect on culture. Volunteers, healthcare and care at home colleagues have all been involved with this initiative with emphasis on investment in the workforce, the importance of relationship based practice and resilience.

Over sixty care staff have attended The Culture of Care workshops and the feedback has been very positive with managers reporting it as being helpful in consolidating their own learning.

Twenty two care homes participated in the 'ECHO Project' led by a Highland Hospice Consultant. The project works on a Hub and Spoke basis - the hub is based at the new hospice facility with "spokes" based throughout Highland care homes.

Four Highland Care Homes are working with Scottish patient's safety programme and Health Improvement Scotland to reduce the incidence of pressure ulcers in care homes. This is a national study with support locally for staff, residents and relatives. The aims are to enhance knowledge and confidence of staff, create and use appropriate supporting document, continuing improvement and a safe, quality experience for the people we support.

Adult Support & Protection

The updated Highland Adult Support and Protection Interagency Procedures have been written in draft form and consulted on over the 2016/17 period. It was agreed that the interagency procedures should be shortened and a further guidance document written especially for workers undertaking Inquiries, investigations and Case Conferences. This document has more detailed information relating to these different stages. The feedback on the two different documents has been positive.

Following the retirement of the previous post holder, NHS Highland appointed a new Adult Support and Protection Lead Advisor. The new post holder was tasked with prioritising the relationship and pathway between the police and social work and this has resulted in the creation of a new and safer Adult Concern Referral Pathway.

This new pathway ensures that Police Adult Concern Referrals are shared appropriately and those who are deemed to be at risk of harm are identified, discussed and assessed on a daily basis.

With this new pathway there has been a noticed decrease in recorded ASP referrals (see below). Previously all Police adult concern referrals were recorded as ASP now only those who show evidence of meeting the three point test are being recorded as ASP reflecting Highland's commitment to robust data recording.

The annual statistics below show the changes the new pathway has made in relation to ASP referrals.

ASP referrals received between 1 April 2015 and 31 st March 2016?		ASP referrals received between 1 April 2016 and 31 st March 2017?	
Total number of referrals	1218	Total number of referrals	534

Source of principle referral	No	Source of principle referral	No
NHS	38	NHS	55
GPs	13	GPs	5
Scottish Ambulance Service	2	Scottish Ambulance Service	2
Police	877	Police	239
Scottish Fire & Rescue Service	3	Scottish Fire & Rescue Service	2
Office of Public Guardian	1	Office of Public Guardian	
Mental Welfare Commission		Mental Welfare Commission	
Health Improvement Scotland		Health Improvement Scotland	
Care Inspectorate	3	Care Inspectorate	2
Other organisation	97	Other Organisation	55
Social Work	41	Social Work	46
Council	17	Council	11
Self (Adult at risk of harm)	41	Self (Adult at risk of harm)	16
Family	39	Family	43
Friend/neighbour	1	Friend/Neighbour	10
Unpaid carer	26	Unpaid carer	10
Other member of the public	14	Other member of the public	4
Anonymous	1	Anonymous	3
Others	4	Others	31
Total	1218	Total	534

The CareFirst recording process has been reviewed, with changes been identified which make it less cumbersome for workers, and to improve the quality of recording.

Adult Support and Protection training remains a priority and a full time trainer remains in post. NHS Highland's ASP training calendar is easily accessible and planned in advance. In addition the ASP trainer responds to requests for bespoke training if there is a training need within a particular area or organisation in Highland.

There were 2482 people within Highland trained in Adult support and Protection from April 2016 – March 2017 (1411 face to face training and a further 1071 through the online Learnpro).

Two Adult Support and Protection case file audits were undertaken over the year. The April 2016 audit focused on financial harm and looked at 14 case files whilst the September 2016 audit was a general case file audit and looked at 15 cases.

There were a number of recommendations following both audits identifying areas of required improvement which included the importance of a detailed chronology, involvement of advocacy, reporting of individuals and carers views and identifying a clearer recording process. These issues are currently being addressed.

Service Improvement

In August 2016, a group of adult social workers presented to the Chief Social Work Officer and the Chief Social Work Adviser to the Scottish Government, their professional views regarding potential areas for improvement that would improve the impact of social workers practice in Highland. In March 2017, the same social workers presented their findings.

- Six monthly Care Home Reviews

Social workers did not feel they had the biggest impact on improving practice through the usual six monthly review processes. They heard from residents and families how they didn't like the approach and found it difficult to sit through. Some residents commented that they felt the review was a 'test they had to pass' and they worried that if they 'failed' their place in the Care Home might be jeopardised.

In Inverness, social workers tested working with two care homes where they held monthly surgeries and spent a day a month in the Care Home meeting with staff and residents and their families, in an informal way. Social workers, care home staff, and most residents and families preferred the more regular monthly contact and opportunity for informal catch up, support and advice.

Social workers stated they felt more connected with the Care Home and were more able to anticipate and avert challenging situations as opposed to being called in to deal with the repercussions. Families commented that they felt more supported and care home staff stated they found the monthly visit more supportive and understood the role of the social worker better.

- Devolved Budgets

Social workers found they were spending more than 20% of their time on bureaucracy and funding applications for adult social care packages. They suggested devolving of budgets so they could agree up to £150/week per service user, without team manager approval.

Social workers in Inverness tested this approach for six months and have continued with these devolved budgets. They reported that all social workers immediately felt more valued and respected by this approach, and that they were able to focus their assessment skills on need as opposed to administrative processes.

