

Corporate Policy and Strategy Committee

10.00, Tuesday, 1 October 2013

Chief Social Work Officer Annual Report: 2012/2013

Item number	7.6
Report number	
Wards	All

Links

Coalition pledges	P1 , P12 , P38 , P33 , P34 , P36 , P43
Council outcomes	CO1 , CO2 , CO3 , CO4 , CO5 , CO6 , CO10 , CO11 , CO15
Single Outcome Agreement	SO2 , SO3 , SO4

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Executive summary

Chief Social Work Officer Annual Report: 2012/2013

Summary

This report presents to Members the Chief Social Work Officer's annual report for 2012/2013. The report is attached at Appendix 1. It is presented in a different format from previous years. The main report focuses on a descriptor of social work-related issues, which affect individuals and communities, with examples in the form of case studies. Performance data on some of the key social work indicators are set out in the appendix to the main report. This information does not replicate, but complements the detailed performance and budget information on all social work and social care services, which is reported to members and the public in a variety of other ways. The report covers the key aspects of the role of the Council's Chief Social Work Officer, broken down as follows:

- social work aims and objectives
- protection and risk management
- staffing
- quality
- complaints
- key challenges for 2013/14

The report also acts as the required annual report to Members on the operation of the statutory social work complaints process (Annex 1 of the appendix to the annual report).

Recommendations

1. It is recommended that Corporate Policy and Strategy Committee notes the Chief Social Work Officer's annual report for 2012/13 attached at Appendix 1.

Measures of success

Success is monitored regularly through performance reports to the Corporate Management Team and the Chief Officers' Group for Public Protection. The Care Inspectorate carries out regular assessments of registered social work services. The reports and action plans generated as a result of inspection are analysed and reported to appropriate Council meetings and committees.

Financial impact

There are no financial implications arising from this report.

Equalities impact

There is no direct equalities impact arising from this report.

Sustainability impact

There are no sustainability implications arising from this report.

Consultation and engagement

Social work services routinely involve service users and carers in service design and implementation. Examples include the Edinburgh Mental Health Planning Forum, which ensures that service design is informed by the views and lived experience of people who use mental health services or care for someone who does. Looked after children have the opportunity to discuss their thoughts about service development through the Young People in Care Council. As part of the personalisation programme, an engagement and development network has been established, through which interested members of the public, including carers and people who use health and social care services can contribute directly to influencing, shaping and evaluating Edinburgh's services. In addition, various check point groups, which include service users and which scrutinise service planning and commissioning, have been established. Edinburgh Secure Services for young people have developed the 'Count Me In' strategy, which encourages young people and their parents and carers to participate in reviews and to comment on the quality of care they receive.

Background reading / external references

None

Links

Coalition pledges	P1 - Increase support for vulnerable children, including help for families so that fewer go into care P12 - Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes P38 - Promote direct payments in health and social care P33 - Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used
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P34 - Work with police on an anti-social behaviour unit to target persistent offenders

P36 - Develop improved partnership working across the Capital and with the voluntary sector to build on the "Total Craigroyston" model

P43 – Invest in healthy living and fitness advice for those most in need

Council outcomes

CO1- Our children have the best start in life, are able to make and sustain relationships and are ready to succeed

CO2 - Our children and young people are successful learners, confident individuals and responsible citizens making a positive contribution to their communities

CO3 - Our children and young people at risk, or with a disability, have improved life chances

CO4 - Our children and young people are physically and emotionally healthy

CO5 - Our children and young people are safe from harm or fear of harm, and do not harm others within their communities

CO6 - Our children's and young people's outcomes are not undermined by poverty and inequality

CO10 - Improved health and reduced inequalities

CO11 - Preventative and personalised support in place

CO15 - The public is protected

Single Outcome Agreement

SO2 - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health

SO3 - Edinburgh's children and young people enjoy their childhood and fulfil their potential

SO4 - Edinburgh's communities are safer and have improved physical and social fabric

Supports National Indicator 15: Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Appendices

1 Chief Social Work Officer Annual Report 2012/2013



2012-
2013

Chief Social Work Officer Annual Report



Michelle Miller

The City of Edinburgh Council

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Appendix 1: Detailed information 2012-13

1 Introduction

This is the sixth annual report from the City of Edinburgh Council's Chief Social Work Officer. The format for this year has been updated to include real examples of the day to day work and challenges within the services we provide.

The requirement that every local authority should have a professionally qualified Chief Social Work Officer is set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The particular qualifications are set down in regulations. This is one of a number of officers, roles or duties with which local authorities are required to comply.

The responsibility of social work services is to promote people's safety, dignity and independence, and to protect communities by reducing offending and managing the risk posed by known offenders. This is done within a framework of statutory duties and powers imposed on the Council. Services are required to meet national standards and to provide best value. They are delivered in partnership with a range of stakeholders, including, most importantly, people who use them.

The role of the Chief Social Work Officer relates to all social work services, whether these be provided by the local authority or purchased from the voluntary or private sector, and irrespective of which department of the Council has the lead role in providing or procuring them.

In addition, there is a small number of duties and decisions, which relate primarily to the curtailment of individual freedom and the protection of both individuals and the public, which must, by law, be made either by the Chief Social Work Officer or by a professionally qualified social worker to whom the responsibility has been delegated by the Chief Social Work Officer and for which the latter remains accountable.

Data regarding the Council's performance in relation to its statutory social work duties and decisions are outlined in Appendix 1. The text in the following sections gives a flavour of the work done on behalf of the Council in relation to the key areas of social work responsibility.

2 Social work aims and objectives

Research shows that outcomes for people in terms of their health and wellbeing are worse in countries where inequalities are more pronounced. More unequal societies have an increased incidence of general ill-health, mental illness, infant mortality, drug use, obesity, imprisonment rates, teenage pregnancies and homicides.

Poor outcomes are a response to deprivation and social injustice, which erode human resources. Relatively small differences in levels of inequality can have very significant effects on physical, emotional and mental health of individuals and on the general wellbeing of communities.

Social work plays an essential role in society, promoting social justice, supporting vulnerable people, advocating for their rights and independence, protecting children, adults at risk and communities, and safeguarding people's well being. Social work aspires tackle the multiple disadvantages and inequalities, which people experience throughout their life, which are both caused by and result from a complex interaction of unemployment and poverty, alcohol and drugs, mental health problems, housing and parenting difficulties, violence, isolation, discrimination and chronic ill-health.

In addition to this supportive and protective role, social work also has a primary responsibility to assess and manage the risk posed by individuals to others, including making decisions about the need for curtailment of individual freedom, where the person is unsafe (e.g. a vulnerable child) or represents a risk to themselves or others.

Social work values:

- respecting the right to self-determination
- promoting social justice and the right to participation
- treating each person as a unique individual and considering their needs and circumstances holistically
- identifying and developing strengths
- managing professionally the critical interface between individual liberty and the state

3 Protection and risk management

The assessment and management of risk posed to individual children, vulnerable adults and the wider community are part of the core functions of social work and a priority for the Council and its partners in police and health, as articulated in the multi-agency Public Protection Strategy agreed by the Council in June 2010. The effective management of risk depends on a number of factors, including:

- qualified, trained and supported staff, with effective professional supervision
- clarity of policies and procedures, and use of agreed or accredited assessment tools and processes
- consistency of standards and thresholds across team, service and organisational boundaries
- effective recording and information sharing
- good quality performance management data to inform resource allocation and service improvement
- multi-disciplinary and inter-agency trust and collaboration

Risk management for the key service user groups in Edinburgh is located in three service areas: Health and Social Care for vulnerable adults and convicted offenders; Children and Families for children and young people; and Services for Communities for services to some vulnerable adults.

In addition, the following multi-agency mechanisms are well established in Edinburgh, reflecting the importance of joint working and highlighting the complexity of the landscape:

- Edinburgh Chief Officers Group (chaired by the Council's Chief Executive)
- Edinburgh Child Protection Committee
- Edinburgh Adult Protection Committee
- Edinburgh Offender Management Committee
- Edinburgh Drug and Alcohol Partnership
- Edinburgh Violence Against Women Partnership

The Chief Social Work Officer is a member of each of these groups – chairing the Offender Management Committee and the Quality Assurance Sub-group of the Child Protection Committee.

Child protection



Every child and young person has a right to the best possible start in life. To achieve this, some children and their families will need additional information, advice and support from social work services to deal with difficult situations at various stages in their life. These situations include: fractured family relationships, parental substance misuse, problems at school, illness or disability, abuse and neglect, and offending – complex situations requiring complex responses.

[Standards of care](#) have been established for children and young people needing social work services, aimed at keeping Edinburgh's children safe and healthy.

Notwithstanding the policy intention that all services – both universal and specialist – share responsibility for the care and protection of children, social work supports children and families who tend to be most in need and at risk. The primary focus is on children who need protection from neglect or abuse and therefore whose healthy development is compromised, and who may need compulsory measures of supervision through the Children's Hearing system or the courts. Our multi-agency child protection procedures set out what will happen when children or young people are at risk.

Amy's story

Amy is 18 months old. She lived alone with her mother, Susan and has no contact with her father. A neighbour contacted the police late on a Tuesday evening, with concerns that Amy had been left at home unattended. Loud cries could be heard from inside the house.

The police attended and when there was no response to the door, entry was forced. Amy was in her cot, sitting in a heavily soiled nappy. The home was unhygienic and in general disarray; with no evidence of food in the kitchen and empty bottles of alcohol on the living room floor. Susan was lying on the sofa in a comatose state. When roused, she was largely incoherent, but indicated that she had been drinking alcohol all day. She admitted to drinking upwards of 2 litres of vodka per day. Susan identified a relative who could care for Amy.

An Inter-agency Referral Discussion was held between staff from police, social work and health, and all relevant background information was shared and considered. Amy was taken to hospital for a check-up and treated for severe nappy rash. She was discharged the following day and, with Susan's agreement, went to stay with a relative on a 'kinship care' basis. It emerged that Susan had become depressed following the death of her mother and had distanced herself from wider family members. She had given up her part-time job, started drinking heavily and begun to struggle with day-to-day life.

