

Agenda Item	23.
Report No	CLH 54/18

## HIGHLAND COUNCIL

**Committee:** Care, Learning & Housing

**Date:** 18 October 2018

**Report Title:** Chief Social Work Officer Report: 2017/18

**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 2017/18.

### 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 2017/18. 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: 9 October 2018

**HIGHLAND PARTNERSHIP: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2017/18**

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## 1 Summary

This report provides an overview of issues relating to social work and social care services within the Highland partnership, during 2017/18.

### **Challenges**

Social work services have continued to face the dual challenge of significant demand and constrained budgets at a time of demographic and other pressures.

The focus on prevention and early intervention in children's services has helped ensure consistent and effective delivery. The end of the financial year involved the start of planning to reduce funding for the Family Teams by £250,000, presenting some risk to sustaining the quality of services.

Work has progressed in adult services, to continue the shift towards community based provision, including through investment from NHS Highland.

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

The Scottish Government's move to extend the Presumption Against Short Term Prison Sentences (PASS) to 12 months is welcomed, but will bring challenges in respect of an anticipated increase in Community Payback Orders.

### **Achievements**

- Maintaining social work capacity within adult services as demand for older people services increases, including supporting the development of student social workers.
- Consolidating new, vibrant approaches to 'day services' for adults with learning disabilities in Fort William and Brora.
- Taking forward the joint Transitions Team, which commenced in June 2018.
- Improving the quality of in-house Care at Home services – evidenced by improved inspection grades.
- Increasing the capacity of independent sector Care at Home provision to deliver care to more people in the community.
- Improving the recording of social workers in relation to Adult, Support & Protection concerns.
- Sustaining quality across children's services, despite gaps in the workforce and budgetary challenges.
- Making progress on supporting Highland's looked after children within the authority.
- Consistently very good Care Inspectorate grades across children's services.
- Improved service delivery and quality following the decision to bring delivery of the Moving Forward: Making Changes sex offender group work programme in-house.

## 2. Partnership Arrangements

The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which covers a third 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 (previously called 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.

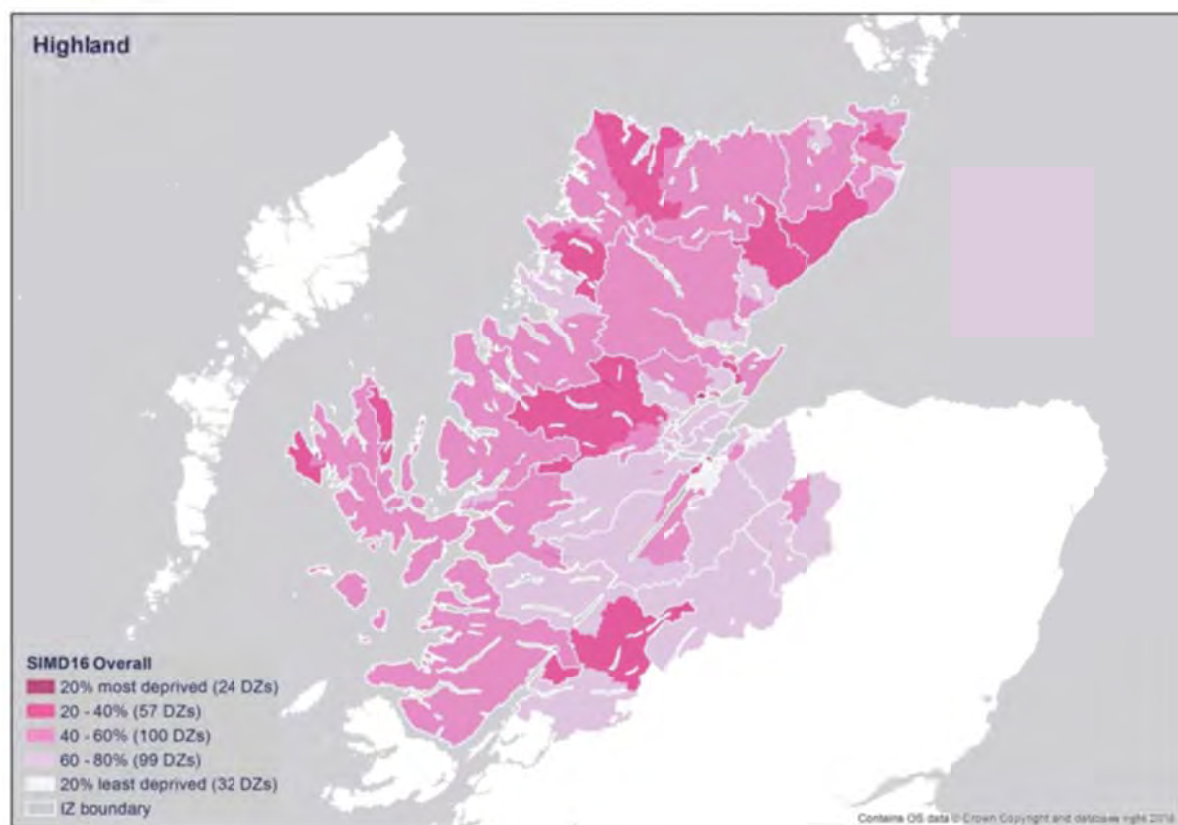
The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. This advice is provided to practitioners, senior officers of the Service and the authority, and to members. In the lead agency model, this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

### 3. Social Services 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](http://www.forhighlandchildren.org)

The levels of poverty related inequalities in Highland are illustrated in the table below.

