

# Corporate Policy and Strategy Committee

10am, Tuesday, 9 August 2016

## Chief Social Work Officer Annual Report 2015/2016

Item number 7.3  
Report number  
Executive/routine  
Wards

### Executive Summary

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This report presents to members the Chief Social Work Officer's Annual Report for 2015/2016.

The report is attached as Appendix 1. It follows the template issued in May 2016 by the Scottish Government.

The use of a template has been requested to enable a more consistent approach across Scotland and to allow for the Chief Social Work Adviser to the Scottish Government to develop a summary overview of Scottish social work services for Ministers.

Some content is reproduced from relevant Council strategic documents.

### Links

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Coalition Pledges	<a href="#">P1</a> , <a href="#">P12</a> , <a href="#">P38</a> , <a href="#">P34</a> , <a href="#">P36</a> , <a href="#">P43</a>
Council Priorities	<a href="#">CP1</a> , <a href="#">CP2</a> , <a href="#">CP3</a> , <a href="#">CP10</a> , <a href="#">CP4</a>
Single Outcome Agreement	<a href="#">SO2</a> , <a href="#">SO3</a> , <a href="#">SO4</a>

## Chief Social Work Officer Annual Report 2015/16

### 1. Recommendations

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- 1.1 Corporate Policy and Strategy Committee is recommended to note the Chief Social Work Officer's Annual Report for 2015/16 attached at Appendix 1.

### 2. Background

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- 2.1 The Chief Social Work Officer is required to produce an annual report. This is the ninth such report to members. The format changed three years ago when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions.

### 3. Main report

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- 3.1 The report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services and areas of decision making, and sets out the main developments and challenges. It also updates the evolving governance arrangements that have emerged from the Council's transformation programme and the integration of health and social care.
- 3.2 The report includes an update on finance, service quality, delivery of statutory functions, user and carer empowerment, and workforce planning and development.
- 3.3 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.
- 3.4 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).

### 4. Measures of success

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- 4.1 Success is monitored regularly through performance reports to the Corporate Leadership Team and the Chief Officers' Group for Public Protection.

- 4.2 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 presented to the appropriate Council Committees and/or meetings.

## **5. Financial impact**

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- 5.1 There are no financial impacts arising from this report.

## **6. Risk, policy, compliance and governance impact**

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- 6.1 Any potential risks identified are monitored through service area risk registers.

## **7. Equalities impact**

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- 7.1 There are no equalities impacts arising from this report.

## **8. Sustainability impact**

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

## **9. Consultation and engagement**

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

## **10. Background reading/external references**

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- 10.1 None.

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## 11. Links

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<b>Coalition Pledges</b>	<p>P1 - Increase support for vulnerable children, including help for families so that fewer go into care.</p> <p>P12 - Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes.</p> <p>P38 - Promote direct payments in Health and Social Care.</p> <p>P34 - Work with police on an anti-social behaviour unit to target persistent offenders.</p> <p>P36 - Developed improved partnership working across the Capital and with the voluntary sector to build on the "Total Craigroyston" model.</p> <p>P43 - Invest in healthy living and fitness advice for those most in need.</p>
<b>Council Priorities</b>	<p>CP1 - Children and young people fulfil their potential.</p> <p>CP2 - Improved health and wellbeing: reduced inequalities.</p> <p>CP3 - Right care, right place, right time.</p> <p>CP10 - A range of quality housing options.</p> <p>CP4 - Safe and empowered communities.</p>
<b>Single Outcome Agreement</b>	<p>SO2 - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health.</p> <p>SO3 - Edinburgh's children and young people enjoy their childhood and fulfil their potential.</p> <p>SO4 - Edinburgh's communities are safer and have improved physical and social fabric.</p>
<b>Appendices</b>	<p>1 Chief Social Work Officer's Annual Report 2015/2016</p>

THE CITY OF EDINBURGH COUNCIL  
CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2015/16

1. Summary Reflections – Key Challenges and Developments

The City of Edinburgh Council continues to operate in a rapidly changing environment. In June 2015, the Council agreed a new strategic direction for the organisation, built around a single vision for the city, shared with all our partners, to ensure *Edinburgh is a thriving, sustainable capital city in which all forms of deprivation and inequality are reduced.*

To deliver this vision, the Council will continue its work on three overlapping strategic themes, which define our priorities over the next four years and beyond.