- A Highland Practice Model (Getting it Right for Every Adult)

Initial scoping with staff identified that they believed that, despite significant improvements through integration, that they weren't always working within the same practice framework or to the same outcomes. Discussion took place around GIRFEC and this progressed into the potential benefit and impact of Getting it Right for Every Adult (GIRFEA).

The GIRFEA Practice Model was developed to consolidate these developments into a coherent blueprint for multi-disciplinary working, seeking to ensure that adults in need are provided with "the right help at the right time". The ethos of this approach is that all our care should be person-centred, and we seek to ensure that we support the people we work with to achieve their personal outcomes. Importantly we would like to know that the people we work with are: Safe, Healthy, Active, Respected, and Participant

- Mental Health Service Redesign

In 2016/17, South and Mid Operational Unit hosted a full service redesign of Mental Health Services. The redesign brought together hospital based and community based resources to provide a more person centred approach to care. Dedicated social work resource is being used to support any admissions and discharges to reduce the likelihood of unnecessary stays in hospital.

This redesign was completed within existing resources with positive results being reported. Within the early implementation period of the new service model the number of people delayed in mental health wards reducing from 24 patients to 5 patients.

Mental Health Officers

Mental Health Officers (MHO's) are social workers with experience and training in mental health and associated legislation. The role of the MHO is complex and includes making decisions which directly affect a person's liberty. The MHO plays a crucial role focusing on social circumstances and where possible avoiding detention under the Act and seeking the least restrictive alternative in accordance with the principles underlying the legislation.

The Highland Mental Health Officer (MHO) Service is led by a Principal Mental Health Officer, with three Practise Lead officers - one for mental health focusing primarily on the 2003 Act, one for adults with incapacity under the 2000 Act and a forensic practice lead for those subject to criminal procedures under the 1995 Act.

Highland Council has a duty to provide an MHO service 24 hours a day throughout the year. This reflects the need to respond to requests for consent to emergency and short term detentions under sections 36 and 44 of the 2003 Act respectively. Additionally the MHO has

duties relating to a person's rights to appeal against a short term detention, to independent advocacy and also establishing a person's Named Person under the legislation.

An MHO duty system operates between 9.00am and 5.00pm in the Central and South area based in Inverness this links daily with the "Huddle", a multi-disciplinary/multi agency conference call which aims to maximise communication in order to reduce harm for individuals who may be at risk. The northern area including Caithness and Sutherland operate a weekly duty rota as this suits their work commitments. The western area and Skye operate a duty system which suits the needs of the service and the staff group.

There has been a steady increase in this number since the inception of the Mental Health Officer service in 2012. The current rate is approximately 40 new referrals/consultations per month.

Adults with Incapacity

Mental health officers have a number of functions under the Adults with Incapacity (Scotland) Act 2000, in particular, assessment and report writing in relation to applications for Welfare Guardianships. Guardianship aims to help people aged 16 or over, who lack capacity, to make some or all decisions for themselves. It enables carers and others to apply for legal powers to make welfare, health care and/or financial decisions on the person's behalf.

Adult's with Incapacity is an expanding area of work both in volume and complexity. The reasons for this are complex and include; rising population, increasing life expectancy and a consequent aging population with greater prevalence of dementia; changes in legislation and expectations relating to people's rights have also had an impact.

The need for Guardianship and Intervention Orders has created particular difficulties as older people with cognitive impairment, who may lack capacity, also have increasing physical health needs requiring hospital admission. When independent living is no longer possible, legal powers under Adults with Incapacity legislation may be required in order to facilitate moves to residential and nursing homes. The time taken to apply for legal orders has contributed to a growing problem of people whose discharge from hospital has been delayed.

The MHO service has been involved in an innovative trial of Lean Techniques. The aim of the trial was to speed up the assessment of capacity, following admission to hospital and to focus the multi-disciplinary care team in hospital and the community on coordinating the support necessary to return patients to their own homes. Initial signs are positive that timely discharge reduces the loss of daily living skills, rather than squandering a person's fragile independence by keeping them in hospital longer than necessary.

The MHO Service has drawn up procedures for the Adults with Incapacity Act 2000, in order to streamline and triage referrals; the team has developed a simple referral form to facilitate information gathering consistent with the procedures. Referrals may come from health and social care teams or from solicitors and can be divided into local authority or

private applications. The following statistics illustrate the substantial increase, particularly in Local Authority Guardianships granted by the courts:

Local Authority Welfare Guardianships granted:

2014/15 30
2015/16 40
2016/17 91
2017/18 20 from 1st April – 28/8/2017

Private Guardianships granted:

2014/15 56
2015/16 86
2016/17 92
2017/18 35 from 1st of April – 28/8/2017

It is noteworthy that there are marked increases in guardianships being granted over the last few years and this is having a substantial impact on the MHO task. This additional work is becoming exponential when we take into account that most guardianships are granted for between 3-5 years. The MHO is required to complete another renewal application along with a section 22 approved Doctors report in order for the order not to lapse.

The Team has recognised that members of the public who wish to apply for Guardianships or intervention orders are occasionally inadequately informed; and has developed an information package explaining the principles, duties and scope of the guardianship process.

Team members have collaborated with NHS colleagues to create easy read and pictorial guides to explain guardianship, hospital admissions and other statutory and non-statutory processes to assist people with limited comprehension or who lack capacity.

