

Corporate Policy and Strategy Committee

10.00, Tuesday, 2 September 2014

Chief Social Work Officer Annual Report 2013/14

Item number	7.3
Report number	
Executive/routine	
Wards	All

Executive summary

This report presents to Members the Chief Social Work Officer's Annual Report for 2013/2014. The report is attached at Appendix 1. It is presented in a different format from last year to comply with the template issued in 2014 by the Office of the Chief Social Work Adviser to the Scottish Government. Use of the template by Chief Social Work Officers across Scotland is intended to help information sharing and benchmarking across services regarding good social work practice and improvement activity.

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

Chief Social Work Officer Annual Report 2013/14

Recommendations

- 1.1 It is recommended that Corporate Policy and Strategy Committee
- notes the Chief Social Work Officer's Annual Report for 2013/14 attached at Appendix 1; and
 - comments on the template used for this year's report.

Background

- 2.1 Each year, the Chief Social Work Officer is required to produce an annual report. To ensure consistency across Scotland, the Office of the Chief Social Work Adviser to the Scottish Government developed a template for these reports in 2014. The intention was to allow succinct and consistent presentation of information on how social work services are being delivered, what is working well, what needs to be improved and why, and how local authorities, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for local authorities.

Main report

- 3.1 The report provides a brief narrative on the local authority to set the delivery of social work services in context. It describes partnership structures and governance arrangements, as well as the social services landscape. The report then sets out information relating to:
- finance
 - performance
 - statutory functions
 - continuous improvement, including complaints
 - planning for change
 - user and carer empowerment
 - workforce planning and development; and
 - key challenges for 2014/15.
- 3.2 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.

- 3.3 The report also acts as the required annual report to elected members on the operation of the statutory social work complaints process (Appendix 3 to the Annual Report).

Measures of success

- 4.1 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

- 5.1 There are no financial implications arising from this report, although the report does refer to the significant financial challenges facing the Council and other public sector partners in delivering the volume and quality of services required.

Risk, policy, compliance and governance impact

- 6.1 In accordance with the Council's approach to risk management, potential risks are being mitigated and monitored through service risk registers.
- 6.2 The recommendations of this report do not impact on any existing Council policies.

Equalities impact

- 7.1 There is no direct equalities impact arising from this report.

Sustainability impact

- 8.1 There are no sustainability implications arising from this report.

Consultation and engagement

- 9.1 Social work services routinely involve service users and carers in design and implementation of social work and social care provision. There is a section in the Annual Report on user and carer empowerment.

Background reading/external references

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Chief Social Work Officer

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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
	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

Single Outcome Agreement

undermined by poverty and inequality
CO10 - Improved health and reduced inequalities
CO11 - Preventative and personalised support in place
CO15 - The public are protected
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 2013-2014

The City of Edinburgh Council

Chief Social Work Officer's Annual Report 2013-2014

The Local Authority

Edinburgh is a city of contrasts, with high levels of both prosperity and poverty. It is vibrant and culturally diverse, with the largest concentration of areas in the top 10% (most affluent); but with areas of significant inequality and deprivation – third highest across all Scottish local authorities. Edinburgh's population (482,600 in 2012) accounts for 9% of Scotland's total, and is growing. Whilst this growth has many social and economic advantages, it also presents challenges, including:

- growing numbers of older citizens who are frail or unwell
- increasing complexity of need in children and adults with disabilities
- increasing risk to children from the alcohol and drug misuse of their parents, and from domestic abuse
- greater vulnerability of a growing number of homeless people with mental health problems
- a variation in life expectancy of 20 years between the most affluent and the poorest citizens
- an expanding prison population.

The latest projections indicate that Edinburgh's population will continue to grow faster than anywhere else in Scotland (to 619,000 by 2037). Some age groups, which make intensive use of public services, are projected to increase more rapidly than the overall population (for example 5-11 year olds and those over 85).

Edinburgh includes a mix of urban and rural communities, although in common with many other cities, population densities are highest in inner suburban areas, surrounding the commercial core of the city centre.

Partnership Structures / Governance Arrangements

The law requires each local authority to appoint a Chief Social Work Officer (CSWO). This function cannot be delegated by the local authority, and it is unaffected by the integration of health and social care under the Public Bodies (Joint Working) (Scotland) Act 2014.

In Edinburgh, the CSWO role is located at Head of Service level, with operational responsibilities for adult mental health, alcohol and drug, and criminal justice services. This allows for strong links with children and young people's social work, as these services represent the main areas of inter-dependency for vulnerable children.

The CSWO is also responsible for quality assurance across all social work services (adults and children), and leads on behalf of the Council on public protection, prevention, personalisation and social inclusion.

Edinburgh's strategic partnership landscape is summarised at Appendix 1 and its public protection arrangements at Appendix 2. The CSWO either chairs or is a member of each of the

partnerships/committees, and is an advisor to the Edinburgh Partnership (community planning). The CSWO is also the chair of the Edinburgh, Lothian and Borders Strategic Oversight Group, which is established under national guidance for Multi Agency Public Protection Arrangements (MAPPA).

Engagement with and feedback from service users, carers and communities are playing an increasing role in shaping and evaluating services in Edinburgh. The formalisation of these developments will lead to a demonstrable involvement of people in the governance of public services. This is consistent with both local and national policy intentions (personalisation, community capacity building and cooperative capital). Examples are set out later in this report.

Social Services Landscape / Market

Edinburgh is an affluent city, with one of the highest concentrations of wealthy citizens in Scotland. However, these concentrations sit alongside some of the highest levels of **poverty and deprivation**. Regeneration programmes have improved substantially the physical fabric in the poorest areas of the city, but there remain stark geographical differentiation and areas of multiple deprivation. Frameworks and action plans are in place for both poverty and inequality generally, and health inequality in particular. These have been developed in close collaboration across community planning partners and with community groups.

Health inequality, in the sense of more years of ill health and earlier death, represents perhaps the most severe effect of inequality on individuals. Reducing it is a key priority for the city.

Substantial changes and reduction in eligibility for, and levels of, **welfare benefits** have serious implications for Edinburgh. The scale of hardship from the reduction in benefits has obvious negative implications through increased poverty and inequality. This contradicts and works against the Council and Community Planning Partnership vision for the city and creates tangible risks for the quality of life on which the city's prosperity and social security depend.

In immediate, practical terms, these changes will lead to increased need for benefits advice and advocacy services, money management and debt advice, access to credit, food banks, furniture initiatives, increased demand on health, social work, housing, employability and homelessness services, and reductions in Council income. In the longer term, research shows the very significant detrimental impact this has on people's mental and physical health.

Like other urban areas in Scotland, Edinburgh faces major social and health challenges in relation to **substance misuse**, with 42% of adults in Edinburgh drinking more than the recommended units and an estimated 5,300 drug users aged between 15 and 64 years. The number of children living with a substance misusing parent in Edinburgh is estimated at over 2000. Drug and alcohol dependency is the root cause of a range of negative outcomes for individuals and communities, impacting on health and well-being, poverty, crime, abuse, anti-social behaviour, unemployment, homelessness and mental health. The pressure this creates on public services makes tackling this issue one of Edinburgh's top priorities.

Domestic abuse is another of Edinburgh's key areas for priority action, with an annual reporting rate of over 5300 incidents, nearly 50% of which involve children, and known serious under-reporting. Drug and alcohol misuse and domestic abuse are factors in the majority of cases of children requiring to be looked after away from home or who are registered as requiring additional protection.

The projected steep and long-term rise in demand for services for older people, people with dementia and people with complex disabilities characterises the Council and its partners' financial and service planning, and is an issue well-rehearsed, from 'Changing Lives'¹ to Christie². The need to increase capacity in the service sector, whilst ensuring that quality is maintained and the dignity and human rights of individuals are protected represents a significant challenge to the public sector generally, and the Council in particular. Edinburgh funds 52,244 hours per week of care in people's home (over 81% of these hours are delivered to people over the age of 65). This represents a 27% overall increase over the past two years; however, this continues to leave 5,225 hours of unmet need per week, impacting on both people delayed in hospital, and on those waiting at home for support. These figures do not include care and support services, which are primarily delivered to people under 65 who have mental health problems or learning disabilities. Care and support services account for a further 30,595 hours per week.

Increases in public expectations, underpinned by developing policy and legislation, require whole system changes in social care service delivery. The introduction of **self-directed support** will see transformational change in the shape of both services and the relationship between service providers and individuals, shifting the balance of power and control towards the individual, and increasing expectations in terms of flexibility, responsiveness, quality and value for money.

The Council's [Market Shaping Strategy](#) for 2013-2018 was developed in conjunction with partner agencies, service users, carers and other stakeholders to begin to address this need for comprehensive system change and capacity creation. The strategy covers Edinburgh's adult health and social care services and seeks to stimulate the local social care market to respond to the changing needs and aspirations of Edinburgh's citizens.

Finance

The financial environment for local government continues to be challenging. While there is evidence that the economy is recovering, there is a continued drive to reduce the size of the public sector. Table 1 below shows budget increases across all social work services over the past 5 years, however, the demographic changes, the rise in care costs and the requirement to make increasing volumes of savings mean that these are insufficient to meet demand. The system is under severe pressure, with gaps in provision, delays, growing waiting lists and implications for quality and safety. The level of budget savings yet to come requires a fundamental rethink on expenditure priorities, the delivery of public services and public expectations.

