Corporate Policy and Strategy Committee

10.00, Tuesday, 4 August 2015

Chief Social Work Officer Annual Report 2014/15

Item number	7.7
Report number	
Executive/routine	
Wards	All

Executive summary

This report presents to members the Chief Social Work Officer's Annual Report for 2014/2015. The report is attached at Appendix 1. It is presented in 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

Report

Chief Social Work Officer Annual Report 2014/15

Recommendations

1.1 It is recommended that Corporate Policy and Strategy Committee

- notes the Chief Social Work Officer's Annual Report for 2014/15 attached at Appendix 1.

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
- service user and carer empowerment
- workforce planning and development; and
- key challenges for 2015/16.

3.2 Performance data on some of the key social work indicators are set out in the appendices to the main report. This information complements, rather than replicates 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 Leadership Group 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 undermined by poverty and inequality
	CO10 - Improved health and reduced inequalities
	CO11 - Preventative and personalised support in place

Single Outcome Agreement 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 2014-2015

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 (492,680 in 2014) 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.

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.

The latest projections indicate that Edinburgh's population will continue to grow faster than anywhere else in Scotland (to almost 619,000 by 2037) as shown below:

EDINBURGH'S POPULATION BY AGE-GROUP 2014-2037
INDEXED TO 2001 = 100
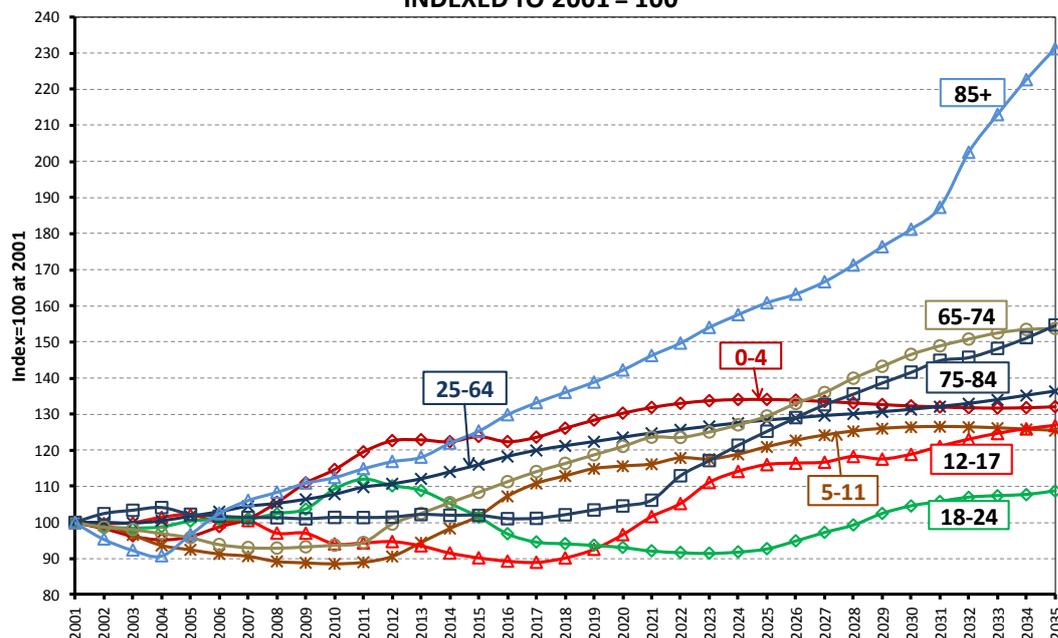
Population base: NRS Mid-year Population Estimates (2001-2013), NRS 2012 Based Population Projections (2014-2035).

Particularly rapid population growth is projected among people in some age groups who make intensive use of public services, for example those aged 85 and older. This in itself will lead to an increase in the number of people needing support. Poverty rates are likely to remain high for the foreseeable future.

Some of the challenges that Edinburgh will face increasingly in the future include:
- the "inverse care law" – where the quantity of care may be poorest for those with the highest needs
- the health sector is a major source of labour demand and is expected to grow faster than any other; however, skill shortages and unfilled vacancies persist
- Edinburgh has a shortfall in supply of accessible and affordable housing, with increased investment required to meet the needs of an ageing population; investment in affordable housing also provides housing for workers in the health and social care sector; the Council and its partners have tripled the number of new affordable homes approved for development over the past three years, but investment needs to be sustained and private sector house building increased to meet the demands of a growing city.

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 organisational arrangements are under review to promote the transformation required to meet demand within significantly constrained resources in ways that reflect the aspirations of our communities in terms of technology, accessibility and community engagement. The CSWO is currently responsible 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. Public protection arrangements are consistent across Edinburgh and neighbouring local authorities. 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 made improvements to the physical fabric in the poorest areas of the city, and reduced the size of areas with concentrated deprivation. There are significant numbers of poor households in all areas of the city, but there remains stark geographical differentiation, with areas of multiple deprivation equivalent to the worst levels in Scotland. Strategic frameworks are in place for both poverty and inequality generally, and health inequality in particular.

Unequal health means more years of ill health and earlier death for some citizens, mainly those at risk of poverty and other inequalities. Reducing inequality, including health inequality, is a key priority for the city. This is a national outcome to be achieved through the integration of health and social care and features strongly in the Joint Strategic Needs Assessment and the Strategic Commissioning Plan for Health and Social Care, which are being developed for the Integrated Joint Board.

The substantial changes and reduction in the eligibility and levels of **welfare benefits** have serious implications for Edinburgh citizens. The Council and its partners have taken a number of actions to prevent and mitigate the scale of hardship. Indications of the impact can be seen in increases in debt, including rent arrears, and significantly raised levels of need for emergency food aid. There has been a huge increase in demand for food bank provision, and a variety of voluntary services in the city now provide food for people in crisis situations with no money for food.

These needs are escalating at a time of shrinking resources and service reductions, and create a significant risk for the quality of life of individuals and communities in the city.

Additional major social and health challenges arise from **alcohol and substance misuse related harm** in Edinburgh, like in other urban areas of Scotland.

- Alcohol costs the city £221m annually.
- Alcohol related deaths doubled between 1994 and 2004 and have shown only a modest reduction since.
- Approximately 7,000 children in Edinburgh live with parents with some level of problematic alcohol use.
- 47% of adults in Edinburgh report drinking more than the Chief Medical Officer's guidelines, compared to 43% in Scotland.
- Across Scotland, there are 30.9 licensed premises per 10,000 people. In Edinburgh, the rate is higher at 38.8 per 10,000 people.
- 69% of alcohol is sold in off-sales.
- There are an estimated 6,600 drug users aged between 15 and 64 years, and the number of children living with a substance misusing parent in Edinburgh is estimated at over 2000.

Challenges have also arisen from **New Psychoactive Substances**. The main concerns are an increase in risky injecting behaviour amongst existing problem drug users and the link to mental health problems, antisocial and violent behaviour. At present, the problems experienced by Edinburgh appear to be more severe than in other areas of Scotland.

In April 2015, the UK Government passed a Temporary Banning Order prohibiting the sale and distribution of Ethylphenidate. This makes it illegal to make, sell or import this substance. The

impact of this temporary Class Drug Order on people and services will need to be monitored and appropriate harm reduction messages will need to be given to key groups. The UK government is seeking to pass legislation in April 2016 to make the importation, production and supply of all New Psychoactive Substances illegal. In the meantime, local action is being explored to ban New Psychoactive Substances from sale. Whilst this legislation is likely to reduce the harm caused by these substances, partners will need to work together to understand and manage any adverse impacts this legislation may have.

Local data suggests there continues to be an increase in the annual number of drug related deaths. These are linked to heroin and other opiate use amongst an aging cohort of drug users. There are a number of initiatives to reduce drug related deaths, but the figures continue to be of concern to partners.

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.

The number of **domestic abuse** incidents reported to the police is consistently high, with an increase of 2.4% compared to the previous year (from 5476 in 2013/14 to 5673 in 2014/15). Domestic abuse is known to be under-reported. It is expected that more people will come forward for support as approaches to identify and tackle domestic abuse are developed further. The number of domestic abuse concern forms sent to Social Care Direct has increased by 4% to 3314 in 2014/15. Domestic abuse represented approximately a third of the total number of concerns received by Social Care Direct.

The child protection return to the Scottish Government shows that the numbers of children on the child protection register where domestic abuse is identified as a concern has risen over the past three years by over 20%. 57% had domestic abuse identified as a concern at registration, which makes it the single biggest reason for child protection registration in Edinburgh for the last two years.

The number of homeless applications due to domestic abuse has remained at about 10% of total applications over the last two years. In 2013/14, domestic abuse was the single biggest reason given for homelessness for women aged 18-59. Women represented 83% of the homeless applications for domestic abuse in 2014/15 and 88% the previous year. Around two thirds of these were placed in temporary accommodation. On average, just over 55% of the women who presented as homeless have children in the household.

The long projected steep rise in demand for services for **older people, people with dementia and people with complex disabilities** is now a reality in Edinburgh. Sharp increases in the number of referrals for services, such as care at home, have been seen during the last year. As a result, and despite the Council having achieved record increases in the total number of hours of care delivered during the last two years, 519 people were waiting for 5449 hours of care at the end of March 2015. Many of these people will experience delayed discharge from hospital, while the ability of others to continue living in their own home is threatened, as a result of our inability to provide timely support to them. The root cause is that not enough people want to be carers. While staff are widely recognised as the care sector's greatest asset, many are poorly paid and the role does not attract the respect it deserves. Other areas of Scotland are facing the same recruitment challenges as Edinburgh. Rising demand for services, particularly among older people, will be a long-term trend. Given the growing mismatch between supply and demand, there is now a need for a national debate about the value placed on paid carers and how a career in care can be made a more attractive proposition.

Increases in public expectations, underpinned by developing policy and legislation, requires a **whole systems change in social care service delivery**. Self directed support legislation is now delivering gradual transformational change as innovative providers, including the Council, begin to develop new relationships with service users, designed to shift the balance of power and control towards the individual and meet their increasing expectations in terms of service flexibility, responsiveness, quality and value for money. The introduction during 2014 of the Council's Individual Service Fund Agreement, which sets out the governance arrangements for those who choose to ask a service provider to manage their service fund, provides another of the building blocks needed to support the change.