A social worker was allocated and Susan was supported in getting help from her GP regarding her mental health and alcohol misuse. A placement at an early years centre was provided for both Susan and Amy, which helped Susan focus more on her

parenting and daily living skills. After a few weeks, Amy returned home to Susan's care, with more family support, continued outreach from the early years centre and increased health visitor contact. A multi-agency child's plan, setting out what each agency will do to support Amy and Susan, remains in place and is reviewed on a regular basis.

Foster care and adoption



Social work aims first and foremost to support children to remain in their own family, school and community. However, there are times when children and young people cannot live at home, or need extra help to do so. Some children will need care for only a few days or weeks, others will need months, and some will need care throughout the whole of their childhood. Some will be adopted and become part of their new family for life.

Securing early, permanent alternative family-based care for children who need it is one of the most important factors in their healthy development and remains one of the highest priorities for social work.

In 2012-13, the number of children registered as in need of an adoptive placement increased significantly from the previous year. The Council's social work service undertakes the critical functions of recruiting new adoptive parents, tracking children registered for adoption until a family is identified, and providing post adoption support to adopters with children in placement.

A foster carer can have a huge impact on a child's life, improving their confidence and their long-term life chances. Carers look after children of all ages, from babies to 18 year olds. Carers may also look after children for regular short periods to support parents who need a break from the pressures of looking after a child who has particular needs, for example a physical or learning disability.

Vaughn's story

Vaughn was three years old when allegations of sexual behaviour towards him were first made regarding a family member. In addition, there were various incidents of anti-social behaviour among family members and parental alcohol abuse reported to police. There were allegations that Vaughn and his siblings were witnessing inappropriate sexual activity at home. At a summer play scheme, Vaughn was seen simulating sexual acts, and there were similar behaviours observed involving his sister. The children were interviewed by police and social work, and Vaughn's parents were asked to prevent the children from observing any sexual activity in the house. The parents agreed to this.

Vaughn started primary school but the concerns about him and his family continued. Information-sharing between agencies identified that he often failed to return from school and that the children may be witnessing sex parties in the family home.

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Vaughn's head teacher reported to social work that he was walking in front of cars, shouting, swearing, soiling himself and appearing at school very dirty and unkempt. The children were described as fearful and guarded. Referrals included information about alcohol abuse and unknown adult males being present in the family home. There were complaints about noise and anti-social behaviour; and on-going concerns about the children's safety. The children's names were placed on the Child Protection Register and on social work's recommendation, they were made subject of supervision requirements by a Children's Hearing. Court decisions kept Vaughn at home, despite deteriorating conditions and escalating concerns.

Vaughn's parents did not engage with services and Vaughn demonstrated aggressive and harmful behaviour, both to himself and others. He was excluded permanently from high school and unsuccessful attempts were made to get him to attend a day unit. He was found to be associating with a family friend who was a Schedule 1 offender (offender against children). As concerns escalated, Vaughn was placed in residential accommodation and was provided with additional, specialist services.

In due course, a Children's Hearing supported social work's recommendation for Vaughn to be placed in secure accommodation. His siblings were accommodated in foster care at the same time, due to the risk of sexual abuse.

An assessment of Vaughn's parents concluded that their capacity was impaired to such an extent that it was not safe for them to look after children. Vaughn's two siblings were recommended for permanence planning with no rehabilitation anticipated.

At age 17, Vaughn is now back at home by choice. Although supported by social work staff, he is still very vulnerable. It also seems likely that he is continuing to have contact with Schedule 1 offenders.

The case study above demonstrates the rationale for a fundamental change in the approach of public services to the challenges of supporting extremely chaotic and disadvantaged families to provide better long-term outcomes for their children. There was no shortage of input to Vaughn and his family, however, the impact of this on him and on his life chances was poor. The reasons for this are a complex interaction of factors; and changing our approach to tackling these is a priority for service developments in Edinburgh.

Secure accommodation of children

As a last resort and in very limited circumstances, when children are considered to present a serious risk of harm, either to themselves or to others, the Chief Social Work Officer may authorise their detention in secure accommodation. Such decisions then require to be confirmed by a Children's Hearing or a Sheriff. The impact, responsibility and decision to secure a young person are extremely serious, and robust, fair, open and transparent systems must be in place to do this. Edinburgh has a higher rate of securing children and young people than the national average, and a recent audit of secure accommodation by the Chief Social Work Officer supports the Council's strategy to reduce the use of this type of service, to be replaced with alternative, less restrictive provision for our most vulnerable young people.

Domestic abuse



Domestic abuse is understood within the wider context of gender based violence – of women’s and girl’s subordinate status in society. The number of domestic incidents recorded by the police in Edinburgh over the last four years increased steadily. In around 45% of incidents, children were identified as present or resident in the home.

Witnessing or experiencing domestic abuse represents one of the most serious risks to children in society, not just as children, but also because of the impact on their longer term development and on their wellbeing, attitudes and beliefs as adults.

The ripple effects of domestic abuse are long-term and far reaching; not just for the individual survivor and their children, but for the wider community. Domestic abuse features heavily in the lives of children on the Child Protection Register, looked after children, young offenders and in those displaying bullying and disruptive classroom behaviour. Domestic abuse is also a feature in the lives of many adults with mental health problems, people who misuse alcohol and drugs and women offenders. It is a significant factor in violent crime figures, including murder; a substantial number of homeless applications; and disputed child contact cases, which reach the family courts.

A jointly funded domestic abuse lead officer has been in post since December 2012. This post complements the work of the already established lead officers for child protection and adult protection. All three posts are based together under the auspices of the Council’s Chief Social Work Officer. The lead officer supports the development of a strategic plan to address domestic abuse in Edinburgh and advises practitioners, managers and agencies in all aspects of best practice in relation to domestic abuse. The role includes coordinating a multi-agency and multi-sector policy statement and leading a review of service provision.

Alan’s story

Alan is in his mid twenties. He lives with his partner and their two children. Alan was convicted of assaulting his partner. The children were present during the assault of their mother. Having been assessed for the Caledonian men’s programme during the Court process, Alan was sentenced to a 2 year Community Payback Order with a condition to complete this programme. Alan was brought up experiencing domestic abuse and he and his siblings were encouraged by their father to be violent towards each other and in the community. His ability to parent is seriously impaired by his own experiences. He had difficulty regulating his emotions and being empathetic towards others. He was impatient, aggressive and unpredictable towards his partner and the children.

Through the structured individual and group sessions of the Caledonian programme, Alan has worked hard to develop strategies to recognise and manage his feelings, and has made progress in addressing some of the negative attitudes, which

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underpinned his abusive behaviour.

This work has taken 16 months to date, and is on-going. During this time, there have been no further incidents of domestic abuse, but Alan has been charged with a new offence of violence towards a family member, indicating some continued risks and challenges.

The long-term intention of the structured programme is to assist Alan to become a father who can not only care for his children, but help them heal from the harm he has caused.

Emma's story

Emma is in her early forties and lives with her partner who has been abusing her mentally and physically for years. He has kept her from working, from having contact with family and friends, and has assaulted her numerous times so that she had to be hospitalised. As a result of her isolation, Emma has developed a deep relationship with her pet dog. Her partner threatens to hurt the dog to control Emma.

Following her admission to hospital, Emma was allocated a social worker who secured a place for her in Council emergency accommodation. Emma was all set to leave the abusive relationship, until she realised she could not take her dog with her, and it was too dangerous to leave it with her partner. She is still with her partner. The abuse continues.

Mental Health



Good mental health and well-being are an important feature of a healthy community. Mental health problems are often linked to alcohol and substance misuse issues, homelessness, neglect, violence and abuse, family relationship problems, as well as issues of social exclusion and isolation. Positive mental well-being can lead to improvement in physical health and higher educational attainment, as well as improved outcomes for employment, parenting, relationships, quality of life and prevention of crime.

Every year, one in four people will experience a mental health problem. In line with the national trend, the number of people in Edinburgh who require a mental health service is rising¹. This increase has resulted in a significant pressure both on the statutory Mental Health Officer service and on community practice teams and residential review teams.

¹ 40% increase in Mental Health Officer assessment requests compared to the previous year; significant rise in the number of private welfare guardianships

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The Council provides or commissions a range of services for people with mental health problems, along a continuum of care ranging from Mental Health Officer services to crisis centres, suicide prevention, accommodation services, care at home, day services, counselling, breaks and support for carers, independent advocacy and employment opportunities.

An [online directory of mental health services](#), including fact sheets and information on a wide range of topics relating to mental health, is also available.

John's story

John is 43 years old. He lives alone in a flat in Edinburgh. John has a long history of mental health problems; he has a diagnosis of Schizophrenia. When he becomes unwell he tends to make inappropriate contact with young children, his self-care deteriorates and he becomes vulnerable to the financial demands of "friends". There have been many attempts throughout the years to engage him in structured social activities, but these have been generally unsuccessful.

John does not believe that he suffers from a mental illness or that he requires to take any form of prescribed medication. This leads to rapid deterioration in his condition and leaves both him and others at significant risk. The severity of John's illness led first to his compulsory detention against his will for treatment in hospital. He is now subject to a community based Compulsory Treatment Order, with which he must comply or risk being returned to hospital. His care, treatment and risk management are supervised by a team, which includes a Mental Health Officer from the Council, and a psychiatrist and a Community Psychiatric Nurse from NHS Lothian.

In January of this year, concerns came to light that John had become involved in Edinburgh's drug sub-culture, which resulted in his being exploited financially and at risk of harm through physical assault. In addition to the measures in place to supervise and treat John, there is now a multi-agency adult protection plan in place to support him; to try to end the financial exploitation John is experiencing; to minimise his risk of physical harm; and to ensure that he is aware of how to access police assistance in an emergency.

Adult protection



Adult protection aims to safeguard adults (defined in legislation as anyone over the age of 16) who are unable to protect themselves from harm as a result of a mental illness, physical or learning disability, medical condition or other vulnerability. The adult protection process is guided by the Edinburgh's Adult Protection Procedures. The overall volume of recorded adult protection contacts has decreased from peak levels in 2010-2011. A significant challenge for social work and partner agencies in the protection of adults at risk is the complex

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interaction between vulnerability, self-determination and capacity.