- Improve quality of life – providing services which ensure that children and young people can fulfil their potential; delivering high quality care; tackling poverty and inequality in the city; and building safe, active and empowered communities in which all citizens can experience improved health and wellbeing.
- Ensure economic vitality – strengthening the international competitiveness of the city; supporting business growth and investment; developing the cultural and creative sectors; maintaining Edinburgh’s position as a pre-eminent festival city and ensuring *everyone* has the opportunity to benefit from the city’s economic prosperity.
- Build excellent places – maintaining the city as an attractive place to live, work and visit. Building the city around communities, where citizens are able to access housing options that meet their needs, with well connected accessible transport and enhanced business, cultural, sporting and local infrastructure in *all* areas of the city.

The Council recognises that reducing poverty and inequality and tackling the most challenging difficulties of disadvantage and deprivation will have a disproportionately positive impact the wellbeing and prosperity of *all* the residents of the city.

Edinburgh continues to face a number of challenges, including financial pressures, those arising from a growing and changing population, the need to adapt to a sustainable, resource efficient and low carbon future, and ongoing reform of the public sector.

Between 2010/11 and 2015/16 Scottish councils faced a reduction in funding of 14% in real terms, with further reductions anticipated over the next few years.

These pressures are a compelling driver for changing the way the Council operates, adapting to financial and service demands and making sure we are better placed to take advantage of opportunities as they arise over the next four years. Changes include a reduction in workforce, new approaches to managing the Council's property and asset portfolio and working more collaboratively with partners from all sectors to redesign models of service delivery. Some of the challenges faced by the Council are set out below.

- Over the past ten years, Edinburgh has been one of the fastest growing local authorities in the UK. From 2004 to 2014, the population of the city grew by over 46,000. The city is likely to see further population growth, with the number of residents projected to increase by 34,000 people, or 6.9%, between 2014 and 2024.
- Alongside this growth, evidence suggests that Edinburgh is likely to continue to show relatively high levels of poverty and inequality among our population. An estimated 18% of people in Scotland were living on incomes below the poverty threshold in 2013/14 and a broad base of evidence shows poverty rates in Edinburgh to be close to this national average.
- Medical advances have seen a welcome, dramatic increase in the survival rate for people born with disabilities (or acquiring them through illness or trauma), resulting in higher demand for services and more complexity of need.
- Population growth and change also increase the demand for affordable housing in the city.
- Responding to major policy and legislative change presents, for example, the measures to increase community involvement in public service delivery outlined in the Community Empowerment Act, and in the integration of Health and Social Care services under the Public Bodies (Joint Working) (Scotland) Act 2014 – both welcome developments and both requiring the management of significant change at a time of high service demand.

The Council needs to explore opportunities for shared services and cross regional working approaches that offer potential economies of scale and strategic efficiencies. At the same time, the Council needs to implement structures and processes, which encourage localised, community-led decision making, ensuring services fit the needs of citizens.

The Council's Transformation Programme is designed to meet these challenges and take advantage of associated opportunities. The emphasis is on locality working, with geographic boundaries shared with key partner agencies, and greater adaptability and responsiveness to local need.

The Council will reduce internal business costs, making better use of information technology, enabling our citizens and staff to take more direct control.

The future Council is beginning to emerge, with a flatter management structure, a smaller workforce, more efficient processes and a greater degree of service integration across the Council and with partner agencies, the third sector and commercial suppliers.

The integration of health and social care provides unprecedented opportunities to shift resources to align with partners' shared ambitions to support people to live at home. Its success will be manifest in greater coordination and focus on joint priorities; however, it will also be entirely dependent on a realistic and meaningful shift of resources from acute health services to community-based health and social care. In a climate of extreme pressure on all aspects of public services, achieving this shift will be very challenging.

Discussions regarding the future of education; a review of child protection across Scotland; possible implications of this for children's services generally; and most recently, the outcome of the referendum on EU membership combine to create a climate of change and uncertainty, within which public bodies must continue to support vulnerable people in a system that is structurally underfunded for the scale of need, demand and expectation.