The Council's Market Shaping Strategy continues to inform the work of a range of collaborative and co production partnerships involving service users, carers and providers. During 2014, this resulted in the award of new, re-designed contracts for registered day services, specialist residential service for older people, carer support services and to third sector infrastructure support bodies. The co-production and re-design of care at home, substance misuse, mental health and wellbeing and a range of disability services are priorities for 2015.

Finance

The financial environment for local government continues to be challenging. In recent years, Council budgets have required increasing volumes of savings to help meet demographic change and increases in care costs. The level of budget savings still to come – estimated[1] at £106m for the Council as a whole over the five years to 2019-20 – will require a great deal of thought on expenditure priorities, the model of service delivery that can be sustained in the long term and public expectation.

In 2014/15, Edinburgh's social work spend per head of population for children and families ranked 6th highest of Scotland's 32 councils (down from 3rd highest in 2013/14); this is 22% above the average per head for Scotland. Edinburgh is seeking to reduce expenditure through reductions in usage of secure and residential care, increases in local authority foster carers and kinship carers, and supporting more families in community-based services. For adult social care, the ranking was 14th of 32, representing expenditure per head some 2.3% above the average per head for Scotland.

Table 1: **Social Work Net Expenditure, 2013-14 and 2014/15 Provisional Outturns**

	2013/14 Net Outturn*	2014/15 Net Outturn	Per head of population	Ranking out of 32 LAs	Population used (2014 MYE)
	£'000	£'000	Rate	Rank	
Children and Families Social Work	89,854	87,763	1,038	6th	0-17 years
Adult Social Care	206,948	216,566	531	14th	18+
Total Social Work	**296,802**	**304,329**	**618**	**11**[th]	All ages

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[1] See City of Edinburgh Council Finance and Resources Committee, 4 June 2015: Financial Strategy 2015/16 to 2019/20. Note these estimates do not take account of further public expenditure changes announced within the UK Government's July 2015 Budget.

	2013/14 Net Outturn*	2014/15 Net Outturn	Per head of population	Ranking out of 32 LAs	Population used (2014 MYE)
	£'000	£'000	Rate	Rank	
Education	297,356	303,734	4,898	30th	School pupils*
Roads and Transport	13,267	13,774	28	32nd	All ages
Environmental Services	60,378	65,469	133	16th	All ages
Planning and Development Services	20,842	16,611	34	23rd	All ages
Cultural and Related Services	41,704	41,546	84	30th	All ages
Housing	34,080	31,368	64	19th	All ages
Central Services	43,416	46,669	95	9th	All ages
Debt repayment and interest payments	144,568	142,934	290	4th	All ages
Other expenditure	-5,667	-9,181	-19	29th	All ages
TOTAL CEC EXPENDITURE	**946,746**	**957,253**	**1,943**	**31st**	All ages

Note: The POBE financial returns to the Scottish Government include some corporate overheads within each service area, so the net outturn figures in the table will be larger than those used internally within the Council. *Education spend per pupil is based on primary and secondary school spend only.

**Source**: Scottish Government POBE 2015 workbook.

While children and families social work expenditure fell by 2.3% between 2013/14 and 2014/15, adult social care expenditure increased by 4.6%. This was largely due to a budget overspend in Health and Social Care. The reasons include: increasing complexity of need, pressures at the interface between the Council and NHS Lothian, and an increase in care at home packages to support hospital discharge, without prior home care reablement[2].

According to the 2015 POBE financial returns, Edinburgh's social spending profile differed from the Scottish average. In 2014/15, Children and Families spent 14% more per head of population (aged under 18) on fieldwork, 52% more on community placements, and almost three times (280%) as much on day care services, than the Scottish averages. Conversely, Edinburgh spent 15% less per head of population on residential care for children and young people. For Adult Social Care, in 2014/15, Edinburgh spent 9% more per head of population aged 65+ than the average for Scotland, 20% more per head (aged 18-64) on services for people with disabilities, and 38% more per head on mental health services. Further work is required on the structure of social needs in the city, compared with other areas in Scotland,

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[2] See City of Edinburgh Council Finance and Resources Committee, 4 June 2015: Health and Social Care 2015/16 Budget Action Plan.

although this is hampered by the lack of good information on the population prevalence of mental health, learning and physical disabilities across Scotland.

In recent years, budget planning in the City of Edinburgh Council has provided significant protection to social work services, as well as for other priorities, such as schools. The Council's Long Term Financial Plan continues to provide additional funding to meet growing needs for care services from the increasing number of older people in the population, particularly people aged 85 years or over, and increasing numbers of people with learning and physical disabilities, due largely to greater longevity. These increases have been reduced by 10% since 2014/15. Funding is also provided for growing numbers of children and young people, with some of the additional needs offset by preventative investment in Early Years and by actions intended to reduce the increase in numbers of looked after children.

CITY OF EDINBURGH COUNCIL SOCIAL WORK BUDGETS
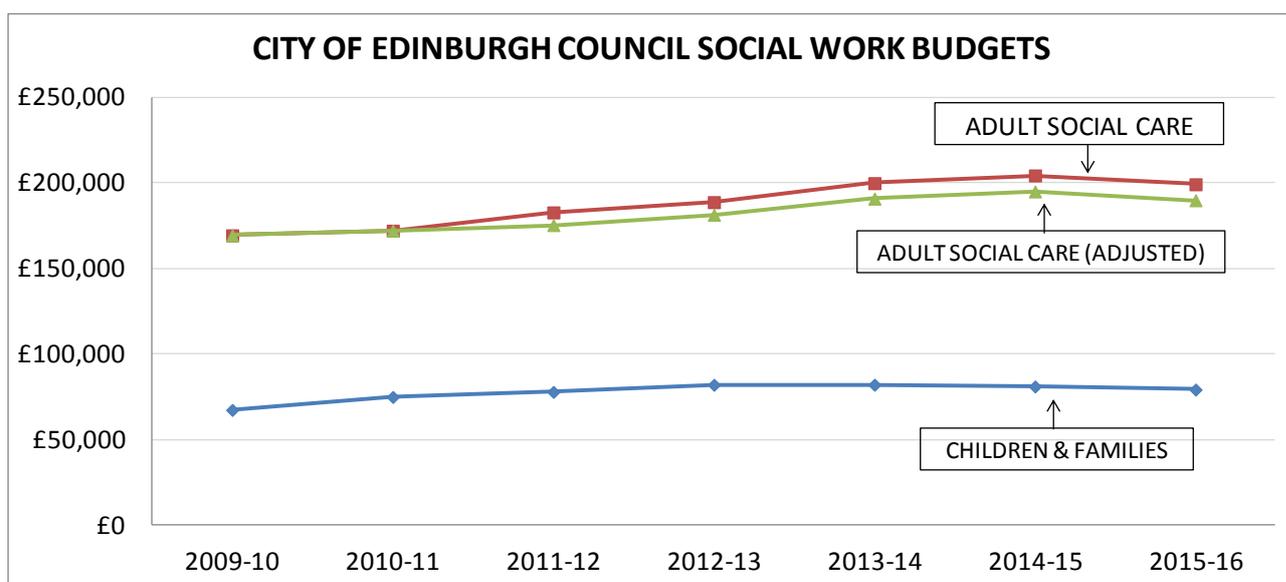
Note: the Adult Social Care adjustment removes budget transfers from Service to Communities to Health and Social Care for housing support services (from 2011/12) and community alarms (from 2014/15).

Total budgets for social work services in 2015/16 amount to £278.5 million. This represents a cash reduction of nearly £7m (-2.4%) compared with 2014/15: the Children and Families budget is reduced by £1.8m (-2.2%) and Adult Social Care by £5.1m (2.5%). These figures adjust the approved Council budgets for inter-departmental virements and transfers.

The Scottish Government 2015 financial returns show that the Council's 2015/16 children and families social work budgets per head of population (aged under 18) rank 7th highest in Scotland (down from 4th last year) and some 21% above the average budgets per head in Scotland, whilst the adult social care ranking has decreased to 20th in Scotland (down from 12th), with budgets per head now 2% below the Scottish average:

Table 3: **Social Work Net Expenditure, 2015/16 Budgets**

	2015-16 Net Budget	Budget per head of relevant population	Percentage Edinburgh's rate per head is above Scotland's

	£'000	Ranking	%
Children and families social work	87,490	7th/32	20.7%
Adult social care	207,930	20th/32	-2.0%
Total Social Work	**295,420**	**16th/32**	**0.3%**

Sources: Scottish Government POBE 2015 workbook. **Note**: POBE Budget data is submitted in February 2015 and includes corporate overheads but excludes subsequent inter-departmental transfers.

As in previous years, the 2015/16 budgets include significant savings. In future years, the Council faces a growing funding gap, which requires further savings currently estimated at £30.0m for 2016/17, rising to £45.9m for 2017/18, £64.6m for 2018/19, and £83.9m for 2019/20. At the time of writing, savings proposals were 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 late September and December 2015, before the Council takes final decisions on 2016/17 budget priorities and savings in February 2016.

Budget reductions on this scale cannot be delivered by efficiencies alone over the next few years without the need for significant service reductions.

In Edinburgh, demographic pressures alone pose a massive challenge to the city, with projected increase 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.

The Council is undertaking an ambitious programme of transformational change, including integrated working in four localities agreed across the public sector in Edinburgh, improved customer and citizen contact, ICT and asset management. The Council and its partners continue to invest in prevention and early intervention, and recently adopted the *Edinburgh Partnership Prevention Strategic Plan 2015-18[3],* which brings together the range of work on early years intervention, reducing health inequalities, improving employability, reducing domestic violence, tackling drug and alcohol addictions, and tackling poverty and inequality, providing a framework to guide city partners to increase the pace of change. Work is also well advanced on the Strategic Plan for Health and Social Care integration, which aims to shift resources from acute to community services.

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, the Edinburgh Partnership

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[3] Edinburgh Partnership Prevention Strategic Plan 2015-18 is available at:
http://www.edinburgh.gov.uk/downloads/file/5664/epb_papers_18_june_2015

(community planning) in the [Community Plan](#) and the [National Health and Wellbeing outcomes](#).

Some of the **Achievements** in 2014/15 are set out below. This is not an exhaustive list.