Many adults and older people will be vulnerable to harm, neglect and abuse, however, if they have capacity, they remain in control of whether to seek and/or accept help. This can present difficult dilemmas for social workers who may identify harm, but may remain limited in the actions they can take to reduce or prevent it.

Mrs Baker's story

Mrs Baker is a widow in her late 70s. She has poor physical health, with a number of medical conditions, which affect mobility. She is at times anxious and depressed. Her son Sean, aged 50, lives with her. Mrs Baker has made numerous reports of verbal and physical abuse by Sean, in particular, but not exclusively, when he has been drinking. Mrs Baker spends much of her time in her room to avoid Sean, but will not ask him to leave the house. Mrs Baker has reported many incidents to the police, but refuses to pursue charges against her son.

As a result of these concerns, an adult protection case conference considered Mrs Baker's circumstances. The allocated social worker's report indicated that Mrs Baker had become used to a pattern of domestic violence and felt unable to press charges against her son; she was torn between being afraid for her safety, embarrassed to admit that her son was assaulting her and wanting to protect him.

Attempts to provide support to Mrs Baker were unsuccessful. Mrs Baker resented strangers, in the form of police and social work, interfering in her private life. Sean kept assaulting Mrs Baker and his sister Anne.

Sean was arrested and made subject to bail conditions not to go near the home of his sister or his mother. However, it was suspected that Mrs Baker was harbouring him with her.

One evening, Mrs Baker telephoned the social worker from her bedroom to say that her son had attacked her, and that she had had enough and wanted help. The police attended and arrested the son for breach of bail conditions. He was later released.

Mrs Baker was supported to attend the case conference for the first time and explained that her son had forbidden her involvement with public agencies. She acknowledged that she could no longer manage without help. She agreed for the support team to explore alternative, sheltered accommodation.

There is a police marker on her home and Mrs Baker has been provided with emergency contacts for social work and with information about available support services. She is in regular contact with the social worker. The GP continues to explore health options for her son.

Offenders in the community

The management of offenders who pose a serious risk of harm to others is the highest priority for criminal justice social work, working in partnership with the police, children and families, community care, health, housing services and other partners. Over the last year, the number of offenders living in the community assessed as posing a high or very high risk of violence or sexual

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violence has remained almost the same, with a slight increase in the number of sexual offenders assessed at these levels and a slight decrease in those who pose a high or very high risk of violence.

There are significant numbers of prisoners who will be subject to statutory supervision on release who pose a high or very high risk of sexual offending, and all of these offenders have allocated criminal justice social workers who are involved in sentence planning, the multi-agency Integrated Case Management process, and pre-release planning.

Stan's story

Stan is 30 years old. He has been convicted more than 30 times and has served 10 periods of imprisonment. He has four children and a new partner who is pregnant. The Court referred Stan to the Drug Treatment and Testing Order Team and he agreed to take part in a treatment programme. The service aims to break the link between addiction and crime by eliminating drug misuse, encouraging community re-engagement and a return to education and employment. Stan is given an 18 month contract and allocated a dedicated staff team.

The multi-disciplinary, integrated team is made up of staff from the Council and NHS Lothian and consists of social workers, resource workers, nursing assistants, a doctor and a team manager. Through his contract and the work with his dedicated team, as well as the opportunity to take part in group work, Stan avoids further imprisonment. He reports back to the Court on a tapering basis. The Court decides the length of his order and oversees the progress that Stan makes monthly. Through the Drug Treatment and Testing Order, Stan's re-offending is reduced, he obtains permanent employment and he is supported to re-engage with the community.

Risk assessment is a dynamic process. An individual's risk level is reviewed regularly and is determined by a range of factors, one of which is the management strategy put in place. The strategy can range from the highest level of restriction, by placement in the Council's residential unit for high risk offenders, with options including curfews, the use of statutory conditions of orders or licences relating to accommodation, employment, restrictions on access to children or named individuals, or positive obligations such as complying with alcohol or drugs services. While restriction is an important strategy in the management of high risk offenders, it will always be accompanied by work, which aims to change behaviour and lifestyle to reduce the risk posed by the individual on a long-term basis.



requirement to complete unpaid work.

The Criminal Justice and Licensing (Scotland) Act 2010 replaced probation and community service with a single new court disposal, the community payback order. Community payback orders provide courts with the option of imposing up to a total of nine requirements, including unpaid work. In the year to 31 March 2012, approximately 75% of payback orders included the

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To 31 March 2013, the number of community payback orders with a requirement to complete unpaid work was 62%. This reflects the work done to encourage sentencers to consider other requirements that can be attached to orders relating to the modification of behaviours and lifestyle, changes to which have a significant impact on reoffending rates. The total number of offenders supervised in the community at 31 March 2013 has remained almost the same when compared with the previous year, having fallen by 7% between 2011 and 2012.

Unpaid Work Example: 'Brake the Cycle'

'Brake the Cycle' is a community payback project involving offenders repairing old or unwanted bicycles, which have been donated or left at one of the Council's community recycling centres. They are renovated and given away for free to schools, community organisations, youth groups and individual children. Bicycles that cannot be repaired are stripped for parts and scrap metal. The project represents a benefit to the environment and an opportunity for offenders to learn new skills and confidence in being able to build a bicycle. Those who receive the bicycles have opportunities for exercise and a healthier lifestyle.

Women offenders

Janet's story

Janet has been convicted of a violent offence. Her family background suggests a pattern of family problems and experiences of abuse. Janet had been referred to the Children's Hearing System when she was 11 years old for non-school attendance, exacerbated by a lack of parental control and her offending behaviour. She reported that she had been sexually abused as a child by a family member. She had witnessed regular incidents of serious physical violence between her parents, as well as between and against her siblings involving the use of weapons, such as bricks or belts. Janet reported some illicit drug use and self-harmed repeatedly. She has no formal qualification. She will rely on welfare benefits after her discharge from prison.

The female prison population in Scotland has doubled in the past 10 years. Women in the criminal justice system are particularly vulnerable; at higher risk of imprisonment; and disproportionately affected by substance misuse, mental health problems, violence, and poor outcomes generally. UK-wide data released from the Ministry of Justice show that over half the women in prison report having suffered domestic violence, and one in three have experienced sexual abuse. Many women in the criminal justice system are frequent reoffenders with complex needs that relate to their social circumstances, previous histories of abuse, and mental health and addiction problems. It has been widely recognised that there is an urgent need for action to reduce the number of women reoffending and going to prison.



A Community Justice Centre for women is being established in Edinburgh, aimed at: reducing reoffending and drug and alcohol dependency among women; increasing

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employment and training opportunities; improving the quality of child care; and reducing child protection activity and the number of children needing to be accommodated away from home.

This will be achieved through building on the Willow Service, which has developed as a centre of best practice. Key elements of the new centre include a key worker approach, services tailored to individual needs and co-delivery of services with which service users may not otherwise engage, such as employability, sexual health services and women's aid.

4 Staffing our services

Demand for social work and social care services is increasing. The number of older people who will require intensive levels of support is expected to increase by 61% over the next 20 years. The anticipated increase is particularly marked for those aged over 85. The number of people in this age group is expected to almost double by 2032, from 11,040 in 2012 to 19,294. In contrast, the traditional working age population will remain comparatively steady, increasing by only about 15%. The impact of this will be felt in terms of funding available through income tax and the size of the potential workforce.

With increasing age, there is also an increase in the number of people living with long-term conditions, disabilities and complex needs. One in three people over the age of 75 will have two or more long-term conditions. The number of people living dementia is also projected to increase in line with demographic change.

The percentage of older people with high level needs who are cared for at home has increased from 14% in 2002 to 30% in 2012. The target for 2018 is for 40% of older people to be cared for at home. The implication of more people being supported at home is that those who do require to be resident in a care home will have higher and more complex needs than has been the case to date.

In addition, there is an increase in children and young people surviving into adulthood and then older age with highly complex physical and learning disabilities. The impact of poverty, deprivation and inequality, and of increase drug and alcohol misuse is continuing the rising trend of children needing to be looked after away from home and in adults suffering from mental health problems, homelessness and other forms of extreme disadvantage.

To meet current and projected increased demand for social care services, sufficient capacity is required in the workforce across the city. This also affects the social care workforce in the private and voluntary sector (75% of care at home services for older people are delivered through contracts with external providers). With increasing levels of need, it continues to be important to attract the right number of staff with the right attributes and skills and who are caring, committed and resilient.

The following case studies demonstrate some of the work undertaken to help improve recruitment in the care sector in Edinburgh and to respond to the Public Bodies (Joint Working) (Scotland) Bill by beginning to integrate the health and social care workforces.

Council/NHS Joint SVQ Assessment Programme

Each year, social care and health employees from Health and Social Care in the Council and NHS Lothian come together for a series of workshops designed to prepare the participants for vocational assessment by focusing on the skills, knowledge and values they need to carry out the core parts of their roles effectively.

Feedback from those taking part tells us that the workshops give them a chance to learn more about the person's journey through the care services – and to think about how our two organisations can work together to improve this journey.



Our regular evaluation indicates that participants really enjoy sharing their learning and having the opportunity to shadow one another in practice. This style of learning provides a positive experience and those who take part tell us that they feel more confident and better equipped to do their job on completion of the programme.

This is evidenced in some quotes from those who have taken part.



"I found it interesting to find out the similarities between our job roles....we do similar tasks but in different environments"

"Given us more confidence to question our and others' practice."

The Senior Phase Health and Social Care Academy

A Career in Care

To respond to the top priorities of attracting enthusiastic and committed people into social care and of working more closely with colleagues in health, the Senior Phase Health and Social Care Academy has been developed, in conjunction with the Edinburgh College, to help both the Council and NHS Lothian to connect with school age pupils who might be thinking about a career in care. The Academy will offer senior pupils a chance to learn more about health and social care through formal study in a college environment, coupled with a weekly work experience placement in either a social care or a health care setting.

In May of this year, interviews were held in the five Edinburgh High Schools taking

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part in the pilot, and forty S4, S5 and S6 pupils have been accepted to start the course this September. The interviews highlighted the enthusiasm of the pupils to take part in a course that offers real work experience.

