

Agenda Item	6
Report No	HCW/03/20

THE HIGHLAND COUNCIL

Committee: Health, Social Care and Wellbeing

Date: 12 February 2020

Report Title: Chief Social Work Officer Report: 2018/19

Report By: Executive Chief Officer – Health and Social Care

1. Purpose/Executive Summary

1.1 This report introduces the Annual Report by the Chief Social Work Officer, for 2018/19.

2. Recommendations

2.1 Members are asked to:

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

3. Implications

3.1 There are no particular Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk or Gaelic implications to highlight.

4. Background

- 4.1 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.
- 4.2 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.
- 4.3 The role should assist both Highland Council and NHS Highland 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.
- 4.4 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.
- 4.5 The report, attached as **Appendix 1**, covers the broad period 2018/19. 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.

Designation: Executive Chief Officer – Health and Social Care

Date: 27 January 2020

Author: Karen Ralston, Head of Children’s Services and Chief Social Work Officer

Background Papers:



Chief Social Work Officer Report 2018/19



Introduction:

Welcome to my first Chief Social Work Officers Annual Report. This report demonstrates an overview of Social Work services in Highland during 2018/19 and includes statutory decisions and information made by the Chief Social Work Officer on behalf of Highland Council and in partnership with NHS Highland whereby there are delegated powers and duties for adult social care through the partnership agreement.

In 2018/19, Highland Council continues to, in partnership with NHS Highland, deliver high quality services as well as developing new approaches to caring for and supporting children, young people, families and adults. Through the partnerships everyone is committed to making Highlands the best place to grow up, live and prosper in. Communities remain at the heart of the collaborative approach and the Community Planning Partnerships have allowed for more meaningful contribution to local decision making.

Social work and social care staff, including staff working across our Commissioned Services have and continue to be dedicated and committed to providing support, care and protection to our most vulnerable children, young people and adults throughout the last year despite the challenging times. Children's Services have benefited from access to the Change Fund which has invested in Edge of Care delivery in recognition of the increased need in families.



As Chief Social Work Officer I will continue to work alongside elected members and the Chief Executive leadership team in putting people and communities at the heart of any decision making, planning and improvements. The voice of children and adults using our services will be integral to this work.

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1. Summary

This report provides an overview of social work and social care services within the Highland partnership, during 2018/19.

The overall objective of the CSWO role is to ensure the provision of effective and 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 elected members. Through 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 an Interim 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.

Achievements

During the last year the following achievements have been recognised within social work and across social care:

- The development of the “no wrong door” approach to supporting children and young people on the edge of care
- The increased portfolio of supported flats / accommodation for young adults
- The provision of a new dedicated CAMHS service for care experienced young people
- The development of a suite of support services for care experienced children and young people
- The continued development of the Champs board to strengthen the voice of care experienced children and young people through increased resource
- The effective commissioning of third sector partners to improve both core services and early intervention activity
- The continued development of the Highland practice model to ensure effective integrated children's services across Education, Health and Social Care.

Challenges

In acknowledging the unique demography of the Highlands, social work services have continued to face a number of challenges due to significant demand and constrained budgets that impact on service delivery and meeting the needs within the communities of Highland.

Work has continued to be progressed in adult services, to continue the shift towards community-based provision.

There have been increasing recruitment challenges regarding social worker and social care vacancies, particularly for posts in care at home and within 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.



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 the age groups above 45 years.

This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Out-with 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 Care, Learning and Housing 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 Children's Planning Manager, 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.

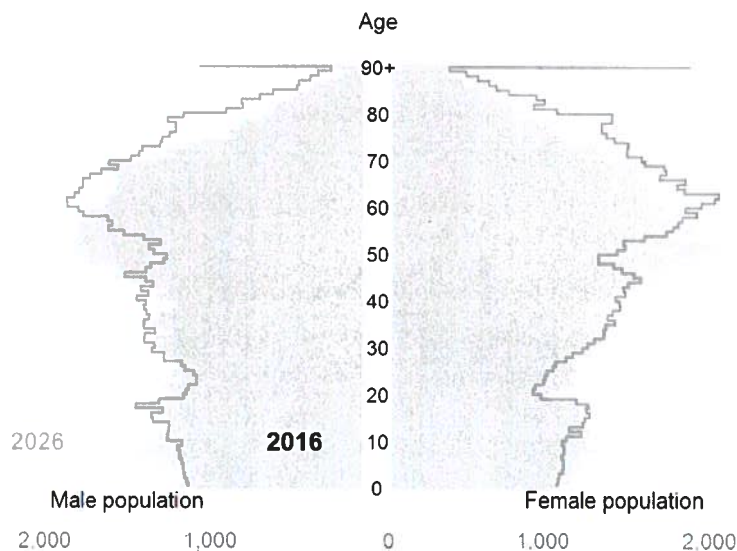
3. Social Services Landscape

Demographics

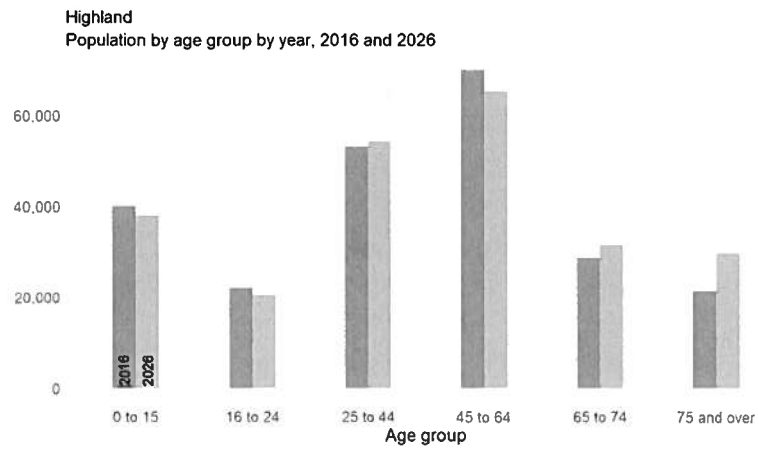
Highland is a unique area. Serving a third of the land area of Scotland, including some of the most remote and sparsely populated parts of the United Kingdom. The total land area, including all islands is 26,484 square kilometres. This is 33 per cent of Scotland. Whilst there is rapid population growth in the inner Moray Firth, many rural communities are experiencing population decline. Both the geography and population dispersion of Highland contributes to the challenges the area faces.

Between 2016 and 2026, the population of Highland is projected to increase from 234,770 to 238,779. This is an increase of 1.7%, which compares to a projected increase of 3.2% for Scotland as a whole. However, the average age of the population of Highland is projected to increase as the baby boomer generation ages and more people are expected to live longer.

Highland
Projected population profile, 2016 and 2026



Between 2016 and 2026, the 16 to 24 age group is projected to see the largest percentage decrease (-7.1%) and the 75 and over age group is projected to see the largest percentage increase (+37.9%). In terms of size, however, 45 to 64 is projected to remain the largest age group.



Geographical Inequality

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



Living in rural, coastal and/or areas of deprivation can increase the cost of living and reduce the prospects of a good and sustainable standard of living. 6% of Highland's data-zones fall within Scotland's 15% most deprived areas. However, Scottish Index of Multiple Deprivation (SIMD) as a measure for deprivation presents challenges within a rural setting, as rural areas tend to be less homogenous than urban areas in terms of deprivation and numbers involved tending to be smaller. Deprived households in rural areas are therefore unlikely to make statistical impact on an area basis making rural disadvantage less visible. Data from the income and employment domains of the SIMD illustrates this, with 83.4% of income deprived people and 83.8% employment deprived living out-with the 15% most deprived areas.