- The **Willow** service is delivering on its objectives to reduce offending behaviour, improve the health, wellbeing and safety of women, and increase their access to services. Initial data from the Scottish Government evaluation shows that, for example, 86% of women were noted as able to stop offending and knew how to desist from crime, with an increase to 100% at exit. The Willow service was awarded the COSLA Excellence Gold Award in March 2015.
- A **harm reduction framework** to address the needs of people involved in sex work has been developed and is being implemented.
- A multi-agency city wide **prevention strategy** has been developed.
- Multi-agency Risk Assessment Conferences, domestic abuse courts and advocacy services for people affected by **domestic abuse** have been rolled out across the city, following successful pilots.
- The **Safe and Together** model, a field-tested, best practice approach to helping children's services to make good decisions for children impacted by domestic abuse is being implemented.
- **Domestic abuse training** is delivered monthly.
- The **Respekt project for Polish families** affected by domestic abuse has been implemented and evaluated. The project is received positively by staff and service users. Women engaging with the project report feeling more in control of their lives.
- A **technology hub** has been opened to enable adults with a disability to access digital information and enhance rehabilitation through using specialist devices.
- **Assistive technology and occupational therapy** services were finalists in the Association of Public Sector Excellence Awards 2014 and the Scottish Social Services Council Awards 2014.
- The city-wide **quality assurance audit for day support services (disabilities)** evidenced high levels of service user and carer satisfaction for the support service people receive.
- Edinburgh's **autism strategy** was noted by the Scottish Government as a model of good practice.
- A robust multi-agency assessment and planning process in relation to a group of young people who were believed to be at potential **risk of sexual exploitation** was implemented. Actions taken were effective in reducing the assessed level of risk for all these young people at the conclusion of the operation.
- The **Psychology of Parenting Project** was rolled out successfully across one half of the city. The project aims at improving the availability of high-quality evidence-based parenting programmes for families with three and four year old children who have elevated levels of behaviour problems. The roll out will continue in 2015 to cover the whole of the city, and supporting the parents of over 1,000 children within 2014-16.
- The **young person's homelessness pilot** group is targeting support to 16 and 17 year olds presenting as homeless who have no social work or through care and aftercare involvement. This service has contributed to a 47% reduction in the number of 16 and 17 year olds presenting as homeless.
- 396 children and young people with a disability accessed the **enhanced play scheme**.

- The Disability Team is working towards meeting the requirements of the Social Care (Self-directed Support) (Scotland) Act 2013 and associated regulations with 95 **children** being assessed under the new **Self Directed Support** legislation.
- The **Family Group Conference pilot for vulnerable babies** has increased kinship placements in the pilot area from 33% to 60%, allowing an additional 27% to remain within their wider family. There will also be more babies able to remain with their birth parents with support from their families. Research shows this to result in better outcomes for children in terms of emotional well being, stability of placements, educational outcomes, and sense of self and cultural identity.
- Work has started to pilot an extension of the **Family Group Conferencing/Family Group Decision Making** approach currently used in Children's Services into a range of adult settings. The approach sits well with the co-operative/co-production agenda. The vision is to offer family meetings to citizens before the point at which statutory plans or decisions are made.
- 100% of Young People's Centres, Edinburgh Families Project, Residential, Secure and Fostering and Adoption services achieved **Care Commission inspection** reports with average grades of good or better.
- SafeTALK and ASIST **suicide prevention training** is being delivered to approximately 500 staff across the Council, NHS Lothian and the third sector. The training raises awareness about the signs of suicidal intent and how to intervene to save a life.
- The Scottish Government provided the Council with funds to allow criminal justice **unpaid work** to make a contribution to the Commonwealth Games events in Edinburgh. Planters were produced that lined the route of the Queen's baton procession, and were then located in different parts of the city, such as the Usher Hall and the High Street. The plaques on the planters indicate that they were made by people on unpaid work to raise the profile of how offenders can pay back to communities.
- A new unit for people with **alcohol related brain damage** was commissioned during the reporting year, and opened in April 2015. This is a joint facility run in partnership by the Council, NHS Lothian and the voluntary sector. It provides ten beds and care for vulnerable men and women who no longer require hospital treatment, but are not ready to live independently.
- Consultation with people who use preventative mental health services has shown a reduced need for high level support packages and hospital admissions. The further development of outcomes reporting for self-directed support will enable Mental Health Services to measure this reduction in need.
- The **dementia campaign** was developed further into an anti-stigma campaign implemented across the city, in partnership with NHS Lothian and the voluntary sector.
- The **Speak Up Speak Out** campaign was extended, focusing on domestic abuse, foetal alcohol syndrome and safer internet.
- Edinburgh was among the first local authorities in Scotland to introduce **Peer Support Workers** as part of the workforce in mental health social work, with new, part-time peer support workers taking post in the substance misuse/blood borne virus social work service. These appointments will be used to evaluate the impact of delivering peer support alongside professional interventions.
- Nearly 80% of people accessing the services at the **Edinburgh Self Harm Project**, developed as part of a coproduction partnership involving service users, carers, the Council, NHS Lothian and Penumbra, an innovative Scottish mental health charity,

report that they no longer self harm. The project received the COSLA Bronze Award in March 2015.

- The registered interim care home **Gylemuir House** opened in December 2014. The joint facility supports people who are ready to be discharged from hospital, but are waiting for a care home place. Social workers maintain contact with residents and their families, carers or representatives, during their stay at Gylemuir House, until their personal choice of care home becomes available and they are able to move.
- Older people's day care services in Edinburgh were redesigned, incorporating the **Be Able service**, which uses a preventative approach to help significantly more older people to stay healthier and more independent for longer. Be Able is cost effective as it reduces the need for traditional day services, contributes to preventing costly hip fractures, contributes to a reduction in the number of people admitted to hospital as a result of a fall and reduces the need for other social care services.
- Successful implementation of **Step Down**, increasing the range of hospital discharge options available, helping to ensure that older people and carers have time to think, time to engage fully in their assessment, time to recover and time to prepare. Feedback from service users was positive. Unfortunately, the financial constraints on Health and Social Care have required the closure of this service for 2015/2016.
- The **Museums Alive volunteers** received the Marsh Trust regional award for Scotland for volunteers in museum education. Museums Alive brings museum collections, stories, conversation and entertainment to older people in Edinburgh. The outreach volunteers visit care homes, day centres and supported housing where they participate in reminiscence and object handling sessions and in the design and preparation of their own on-site exhibitions. This Council project is a partnership between Edinburgh Museums and galleries outreach service and Health and Social Care's Volunteer Development Team and Older People's Services.
- The **Local Area Co-ordination Team** provides preventative support for individuals from 16-65 with a diagnosed low to moderate learning disability. Local Area Co-ordinators work alongside individuals, parents and carers to develop skills for independence whilst building connections, friendships and networks in local communities.
- **Support Works** supports people with learning disabilities in their home to reach their full potential, in an environment that values them as individuals and promotes their rights, dignity and choice. In Edinburgh, until now, there has been no specialist service provision for forensic patients with learning disabilities, and people have been placed inappropriately in hospitals. Support Works tackles this by offering support for people to return to and remain in their home, with access to community services. Individuals are involved in key decisions about the service they receive.
- The Council is establishing **networks** in Edinburgh for people with learning disabilities, physical disabilities or other support needs to allow people to connect with their own community, which increases their circle of friends, their skills and resilience, and reduces their isolation.
- To ensure that **people with learning disabilities who are getting older** can continue to live independently in the community, training and awareness raising sessions have been held for support staff, and a toolkit is being developed.

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.

Details of the volume of activity related to statutory duties and decisions and public protection are attached at Appendix 4.

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, services are regulated by the Care Inspectorate and many staff require to be registered with the Scottish Social Services Council (SSSC). Examples from this quality assurance activity in 2014/15 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 has been part of an established programme of work within both children and families and criminal justice since 2012. The model was extended in 2014 to include adult protection cases and will continue to be rolled out across adult social care services throughout 2015/16. The feedback and learning generated continues to provide services with rich qualitative evidence regarding the direct impact on service users and their families.

A pilot multi-agency practice evaluation was completed in January 2015. The exercise represented the first cross-organisational model of 'joint' reflective practice evaluation within the Edinburgh Partnership. The involvement, support and participation of over 125 professionals and managers from across the partner agencies (health, education, voluntary and third sector organisations, the Scottish Children's Reporter's Administration (SCRA), Services for Communities and social work) were key to the success of the evaluation process. The evaluation sessions provided a forum for professionals from all disciplines to examine,

explore and reflect on the effectiveness of their services, partnership working and promoting positive outcomes for families.

The **multi-agency practice evaluation** model was also used as part of the work of the Stronger North Task Group, which was established to take action to reduce the level of youth crime in West Pilton and Muirhouse. The evaluation of five cases provided professionals involved with a greater level of understanding about the families' history, the nature of their relationships and the impact of professional intervention to reduce anti-social behaviour and offending. The evaluation sessions were independently facilitated by the NHS Improvement Service, the NHS Leadership Unit and NHS Fife.

The Council continues to develop new models of self evaluation to enhance core activities within the quality assurance programme. A new phase of work has begun to align existing models of self evaluation to understand better the relationship between practice and the service user experience. Bringing together the learning and findings from activities such as case file audits, practice evaluations and service user interviews will help shape our understanding of the impact of intervention, to ensure robust, high quality services continue to be provided across the Council. The programme of self evaluation and quality assurance activity is subject to ongoing review to ensure maximum positive impact.

In addition, a comprehensive programme of case file audits is carried out. Established in 2009, audits continue to represent an essential component of the quality assurance framework. Examples of work undertaken in 2014 are set out below.

- Case file audit of 27 cases completed within criminal justice services in November 2014, focusing on work with 27 **violent offenders** subject to statutory social work supervision. The audit provided invaluable evidence about how effectively the service works with violent offenders in anticipation of the extension of Multi-Agency Public Protection Arrangements (MAPPA) to include violent offenders from April 2015.
- Case file audit completed in March 2015, focusing on 56 files from **Home Care services**.
- Audit of 100 cases as part of a programme of work focusing on self directed support (SDS); the audit activity is part of a wider framework of quality controls and assurance processes.

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. Appendix 3 provides the statutory social work complaints procedure annual report 2014-15.

One of the primary functions of the complaints process is to ensure improvements are made, in line with feedback received. In July 2014, an internal audit of service improvements generated from upheld complaints was undertaken. The audit focused on a sample of complaints received from across social work services. The findings allow the Council to:

- ensure recommendations and improvements have been implemented
- check compliance, and
- measure performance.

The Council's Customer Satisfaction Measurement Tool has now been rolled out across Social Work Advice and Complaints, in line with other Council complaint teams. This provides

information regarding the effective management of complaints and levels of satisfaction with customer service and communication.