So far, Health and Social Care has responded with over 15 placement offers in a variety of settings. This willingness to respond to the needs of young people is exactly what is called for to enable us to attract and prepare the workforce of the future.

The Modern Apprentice

Stephanie Pow is a Modern Apprentice at Inchview Care Home. Stephanie decided to apply for the apprenticeship because she had personal experience of caring for her grandmother and she wanted to learn more about caring for others.



Stephanie attended the 9 day Health and Social Care induction before taking up her post, and this helped her prepare for the challenges of the role. Stephanie promotes the independence and wellbeing of the residents who live in Inchview by supporting them with everyday living.

She says: "I have enjoyed being an apprentice because I have been supported and not just thrown in at the deep end, I have also gained a qualification, I enjoy the work and it's great seeing someone you work with laugh".

Stephanie has now finished her SVQ Level 2 and is delighted to have been given a permanent job in the care home. She says she would definitely recommend being a Modern Apprentice to others thinking about a career in care services.

The Local Practitioner Forum

The Chief Social Work Officer-sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet a minimum of four times per year, with additional events such as a presence at the Scottish Social Services Expo and Conference. The ELPF offers opportunities for front line practitioners to explore their practice and contribute to improved service provision in Edinburgh and beyond. Three co-chairs – who represent the 3 main social work service areas of children, criminal justice and community care – develop the agenda for the quarterly meetings to reflect national or local policy and practice issues. They host the meetings and maintain an online service, as well as encouraging participation from voluntary sector workers and social work students. The ELPF has also fostered links with the Children's Practice Panel and plan to stage a joint event in May 2013. As practice panels develop in criminal justice and community care, these links will be extended.

Users of the website are growing slowly but steadily (www.elponline.org.uk), and Twitter (@ELPFonline) is used to maintain engagement with practitioners and professionals.

In the past twelve months, the ELPF has encouraged reflection on current

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practice and introduced suggestions for change through a number of meetings focusing on social work themes. Steve Goodman of Morning Lane Associates hosted a session focusing on Reclaiming Social Work, using his work in Hackney as a basis for introducing the Whole System Approach. Meetings have also been hosted focusing on social media, Self-Directed Support and Welfare Reform. Topics for 2013 include working with families, gender-based violence, and the impact of changes in service delivery. The ELPF also contributes to consultation responses by asking for the views of front line practitioners.

The Chief Social Work Officer and the Association of Directors of Social Work continue to support the Edinburgh Local Practitioner Forum.

Despite the excellent work taking place to address the development of our workforce, we are still faced with some significant challenges. These include:

- many care staff across all sectors receive relatively low pay – around minimum wage levels – and competition from other sectors (such as retail) cause problems in both recruiting and retaining staff
- low pay combined with demanding and sensitive personal care tasks make social care a difficult career choice and contribute to higher than average sickness absence levels
- different agencies and services all recruit from the same, finite pool of people.

Challenges such as these create pressures across the whole care sector. In order to continue to improve recruitment and retention in Edinburgh, a detailed recruitment and retention strategy has been developed. Detailed reports on workforce development are reported regularly to the Senior Management Team.

5 How we promote quality

There is a wide range of quality assurance activity taking place within the Council's social work service. This ranges from day-to-day quality assurance by managers at a local level to broader self evaluation activity, involving practitioners and service users. In addition, our services are inspected by the Care Inspectorate and many of our staff are required to be registered with the Scottish Social Services Council. Detailed information on our inspections and registration of the workforce, along with all quality assurance developments can be found in Appendix 1.

Three examples of how we implement quality assurance can be seen in the following case studies. They detail our Practice Evaluation Model, our Care Service Feedback tool and a model of engagement of children and young people. These form only a part of the Council's quality assurance framework for social work services.

Practice Evaluation Model

Practice evaluation is a model of self-assessment and reflection. By posing questions to the social worker, it encourages reflection on practice, on the effectiveness of intervention and on the quality of the relationship with the service user.

The exercise is a meeting between non supervising managers, the practitioner and their immediate line manager to discuss the practitioner's self evaluation, allowing them to explore the issues and themes that have emerged.

The meeting is informal and is set within the Council's quality assurance framework for social work activity. The learning from practice evaluations is qualitative in its nature, and allows scope for professional development and critical reflection out with the formal decision making process, which can otherwise tend to dominate case management.

Example

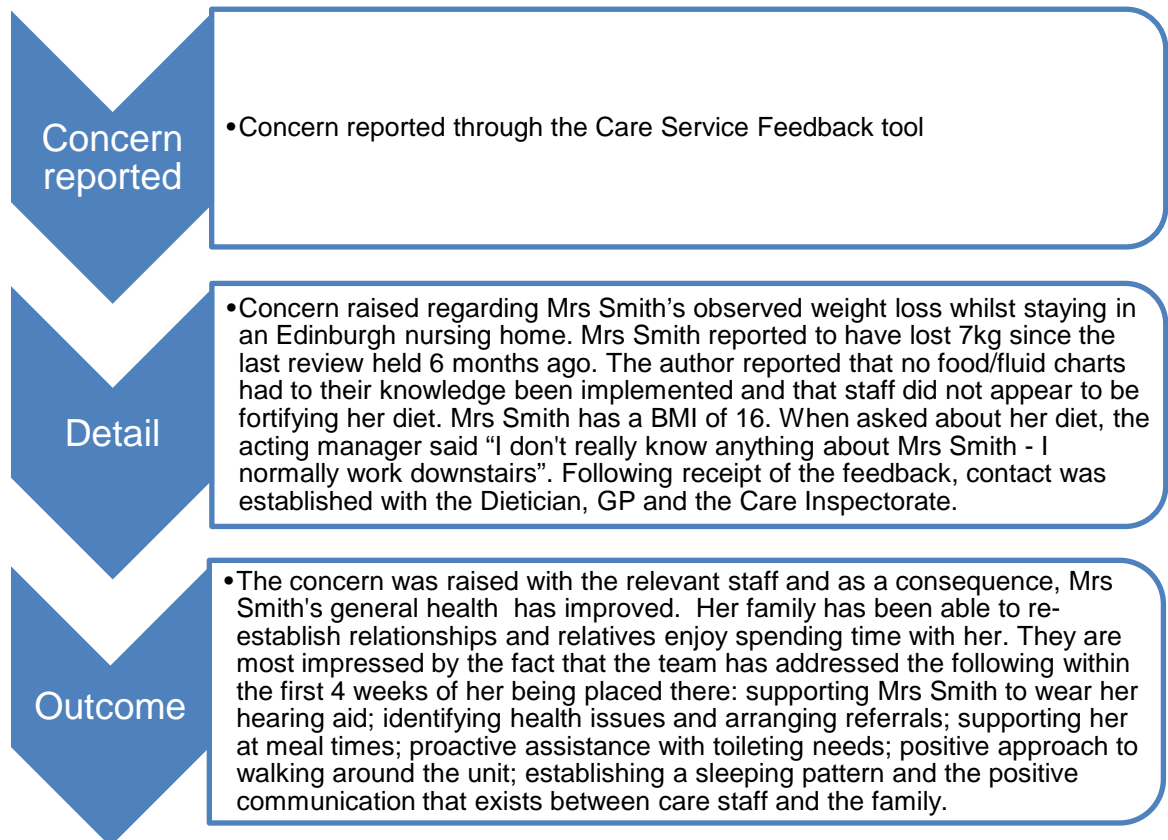
John is a 15 year old boy who has had a difficult childhood. His father died recently and his mother is unable to care for him very well; she is admitted frequently to psychiatric hospital, due to regular bouts of depression. John copes reasonably well, and has a whole range of professionals working with him at school and in the community. He sometimes feels that these adults make decisions about him and for him, without really listening to what he wants. John would really like two things – he would like to belong to a family and he would like people to listen to his views and respect what he wants.

John is placed with a family he likes and he feels much safer and happier. He now has to attend fewer meetings about his care. He likes and trusts his social worker whom he has known now for a long time. She made an agreement that she would listen to him and let him make decisions about his future, as much as possible. John feels more in control of his life, his life is better than it was a few months ago and he feels positive about the future.

John's case was considered by a Practice Evaluation group, which aims to support social workers and allow them to reflect on how they approach problems and how they might resolve them. This new approach has shown that, as with John's case it can be useful for other professionals not directly involved in the case to talk through some of the issues with the social worker without having to be directly involved in the formal decision making process. This is a more responsive and qualitative approach than an audit of case files, which tends to have a more procedural focus.

Care Service Feedback

The care service feedback procedure, which is available to all Council staff provides a mechanism for collecting, collating and reporting on either concerns or positive comments regarding in-house and purchased care services, both registered and unregistered, for all age groups. The information gathered is then used to assist targeting improvement across Council services. Concerns and compliments may be about an incident or situation, or a more general observation regarding the quality of the service.



Young People in Care Council (YPiCC)

The YPiCC is made up of looked after children who meet one evening per month to consider and suggest improvements to the services provided by the Council. The YPiCC continued to grow and develop in 2012-13, when it contributed significantly to the inspection of children's services, to the Council's Bullying Policy, to discussions regarding the new Young People's Centre, as well as producing a DVD charting young people's involvement in the development of the Council's Corporate Parenting Action Plan. In November 2012, the YPiCC received a highly commended award at the Children and Families Achievement Awards under the category: 'Making a Difference'.

6 We take complaints seriously

The Council's social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement. Appendix 1 includes performance data and commentary.

Examples of complaints relating to adult services, which have concluded in favour of complainants and which have resulted in service improvements are: the updating of recording procedure in care homes for older people, followed by staff receiving training to ensure best practice; the updating of criminal justice materials regarding missed appointments for offenders on Community Service Orders; the review of the Reablement Team's procedures to improve response times; and the improvement of communication between day centres and service users and families in relation expected waiting times.

The following are some examples of similar improvements, which were made as a result of complaints relating to children's services. A senior manager review of visual recording of joint interviews resulted in an established quality assurance system, increased training and improved performance. In addition, a practitioner forum was set up to consider how to improve the Video Recorded Interview process.

Night staffing at a particular Young People's Centre was increased to deal with resident behaviour and late night noise problems.