In recent years, budget planning in the Council has afforded some protection to social work services, as well as for other priorities, such as school expenditure. The Council's Long Term Financial Plan continues to provide additional funding to meet growing needs for care services from the increasing numbers of older people, particularly people over 85 years, and increasing numbers of people with learning and physical disabilities. Funding is also provided for growing numbers of children and young people, with some of the additional needs offset by

¹ Changing Lives: Report of the 21st Century Social Work Review, the Scottish Government, 2006

² Commission on the Future Delivery of Public Services, the Scottish Government, 2001

preventative investment in both Early Years and by actions intended to reduce the increase in numbers of looked after children³.

Social work budgets increased by 19% in cash terms, from £236,767,000 in 2009-10 to £281,959,000 in 2013-14. This represents an increase of 22% for children and families and 18% for adult social care.

In 2013-14, Edinburgh's social work spend per head of population for children and families ranked third highest out of Scotland's 32 councils. Edinburgh is the only local authority in Scotland providing secure accommodation for children, and this, together with high levels of residential care, impacts on this placing. Measures to shift the balance of care to more family and community-based services are now reducing these costs, and significant further savings are planned. For adult social care, the ranking was fifteenth out of 32.

Table 2: Social Work Net Expenditure, 2013-14 Provisional Outturns (2014 POBE returns)

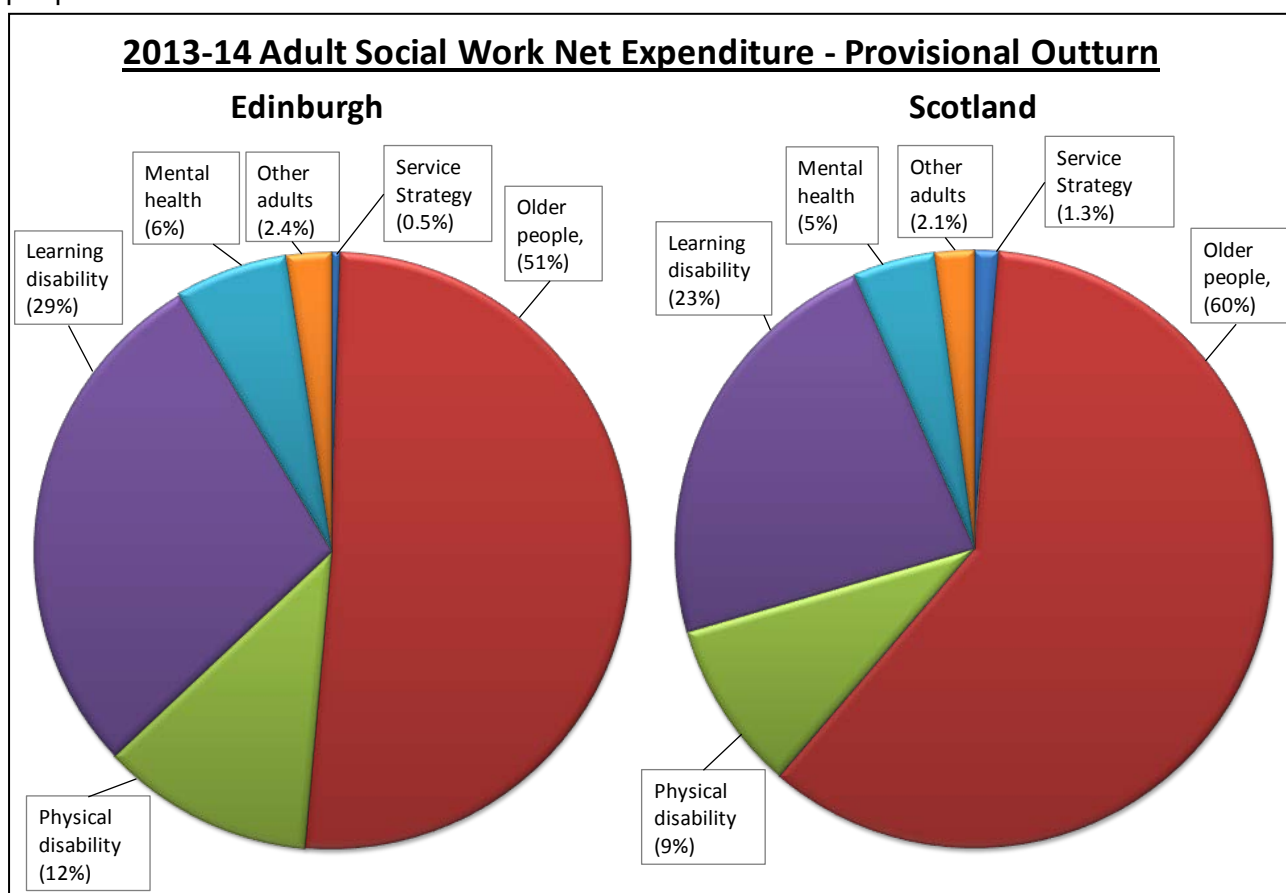
	Net Outturn*	Per head of population	Ranking out of 32 LAs	Population used (2013 MYE)
	£'000	Rate	Rank	
Children and Families Social Work	89,854	1,072	3	Aged 0-17
Adult Social Care	206,948	513	15	Aged 18+
Total Social Work	296,802	609	11	All ages
Education	297,356	4,967	30	School pupils
Roads and Transport	13,267	27	32	All ages
Environmental Services	60,378	124	19	All ages
Planning and Development Services	20,842	43	17	All ages
Cultural and Related Services	41,704	86	28	All ages
Housing	34,080	70	18	All ages
Central Services	43,416	89	11	All ages
Debt repayment and interest payments	144,568	297	4	All ages
Other expenditure	-5,667	-12	28	All ages
TOTAL COUNCIL EXPENDITURE	946,746	1,942	31	All ages

***Note:** Net outturn includes some corporate overheads, so will be larger than the Council budget figures in the first table above. Rates for Education are based on primary and secondary school spend only.

³ *Revenue and capital budget framework*; report to City of Edinburgh Council Finance and Budget Committee 19 September 2013. Available at:

[http://www.edinburgh.gov.uk/download/meetings/id/40611/item_71 -
revenue and capital budget framework](http://www.edinburgh.gov.uk/download/meetings/id/40611/item_71_-_revenue_and_capital_budget_framework)

While Edinburgh's adult social care spend per head is similar to the average for Scotland, we have a different distribution between the service user groups, with a lower share for older people than for adults with disabilities:



Moving forwards from 2013-14, the current year's budgets for all social work services show a 1.1% increase from last year. This moves children and families social work's ranking from 3rd to 4th in Scotland, and adult social care from 15th to 12th.

Table 3: Social Work Net Expenditure, 2014-15 Budgets (2014 POBE returns)

	2013-14 Budget	2014-15 Budget	Change		2014-15 Budget per head of relevant population	Percentage Edinburgh's rate per head is above Scotland's
	£'000	£'000	£'000	%	Ranking	%
Children and Families Social Work	82,088	81,085	-1,004	-1.2%	4/32	31%
Adult Social Care	199,871	204,042	4,171	2.1%	12/32	2%
Total Social Work	281,959	285,126	3,167	1.1%		

Sources: Council Finance and Scottish Government POBE 2014 workbook

The Health and Social Care 2014/15 net budget of £204m includes savings of £7.5m, incorporating a share of central procurement savings. These will be achieved mainly from the redesign of services, workforce reductions and increasing charges. The Children and Families

social work net budget of £82m includes savings of £4.2m, half of which are in residential provision, due to increased early intervention and expansion of family based care.

In future years, the Council faces a growing funding gap, which requires further savings currently estimated at £21.7m for 2015/16, rising to £52.5m for 2016/17 and £67.3m for 2017/18⁴. At the time of writing, savings proposals are being developed to provide options for the Capital Coalition to include in a draft budget framework, which will be subject to public consultation and engagement between October and December 2014, before the Council takes final decisions on 2015/16 budget priorities and savings in February 2015.

It is difficult to see how budget reductions on this scale can be delivered by efficiencies alone over the next few years, without the need for service reductions.

Transformational change, including prevention and personalised services, is required. The Council is continuing to invest in prevention and early intervention, including a range of initiatives funded by the current Change Funds, as well as by using mainstream budgets. These developments have to balance improved outcomes for citizens with achieving and maintaining financial stability. In Edinburgh, demographic pressures alone pose a massive challenge to the city, with projected increases in the total population; more young people and families; more people in the oldest age groups; and more people with complex needs. Edinburgh is responding to this increase in need, while facing major financial pressures, with a sharper focus on service transformation and leaner delivery.

Edinburgh is addressing aspects of **prevention** through a number of significant policies and programmes, such as the strategies for early years intervention, reducing health inequalities, improving employability, reducing domestic violence, tackling drug and alcohol addictions, and tackling poverty and inequality. Further work is required across partner agencies to make a decisive shift in this direction, and critical decisions are required to allow for a movement of resources towards earlier intervention and prevention. Although essential, this shift is also extremely challenging, requiring, as it does, a reduction in spend on current or more acute services to allow for it.

Performance

This section does not reproduce detailed performance management information, which is presented to members in a range of separate reports throughout the year. Instead, it highlights key achievements during the reporting year, and singles out a few representative developments across the spectrum of social care and social work services. These make a significant contribution to the outcomes agreed by the Council and the Edinburgh Partnership (community planning) in the [Single Outcome Agreement](#).