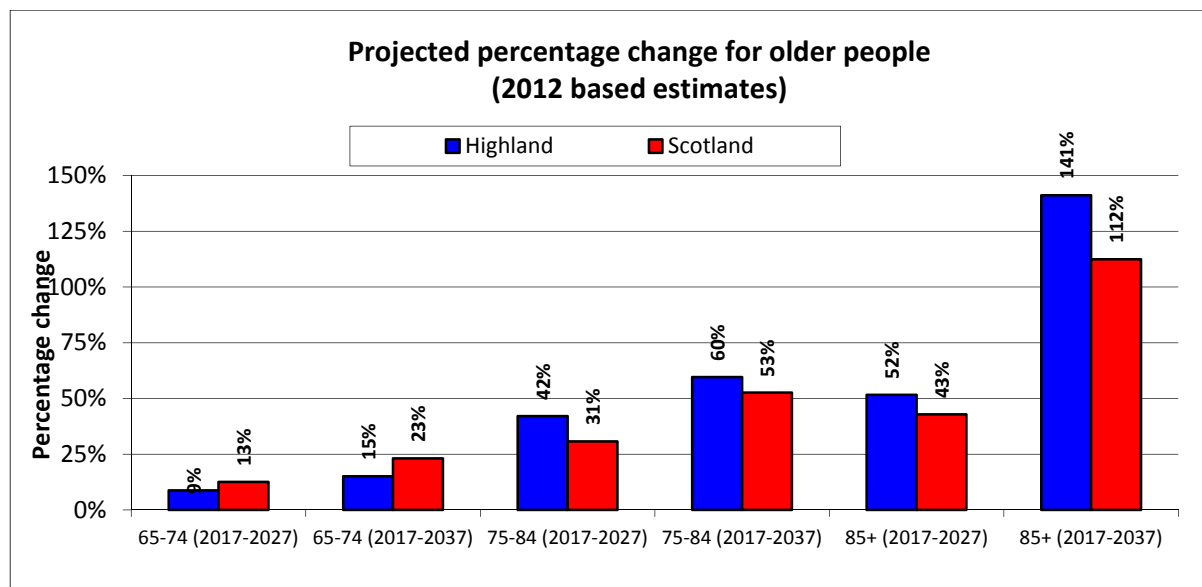
Indicator	Highest	average	Lowest
Families on low incomes	28% (Inverness Central)	17%	9% (Inverness South)
Overcrowding rate	14% (Inverness Central)	7%	4%
Percentage of houses with no central heating	7% (W Ross, Strathpeffer & Lochalsh)	3%	1% (Inverness South and Cromarty Firth)
Percentage of houses that are Council rented	26% (Inverness Central)	13%	2% (Inverness South)
Percentage of houses that are privately rented	18% (Inverness Central)	11%	7% (Wick & E Caithness)
Percentage of house that are owner-occupied	79%	68%	47% (Inverness Central)
Percentage of people with long-term health problems	34%	30%	24% (Inverness South)
Percentage of under-16s in families receiving Child Tax Credit or Income Support	29% (Inverness Central)	13%	7% (Inverness South)
Percentage of under-16s in families receiving Child Tax Credits and income is less than 60% of median	3.9% (Inverness Central)	2.2%	0.4% (Wick & E Caithness)
Percentage of under-16s in families receiving Child Tax Credits and Working Tax Credits and income is still less than 60% of median	2.6%	0.7%	0.0%

Percentage of people who are economically active	80% (Inverness South)	71%	65%
Percentage of people employed full-time	50% (Inverness South)	39%	31%
Percentage of people employed part-time	17% (Wick and E Caithness)	15%	13%
Percentage of people self-employed	19%	11%	6%
Percentage of people unemployed	6.3% (Inverness Central)	3.7%	1.9%
Percentage of people in professional occupations	43% (Inverness South)	35%	27% (Cromarty Firth)
Percentage of people with no qualifications	30%	19%	13% (Inverness South)

Highland has been impacted significantly through early implementation of Universal Credit in Inverness.

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.

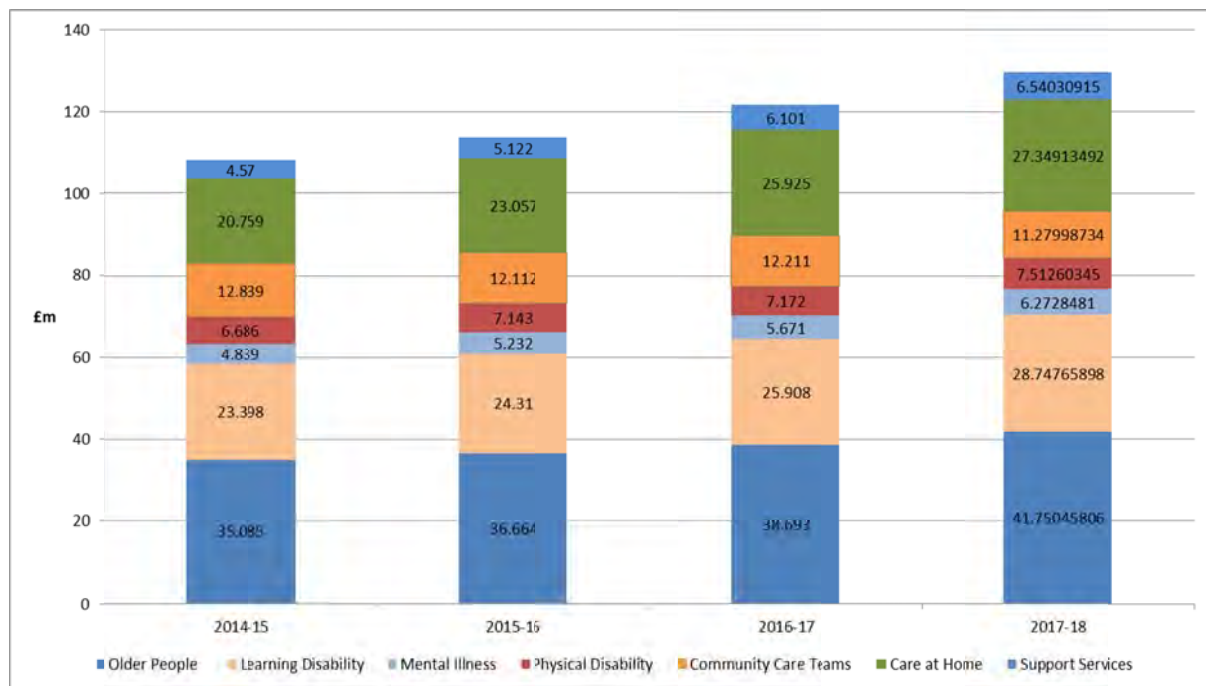




#### 4. Resources

Expenditure on adult social care over the year was around £130m. This included both Highland Council and NHS Highland budgets, as shown below, and broken down into specific areas of activity.

ADULT SOCIAL CARE EXPENDITURE £000's	Council funding plus Resource Transfer £000's	SG Specific Funds via NHS Highland £000's	Additional NHS Highland investment £000's	Total Expenditure £000's
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
2017/18	102,083	16,040	11,330	129,453



The budget for children’s social care is around £30m (this figure does not include childcare staff).

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.

## **5. Service Quality and Performance including delivery of statutory functions**

### **Adult Social Care**

There is continuing work to embed the adult social care eligibility criteria, to support equity and sustainability whilst meeting need and risk. A resource allocation system is in place, to ensure 'best value' is delivered consistently across client groups and geographies.

There has been the appointment of a Head of Service for Autism and Learning Disability, to support the strategic development and delivery of services and support in the authority.

Learning Disability Day Services are undergoing redesign, predicated on delivering "progression" outcomes for individuals and making more of community based assets

The consultation phase is now complete. People with a learning disability, their families and staff have actively contributed via events and a survey. The responses focused on the need for a wider range of options and opportunities, and a need from families to ensure that their loved ones are supported in a safe, secure and familiar environment to enable them to continue their caring role.

The review will agree principles for day services that include:

- Progression modelling (ensure outcomes are based on development and therefore enabling people to move on)
- Employment opportunities (both supported and independent work options)
- Asset Based Community Development work to create self –sustaining opportunities outwith traditional settings (e.g. social enterprises, working with partners)
- Enhancement of shared support and the shift from 1:1 support in home environments to shared support in community based resources
- Timetabling and sessional activities that people chose to attend related to interests, desires and outcomes.