Whilst not all children living in deprived areas are living in poverty, there is a clear association between income and area poverty: more than a third of children in the most deprived SIMD

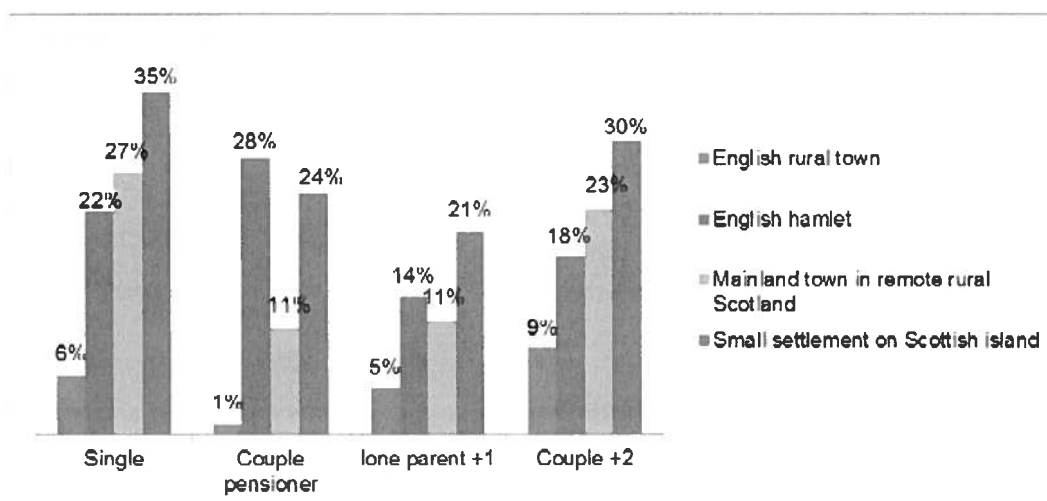
quintile live in low-income households compared to fewer than one in 20 in the least deprived quintile.

Evidence from the literature highlights that people living in rural areas experience deprivation differently from those living in towns and cities. Issues in rural areas include:

- Less accessible key services including health and social care, childcare and high-speed digital networks
- Higher consumption of fuel for heating and transport
- Reduced opportunities to earn adequate income
- Higher cost of living impacted by prices for basic essential supplies
- Limited frequency and coverage of public transport

These factors can work as a compound, with the low incomes of people in remote rural areas being exacerbated by additional costs. This includes more expensive food and clothing, more expensive household goods, increased home energy costs and the costs of transport as shown in work on the Minimum Income Standard for Remote Rural Scotland. This highlights that for people living in rural areas of Scotland, a minimum acceptable standard of living typically requires between a tenth and a third more household spending than in urban parts of the UK.

Additional costs facing households in remote rural Scotland compared to urban UK households



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

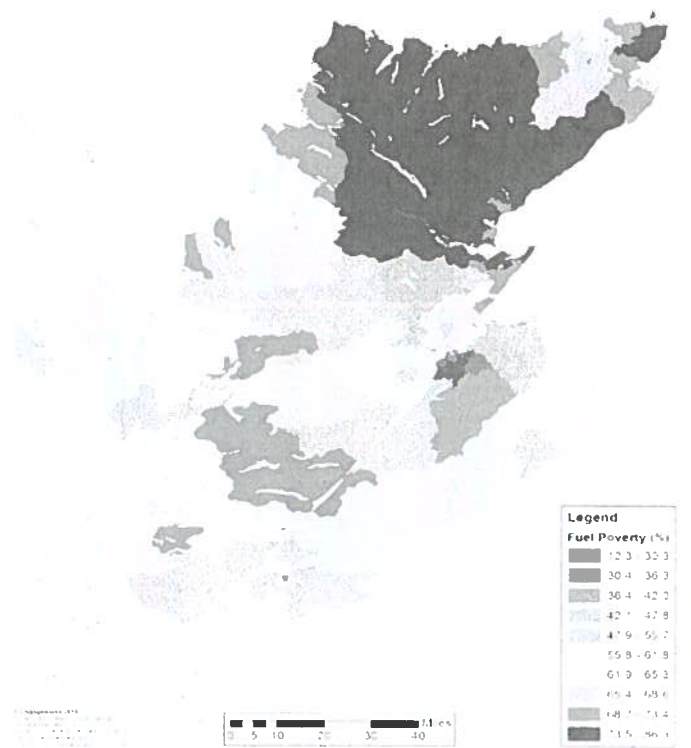
Fuel Poverty

% of Fuel Poverty in Highland by datazone

Fuel poverty is a challenge for rural communities. Increased costs of fuel in rural areas, the lack of choice in heating sources and the condition and type of housing, all contribute to higher levels of fuel poverty within rural areas. The highest levels of fuel poverty experienced in Scotland, are all within predominantly rural and island authorities.

In Highland, just under half of households are said to be living in fuel poverty, almost double the national average. 27% of households with children are said to be fuel poor, compared to 13% across Scotland as a whole.

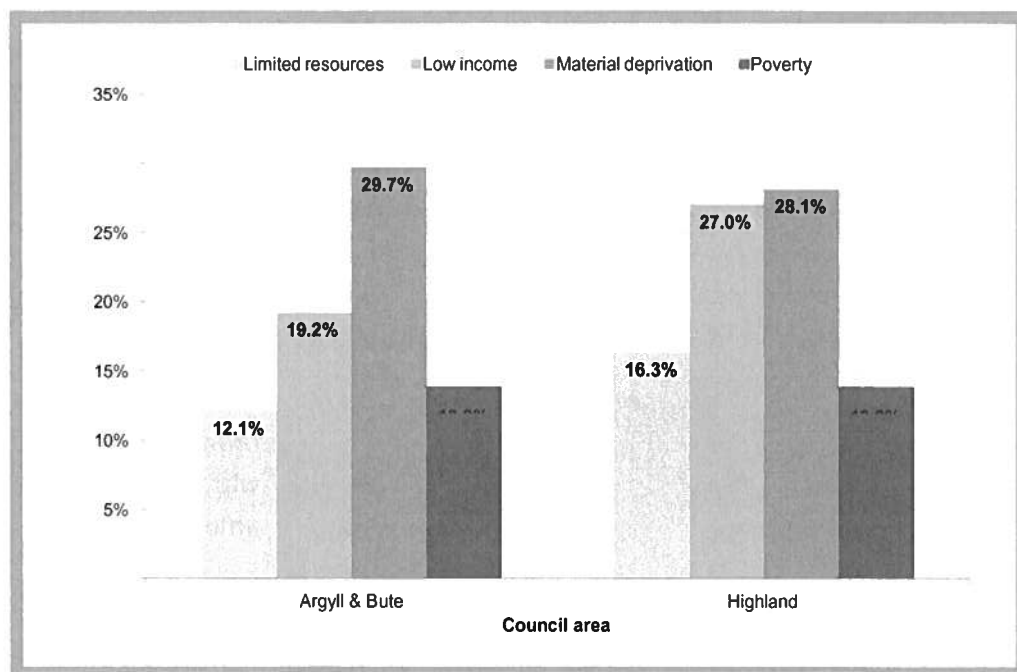
The Map illustrates the scale of fuel poverty within Highland by considering fuel poverty by data-zone. This demonstrates the high levels of fuel poverty experienced in the majority of the most rural and remote areas.



Children in Poverty

Children are considered to be living in poverty if they live in households with less than 60% of median UK household income (before housing costs). The latest child poverty estimates show that 16.6% of children in Highland are living in poverty. This equates to 8,239 children across Highland at increased risk of experiencing adversity through the social context in which they are growing up. Statistics developed by the Scottish Government, albeit based on a small sample, also show that up to a third of children are living in circumstances of material deprivation.

A family lives in material deprivation when they cannot afford three or more items from a list of 22 key items, such as participating in family activities, day trips or having money for unexpected but necessary expenses.