Achievements in 2013/14 include, but are not limited to:

⁴ 2015/18 Revenue and Capital Budget update; report to City of Edinburgh Council Finance and Resources Committee 7 May 2014. Available at: http://www.edinburgh.gov.uk/download/meetings/id/42997/item_72_-_201518_revenue_and_capital_budget_update

- planning and delivering locally accessible substance misuse services as a partnership – multi-disciplinary recovery hubs
- expansion of the Willow Centre, which addresses offending behaviours and the health and welfare needs of women in the criminal justice system; this was held up as an exemplar of good practice by Dame Elish Angiolini's Commission on Women Offenders
- development of a pathway for people with Alcohol Related Brain Damage and reprovisioning of the Blood Borne Virus pathway to prevent long-term care and hospitalisation through community support and step-up step-down services
- market shaping strategy published to encourage development of more innovative approaches
- carers' support payments – highlighted as best practice by the Scottish Government; and roll out of the carers' emergency card
- city-wide Community Connecting service established to help older people to connect to local community activities and opportunities, regain skills, confidence and prevent social isolation and dependency
- establishment of a Step Down service in care homes to enable older people to have a longer period of rehabilitation and to improve their chance of returning home
- opening of the new Drumbrae Care Home
- establishment of a post-diagnostic support service for people newly diagnosed with dementia, in partnership with Alzheimer Scotland
- delivery of a programme to fund a range of community health projects across the city in line with the health inequalities framework
- the use of SMART recovery methods to develop a community of people with lived experience in recovery, for example through the appointment of peer support workers and the development of the [Serenity Café](#), Scotland's first recovery café run by people in recovery
- development of a multi-agency domestic abuse policy for Edinburgh, providing a set of guiding principles and definitions in relation to the prevention of domestic abuse, the support and protection of victims and the management of perpetrators
www.edinburgh.gov.uk/domesticabusepolicy
- commissioning of the new Offender Recovery Service bringing together arrest referral, voluntary throughcare and prison treatment and support services; the service provides, for the first time, complete continuity of care from community, to prison and back into the community
- implementation of self-directed support within the context of personalisation of services for both adults and children, with a comprehensive remodelling of assessment processes, staff training and the development of a funding allocation system
- the revised Corporate Parenting Action Plan delivering improved housing options for care leavers, free access to Edinburgh Leisure facilities for looked after children and their carers, regular allocation of tickets to events across the city each year
- the establishment of Head, Heart, Hands Social Pedagogy – a sector-leading project exploring social pedagogy within foster care, which has contributed to improved confidence, understanding and increased capacity to care; it has attracted carers from other agencies to join the Council; children's placement retention has been 100% in 2013-14, with no unplanned ending within the specialist fostering team; and carers support group attendance has increased three fold compared to previous years
- confirmation by the Edinburgh Partnership of **reducing reoffending** and tackling drug and alcohol misuse as key priorities, and the endorsement by the Council and the Edinburgh Partnership of the [Reducing Reoffending Strategy](#)

- the establishment of [Inclusive Edinburgh](#) as a wide-ranging and comprehensive review to improve services for people with complex needs (adults, children, young people and families) who present both high levels of vulnerability and risk, recognising that many current services do not work well for people with the most challenging and often chaotic needs.
- joint assessments with NHS Lothian of older people with a learning disability in care homes
- development of autism champions (60 trained) to raise awareness of autism in frontline services
- roll out of Project Search, increasing support post-diagnosis
- Talking Mats training for social work and care staff, and specific training for care staff in care homes about the needs of older people with a learning disability
- publication by the Care Inspectorate of a positive report on Children's Services in Edinburgh, highlighting child protection as a key strength.

Statutory Functions

The CSWO has statutory responsibilities that are specific to the role. These are referred to in legislation and Scottish Government guidance, and relate primarily to issues of public protection and the promotion of professional standards. Registered social workers make a significant contribution to social justice and social inclusion, often working at the critical interface between the state and individual liberty. Decisions relating to compulsory detention against their will of people with mental health problems; to restriction of liberty for offenders who may pose a risk; and to the removal of children from their parents' care, may all be expected of social workers. These decisions require a careful balance between rights, needs and risks, both of and to the individual and the wider community. Social workers are often required to make decisions to protect the rights of individuals, which go against the wishes and expectations of partner agencies and the public. They must balance the role of both advocate and controller in certain circumstances, and are personally accountable for their professional decision-making.

The Council and its partners have established strong, multi-agency governance arrangements for public protection, from the Chief Officers' Group, chaired by the Council's Chief Executive, through the protection committees, to an infrastructure of sub-groups focusing on performance, quality and review. Child and adult protection, violence against women, drugs and alcohol and offender management all sit within this governance framework. The CSWO is the Council's lead for public protection. These arrangements allow for the critical interface between services for adults and children; offenders and victims; and issues of both risk and vulnerability to be managed in a more integrated way.

The following tables give an indication of volume, trends and performance in relation to a selection of indicators relating to public protection.

Continuous Improvement

There is a wide range of **quality assurance** activity within the Council's social work service: from day-to-day operational management at a local level to broader self evaluation activity, involving practitioners and service users. In addition, our services are regulated by the Care

Inspectorate, and many of our staff require to be registered with the Scottish Social Services Council. Examples from the quality assurance framework are set out below.

- Single-agency Practice Evaluation is a model of self-assessment and reflection on the effectiveness of intervention and on the quality of the relationship between practitioner and service user. Practice evaluation is now part of an established programme of work within both children and families and criminal justice. It has been operating successfully since 2012. The feedback and learning generated continues to provide services with rich qualitative evidence about the direct impact on services users and their families. The model is being rolled out to adult social care services during 2014.
- The Care Service Feedback procedure is 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 targeted improvement across all Council services. This is for issues that may fall short of formal complaints, but still require improvement action.

The Council continues to develop new models of self evaluation to enhance core activities within the quality assurance programme. Examples include:

- an evaluation of statutory reviews of Looked After and Accommodated Children, which involved interviews with the children, young people, their families and professionals
- the development of a self evaluation directory for social work services.

The Council is about to implement a new model of **multi-agency practice evaluation**, involving the team around the family. This includes a range of professionals from across those agencies working directly with vulnerable families at risk or in need, for example, social work, education, community work, health and police.

In developing practice evaluation, we have not stopped our programme of **case file audits**, which continue to represent an important aspect of our quality assurance framework. Activity has included:

- an audit of all Multi Agency Public Protection Arrangements (MAPPA) Level 1 registered sex offenders (82 individuals), where the City of Edinburgh Council was the single responsible authority; with very positive results
- a bespoke multi-agency case file audit (28 cases) completed in April 2014 for cases where domestic abuse had been identified as a key factor; the audit provided invaluable information to improve domestic abuse pathways and promote best practice.

Other quality assurance activities include:

- supporting the work of the children's services strategic oversight groups formed in April 2013, following the conclusion of the pilot integrated inspection of children and young people's services in Edinburgh
- delivery of Phase 1 of the integrated quality assurance framework for the Edinburgh Health and Social Care Partnership – **joint reporting themes**
- supporting external organisations, such as Deaf Action and the Royal National Institution of Blind people (RNIB) to develop their own auditing and self evaluation processes as part of the contracted services delivered for the Council

- bi-monthly, multi-agency quality assurance meetings for care at home and care homes, monitoring the quality of these services, making recommendations for improvement and where necessary, suspending admissions or service matching.

Planned quality assurance developments for 2014-15 are set out below.

- A pilot of the first team around the family multi-agency practice evaluation will be facilitated in October 2014, involving over 100 professionals from across the key agencies. Similar to the single agency model, the exercise will assist professionals working with families to reflect and share learning and best practice. Facilitated by 2 managers from a wide range of different agencies, the group of professionals are invited to discuss and explore how effectively they work together as a team.
- A bespoke case file audit (25 cases) will be carried out, focusing on work with violent offenders subject to statutory social work supervision.
- The Practice Evaluation model will be rolled out to adult social care services.
- An internal audit of service improvements will be generated from complaints that have been upheld across children and adult social work services.
- Focus groups and interviews with staff providing domestic abuse services will be conducted throughout July and August 2014; this will involve professionals from across a range of different agencies and services, including police, health and voluntary organisations supporting victims of domestic abuse. This is part of the redesign of our domestic abuse responses.
- Joint work with a number of wards in the Royal Edinburgh Hospital to roll out some of the social work quality assurance mechanisms to a hospital setting.

Social work services are subject to a statutory **complaints** process. The Chief Social Work Officer is required to maintain an overview of all complaints relating to both adult and children's social work services, and to report annually to elected members. One of the primary functions of the complaints process is to ensure improvements are made to service provision, in line with feedback received. An audit of service improvements generated by complaints has been commissioned, and this will be reported when complete. Appendix 3 provides the detail of all complaints and associated improvement action, and represents the formal annual report to elected members.

Planning for Change

Edinburgh has made significant progress in the implementation of **personalisation and self-directed support**, but there is still a long journey to travel.

Self-directed support is not a short-term change of activity; it is a fundamental and systemic change in the way public services are delivered; altering the relationship between local authorities, people, communities and service providers. The intention is to shift the balance of power; so that things are done with people not to them, and individuals can control how the resources available to meet their needs are utilised.

The change is being managed through a formal programme, founded on the principles of participation and collaboration, with those impacted by the change being involved in the planning and delivery of the programme.

In addition to the overall scale of change, a number of challenges to implementation have emerged, including: the risks associated with implementing completely new systems; the need

to train large numbers of staff; and the concern among providers of the impact on their business of a move away from Council block contracts to the use of individual budgets by service users. In order to meet the requirements of the legislation, work undertaken has included the development of a Funding Allocation System and a new outcome focused assessment, promoting a conversational and collaborative approach; the implementation of an innovation fund; a new website, [Transform Edinburgh](#), and an online directory [Edinburgh Choices](#) to provide our staff, partners and the public with information about personalisation and self-directed support. A monitoring and evaluation framework is being implemented, which will not only provide quantitative data, but which will also focus on qualitative data, through the use of stories and feedback from people about their experiences.