Work is also ongoing to look at the effectiveness of day centre provision for older people, as reflected in improvement activity at the Mackenzie Centre in Inverness, attended by around 30 people. Places there were often allocated, without there being clear outcomes identified. Places were allocated for life and there was an imminent danger of the resource becoming "full" with a long waiting list. Staff were unclear what their role was in terms of supporting people to live longer and healthier lives in the community.

Further to improvement work undertaken with the attendees, and their families, activity is now based on choice and needs. The change in approach has meant a more pro-active service supporting people earlier to enhance skills and confidence. This contributes to reducing dependency on others, reduces home based falls, enhances nutrition and hydration and promotes confidence to live within the community accessing community based facilities. The service is supporting unpaid carers to continue in their role by working differently with them. There are plans to run a carers programme alongside the care service.

Over 95% of in house and independent sector care at home providers have received Care Inspectorate grades of 4 ('good') for the Quality of Care and Support.

84% of in-house and commissioned Care Homes also have grades of 4 ('Good') or better for the Quality of Care and Support. There are also 11 Care Homes with grades of 2 or 3. NHS Highland is committed to working in partnership with the sector to improve grades where required.

Reablement services have been consolidated around the Inner Moray Firth, and the extension of reablement services is being planned in the north and west. This has involved much collaboration around the realignment of services across the public and other sectors.

With service user and carer support, the Carers Improvement Group has been concerned to ensure that there is appropriate action-planning in place to ensure the implementation of the Carers Act.

A user-friendly 'payment card' has been developed and is being implemented to further progress take of self-directed support. Use of options 1 and 2 has increased steadily, in accordance with legislative principles:

- Option 1 (Direct Payment): growth from 151 to 367 individuals in 5 years; investment from £2,638,000- £6,179,000
- Option 2 (Individual Service Fund): growth from 62 to 247 individuals in 3 years; investment from £495,000 to £3,750,000

There is continuing collaborative work between NHS Highland and 3<sup>rd</sup> sector partners to explore the use of technology to enhance quality of life and better maintain independence for all adults. As Telecare Services currently rely on analogue technology, NHS Highland is working with the National Technology Enabled Care Programme and the Local Government Digital Office to ensure we continue to provide a safe telecare service during the transition period to digital.

NHS Highland is working closely with the National A2DT Programme to support a fully digital telecare service in the "Fit Homes" in Alness. Ten clients have digital ready equipment installed in their homes. It is intended that we will have 200 new digital Telecare clients across Highland over the coming year.

### Adult Support & Protection

The Highland Adult Support and Protection Interagency Procedures and guidance was updated and shared with partner agencies throughout Highland. The Highland Large Scale Investigation Protocol was also updated and shared. Development sessions were held with all Social Work teams throughout Highland including Criminal Justice teams in Inverness to look at the updated procedures.

Adult Support and Protection Service User Feedback forms were developed and Advocacy Highland was identified to undertake the role of gathering feedback.

Council Officer/Nominated Officer training was delivered to 12 Police Inspectors, 6 NHS Social Workers, 1 District Manager and 7 Highland Council Social Workers in October 2017. Council Officer training was also delivered to Social Workers in the Western Isles.

The Highland Partnership was included in a thematic inspection of Adult Support & Protections, and received 'adequate' grades. The summary outcomes included:

- The partnership made sure that the choices of adults at risk of harm were respected and adult protection intervention was pursued in the least restrictive and beneficial manner. There were improved outcomes for adults at risk of harm in terms of safety, wellbeing and quality of life. The police concern hub operated efficiently and effectively. Outcomes measurement for adult support and protection was patchy and not systematic.
- There were process deficits in the recording of initial adult protection inquiries and investigations could cause delays in processes. The partnership had recently made improvements in this domain, which we considered was a necessary and positive development. Risk assessment and risk management practice was variable. Adult protection case conferences operated in a constructive and productive manner to analyse all of the circumstances of the adult at risk of harm and determine the optimal way forward.
- There was evidence that the Highland single agency model delivered benefits for adult support and protection – particularly communication between social workers and health professionals. Challenges around electronic information sharing between social work and health staff. Governance of adult support and protection was an area for improvement, which leaders acknowledged.

Recommendations included: processing referrals timeously; better use of chronologies; and support for changes in governance arrangements.

The Partnership expressed some concerns to the Care Inspectorate regarding the methodology and reporting of the inspection.

Ensuring efficient and accurate data recording has been an ongoing area of work with Social Work Professionals over the year. Changes to the CareFirst recording database will occur in the summer of 2018 and it is envisaged that this will improve data recording.

Police Adult Concern referral auditing has continued on a monthly basis throughout the year. This ensures that referrals are appropriately shared.

There have been four Large Scale Investigations over the year, two care Homes and two service providers. The LSI protocol is followed to ensure consistency and good practice across Highland. LSI debriefs are undertaken following the closure of the LSI and learning shared Highland wide.

After 5 years as Independent Chair of the Adult Support and Protection Committee, Pam Courcha chaired her last committee in December 2017. A new Independent Chair was recruited in March 2018.

Adult Support and Protection training has focused on GP surgeries 2017/18 period. This has not been an easy task due to the time restraints for GPs but the training officer continues to make contact with surgeries.

Festive Safe Highland events in December 2018 enabled different partner agencies to engage with the public to discuss ways of keeping safe. Festive partners represented Police, Fire Service, Trading Standards, Highland Council Road Safety Group, SEPA, Women's Aid, Highland Drug & Alcohol Partnership and Adult Support & Protection. These were very successful Partnership events, where many members of the public engaged and who are now more aware of Adult Support and Protection.

As elsewhere in Scotland, vigilante groups targeting sex offenders appear to be on the increase in Highland, and they have been active in social media and in some local public incidents. MAPPA Co-ordinators have discussed this nationally and with the Scottish government. Housing and police are the initial points of contact in these cases and this is likely to place a strain on these services, e.g. in some case it is likely that accommodation cannot be sustained and offenders will have to be moved quickly in order to quell incidents.

There has been other impact from social media in public protection in unpaid work settings, where offenders can work out the identity of other offenders, which can make manging groups undertaking unpaid work difficult. There have also been incidents where unpaid supervisors have not realised the implications of their social media, e.g. Facebook, being used by offenders to contact them and advice has been offered re adjusting their privacy setting and that it is inappropriate to correspond with offenders using such.

An additional £2.8 million has been made available by Scottish government to further roll-out the nationally accredited domestic abuse Caledonian programme, addressing domestic violence, and Highland has been successful in securing funding to commence this initiative within the authority.

### Mental Health Officers

The Chief Social Work Officer of the Local Authority or his/her delegate is required to appoint sufficient Mental Health Officers to discharge functions under the 2003 & 2015 Act, the 1995 Act and the 2000 Act.

MHO's are experienced, registered social workers who have completed further approved training and have a particular role and responsibility in legislation relating to individuals with a mental disorder. MHOs mainly operate across three pieces of legislation that significantly impact on individual liberty.