Risks were identified in relation to the confidentiality of looked after and accommodated children and the use of photographs on social media sites by carers and their families. Group facilitators ensured this was discussed with carers and children's confidentiality protected.

Improvements have been made in secure services in terms of compliance with the requirements when dealing with single separation incidents.

7 Key Challenges for 2013-14

Previous Chief Social Worker Officer annual reports highlighted the significant challenges facing the Council with regards to rising demand and reductions in funding, resulting from changing economic conditions and demographics.

These pressures remain and will continue to increase over the next year as demand escalates, resources remain limited and expectations regarding quality and self direction rise.

Integration

The Public Bodies (Joint Working) (Scotland) Bill requires the integration of local authority and health board community health and social care services. The policy intention is to improve the quality of outcomes for people who need services, now and in the future. Enactment of the legislation is anticipated in 2015.

Edinburgh is one of the few existing Community Health Partnerships in Scotland with a jointly appointed Director of Health and Social Care already in place. A number of joint services have been developed over the years, for example, the intermediate care service, the Drug Treatment and Testing Order service and the substance misuse hubs.

Integration of services is complex, and can mean different things to different people. The first challenge therefore will be to achieve a common understanding of the purpose and objectives of integrated services. The Scottish Government will set national outcomes for which both the NHS and local authorities will be jointly accountable. These will be complemented at a local level by outcomes agreed in partnership between agencies and service users.

These challenges will require a leadership approach, which is collaborative and facilitative, to reflect and respect the distinct contributions of different specialisms and professional backgrounds, and of voluntary organisations, community groups and individuals.

Personalisation

The Council has adopted a strategic, whole systems approach to delivering the significant change required to ensure that social care is personalised, reflecting national best practice and new legislative requirements. Whilst there are good examples of innovative person-centred services and practice in Edinburgh, the pace of change needs to be accelerated to ensure that this is reflected in the experience of every person, every time.

The vision of social care that the Edinburgh Personalisation Programme is seeking to deliver is one where:

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- people are supported to be as independent as possible, for as long as possible, with an increased emphasis on prevention and early intervention to support people to maintain or regain their health and wellbeing and avoid, delay or reduce their dependence upon formal support services
- people who do require ongoing social care support are assisted to identify the outcomes that are important to them and exercise as much choice and control as they wish, over the way in which their needs are met in order to achieve these outcomes
- a positive approach to risk is embedded, focusing on the identification and management of risk to enable people to live their life in ways that they choose, rather than risk being a barrier to independence and choice.

New self-directed support legislation will place some very specific and challenging obligations on the Council, and this complex change agenda will require a great deal of support, education and training for the workforce to ensure that employees are confident and competent to work in a more personalised way. Training needs to support a change in organisational culture that will sustain a personalised, outcome focused approach to everything we do. This change applies equally to children's and adult services.

Commissioning and procurement

The shift away from systems in which individuals are fitted into a standard range of services towards the development of flexible support that is personalised to meet individual needs and outcomes is central to the ethos of personalisation and requires a very different approach to commissioning and procurement.

The introduction of personal budgets mandated through the self-directed support legislation will lead to a shift in the basis on which budgets are allocated – away from services and towards individuals. People who use social care services will become commissioners in their own right and providers will need to develop strategies for marketing their services and entering into a customer/supplier relationship with individuals.

There will also be opportunity to explore new models of service provision, social enterprises and cooperatives, for example. There are clear synergies between the personalisation agenda and the City of Edinburgh Council's Cooperative Capital initiative:

- empowering people take more control over the way the services they use are provided
- developing more flexible responses to local need
- the creation of more innovative solutions, which deliver value to whole communities, as well as to individuals.

This change in relationship between the Council, service users and service providers brought about by the introduction of personalisation and self-directed

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support requires a different approach to strategic commissioning. The role of the Council will become one of market facilitation, seeking to ensure that there is a diverse market for health and social care support in Edinburgh, with a range of providers offering a wide range of services. This new role will require the Council to:

- capture and share market intelligence, such as demographic information, information about current and future demand for services and the anticipated shape of future services
- determine future funding arrangements and service user requirements, such as accessibility, flexibility and geographical availability
- intervene, where necessary, to shape the development of the market, stimulating growth in order to fill gaps in provision.

As a first step in developing this new approach the Council has launched a draft Market Shaping Strategy, providing the information suppliers require to shape their business plans and setting out the Council's future approach to commissioning and procurement for care and support services, and the timescales for implementation.

Welfare Reform

Welfare Reform continues to be a major cross-cutting challenge for the Council and its partners. The most recent research, commissioned by the Scottish Government from Sheffield Hallam University) indicates that Edinburgh households will lose nearly £135m per year in benefit or tax credit income by the time the Welfare Reform changes have full effect.

Inevitably, reductions on this scale will lead to greater poverty for adults and children; to increased demand on local authority and third sector housing, social work and advice services; and on GP and other NHS services. Several of the reforms will also impact negatively on carers, reducing the income they need to continue in their caring role.

The impact on people with disabilities is of particular concern, with more stringent medical tests, greater conditionality, and time-limiting of non-means tested entitlement for all but the most severely ill or disabled people. The Sheffield Hallam University researchers noted that individuals adversely affected by the incapacity benefit reforms could expect to lose an average of £3,500 a year, and those losing out as a result of other changes by an average of £3,000 a year. Often these will be the same individuals, who may also find that they encounter reductions in Housing Benefit entitlement.

Responding to and preventing domestic abuse

Domestic abuse is a major cross-cutting issue for the Council. Edinburgh benefits from highly skilled professionals who are passionate in this field and are already at the forefront of innovation. However, without coordination across all stakeholders, responses can often be fractured and less effective in ensuring positive outcomes for victims and their children. The challenge for partner agencies is to progress towards a consistent and better integrated

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approach to domestic abuse based on a coordinated community response model.

A shared policy statement is being developed across health, police, the local authority and the voluntary sector, highlighting domestic abuse as a priority and agreeing to the need for a coordinated response across all agencies to ensure better outcomes for all individuals.

Reducing reoffending

Effective reduction in reoffending depends on a complex, multi-agency and multi-sector approach to the delivery of a wide range of both universal and specialist services. The crowded landscape of initiatives, policy developments, funding opportunities and pilots for the re-design of traditional services presents a number of opportunities and requires a coordinated, well-informed and well-communicated approach to strategic planning and commissioning.

The ownership at senior and strategic level across Edinburgh's partnerships of the responsibility to tackle reoffending is critical to our success. This agenda is now a formal priority for the Edinburgh Partnership and a multi-agency, strategic planning forum has been established, reporting to the Partnership, to take the work forward.

The forum has established sub-groups to support its work programme, with a focus on the current agreed priorities of: women offenders, prolific offenders, families with complex needs, and young people.

Women offenders

Improving responses to the particular challenges faced by women offenders is a key priority, both local and nationally. Edinburgh's Willow service was highlighted as an example of best practice in the 2012 Angiolini Report on Women Offenders.

Edinburgh was successful in securing Scottish Government funding to expand the work of Willow into a community justice centre for women. The centre will offer services to an increased number of women, particularly those women with lower risk and need at the early stage of their involvement with the criminal justice system. It will develop new responses to address unmet need. The centre will also have a key role in developing the response to women offenders in East Lothian, Midlothian, West Lothian and Scottish Borders, depending on the service requirements of each area.

Research shows that over half the women in prison report having suffered domestic violence, and 1 in 3 has experienced sexual abuse. The long-term impact of abuse makes women vulnerable to mental health problems, substance misuse and self-harm. The work of the new centre will be coordinated with the developments in domestic abuse and other related support services.

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Government funding for the centre is available for a maximum of 2 years, which presents a very real sustainability challenge for partners in Edinburgh if the added value of the centre is not to be undermined by its short-term resourcing.

These are a few examples of the current and future challenges faced by the Council and its partners, tasked with providing care and protection services for the people of Edinburgh, together with the developments underway to address them as effectively as possible.

**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT
PERFORMANCE DATA AND DETAILED INFORMATION
2012 - 2013**

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- 2. Protection and Risk Management**
- 3. Regulation, Inspection and Improvement Activity**
- 4. Complaints**

- Annex 1: Statutory Social Work Complaints Procedure – Annual Report**
- Annex 2: Social Services Workforce Registration with the Scottish Social Services Council**

1 Statutory Duties and Decisions

Mental Health Officer Service

1.1 The specific duties of Mental Health Officers under relevant legislation include:

- provision of independent assessments regarding detention against people's will
- consideration of alternatives to detention in hospital
- preparation of social circumstances reports for courts and tribunals
- making applications for Compulsory Treatment Orders
- ensuring people's rights are protected

1.2 During the reporting period 2012-13, there has been an increase of 40% completed assessments compared with those recorded in the reporting period 2011-12.

Contact and assessment activity

	2010-11		2011-12		2012-2013	
	Number	Service user	Number	Service user	Number	Service user
Contacts	1251	812	1124	773	1761	948
Assessments completed	1000	609	1025	610	968	779

Mental Health (Care and Treatment) (Scotland) Act 2003

1.3 The table below shows the number and type of orders commenced in Edinburgh over the last three reporting years.

	Commenced April 10 – Mar 2011	Commenced April 2011 – March 2012	Commenced April 2012 – March 2013
Emergency detention in hospital (up to 72 hours)	113	103	87
Short-term detention in hospital (up to 28 days)	341	349	364
Compulsory Treatment Orders	128	116	111

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(up to 6 months, reviewed annually thereafter) – these orders may be community or hospital based			
Interim Compulsory Treatment Orders (up to 28 days)	67	59	65

Criminal Procedures (Scotland) Act 1995

- 1.4 If an individual has been involved in a criminal offence, but was suffering from a mental disorder (mental illness, learning disability, or personality disorder) at the time, the court has the power to ensure the person receives care and treatment under the Mental Health Act. The table below shows the total number of orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service

	2010-11	2011-12	2012-13
Total legal orders started	17	22	17
Total legal orders open at period end	75	65	64
Compulsion Orders with Restriction Order open at end of period	29	28	26

Adults with Incapacity (Scotland) Act 2000

- 1.5 When someone over the age of 16 is deemed unable to make decisions to safeguard his/her welfare and/or property or finances, the local authority has a duty to carry out an assessment of the needs of that individual, and must make a decision as to whether someone else should be given the legal authority to make decisions on behalf of the person. Inability to make such decisions is usually the result of a learning disability, acquired brain injury or dementia.
- 1.6 As in the previous three years the figures continue to show a significant rise in the number of private welfare guardianships. The figures for Edinburgh are in line with the national trend. This increase has resulted in a significant pressure both on the Mental Health Officer service which has to provide reports to accompany applications to court and in the community practice teams and residential review team which have the responsibility for supervising private welfare guardians.