The scale of change required to implement self-directed support means that it will take years rather than months to achieve the anticipated benefits.

In Edinburgh, the focus over the next few months will be on embedding the changes in processes, practice and culture, and on developing associated policies, e.g. recommending the replacement of our Charging Policy with a Contributions Policy. [Whole systems approach to the personalisation of social care](#) – sets out the strategy for the implementation of personalisation and self-directed support in Edinburgh.

Legislation to **integrate** health and social care services represents another very significant system change, bringing together two large parts of the public sector to provide more effective and seamless services for people with both health and social care needs. Edinburgh has a strong legacy of successful integration of services, which predates the introduction of this formal process. Examples include the Drug Treatment and Testing Order service, in place since 2007; the drug and alcohol recovery hubs; and a range of mental health, learning disability and older people's services. Critically, these developments have not been limited to the integration of health and social care, but have recognised the important inter-dependency of a range of services and sectors, and have included the involvement of housing, employment services and a wide range of voluntary sector provision.

The emphasis within integration on locality planning presents an ideal opportunity to review and streamline our current neighbourhood boundaries across all Council and NHS services. This work is underway and will facilitate coordinated local commissioning to ensure consistency, equity and responsiveness across the city.

The Council and NHS Lothian agreed on an Integrated Joint Board model in August 2014, with an anticipated 'go live' date of 1 April 2015.

Of central importance to the process of integrating adult health and social care services is ensuring that removing barriers between two services areas does not create other boundaries, which impact negatively on the outcomes for Edinburgh's citizens. For example, vulnerable children rely heavily on services to their parents for their protection (substance misuse, mental health, criminal justice); and individuals and families rely on housing, education and employment services. It is of critical importance that these services continue to be delivered in an integrated way, and are not excluded by the process of formal integration of health and social care.

User and carer empowerment

The principles of dignity, respect, collaboration and participation set out in the Social Care (Self-directed Support) (Scotland) Act have informed Edinburgh's approach to the implementation of self-directed support; with opportunities to collaborate with service users, carers and other stakeholders taken wherever possible. The 'Network to Shape Our Future' gives service users, carers and other interested members of the public a stronger voice in the planning and implementation of self-directed support and the wider Personalisation Programme in Edinburgh. One of the strengths of the Network is the real experience of using social care services that group members have been prepared to share. The priorities identified through sharing these experiences have been used in staff training to give a clear message about how people want to be treated and what they expect from self-directed support. In October 2013, the Council launched an innovation fund, inviting bids from third sector organisations to develop innovative approaches to addressing some of the gaps identified in the Market Shaping Strategy, published in July 2013. The involvement of the Network members on the panels gave a really valuable perspective on the types of services and approaches preferred by people who use services and carers. Feedback received made it clear that members felt they had exerted real influence on "how the Council's money is spent" and had found the whole experience very empowering.

There are many examples of **engagement** in Edinburgh.

- The Edinburgh Mental Health Planning Forum ensures that service design is informed by the views and lived experience of people who use mental health services or who 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 implementing Edinburgh's services.
- Children and young people involved in child protection processes have provided feedback to the Child Protection Committee and designed information leaflets for children and young people in similar situations
- Various check point groups have been established, which include service users and carers, and which scrutinise service planning and commissioning.
- Edinburgh Secure Services for young people have developed the 'Count Me In' strategy, which encourages young people, their parents and carers to participate in reviews and to comment on the quality of care they receive.

The next steps for successful service user feedback and engagement will be to ensure comprehensive coverage to include minority and hard to reach groups; to consider the coordination of service user feedback and engagement activity to avoid duplication of effort; and to consider the governance of the emerging themes, actions required and progress. This work is overseen by the Performance Improvement Meeting, which is chaired by the CSWO. The Performance Improvement Meeting focuses on how different service areas engage with service users, carers and communities, scrutinises performance and makes recommendations on how service user engagement can be improved.

Encouraging feedback and engagement from service users remains a challenge. In addition, it is important to facilitate engagement from people who may not currently access services, but

may benefit from support. Work is underway to ensure that it is easier for people to contribute and share their views and ideas; that communication is inclusive; and that service user feedback is translated into action.

Workforce Planning and Development

Workforce is one the 4 pillars set out in the Christie Commission's report on public service reform, with a particular emphasis on improving leadership at all levels in social services. Workforce planning and development remain a key priority for the Council. They are fundamental to ensuring that we maintain the capacity and skills to meet the changing care and support needs of service users.

Within Health and Social Care and Children and Families, the Workforce Planning/Learning and Development teams and SVQ Assessment Centre have continued to deliver an effective service to support managers and staff. Over the last 12 months, an extensive programme of continuous learning, development and support has underpinned the modernisation of services and the development of a workforce, which is competent, confident and valued. Work has included:

- the registration of an additional 1,541 Health and Social Care and Services for Communities staff as new users on the Learnpro e-learning system, bringing the total number of registered users to 4,087
- developing and launching new e-learning courses on: Basic Autism Awareness, Records Management, Lothian Public Protection, and Self Directed Support; 8 medicines e-learning modules were also reviewed in the period
- continuing to deliver the 9 day 'Essential Learning for Care' programme to support the recruitment of frontline care workers; this has been completed by 438 care workers in the period
- workforce development plans for Home Care, Care Homes, Disability Services and Intermediate Care; these plans set out how the shape and size of the workforce will change over the next few years, and the training, education and support required to achieve the workforce we need; these plans will be revised every two years
- the continued development and delivery of administration of medication and continence and catheter care training, funded by the Council and delivered via partnership agreements with the NHS Lothian Pharmacy and Continence Nursing teams
- ongoing work between Health and Social Care, Children and Families, and further and higher education to provide post-qualifying and continuous professional development opportunities in: social work practice, risk assessment, risk management, mental health, management and leadership, and practice learning
- providing social work practice placements to support the work of higher education institutions in developing the social work workforce of the future
- continuing to support the Personalisation Collaborative Inquiry Group as a means of ensuring a representative group of staff is involved in shaping the future of social care services and the implementation of self directed support
- development and implementation of a Personalisation and Outcomes Training and Development framework, which includes the training of up to 600 assessment staff, a practitioner blog, reflective practitioner groups and general awareness raising workshops
- practice learning continues to be a strength and contributes to the learning culture in Children and Families and Health and Social Care
- in addition to events in the CPD Directory, a number of large-scale events ran successfully, including: Internet Safety Day; Child Protection Committee Conference; and supporting the Scottish Institute for Residential Child Care Annual Conference.

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.

All social workers, managers and staff in residential child care, managers of adult day care services, practitioners and support workers in children's day care, managers of housing support services and care at home services are registered with the Scottish Social Services Council (SSSC).

There are still sections of the workforce for which dates have yet to be announced. These include workers in adult day care, adult placement and offender accommodation services.

Dates for compulsory registration are set by the Scottish Government and extend to 2020. Failure by an employee to achieve or maintain compulsory registration will result in their removal from post, in line with employer responsibilities. Inevitably this has the potential to impact on our capacity to deliver services.

The **SVQ Assessment Centre** continues to work in partnership across Health and Social Care, Children and Families and Services for Communities to ensure that social care employees are given appropriate opportunities to gain the qualifications they need for employment and for registration with the SSSC.

Within Health and Social Care, the Assessment Centre reports to the Council's Corporate Management Team and the Health and Social Care Performance Improvement Meeting on staff qualification levels in key service areas. Developments for 2013/14 include:

- an increase in both the number of care staff employed in care homes and those who are appropriately qualified for SSSC registration
- a significant increase in the number of care staff within home care services.

Achievements in 2013/2014 include:

- the recruitment of the second cohort of 13 Modern Apprentices to social care assistant posts
- 12 social care assistants from the Council's care homes for older people and 12 healthcare colleagues completed the City of Edinburgh Council/NHS Lothian Joint SVQ2 Assessment Programme
- the Senior Phase Health and Social Care Academy has been developed within the framework of the South East Scotland Academies Partnership; the academy is funded by the Sector Skills Council, and is designed and delivered in partnership with NHS Lothian, Edinburgh and Borders Colleges, Queen Margaret University, the City of Edinburgh, Midlothian, East Lothian and Borders councils.

The Chief Social Work Officer-sponsored **Edinburgh Local Practitioner Forum** continues to meet a minimum of four times per year, with additional events, such as a presence at the Scottish Social Services Exposition and Conference. The Forum continues to offer opportunities for front line staff to explore their practice and contribute to improved service provision in Edinburgh and beyond. The Forum maintains an online presence and encourages participation from voluntary sector workers and social work students.

Numbers of users of the Forum's website are growing steadily (www.elpfonline.org.uk) and Twitter (@ELPOnline) is used to maintain engagement with practitioners and professionals. These mechanisms supplement traditional email and face-to-face contact opportunities.

Topics covered in 2013-2014 include: working with families (as a follow on from the multi-systemic practice session the previous year), gender-based violence, and the impact of changes in service delivery (particularly the integration of health and social care, self-directed support and Personal Independence Payments). The Forum submitted a practitioner response to the Consultation on the Redesign of Community Justice Services.