Welfare Guardianship or Intervention Orders are used to provide a legal basis for the provision of care and support to people who lack the mental capacity to consent

themselves, where this appears to be necessary. In most cases, a family member will apply. The local authority then has a duty to supervise the family member guardian in their use of their powers. Where an order appears to be necessary and there is no person able or willing to apply, the Local Authority has a responsibility to do so. In such cases, the CSWO becomes the legal guardian. Work of this nature has increased over the previous year.

The Mental Health (Care & Treatment) (Scotland) Act 2003 involves civil measures of compulsory detention, which require the MHO service to operate a duty system. Alongside this, the MHO is required to apply to courts for warrants to enact emergency protective measures.

Compulsory Treatment Order in hospital or in the community can be ordered under the Mental Health (Care and Treatment) (Scotland) Act 2003. There are also compulsory measures available in respect of mentally disordered offenders. The Council retains Mental Health Officer responsibility for Highland citizens in the State Hospital and other out of Highland placements. Work of this nature continues to increase. This trend is reflected across the north of Scotland with considerable pressure in terms of available beds and nursing staff to ensure patients are safely placed and receiving the required care and treatment.

There are a range of measures that apply when individuals who are considered to have a mental disorder are involved in the Criminal Justice System. When risk to the public is deemed high, this can result in the added scrutiny of Scottish ministers in terms of Compulsion Order and Restriction Order (CORO) and also become subject to MAPPA processes. Others might be subject to a custodial sentence and require treatment in a secure hospital for mental disorder, becoming subject to a Transfer for Treatment Direction. Others again might be directed to begin a custodial sentence in hospital and once stable complete a custodial sentence in prison. The processes involved require full assessment (Assessment Orders) and Treatment (Treatment Orders) prior to the MHO working with the multi-disciplinary team to recommend to Court a final disposal.

This year has seen 3 Mental Health Officer trainees working towards qualification. On completion of the course, this will ensure all current out of hours social work staff are MHO qualified, and also add to the numbers of adult care (NHS) social workers with an MHO qualification.

The MHO Service is required to manage a number of challenges due to workforce changes through flexible and normal retirement. Difficulties in recruitment and retention of MHOs are a national issue, and continues to be addressed as part of the Scottish Government's mental health strategy. There are 3 candidates undertaking the RGU MHO Award training for 2018/19.

There continue to be an increasing demand for MHO reports under s.57 (3) AWI 2000 from solicitors acting on behalf of private applicants. The work under the Adults with Incapacity Act is largely planned work as AWI intervention is not a quick response used in an emergency. The year on year increase has to be managed within current capacity and a

waiting list is in operation to ensure priority is given to vulnerable adults in the community and those delayed in hospital.

The bulk of the statutory AWI work is taken up by the MHOs in the form of reports for local authority and private welfare guardianships. As in previous years the number of request for MHO reports has increased. In addition to this, day to day work undertaken by social workers within the adult teams often involve consideration of intervention and duties under the 2003 Act, 2000 Act and/or 2007 Act requiring MHO assistance, support and advice. AWI Case Conferences routinely now involve the MHO and Legal Services as per Highland AWI 2000 Procedures.

The Council's legal team is fully involved in decisions relating to the need for Welfare Guardianship when no other person can apply. Demands on the service continue to grow, with times of peaks, which inevitably place a challenge on MHO capacity. Complexity of work is also apparent in the range of age and situations which are presented.

Advice and information is provided in a wide range of mediums to members of the public, service users, and other professionals. A lot of work is routinely done as part general practice, including advising and supporting people to put in place welfare and financial power of attorneys; implementing the principles of the Act; and advise in relation to 13ZA and deprivation of liberty issues. Work has also been done with NHS colleagues around consent to medical treatment orders, where it is identified a person may lack capacity to consent. The PMHO and AWI MHO Practice Lead have been delivering training sessions to medical and social work staff across Highland.

Work under the Mental Health Care and Treatment Act is generally unplanned, resulting from the need to assess with regard to emergency detentions. There is a daily MHO duty rota in operation pan Highland and the duty MHO participates in the daily multi-agency 'huddle'.

Their professional role and responsibility often sees MHOs working at the interface between the state and individual liberty, making decisions that require a careful balance between rights, needs and risks, both of and to the individual and the wider community. The registered social worker retains full accountability for the recommendations they make to Mental Health Tribunals and Courts and it is essential that they strike an appropriate balance between managing risk and encouraging self - determination.

### Criminal Justice Social Work

Criminal Justice Social Work Services continues to produce quarterly performance reports detailing 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.

Key indicators are reported quarterly to the Highland Council's chief executive and overall performance in 2017/18 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) – 94.6% or 777 out of 820 reports (91.2% in 2016/17)
- 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 – 70.31% or 221/314 (72.67%)
- Percentage of offenders on new Community Payback Orders (Unpaid work requirement) receiving their first work placement within 7 working days of the order being made – 58.2% or 281/482 (67%)
- Percentage of Beneficiaries of Unpaid Work projects satisfied with the work done – 97% or 35/36 (98%)
- Percentage of Level 3 MAPPA cases reviewed once every 6 weeks – 100% 11/11 (100%)
- Percentage of Level 2 MAPPA cases reviewed once every 12 weeks – 100% 58/58 (100%)

The 2017/18 Community Payback Annual report details the overall progress regarding Community Payback Orders. This report is submitted to Community Justice Scotland by 31 October 2018, but cannot be published before a summary of all 32 local authority reports is laid before the Scottish Parliament in late 2018/early 2019. The 2017/18 report will be placed on the Highland Council website following this (the link to the 2016/17 most recent report is [https://www.highland.gov.uk/downloads/download/1159/annual\\_reports](https://www.highland.gov.uk/downloads/download/1159/annual_reports)).

A Quarterly Analysis Report (QAR) is provided to criminal justice managers with statistics for 3 key areas: People, Process and Practice. 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. There is also an annual report detailing Quality Assurance work undertaken. For example, this covers the quality of reports and case files, and feedback received from service users (e.g. on criminal justice social work reports and community payback orders) and beneficiaries (e.g. the recipients of unpaid work projects).

Other key findings were:

- The number of criminal justice social work reports completed was 820 (825 in 2016/17).
- The number of Community Payback Orders was 603 (584 in 2016/17). This includes supervision, compensation, unpaid work, programme, residence, mental health, drug and alcohol treatment, and conduct requirements.
- The total completed hours for CPOs with Unpaid Work was 46,002.
- All new CPOs seen within 5 working days of the date of disposal 69% (419/603).

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.



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 2017/18, Criminal Justice Social Work continued to contribute to the development of the new arrangements for the delivery of Community Justice through Community Planning Partnerships. The Principal Officer (Criminal Justice) is a member of the Community Justice Partnership group, which was responsible for oversight and delivery of the 2017/18 improvement plan. The Annual Report must be submitted to Community Justice Scotland by 30 September 2018. This will detail significant progress. From a CJSW perspective, it will show a good uptake in the use of 'other activity' as part of a CPO with an unpaid work requirement, e.g. in partnership with Victim Support and Scottish Prison Service, the former developed bespoke training of a 1 – 2 hour module on victims and delivered to CJSW unpaid work and SPS staff, which is now delivered to offenders on unpaid work (and to prisoners in HMP Inverness); and approximately 15 CJSW staff were trained to deliver Alcohol Brief Interventions as part of a CPO with unpaid work.