As yet, the UK Government has not provided any guarantees of EU nationals' right to remain, following the referendum decision. Although figures are not confirmed, there may be around 10-15,000 EU national households living and working in the city. The Council estimates that around 1,000 of our 20,000 tenants include one or more adult EU nationals, and believes a high number have children, many born here, attending nurseries and schools in the city. There is a range of risks associated with this lack of clarity, and the Council and partner agencies are considering a detailed strategy for addressing this and supporting *all* the residents of Edinburgh in these uncertain times.



## 2. Partnership Structure / 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 is unaffected by the integration of health and social care under the Public Bodies (Joint Working) (Scotland) Act 2014.

The Council's Transformation Programme has taken account of this requirement, whilst at the same time taking the opportunity to make more efficient use of the CSWO resource.

In addition to the statutory functions associated with the role, the CSWO is now responsible for the management and strategic development of a range of operational services within the Council.

- Community Justice, including offender management, community safety and public space CCTV
- Homelessness and Housing Support, including advice services
- A newly configured Integrated Family and Household Support service, combining locality-based community safety, family solutions and housing support teams
- The Council's public protection activity, for example, child and adult protection, domestic abuse, management of high risk offenders, support for refugees and asylum seekers, sexual exploitation and human trafficking, etc.

The CSWO is by regulation a non-voting member of Edinburgh's Integration Joint Board for Health and Social Care; and a member of Edinburgh's Chief Officers' Group, which is responsible for the leadership, governance and performance management of the multi-agency aspects of public protection in the city.

The CSWO chairs or is a member of 5 partnerships/committees, which monitor performance and ensure the provision of quality services in relation to child and adult protection, offender management, alcohol and drugs and violence against women.

The post holder is also an advisor to the Edinburgh Partnership for community planning and chair of the Edinburgh, Lothian and Borders Strategic Oversight Group for Multi Agency Public Protection Arrangements (MAPPA).

The arrangements for public protection in Edinburgh are consistent with the expectations of the Scottish Government.

The Council's strategic partnerships and public protection governance arrangements are set out at Appendix 1 (diagrams 1 and 2).

### 3. Social Services Delivery Landscape

Edinburgh's population accounts for 9% of the population of Scotland and is projected to increase faster than any other area of the country, with a high rate of growth in some age groups (namely people over 75 years). This significant growth presents a number of challenges.

- Although a relatively affluent city, Edinburgh has areas of social and economic inequality, with significant pockets of deprivation.
- The difference in life expectancy between the most and least affluent areas in Edinburgh is estimated to be 8.5 years for males and 6.2 years for females. Residents in deprived areas are also likely to develop long-term conditions at least 10 years earlier than their fellow citizens. Half of the people who experience poor health do not live in areas of the city with the highest levels of deprivation.
- A significant proportion of the Integration Joint Board's budget is allocated to older people's services. Demographic projections mean that the pressure on resources, already difficult to manage, will increase significantly.
- The level of unemployment in Edinburgh is very low, making it difficult to recruit to the social care sector in comparison with higher salaries and benefits offered in the commercial sector. The inability to recruit social care staff has resulted in under capacity in service provision. In 2015/16, the demand for care at home services outstripped demand by between 4500 and 5000 hours per week.
- These major recruitment difficulties combine with financial pressures to create a critical gap in capacity of services to meet need. This in turn puts pressure on other parts of the system, for example admissions to and discharges from hospital, and in some cases, lengthy delays in service provision.
- Welfare reform continues to have implications for the citizens of Edinburgh, with 390 Council tenants receiving Universal Credit, 44% affected by under-occupation.
- For households on low to moderate incomes, demand for housing is continuing to outstrip supply, with over 150 bids made for every property available to let from the Council or Housing Associations. Overall homelessness presentations are reducing, however, the time households spend in temporary accommodation is increasing as long-term, secure accommodation is unable to meet demand.
- In Edinburgh, drug and alcohol problems affect citizens, families and whole communities. It is estimated that 22,400 adults in Edinburgh are dependent on alcohol, and research indicates that 43% of the adult population drinks more than the Scottish Government recommended limit.
- Edinburgh has well documented problem drug use, with 6,600 people dependent on heroin and/or benzodiazepines. Indicative figures for 2015 show 69 drug related deaths. This is a slight reduction on 2014 figures; however, it is an average increase of 20 deaths for the previous 5 years. This may be related to an ageing cohort of

drug users who experience poor health, which makes them more vulnerable to fatal overdose.