Topics for 2014 include: older people, Edinburgh's dementia strategy and Multiple Sclerosis; domestic abuse and minority ethnic population services, data recording and the impact of the Referendum on social services and social work practice. The Forum will hold a joint event with the **Black and Minority Workers' Forum** and will maintain its links with the **Children's Practice Panel**, both of which are also sponsored by the CSWO.

Edinburgh's social workers won the Social Work Scotland-sponsored national Kay Carmichael Travel Award for the second time in 2013/14; the award funds social workers to travel across the world to learn from good practice and bring it home.

Key Challenges for the Year Ahead

The Council faces very significant challenges in the years ahead. These stem from financial constraints, both current and projected, which will require difficult decisions about priority allocation of scarce public resources.

Better outcomes, leaner delivery (BOLD) is a comprehensive change programme, established to explore and propose options for more effective and efficient service delivery.

The Council is fully committed to the systemic changes that need to accompany the work of BOLD, for example: personalisation and self-directed support; more seamless, integrated services; and a greater emphasis on collaboration and cooperative working with partner agencies, the voluntary sector and local communities, and a greater emphasis on prevention.

Despite these initiatives, there remain areas of particular challenge in the delivery of social work and social care services. Edinburgh's capacity for **domiciliary and residential/nursing** care is insufficient to meet current and anticipated demand. This has resulted in poor performance in relation to people delayed in hospital. Contributory factors include Edinburgh's labour and property markets, and rising demand from an ageing and increasingly frail, older population. The challenge to the Council and its partners is not just in meeting demand, but doing so in ways that are sustainable over the longer term, and that do not compromise on the **quality of care and protection**.

A recent **court judgment relating to people who lack capacity** and the practice to ensure they are not unlawfully deprived of their liberty will have very significant implications for both resources and timescales for decision making. The detail of these implications is being considered and will inform future resource allocation and risk management strategies.

The short-term impact of **Welfare Reform** is already being felt by the most disadvantaged and potentially vulnerable citizens of Edinburgh. The Council is committed to mitigating this where possible, however, research shows that the long-term effects on mental and physical ill-health, crime, substance misuse, homelessness and inequality are likely to be severe, and will place additional demands on public services.

Over the last few decades in Scotland, there has been a considerable increase in rates of **alcohol-related harm**. Evidence indicates that one of the most effective ways to reduce alcohol-related harm is to restrict the availability of alcohol. More than 50 studies worldwide have revealed a significant association between the number of licensed premises in an area and a range of problems, including violence, hospital admissions, traffic accidents, child neglect and abuse, risky drinking, increased consumption by young people, and homicide.

As of October 2013, there were 1,726 licensed premises in Edinburgh, 71% on-sales and 26% off-sales. There are 39 licensed premises per 10,000 residents across the whole of Edinburgh; but in the city centre this rate rises to 264 per 10,000 residents.

The following alcohol consumption related challenges have been identified for Edinburgh.

- 47% of adults in Edinburgh report drinking in excess of Scottish Government guidelines. This means that they are drinking more alcohol – and do so more frequently – than is advisable, based on evidence about the harmful effects of consuming alcohol above this level.
- Alcohol-related harm costs an estimated £2.2 million per year, which is equivalent to £455 per person.
- Of the alcohol-related crimes committed in Edinburgh, 36% occurred within the city centre, with more than one fifth occurring in a relatively small area of the Old Town and Leith Street.
- 26% of serious assaults in public spaces and 23% in private spaces are alcohol related, however, it is likely that the number is much higher due to inconsistencies in recording. Many of the alcohol-related crimes occur between Thursday and Sunday evening and early morning.

City regeneration and providing and sustaining employment need to be balanced carefully with the impact of overprovision, particularly in areas where alcohol-related crime and anti-social behaviour, poverty, ill-health, and violence, in particular to women and children, are prevalent.

Last year, the number of **domestic abuse** incidents reported to police in Edinburgh increased slightly steady to around 5400. Domestic abuse made up approximately a third of the 9600 concerns about children, which were reported to Social Care Direct. The prevalence of domestic abuse and its cross cutting nature, mean that coordination of services is essential. Agencies have been working together to develop a number of multi-agency responses to domestic abuse.

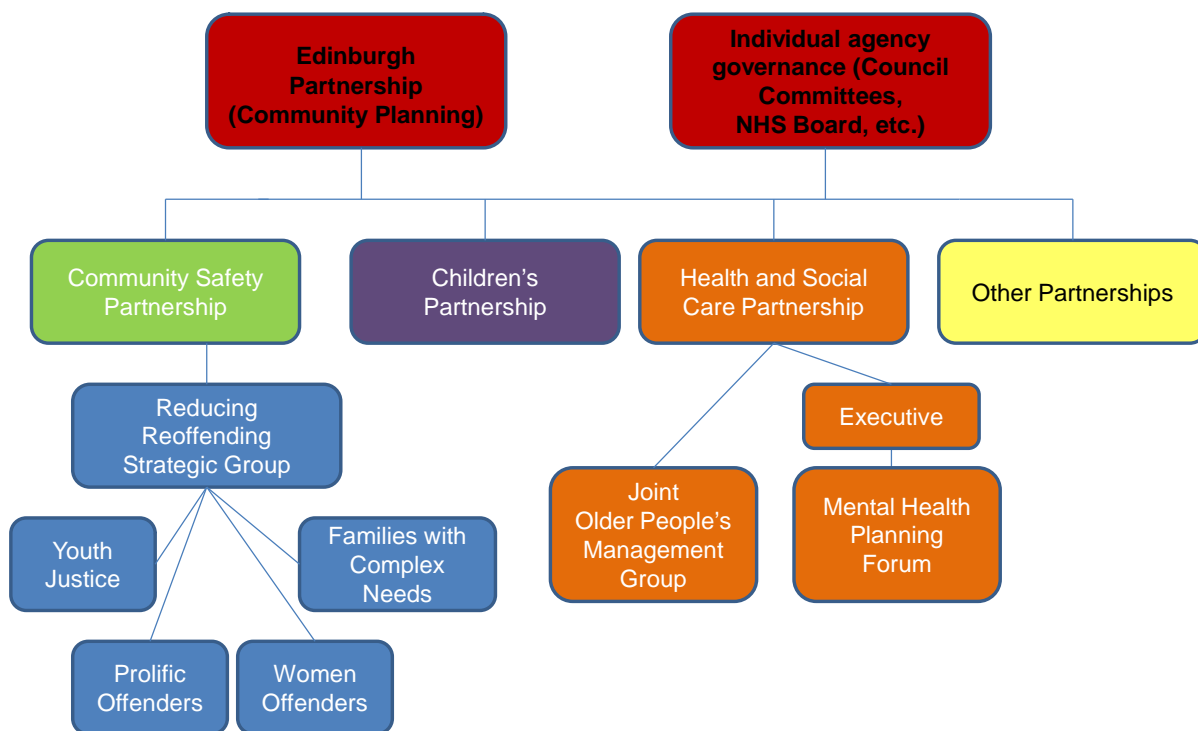
The coordination of domestic abuse services continues to be a priority for the city. Self evaluation activity and the development of a violence against women action plan and performance framework are part of a larger analysis of services across the sector. Over the next year, agencies will be working together to review and develop services so that they are

more effective and efficient, and result in better outcomes for families affected by domestic abuse in Edinburgh.

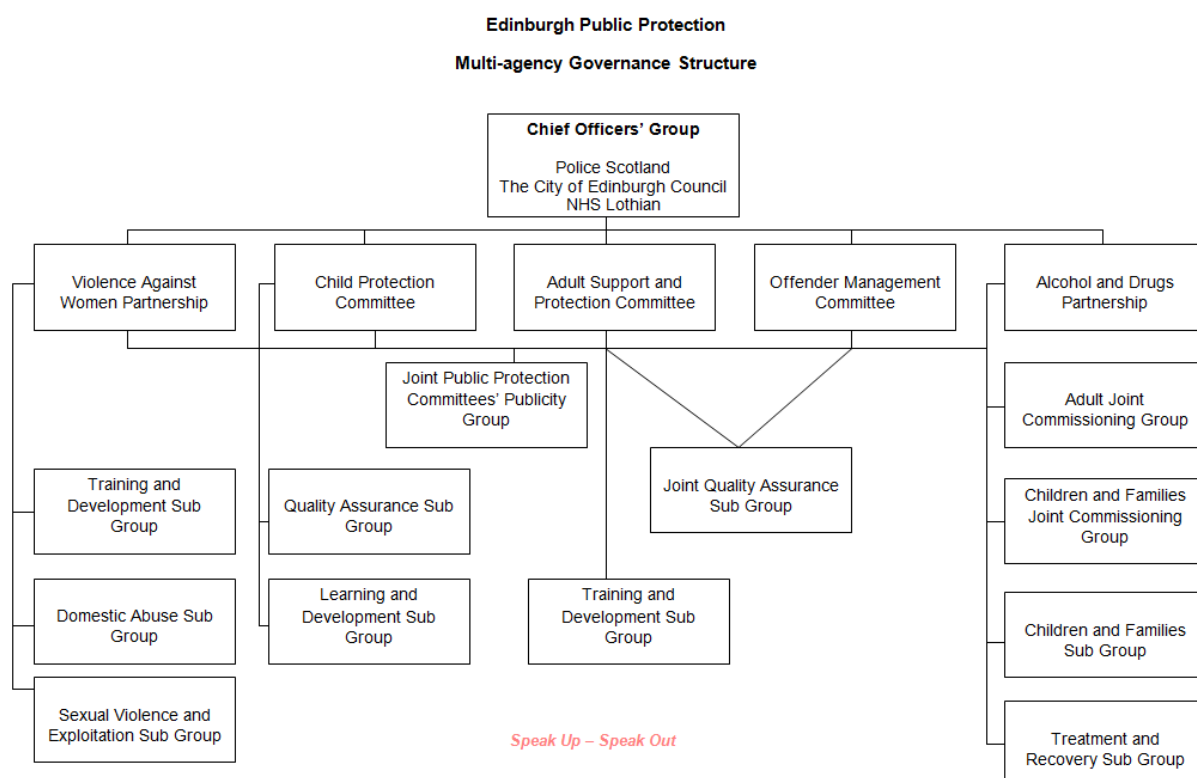
A number of issues affect the health and wellbeing of a significant minority of people in Edinburgh. These issues are 'hidden' and sensitive in nature. They include **human trafficking, child sexual exploitation, forced marriage and female genital mutilation**. Edinburgh's social work services and partner agencies are presented with the challenge of identifying people at risk and quantifying the scale of the problem posed by these issues in the city, as well as training large numbers of staff who may come into contact with victims in how to respond appropriately and safely.