Mental Health Act

The Mental Health Officer Service continues to develop expertise around the Tribunal Service and we have considerable experience, knowledge and confidence in dealing with complex legal matters and assist our medical colleagues in the interpretation and implementation of the law. We do however have challenges in relation to recruitment and an ageing work force at a time when we have been given additional duties and obligations under the 2015 Act.

There are ongoing challenges around the detention of patients from the community, particularly in remote areas, around availability of ambulances and nurse escorts and changes to communication arrangements with the Police which together with our colleagues we are trying to address through the Psychiatric Emergency Plan.

- Highland Council Emergency Detention Certificates:

2014/15	93
2015/16	79
2016/17	92
2017/18 (Apr – Sept.)	68

- Short Term Detention Certificates

2014/15	190
2015/16	164
2016/17	172
2017/18 (Apr – Sept.)	77

- Compulsory Treatment Orders

2014/15	80 CTO Applications from 1 April to 30 March 2015
2015/16	57 CTO Applications from 1 April to 30 March 2016
2016/17	74 CTO applications from 1 April to 30 March 2017

Forensic Service

The Forensic Mental Health Officer Service is a specialism within a specialism. It is staffed by three Forensic MHOs (one Practice Lead and two main grade officers), all of whom have substantial experience and expertise in the criminal justice system. Each Forensic MHO has a live criminal justice social work practice commitment.

The Forensic MHO's are an integral part of the Highland Forensic Service which is housed within New Craigs Hospital. The service is co-located with Forensic Specialist Nurse colleagues and the Forensic Consultant. This arrangement is unique to the Highland area and is not replicated elsewhere in Scotland. This structure and the team's true multi-disciplinary approach have been recognised nationally and have attracted the positive attention of the Scottish Government Health Division.

Criminal Justice Social Work

Criminal Justice Social Work Services provided a quarterly performance report to the Northern Community Justice Authority during the final year of its existence, and this was reported to The Highland Council criminal justice sub-committee. This details performance across a range of quantitative and qualitative measures and how criminal justice contributes to the 3 key outcomes in National Outcomes & Standards for Social Work Services in the Criminal Justice System (2010) – reducing offending, public protection and promoting social inclusion.

Four key indicators are reported quarterly to the Highland Council's chief executive and performance overall in 2016/17 is on a par with the previous year.

- Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to the court by the due date (12 noon the date before the court hearing) – 91.3% (94% 2015/16). Significant work was undertaken to address the downward trend during the year

(e.g. by drilling down to individual social worker level), which showed dividends in Quarter 4 – 95% were on time compared to 90% in the 3 preceding quarters.

- Percentage of offenders on new Community Payback Orders (Supervision requirement) seen by the allocated supervising officer within 5 working days of the order being made – 73% (65%)
- Average hours per week taken to complete a Community Payback Order with Unpaid Work & Other Activity – 3.4 (4.4) (Note: this PI can be affected by a number of factors out with service control, e.g. offenders failing to attend; absence of supervisors [e.g. due to sickness, annual leave, insufficient capacity]).
- Sex Offenders subject to a statutory order to receive a review within National Standard timescales – 99% (79/80) (100% 2015/16).

The 2016/17 Community Payback Annual report details the overall progress regarding Community Payback Orders. This report is submitted to Community Justice Scotland by 31 October 2017, but cannot be published before a summary of all 32 local authority reports is laid before the Scottish Parliament in early 2018. The 2016/17 report will be placed on the Highland Council website following this (the link to the 2015/16 report is https://www.highland.gov.uk/downloads/file/17672/annual_report_2015_2016).

A Quarterly Analysis Report (QAR) is provided to criminal justice managers with statistics for 3 key areas: People, Process and Practice. There is also an annual report (not yet available). The report also provides analysis and summary of findings. Significant work was undertaken to ensure information collected is relevant and to engage with staff at all levels in data collection and to show the importance and relevance to them.

Other key findings were:

1. The number of criminal justice social work reports completed was 777 (729 in 2015/16).
2. The number of Community Payback Orders was 584 (593 in 2015/16). This included 272 supervision, 15 compensation, 506 unpaid work (a total number of 64,922 hours to be worked by offenders paying back to the community), 70 programme, 1 residence, 6 mental health, 9 drug treatment, 35 alcohol and 37 conduct requirements.
3. 64% of offenders had their 1st interview within 1 working day of their Order being made (58% in 2015/16)
4. 73% of offenders started their CPO with unpaid work within 7 working days (65% in 2015/16).

The Statistical Bulletin published by Scottish Government on 2 May 2017, the most recent set of data available (for 2014/15) shows both the reconviction rate and the average number of reconvictions per offender have decreased since 2013-14 in Scotland, continuing a gradual decline over the past 18 years. Since 2013-14, the reconviction rate has fallen by 0.3 percentage points, from 28.5% to 28.2% and the average number of reconvictions per offender has fallen by nearly 4%, from 0.52 to 0.50.

In Highland, there were 1,416 (1,427 in 2013/14) offenders and the reconviction rate was 24.1 (24.0), well below the national average of 28.2. The average number of reconvictions

per offender was 0.38 (0.39), well below the national average of 0.50. This is excellent data for Highland.

During 2016/17, Criminal Justice Social Work contributed to the development of the new arrangements for the delivery of Community Justice through Community Planning Partnerships. The Director of Care & Learning and Principal Officer (Criminal Justice) were members of the officer and partnership group during the shadow year and the latter will sit on the reconstituted Community Justice Partnership from April 2017, an amalgamation of both groups, which will be responsible for oversight and delivery of the 2017/18 implementation plan.