Reporting and performance

- Bi-monthly, multi-agency quality assurance meetings are established 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.
- Over the last two years, a comprehensive suite of reporting mechanisms has been developed into an information framework held within the quality assurance service. The process associated with reporting **significant occurrences** was revised in December 2014, making it easier for Council staff to report concerns, improving the quality of information provided. The information is then used, along with Care Service Feedback, service user incident and accident reporting, complaints and enquiries, allowing the earlier identification of emerging themes, patterns and trends.

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 used to assist targeted improvement across all social work and social care services. This process is for issues that may fall short of formal complaints, but still require improvement action.

The **monitoring of improvement in the quality of contracted services** is based on Care Inspectorate grades awarded to registered contractors to measure the extent of improvement. Details of provider grades are set out below.

Year	% of Providers Achieving Excellent (G6), Very Good (G5) or Good (G4) Care Inspectorate Grades	% of Providers Achieving Adequate (G3), Poor (G2), Unsatisfactory (G1) Care Inspectorate Grades
2010/2011	70%	30%
2011/2012	78%	22%
2012/2013	76%	24%
2013/2014	80%	20%
2014/2015	81%	19%

The **Care Inspectorate** regulates and inspects children's and adult social care, social work and protection services. For registered services, the process involves applying grades to services. The Care Inspectorate also receives and investigates complaints regarding care services. When these are upheld and considered serious, this may result in the quality grades being reduced. The Care Inspectorate reports publicly on the quality of services. It uses a graduated approach to enforcement of legislation and national standards, which can result in the cancellation of the registration of a service. The levels of inspection of services in Edinburgh are detailed in Appendix 6.

Planned quality assurance developments for 2015-16 include:

- The quality assurance service will continue to support the development of the Council's Strategic Commissioning Plan and Joint Strategic Needs Assessment by supporting managers to engage service users, stakeholders and staff in the process.
- Focused collaborative work with partner agencies (NHS Lothian, Police Scotland, voluntary and independent sector organisations) to consolidate and build on existing

multi-agency working arrangements and self evaluation for adult health and social care services to ensure they remain robust, yet flexible enough to meet demand as we move forward with the integration of adult health and social care.

- A rolling programme of practice evaluations across adult social care services

Planning for Change

During 2014/15, planning for change focused on two key areas:

- personalisation and self-directed support; and
- the integration of health and social care.

The Council has been working towards the implementation of self-directed support over a number of years. Legislative changes have been grasped as an opportunity to embed a more personalised approach to the planning and delivery of social care services. In 2014/15, the focus moved from planning to implementation in order to meet the requirements of the Social Care (Self-directed Support) (Scotland) Act 2013. The programme management approach adopted in 2012 has been maintained, providing a strategic overview, allowing progress to be monitored and emerging issues to be addressed.

Whilst staff have been positive about the principles of self-directed support, there have undoubtedly been challenges, in particular:

- changes to systems and processes and the additional time taken to complete tasks whilst new ways of working are bedding in
- moving from a way of working that was focused on the delivery of specific services to one that requires flexibility – a less prescribed way of meeting needs; and
- encouraging creativity, whilst managing significant budgetary challenges.

Work is underway to address these issues and embed the principles of person centred assessment and support planning in day to day practice.

There are some excellent examples of people feeling more involved in the assessment and support planning process, resulting in their needs and outcomes being met in more creative ways, which also improve their quality of life. The challenge now is to build on these good examples and move to a position where working in this way becomes the norm.

Particular examples of planning and delivering change in respect of personalisation and self-directed support include:

- a project to pilot the approach to be taken to SDS Option 2, which involved a third sector organisation working with their services users people they provided a service for to plan how the budget for that service could be used differently to provide a more personalised and outcome focused service
- working with a small number of families of people with learning difficulties to explore the possibility of establishing a service user-owned cooperative to manage their care and support
- providing a second tranche of funding to those organisations that had been most effective in making use of the awards they received through the SDS Innovation Fund established to foster the development of creative alternatives to traditional forms of service delivery

- the engagement of frontline staff and service users in the monitoring and evaluation of the impact of self-directed support; and
- collaboration with NHS Lothian, and West, East and Mid-Lothian Councils to develop a shared approach to risk enablement across the Lothians.

The Council is keen to ensure that there is a strong link between the work undertaken around personalisation and self-directed support, the Council's Transformation Programme and the integration of health and social care, all of which have the same strategic drivers of integrating services around the needs of localities to improve outcomes for people and communities and make the most effective use of resources across statutory agencies, the third sector, independent providers and communities.

The Edinburgh Integrated Joint Board is developing its strategic commissioning plan. This will be the basis for the integrated delivery of health and social care services, in collaboration with key stakeholders. A Joint Strategic Needs Assessment has been developed, bringing together data from across the Council, public health, NHS Lothian's analytical services and NHS Scotland's Information and Statistics Division. The second stage of the development of the Joint Strategic Needs Assessment will involve subjecting the data and analysis to stakeholder scrutiny in order to capture insight based on lived experience.

The Strategic Planning Group for Edinburgh is established. It is the vehicle for the development of the strategic commissioning plan. Each member of the Strategic Planning Group is also linked to a wider constituency of organisations to ensure that there is widespread collaboration in the development of the plan. A number of workshops will be held over the summer involving a wide range of stakeholders including people who use health and social care services and frontline staff to identify new approaches to tackling seemingly intractable problems, such as supporting increasing numbers of frail older people and people with complex needs to remain in the community when there is significant pressure on budgets. It is anticipated that ideas generated through the workshops will lead to creative service redesign.

A domestic abuse work stream was formed in Southwest Edinburgh as part of the Council's transformation programme. The process being developed will ensure services intervene early, engage with all family members, coordinate provision and improve outcomes. The working group has highlighted a number of issues, including high thresholds for intervention, a lack of focus on the perpetrator, a lack of clarity around professional roles in relation to domestic abuse and a variety of process improvements required. Staff from community safety, housing, the neighbourhood support team and social work will be trained to take actions from this group; this will include training in engaging with perpetrators.

User and carer empowerment

The collaborative approach taken to involving frontline staff and those who use social care services during the planning stage of the Personalisation Programme has continued through the implementation of self-directed support with the focus shifting to the monitoring and evaluation of the impact on service users and staff. Both the Collaborative Inquiry Group of 17 members of frontline staff and the Personalisation Core Group of 15 – 20 people who use services and carers have continued to meet and inform the further development of self-directed support.

The Personalisation Core Group has produced a short video about participants' experience of being involved in the planning and implementation of self-directed support in Edinburgh, which can be viewed here.

The Council is involved with colleagues from NHS Lothian and the third sector in exploring the' House of Care' model as means of encouraging positive conversations between health and social care workers and those they support at the heart of service delivery. Peer support, recovery and self management are a key priority in the redesign of services.

The Inclusive Edinburgh review focuses on improving services for people with complex needs, people who may struggle with homelessness, unemployment, drug and alcohol problems, mental or physical ill-health, who sometimes get involved in crime, and who are often the victims of violence. The review actively involves people with lived experience to give a perspective from a position of relative stability, for example from people in recovery and peer support workers.

Children, young people and families are encouraged to be involved in all individual planning and decision making which affect them. For example, children who are looked after are supported to complete 'Have Your Say' forms for reviews. For hearings, a new 'All About Me' form is used. Children's Rights Officers and Who Cares Young Persons' Workers support looked after children to participate in meetings and in whatever way they can either through direct participation or through the workers advocating on their behalf. Reviewing Officers monitor the effectiveness of these arrangements. The Family Group Decision Making service brings family members together to make a family plan for the care of a child or young person. The family has a central place in finding positive solutions for the child.

People across a range of groups are being supported to **live independently**. For example, the Technology Hub at Firrhill Centre enables adults with a physical disability to access digital information through the use of specialist devices and on-line tools to enhance rehabilitation. An assistive technology occupational therapist provides specialist advice, and equipment can be loaned and used in an individual's home. The use of every day mobile devices as part of rehabilitation programmes after stroke for adults living at home is now commonplace in Edinburgh's Community Stroke Service. Adults living with a long-term condition are supported to use mobile devices to help them deal with every day tasks such as meal preparation, shopping, banking and orientation around the city. This enables people to be more independent and reduces the dependency on care provision. An evaluation of the cost effectiveness of this use of technology is underway.

Focusing on the **outcomes important to people** is a focus of current policy and practice across Scotland. Practitioners and organisations need to engage with people to identify what matters to them in life, as well as use that information for service improvement and performance management. Between November 2013 and 2014, the Universities of Edinburgh, Strathclyde and Swansea ran a Knowledge Exchange project – **Meaningful and Measurable** – to explore the use of personal outcomes data in practice. The project was funded by the Economic and Social Research Council and worked closely with nine health and social care organisations (Angus Council, Bridgend County Borough Council in Wales, Clackmannanshire Council, East Renfrewshire Council, City of Edinburgh Council, Moray Council, Penumbra, Stirling Council and VOCAL) to develop approaches to the capture, analysis and use of personal outcomes data that are both meaningful and measurable.

Early findings will assist in the development improvements necessary to support ongoing implementation of self directed support.

Workforce Planning and Development

Workforce planning and development are key priorities for the Council and are fundamental to ensuring that capacity and skills to meet the changing care and support needs of people are maintained and developed.

Over the last 12 months, an extensive programme of continuous learning, development and support has underpinned the modernisation of services and the development of the Council's social care workforce within adult and children's services.

Some of the **key learning and development achievements** during 2014/15 are set out below.