- Human trafficking is a global problem, thought to be the third largest illegal trade, after drugs and weapons trafficking. The impossibility of obtaining accurate figures is well recognised. Statistics on human trafficking are not routinely collated at local authority level. Methodologies for data collection are inconsistent between agencies and across regions. Yet, all agencies working in this area agree that the problem of human trafficking is increasing.
- A multi-agency Forced Marriage Policy and Practice Guidelines have been developed for Edinburgh. This is to inform and support practitioners who are responsible for protecting children and adults from the abuse associated with forced marriage. Identifying people at risk of forced marriage and training staff in how to respond will be a focus in 2013/2014.
- The number of women and girls resident in Edinburgh who have suffered female genital mutilation, or who are at risk, is not known. There are, however, women and girls residing in Edinburgh from countries where there is a high prevalence of this practice, and a significant proportion of these women and children are likely to have suffered or be at risk of mutilation. Given the complex and ingrained belief systems that have established this practice in many countries, victims of female genital mutilation are often unable to seek help, and there is likely to be significant under reporting. A multi-agency group has been tasked to develop guidance on female genital mutilation in Edinburgh to support staff in discharging their responsibilities, and to raise awareness regarding the services available locally. This guidance will be accompanied by training and communication.

Reporting Arrangements



The Chief Social Work Officer chairs the Reducing Reoffending Strategic Group, and the Executive of the Mental Health Planning Forum.



Responsibility for performance monitoring and quality assurance of public protection services lies with Edinburgh's public protection committees. These local reporting arrangements are consistent with the expectations of Scottish Ministers, which require that chief officers across the Council, NHS and Police take overall responsibility for public protection in their area. The Chief Social Work Officer is a member of the Chief Officers' Group and the main protection committees, and chairs the Offender Management Committee and the Quality Assurance Sub-group of the Child Protection Committee.

STATUTORY SOCIAL WORK COMPLAINTS PROCEDURE – ANNUAL REPORT 2013-14**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 dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); and the number of complaints referred to a Complaints Review Committee.

In 2013, the Council changed the way it reports complaints to comply with guidance from the Scottish Public Services Ombudsman. The Council now reports on the volume of completed cases, rather than complaints received. The figures for 2012-13 have therefore been amended from last year's report in order to provide accurate data comparison. The new way of recording frontline resolutions (stage one) also came into effect from 1 April 2013, hence these figures are only provided for 2013-14.

Frontline Resolutions	2013/14
Health and Social Care	224
Children and Families	110
Total	334

Formal Complaints	2012/13	2013/14
Health and Social Care	224	191
Children and Families	81	85
Total	305	276

Complaints Review Committees	2012/13	2013/14
Health and Social Care	11	6
Children and Families	1	6
Total	12	19

Scottish Public Services Ombudsman	2012/13	2013/14
Health and Social Care	4	4
Children and Families	0	2
Total	4	6

The Social Work Advice and Complaints Service also records positive comments made by the public.

Positive Comments	2012/13	2013/14
Health and Social Care	9	22
Children and Families	0	6
Total	9	28

In addition to the 276 complaints formally responded to during 2013/14, a further 334 complaints or advice enquiries were completed through frontline resolution. The service, taking a lead from the Scottish Public Services Ombudsman, continues to seek frontline resolution to complaints; to deliver improvements using analysis of outcomes to support service delivery;

and to drive quality improvements. Of the 334 frontline resolutions dealt with, 22 were compliments received relating to Health and Social Care.

During 2013/14, the Social Work Advice and Complaints Service continued to improve the way it operates by:

- liaising with colleagues in other Council service areas to implement the Scottish Public Services Ombudsman's model complaints handling procedure
- encouraging localised frontline resolution of complaints
- upgrading the complaints database to enable more effective management of complaint activity information, including service improvements
- maintaining an active presence within the Association of Directors of Social Work (now Social Work Scotland) Complaints Sub-group and NHS Complaints Personnel Association Scotland
- providing information on complaint activity within targeted service areas for operational managers
- increasing joint working with other Council service areas and NHS Lothian to improve joint complaints handling across agency boundaries
- reporting to elected members the service improvements achieved as a result of Complaints Review Committee recommendations
- learning from outcomes of Scottish Public Service Ombudsman investigations
- providing training in complaint investigation for social work managers in the model complaints handling procedure
- participating in the work of the Corporate Management Complaints Group
- encouraging Advice and Complaint staff development by attendance at conferences and seminars on effective complaints handling in the public sector
- recording compliments received regarding service delivery and feeding these back to staff involved
- updating and improving the Council's social work complaints webpage, complaints leaflet and complaints procedure to reflect the Scottish Public Services Ombudsman model complaints handling procedure

HEALTH AND SOCIAL CARE

Summary information:

During 2013/14, Health and Social Care completed 191 formal stage two complaint investigations. This represents a decrease of 17% on the previous year. 224 complaints or advice enquiries were dealt with as frontline resolutions. 22 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 75,325 contacts were received by Social Care Direct. This reflects a substantial increase on last year.

Practice Team, Sector Based Social Work Services:

- 6,572 assessments were carried out by practice teams (Sector Teams, Residential Review Team and Funding Independence Team), which is a decrease from last

year. 4,596 reviews were carried out, representing a decrease on last year, giving a total figure of 11,168. However, this year's statistics do not include volumes from hospital social work teams.

Home Care Service:

- 4,807 people received 82,137 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 an increase on last year in the number of people receiving support at home and a substantial increase in the hours of support delivered.

Residential Care Homes:

- 345 adults aged under 65 were supported in permanent care home places (all service user groups) representing a decrease from last year
- 3,480 adults over the age of 65 people were supported in care homes for older people, 511 of whom were in Council-run care homes. This represents a small decrease from last year. These decreases reflect a reduction in long-term capacity due to re-registration of care homes to housing support, which is a positive move towards shifting the balance of care, and a temporary suspension of admission to some care homes.

Criminal Justice Services:

- 2,509 people were supported in the community on statutory orders. This represents an increase from last year.
- Criminal justice staff completed 2,994 social work reports to support decision making by the courts, representing a small increase from last year.

Direct payments

- 1,009 adults and 40 children received a direct payment, which is a slight increase on last year.

Support to carers

- 13,655 weeks of respite were provided to adults aged 18 years and over, which is a small reduction from last year. The overall volume of respite weeks provided to adults aged under 65 increased a little to 5,621. There was a small decrease in the volume provided to people aged over 65 to 8,034.

Occupational Therapy

- 2,464 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents an increase on last year.

Timescales:

The Advice and Complaints Service continues to work with senior managers to improve complaint response times. In 2013/14, Health and Social Care responded to 88% of formal complaints within 28 days or an agreed extension, in accordance with the statutory regulations – 59% were reported within 28 days; 29% were reported with an extension agreed by the

complainant. 10% of complaints were not completed within the targeted timescale. 2% of the complaints were withdrawn.

Outcomes:

Of the complaints received 33 (17%) were upheld, 44 (23%) were partially upheld and 112 (54%) were not upheld. 2 complaints (1%) were withdrawn.

Complaint trends:

Practice Teams

There were 69 complaints completed regarding practice teams. This represents an increase from last year. 1 complaint was about adult protection; 13 were about assessment decisions; 3 about delays in assessments; 1 about a breach of confidentiality; 10 about consultation by staff; 5 about a decision of the practice teams; 1 about the decision of a respite panel; 2 about a lack of response from staff; 1 about poor communication; 6 about professional practice; 2 about how assessments were undertaken; 20 about how a service was provided; and 4 about professional practice issues.

Home Care

During 2013/14, there were 20 complaints completed regarding the Council's Home Care service. This represents a substantial decrease from last year. There were 10 complaints regarding Care at Home, the service purchased from external providers. This also represents a decrease from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

Respite Care

During 2013/14, 2 complaints were completed regarding residential respite care services; these were both about older people's residential services. This represents a significant decrease from last year.

Occupational Therapy Services

During 2013/14, there were 9 complaints completed regarding occupational therapy, which was the same as last year.

Residential Care

During 2013/14, there were no complaints regarding residential care services for people with a disability; and 5 were completed for older people's residential care services. This represents a substantial decrease from last year.