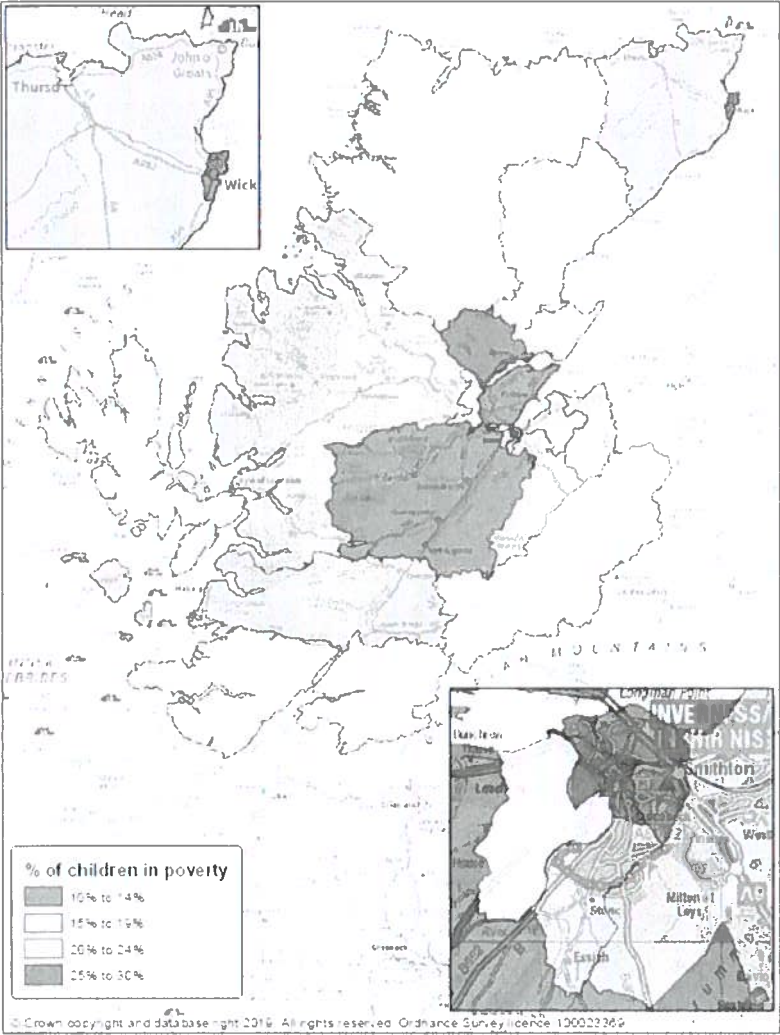


- Poverty: living in families in receipt of Child Tax Credit (income <60% of median income), Income Support or Income-Based Job Seekers Allowance.
- Material deprivation: living in material deprivation (being unable to afford basic necessities).
- Low income: living on a low income (<70% of Scottish median incomes after housing costs).
- Limited resources: both living on a low income and living in material deprivation.

The latest child poverty figures were published in May 2019 by the End Child Poverty Coalition (ECPC). ECPC also produce estimated figures for levels of child poverty within Local Authority areas. The figures were compiled by the Centre for Research in Social Policy (CRSP). It is important to note that the numbers listed are not exact representations of the number of actual children living in poverty, but rather using the best local data available, the CRSP provides an indication of where child poverty is highest.

The map details the percentage of children living in poverty in each Council ward. The Highland wards are represented by the ward boundaries of 2013, since then, “Landward Caithness” has

been split into “Thurso and Northwest Caithness” and “Wick and East Caithness” however the analysis is still based on the previous ward boundary arrangements. Whilst the figures identify higher levels of poverty in areas of known deprivation, they also illustrate that poverty is experienced across Highland, in both rural and remote wards but also within some of the most affluent wards.



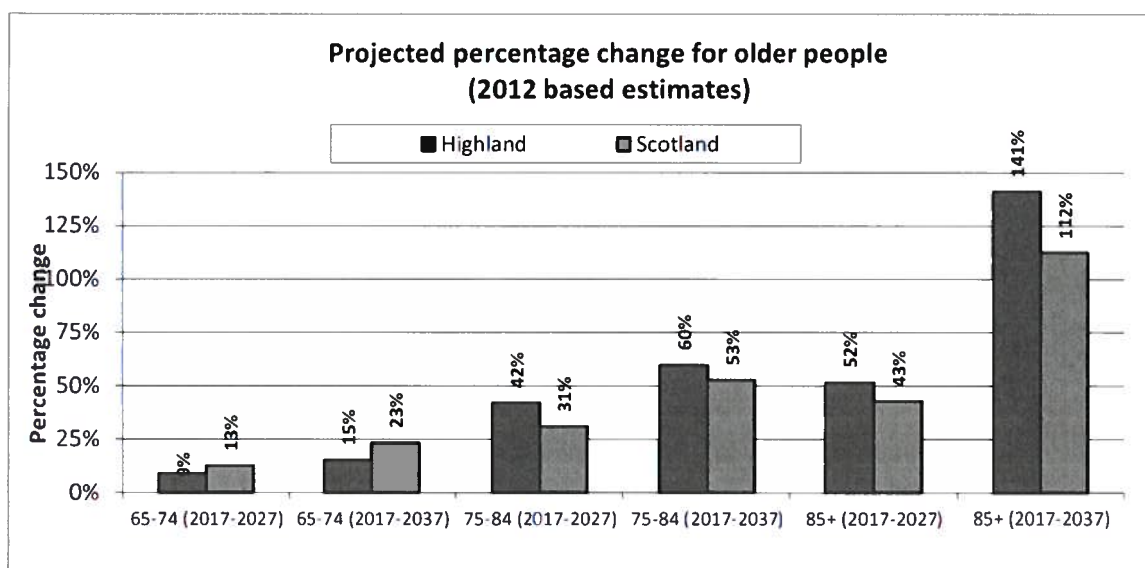
Child Poverty in Highland Wards

Ref: 052287
Date: 22/07/2019

The Highland Council
Cùmhartaichean Gàidhealtachd

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)



4. Resources

Expenditure on adult social care over the year was around £132m. This included both Highland Council and NHS Highland budgets as shown below.

Year	Total Expenditure £000's
2012/13	98,600m
2013/14	102,687m
2014/15	108,176m
2015/16	113,640m
2016/17	121,861m
2017/18	129,453m
2018/19	132,076m

Children's Social Care

The budget for children's social care is around £35.6m. The biggest budget pressure remains around Looked after children with a spend of just under £26m.

The budget for Mental Health Officers is just over £1m, and it is around £3m for Criminal Justice Services. It also costs around £400,000 to operate the Out-of-hours service. Although this service is predominantly 60% demand led adult care, Highland Council absorbs the total cost for this service.

5. Service Quality and Performance including delivery of statutory functions

Adult Social Care

There is a clear need to continue the transformation of services for adults due to the increasing level of current demand in both delivering and improving current high-level performance. Through an ongoing transformation programme, care in the community continues to be the main area of focus. This includes reviewing SDS packages of support, care in the home and the use of re-enablement and technology to enable people to live as independently as possible. In 2018/19 most areas of adult social care had a considerable increase in demand for services. There was an overspend of £1.69m in 2018/19.

For person centred outcomes to be achieved a number of initiatives have been established within the enablement and response team in providing short term interventions to allow people in crisis or transition to remain at home in their communities. This involved supporting people in the community with greater levels of need for longer which also impacted on the demands for services.

The biggest challenge of providing care at home and care homes is a limited workforce combined with the expanse and demography of the Highlands. This can lead to pressures, particularly in semi-rural, rural and remote areas without the provision of hospital services in close proximity.

Demographic pressures

The following pressures will continue to impact on quality and performance;

- The population continues to age
- Currently 1 in 5 of the population is over 65 years of age.
- Impact on ageing demographics is more advanced in Highlands remote and rural areas
- The number of people with dementia is expected to steadily increase
- Chronic conditions & frailty are more common and increasing
- More older people will live longer and alone in the future
- Fewer people will be able to provide care in the future

Care at Home

NHS Highland agreed to implement the providers' alternative tariff, subject to contract conditions that this approach would deliver, flow, cost containment, savings and sector collaboration. The tariff entails a single rate model of £19.88 per hour which provides an efficiency rebate/discount for care at home clients.

The intended outcomes have not been fully achieved and the current model is complex to understand and challenging to administer. The view of NHS Highland is that the model is not sustainable. The sector was invited to consider the options for new arrangements from April 2019. Proposals were received, considered in full and deemed unaffordable, with projected costs of an additional £1.5m - £1.8m per annum.

The relevant rate to apply will be that defined by the Scottish Government Urban Rural classification 2016. The urban, rural and remote rates are matched to this classification data and this is then matched to postcode. Rates are automatically specified based on the postcode of the supported person. The urban rate also has travel time and mileage consistent with an urban area and for rural and remote areas, mileage and travel time has been increased.

A variation to contract has been sent to providers extending all current terms and conditions. All current terms will continue as is, for the 3-month transition period. This includes fee levels and a requirement to pay Living Wage to £9.00 from 2019.

Individual provider capacity discussions took place with providers during April 2019 to discuss planned activity and future intentions. A new contract was issued with provision for a further 12 month period to 31 March 2022, subject to review.

Within 2018/19, 5730 people were supported to remain at home through range of support packages and services. This included:

- 355 service users are in receipt of Option 1
- 261 service users are in receipt of Option 2
- 5115 service users are in receipt of Option 3

In considering Care at Home service users to remain at home, there has been an overall net reduction in-house hour and there has been an overall net increase of external hours. There has also been a change in the new reduced weekly in package to 7.6 hours per week from the previous 9.6 hours with an increased reliance on external care providers. In addition, planning is in place for a new contract which recognises urban, rural and remote payment to offer incentivised rates which would be paid to workers providing care at home

Technology Enabled Care:

The number of people in receipt of telecare packages and support continues to increase and 2,134 people receive basic package with 588 receiving enhanced package. The majority reasons for the request for service relates to improving safety and reducing the risk of significant harm.