- An extensive learning and development programme to support staff with the implementation of Self Directed Support legislation from 1 April 2014. 381 staff engaged in Personalisation and Outcomes workshops, 357 staff completed e-learning modules and 500 front-line assessors completed Assessment and Support Planning workshops.
- 393 Health and Social Care front line staff completed the nine day Essential Learning for Care Programme.
- E-learning activities during this period have included the registration of an additional 798 Health and Social Care and Services for Communities employees as new users on the Learnpro e-learning system, bringing the total number of registered users to 4,546. New e-learning modules developed and launched during this period include Basic Foot Care, Introduction to Dementia, Health Care Support Worker Induction Standards, Introduction to Postural Management, Supported Self Management and Continence Care. Five manual handling e-learning modules were also reviewed in this period.
- All newly qualified social workers who joined the Council have been supported to evidence 144 hours of post registration training and learning during their first 12 months in practice.
- Five social workers gained a postgraduate qualification to enable them to practice as a Mental Health Officer, and training and development took place for Mental Health Officers in Getting it Right for Every Child and Child Protection.
- Staff in children's social work have benefited from single and multi-agency events throughout the year. Single agency events on intervention and assessment of babies (Keeping Baby in Mind), neglect, sexual abuse and exploitation, as well as larger events, such as communicating with children were all seen as priority learning and evaluated positively.
- Working together with the Edinburgh Child Protection Committee, the engagement with children and young people to create booklets to use as a resource was a great achievement. This activity and resource were externally validated with an invitation to speak about this good practice at the 2015 British Association for the Study and Prevention of Child Abuse and Neglect Conference.
- Multi-agency events on internet safety (sex, relationships and the internet), neglect and child sexual abuse were all well received.
- Practice panel events in partnership with Edinburgh University disseminated research on systemic family work, communicating with children with a disability, motivation of

foster carers, involvement of extended family members in planning for children and safe contact for children where there has been domestic abuse. The Practice Panel continues to be a popular exchange for learning and development and in the further development of a learning culture across social work. The last event in 2014-15 focused on the Christie Report and community engagement.

- There were opportunities for social workers to study at either graduate or postgraduate level through Stirling University. Team leaders have had opportunities to undertake Supervision and Leadership and Management qualifications at either a Level 10 or 11.
- Practice learning continues to be a strength, supporting the work of higher education institutions in developing the workforce of the future. This has been achieved by providing practice placements for social work students across adult and children's services.
- A number of staff completed the professional award required to provide placements and assess social work students in practice. This award supports experienced staff to work with social work students on their qualifying programme. The role of the Practice Educator is critical in ensuring students are supported to become competent and confident social workers.

The accredited **SVQ Assessment Centre** reports to the Health and Social Care Performance Improvement Meeting on staff qualification levels in key service areas. Achievements during 2014/15 include:
- an increase in the number of social care staff employed in care homes and those who are appropriately qualified for employment and registration purposes (65%)
- an increase in the number of social care staff employed in home care and those who are appropriately qualified for employment and registration purposes (60%)
- assessment of the third cohort of 26 Modern Apprentices recruited to social care assistant posts in older people's and disability services
- twelve social care employees from the Council's home care service and twelve NHS Lothian health care employees completed the 6th partnership joint teaching and assessment programme
- the Health and Social Care Academy attracted increased interest from pupils in Edinburgh's secondary schools, with a full intake of students at Edinburgh College and Queen Margaret University, studying National 4, National 5 and Higher Health and Social Care; all National 5 pupils were provided with a work experience placement in Council or NHS Lothian.
- 252 Health and Social Care employees gained a work related qualification in 2014 (153 Health and Social Care employees completed an SVQ)
- in the summer of 2015, 36 Health and Social Care employees will graduate from Edinburgh College, West Lothian College and Harmeny Education Trust, with a Higher National Certificate in Health and Social Care, and a further 15 employees will enter their second year of the programme; recruitment for the new Higher National Certificate intake is planned for September 2015
- the SVQ Centre continues to extend the use of Onefile – an online electronic portfolio; this approach increases assessor efficiency and provides candidates with a choice of assessment approach.

Professional registration of the social services workforce and compliance with the Scottish Social Services Council's Codes of Practice are important elements for promoting

qualifications, skills development and conduct of the workforce. In time, registration for all categories of social work and social care staff will be a statutory requirement. Details of compulsory registration are provided in Appendix 5. Compulsory registration dates are set by the Scottish Government. Failure by an employee in a role subject to compulsory registration to achieve or maintain registration will result in their removal from post, in line with employer compliance. This has the potential to impact adversely on service delivery and continuity of care. Compliance is enforced through regulation by the Care Inspectorate. For these reasons it is essential that Scottish Social Services Council registration activity in the workforce is closely monitored. Dates have yet to be announced for certain sections of the workforce, including workers in adult day care, adult placement and offender accommodation services.

The Chief Social Work Officer-sponsored **Edinburgh Local Practitioner Forum** (ELPF) meets a minimum of four times per year. The ELPF continues to offer opportunities for front line practitioners to explore their practice and contribute to improved service provision in Edinburgh and beyond. Participation from voluntary sector workers and social work students is encouraged.

The ELPF website (www.elpfonline.org.uk), with a growing following and a valuable Twitter presence (@ELPFonline) is used to encourage engagement with practitioners and other professionals. All social work/social care practitioners can engage with the ELPF via these media, as well as through email and face-to-face contact.

In the past twelve months, the ELPF has been able to encourage reflection on current practice and introduce suggestions for change through a number of meetings focusing on social work themes. 2014 focused on research, innovation and treatment in dementia and multiple sclerosis; domestic violence (in particular the services available for black and minority ethnic families, as well as voluntary services in Edinburgh); local opportunities for older people and Health and Social Care Integration; and Getting It Right For Every Child, Inclusive Edinburgh, and WithScotland. The ELPF also has been involved in shaping practice through engagement events with the Scottish Government. The Chief Social Work Advisor to the Scottish Government participated in one of the meetings. The ELPF feeds into the Scottish Social Services Council review on Social Work Education in Scotland and again had a presence at the Scottish Social Services Council Expo and Conference 2014. 2015 will see some changes to the timing of meetings to attract a wider audience by offering a more varied timetable.

The **Black and Minority Ethnic (BME) Workers Equality Forum** continues to network and offer support to BME colleagues by sharing information and experiences. The Forum supports the development of good practice on race equality and diversity issues, and works alongside senior management to promote equality via policies and procedures. The Forum plays a consultative role in the Children and Families and Health and Social Care service areas and maintains links with BME organisations. The Forum continues to raise awareness of issues affecting BME communities, some of which are supported by legislation, such as the Prohibition of Female Genital Mutilation (Scotland) Act 2005. The Forum's annual training event in 2014/15 on the human right to diversity focused on the Equality Act, domestic abuse and the Polish community, HIV, human rights and immigration. The annual training event in 2015/16 will focus on addressing hate crime and forced marriage.

The Edinburgh Local Practitioner Forum and the Black and Minority Ethnic Workers Equality Forum continue to be supported by Edinburgh's Chief Social Work Officer and Social Work Scotland (previously the Association of Directors of Social Work).

Key Challenges for the Year Ahead

Welfare Reform and Poverty

Edinburgh's poverty profile makes clear that more than 1 in 5 households in the city (22% or 48,400 households) live on low incomes, and that slightly higher numbers (24% or 53,600 households) experience particular aspects of poverty, such as fuel poverty. Many children are affected by these hardships: 18% of all children in Edinburgh live in low income households. This is approximately 17,600 children. The impact of this poverty is intensified by the progressive introduction of reforms to the social security system, with reductions in benefit eligibility and sanctions.

It is harder to measure or estimate how many people experience food poverty, but it is clear from both agencies and communities that this is one of the common effects of low income, whether as a result of unemployment or low pay. **Over half Edinburgh's low income households are working households.**

Low incomes are compounded by rising food and fuel costs and the 'poverty premium', which reflects the fact that the poorest members of our communities pay more for everyday necessities such as food, fuel and credit. **The situation faced by many households will lead to crises where they do not have enough food. This increases the demand for emergency help, including food banks.** The system is not designed to provide emergency responses on a long-term basis, as a form of income maintenance, or as a permanent means of providing food.

Budget Challenge, Transformation and Integration

Reduced resources and increasing demand combine to create unprecedented pressures on the social care system. This challenge is projected to continue and possibly worsen over the next five years, at least. The pressures are a result of both demographic trends – numbers of people in particular care groups with high levels of need increasing sharply – and the impact of poverty and inequality, both short- and long-term, which sees a rise in mental ill-health, homelessness, substance misuse and offending.

Short-term budget controls and associated service reductions are not sufficient to address difficulties of this scale. Long-term sustainability will depend on the transformation of traditional service delivery models; a reduction in dependency on state/local authority provision through increased community capacity and community contribution; and different models of funding care services. The Council and its partners have begun the journey required to generate this change, however, it is not achievable in the short term and will require sustained investment and confidence in the longer term positive impact it can bring. A very real challenge is how to maintain momentum and belief in the change process, whilst at the same time meeting the most urgent need as it is expressed in the here and now.

The integration of adult health and social care and more informally of children's services should provide significant opportunities for efficiencies, more coherent responses to the needs of individuals and communities, and consistency of planning for the future of public services. The potential for positive outcomes of integration is clear, and addressing the artificial boundaries created by historical agency demarcation is of critical importance to a more flexible and responsive service landscape. There are a number of challenges, however, which need to be addressed if these benefits are to be secured.

These challenges include:

- bringing together separate organisations, with distinct culture, history and process to agree shared and common objectives
- integrating teams to maximise efficiency and flexibility whilst ensuring appropriate professional and clinical expertise and governance
- agreeing the prioritisation of services when resource availability demands rationalisation.

The Council's transformation programme sets stretched targets for financial savings and seeks at the same time to improve the delivery of services through a revised locality model, which is community facing and collaborative. The delivery of health and social care must be seen as an integral part of this transformation and not as a separate exercise. The needs of individuals and communities do not express themselves in accordance with organisational arrangements, but are multi-faceted and require responses that are flexible and problem-solving.

Managing the complexity of transformational change, integration and financial constraint, whilst at the same time providing a level of service that is sufficient to keep people safe is the biggest challenge facing the Council's social work service now and in the longer term.