The Partnership also made £25,000 of funding available to community projects throughout Highland, which support the rehabilitation of offenders, prevent offending behaviour and support the victims of offending behaviour. Fifteen projects came together at the event, held in October 2017 to 'pitch' their ideas with a maximum sum of £4,000 per project available. A participatory decision-making process was used to distribute the funds. The hugely successful event created an opportunity to show case smaller organisations and their work within Highland – [https://www.youtube.com/watch?v=k20w9B\\_mz1s](https://www.youtube.com/watch?v=k20w9B_mz1s). Seven projects secured funding on the day and recently further funding became available to fund the remaining eight projects.

The new Community Justice Plan 2018 – 21 has 3 key outcomes: (1) mental health and wellbeing; (2) better access to diversionary and early intervention services; and (3) improved employment opportunities. CJSW will be seeking to develop a programme for young offenders and increase diversion from prosecution referrals.

During 2017/18, CSJW continued to receive 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 Persistent Offender Project (POP), a multi-agency initiative between CJSW, Police Scotland, Apex Scotland, NHS Highland and Scottish Prison Service, continues to be funded and an extensive evaluation report is due to be published in August 2018. POP is voluntary and focusses on persistent offenders who commit crimes where there is a link with drug and alcohol use.

CJSW won 2 awards at the prestigious Highland Council Quality Awards in November 2017. A 'grow your own vegetable scheme' on the Black Isle for offenders in partnership with Apex Scotland won the award in the Achieving a Fairer Highland category; and the MAPPA Administrative Assistant won Employee of the Year for her excellent work.

On an operational level, the key development was the decision in April 2017 to bring the nationally accredited Moving Forward: Making Changes sex offender programme in-house.

The newly created team became operational in December. This is more cost effective and improves service delivery for this very high profile group of offenders.

## **Children's Services**

The 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>

### Looked after children

Looked after children numbers increased over the year, after many years of decline. There is much anecdotal evidence that welfare reform, and in particular the early implementation of Universal Credit in Inverness, is having a significant impact for families and children, and is contributing to this increase in numbers.

Poverty inevitably impacts on outcomes for children. This is not just because of low family income, but is about the interface between reduced income, poor housing, drug/alcohol misuse etc. and the lived experience of children.

If parents can cope with such pressures and maintain positive caring relationships, the impact of poverty is reduced but it would appear that what we are seeing is a rise in social problems combined with increasing poverty, and the direct link to an increase in looked after children numbers.

Continuing high numbers of children placed outwith the authority, led to the development of the Placement Services Change Programme. Since the beginning of the programme, 5 young people have been enabled to return to the authority. Some have returned to their families, whilst others require a residential placement. Work continues to develop the plans for all the other young people who have been identified by the Family Teams as likely to benefit from a supported transition.

Significant support was provided to various initiatives aimed at strengthening the voice of Highland's looked after children. This included support for the CHAMPS Board and continued engagement with Who Cares? Scotland.

A One Stop Shop for care experienced young people has also been established at Clachnaharry, Inverness. This is a resource that offers support to care experienced young people and care leavers. It opened in January this year and has provided a venue for a number of activities. These have included leadership and participation groups, music workshops and hosted care experienced young people from all over the north of Scotland.

Clachnaharry has become the hub for CHAMPS board activities and facilitated the change in format. There will be two larger activities per year with the first having taken place at the Inverness College campus with a market place format and the second planned for October with a civic reception themed around achievement and celebrating success. Clachnaharry

has also hosted events organised around carer’s day, the journey’s exhibition and is hosting the first CHAMPs board regional networking event.

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in January 2018 resulted in grade 4 being awarded across both services, with 3 recommendations for the Fostering Service and one recommendation for the Adoption Service, there were no requirements. The Highland Council Fostering & Adoption Service inspection reports can be accessed at: [https://www.highland.gov.uk/downloads/download/1615/care\\_inspectorate\\_reports](https://www.highland.gov.uk/downloads/download/1615/care_inspectorate_reports)

### Foster Care

The number of ‘new’ admissions to foster care (children who have not been accommodated previously) has decreased from previous years.

Number of “new” admissions to Foster Care from:

<b>01/04/15 to 31/03/16</b>	<b>01/04/16 to 31/03/17</b>	<b>01/04/17 to 31/03/18</b>
63	63	53

The number of children placed in all categories of foster care had been steadily reducing since November 2012 when it had peaked at 177 however during the period 2016/17 there was a sudden increase with several large family groups of four, five and six children being accommodated. The number of Looked after Children at 31/03/18 was 520 in Highland. There were 133 children in foster care at 31<sup>st</sup> March 2016 with a significant increase to 162 children in foster care at 31<sup>st</sup> March 2017 and with a slight increase to 165 at 31/03/18.

Number of children in Foster Care at:

<b>31/03/14</b>	<b>31/03/15</b>	<b>31/03/16</b>	<b>31/03/17</b>	<b>31/03/18</b>
145	137	133	162	165

Of these 165 children, there were 37 children placed within and out with Highland Council area in both temporary and long term/permanent foster placements, purchased from independent fostering providers. There has been an increase in the number of children and young people referred to the Independent Fostering Providers due to the demand for placements for large family groups, children with complex needs and as an alternative to residential care.

There were 14 children in pre-adoption placements on a fostering basis where they had been matched with prospective adopters and the legal process was underway to secure these children with their permanent families. An additional 12 children affected by disability were in receipt of regular established respite care, an decrease from the previous year, this was due to a number of factors including foster carers resigning or retiring or young people reaching 18 years of age or no longer requiring respite.

Recruitment is ongoing and year round however it continues to be a challenge to replace those who cease fostering, mainly due to retirement, changes in employment, health and family circumstances. A significant factor is the continued increase in Independent

Fostering Providers (IFP's) who are recruiting from the same communities as the Local Authority and who largely pay their carers a higher rate of fees and allowances. They also provide focussed fostering support and training to their foster carers unlike the Local Authority Fostering & Adoption service who, in addition to the recruitment, support and training of foster carers are also responsible for permanence and adoption planning and recruitment, adoption counselling and adoption support as well as providing a daily duty service.

Currently a small team of social workers and managers from the Fostering & Adoption service, supported by the Corporate Improvement Team, are undertaking a review of the Fostering and Adoption Service within the council. The aim is to consider ways in which we could increase the numbers of foster carers available in Highland particularly for older children, teenagers and larger sibling groups. Also to ensure we retain those carers who are currently providing a valuable resource. Therefore recruitment, retention, support, training, allowances and fees for foster carers are being reviewed. As a result of this continued work a number of improvements have been recommended.