During 2016/17, CSJW received additional community sentencing funding. This had strict criteria, including that it had to be spent on innovative or new projects and in collaboration with partners. A number of projects were initiated and supported, including:

1. A Persistent Offender Project (POP) – a multi-agency initiative between CJSW, Police Scotland, Apex Scotland, NHS Highland and Scottish Prison Service, POP is voluntary and focusses on persistent offenders who commit crimes where there is a link with drug and alcohol use. Initial evaluation was positive and the project has been sustained in 2017/18.
2. Supporting Apex Scotland to develop a ‘grow your own vegetable scheme’ on the Black Isle for offenders. This project has been shortlisted for The Highland Council Quality Awards 2017 in the Achieving a Fairer Highland category.
3. Providing funding to SPS to fund Vox Liminis’ Distant Voices initiative to deliver a songwriting workshop with prisoners in HMP Inverness. Vox Liminis play a significant role in the rehabilitation of the criminal justice system in Scotland, by creating spaces where people communicate and connect in new ways through the arts, and can imagine a more positive and human future together.

Children’s Services

Overall performance in Children’s Social Care is reported as part of the performance framework for the integrated service plan, For Highland’s Children, at <http://www.forhighlandschildren.org/1-childrensplan/objectives.htm>

Fostering

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in March 2016 resulted in grades of 5 and 6 across both services, with no requirements.

The number of ‘new’ admissions to foster care (children who have not been accommodated previously) has remained the same at 63 as the previous year.

Number of “new” admissions to Foster Care from:

01/04/14 to 31/03/15	01/04/15 to 31/03/16	01/04/16 to 31/03/17
57	63	63

The number of children placed in all categories of foster care had been steadily reducing since November 2012 when it peaked at 177, however during the period 01/04/16 to 31/03/17 there has been a sudden increase again with several large family groups of four, five and six children being accommodated. There were 133 children in foster care at 31st March 2016 with an increase to 162 children in foster care at 31st March 2017.

Number of children in Foster Care at:

31/03/14	31/03/15	31/03/16	31/03/17
145	137	133	162

Of these 162 children, there were 18 children placed within and out with Highland Council area in both temporary and long term foster placements, purchased from independent fostering providers. An additional 25 children affected by disability were in receipt of regular established respite care, an increase from the previous year, this was due to a number of new carers or changes to approval of existing carers being available with experience of caring for children with disabilities.

It continues to be a challenge to replace those who cease fostering, mainly due to retirement, employment, and changes in health and family circumstances. A contributory factor is the increase in Independent Fostering providers (IFP's) in Highland who largely pay their carers a higher rate of fees and allowances, recruitment is ongoing and year round. We have seen a reduction in the number of enquires for both fostering and adoption from 140 in the previous year to 131 in 2016/17.

A concerted effort continues to be made to raise the profile of fostering and attract people to foster through a number of avenues such as social media, local radio, regular advertising in local publications, posters, car stickers and flyers as well as on Highland Council payslips, intranet and web page. Holding information sessions at interagency events and in schools at parent's evenings have also proved to be successful, particularly in the more rural areas. During National Foster Care Fortnight and National Adoption week the need to recruit more foster carers and prospective adopters is highlighted locally as well as nationally by the media and we always see a rise in the number of enquiries during these times.

There were thirteen foster carer approvals during 2016/17; plus 11 prospective adopters approved to take temporary foster placements, with a total of ten foster carers resigning. The number of approved carers who could provide foster placements increased to 137, compared to 124 the previous year.

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

The service provides a wide range of training to all current and prospective carers, locally and centrally, during the day, evenings and at weekends as well as the opportunity to access training on line which suits many carers who work full time or live in a rural setting. The training events are planned in advance and a calendar is produced so carers can plan ahead and choose training sessions that will suit their own individual needs and family circumstances.

The Care Inspectorate commented in the 2016 inspection report on the support and training on offer to foster carers *"Foster carers were also well-trained and experienced and were encouraged by staff to undertake further training to enhance their existing skills."*

Four Fostering preparation courses were held during 2016/17 with attendees travelling from all over Highland.

Adoption

Proactive processes, including permanency planning, recruiting and approving adopters continuously have meant that children are usually placed within Highland. The service has increased its use of Scotland's Adoption Register and Link Maker which has resulted in finding families for some of our more difficult to place children.. Fourteen children were matched with prospective adopters with 4 children being placed out with Highland with prospective adopters approved by another local authority or independent adoption agency.

There has been a slight decrease in the number of children registered for permanency and with additional training and support for workers being in place we can continue to make improvements to ensure, decisions are made timeously and delay for children is considerably reduced.

Preparation groups for prospective adopters are planned in advance, and are usually very well attended, with three adoption preparation groups being held during 2016/17. 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.

It has become more challenging to recruit adopters for specific groups of children. During National Adoption week in November 2016 we advertised extensively raising the profile of adoption and the need for families for older children and those with significant needs. For a number of years we have prioritised applications for those interested in adopting older children, larger sibling groups and children with additional health or medical needs.

There were eleven applications approved as prospective adopters in 2016/17, from a variety of backgrounds and included same sex couples and single people. During the year, fourteen children were matched with prospective adoptive parents with a further 24 of an age range from 3 years to 10 years waiting to be matched. The service supported twenty three prospective adoptive families with children who were matched with them but placed on a fostering basis.