Edinburgh's strategic partnership landscape

Strategy and planning
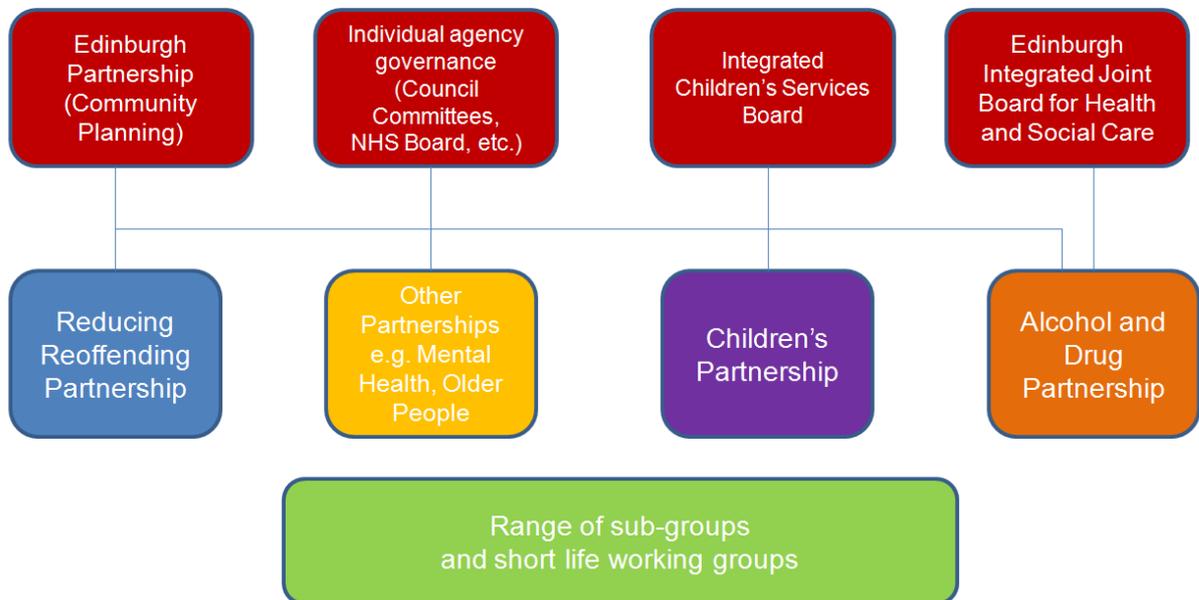
The Chief Social Work Officer chairs the Reducing Reoffending Partnership and the Alcohol and Drug Partnership, and is a member of most of the other partnerships.

Public Protection Arrangements

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 Edinburgh Child Protection Committee. Public protection arrangements are consistent across Edinburgh and neighbouring local authorities. The Chief Social Work Officer is also the chair of the regional Strategic Oversight Group for Edinburgh, Lothian and Borders, which is established under national guidance for the management of sex offenders.

STATUTORY SOCIAL WORK COMPLAINTS PROCEDURE – ANNUAL REPORT 2014-15

We take complaints seriously
The Council's social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement.

A range of improvements were made during 2014/2015 as a result of complaints relating to both children and adult services. These are listed later in this chapter.

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 over the last three years dealt with as frontline resolutions (stage one); the number of complaints requiring formal investigation (stage two); and the number of complaints referred to a Complaints Review Committee. The Social Work Advice and Complaints Service also responds to enquiries made by the public, and by councillors, MSPs and MPs on behalf of their constituents.

From 1 October 2014, the Advice and Complaints Service introduced a new recording category of 'enquiry'. Many of the contacts received from councillors, MPs and MSPs are now recorded this way when enquiries are being made on behalf of constituents for advice and/or case information, as opposed to making a formal complaint. As this is a new recording category, these figures are only provided for 2014-15.

	2012/13	2013/14	2014/15
Stage One Frontline Resolutions		**334**	**334**
• Health and Social Care		224	243
• Children and Families		110	91
Stage Two Investigations	**305**	**276**	**201**
• Health and Social Care	224	191	125
• Children and Families	81	85	76
Complaints Review Committees	**12**	**12**	**9**
• Health and Social Care	11	6	5
• Children and Families	1	6	4
Scottish Public Services Ombudsman	**4**	**6**	**2**
• Health and Social Care	4	4	1
• Children and Families	0	2	1

The new way of recording frontline resolutions (stage one) came into effect from 1 April 2013, therefore these figures are only provided for 2013-14 and 2014-15.

	2014/15
Enquiries	**100**
• Health and Social Care	79
• Children and Families	21

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

	2012/13	2013/14	2014/15
Positive Comments	**9**	**22**	**25**
• Health and Social Care	9	22	18
• Children and Families	0	0	7

In addition to the 201 stage two complaints formally responded to during 2014/15, a further 334 complaints were completed through stage one frontline resolutions. 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. The service responded to 100 enquiries made by the public, and by councillors, MSPs and MPs on behalf of their constituents. The service recorded 25 positive comments made by the public.

During 2014/15, 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, and to implement the Council's new Unacceptable Actions policy
- encouraging localised frontline resolution of complaints in service areas
- improving the recording of enquiries from elected members
- upgrading the complaints database to enable more effective management of complaint activity information, including service improvements
- maintaining an active presence at the 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
- 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 and the Council's Unacceptable Actions policy
- participating in the work of the Corporate Management Complaints Group
- recording compliments received regarding service delivery and feeding these back to staff involved
- updating and improving the Council's social work complaints webpage to reflect the Scottish Public Services Ombudsman model complaints handling procedure.

HEALTH AND SOCIAL CARE

Summary information:

During 2014/15, Health and Social Care completed 125 formal stage two complaint investigations. This represents a decrease of 31% on the previous year. In addition, 243

complaints were completed as frontline resolutions; 79 enquiries were resolved and 18 positive comments were received by the service. The level of complaints received is set against a background of service provision volume in the following key areas:

Social Care Direct:

- Approximately 67,000 contacts were received by Social Care Direct. This reflects an 11% decrease on last year, when 75,325 contacts were received.

Practice Team, Sector Based Social Work Services:

- 6,076 assessments were carried out by practice teams (Sector Teams, Residential Review Team and Funding Independence Team), which is a 7.5% decrease from last year, when 6,572 assessments were carried out. 3,411 reviews were carried out, representing a decrease on last year, giving a total figure of 9,487. However, the 2014/15 figures do not include assessments and reviews done by the Funding Independence Team, which were previously included.

Home Care Service:

- 4,945 people received 86,777 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 of 2.8% on last year in the number of people receiving support at home and a 5.6% increase in the hours of support delivered.

Residential Care Homes:

- 317 adults aged under 65 years were supported in permanent care home places (all service user groups) representing an 8% decrease from last year.
- 3,590 adults over the age of 65 people were supported in care homes for older people, 603 of whom were in Council-run care homes. This represents a 3.2% decrease from last year in the number of people supported in care homes for older people. The decrease reflects a reduction in long-term capacity due to a temporary suspension of admission to some care homes.

Criminal Justice Social Work:

- 2,809 people were supported during the year on community orders by criminal justice social work. This represents a 12% increase from support given last year.
- Criminal justice staff completed 2,798 social work reports to support decision making by the courts, representing a 6.5% decrease from last year.

Direct payments

- 1,028 adults and 43 children received a direct payment which is a 2% increase from last year.

Occupational Therapy

- 1,884 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents a decrease of 24% from last year.

Timescales:

The Advice and Complaints Service continues to work with senior managers to improve complaint response times. In 2014/15, Health and Social Care responded to 62% of formal complaints within 20 working days, and 88% within an extension agreed by the complainant, in accordance with the statutory regulations. 12% of complaints were not completed within the targeted timescale.

Outcomes:

Of the complaints received, 33 (26%) were upheld, 37 (30%) were partially upheld and 55 (44%) were not upheld.

Complaint trends:

Practice Teams

Complaint related to:	Number
Assessment decisions	6
Assessment delay	7
Breach of confidentiality	1
Consultation/ communication	5
Decision of practice team	1
Delayed package of care due to lack of resource	1
Finance charging	1
Funding issues	1
Lack of response	1
Poor communication	1
Assessment provision	1
Service provision	7
Staff/professional practice issues	6
Total number of complaints regarding practice teams	39 (43% decrease from last year)

Home Care

During 2014/15, there were 14 complaints regarding the Council's home care service. This is a 30% decrease from last year. There were 13 complaints regarding the home care service purchased from external providers. This is a 30% increase from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to both purchased services and those provided directly by the Council.

Respite Care

During 2014/15, 2 complaints were completed regarding residential respite care services: these both related to older people's residential services.

Occupational Therapy

During 2014/15, there were 4 complaints regarding occupational therapy, which represents a 55% decrease on last year.

Residential Care

During 2014/15, there was 1 complaint regarding residential care services for people with a disability; and 5 for older people's residential care. This is very similar to last year.

Service Improvements:

During 2014/15, Health and Social Care identified various service improvements for managers to implement as a result of complaints made. Examples are set out below.

- Admission and discharge procedure for one care home reviewed, and residency agreements for all care homes reviewed.
- Internal and public websites updated, together with publicity leaflets to reflect more clearly that Free Personal and Nursing Care payments are made from the date of an assessment not from the date of referral.
- Introduction of a standard letter to be sent to service users following their compulsory detention in hospital, setting out the legal basis for a person's admission; their rights; an explanation of the Mental Health Officer service; and information about appropriate supports for the service user.
- The Funding Independence Team agreed to arrange reviews more frequently to ensure that unspent direct payment money is not allowed to accumulate in a service user's bank account.
- Home Care and Reablement managers agreed to keep a record of known situations where CCTV or other recording devices are in use in a service user's home.

CHILDREN AND FAMILIES

Summary information:

During 2014/15, Children and Families dealt with 76 complaints, which required formal investigation. This represents a decrease of 12% 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 3,900 children and family cases managed by practice teams as at 31 March 2015
- approximately 1,265 child protection referrals
- approximately 278 reports per month submitted to the Authority Reporter

Accommodated Children and Young People:

Snapshot figures, as at 31 March 2015

- 1,425 children and young people 'looked after' by the Council (358 at home, 1067 away from home)
- 622 children in foster care
- 75 children in residential care
- 17 children in secure accommodation
- 322 children placed with kinship carers
- 27 children with prospective adopters
- 4 children in 'other' settings (e.g. in community)

Children with Additional Support Needs and their Families:

Residential respite nights for children – 5,468

Day respite hours – 93,612

Youth People's Service:

680 young people discussed at multi-agency pre-referral screening (early intervention)

402 referrals received

220 risk assessments undertaken

99 risk management case conferences held for young people under the age of 18

Timescales:

Children and Families responded to 38% of formal complaints within 20 working days, and 79% within an extension agreed by the complainant, in accordance with the statutory regulations. 21% of complaints were not completed within the targeted timescale.

Outcomes:

Of the complaints completed, 34 (45%) were not upheld, 33 (43%) were partially upheld and 9 (12%) were upheld.

Complaint trends:

There were 42 complaints regarding social work practice teams. This represents 55% of the total. 21 complaints related to staff or professional practice issues; 10 to consultation or communication; and 6 to service provision.

There were 8 complaints regarding Family Based Care services. This represents 11% of the total complaints investigated formally. These related to staff or professional practice issues; service provision and communication.