- An online enquiry form has been designed to help eliminate those not suitable to foster or adopt at a much earlier stage.
- An online application form has also been designed to assist the assessing social workers reduce their administration tasks.
- A new referral process for requesting PVG's and Disclosure checks within the Council has also meant the process of these checks being carried out which are required for fostering, adoption and kinship is much quicker.
- A new website for the Fostering and Adoption service is currently being designed with assistance from staff from the Digital Services section of the Council.

All of these improvements will assist with speeding up the process of recruitment and assessment of suitable carers. However there is a direct link with recruitment and retention and the allowances and fees paid by Local Authorities to foster carers. In order to find additional funding to allow for these increases to be made a significant number of young people need to be returned to Highland from expensive Out of Authority residential placements in order for the budget to be invested in creating local services which would include the fostering service.

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. We have seen an increase in the number of enquiries for both fostering and adoption from 131 in 2016/17 to 169 for 2017/18. The new website for the service will allow us to have a higher profile within our local area and will hopefully encourage more people to enquire and sign up to undertake the assessment process.

There were six foster carer approvals during 2017/18; plus 11 prospective adopters approved to take temporary foster placements, with a total of sixteen foster carers resigning during this period. The number of approved carers who could provide foster placements decreased to 110 from 137 in the previous year.

Many people choose not to proceed at different stages of the recruitment and assessment process and often after 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.

Fostering Preparation courses are held throughout the year dependent on demand with four being held in the 2017/18 period. 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. 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.

Inspection

### 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 and looked after in foster care 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' and in a permanent fostering placement.

Risks of adoption breakdown increase the older the age of the child at placement and the longer the child is in 'temporary care' beforehand. We are currently undertaking a pilot in Caithness along with support from CELCIS to improve timescales for permanency decision making and planning for children. Working alongside partner agencies and professionals to reduce drift and delay with a particular emphasis on very young children.

Therefore, focussed planning and evidenced decision making are key to the process whereby delay is minimized. Proactive processes, including permanency planning, recruiting and approving adopters continuously have meant that children are mostly 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.. Eighteen children were matched with prospective adopters with 10 of these children being placed out with Highland with prospective adopters approved by another local authority or independent adoption agency.

Preparation groups for prospective adopters are planned in advance, and are usually very well attended, with two adoption preparation groups being held during 2017/18. 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.

Historically, we have attracted adopters with very little advertising however more recently it has become more challenging to recruit adopters for specific groups of children. During National Adoption week in November 2017 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 twelve applications approved as prospective adopters in 2017/18, from a variety of backgrounds and included same sex couples and single people. During 2017/18, eighteen children were matched with prospective adoptive parents with a further 16 of an age range from 3 years to 8 years waiting to be matched. The service supported twenty four 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 3 years, with a slight increase in approvals, an increase in matchings and a decrease in the number of children waiting to be matched.

<b>Prospective Adopters</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
No. of Prospective Adopters approved	9	10	11	12
No. of children matched with Prospective Adopters	12	17	14	18
No. of children waiting to be matched	20	29	24	16

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 Link Maker and children are also regularly featured at Adoption Exchange and Activity days held across Scotland including in Highland.

The 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 2017/18 four Permanence Orders, 22 Permanence Orders with Authority to Adopt and 23 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 3 years with an increase in the number of Permanence Orders and Adoption Orders being granted.

<b>Permanence</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
Permanence Order granted	8	11	2	4
Permanence Order with Authority to Adopt granted	10	16	16	22
Adoption Order granted	17	14	10	23

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.

### Residential child care

There has been a significant change in the provision of residential services in Highland, in that the contracted services which were retendered are now being provided by Aberlour Child Care Trust. This has created three new 5 bedded residential units replacing the previous block booking of bed spaces with a private company. This service opened 2 units at 1<sup>st</sup> April 2017 with the third opening in the July.

The three units are located in Inverness, Fort William and Tain. The transition has been a mixed experience across the services and highlighted a number of challenges.

- Orinsay in Inverness opened in April 2017 and has had a very successful transition with the young people and staff remaining consistent through this

period. It was generally seen as a positive move by all those involved and the environment being significantly improved from the previous service provider.

The Care Inspectorate has given very good grades for this unit in its inaugural year – Care and support 5, environment 6, quality of staff 5 and quality of management 5. The inspector noted in her report that: “Young people we spoke with told us that they were happy living at Orinsay House and that they thought the staff were good.” And comments from young people included; - 'I am doing really well here and staff are really good.' and 'No complaints at all. It is a really good place to live.'

- Lochran in Fort William also opened in April 2017, but had a difficult transition period. As a result the initial grading by the care inspectorate was poor with - care and support 3, environment 5, staffing 3 and management 2. There were thirteen recommendations made in November and when a follow up inspection was made in March nine of these had been removed and progress made on the other four. This has also been reflected in the improvements in care provision and the stability of the placements.
- Morangie in Tain has experienced a number of challenges. Care inspectorate grades in November were poor and the service has required support from Highland Council to ensure it improves. The service was re-graded by in March and improvement was achieved with – care and support 3, environment 5, staffing 3 and management 4.

The main challenges identified as part of the transition of the service was that geography is a significant issue when attempting to support services from other parts of Scotland, and there are difficulties in recruiting staff, and particularly in recruiting experienced managers.

- A new contract began to be delivered in June 2017 to provide 6 core and cluster supported living placements in Inverness, provided by *Y People*. They are also delivering out-reach support to young people living in the community. These services will provide an increase in the resources available to support the transition of young people from care services to independent living arrangements with particular emphasis on those returning for out of authority placements.
- Y People have also supported a number of our young people to return to Highland from out of authority into independent living arrangements and are building capacity to manage outreach demand in Inverness, Fort William and Caithness.
- Barnardo’s ‘Northern Lights’ unit had an inspection in August 2017, and received grades of care and support 6 and quality of staff 5. While this is a very healthy assessment it soon became clear that there were underlying issues, that involved Barnardo’s deciding to review the service.



Highland Council has continued to develop its own residential services and some new smaller provisions is now operating.

- Killen opened in August 2017 for the beginning of the new term. Younger children were returned from out of authority placements with a closely planned transition. The feedback on the service is that it is of good quality and an example of what can be achieved within the council services.

Other residential services provided by Highland Council have all continued to demonstrate a very high level of care for our young people. This has been achieved during a period change as a number of older young people have moved on and new admissions have been made.

- There have been a number of changes at Oakwood in the past year, but this had not caused any significant changes to the experience that the young people have had. The recent inspection noted that young people had commented that "I get great support from the staff" and "I think they keep their cool with me and that is not easy sometimes". One lead professional also added that "Staff go way beyond their day-to-day work to make sure young people are looked after well".

The care inspectorate grades have remained at level 5 which is very positive and consistently achieved over a number of years.