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	At 31 March 2010	At 31 March 2011	At 31 March 2012	At 31 March 2013
CSWO welfare guardianships	72	73	77	86
CSWO welfare and financial guardianships (guardian for financial element must be non-Council)	10	21	15	18
Private welfare guardianships	55	63	93	106
Private welfare and financial guardianships	127	153	173	196
Total guardianship orders requiring CSWO supervision	264	310	358	406

Adoption

- 1.7 59 children were registered as requiring permanence with the legal route of adoption through a Permanence Order with Authority to Adopt. A further five children were registered with the legal route of adoption through Direct Petition.
- 1.8 20 sets of new adopters were approved in 2012-13 following a process of recruitment, preparation and home study assessment. Additional adoptive families are sourced through long standing Service Level Agreements with Scottish Adoption and St Andrews Children's Society and through spot purchase arrangements for families identified through the Scottish Adoption Register.
- 1.9 A total of 41 children were placed with adoptive parents during 2012-13.
- 1.10 42 children ceased to be looked after following the granting of an Adoption Order in 2012-13.
- 1.11 Performance monitoring of adherence to local practice that an Adoption and Permanence Panel is held within 12 weeks of a Looked After Children's Review referral has been implemented. During 2012-13 performance against this objective was 74% within timescales.

	2009-10	2010-11	2011-12	2012-13
Adopters approved	14	13	19	20
Children registered for Adoption (Permanence Order with Authority to Adopt)	37	37	31	59
Children registered for Permanence	65	66	74	62

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(Permanence Order)				
Children placed for adoption	29	45	42	41

Foster Care

- 1.12 In 2012-13, 24 new Foster Carers were approved. During that period nine carer families were de-registered, leaving a net increase of 15 new carers. The 24 include 14 short-term carers, four carers for children with a disability, four carers for children with complex social, emotional and behavioural difficulties and two respite carers.
- 1.13 There are a further 22 carer assessments underway for completion by the end of 2013, including six respite foster carers.

	2009-10	2010-11	2011-12	2012-13
Foster carers approved	24	11	28	24
Foster carers de-registered	12	21	15	9

Secure accommodation of children

	Total		By Chief Social Work Officer and Children's Hearing		By Courts		Average length of stay	
	2011-12	2012-13	2011-12	2012-13	2011-12	2012-13	2011-12	2012-13
Children and young people detained in secure accommodation in Edinburgh	41	32	36	29	5	3	98	101
Children and young people transferred back to secure accommodation in Edinburgh	7	2	5	2	2	0		

Children and young people detained in	By Chief Social Work Officer and	By Courts on remand	By Courts on sentence	Average length of stay
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secure accommodati on out with Edinburgh	Children's Hearing							
	2011 -12	2012 -13	2011 -12	2012 -13	2011 -12	2012 -13	2011 -12	2012 -13
By Chief Social Work Officer and Children's Hearing	7	3					47 days	78 days
By Courts on remand			5	1			54 days	30 days
By Courts on sentence					3*	0	366 days	

* These three young people were sentenced and placed for the whole year.

- 1.14 Five additional children/young people from outwith Edinburgh were detained in Edinburgh secure accommodation.

Emergency placement of children subject to statutory provision

- 1.15 Children's Hearings may impose conditions of residence on children subject to supervision requirements. Only a Children's Hearing may vary such conditions. The local authority must ensure that these conditions are implemented. If a child who is required to reside at a specified place must be moved in an emergency, the Chief Social Work Officer may authorise the move, following which the case must be referred to a Children's Hearing.
- 1.16 During the period under review, 34 children and young people subject to a Supervision Requirement were moved to an alternative placement under Section 72 of the Children (Scotland) Act 1995. One of these children had three emergency moves and two of these children each had two emergency moves.
- 1.17 The reasons for these emergency transfers were:

- six children moved due to a breakdown of placement with foster carers whom were approved and supported by the City of Edinburgh Council
- 14 children moved due to a breakdown of placement with foster carers whom were approved and supported by other fostering agencies
- six children moved due to the breakdown of kinship care placements
- three children moved due to the breakdown of residential unit placements

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1.18 The most common cause of placement breakdown was carers being no longer prepared or able to continue caring for a child/young person in placement despite support provided to maintain it.

1.19 Other placements broke down due to:

- allegations against carer – four children
- ill health of carer – three children
- de-registration of the City of Edinburgh Council carer contrary to recommendation of Family Based Care – one child
- kinship carer allowing birth parents to have unsupervised contact – one child

Warrant to keep a child where the Children's Hearing is unable to dispose of the case

1.20 On occasion, when a Children's Hearing is unable to dispose of a case, a Place of Safety Warrant may be issued. During the period under review, 601 Place of Safety warrants were issued for 537 children. 531 children were placed on the same day. During the previous year 2011-12, 467 Place of Safety warrants were issued for 445 children, of which 437 were placed on the same day.

1.21 A total of 6 warrants were not implemented on the day of the Hearing, compared to 9 warrants in the previous year. Non-compliance with Hearing decisions is monitored by senior managers and the Chief Social Work Officer.

2 Protection and Risk Management

2.1 The following tables provide a summary of the volume of protection-related activity during the year:

Children

2.2 The number of children looked after away from home is at the highest level seen to date. This reflects the national picture.

	2008-2009	2009-2010	2010-2011	2011-2012	2012-13
Child protection referrals	1439	1702	2200	1811	1492
Child protection case conferences	407	345	1005*	1149*	1160*
Children on Child Protection Register	287	256	242	266	259
Children looked after at home	442	412	410	370	383
Children looked after away from home	902	894	932	1028	1044

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*Prior to the reporting year 2010-2011, figures excluded review case conferences.

- 2.3 The number of children and young people coming to a child protection case conference in the reporting period is noted below by type:

	2011-12	2012-13
Pre-birth	100	107
Initial	331	352
Review	701	687
Transfer	17	14
Total	1149	1160

Domestic abuse

	2010-11	2011-12	2012-13
Incidents	5252	5344	5335
Children present/resident	45.5%	45.4%	44.4%

- 2.4 The domestic abuse concern was for the first time included as part of the Child Protection return provided to the Scottish Government for the period August 2011 to July 2012. Of the 371 cases added to the Child Protection Register in the period, 150 had a domestic abuse concern identified. As multiple concerns can be recorded for a child, the domestic abuse concern represents around 13% of all concerns identified and represents 40% of all registrations. They correlate significantly with other child protection concerns. Where domestic abuse is an identified concern, it is also correlated with emotional abuse in just over half of cases, parental alcohol misuse and drug misuse in over a third, neglect and physical abuse in just under a quarter, and sexual abuse in just under a tenth.

Adults at risk

	2010-11	2011-12	2012-13
Adult protection referrals	1008	743	422
Large scale adult protection contacts			78
Inter-agency referral discussions (IRD)	485	378	215
IRD as a percentage of referrals	48%	51%	51%

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	2010-11	2011-12	2012-13
Adult protection initial case conferences	117	74	60
Initial case conferences as a percentage of IRD	24%	20%	28%
Adult protection case conference reviews	162	126	98
Incidents between service users			493

2.5 The figures indicate that the overall volume of recorded adult protection contacts has decreased from peak levels in 2010-2011. Members of the (Adult Protection) Quality Assurance Sub-group have considered the reasons for the apparent reduction in referral activity and have identified the following:

- in 2012, there were changes made to recording practice. Incidents between service users, which do not meet the threshold for adult support and protection are now recorded separately and not included in the count of contacts. Adult protection referrals added to the figure for incidents between service users amounted to 935 for 2012-2013
- Customer Service Advisors at Social Care Direct record preliminary enquiries within case notes and it is the responsibility of professional staff to identify and log an adult protection contact. There is a work stream seeking to make this recording process more robust and reliable.

Offenders in the community subject to statutory supervision

	31 March 2010 Total	31 March 2011 Total	31 March 2012 Total	31 March 2013 Total
Assessed as 'very high' or 'high' risk (sexual violence)	44	37	29	35
Assessed as 'very high' or 'high' risk (violence)	140	117	94	89
Probation orders	654	569	314	112
Community service orders	473	418	242	82
Community payback orders	N/A	4	362	721
Drug treatment and testing orders	185	131	123	128
Drug treatment and testing orders (II)	41	61	49	55
Bail supervision	N/A	21	21	17
Statutory supervision of released prisoners, e.g. life	181	172	155	152

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licence, parole, extended sentences, supervised release orders, etc.				
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Offenders currently in prison who will be subject to statutory supervision on release

	31 March 2010 Total	31 March 2011 Total	31 March 2012 Total	31 March 2013 Total
Assessed as 'very high' or 'high' risk (sexual violence)	61	76	60	64
Assessed as 'very high' or 'high' risk (violence)	157	148	162	169

3 Regulation, Inspection and Improvement Activity

Inspection of registered care services

- 3.1 The Care Inspectorate led a pilot joint inspection of Children and Young People's services in Edinburgh between November 2012 and January 2013.
- 3.2 The inspection covered the range of services working in the city that have a role in providing services to benefit children, young people and families. The positive outcome of this inspection has been reported in detail elsewhere.
- 3.3 The Adoption Agency function of the Permanence Team was inspected in July 2012 by the Care Inspectorate. The quality of service was assessed as Very Good across all quality statements, resulting in the service's best ever inspection grading.

The residential unit for high risk adult offenders received an unannounced visit from the Care Inspectorate in November 2012 and was graded as Very Good (grade 5) on all five areas of assessment. The report found that the unit: *"plays an important role in providing support and monitoring for people within the Criminal Justice System. The service has continued to work collaboratively with other professional colleagues to ensure that high risk is carefully, yet robustly, managed. Alongside this, the service works hard to prepare service users for a more independent life style. The service is well managed and staffed"*.