7 complaints were completed from accommodated young people who were either in residential or secure services, or foster care. This represents 9% of the total complaints investigated formally. The most common themes from young people include behaviour of other residents, staff practice and communication.

7 complaints were completed regarding disability services; this represents 9% of the total. These related to assessment outcomes, decision making, and staff practice.

Service improvements:

During 2014/15, 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 are set out below.

- When assessing carers transferring from independent agencies and other local authorities, family based care social workers to ensure they receive appropriate training regarding permanence planning and their role within that process.
- Practice managers and staff reminded that the child's plan must be clear regarding who has primary responsibility for visiting the child to monitor their welfare. Where the responsibility is given to someone other than the lead professional, this must be clearly detailed in the plan and shared with the parent and child.
- Practice managers and staff reminded that some accommodated young people with a learning disability may not meet the criteria for support from the Transition/Disability teams when leaving care. Information provided on available services.
- Family based care to raise awareness with existing foster carers, and also update their recruitment induction programme for new carers, on the new law regarding legal alcohol limits when driving.
- Staff in secure services reminded of the importance of using sensitive language when managing young people in challenging situations.
- Kinship support team to allocate increased staff resource to future initiatives, which offer free tickets for festival or Christmas shows and provide a same working day response to email applications.
- Web content to be reviewed and updated so that more procedural information is available to parents of 'looked after and accommodated' children.

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.

9 Complaints Review Committees were completed during 2014/15, 5 of which related to Health and Social Care and 4 to Children and Families. In 5 cases, the Council's position was upheld; in 2, the complainant's position was partially upheld; and in 2 the complainant's position was fully upheld.

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

- the complainant was more involved in her assessment; and she was given a more consistent group of care staff to attend to her needs

- a copy of all signed Council contracts between service users and private care providers will be provided to the Council within four weeks of commencement of the contract, or as negotiated by the care provider
- better communication around the arrangement and supervision of contact visits and a timescale agreed for newly appointed staff to introduce themselves to the complainant and her child
- immediate allocation of a disability social worker to complete a section 23 assessment to prevent further delay
- the complainant to be provided with missing copies of contact visits records as a priority and future contact visits to be written up within agreed timescale.

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 2014/15, two complaints were investigated by the Ombudsman. One related to Health and Social Care and was partially upheld; one related to Children and Families and was not upheld.

The recommendations made by the Ombudsman were that the Council:

- issue a written apology to the complainant
- take steps to ensure that all staff involved in the process of discharge from hospital are aware of and are acting in line with the relevant national and Council policies and, in particular, the *'Supported Discharge; Moving on From Hospital'* policy
- consider issuing guidance to staff on how they should complete the section in the *'Financial Approval: Health and Social Care'* procedure, which provides for a number of choices to be made in relation to a care home placement
- confirm that lessons have been learned and steps have been taken to prevent similar delays occurring in complaints about social work issues.

All the recommendations were fully complied with, within the timescales required by the Ombudsman, following the implementation of an action plan.

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 make sure that a Mental Health Officer is appointed 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

	2012/13		2013/14		2014/15	
	Number	Individuals	Number	Individuals	Number	Individuals
Contacts	1761	948	784	624	826	666
Assessments completed	968	779	1443	819	1566	865
Assessment requests			775		927	

1.4 During the reporting period, 927 assessment requests were received by the Mental Health Officer service, and 1566 assessments were completed. This represents an 8.5% 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, and is the result both of an increase in the use of compulsory measures of care and treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, and in the continuing increase in the use of welfare guardianship under the Adults with Incapacity (Scotland) Act 2000, as detailed later in this section of the report.

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

1.6 There are different orders allowing a person to be assessed or treated under the Mental Health Act, 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, as in previous years, there has been an increase in the use of all types of civil order. The increase in use of Emergency Detention Orders is 30%, which is of some concern as the preferred mechanism for admission for someone experiencing a mental health emergency is by means of Short Term Detention Orders. Short Term Detention provides more protection of the rights of the detained person. The increased use of

Emergency Detention Orders may be due to changes to the availability of Mental Health Officers and/or Approved Medical Practitioners out with normal working hours, or it may be a reflection of greater acuity of illness and risk to the detained person, or others, at the time of detention. There has been a modest increase (6%) in the use of Short Term Detention in the last year, however, this is in addition to an increase of 13% in the preceding year. There has also been another significant increase (18%) in the use of Compulsory Treatment Orders. Both Short Term Detention and Compulsory Treatment 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 Apr 11 – Mar 12	Commenced Apr 12 – Mar 13	Commenced Apr 13 – Mar 14	Commenced Apr 14 – Mar 15
Emergency detention in hospital (72 Hrs)	103	87	95	124
Short term detention in hospital (28 days)	349	364	411	437
Compulsory Treatment orders (indefinite with 6 monthly review in first year and then annual review)	116	111	130	153
Interim compulsory treatment orders (28 days)	59	65	47	78

1.7   The table below shows the number of orders in place on 31 March in the last three reporting years. Compulsory Treatment Orders (CTOs) 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 326 CTOs in place in Edinburgh. The table shows a 15% increase in the number of CTOs, when compared with the previous year, although it remains lower than two years ago.

1.8   A Mental Health Officer must be actively involved with service users where there are compulsory measures in place under a CTO, and the increase in CTOs demonstrates a significant demand on MHO service.

	As at 31 March 2013	As at 31 March 2014	As at 31 March 2015
Emergency detention in hospital	5	5	4
Short term detention in hospital	37	43	99
Compulsory treatment orders	366	284	326

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, which may authorise the person's detention 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 offence or risk to the public is believed to warrant this.

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:

	2012/13	2013/14	2014/15
Total legal orders started	17	14	19
Total legal orders open at period end	64	56	62
Compulsion orders with Restriction order open at end of period	26	23	24

The table indicates a slight increase in the use of mental health disposals by courts in Edinburgh, with a slight increase in the number of people subject to criminal justice mental health orders. The table does not reflect the total number of people who have received in-patient psychiatric assessment and treatment while undergoing criminal proceedings, as it does not include those individuals for whom the final disposal has not been a mental health disposal. Nor does it reflect the number of individuals from the prison population who have transferred to hospital for treatment of mental disorder.

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 a decision 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 welfare guardian at least once every six months.

	As at 31 March 2013	As at 31 March 2014	As at 31 March 2015
CSWO welfare guardianships	86	92	97
CSWO welfare and financial guardianships (guardian for financial element must be non-Council)	18	17	22
Private welfare guardianships	106	122	145
Private welfare and financial guardianships	196	242	299
Total welfare and financial guardianships	**214**	**259**	**321**
Private financial guardianships	81	87	93
Total	**487**	**560**	**656**

Orders for which the CSWO is guardian (welfare only)	192	214	242
Total number of guardianship orders requiring local authority supervision	406	473	563
Number of assessments made by MHOs in relation to applications for welfare guardianship	61	53	90

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 result in 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 Despite Scottish Government intervention to try to reduce the burden on local authorities arising from 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 to receive such services.

1.23 The continued increasing pressure and demand on Mental Health Officer services, and the resultant risk to the Council of not being able to meet its statutory duties has been recognised and the number of Senior Practitioner/MHO posts within Health and Social Care has been increased by four.

Looked After Children

Looked After Children	Figures as at 31 March		
	2013	2014	2015
Total number of children and young people Looked After	1,427	1,404	1,425
At home with parents	383	345	358
In Foster Care	607	594	622
In Residential Accommodation	83	79	75
With Kinship Carers, Friends/Relatives	296	328	322
With Prospective Adopters	39	41	27
In Secure Accommodation	13	13	17
Other	6	4	4

1.24 Overall, numbers of Looked After Children have stayed just above 1400 for the third year running. Of those, the number looked after at home was greater than the previous year, but less than the year before that. The number in foster care was the highest in the 3 year reporting period. Use of kinship care remained high, in keeping with local targets. The numbers of children placed with prospective adopters decreased significantly from the previous 2 years, which may be linked to the increased use of kinship care. The number of young people placed in secure accommodation was at its highest over a 3 year period.

1.25 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.

1.26 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.

1.27 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 2014-15, 43 children were placed for adoption. During the same period, 42 children ceased being looked after as a result of being adopted successfully.

1.28 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.

1.29 29 new foster carers were approved in 2014/15. There are a further 19 foster carers' assessments underway.

Adoption and permanence	Figures for period April to March		
	2012/13	2013/14	2014/15
Adopters approved	20	21	21
Children registered for Adoption (Permanence Order with Authority to Adopt)	59	41	27
Children registered for Permanence (Permanence Order)	62	60	48
Children placed for adoption	41	44	43
Children adopted	42	54	42
% of Permanence Panels within timescale	74%	83%	89%

Other context information	Figures as at 31 March		
	2013	2014	2015
Approximate number children allocated within Children and Families teams	3,700	3,900	3,900
	Figures for period April to March		
	2012/13	2013/14	2014/15
Monthly number of reports submitted to the Authority Reporter	319	300	278

1.29 The number of children allocated to a practice team social worker was similar to the previous year. This means that, overall, the number of children meeting the threshold for social work involvement, and therefore the demand for a practice team social work service, has stayed constant.

Secure Accommodation of children

	2012/13	2013/14	2014/15
Total number of admissions	25	21	39
Admissions to out of Edinburgh provision	3	3	15
Average length of time in secure for young people discharged (in days)	223	183	170

The average length of stay in secure accommodation has decreased steadily over the last three years, although the number of young people has risen.

Emergency placement of children subject to statutory provision

1.30   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, 35 children and young people subject to a Supervision Requirement were moved to an alternative placement under S143 of the Children's Hearings (Scotland) Act 2011. Three of these children each had two emergency moves.

1.31   The reasons for these emergency transfers were:
- eight moves were due to a breakdown of placement with foster carers approved and supported by the Council
- ten moves were due to a breakdown of placement with foster carers approved and supported by other fostering agencies
- 15 moves were due to the breakdown of kinship care placements
- four moves were due to the breakdown of a Council residential placement
- one move was due to the breakdown of a residential placement provided by another agency.

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

1.33   Other placements broke down for the following reasons:
- four children – allegations against carer
- three children – placement no longer available
- two children – concerns regarding level of care
- one child – sudden death of carer
- one child – acute ill health of carer
- one child – terminal illness of carer's relative
- one young person moved as part of a strategy to reduce risky behaviour by a number of young people
- one child – foster carers had to travel abroad, but grandparent who had parental rights was refusing consent for child to go to respite carer; there was no one

else to look after the child but the respite carer so it became necessary to move the child urgently in the absence of consent

- one child – police investigation led to threats from local community against child who was moved for their own safety.