- There have been a number of changes at Ashton Road, which has brought different challenges for the staff team. However the service has continued to achieve strong grades at their inspection with grade 5 being awarded. The inspector commented that "Staff worked really hard to support young people and, often, went way beyond their day to day work to improve outcomes for young people."
- Leault has seen a much younger group of residents which creates a change in culture. The staff team have responded well to this with the care inspector grading the care and support as a 5, although the quality of environment dropped to a 3 (adequate). This related to the tiredness of the building in appearance and the unit have brought the furnishings up to a good standard but are awaiting the maintenance work to be undertaken to improve the more substantial décor. The inspector noted that "Staff had very good relationships with young people and this resulted in very good outcomes."
- Avonlea was awarded the highest grade level of 6 (excellent) for the care and support that is provided. The other area graded was for staffing which achieved a 5. It has been evident from the work that this service has undertaken in the past year that they are very committed to the young people they are looking after and are focussed on retaining young people in Highland and returning them where possible.
- The Orchard has continued to be very busy over the past year with a high demand for places. The support provided to full-time placements has been successful including the linked house arrangement. This has supported successful transitions to

adult services and demonstrated that a young person who returned from a specialist out of authority placement has been able to thrive locally and re-establish family connections that had been very difficult.

The care inspectorate awarded grade 5 across all areas of inspection and commented that “Children and young people were very comfortable and settled in their surroundings. We observed several areas of particularly good practice during our visit. This included care being delivered in a very respectful and dignified way by staff.”

Feedback from parents clearly indicates that they are very satisfied and supportive of the level of care provided at the Orchard. This is also evidenced that the demand for placements has not diminished with the greater use of self-directed support packages.

- The developments over the last few years in improving the environment at Thor House has been recognised by the care inspectorate as the grade has increased to 5, matching other areas of assessment. In relation to the quality of care and support the inspector’s opening comment was that “Management and staff at Thor House continue to provide a service which is of a very high quality”. These comments are supported by some very positive remarks from parents of young people using the service.
- The Skye Respite Service moved from Staffin into the Elgin hostel in Portree in August 2017. The transition was successful and allows for greater activities and community interaction for young people on respite. The initial inspection report achieved grade 5 in all areas of assessment which is a marked improvement on previous awards. It has also allowed the service to be more flexibly used with residential units accessing the resource when there is no respite being provided. It has been identified that the numbers seeking respite have reduced and a promotion of what is available needs to be done to ensure that need is being met. There has also been limited respite provided during term time when the school pupils are in residence which offers a fuller experience for young people and this will be explored more fully going forward.

### Aftercare

The after care service is being reviewed by the provider, Barnardo’s. The purpose of this review is to create a more flexible and responsive service to care leavers and further develop the lead professional role for after care services.

Through the work of the CHAMPs board, we have established new protocols for care experienced young people with housing and the DWP. We have also established links with employability services, learning and development and Inverness College.

Development issues that have been identified include isolated care leavers, those living in rural and remote areas and care leavers who are not engaging with services. In partnership

with Barnardo's Springboard we will be identifying improved methods of engaging these groups.

There are also general themes that have emerged over the past year relating to care leavers that we are working to address across the corporate parenting partners:

- Young people are returning from out of authority placements with poor networks to meet social and career needs. This presents as young people being very vulnerable to exploitation and a lack of resilience in managing the challenges of independent living.
- Care Leavers are predominantly in debt due to poor management of the benefit system, delays in payments and the pressure that a general shortage of income has on the life style that young adults would expect.
- Mental wellbeing is presenting significantly and the long delays in treatment or the avoidance of engaging with professionals is leaving young people in vulnerable and isolated positions

### Child Protection

Priorities in child protection are:

- The delivery of interagency and single discipline learning and staff development opportunities.
- Quality Assurance of practice and supervision.
- Dissemination of learning from case reviews and the sharing of good practice.
- Implementation of the Graded Care Profile, with 20 practitioners trained to disseminate training across Highland
- Roll out of Viewpoint to gather and analyse views of children and young people,
- Review of Highland Child Protection Guidelines and Community Guidance,
- Effective communication and consultation with practitioners,

Social Workers continue to access a range of learning and development opportunities including joint investigative interviewing, assessment & planning for permanence and legal training.

Establishing methods for seeking and recording the views of children and young people has been a key area in the year. As part of this focus, 'Viewpoint', an interactive web based programme which can be accessed using any device, such as tablets or lap top, has been commissioned to assist in gathering and analysing the views of children and young people in relation to their 'lived experiences'.

'Viewpoint' was initially piloted in two residential units in 2017 and is now being rolled out to children age 5-16 subject to child protection measures. Social Workers will be trained to help young people complete online questionnaires and analyse results, particularly any strengths and pressures highlighted. The Quality Assurance & Reviewing Officers will also receive an overview of this training to ensure this information informs the Child's Plan Meetings.

The review process for every child who is Looked After at home or in residential/foster care or who has a Child Protection Plan continues to be chaired by a Quality Assurance & Reviewing Officer (QARO) or a manager who is independent of the responsible operational team. The QAROs meet regularly with teams to give feedback to lead professionals as part of their quality assurance role in respect of the plans for children who are Looked After.

A review of the current arrangements is being undertaken, and has been prioritised due to the restructure of the Family Teams, which has impacted on the capacity of managers to augment the existing chairing capacity.

The Practitioner's Toolkit for working with parents who use substances has been developed, and is now being piloted through the CAPSM Sub-Group led by Social Work managers and practitioners. The toolkit aims to provide prompts, hints and tools for direct work with families to continue to build on staff competence and confidence in this area.

Throughout 2017/18, neglect was a key focus for the child protection committee and in October 2017, Highland initiated the Graded Care Profile in order to roll out tools for assessing and evidencing neglect, enhancing the Highland Practice Model. NSPCC delivered Training for Trainers to 18 practitioners from services across Highland and to date, over 110 practitioners have received the Graded Care Profile training. The tool is now rolling out across Highland and further sessions are scheduled for 2018/19. Methods for monitoring use and impact of the Graded Care Profile are now being developed.

The Training Team continued to deliver training in relation to Child Protection, Highland Practice Model, Parental Substance Misuse, Child Sexual Exploitation and PREVENT enabling over 4000 training places to be taken up Highland wide. E-modules for Child Protection and the Practice Model, Children Affected by Parental Substance Misuse and Child Sexual Exploitation have also been offered free of charge for all practitioners, and have been accessed by over 400 practitioners in 2017/18.

A review of Highland Child Protection Guidance came to a conclusion in September 2018. This process has involved a range of consultation events with social work practitioners to ensure guidance is robust and user friendly. Child Protection Guidance for Community Groups and Third Sector Organisations has also been developed and launched in March 2018.

In 2017/18, two Significant Case reviews were completed using the SCIE model and involved over 30 practitioners from across Highland. The 7 minute briefing model has also been developed to share learning from the case reviews and encourage discussion within local teams. Executive Summaries are published on the CPC website and the briefing is shared with Care and Learning Managers for dissemination in local areas.

The Child Protection website has been established to enable direct access to a range of policies and resources for practitioners. Since launching in July 2017, the website has had over 5,000 users and provides the main route for booking training courses and seeking local support services. Social media has also been used to promote public protection messages in

relation to child sexual exploitation, substance misuse and neglect, and this is an area that will continue to develop in 2018/19.