- During 2014/15, Edinburgh faced major challenges regarding New Psychoactive Substances (NPS). The introduction of the temporary banning of ethalphenedrate in April 2015, followed by legislation has had a significant impact on the availability and use of the NPS in the city. Although this has resulted in a reduction in a range of health and criminal harm related to the use of NPS, the use of heroin and alcohol continues to present huge risks for the health and wellbeing of citizens, families and communities and to violence, anti social behaviour and crime.

In recognition that citizens living in poverty experience poorer life chances, reduced health and wellbeing and shorter life expectancy than the wider population, the Council and its partners have developed an integrated framework and action plan to tackle inequalities.

Actions include:

- funding local community health initiatives to build community capacity and increase people's social capital
- increasing healthy eating through skills training and local food co-operatives
- building stronger and more resilient communities through specific initiatives, such as Headroom, which is based in specific GP surgeries in the East and South West of the city and Communities in Motion, which is a joint initiative between the Council, Police Scotland and the voluntary sector to address crime and anti social behaviour in innovative ways; and
- removing barriers to access and effective use of health and social care services for all citizens.

Shifting the balance of investment in favour of services and approaches that prevent problems occurring or stop them from deteriorating can improve outcomes for citizens, reduce future demand and make more effective use of available resources.

The integration of health and social care provides the opportunity to continue to embed prevention and early intervention into mainstream service delivery and take an evidenced based approach to identifying specific priorities for localities. It also presents opportunities to redirect resources from acute health services to community based support.

Care at home provides essential support to help people maintain their independence. The number of hours of care provided increased to 40,000 per week in 2015 from 34,000 in 2012, with the average package also increasing from 12.2 to 14.5 hours per week. Unfortunately, demand still outstrips supply by 4500/5000 hours of care per week.

The percentage of older people with high level needs (10+ hours of care per week) who are cared for at home has increased from 14% in 2002 to 35% in 2015. A redirection of resources and new ways of working are required to enable community services to meet increasing demand and provide good quality care for citizens living in the community with increasing complex conditions if the system is not to be overwhelmed.

The Social Care (Self Directed Support) (Scotland) Act 2013 was intended to give people eligible for social care support greater choice and control. Feedback from citizens is that self-directed support has made a very positive impact on their lives and in some cases has included a reduction in the level of support the individual now receives.

Self directed support can only be achieved by working in partnership with third sector organisations and partners, as well as with individuals. 19 providers have signed up to Individual Service Fund agreement. There are a number of examples of partnership working with providers, including jointly reviewing care packages to identify more creative ways to provide support that will meet the individual's needs at a lower cost.

Comprehensive implementation of self directed support remains a longer term target. However, its success will be dependent on a more extensive transformation of service models and on a transfer of both control and funding to individuals. This is particularly challenging in the current and projected financial climate, and as a result, the potential failure of self directed support is a risk to be managed.

The Council and commissioned services continue to provide advice and support to mitigate the scale of hardship caused by Welfare Reform. Some of the issues include an increase in rent arrears, requests for crisis and community care grants (£2,229,171 spend in 15/16) and Discretionary Housing Payments to cover elements of housing costs.

The advice shop continues to help support citizens affected by welfare reform, by providing income maximisation, debt advice and support at welfare advice tribunals.

Edinburgh has been allocated £9million from Scottish Government to mitigate the impact of under occupation. There continues to be a reliance on food banks in Edinburgh, with an increase in demand identifiable under certain circumstances, for example, during school closures.

There is significant demand for housing in Edinburgh, the last housing needs and demand assessment shows a requirement for 36,000 additional homes needed over the next ten years, of which 16,600 should be affordable. The Council aims to increase the number of affordable homes in Edinburgh from 3,000 to 8,000 over the next ten years and to invest in services that will reduce the cost of living for tenants.