With over 100 new patients enrolled on Florence every month during 2018 with the total number of patients to have benefitted from Home Health Monitoring using Florence having reached 2986. This exceeds the target set by Scottish Government of 2000 patients.

The most rapidly growing Florence protocol continues to be for GP monitoring, whilst several other protocols show a steady rate of uptake over the months includes the protocols for people with severe asthma, COPD, diabetes, intermittent claudication and chronic pain, as well as those for antenatal and postnatal care. This includes people attending mental health courses and for those requiring day case surgery.

29 GP practices have been trained to use Florence (39% of the total), 20 of whom are currently enrolling patients, predominantly for diagnosis of hypertension. Use of Florence has been extensively evaluated with findings including and through the electronic self-management plans for asthma, COPD and heart failure there is:

- An increase in engagement, adherence and medication prescriptions
- Improved self-management
- A reduction in DNAs, clinic appointments, hospital admissions and bed days
- Asthma – improved monitoring and safety for patients on biologic medications

Care Homes

Work continues to be progressed with the care home strategy. It is acknowledged by Highland Council and NHS Highland that the vision offering better choices for older people living in Highland will require significant change in the delivery of residential based care services.

Discussion continues with regular dialogue in meetings between NHS Highland staff and nominated care home sector representatives. A number of priority areas have been identified by the sector and a joint work plan has been established. Key issues for resolution include communications around hospital transport, equipment and additional care charges. The new care home Lynemore Care Home in Grantown which is operated by Parklands Ltd opened on 17 September 2018. This is a forty-bed care home delivering residential and nursing care. To promote a successful transition to full operation, a phasing plan has been agreed with the Provider.

At present there are three suspensions of admissions to care homes in Highland. NHS Highland are actively monitoring all these care homes and supporting to ensure the required issues are addressed.

NHS Highland run 15 care homes which vary in size from 5 to 25 beds. Care homes are predominantly within North and West Highland. Admission to this provision, often proves

difficult for people maintaining their local identity and connections. Spend in the last year has increased by £5.97m.

Delayed Discharges

Delayed discharges from hospital continues to be of concern. During the reporting period they increased from 49 in 2012 to 120 in March 2019. The principle reasons for this are: awaiting care at home, waiting on a care home placement and those under the complex Adults with Incapacity Act

Adult Protection

The number of adult protection referrals has continued to decrease in the last year to 344 from 364 the previous years. The highest level of referrals continues to come from health professionals and police.

Adult Protection Committee have reviewed its membership to ensure a broader perspective on the work undertaken in Highland to support and protect adults who may be at risk of harm. The improvement plan was updated and re-invigorated through a partnership development day. The focus has also been on scrutiny around performance data and ongoing discussions around self-evaluation and quality assurance. Audits are being undertaken to analyse the use of processes, chronologies and decision making and ASP practice. The thematic inspection of the six areas will ensure that the adult protection improvement plan stays focused and helps the partnership to review each area and identify priorities.

Third Sector Commissioning Plan

In considering the commissioning plan during November 2017, the NHS Highland Board agreed that there was:

- A desired outcome to establish a thriving, self-sustaining and diversified Third Sector
- A commitment to current Third Sector providers of standstill funding until 31 March 2019
- A need to ensure the development and implementation of a three year (2018-2021) Third Sector Alignment, Sustainability and Collaborative Commissioning Plan.

The Project Team meets on a weekly basis to determine the future services it wants to purchase from the Third Sector that are aligned to the NHS's strategic and mission critical objectives which are:

- Keeping people out of hospital;
 - Expediting their return home; and
 - Helping to keep people living independently at home for as long as possible.
- 

Development of Highland Partnership Agreement 2019-2020

Following the decision to explore a Lead Agency model of integration, a programme of work was initiated and in June 2011 the decision taken at a joint meeting of the Council and the Health Board, to progress to implementation in April 2012.

The agreed model involved Single Lead Agency arrangements leaving both organisations jointly accountable for determining outcomes and the resource to be committed. The Lead Agency would assume responsibility for all aspects of business delivery, strategy, internal governance and operational delivery or commissioning of services and would be fully accountable for the delivery of the agreed outcomes.

These details were subsequently set out in a 400 page Partnership Agreement, agreed by the Highland Council and NHS respectively in March 2012 and implemented from April 2012. These arrangements were reviewed for the purposes of implementing the requirements of the Public Bodies (Scotland) Act 2014.

The Partnership Agreement is currently under review.

Implementation of the Carers (Scotland) Act 2016

The Carers (Scotland) Act 2016 introduces new rights for unpaid Carers and new duties for local councils and the NHS to provide support to Carers. Work is now underway to seek to ensure that NHS Highland is able to meet those new statutory duties as they relate to Adult Carers.

The latest iteration of the Carers Implementation Plan was considered at the recent Carers Improvement Group (CIG). The CIG is seeking to ensure that there is regular representation from the Highland Council in its work. The Group is keen to ensure that it can work to ensure there is appropriate support provided to all the Carers covered in the Act.

With the use of the Highland ACSP and the National Eligibility Framework for Carers agreed for Adult Carers: Connecting carers are now undertaking the completion of these plans with Carers when a referral has been made. Carers Link Workers are in situ across most of the Highland Districts to effect this.

At this point the use of the ACSP is new and level of demand (of referrals) is low – but it is already reported to be rising sharply. The CIG is exploring the feasibility of enlisting a wider variety of third sector organisations to complete the ACSP. This will have costs in terms of time and training.

Where Adult Carers are assessed to be in Critical or Substantial need they may be entitled to Self-Directed Support. At this point work is underway with NHS District Teams, Adult Social Workers and Connecting Carers Link Workers to relay the steps necessary to access statutory provision.



Understanding Carers' needs and supporting these are critical to managing demand in the social care sector. To this end there is a proposal that a 'Carers Practice Support Officer' role, or similar, is created to support practice in the multi-agency environment. Resource would come from Carers Act implementation monies. A key component of this post will be to bring together a comprehensive Training Plan for all of those working with Carers.

Mental Health Officers

The Chief Social Work Officer of the Local Authority is required to appoint sufficient Mental Health Officers to discharge functions under the 2003 & 2015 Act, the 1995 Act and the 2000 Act. During 2018/19 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 add to the numbers of adult care (NHS HIGHLAND) social workers with an MHO qualification.

The MHO Service is required to manage several 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. The Social Work Scotland Mental Health subgroup includes representatives from most Scottish LA including the Principal MHO from Highland Council and there are three candidates undertaking the RGU MHO Award training.

There continues 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 outweighs available resource and a waiting list is in operation to ensure priority is given to vulnerable adults in the community and those delayed in hospital.

The Mental Health Commission report that several existing guardianship orders in Scotland has risen by 12% since 2016/17. The number of new welfare applications granted in Scotland continues to rise and there has been a 149% increase over the last ten years This is reflected in Highland where we have seen an increase of 137% since 2010/11. Private applications account for 60% of all guardianship applications with 40% being Local Authority. In Highlands Local Authority applications are allocated as timeously as possible as there is a need to prioritise were there known risks in respect of vulnerability and welfare. People delayed in hospital when assessed as medically fit for discharge, are also prioritised when adults with Incapacity intervention has been assessed as necessary. However, there can be considerable wait for private welfare guardianship applications to be allocated to an MHO as when there is no identified assessed risk such applications will not be given priority.

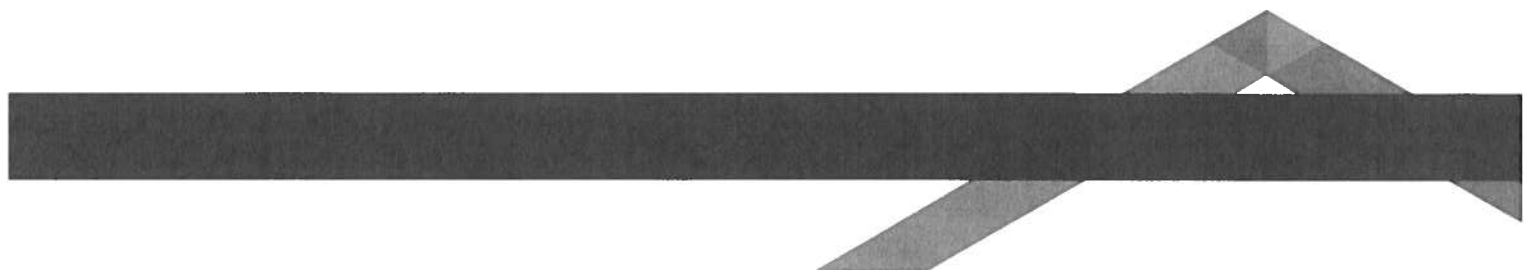
The bulk of the statutory AWI work is taken up by the MHOs in the form of reports for local authority and private welfare guardianships. As in previous years the number of requests for MHO reports has increased. In addition to this, day to day work undertaken by social workers within the adult teams 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 Highland 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 see 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.