The table below shows a comparison to the previous 2 years, with an increase in approvals, slight decrease in matchings and the number of children waiting to be matched and families being supported remaining the same.

Prospective Adopters	2014/15	2015/16	2016/17
No. of Prospective Adopters approved	9	10	11
No. of children matched with Prospective Adopters	12	17	14
No. of children waiting to be matched	20	29	24
No. of Prospective Adopters being supported	20	25	25

To increase the possibility of finding a family for those children who might be described as 'harder to place', non-identifying profiles are on the Council Website and feature in our adoption information packs and at preparation groups. Referrals continue to be made to Scotland's Adoption Register and children are also regularly featured at Adoption Exchange and Activity days held across Scotland.

Highland Fostering and Adoption Service registered with Link Maker during 2015/16 in order to widen the opportunities and choice in identifying permanent families for children. During 2016/17 Link Maker took over the management of Scotland's Adoption Register on behalf of the Scottish Government. We now have access to the largest adoption matching database in the UK. Since registering with Scotland's Adoption Register and Link Maker there has been an increase in identifying permanent families for children. This online service allows family-finders to search for families and express interest to them directly. By placing children with adoptive families out with Highland there are cost implications as most Local Authorities and Adoption Agencies charge an interagency fee. However, this proactive method of searching is shown to be particularly effective in finding matches for harder-to-place children.

We are gradually increasing the number of older children being placed for adoption or in other permanent families, and continue to see an increase in the number of older children where permanent fostering is the plan with the children being secured legally by the granting of a Permanence Order.

During 2016/17, two Permanence Orders, sixteen Permanence Orders with Authority to Adopt and ten Adoption Orders were granted in Courts within and out with Highland. There have been no relinquished babies placed for adoption in the last year.

The table below shows a comparison to the previous 2 years, with a slight increase in the number of children being registered for permanence, a reduction in the number of Permanence Orders being granted and a slight reduction in the number of adoptions granted.

Permanence	2014/15	2015/16	2016/17
Children registered for Permanence	18	23	24
Permanence Order granted	8	11	2
Permanence Order with Authority to Adopt granted	10	16	16
Adoption Order granted	17	14	10

The Council has continued to develop services after adoption, in acknowledgment of the greater needs of the children being placed and adopters recognising the need to maintain contact with the service. Alongside this, there continues to be an increase in the number of requests for assessment for adoption support from adoptive families moving into the area.

Adoption support includes: managing letter box contact, adoption support planning meetings, the introduction of Video Improvement Guidance (VIG), the adoption allowance scheme, a specialist consultation service for adopters, the adoption forum, which provides opportunities for training and support from social workers in the Fostering and Adoption teams and other professionals.

More than 150 families have benefited from one or a combination of these types of supports provided for adoptive families by the Fostering & Adoption service.

In addition to the adoption support provided there continues to be a growth in referrals for adoption counselling and access to birth records has contributed to the increase in workload for the teams.

The Care Inspectorate acknowledged the demand was growing for adoption support and adoption counselling and commented on this in the inspection report in March 2016.

“The service should continue to develop and respond to the increase in referrals for adoption support and adoption counselling.”

Residential child care

Residential children’s services have experienced some significant changes to the way that local services are provided. These changes have improved and increased the contracted arrangements with third sector providers and increased our resources to meet the challenges of the “Staying Put” guidance.

We have undertaken a process of retendering for three residential resources which set out to improve the standard being required and the number of bed spaces increased from 12 to 15. The new contract was for three residential units providing only 5 bed spaces in each and thus not enabling the provider to increase capacity beyond what the Highland Council has identified as the best capacity for our own units. While there has been an increase in the costs of this new service the increase of bed space has offset this to some extent and it is expected that there will be less costs incurred from placement breakdowns due to improved quality of the provision.

Aberlour won the contract and have been providing this service since the 1st April 2017.

The Orchard is now using a neighbouring house to accommodate young people with learning disabilities returning from out of area. While this has presented some challenges we have now returned one young person who is now being accommodated locally with the aim of his future needs being met within his own community and near his family.

A residential resource for young people preparing to move to independent accommodation has been developed in Old Perth Road. This will consist of three properties in a core and cluster arrangement. It will be staffed 24 hours a day and also provide outreach support to either young people who have moved through the service or other young people who have gone straight to independent accommodation. Once this service is up and running it will support the returning to Highland young people who have been accommodated out with the authority. This will allow older young people to be supported in an appropriate environment during the transition to study or employment and in the process of developing social networks for living independently within their home communities.

A new resource has been developed in the old school house in Killen. Two younger children have been identified for this unit with the aim of returning them to Highland from out of area placements. These will be long term placements with the expectation that they will always require support services. The staff team has been recruited and the two boys will be transitioning during the summer holidays. This development will result in some savings and also enable them to access the resources provided within Highland.

Staffin respite service is linking in with the school hostel in Portree in order to address the issues of isolation. This move will enable local management of the service through the hostel management structure, will improve the opportunities to recruit staff and increase the resources available to the young people using the service. For young people receiving mid-week respite there is also the opportunity to integrate with the school pupils who stay in the hostel during term time. This move is scheduled to take place in August 2017.

The council's own residential units have been fully utilised with all vacancies being filled quickly. The average age of the residential population has remained high with a significant number of older young people awaiting placements within adult services.