In January 2016, housing association representatives of the Edinburgh Affordable Housing Partnership (Castle Rock Edinvar, Dunedin Canmore, Hillcrest, Home Group, Link Group and Port of Leith) committed to matching the Council's plan with a further 8,000 low cost and affordable homes. Together this is a commitment of 16,000 homes and £2 billion of direct investment over the next 10 years, which highlights the positive benefits of working with partners to achieve one of the city's key priorities.

Developments in inter-agency work on public protection and its prioritisation by partners in Edinburgh are welcome. The work aims to respond to high levels of need and risk

throughout the city. Better integration, shared vision and agreed priorities have all helped to improve our collective approach to public protection. Work during 2015/26 has focused on a range of emergent priority areas for partners, including, domestic abuse, human trafficking, sexual exploitation, forced marriage, female genital mutilation, radicalisation and historical abuse.

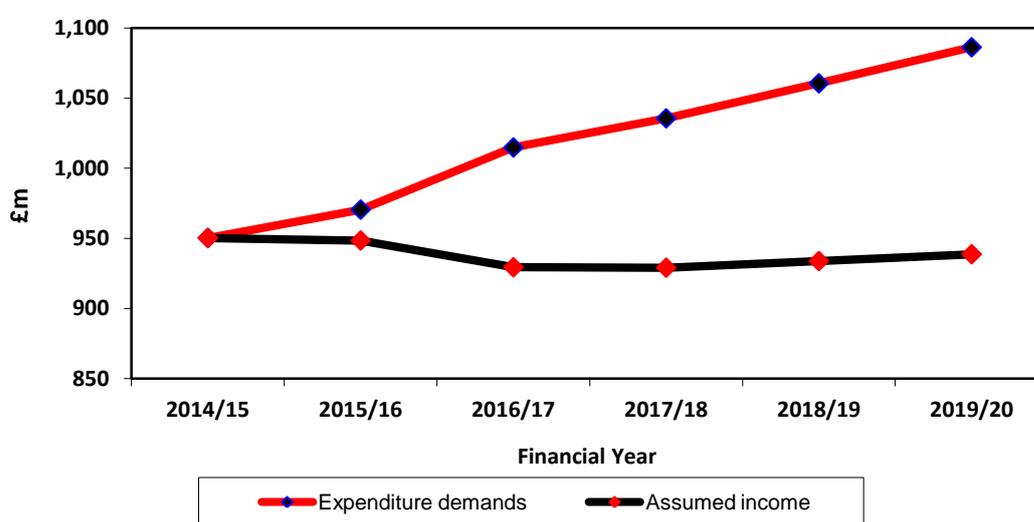


## 4. Finance

The Council continues to face significant challenges from increases in demand, inflationary pressures, welfare and pension reform, increased citizen expectations and reduced Government grant income.

Taking all of these factors into account, to maintain expenditure in line with income, the Council needs to deliver nearly £148m of recurring annual savings from its 2014/15 baseline by 2019/20.

This target is likely to increase if levels of Government funding are lower than anticipated or demographic changes are different from those provided for. The chart below shows the gap between demand and resource.



The Council's financial strategy was approved in June 2015 and seeks to address the challenge in four main ways.

- Control service overspends
- Ensure delivery of previous years' savings commitments
- Deliver the benefits underpinning the transformation programme
- Where necessary, deliver the remaining element of savings through service prioritisation and/or service reduction

To make the necessary changes to allow the delivery of required savings, the Council has initiated a major transformation programme. The aim is to build a leaner, more agile organisation, centred on citizens and communities, and underpinned by significant investment to deliver both service benefits and financial savings.

To date, £132m of the required £148m savings has been identified, as shown in the table below. While all services maintained expenditure within budgeted levels in 2015/16, given the much larger level of savings required in future, a systematic and detailed process of Council leadership and elected member scrutiny is in place.