In March 2109, the Minister for Mental Health announced an overarching review of the mental health legislative framework, and appointed John Scott QC to chair this independent review. The review has been asked to produce an interim report by March 2020, which will identify priorities and an overall timeline for the next stage of the review. Scotland's current legislative framework has widely been considered as innovative and bold since its introduction at the start of this century, however the increased focus on human rights in recent years as well as changes in approaches to the care and treatment of people with mental illness have been identified as key issues to be reflected in terms of reference under this important review.



Highland Council along with many other Local Authorities in Scotland anticipate increasing challenges in securing sufficient MHO resource in the coming years to respond to the increasing demands under all current mental health legislation. The ageing workforce in Highland essentially means that in 3 years' time the workforce may see a significant reduction in MHO capacity due to retirement at age 66 of approximately 40% of current staff resource. There is no financial reward or recognition of MHO status to attract social workers to undertake the MHO Award training and recruitment issues are a national challenge across Scotland. Workforce planning identifying strategies to enable staff with the recognised MHO qualification to practice as MHOs as well as ensuring social workers receive support to undertake MHO Award training are essential in ensuring MHO availability for the future. MHO workforce planning requires close partnership working under integration arrangements which is ongoing. This has been identified as an area of priority and the MHO Service will continue to work closely with partner agencies to address current and future pressures and challenges in respect of MHO provision in Highland.

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:

- Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to the court by the due date (12 noon the date before the court hearing) – 91.2% (898 reports) (94.8% in 2017/18 based on 928 reports)
- 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 – 68.16% (608 CPOs) (70.31% in 2017/18 based on 608 CPOs)
- 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 – 62.5% (182 CPO unpaid work requirements) (58.2% in 2017/18)
- Percentage of Beneficiaries of Unpaid Work projects satisfied with the work done – 96.1% based on 103 returns (97% in 2017/18 based on 35)
- Percentage of Level 3 MAPPA cases reviewed once every 6 weeks – 100% (100%)

- Percentage of Level 2 MAPPA cases reviewed once every 12 weeks – 100% (100%)

With one exception performance has remained constant. It is likely the dip in the percentage of CJSWRs submitted on time is due to a recruitment freeze across the council from late 2018. This particularly affected report writing teams.

The 2018/19 Community Payback Annual report details the overall progress regarding Community Payback Orders. This report was submitted to Community Justice Scotland by 31 October 2019 but cannot be published before a summary of all 32 local authority reports is laid before the Scottish Parliament in late 2019/early 2020. The 2018/19 report will be placed on the Highland Council website following this (the link to the 2017/18 most recent report is <https://www.highland.gov.uk/downloads/file/21064/annual-report-2017-2018>).

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 continues to be 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).

In respect of CPOs with an unpaid work and other activity requirement, key performance results included: 95% of individuals felt the unpaid work project was worthwhile (“Found satisfaction putting something into helping local community” was a typical comment); 95% felt they had received a good standard of support during their order; 48% felt they had acquired new skills; 99% of beneficiaries felt the work undertaken was of great benefit and would use the service again; and 99% felt individuals were very well supervised and did not experience any problems (“Very satisfied with work. Very polite and hardworking team and a great supervisor” was a typical comment).

Regarding supervision, 100% of individuals felt they were treated with respect; 84% advised that their offending behaviours had changed during supervision; 82% felt supervision helped to reduce their offending behaviour; 90% felt their thinking had changed; and 51% were linked into other supports or services in the community. Two quotes illustrate these findings: “(The social worker) has helped in every aspect of my life which has been a good few being as I'm homeless. He has helped my mental stability in a great way. Also, as I now have a greater outlook on life in general as to when my Order started, so thanks”; and “The year passed quick, I enjoyed the supervision meetings I am now on SMART training to help others with drugs/alcohol problems.”

Other key statistics were:

1. The number of criminal justice social work reports completed was 898 (928 in 2017/18).
2. The number of Community Payback Orders was 608 (608 in 2017/18). This includes supervision, compensation, unpaid work programme, residence, mental health, drug and alcohol treatment, and conduct requirements.
3. The total completed hours for CPOs with Unpaid Work was 47,046 (46,002 in 2017/18).

The Statistical Bulletin published by Scottish Government on 24 June 2019, the most recent set of data available (for 2016/17) shows both the reconviction rate and the average number of reconvictions per offender (which is the percentage of offenders who are reconvicted in a year) have decreased over the past two decades from a high of 32.9% in 2002/3. In 2016/17 it was 27.2% the same as in 2015/16 and the average number of reconvictions per offender was 0.48 also the same as in the preceding year.

In Highland, there were 1,432 individuals that offended, and the reconviction rate was 24.9 (24.1 in 2017/18), well below the national average of 27.2%. The average number of reconvictions per offender was 0.38 (0.41 in 2017/18), well below the national average of 0.48. This is excellent data for Highland.

During 2018/19 CSJW continued to receive additional 'community sentencing' funding as part of its grant allocation from Scottish government. This has strict criteria, including that it must be spent on innovative or new projects and in collaboration with partners and to prepare for the extension of the presumption against short-term sentences to 12 months (PASS). A Positive Outcome Project (POP and re-named from Persistent Offender Project), a multi-agency initiative between CJSW and Police Scotland continues to be funded. POP is voluntary and focusses on individuals that persistently offend who commit crimes where there is a link with drug and alcohol use. An extensive evaluation report was published in August 2018. Key headlines from this showed that convicted offences for individuals involved with the project reduced by approximately 30% from 247 to 173 between 2016 and 2017 for all individuals referred to the Project. And that in the first full year of the project there was a 27% reduction in the economic and social costs of crime of £173,167. When the operating costs were offset against this there is a net gain of approximately £70,117. The project was one of 3 shortlisted at the prestigious Highland Council Quality Awards in November 2018 in the Supporting People to Learn and Thrive.

In partnership with Women's Aid in Highland, CJSW successfully bid for funding for the Caledonian System, an integrated and court mandated domestic abuse perpetrator programme. It requires the minimum of a two-year Community Payback Order with a Supervision and Programme Requirement to attend. The programme has four stages: assessment; programme of intervention comprising 14 or more pre-group individual sessions; rolling group-work element of 22 weekly sessions split into 5 modules; and post group maintenance sessions over the remainder of the Order – carried out individually or in group. An important part of the system is a Women's and Children's Service aiding and support and where appropriate access to other support services. The safety of women and children is paramount.

Recruitment to the Caledonian System team, including a manager, men's, women's and children's workers and administrative support, was completed in early 2019 and training completed. The programme went live in May 2019.

During 2018/19, Criminal Justice Social Work continued to contribute to 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 is responsible for oversight and delivery of the 2018 – 2021 improvement plan. The Annual Report must be submitted to Community Justice Scotland by 30 September 2019 but has not yet been published. There are 3 key outcomes: (1) mental health and wellbeing; (2) better access to diversionary and early intervention services; and (3) improved employment opportunities. CJSW are developing a programme for young offenders and increasing Diversion from Prosecution referrals.

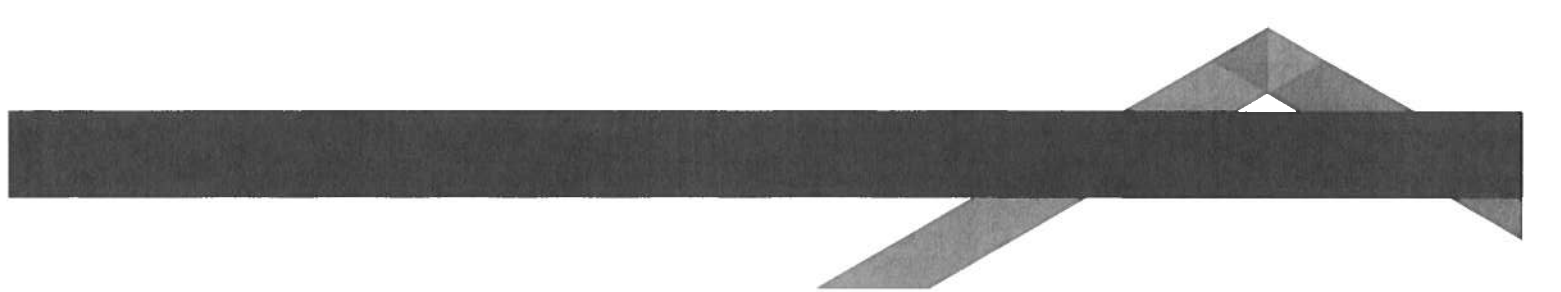
Children's Services

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 in 2018/19 remain similar to the increase seen in 2017/18, after many years of decline. There is much anecdotal evidence that welfare reform, and 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 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.