Reports from the Care Inspectorate indicate that the quality of the services has remained high overall and improvements continue to be made. This will be promoted by the establishment of an improvement sub-group for residential children's services.

- Avonlea has continued to improve their quality indicators from the care inspectorate. In 2016 they achieved grade 5s across all areas which resulted in a less intense inspection this year. The initial feedback for this year is that in the two areas assessed they will continue with grade 5 for staffing while increasing to grade 6 (excellent) for care and support. The quality that has been achieved was recognised when they were highly commended as a "Top Team" at the national SIRCC conference where they also represented Highland council by presenting a workshop on the last decade of change in residential child care. The Care inspector stated that "The service was delivering very good care resulting in young people being found to be healthy and their wellbeing met."
- Thor House has maintained its grades at 5s (very good) and the care inspector commented that "It was clear when we spoke with parents/carers that they were very happy with the quality of staff and the quality of care being provided at Thor House." During the last year Thor House have developed a Day Club service which has successfully provided 76 day clubs to families and carers with 6 places accessible per day.

- Oakwood has maintained their level 5 grades (very good) which they have achieved consistently since the unit opened. The inspector commented that “We found at this inspection that the service had very good arrangements in place to support young people to achieve their potential.” The linked house attached to Oakwood has also continued to successfully provide supported independent living for older young people living in the service in preparation for moving on to their own tenancies.
- Ashton Road received a reduced inspection with only two areas covered. They achieved level 6 grades (excellent) in both Care and support and environment which indicated a continued improvement. The inspector stated that “Young people were cared for in a warm and welcoming home.” Ashton road will shortly have available to it a linked house for supporting their older young people into a more independent setting.
- Kilmuir Road has maintained its level 5 grading which it has also achieved for a number of years. The inspector noted that “ Staff at Kilmuir Road continued to provide a service, which was described by one parent as "second to none"”. This resource continues to be well used and is unable to meet all the required demands.
- Leault has had a mixed report from the care inspectorate with an improvement in the care and support grading from 4 to 5 (very good) and the inspector commenting that “Staff worked very hard to provide a homely, stable and safe environment for young people living at Leault.” However there has been a dip in the management grade to level 4 (good) from its previous 5(very good).
- The Orchard has not had a full inspection since June last year where a number of recommendations were made. These issues were very quickly addressed and in a follow up all were noted as having been met within the required timescales.
- The linked house attached to the Orchard has been operating since November 2016 and although there were some initial challenges these have been overcome and a young person has returned to Highland from out of area. This has enabled improved contacts with family and Highland based services.
- Staffin respite service was inspected in November and there were issues around the support being provided as only achieving adequate grading while staffing was graded as 5 (very good). As previously mentioned there are changes which are in progress that will address all of the issues raised.

Child Protection and Looked after Children Services

The Child Protection Committee has had the following priorities:

- Development and delivery of interagency and single discipline learning and development opportunities
- Quality Assurance of practice including Case Reviews
- Development of Internet Safety Scheme

- Delivery of Child Sexual Exploitation Plan
- Implementation of Viewpoint to gather and analyse views of children and young people
- Review of Highland Child Protection Guidelines and Community Guidance
- Consultation with practitioners on child protection practice in Highland

Social Workers continue to access a range of learning and development opportunities including child protection, joint investigative interviewing, assessment and planning for permanence and legal training. Approximately 6 social workers each year undertake accredited post qualifying studies in child welfare and protection.

Despite ongoing pressures on resources, the review process for every child who is Looked After or who has a Child Protection Plan continues to include the involvement of a quality assurance and review officer or manager who is independent of the responsible operational team.

Viewpoint has been commissioned to assist in gathering and analysing the views of children and young people in relation to their experiences of residential care and child protection in Highland. This will be piloted in two residential units in 2017 and will focus on relationships and safety in the first six months. Social Workers will be trained to help young people complete online questionnaires and analyse results, particularly any strengths and pressures highlighted.