- 3.4 The table below sets out the levels of inspection of the Council's registered care services during 2012-13. These levels reflect a change to the statutory minimum frequency of inspection.

Levels of Inspection – 2012-13		
Adult Services (Health and Social Care and Services for Communities)	Services	Inspections
Adult Placement	2	2
Care Homes	18	24
Care at Home	4	4
Combined	12	11
Housing Support	8	3
Offender Accommodation	1	1
Support Services (Day Care)	8	3
Children's Services		
Adoption	1	1
Fostering	1	1
Care Homes	11	16
Care at Home	2	2
Day Care of Children (Early Years)	102	47 (of which 5 were joint inspections by the Care Inspectorate and Education Scotland)
Secure Accommodation	1	2
School Care Accommodation	1	1

Registration of the workforce with the Scottish Social Services Council (SSSC)

- 3.5 Registration of the social care workforce is an important factor in skill development and professionalisation of the service, and a key contributor to overall quality assurance. Over time, registration of all categories of social work and social care staff will be a statutory requirement. The table at Annex 2 sets out the number of workers in the Council who are currently employed in the social services workforce and eligible to register with the SSSC.
- 3.6 Dates for required registration are set by Scottish Government and current dates are set up to 2020. However, there are still sections of the workforce for whom dates have yet to be announced. These include workers in adult day care and offender accommodation services.

Quality assurance of purchased services

- 3.7 The Council has 580 contracts with 281 suppliers. Of these, 419 are for the supply of regulated services, ranging from residential care to care at

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home. The remaining 161 contracts are for unregulated services, such as lunch clubs and advice centres.

- 3.8 Contracts are monitored by regular visits to providers. The frequency of visits is related to service performance.
- 3.9 At May 2013, 76% of regulated contracted services were assessed by the Care Inspectorate as providing good, very good or excellent services (grades 4,5 and 6), 18% as providing adequate services (grade 3) and 6% as providing weak or unsatisfactory services (grades 1 and 2). A multi-agency review team seeks to support improvements in weak or unsatisfactory services. Further information on quality assurance framework and developments is set out below.

Quality assurance developments

- 3.10 There is a wide range of quality assurance activity taking place within the service. This varies from day-to-day quality assurance by managers at a local level to broader self-evaluation activity, involving practitioners and service users.
- 3.11 Considerable efforts have been made to supplement existing quality assurance arrangements in 2012-13, for both internal and purchased services. Key developments include:
- the introduction of Practice Evaluation; this was piloted in children and families during 2012, and is being rolled out across the service during 2013; a further pilot of the model has been undertaken in criminal justice and will be rolled out across Health and Social Care in 2014
 - the implementation of the model for complaints handling by the Scottish Public Services Ombudsman; development and implementation of a web based form for reporting frontline resolutions; a training programme for complaints investigating officers to be delivered throughout 2013
 - a revised case file audit programme in social work services was implemented in 2012-13 (100 files across Children and Families and 180 files across Health and Social Care); and audits were undertaken in both services throughout 2012
 - a bespoke case file audit was completed in October 2012 for Section 56 children referred to the Children's Reporter
 - a bespoke practice evaluation was completed in relation to looked after children and young people aged 15 to 17 years deemed at risk or vulnerable
 - a comprehensive review of secure accommodation and pathway planning was completed in 2012

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- the Social Work Quality Assurance services coordinated the pilot integrated inspection of children and young people's services in Edinburgh on behalf of the Edinburgh Children's Partnership
- a comprehensive child protection self-evaluation programme was completed in September/October 2012
- in conjunction with key partners, a comprehensive adult support and protection self-evaluation programme was completed in 2012
- work programmes were completed for the Adult Protection Committee, Child Protection Committee, Criminal Justice, Homelessness, Substance Misuse Quality Assurance Group and Mental Health and Well Being Quality Assurance Sub Groups
- the multi-agency quality assurance sub groups for care homes and care at home monitored services causing concern throughout the year and put in place the necessary safeguards.

3.12 Planned quality assurance developments for 2013-14 include:

- extension of the Practice Evaluation model to criminal justice and community care
- implementation of a public protection self-evaluation programme
- development and implementation of an integrated quality assurance framework for the Edinburgh Health and Social Care Partnership
- development and implementation of an integrated self-evaluation programme for the Edinburgh Children's Partnership
- development and implementation of a quality assurance framework for the Council's care homes and home care services
- implementation of electronic monitoring for the Council's home care service

3.14 Training and development opportunities are a major contributor to the quality of services. They provide staff with the skills required to carry out often complex and challenging tasks. They also support career development and staff morale. The Council provides or purchases a vast array of training for staff across the whole spectrum of specialisation in social work and social care, on both a single and multi-agency basis. The detail of this provision is reported elsewhere.

4 Complaints

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- 4.1 The Council's social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement. Annex 1 sets out performance data and commentary.
- 4.2 The Chief Social Work Officer signs all responses to formal complaints regarding social work services and produces reports on complaints received, trends and targets achieved to Health and Social Care and Children and Families on a quarterly basis. Performance against statutory timescales is reported to the Chief Executive on a bi-monthly basis, as part of the overall performance scorecard. The findings of Complaints Review Committees are reported to elected members by Committee Services. Where the Complaints Review Committee has upheld – or partially upheld – a complaint, the Chief Social Work Officer provides a report to elected members on any improvement action that has been initiated as a result of the complaint.
- 4.3 The office of the Scottish Public Services Ombudsman has developed a standardised approach to complaints handling across Scotland, and expected all local authorities to implement the new procedure by April 2013 at the latest. The Council has adopted this Complaints Handling Procedure.

STATUTORY SOCIAL WORK COMPLAINTS PROCEDURE – ANNUAL REPORT 2012-13

Summary

The Council is committed to improving social work services for the people of Edinburgh, and recognises that complaints are an important source of customer feedback. The following table sets out the number of social work complaints received during the last three years, which required formal investigation; the number of complaints dealt with as frontline resolutions; the number of complaints escalated to Stage Two of the process, (figures for the latter are available from 2011-12 only, as this stage of the complaints process started in 2010); and the number of complaints referred to a Complaints Review Committee. The reference to Stage Two Complaints relates to the complaints procedure that was in place prior to the new one adopted by the Council from 1 April 2013. The previous Stage Two complaints, which referred to complainant meetings with senior managers to try to resolve complaints, stopped in December 2012.

Formal Complaints	2010-11	2011-12	2012-13
Health and Social Care	243	231	201
Children and Families	90	94	79
Total	333	325	280
Frontline Resolutions	2010-11	2011-12	2012-13
Health and Social Care	252	256	225
Children and Families	73	81	104
Total	325	337	329
Stage Two Complaints		2011-12	2012-13
Health and Social Care		48	28
Children and Families		12	11
Total		60	39
Complaints Review Committees	2010-11	2011-12	2012-13
Health and Social	8	10	11
Children and Families	1	4	1
Total	9	14	12
Scottish Public Services Ombudsman		2011-12	2012-13
Health and Social		3	3
Children and Families		0	0
Total		3	3

In addition to the 280 complaints formally investigated during 2012-13, a further 329 complaints or enquiries were resolved at the frontline. Taking a lead from the Scottish Public Services Ombudsman, the service continues to seek frontline resolution to complaints; to deliver improvements using analysis of outcomes to support service delivery; and to drive service quality improvements. Of the 329 frontline resolutions dealt with, nine were compliments received relating to Health and Social Care services.

HEALTH AND SOCIAL CARE

Summary information:

During 2012-13, Health and Social Care received 201 complaints requiring formal investigation. This represents a decrease of 13% on the previous year. 225 enquiries were dealt with as frontline resolutions, representing a decrease of 12%. Nine frontline resolutions related to compliments about the service received. The level of complaints received is set against a background of service provision volume in the following key areas:

Social Care Direct:

- approximately 70,346 contacts were received by Social Care Direct (this is an increase from 59,355 contacts in 2011-12); this figure includes contact made with the out-of-hours service, representing an increase of 16%

Practice Team, Sector Based Social Work Services:

- approximately 7,373 assessments were carried out by practice teams (Sector Teams, Hospital Teams, Short-Term Assessment and Review Team and Funding Independence Team), which is a 17% decrease from last year; 5,588 reviews were carried out, representing a 4% increase on last year, giving a total figure of 12,961

Home Care Service:

- 4,203 people received 51,225 hours home care service each week, either from the Council's Home Care and Support Service, or purchased by the Council from the independent sector; this represents a 6% increase on last year

Residential Care Homes:

- 400 adults aged under 65 years were supported in permanent care home places (all service user groups) representing a 25% increase since last year
- 3,580 people over the age of 65 were supported in care homes, 565 of whom were in Council-run care homes; this represents a 22% increase from last year

Criminal Justice Services:

- 1,534 people were supervised on probation or community service and community payback orders (1,836 orders in total); this represented a 27% increase in the total number of orders from last year, but a decrease of 30% in the number of people being supported
- criminal justice staff completed 1,781 social work reports to support the courts, representing a 3% decrease from last year

Direct payments

- 948 adults received a direct payment, which represents a 15% increase in this service; this figure includes 32 people aged under 18

Support to carers

- 13,864 weeks of respite were provided to adults aged 18 years and over, which is a reduction of 1%; the overall volume of respite weeks provided to adults aged under 65 increased from 5,602 to 5,622, but there was a decrease in the volume provided to people aged over 65 from 8,403 to 8,242; the latter reflects a reduction in capacity of care homes in 2012-13

Occupational Therapy

- 2,051 assessments were carried out to identify support needs, including adaptations, equipment and services required; this represents a decrease of 30% since last year

Timescales:

The Advice and Complaints Service continued to work to reduce the number of extensions to investigations and sought to reduce the time permitted for extending investigations to 14 days. In 2012-13, Health and Social Care responded to 91% of formal complaints within 28 days or an agreed extension, in accordance with the statutory regulations – 62% were reported within 28 days; 29% were reported with an extension agreed by the complainant. 9% of complaints were not completed within the targeted timescale.