Placement Services Change Programme

As a result of the increase in LAC and following the development by the Alternative to Out of Authority programme, of additional residential services for younger children, young people with disabilities and supported flats for older young people, the Council decided to expand services in area and increase returns. The Placement Services Change Programme was developed in 2018/19 through the appointment of new staff: Placement Commissioner, LAC Education Manager and a Project Support Officer in addition to the existing Programme Manager.

During the year, 13 young people were enabled to return to the authority. Almost 50% returned to their families and foster care, whilst others benefited from returning to semi-independent move-through flats with support and the remainder moved to a Highland residential placement. Over 25 young people have been identified by the Placement team and family teams to return to Highland in 2019/20 as part of the programme.

Access to a suite of services to supplement school placements was progressed by the LAC Education Manager and underpinned by the Attainment Challenge Funding for Care Experienced Young people. Services include specialist outdoor learning, music tuition, dedicated Pupil Support Assistants and support to re-integrate young people into school, especially appropriate for young people returning from Out of Area.

An additional, dedicated CAMHS service for Care Experienced Young People is being procured from NHS Highland.

Outreach and Respite hub - Àrach

To reduce the numbers of children going into purchased residential placements and OOA the programme is developing an Outreach and Respite hub based on the No Wrong Door Model. The new service called Àrach (which means nurture in Gaelic) opened early 2019. Àrach enables young people on the edge of care to access all relevant services including Health, CAMHs, Social Work and Education with the emphasis on supporting the child at home. If the child cannot remain at home, alternatives can be offered whilst long term options are explored. Lead Professionals will refer young people with social, emotional and behavioural difficulties which may include levels of challenging behaviour associated with adverse childhood experiences to the service and work alongside colleagues to support the family and lead in core planning.

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.

Fostering and Adoption

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 next inspection of the service is due early in 2020.

The Highland Council Fostering & Adoption Service inspection reports for 2018 can be accessed at the following link :

https://www.highland.gov.uk/downloads/download/1615/care_inspectorate_reports

Fostering

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

Number of "new" admissions to Foster Care from:

01/04/15 to 31/03/16	01/04/16 to 31/03/17	01/04/17 to 31/03/18	01/04/18 to 31/03/19
63	63	53	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 31/03/19 was 513 in Highland. Of these children 166 were in foster care, a slight increase from the previous year.

Number of children in Foster Care at:

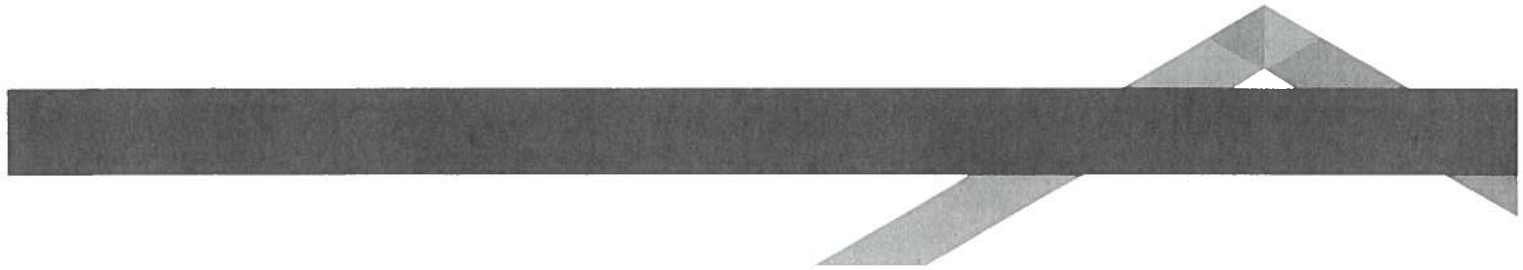
31/03/16	31/03/17	31/03/18	31/03/19
133	162	165	166

Of these 166 children, there were 36 children placed within and out with Highland Council area in both temporary and long term/permanent foster placements, purchased from independent fostering providers at 31/03/19. 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 16 children in pre-adoption placements on a fostering basis at 31/03/19 where they had been matched with prospective adopters and the legal process was underway to secure these children with their permanent families. An additional 6 children affected by disability were in receipt of regular established respite care, a significant reduction from the previous year, this was due to several factors including foster/respite carers resigning or retiring limiting the respite resources available or young people reaching 18 years of age and 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 presence of Independent Fostering Providers (IFP's) in Highland 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 for referral to the service.

Throughout 2018/19 a team of social workers and managers from the Fostering & Adoption service, supported by the Corporate Improvement Team, undertook a review of the processes followed by the Fostering and Adoption Service within the council. The aim was 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 and in addition retain those carers who are currently providing a very valuable resource.

Therefore recruitment, retention, support, training, allowances and fees for foster carers were all reviewed. As a result of this work a number of improvements have been implemented and proposed

- An online enquiry form to help eliminate those not suitable to foster or adopt at a much earlier stage and to speed up the initial enquiry process
- A new and quicker 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
- A new website for the Fostering and Adoption service that explains clearly to enquirers the process of becoming an approved foster carer or adoptive parent.
- An online application form is in the process of being designed to assist the assessing social workers reduce their administration tasks
- A recruitment and marketing post have been agreed
- An additional two social workers for a fixed period to undertake assessments

All 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. A review of the fees and allowances paid has been undertaken and a report is being considered at a full Council meeting in December which proposes an increase to both fees and allowances.

To allow for the increase to be made it has been proposed that a significant number of young people are returned to Highland or placed for adoption from the costly Independent Foster Placements. This will allow the budget to be invested in Highland resources and attract more people locally to enquire about being a foster carer or an adopter.

A concerted effort continues to be made to raise the profile of fostering and attract people to foster through several avenues such as the new website, 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 in the community, 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. The new website for the service has been in place since April 2019 and

hopefully will allow the service to have a higher profile within our local area and encourage more people to enquire and sign up to undertake the assessment process.

There were seven foster carer approvals during 2018/19 a slight increase from the previous year with a decrease in the total number of foster carers that resigned during this period. The number of approved carers who could provide foster placements decreased from 110 to 107 in 2018/19.

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 themselves and their family.

Fostering Preparation courses are held throughout the year dependent on demand with two being held in the 2018/19 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 and a calendar is produced at the beginning of each year, so carers can plan ahead and choose training sessions that will suit their own individual needs and family circumstances.

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 an 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 out with Highland. Fifteen children were matched with prospective adopters with 3 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, and are usually very well attended, with three adoption preparation groups being held during 2018/19. The current recruitment of adopters has ensured a reasonable number of placements, and we have been able to match within our own resource's 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 2018 we advertised extensively raising the profile of adoption and the need for families for older children and those with significant needs. For several 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 only three applications approved as prospective adopters in 2018/19, from a variety of backgrounds. During 2018/19, sixteen children were matched with prospective adoptive parents with a further 23 with an age range from 3 years to 8 years waiting to be matched. The service supported fourteen 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 significant decrease in approvals of prospective adopters, as well as a decrease in matchings and an increase in the number of children waiting to be matched.

Prospective Adopters	2015/16	2016/17	2017/18	2018/19
No. of Prospective Adopters approved	10	11	12	3
No. of children matched with Prospective Adopters	17	14	18	12
No. of children waiting to be matched	29	24	16	23

To increase the possibility of finding a family for those children who might be described as 'harder to place', non-identifying profiles feature at our adoption 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.

During 2016/17 Link Maker took over the management of Scotland's Adoption Register on behalf of the Scottish Government. This service is in place to widen the opportunities and



choice in identifying permanent families for children. We 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 2018/19 nine Permanence Orders, nine Permanence Orders with Authority to Adopt and twelve Adoption Orders were granted in Courts within and out with Highland. There have been no relinquished babies placed for adoption in the period 01/14/18 to 31/03/19.

The table below shows a comparison to the previous 3 years with a decrease in the number of Orders being granted.