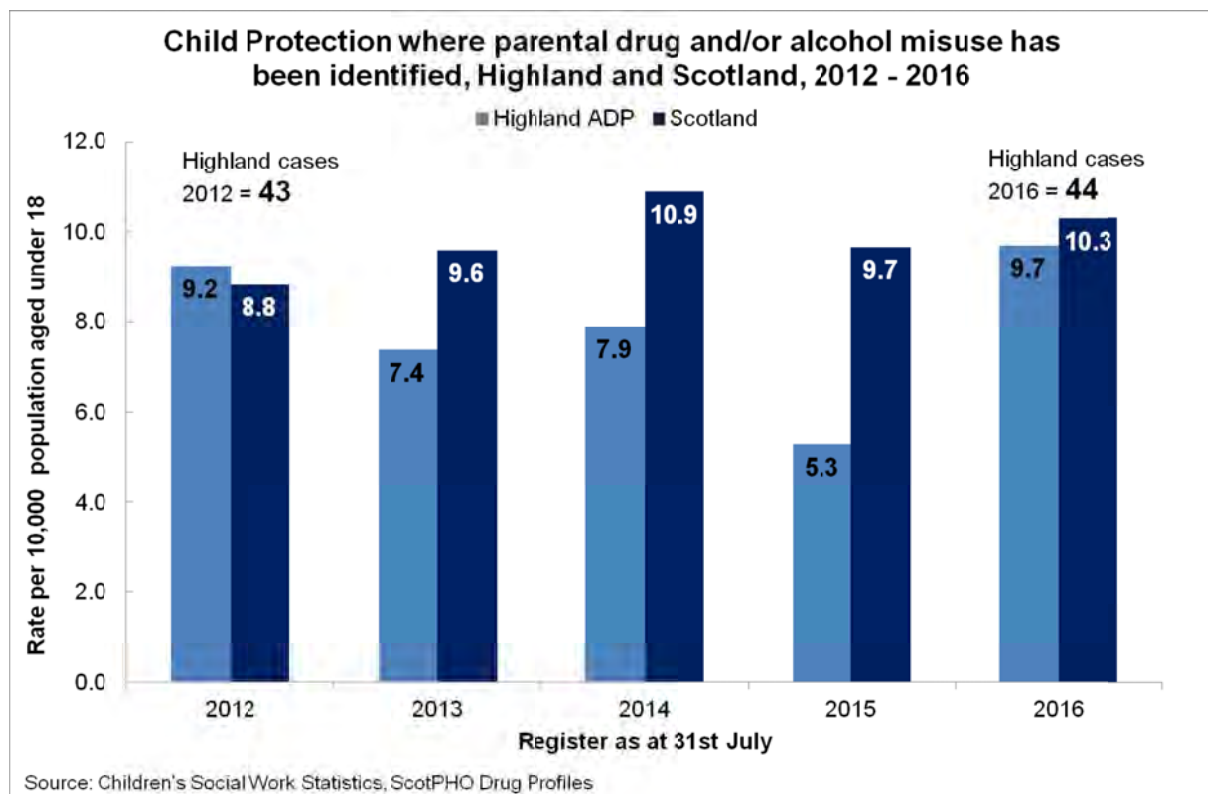
The use of technology to aid learning has continued to be a priority with e-modules being developed in relation to Children Affected by Parental Substance Misuse and Child Sexual Exploitation. This training aims to enhance rather than replace face-to-face opportunities but provides those working in more remote areas equal access to high quality training. Highland Child Protection Committee has also developed a new website to enable easy access to child protection information and resources for Social Work practitioners as well as multi-disciplinary colleagues, communities, parents and children – www.hcpc.scot

In 2016 Highland worked with Social Care Institute for Excellence (SCIE) to deliver training for 20 participants from across Care and Learning, NHS Highland and Third Sector. This will enable local practitioners to undertake Case Reviews using the SCIE Model and provides a more inclusive and collaborative approach to case reviews.

Neglect has been identified both nationally and locally as a priority area for 2017/18. On 30th March 2017, the actor Paul Brannigan talked to an audience of almost 100 practitioners from Highland Council, NHS Highland, Police Scotland and the Third Sector. He spoke about his own experiences of childhood neglect and parental substance misuse, and what support assisted him in addressing his own offending behaviour. This was a joint initiative organised through the Children Affected by Parental Substance Misuse (CAPSM) Working Group and funded in partnership between the Alcohol and Drug Partnership and Highland Child Protection Committee. The event attracted Social Care staff from a range of settings including Children and Families, NHS, Criminal Justice and Mental Health teams.

This work continues to develop with a review of CAPSM Guidance and more practical resources for Social Workers working in both Child and Adult Services. Colleagues working in NHS Treatment Services will be delivering monthly information sessions for Social Workers in the Family Teams to help them fully understand treatment options and the impact treatment may have on parents. These initiatives aim to further strengthen the links between Adult and Children’s Services and create a more shared understanding of the issues facing children and families in Highland.

It is estimated that between 1750 and 2500 Highland children are affected by parental substance misuse, and it is an underlying factor in a significant number of Child Protection Plans.



In March, the Council hosted a session on the Graded Care Profile by the NSPCC for approximately 67 practitioners. In October 2017, the NSPCC will return to Highland to train 20 experienced Social Workers from the Care and Learning Service, along with NHS colleagues to roll out further training and awareness sessions on the Graded Care Profile. This tool will be embedded within the Highland Practice Guidance to help practitioners identify and analyse risk in relation to neglect.

The ‘Neglecting the Issues’ Conference held on 31st March 2017 offered the opportunity for 166 practitioners from across Highland to hear from Dr Michael Smith, Glasgow University speak about Adverse Childhood Experiences and the links to Substance Misuse and Neglect. This work continues to develop with colleagues from NHS Highland and the Child Protection Committee.

The Training Team delivered a number of Training for Trainers courses in 2016/17 enabling 67 practitioners to roll out the Introduction to Child Protection Training to local youth and community groups. The Team continued to deliver training in relation to Child Protection, Highland Practice Model, Parental Substance Misuse, Child Sexual Exploitation and PREVENT enabling over 5800 training places to be taken up Highland wide.

Working in partnership with the Highland Licensing Board, the CSE Working Group is currently rolling out Child Sexual Exploitation training to the Night Time Economy and Community Groups. This is linked with a new scheme to encourage local establishments to commit to tackling Child Sexual Exploitation in Highland.

Highland Council continues to deliver WRAP sessions for Children and Families staff with approximately 300 staff have completed sessions to date. In August 2017, two stand-alone days will be made available for 60 practitioners to explore specific issues for Children and Young People in relation to radicalisation and the PREVENT agenda.

The Quality Assurance Group is currently undertaking a review of cases where domestic abuse has been an issue, as well as continuing to review local and national case reviews in order to consider and disseminate learning through the Hindsight Bulletin.

There was a small increase in the number of looked after children during the year. This reversed the trend of reducing numbers that we have had for a number of years, albeit reduction continued in the number of children looked after at home.