Outcomes:

Of the complaints received, 45 (22%) were upheld, 47 (23%) were partially upheld and 108 (55%) were not upheld.

Complaint trends:

Practice Teams

There were 56 complaints regarding practice teams. This represents a 20 % increase from the previous year. 14 complaints related to service provision; 17 to assessments; 1 to a delay in making an assessment. Six were about staff or professional practice issues; six about consultation or communication; two about the contents of a report; three about charges for services; two about professional practices issues; one about a breach of confidentiality. The remainder related to decisions taken by staff.

Home Care

During 2012/13, there were 36 complaints regarding the Council's home care service. This represents a decrease of 5%. There were 16 complaints regarding care at home, the service purchased from external providers. This represents a decrease of 56%. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

Respite Care

During 2012/13, 17 complaints were received regarding residential respite care services. One was about services for people with a disability and 16 were about older people's residential services. There were three complaints regarding other respite care services. This represents an overall decrease of 6%.

Occupational Therapy Services

During 2012/13, there were nine complaints regarding occupational therapy, representing a decrease of 57%.

Residential Care

During 2012/13, there was one complaint regarding residential care services for people with a disability; and 12 for older people's residential care services. This was similar to the previous year's complaints.

Service Improvements:

During 2012/13, Health and Social Care recorded and discussed 24 service improvements for managers to implement as a result of complaints made. This represents a 12% increase on last year. These were in the following service areas: Funding Independence Team; Community Equipment Store; Residential Care Homes for Older People; Day Services for Older People; Social Work Practice Teams; Financial Assessment Services Team; Care at Home; Home Care; Overnight Home Care; Income Maximisation; Care Booking Service; Service Matching Unit; and the Contracts Unit. Examples include:

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- home care (and the overnight service) agreed to review service user personal plans regularly and to update these, as required
- a Reablement Team reviewed its internal procedures for dealing with referrals to improve response times
- the Contracts Unit agreed to advise staff in other sections of Health and Social Care when rates are re-negotiated with contracted providers to ensure that all staff are using the current rates
- an issue regarding lack of staff in the Service Matching Unit over the Easter holiday causing delays in care packages was addressed
- the Care Booking Service updated its publicity material to improve communication
- the Financial Assessment Services Team updated its publicity material on what happens following the death of residents in the Council's residential care homes for older people to ensure transparency and to avoid misunderstanding at a sensitive time
- recording procedures in the Council's residential care homes for older people were updated and staff received training on the new procedure to ensure best practice
- the Mental Health Accommodation Panel agreed to communicate more effectively with a service users about a decision taken
- the Referral and Resource Group for day care places updated its procedures, to improve communication about referrals and waiting times
- a review of Adult Support and Protection procedures in the Council's residential care homes for older people was undertaken, and immediate training was provided by senior staff to ensure best practice
- it was agreed that staff in the Council's residential care homes for older people should wear name badges to assist both residents and their relatives
- the criminal justice service updated its material regarding missed appointments for offenders on Community Service Orders to ensure clarity
- the Income Maximisation Team updated its procedure to ensure that service users with corporate appointees have an income maximisation check.

CHILDREN AND FAMILIES

Summary information:

During 2012/13, Children and Families social work received 79 complaints, which required formal investigation. This represents a decrease of 16% on the previous year. The overall level of complaints is set against a background of service provision levels in the following key areas:

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Practice Teams:

- around 3,000 children and family cases managed by practice teams as at 31 March 2013
- approximately 1,500 child protection referrals
- approximately 75 reports per month submitted to the Authority Reporter and approximately 247 reports completed for Children's Hearings

Accommodated Children and Young People:

Snapshot figures, as at 31 March 2013

- 1,427 children and young people 'looked after' by the Council
- 1004 children and young people subject to supervision requirements from a Children's Hearing (382 at home, 622 away from home)
- 606 children in foster care
- 83 children in residential care
- 13 children in secure accommodation
- 298 children placed with kinship carers
- 39 children with prospective adopters
- 5 children in 'other' settings (e.g. prison or hospital)

Children with Additional Support Needs and their Families:

Residential respite nights for children – 6,466

Day respite – 85,954

Youth Offending Service:

517 young people discussed at pre-referral screening (early intervention)

354 referrals, of which 59% were requests for criminal justice reports

286 risk assessments undertaken

84 risk management case conferences

Timescales:

Children and Families responded to 84% of formal complaints within 28 days

or an agreed extension, in accordance with the statutory regulations – 32

(41%) were reported within 28 days; 34 (43%) were reported with an extension

agreed by the complainant; 12 (15%) of complaints were not completed within

the targeted timescale and one complex case remains under investigation,

with an agreed extension.

Outcomes:

Of the complaints received, 49 were not upheld (62%), 17 were partially upheld (22%) and 12 were upheld (15%). In one case, the outcome is not yet known.

Complaint trends:

There were 51 complaints regarding social work practice teams. This represents 65% of the total, and the same level as the previous year. 21 complaints related to staff or professional practice issues; 15 to consultation or communication; and 5 to service provision.

16 complaints were received from accommodated young people who were either in residential or secure services, or foster care. This represents 20% of the total complaints investigated formally. Common themes from young people include staff practice and decision making, quality of communication, standard of amenities and behaviour of other residents.

2 complaints were investigated regarding disability services; this represents 3% of the total. The matters related to funding issues and quality of communication.

Service improvements:

During 2012/13, Children and Families recorded and discussed 10 service improvements for managers to implement as a result of complaints. As in Health and Social Care, the relationship between complaints received and the continuous improvement of services provides a mechanism for service users to contribute to the development of provision.

Examples of improvements include:

- senior manager review of visual recording of joint interviews – social workers now co-located with the police at Vega building; and a practitioner forum set up to consult on ways to improve the Video Recorded Interview (VRI) process
- night staffing increased as a measure at a Young People's Centre to deal with resident behaviour and late night noise problems
- risks identified regarding confidentiality of looked after and accommodated children and the use of photographs on social media sites by carers and their families; group facilitators will ensure this subject is discussed with carers
- social workers to ensure 'out of authority' placements are not discussed with young people prior to funding approval
- work undertaken with secure staff regarding the correct policies, procedures and protocols to be followed when dealing with separation incidents
- focus on the recruitment of respite foster carers who can provide sibling placements and care to boys aged 7-10

Complaints Review Committees

If a complainant is not satisfied with the Council's response, s/he may request that the case be heard by a Complaints Review Committee. The Complaints Review Committee is made up of three independent lay members, drawn from a wider panel.

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16 Complaints Review Committees were requested during 2012/13 and 8 were held. 4 requests are still under investigation; 1 was withdrawn by the complainant; 3 did not go to Complaints Review Committee because there were other avenues for the complainant to explore.

Of the 8 Complaints Review Committees held, 7 related to Health and Social Care and 1 to Children and Families. In 4 cases, the Council's position was upheld; in 3, the complainant's position was partially upheld; and in 1 the complainant's position was fully upheld.

The following actions were taken, following the upheld Complaints Review Committees:

- The Council's Home Care and Reablement Service consulted with service users and carers regarding the style and lay out of the Personal Plan. The senior manager for the service took steps to ensure that service user engagement is now part of the Team Plan and Performance Review and Development framework.
- Home Care service managers agreed to meet with local community groups, given their representative role for service users with complex needs, to ensure their participation in the planning and application of new systems.
- An assessment was translated into Mandarin Chinese and issued to the complainant.
- Improvements were made to service delivery in a residential care home for older people offering respite, which included – writing a new care plan, allowing more detail of individual care needs; respite users now informed that their room has to be vacated by 10.00, with entry at 14.00, to allow preparation of the room for the next resident; and staff agreed to consider a wider variety of activities for residents.

The recommendations of the Complaints Review Committees were acted upon, and where appropriate, changes were made to practice and procedures. Reports detailing how the recommendations would be addressed were presented to elected members.

The 1 Children and Families Complaints Review Committee held during 2012/13 was not upheld. One further Complaints Review Committee was requested and the case is ongoing with no outcome, as yet.

Scottish Public Services Ombudsman

If a complainant is not satisfied with the Complaints Review Committee's response, s/he may request that the case be heard by the Scottish Public Services Ombudsman.

In 2012/13, three complaints were referred to the Ombudsman. All related to Health and Social Care issues; 2 were not upheld and 1 is still in progress. The same number was referred to the Ombudsman last year.

Social Services Workforce Registration with the Scottish Social Services Council

Section of Register	Numbers in Workforce	Workers currently registered	Comments	Date of Required Registration	Renewal Period
Social workers	898	908	Additional registered workers are eligible to register, but are not currently in a social work post.	1 September 2005	3 years
Managers of residential child care	11	11		30 September 2009	3 years
Residential child care workers with supervisory responsibility	33	33		30 September 2009	3 years
Residential child care workers	295	295		30 September 2009	3 years
Managers of care homes for adults	17	16	1 manager is registered with the Nursing and Midwifery Council.	30 November 2009	3 years
Managers of adult day care services	8	8		30 November 2009	3 years
Managers of day care of children services	102	27	Remaining managers are Head Teachers and registered with the General Teaching Council Scotland.	30 November 2010	5 years
Practitioners in day care of children	727	727		30 September 2011	5 years
Workers with supervisory responsibilities in care	39	38	1 supervisor is registered with the Nursing and Midwifery Council.	30 March 2012	5 years

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Section of Register	Numbers in Workforce	Workers currently registered	Comments	Date of Required Registration	Renewal Period
homes for adults					
Support workers in day care of children services	51	18	Registration of these workers is currently being rolled out.	30 June 2014	5 years
Practitioners in care homes for adults	213	191	Outstanding number represents newly recruited staff who have 6 months to register.	29 March 2013	5 years
Support workers in care homes for adults	183	7	Registration of these workers will be rolled out in 2014.	30 September 2015	5 years
Managers of housing support services and care at home services	22	7	Registration of these workers is currently being rolled out.	31 January 2014	3 years
Supervisors in housing support and care at home services	120	0	Register opens in 2014.	2017	To be confirmed
Workers in housing support and care at home services	1329	0	Register opens in 2017.	2020	To be confirmed