Permanence	2015/16	2016/17	2017/18	2018/19
Permanence Order granted	11	2	4	9
Permanence Order with Authority to Adopt granted	16	16	22	9
Adoption Order granted	14	10	23	12

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 with teenage children and those 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 a request for access to birth records has contributed to the increase in workload for the teams.

Residential and Aftercare services

Highland Council operates five residential children's houses across Highlands which can provide residential care for five children and young people each in modern buildings. In the main the children's houses are achieving grades of 5 - very good. However, there was one house that has not performed as well, and plans were put in place to make improvements. All these services are benefitting from the development of a new service Àrach with planned admissions and additional support from the LAC CAMHs team and educational support staff.

Highland have service level contracts with several third sector organisations and continue to work in partnership caring for Highland's children within and out with Highland's. The contracted services operated by Aberlour Child Care Trust have now reduced to two services with the closing of their Tain service. The units operated by the Aberlour Child Care Trust are Orinsay in Inverness and Lochran in Fort William. These services are established as they have now been running for two and a half years. Orinsay achieved grade 5s - very good, for their care and support and quality of management and leadership, other areas were not inspected. The inspector noted the comments of one of the young people's Social Worker "The young person I work with has difficulties but has achieved so much since being at Orinsay House. They started a job and are due to go to college." The comments from the young people were also very positive.

Aberlour's Lochran Cottage have continued with their improvements with all recommendations being met from a previous inspection and then achieving grades of 5 for supporting young people and service planning. There has been much progress in this unit with young people commenting that, 'I really have done very well since I came to live at Lochan Cottage.' and - 'I am looking forward to the future now and will stay in touch with the staff here.' The inspector concluded their report by stating that the quality of the care plans were very good.

Our other contracted service operated by Barnardo's has reviewed its service and restructured the management arrangements to improve the development of the service that they provide.



Northern Lights is a service provided by Barnardo's and is located close to Inverness and has undergone a program of change to improve the quality of the service. There have been some signs of improvement with the inspected areas achieving grades of 4, good. The report in general is quite positive but does highlight some areas for improvement. The young people and social workers provided many positive comments including 'Northern Lights is a person-centred unit and the young person I have placed there has had a clear improvement in their mood and talks positively about the staff.'

Our Killen Children's House has now been operating for two years with two long term placements that were returned from out of authority placements. Both young people are thriving both socially and educationally. The service has been graded at 5, very good. One young person informed the inspector that 'This is the best care home in Scotland.' Another agency also stated that 'This is a bespoke service, a 'one off' in the Highlands and my word, this has worked.' It is for this reason that the council will be looking to replicate this model for long term placements and more challenging situations.

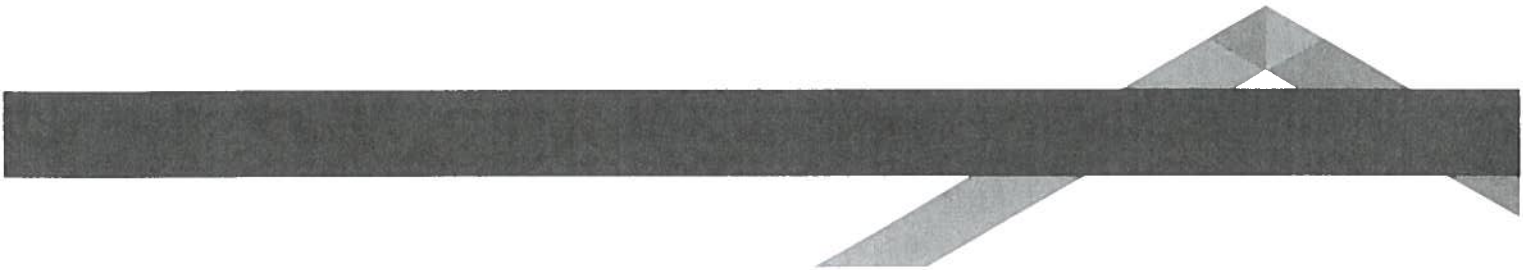
The council are planning new services with an emphasis on small specialist children's houses in a similar model to the very successful Killen provision.

In addition to the contacted and in-house services the council continues to use spot purchased providers using the Scot Excel frame work. We are attempting to use locally provided services where possible however where we require particularly specialised services there remains a need to place young people in other parts of Scotland. The council continues to maximise the opportunities of family-based care where we can and residential resources which are as close to the home community of our young people.

All the residential services are strongly linked to our Family Firm project which now sits in the employability service and has a focus on LAC linking to activity agreements, youth trainee programs and modern apprenticeships. The Council have also developed moving-on opportunities with several properties being available for supported living. This service is mainly delivered by Y People.

Y People also are providing a core and cluster service for six older young people in Inverness in addition to a support service across 17 flats across the Highland area. This service has now been operating for two years and has supported a number of young people on to their own accommodation. This service was inspected in August 2018 as a supported housing service and achieved grade 4, good.

There are also three respite services for young people with learning disabilities located in Inverness, Thurso and Skye. These services also offer a limited number of full-time placements. These services are all achieving grades of 4 and 5 which is good or very good.



Aftercare are services provided by Barnardo's Springboard project. As with their residential service there has been a review of the structures and focus of the service to ensure it is meeting our priority objectives. During the last year we have been focusing on ensuring that the most vulnerable and challenging young people are supported. Links with housing, supported accommodation providers, the DWP and education providers have all been enhanced.

The Council has continued with its development of supported independent living properties in conjunction with colleagues in housing. Care leavers including young people returning from out of authority placements now have 12 properties which can offer independent living experiences with support up to a maximum of 21 hours per day. These properties are available across the highland area.

In addition to the above our housing partners have also allocated 4 new built properties for care leavers who are tenancy ready and will meet their needs until they require larger properties. We have also been provided with a shared tenancy where 2 young people share but the responsibilities and liabilities are separated. This will enhance the options available and alleviate the issues of loneliness.

There continues to be challenges for this group of young people which mainly relates to accessing mental health services and the targeting by organised groups involved in drug misuse and sexual exploitation. The Council is working with other agencies to address these concerns.

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
- Development of minimum data set in line with national data set recommendations
- Dissemination of learning from case reviews and the sharing of good practice
- 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
- Embed principles of protection in Social Work practice
- Develop effective responses in relation to child trafficking and child sexual exploitation

Social Workers continue to access a range of learning and development opportunities including joint investigative interviewing, assessment & planning for permanence and legal training. Practitioner Forums for Social Work practitioners are also being rolled out across Highland. The Child Protection Training Team continued to deliver core child protection training for Social

Work practitioners within NHS Highland and Highland Council, as well as all statutory and third sector agencies, allowing over 5000 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 600 people in 2018/19.

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 restructure of the Family Teams, which has impacted on the capacity of managers to augment the existing chairing capacity.

In 2018/19, the Child Protection Quality Assurance Group carried out a review of cases where children had been deregistered in the previous six months. This audit was carried out using the Care Inspectorate audit tool and has now reported to Social Work managers. Plans to progress recommendations include a review of support made available for children and families in the three months following deregistration. In 2019/20 the Quality Assurance Group will build on this work to audit 20 cases using the full audit tool to consider cases where re-registration has occurred.

Social Work Managers have made use of the Dashboard to establish an informative data set which also reports to Highland Child Protection Committee. In 2019/20 Highland will work to develop a minimum dataset with CELCIS based on the national recommendations.

In 2018/19 the Initial Referral Discussion (IRD) process was reviewed and updated to ensure tripartite consideration of child protection cases across Social Work, Health and Police. The Principal Officer (Social Care) has also developed a protocol for Care and Risk Management (CARM) in Highland to ensure the process is clearly defined and understood by Social Workers and other relevant professionals.

Highland Child Protection Committee have been working in partnership with the University of Highlands and Islands to develop resources for young people and parents in relation to child sexual exploitation. This includes prevention resources in relation to the sending and receiving of indecent images via social media. The Highland Underage Sex Protocol has also been updated to include guidance for social work practitioners in relation to online issues.