Service Improvements:

During 2013/14, Health and Social Care identified various service improvements for managers to implement as a result of complaints made. Examples include:

- administration systems in a number of services were improved
- staff training was provided in a number of service areas following complaints
- financial refunds or one-off payments were made to complainants
- there was a re-launch of the Data Protection and Confidentiality e-learning module for staff
- communication between a service area decision-making panel and service users was improved
- social work staff were reminded to share assessments with relevant Guardians or Powers of Attorney when a service user lacks capacity

CHILDREN AND FAMILIES

Summary information:

During 2013/14, Children and Families responded to 85 complaints, which required formal investigation. This represents an increase of 5% on the previous year. The overall level of complaints is set against a background of service provision levels in the following key areas:

Practice Teams:

- around 3,300 children and family cases managed by practice teams as at 31 March 2014
- approximately 1,600 child protection referrals
- approximately 77 reports per month submitted to the Authority Reporter
- approximately 231 reports completed for Children's Hearings

Accommodated Children and Young People:

Snapshot figures, as at 31 March 2014

- 1,404 children and young people 'looked after' by the Council
- 1008 children and young people are subject to supervision requirements from a Children's Hearing (344 at home, 664 away from home)
- 594 children in foster care
- 80 children in residential care
- 12 children in secure accommodation
- 328 children placed with kinship carers
- 41 children with prospective adopters
- 4 children in 'other' settings (e.g. in the community)

Children with Additional Support Needs and their Families:

- residential respite nights for children – 6,282
- day respite – 87,392

Young People's Service:

- 574 young people discussed at multi-agency pre-referral screening (early intervention)
- 339 referrals received

- 259 risk assessments undertaken
- 90 risk management case conferences held for young people under the age of 18

Timescales:

Children and Families completed 85% of formal complaints within 20 working days or an agreed extension, in accordance with the statutory regulations – 28 (33%) were completed within 20 working days; 45 (52%) were completed with an extension agreed by the complainant; 12 (14%) of complaints were not completed within the targeted timescale.

Outcomes:

Of the complaints responded to, 48 were not upheld (57%), 23 were partially upheld (27%) and 14 were upheld (16%).

Complaint trends:

There were 59 complaints completed regarding social work practice teams. This represents 69% of the total. 12 complaints related to staff or professional practice issues; 14 to consultation or communication; and 19 to service provision.

16 complaints were completed from accommodated young people who were either in residential or secure services, or foster care. This represents 19% of the total complaints investigated formally. The most common themes from young people include staff practice and decision making, and behaviour of other residents.

6 complaints were completed regarding disability services; this represents 7% of the total. The matters related to assessment outcomes and decision making.

Service improvements:

During 2013/14, Children and Families identified various 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 services.

Examples of service improvements include:

- ensure all relevant family-based care and practice team staff formally agree the alternative pathways and actions required when there are significant changes to the permanence plan; 'Achieving Permanence Guidance' updated for staff and carers
- practice managers and staff reminded about the need to follow child protection procedures within timescales when a child protection concern is reported
- family-based care to review the guidance on the timing of disruption meetings
- looked after and accommodated children procedure amended to include that carers should not book holidays until they are in possession of a valid passport for children in their care
- residential staff to ensure that young people understand the circumstances that may lead to 'Crisis and Aggression Limitation Management' (includes restraint) intervention
- ensure all Children and Families frontline practitioners understand that an open Sex Offender Liaison Officer's record on Swift system does not necessarily mean the adult

is a Registered Sex Offender, or has a conviction or current allocation to a worker in the criminal justice service; service managers for Children and Families and Criminal Justice to consider how recording can be made clearer.

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.

12 Complaints Review Committees were held during 2013/14, 6 of which related to Health and Social Care and 6 to Children and Families. In 2 cases, the Council's position was upheld; in 1 the complainant's position was partially upheld; and in 1 the complaint's position was fully upheld.

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

- commitment by older people care home services to undertake a programme of change to improve the quantity and quality of activities, which are meaningful to individuals and ensure care and activities are personalised to each person's needs and wishes
- ongoing delivery of dementia specific training to staff
- continued investment to improve the recruitment and retention of staff in Council care homes
- full management review of secure accommodation policies, procedures and protocols for dealing with separation incidents, and implementation of an action plan for all Council secure and close support units.

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.

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 considered by the Scottish Public Services Ombudsman.

In 2013/14, 5 complaints were investigated by the Ombudsman. 4 related to Health and Social Care and 1 to Children and Families; 1 was partially upheld.

1. Statutory Duties and Decisions

Mental Health Officer Service

- 1.1 When an individual needs to receive care and/or treatment for a mental illness and is not able to make decisions regarding that treatment, the local authority must appoint a Mental Health Officer to work with that person.
- 1.2 When a GP or psychiatrist is considering detaining a person against his or her will under the Mental Health (Care and Treatment) (Scotland) Act 2003, they must seek an assessment by – and the consent of – a Mental Health Officer employed by the local authority.
- 1.3 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

Assessment activity

	2011/12		2012/13		2013/14	
	Number	Service user	Number	Service user	Number	Service user
Assessments completed	1025	610	968	779	1443	819

- 1.4 During the reporting period, 784 assessment requests were received by the Mental Health Officer service, and 1443 assessments were completed. This represents a 49% increase of completed assessments compared with those recorded in the last reporting period.
- 1.5 The table demonstrates the continued general trend of an increase in the number of assessments completed within the service.

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

- 1.6 There are different orders allowing a person to be assessed or treated, depending on individual circumstances. The table below shows the number and type of orders commenced in Edinburgh over the last 3 reporting years. The permissible duration of each order is given in brackets. This demonstrates that there has been an increase in all types of civil order, with the exception of Interim Compulsory Treatment Orders, which have shown a decrease. While the increase in use of emergency Detention Orders is negligible, there has been a significant increase in the use of Short Term Detention Orders and Compulsory Treatment Orders of 13% and 17% respectively. As both of these orders place specific legal duties on the local authority, which can only be undertaken by local authority Mental Health Officers, this represents a significant increase in the demand on this service.

	Commenced 2011/2012	Commenced 2012/2013	Commenced 2013/2014
Emergency detention in hospital (up to 72 hours)	103	87	95
Short-term detention in hospital (up to 28 days)	349	364	411
Compulsory Treatment Orders (up to 6 months, reviewed annually thereafter) (may be community or hospital based)	116	111	130
Interim Compulsory Treatment Orders (up to 28 days)	59	65	47

- 1.7 The table below shows the number of orders in place on 31 March in the last three reporting years. Compulsory Treatment Orders are reviewed and may be extended annually. This work represents a significant proportion of a Mental Health Officer's caseload. On 31 March 2014, there were 284 Compulsory Treatment Orders in place in Edinburgh. The table shows a decrease in the number of Compulsory Treatment Orders when compared with the previous two years. Given the increase in the number of Compulsory Treatment Orders granted, this reduction a result of very vigorous data quality work being undertaken.
- 1.8 A Mental Health Officer must be actively involved with service users where there are compulsory measures in place.

	31 March 2012	31 March 2013	31 March 2014
Emergency detention in hospital	0	5	5
Short-term detention in hospital	24	37	43
Compulsory Treatment Orders	334	366	284

Criminal Procedures (Scotland) Act 1995

- 1.9 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 court may use this power at any stage of the criminal justice proceedings, from the first arrest to the final disposal of the case.
- 1.10 A Mental Health Officer will contribute to the assessment of the person and provide reports to court.
- 1.11 If an individual is convicted of an offence, for which the punishment may be imprisonment, the court may impose a Compulsion Order. This may authorise the person to be detained in hospital, or impose strict conditions, which would allow the person to receive treatment while living in the community.

- 1.12 If the court makes an individual subject to a Compulsion Order, it can also add a Restriction Order, if the nature of the offences or risk to the public is believed to be sufficient.
- 1.13 A Restriction Order means that the measures authorised in the Compulsion Order will last without limit of time, or until a Mental Health Tribunal revokes the Restriction Order. While the Restriction Order is in force, the person's movement will be limited to the extent that s/he may not be transferred between hospitals, or granted leave from hospital, without the consent of Scottish Ministers. These orders require a very high level of monitoring, including regular supervision from a Mental Health Officer who must provide reports to the Scottish Government.
- 1.14 The table below shows the total number of orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service. The table suggests both that there has been a slight reduction in the use of mental health disposals by courts in Edinburgh and that there has been a net movement of people off criminal justice mental health orders. This includes three people who were previously subject to Compulsion Orders with Restriction Orders.

	2011/12	2012/13	2013/14
Total legal orders started	22	17	14
Total legal orders open at period end	65	64	56
Compulsion Orders with Restriction Orders open at end of period	28	26	23

Adults with Incapacity (Scotland) Act 2000

- 1.15 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 the person's behalf. Inability to make such decisions is usually the result of a learning disability, acquired brain injury or dementia.
- 1.16 Decisions might include: where the adult will live, including the possibility of admission to a care home; and what community care and/or health services should be provided.
- 1.17 In making a decision regarding the granting of these powers, the local authority must apply the following principles:
- any proposed intervention must provide benefit to the adult and the benefit cannot be achieved without use of the legislation
 - any intervention must be the least restrictive option possible in relation to the freedom of the adult
 - the present and past wishes and feelings of the adult must be taken into consideration, as far as these can be ascertained
 - the views of the nearest relative and primary carer must be taken into consideration

- the adult must be encouraged to exercise whatever skills s/he has in relation to making decisions regarding his/her welfare and finances and to develop new skills.