Interim Compulsory Supervision and Interim Variation of Compulsory Supervision

1.34 The Children's Hearings (Scotland) Act 2011 has been implemented and does not include the term "warrants", referred to in previous Annual Reports. 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. At present, the Scottish Children's Reporter Administration is unable to provide validated data. This is to be the subject of discussions at national level.

2 **Protection and Risk Management**

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

Children

2.1 There were slightly fewer child protection referrals and child protection case conferences than in the preceding financial year, but slightly more than the year before that. Given the relatively small numbers of children involved, these variations do not appear to signify any underlying trends.

Child Protection and Looked After Children	Figures for period April to March		
	2012/13	2013/14	2014/15
Child protection Inter-agency Referral Discussions (IRDs)	1,244	1,317	1,265
	Figures for period April to March		
	2012/13	2013/14	2014/15
Child protection case conferences	1,170	1,364	1,360
	Figures as at 31 March		
	2013	2014	2015
Children on Child Protection Register	259	297	264
Children looked after at home	383	345	358
Children looked after away from home	1,044	1,059	1,067

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

Child Protection Case Conferences	Figures for period April to March		
	2012/13 *	2013/14 *	2014/15 *
Initial	352	406	383
Pre-birth	107	112	90
Review	697	833	873

Transfer	14	13	14
Total	1,170	1,364	1,360

* The figures for 2012/13 and 2013/14 differ to a very small extent from the figures presented in last year's Annual Report, as every time a report is run, it can pick up data in Swift that have been changed over the year.

Adults at risk

	2012/13	2013/14	2014/2015
Adult protection referrals	422	435	1,478
Large scale AP contacts	78	139	46
Inter-agency referral discussions (IRD)	215	193	274
IRD as a percentage of referrals	51%	44%	18.5%
Adult protection initial case conferences	60	54	77
Initial case conferences as a percentage of IRD	28%	28%	28%
Adult protection case conference reviews	98	99	121
Incidents between service users	493	342	*

* Incidents between service users are included in the adult protection referrals data for 14/15 and cannot be isolated as in previous years.

2.3 The activity report shows a significant increase in adult protection contacts in 2014/2015. This is *not* evidence of a dramatic increase in referrals, but was due to a planned change in how referrals are recorded. This change was part of continued work to ensure that all contacts considered under Adult Support and Protection Duty to Enquire are identified.

2.4 After several months of monitoring the new recording practice, it became clear that this included many general welfare concerns, which did not necessarily trigger the Council's 'duty to enquire' under the 2007 Adult Support and Protection Act. A decision was taken to cease this recording practice. Work between agencies is ongoing to improve identification and recording of adult protection referrals.

2.5 As a result of the large increase in contacts recorded as adult support and protection 'duty to enquire' during the short period, the percentage of Inter-agency Referral Discussions (IRD) appears to have dropped. However, this is not an accurate reflection of IRD activity.

2.6 The proportion of initial case conferences resulting from Inter-agency Referral Discussion is consistent across the past three years (28%).

Domestic abuse

	2012/13	**2013/14**	**2014/15**
Number of domestic abuse incidents reported to police	5287	5476	5673
Number of child concern forms sent to social care direct	498	3186	3314
Of the children registered on 31 July, % of children who had domestic abuse concern	51	57	Figure yet to be released by the Scottish

			Government.
identified at registration			

2.7 Although these statistics show high prevalence of domestic abuse, we need to develop indicators to show how our services impact on outcomes for families. The use of the vulnerable persons' database (VPD) within Police Scotland provides useful indicators for ongoing performance monitoring, in addition to offering a single system whereby risks can be shared and recorded no matter what part of Scotland the offences occur. At present, the number of recorded incidents of domestic abuse is used as an indicator in Edinburgh's Community Plan. However, the vulnerable persons' database records the number of repeat victims and repeat perpetrators. A downward trend in repeat victimisation and perpetration would show that service interventions have been successful, even if the number of reported incidents overall continues to rise.

Offenders in the community subject to statutory supervision

	31 March 2013	31 March 2014	31 March 2015
Assessed as 'very high' or 'high' risk (sexual violence)	35	17	19
Assessed as 'very high' or 'high' risk (violence)	89	113	88
Probation orders	112	53	27
Community service orders	82	38	15
Community payback orders	721	1019	1061
Drug treatment and testing orders	128	187	134
Drug treatment and testing orders (II)	55	60	46
Bail supervision	17	29	22
Statutory supervision of released prisoners, e.g. life licence, parole, extended sentence, supervised release orders	152	146	155

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

	31 March 2013	31 March 2014	31 March 2015
Assessed as 'very high' or 'high' risk (sexual violence)	64	74	56
Assessed as 'very high' or 'high' risk (violence)	169	160	152

2.8 The number of offenders in the community subject to statutory supervision and assessed as very high or high risk of sexual violence is broadly similar to last year, having fallen by half compared to the previous year. The assessment of risk is a dynamic process, subject to continual review, and those who pose the highest risk of harm to others are managed robustly through the Multi Agency Public Protection Arrangements (MAPPA).

2.9 The number of offenders assessed as very high or high risk of violence has returned to the level reported two years ago. The higher level reported last year now appears to be an anomaly. The Scottish Government was working towards extending MAPPA to

include including the most serious violent offenders by the end of 2014, but this has now been postponed until at least the end of 2015. In the meantime, partners in Edinburgh will continue to manage serious violent offenders within the well developed local arrangements.

2.10   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, therefore, 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. The total number of community payback, probation and community service orders is broadly similar compared to 31 March 2013, and it is anticipated that the relative number of probation and community service orders will continue to fall in the coming years.

2.11   The number of drug treatment and testing orders (DTTO) open at year end has returned to the level of 2012 and 2013, before last year's 46% increase. The lower tariff DTTO II shows a similar pattern. DTTO II continues to be a pilot, monitored on an annual basis by the Scottish Government and funded in a similar, short-term way.

2.12   The number of bail supervision orders has reduced slightly compared to last year. The bail scheme provides a community based alternative to remand in custody.

2.13   The number of released prisoners subject to statutory supervision has remained fairly constant for the last four years, at just above or below 150. This number includes those who pose the highest risk of harm to others. The number of offenders in custody who will be subject to supervision on release, and who pose a high or very high risk of violence or sexual violence, has remained broadly stable over the last four years, with only a slight reduction at 31 March 2015.

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

The table below outlines: dates set for compulsory registration in each part of the register; the number of Council staff employed in the social services workforce; and the number who have achieved registration.

City of Edinburgh Council workforce registration with the Scottish Social Services Council

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	911	935	Key eligibility criteria for registration is a Social Work qualification therefore not all workers registered as social workers will be practising social workers.	1 September 2005	3 years
Managers of residential child care	15	15	Registered numbers include staff located at Edinburgh Secure Services.	30 September 2009	3 years
Residential child care workers with supervisory responsibility	40	38	Registered numbers include staff located at Edinburgh Secure Services. One staff member is registered with the General Teaching Council Scotland and one with the Nursing and Midwifery Council.	30 September 2009	3 years
Residential child care workers	323	323	Registered numbers include locum residential child care workers.	30 September 2009	3 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Managers of care homes for adults	15	14	1 manager is registered with the Nursing and Midwifery Council.	30 November 2009	3 years
Managers of adult day care services	7	7		30 November 2009	3 years
Managers of day care of children services	103	24	Remaining managers are Head Teachers and registered with the General Teaching Council Scotland.	30 November 2010	5 years
Practitioners in day care of children	799	799	Registered numbers include supply workers.	30 September 2011	5 years
Supervisors in a care home service for adults	57	51	Discrepancy in registered numbers is due to new staff currently in process of applying to register.	30 March 2012	5 years
Support workers in day care of children services	124	124	Numbers in workforce reflect needs in services therefore, registered numbers will change to reflect this.	30 June 2014	5 years
Practitioners in care homes for adults	213	202	Discrepancy in registered numbers is due to 21 current vacancies and newly recruited	29 March 2013	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
			staff in the process of applying to register.		
Support workers in care homes for adults	252	290	Registration is being rolled out to meet the deadline of 30 September 2015.	30 September 2015	5 years
Managers of housing support services and/or care at home services	23	21	Discrepancy in registered numbers is due to 1 vacancy and 1 staff member currently applying to register.	31 January 2014	3 years
Supervisors in housing support and/or care at home services	120	21	Register opened 30 June 2014. The Council is a gradually rolling out registration of this group of workers to meet the compulsory deadline.	30 June 2017	5 years
Workers in housing support and/or care at home services	1329	0	Register opens in 2017.	2020	To be confirmed

The table below sets out the levels of inspection of the Council's registered care services during 2014-15.

Key to grades: 1 – unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; 6 – excellent

The Care Inspectorate grades separate aspects of care. Hence, a care service could have as many as four grades.

Service type	Number of services	Number of inspections	Red: 1 or more grade 1 or 2	Amber: 1 or more grade 3	Green: grades 4 to 5	Blue: 1 or more grade 6
Children and Families						
Adoption	1	1			1	
Care Homes	11	11			11	
Day Care of Children (Early Years); 3 of these were joint inspections with Education Scotland	103	35	2	1	23	6
Fostering	1	1			1	
Secure Accommodation	1	2			2	
Care at Home	2	2			2	
Health and Social Care						
Adult Placements	2	2			2	
Care Homes	15	20	2	8	10	
Housing Support	9	4		1	3	
Offender Accommodation	1	1			1	
Support Services (Day Care)	7	1			1	
Care at Home	2	2			2	
Combined (dual registration housing support and care at home)	12	11		2	9	
Total	167	93	4	12	68	6

For adult services, grades of 2 and 3 will trigger a referral to the relevant multi-agency quality assurance meeting i.e. care at home, home care or housing support. Other triggers for referral are:

- a pattern of upheld complaints
- serious upheld complaint e.g. relating to adult protection issues

- large scale inquiries.

The multi-agency quality assurance meetings share information on poor performing services, discuss and implement appropriate action and, monitor progress on improvements. The meetings make recommendations to suspend referrals into services until satisfactory improvements are made and/or to terminate Council contracts.

Children's services graded 2 or 3 are discussed at the management meetings for Services for Looked After and Accommodated Children to decide what action needs to be taken.