The Child Protection Committee Conference held in March 2019 attracted over 170 practitioners from across Highland, with a presentation from Sammy Woodhouse on Rotherham and Child Sexual Exploitation, and James Docherty from the Violence Reduction

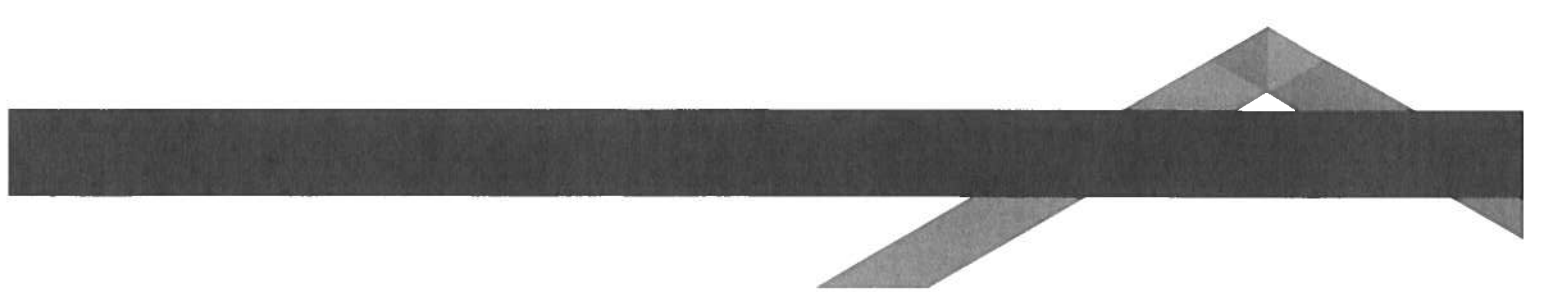


Unit talking about trauma and adverse childhood experiences. This promoted further discussion about professional responses to families experiencing trauma and/or young people at risk of exploitation. In October 2018 Dr Danya Glaser delivered a master class on Fabricated and Induced Illness to 68 practitioners from Police, Health and Social Work.

A review of Highland Child Protection Guidance concluded in September 2018 and the Guidance was uploaded in June 2019. The Child Protection Improvement plan for -2018-2022 was also developed in consultation with social work professionals and a multi-agency audience.

In 2018/19, Highland continued to make use of the SCIE model to undertake a learning review in relation to young people who display sexually problematic behaviour. This involved a range of practitioners and findings will be considered by Social Work managers in 2019/20.

The Child Protection website has continued to develop and since launching in July 2017, the website has had over 20,000 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. This included a Facebook Chat on child sexual exploitation which resulted in 13,000 hits.



Highland Child Protection Committee

Data Set 2018/19

Highland Council Care and Learning Service

Pre-Registration Period		Aug-18 to Oct-18	Nov-18 to Jan-19	Feb-19 to April-19	May-19 to July-19
a	Number of children who had a CP Investigation	142	112	117	106
b	Number of above which progressed to ICPC	60	37	41	41
c	Number of above where child was registered	49	32	32	38
Registered Children					
a	Number of Children on CPR and rate per 1,000 population	116 (2.56 per 1,000 pop)	114 (2.52 per 1,000pop)	102 (2.25 per 1,000 pop)	91 (2.01 per 1,000 pop)
b	% Number of Children on CPR				
	< 6 months	84 (72.4%)	65 (57.0%)	50 (49.0%)	53 (58.2%)
	6 months < 1 year	21 (18.1%)	32 (28.1%)	39 (38.2%)	23 (25.3%)
	1 year < 18 months	8 (6.9%)	13 (11.4%)	9 (8.8%)	9 (9.9%)
	18 months < 2 years	3 (2.6%)	2 (1.8%)	1 (1.0%)	4 (4.4%)
	2 years or more		2 (1.8%)	3 (2.9%)	2 (2.2%)
c	% Number of registered children who had been previously registered (Re-regs)	22 (19.0%)	16 (14,0%)	13 (12.7%)	13 (14.3%)

De-Registrations					
a	Number of Children de-registered in this period	14	34	44	49
b	% Number of Children de-registered by length of time on register				
	< 6 months	9 (64.3%)	16 (47.1%)	17 (38.6%)	17 (34.7%)
	6 months < 1 year	2 (14.3%)	13 (38.2%)	18 (40.9%)	28 (57.1%)
	1 year < 18 months	3 (21.4%)	5 (14.7%)	6 (13.6%)	2 (4.1%)
	18 months < 2 years			3 (6.8%)	
	2 years or more				2 (4.1%)
Concerns					
a	% Number of children on the CPR whose concerns were identified as:				
-	Emotional Abuse	29 (25.0%)	28 (24.6%)	24 (23.5%)	23 (25.3%)
-	Neglect	26 (22.4%)	30 (26.3%)	33 (32.4%)	27 (29.7%)
	Parental Drugs Misuse	26 (22.4%)	27 (23.7%)	26 (25.5%)	19 (20.9%)
	Parental Alcohol Misuse	23 (19.8%)	15 (13.2%)	14 (13.7%)	22 (24.2%)
	Domestic Abuse	37 (31.9%)	33 (28.9%)	29 (28.4%)	22 (24.2%)
	Physical Abuse	13 (11.2%)	12 (10.5%)	4 (3.9%)	12 (13.2%)
	Sexual Abuse	8 (6.9%)	5 (4.4%)	3 (2.9%)	1 (1.1%)
	Parental Mental Health	21 (18.1%)	24 (21.1%)	19 (18.6%)	21 (23.1%)
	Non-engaging Family	25 (21.6%)	31 (27.2%)	28 (27.5%)	15 (16.5%)
	Child Sexual Exploitation		2 (1.8%)		

Child Placing Self at Risk	1 (0.9%)	1 (0.9%)	1 (1.0%)	1 (1.1%)
Trafficking				
Forced Labour				
Other	2 (1.7%)	2 (1.8%)	3 (2.9%)	4 (4.4%)

NHS Highland

Period	Aug-18 to Oct-18	Nov-18 to Jan-19	Feb-19 to April-19	May-19 to July-19
a Total number of CP medical examinations	26	27	14	21
i Number of Joint Paediatric Forensic Medical Examinations (acute)	3	0	0	5
ii Number of Joint Paediatric Medical Examinations (historic)	8	11	5	1
iii Number of single doctor examinations	15	16	9	15
b Total number of CP examinations undertaken out of normal working hours	8	2	4	0

Police Scotland

Period	Aug-18 to Oct-18	Nov-18 to Jan-19	Feb-19 to April-19	May-19 to July-19
Total Discussions	237	252	253	246
Joint Enquiry	113 (48%)	122 (48%)	119 (47%)	101 (41%)
Social Work Only	51 (22%)	73 (29%)	62 (26%)	71 (29%)
Police Only	63 (27%)	38 (15%)	34 (13%)	45 (17%)
Other	10 (4%)	19 (8%)	38 (14%)	29 (13%)

1. Data is the number of A-Child Protection Investigation Forms which were started during the reporting periods. Depending on the length of time needed for the investigation, the completion date may fall within subsequent reporting periods
2. Data is for initial, pre-birth and transfer-in conferences during the reporting period. The conferences may not be for the same cohort of children / young people reported under "investigations" (see point 1 above)
3. Temporary registrations are not included
4. Rate per 1,000 population uses General Register Office for Scotland mid-2016 population estimate of 45,284 people aged 0-18. Temporary registrations excluded. Totals for on the register at reporting period ends should equal the previous register total, plus registrations and minus de-registrations for the period. If this is not the case, then it suggests that there are data quality issues with the case conference and / or the register records for the periods
5. Temporary registrations are not included
6. Each child may have multiple concerns; hence total number of concerns will not equal the total number on the register.

6. Workforce

There continues to be challenges in Highland recruiting to social work and social care posts in all parts of the service and across the North and West of the area for both children and adult services. Within Highland Council various initiatives have been developed to seek to address this, including the appointment of a Talent manager who is tasked with developing a recruitment and retention strategy.

NHS Highland have trainee posts in adult services but at the present time Highland Council do not have a current scheme, but this is being addressed. Training and continuous professional development is important in both organisations for social work staff and needs continuous investment. This has been reviewed as part of self-evaluation and quality assurance with a questionnaire for staff and managers in children's services and priorities are being actioned.

Both organisations have undergone extensive engagement meetings with staff in the localities and planning is in place to ensure that Social Work professionally skilled workforce are being effectively utilised across Highland communities, within integrated models of care.

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 has completed a workforce strategy, and this includes a number of issues that are pertinent to social work and social care: Flexible and Sustainable Workforce, Leadership Development and succession planning.



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

- Continue to develop working in partnership around the legislation and implementation of the Carer's Act in children and adult services
- Continue to review all waiting lists for people waiting for a service in Adult Care
- Restructuring within the Highland Council, Corporate and Health & Social Care
- Development of further Edge of Care & Early Help Services for children and young people
- Development workforce strategy to address workforce issues and succession planning
- Review Partnership Agreement between The Highland Council and NHS Highland
- Reaching financial agreement with NHS Highland for the provision of Social Work and Social Care