- 1.18 Any person with an interest in an individual's welfare, including a family member, may make an application to court to be appointed as welfare or financial guardian. If the need for guardianship is established and no interested person is willing or able to take on the role, the local authority has a duty to make an application for the Chief Social Work Officer to be appointed as welfare guardian.
- 1.19 A Mental Health Officer must write a report to accompany any application for welfare guardianship, whether the application is made by a private individual or the local authority. The purpose of the report is to comment on the necessity for the order and the suitability of the proposed guardian to carry out the role.
- 1.20 The Chief Social Work Officer is required both to advise and supervise all private welfare guardians in the discharge of their powers. Supervision requires an officer of the local authority to meet with both the adult and the welfare guardian at least once every six months.

	31 March 2011	31 March 2012	31 March 2013	31 March 2014
CSWO Welfare Guardianships	73	77	86	92
CSWO Welfare and Financial Guardianships (guardian for financial element must be non-Council)	21	15	18	17
Private welfare guardianships	63	93	106	122
Private welfare and financial guardianships	153	173	196	242
Total guardianship orders requiring CSWO supervision	310	358	406	473

- 1.21 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 continues to impose a significant pressure both on the Mental Health Officer service, which has to provide reports to accompany applications to court, and on the community practice teams and residential review team, which are responsible for supervising private welfare guardians.
- 1.22 The increasing pressure on local authorities in meeting the demands of the Adults with Incapacity (Scotland) Act 2000 has been recognised by the Scottish Government and new regulations will be introduced later in the year, which will both give local authorities greater discretion with regard to deciding which private welfare guardianship arrangements require to be supervised, and also the frequency with which the supervision and review of the guardianship order will be required.
- 1.23 Despite Scottish Government intervention to try to reduce the burden on local authorities as a result of the Adults with Incapacity (Scotland) Act 2000, recent legal judgements in relation to deprivation of liberty are likely to result in a greater volume of applications for welfare guardianship by the local authority. This is likely to be required in order to ensure that the local authority remains compliant with the European Convention of Human Rights when providing services to adults who have lost the capacity to give informed consent.

Foster care and adoption

- 1.24 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.
- 1.25 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.
- 1.26 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. In 2013-14, 45 children were placed with prospective adopters with a view to adoption. During the same period, 54 children ceased being looked after as a result of being adopted successfully.
- 1.27 A foster care placement 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.
- 1.28 In 2013-2014, 32 new foster carers were approved. During that time, 13 foster carers were de-registered, leaving a net increase of 19. The 32 include: 13 respite and 19 full-time carers, offering mostly short-term care; however, one family is offering to care for children with disabilities, 3 families are offering care for children with complex social, emotional and behavioural difficulties, and 4 are offering permanent placements.
- 1.29 There are a further 30 foster carers' assessments underway, which should be completed by February 2015. This figure includes assessments for 10 respite placements.

Secure Accommodation of children

	Total			By Chief Social Work Officer and Hearing			By Courts			Average length of stay		
	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14
Numbers detained in secure accommodation in Edinburgh	41	32	24	36	29	24	5	3	0	98	101	134
Numbers transferred back to secure accommodation in Edinburgh	7	2	3		2	3	2	0	0			

Children and young people detained in secure accommodation out with Edinburgh	Children and young people detained in secure accommodation out with Edinburgh			By Courts on remand			By Courts on sentence			Average length of stay		
	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14	20 11-12	20 12-13	20 13-14
By Chief Social Work Officer and Children's Hearing	7	3	4	2	0	0				47	78	38
By Courts on remand				5	1	0				54	30	0
By Courts on sentence							3	0	0	366 days		

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

Emergency placement of children subject to statutory provision

- 1.31 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. During the period under review, 43 children and young people subject to a Supervision Requirement were moved to an alternative placement. Two of these children each had two emergency moves. The reasons for these emergency transfers were:
- 16 children moved due to a breakdown of placement with foster carers who were approved and supported by the City of Edinburgh Council
 - 11 children moved (one of them twice) due to a breakdown of placement with foster carers who were approved and supported by other fostering agencies
 - nine children moved due to the breakdown of kinship care placements
 - one child moved due to the breakdown of a residential unit placement
- 1.32 The most common cause of placement breakdown was carers being no longer prepared or able to care for a child/young person in placement, despite support provided to maintain it.
- 1.33 Other placements broke down due to:
- two children – allegations against carer
 - two children – ill health of carer
 - two children – concerns re new carer

- one child – needed hospital care

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

- 1.34 Since the last annual report, the Children's Hearings (Scotland) Act 2011 has been implemented and a new recording system has been introduced by the Scottish Children's Reporters Administration. The new legislation does not include the term "warrants" and these have been replaced by Interim Compulsory Supervision Orders and Interim Variation of Compulsory Supervision Orders. These new orders can apply irrespective of whether a child has been removed from home. Due to these changes, it is not possible to give a validated figure on children kept away from home via interim orders. It is expected that developments in the Scottish Children's Reporter Administration recording systems in the coming year will allow these data to be generated in future.

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	2012-2013	2013-2014
Child protection referrals	1439	1702	2200	1811	1492	1610
Child protection case conferences	407	345	1005*	1149*	1160	1360
Children on Child Protection Register	287	256	242	266	259	297
Children looked after at home	442	412	410	370	383	345
Children looked after away from home	902	894	932	1028	1044	1059

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

	2012-13	2013-14
Pre-birth	107	110
Initial	352	409
Review	687	828
Transfer	14	13
Total	1,160	1,360

Domestic abuse

	2011-12	2012-13	2013-14
Incidents	5344	5335	5476
Children present/resident	45,4%	44,4%	Figures not available yet

- 2.4 The Police Scotland figures for domestic abuse are consistently high, with an increase beginning to show for 2013-2014. A third of the concern forms passed to Social Care Direct were due to domestic abuse. This reflects the sharper focus on domestic abuse by all partners in Edinburgh. Although the figures for children present/resident are not available at the time of writing, these are anticipated to remain as a consistent percentage. An audit of the Child Protection Register on a single day identified domestic abuse in over 50% of the registrations. Domestic abuse was also the highest single reason given for homelessness of women aged 18-59. This complex, cross-cutting issue impacts on those who work with offenders, parents, children, young people and in substance misuse, mental health, housing, community safety and public protection. The greater emphasis on tackling domestic abuse in an integrated, partnership way should improve the outcomes for women, children and our communities generally; however, in the short term, it is likely that our increased awareness and responsiveness will see a rise in reported incidents before the positive impact of improved activity begins to take effect.

Adults at risk

	2010-11	2011-12	2012-13	2013-14
Adult protection referrals	1,008	743	422	435
Large scale adult protection contacts			78	139
Incidents between service users			493	342
Inter-agency referral discussions (IRD)	485	378	215	193
IRD as a percentage of referrals	48%	51%	51%	44%
Adult protection initial case conferences	117	74	60	54
Initial case conferences as a percentage of IRD	24%	20%	28%	28%
Adult protection case conference reviews	162	126	98	99

- 2.5 The figures reflect the continuing discussion about identifying cases with adult protection concerns, as separate from other cases where concerns are raised for vulnerable people. In 2012-13, separation of large scale adult protection cases and incidents between service users in care homes was implemented. This resulted in a drop in adult protection contacts.
- 2.6 The proportion of adult protection concern referrals that progress to IRD is similar across the four years (around 48%), as is the percentage of cases going on to case conference following an IRD (around 25%).

Offenders in the community subject to statutory supervision

	31 March 2012	31 March 2013	31 March 2014
Assessed as 'very high' or 'high' risk (sexual violence)	29	35	17
Assessed as 'very high' or 'high' risk (violence)	94	89	113
Probation orders	314	112	53
Community service orders	242	82	38
Community payback orders	362	721	1019
Drug treatment and testing orders	123	128	187
Drug treatment and testing orders (II)	49	55	60
Bail supervision	21	17	29
Statutory supervision of released prisoners, e.g. life licence, parole, extended sentence, supervised release orders	155	152	146

- 2.7 The number of offenders in the community at 31 March 2014, subject to statutory supervision and assessed as very high or high risk of sexual violence has fallen by half compared to 31 March 2013. This may in part be a reflection of robust risk management, with breach action taken for contravention of licence conditions leading to the offender being returned to custody.
- 2.8 The number of offenders assessed as very high or high risk of violence has increased by 24 compared to 31 March 2013. This reflects the increased volume of work from the focus by Police Scotland on domestic abuse and the impact of the domestic abuse court in Edinburgh.

- 2.9 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. Community payback orders can only be imposed for offences committed after February 2011, and over the last three years there has been a reduction in the number of probation and community service orders (for offences committed before February 2011) and a corresponding increase in community payback orders. There is an increase of around 20% in the total number of community payback, probation and community service orders compared to 31 March 2013.
- 2.10 The number of drug treatment and testing orders (DTTO) has increased by 46% compared to 31 March 2013, after a small increase in the previous year. This reflects the credibility of this disposal in the Sheriff Court. Drug treatment and testing orders are also available to the Justice of the Peace courts, and DTTO II has also shown an increase.
- 2.11 The number of bail supervision orders has increased from 17 to 29. This is important as the bail scheme provides a community based alternative to remand in custody.
- 2.12 The number of released prisoners subject to statutory supervision has remained fairly constant, at around 150, for the last three years.

Offenders currently in prison who will be subject to statutory supervision on release

	31 March 2012	31 March 2013	31 March 2014
Assessed as 'very high' or 'high' risk (sexual violence)	60	64	74
Assessed as 'very high' or 'high' risk (violence)	162	169	160

- 2.13 There has been no significant change in the numbers of the above categories over the three years, other than an increase of 10 in the number of those assessed as very high or high risk of sexual violence. This may in part reflect the reduction in the number of this category in the community (see 2.7 above).