Placement type	30/04/2016	31/03/2017
at home with parents	141	114
with friends/relatives	68	81
with foster carers provided by local authority	128	137
with foster carers purchased by local authority	6	24
with prospective adopters	20	18
other community	5	5
local authority homer	20	25
secure accommodation	2	4
other residential	43	39
residential school	12	12
hospital	0	0
total	445	459

The numbers of children with child protection plans across the year are shown below.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
non-temporary	99	91	88	104	98	105	87	87	84	91	96	93
temporary	7	7	7	7	7	8	8	8	8	8	8	8
total	106	98	95	111	105	113	95	95	92	99	104	101

A casework audit undertaken during the year, confirmed sustained reduced caseloads of up to 50% for social workers since implementation of the Highland Practice Model.

Area	Average caseload	Comments
Mid Ross	12 to 16	26 Looked After children, 1 permanence and 8 child protection cases
East Ross	12 to 16	65 Looked After children, 4 permanence and 17 child protection cases.
Sutherland	19	Only 1 child protection case and no permanence cases
Caithness	16	13 child protection cases and 18 permanence cases
Skye & Lochalsh	10 to 20	30 Looked After children, 3 permanence
Lochaber	12 to 18	38 Looked After children, 9 child protection
South	10 to 14	Mainly statutory Looked After (204 looked after) or child protection cases (34)

Transitions

In June 2016, following significant scoping of existing Transition processes, a report was written detailing the concept of a Joint Transitions Team which would support 14 year olds through transition to becoming 25 year olds. This team would incorporate health and social care staff from both Highland Council and NHS Highland.

This report was discussed and agreement was given for further work on this concept at Highland Council's Education, Children and Adult Services Committee in May 2016 and NHS Highland's Health and Social Care Committee in July 2016.

A Project Manager was appointed in August 2016, and she began the process of scoping existing processes and engaging with stakeholders involved in the process and, in particular, young people with a lived experience of transitions. This work progressed until March 2017 when the Project Manager concluded there would be significant impact through the Development of a Joint Transitions Team, in the Inner Moray Firth area.

6. Workforce

Accordingly to Social Services Workforce data, a total of 8,990 9,440 people work within social care in the Highland area, which is a reduction of 450 from the previous year. There is no obvious reason for this apparent fall, which falls almost entirely in the third sector.

3,080 of these staff work in the public sector, 3,940 in the private sector and 1,980 in the third sector. This equates to around 3.9% of the population.

Within the private and third sector, the vast majority of staff are involved in care homes and providing care at home.

Recruitment into fieldwork posts has proved challenging, especially in remote and rural areas. Highland Council has developed a targeted approach to this, with some success to date, and recruitment is one of the key priorities in the Care & Learning Workforce Plan.

Trainee Social Workers in Adult Services

In South and Mid Areas, there are five trainee social workers embarking on their final year of a three year course run in partnership with the NHS, Highland Council and the Open University. It is anticipated that this approach to retain social workers in Highland will continue and feedback from managers and trainees has been positive.

The priority in North and West Highland has been to increase the numbers of Practice Teachers available to “grow our own” social workers into the future.

In Adult Social Care more broadly, recruitment remains challenging. A new initiative - “the Care Academy” - is aimed at developing an on-line resource full of information and links to provide a “hook” for those interested in a career in care.

SSSC Registration for Care Home Staff

The SSSC Register is open for all Care Home staff. Registration for Managers, Supervisors and Practitioners is mandatory and became a requirement for Support Workers in September 2015. NHS Highland’s Practice Development Manager plays a lead role in supporting care home staff to meet their registration requirements and in supporting the registration process and NHS Highland’s compliance.

Capacity to support staff to undertake their SVQs and be assessed in Care Homes has increased with most staff still being supported and assessed by the Highland Council’s SVQ Assessment Centre. Accordingly, NHS Highland is on target and currently meeting the legal requirement to have all workers practicing in Care Homes meeting the minimum qualification requirement for maintaining registration.

Mental Health Officers

The average age of the MHO work force in Highland is 59 and so retirement of the current workforce is relatively near.

Highland Council has continued to support social workers to undertake the course and become MHOs. NHS Highland has agreed to support one candidate per year to complete the MHO course.

Scotland wide workforce planning is required to address future provision of sufficient MHOs nationally, and the Chief CSWA to the Scottish Government is leading on this work.

There are currently 2 candidates undertaking the MHO post qualifying award at RGU, Aberdeen. Three candidates successfully completed the award in 2016/17.

7. Challenges for the Year Ahead

There are many ongoing developments and challenges that will require to be addressed in the year ahead.

- Resources will continue to be constrained. Preventative and integrated approaches will continue to be required to address this challenge.
- Austerity is having an increasing impact on vulnerable people, and the Highland Council area has been the first in Scotland to understand the impact of Universal Credit.
- The implications of the UK's exit from the European Union are likely to be felt in social care services. As well as any impact on the general population, it could further constrain our capacity to recruit staff, and cause anxiety for current EU nationals within the workforce.
- The Carers (Scotland) Act 2016, applying to both adult and young carers, will commence on 1 April 2018.
- The Mental Health (Scotland) Act 2015 requires new processes and protocols and additional duties for Mental Health Officers.
- The implementation of Self Directed Support will require continued commitment.
- New arrangements will be taken forward to support young people making the transition from children's to adult care services.