In 2016/17, the Child Protection Quality Assurance Group carried out a review of cases where domestic abuse was an issue. This has now reported to Social Work managers and plans to progress recommendations including the implementation of the Safe and Together Model are now underway. The Group has also overseen an analysis of Highland and national case reviews in order to consider and disseminate learning to Social Work practitioners and partners.

### Data Set 2017/18

Pre-Registration Period		Aug-17 to Oct-17	Nov-17 to Jan-18	Feb-18 to April-18	May-18 to July-18
a	Number of children who had a CP Investigation	137	106	131	128
b	Number of above which progressed to ICPC	82	84	78	53
c	Number of above where child was registered	70	80	56	43
<b>Registered Children</b>					
a	Number of Children on CPR and rate per 1,000 population	102 (2.25 per 1,000 pop)	91 (2.01 per 1,000 pop)	93 (2.05 per 1,000 pop)	85 (1.88 per 1,000 pop)
b	% Number of Children on CPR				
	< 6 months	64 (62.7%)	62 (68.1%)	54 (58.1%)	57 (67.1%)
	6 months < 1 year	30 (29.4%)	26 (28.6%)	27 (29.0%)	21 (24.6%)
	1 year < 18 months	2 (2.0%)	2 (2.2%)	12 (12.9%)	5 (5.9%)
	18 months < 2 years	2 (2.0%)			2 (2.4%)
	2 years or more	4 (3.9%)	1 (1.1%)		
c	% Number of registered children who had been previously registered (Re-regs)	19 (18.6%)	20 (22.0%)	9 (9.7%)	8 (9.4%)
<b>De-Registrations</b>					
a	% Number of Children de-registered in this period	37	57	28	55
b	% Number of Children de-registered by length of time on register				
	< 6 months	13 (35.1%)	30 (52.6%)	14 (50.0%)	34 (61.8%)
	6 months < 1 year	16 (43.2%)	18 (31.6%)	9 (32.1%)	14 (25.5%)
	1 year < 18 months	5 (13.5%)	4 (7.0%)	1 (3.6%)	5 (9.1%)
	18 months < 2 years	3 (8.1%)	1 (1.8%)	2 (7.1%)	
	2 years or more			2 (7.1%)	2 (3.6%)
<b>Concerns</b>					
a	% Number of children on the CPR whose concerns were identified as:				

- Emotional Abuse	19 (18.6%)	15 (16.5%)	22 (23.7%)	24 (28.2%)
- Neglect	31 (30.4%)	27 (29.7%)	31 (33.3%)	15 (17.6%)
- Parental Drugs Misuse	26 (25.5%)	22 (24.2%)	20 (21.5%)	21 (24.7%)
- Parental Alcohol Misuse	28 (27.5%)	17 (18.7%)	15 (16.1%)	19 (22.4%)
- Domestic Abuse	27 (26.5%)	26 (28.6%)	32 (34.4%)	27 (31.8%)
- Physical Abuse	14 (13.7%)	12 (13.2%)	14 (15.1%)	9 (10.6%)
- Sexual Abuse	6 (5.9%)	7 (7.7%)	8 (8.6%)	6 (7.1%)
- Parental Mental Health	11 (10.8%)	13 (14.3%)	15 (16.1%)	18 (21.2%)
- Non-engaging Family	18 (17.6%)	20 (22.0%)	21 (22.6%)	19 (22.4%)
- Child Sexual Exploitation				
- Child Placing Self at Risk	1 (1.0%)	1 (1.1%)		
- Trafficking				
- Forced Labour				
- Other	6 (5.9%)	6 (6.6%)	4 (4.3%)	3 (3.5%)

### Transitions

The implementation of the Joint 14-25 Transitions Team progressed with the development of various work streams and a wider advisory steering group. These work streams have brought together advisors from both Highland Council and NHS Highland in Human Resources, eHealth and ICT, Estates management, Operational senior management teams, Health and Safety advisors, Finance, Communication teams and Staff side representatives.

The Joint Transition Team became operational on the 2<sup>nd</sup> July 2018.

The agreed improvement outcomes through the creation of the Joint 14-25 Transitions Team are:

- Improved transition experience for young people, their families and carers aged 14-25 by providing a consistent staff team through their journey, minimising change during a challenging developmental life stage.
- Supporting staff to develop specialist skills to plan support and manage the care and protection of young people from children's services to adult services. Recognising the changes in funding authority, legislative framework and services during the transitions journey. – (a training analysis has been developed)
- Having a single point of contact for partners in both care and learning and NHSH for referrals and queries relating to the transition of young people, who meet the criteria for an on-going adult service.
- The ability to have improved financial planning and awareness of young people moving through transitions.
- Improvements for care experienced young people and improvement in relationships with Highland Council and NHS Highland as corporate parents for these young people.

## **6 Workforce**

There are continuing challenges across Highland, and in particular in the north and west, recruiting to social work and social care posts in all sectors. Various initiatives have been developed to seek to address this.

Five Trainees will qualify as Social Workers in adult services this autumn.

A new project to assess and analyse the workload and function of social workers across adult social work teams in NHS Highland has been commenced. This project which has a timeline of 12 months will analyse current workloads for Social Workers and assess their role and function.

The purpose of the project is to ensure that the assets of the Adult Social Work professionally skilled workforce are being effectively utilised across Highland communities, within integrated models of care. The project will also review the performance of Adult Social Work in meeting our statutory duties, and explore options for improvement. We will analyse data from existing systems including Carefirst around workloads and waiting lists for teams and also have support from NHS Highland HR in terms of analysing the workforce and linking into wider work around recruitment and retention of staff, specifically in rural areas.

Health and Social Care Co-ordinators in the integrated adult teams completed a year-long training programme, and now meet twice yearly for action learning set, peer support and ongoing professional development. Social Workers in training meet regularly for peer support and development.

Highland Council is updating its workforce plan, and this includes a number of issues that are pertinent to social work and social care.

Along with most other Local Authorities in Scotland, Highland Council anticipates increasing challenges in securing sufficient MHO resource to respond to the increasing demands under all current mental health legislation. The ageing workforce essentially means that in 3 years' time, the workforce will see a significant reduction in MHO capacity due to retirement at age 65 of approximately 50% of current staff resource.

## **7. Challenges and Actions for the Year Ahead**

- To improve the supervision of Private Guardians
- To improve the assessment and review of care packages, to modernise the review process in conjunction with developments in legislation.
- To describe standard processes in adult social care, from referral to assessment to care plan
- To embed legislation in practice, including the Carers Act.
- To complete workforce analysis and plans - to develop a supportive model that attracts social workers to Highland, retains staff and use the principles of talent management to have a robust career pathway. The implications of the UK's exit from the European Union are likely to be significant 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 implementation of Self Directed Support will require continued commitment.
- The new arrangements will require to be taken forward to support young people making the transition from children's to adult care services.
- To continue to manage and deliver quality services with constrained resources - preventative and integrated approaches will continue to be critical to addressing this challenge.