	15/16	16/17	17/18	18/19	19/20
<b>Total savings requirement (£m)</b>	<b>21.9</b>	<b>85.4</b>	<b>106.5</b>	<b>126.8</b>	<b>147.6</b>
Savings approved 2015/16	19.7	20.7	20.7	20.7	20.7
Service transformation	2.2	41.7	72.7	77.4	77.9
Service prioritisation and other net savings	0.0	25.3	28.1	31.2	33.7
Other changes	0.0	-2.3	-15.0	-2.5	0.0
<b>Savings to be identified</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>15.3</b>

In recent years, budget planning in the 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 over the age of 85, and increasing numbers of people with learning and physical disabilities due largely to greater longevity.

Funding is also provided for a growing number of children and young people, with some additional needs offset by preventative investment in early years and by actions intended to reduce the increase in number of looked after children.

Despite this welcome commitment, the scale of savings required of public services and the growing complexity of need across all age groups, leave services with diminished capacity to meet need to the level and quality communities expect. This creates challenging tensions in balancing potentially competing demands on public funds.

### **Comparative expenditure analysis**

In 2015/16, Edinburgh's overall social work spend per head of population was the thirteenth-highest in Scotland, around 4% above the national average. While Scotland-wide data on respective children's and adult social care spend were not available at the time of writing, as in previous years, this overall position reflects higher relative spending on children's social care, a phenomenon common to all of Scotland's city authorities. As part of the Looked-After Children Transformation Plan, Edinburgh continues to seek to control expenditure through

reductions in usage of secure and residential care, increases in local authority foster carers and kinship carers, and supporting more families with community-based services.

In adult social care, the emphasis is similarly based on the use of, and investment in, preventative services wherever feasible, with approved budget framework proposals targeting significant savings through further focused investment in both re-ablement and telecare/telehealth, as well as revised models of demand management.

	2014/15	2015/16	Per head of	Ranking	Population used (2015 Projection)
	Net Outturn	Net Outturn	of population, 2015/16	out of 32 LAs, 2015/16	
	£'000		Rate	Rank	
Education	303,734	312,092	£5,797*	TBC	*Figure shown represents expenditure <i>per pupil</i> for primary, secondary and special schools only
Social Work	304,329	305,206	£614	13th	All ages
Roads and Transport	13,774	11,127	£22	32nd	All ages
Environmental Services	65,469	65,053	£131	10th	All ages
Planning and Development Services	16,611	16,842	£34	23rd	All ages
Cultural and Related Services	41,546	37,557	£76	31st	All ages
Housing	31,368	31,986	£65	TBC	All ages
Central Services	46,669	37,410	£76	TBC	All ages
Debt repayment and interest payments	142,934	146,720	£298	TBC	All ages
Other expenditure	-9,181	-7,914	-£16	TBC	All ages
<b>TOTAL COUNCIL EXPENDITURE</b>	<b>957,253</b>	<b>956,079</b>	<b>£1,923</b>	<b>32nd</b>	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 are larger than those used internally in the Council.

For 2016/17, budgeted per capita expenditure figures, while lower in absolute terms due to reductions in overall funding, show broadly-similar trends. These reductions reinforce the importance of exploring a range of innovative new approaches to service delivery and maximising the benefit of preventative investment.

The Council and its partners need to continue to invest in prevention and early intervention. The Edinburgh Partnership Prevention Strategic Plan 2015-18 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. It provides a framework to guide city partners to increase the pace of change. The main challenge in an environment of severe resource constraint is to maintain and increase preventative spend, which will have a longer term positive impact, in the face of pressing immediate demand. Despite the difficulties this presents, the alternative – continuous focus on urgent need to the exclusion of preventative measures – will result in the system of public services being overwhelmed.



## 5. Service Quality and Performance

Across the Council's social work and social care service, including those adult services delegated to the Integration Joint Board for Health and Social Care, there is a wide range of quality assurance activity – from day to day operational management at a local level, to broader self evaluation and audit, involving quality assurance staff, practitioners and operational managers. Set out below are some examples of quality assurance activity carried out in 2015/16. This activity is an important mechanism for assessing the standards of services delivered; however, it cannot address the structural issues relating to resource pressures, for example, delays in assessments and service provision. These require to be tackled by service redesign, a greater emphasis on prevention, early intervention and self-management, and by a meaningful transfer of resources from acute to community based services. This principle applies to both adult and children's services and the management of offenders and anti-social behaviour.

**Single agency practice evaluation** – this is a model well established in our children's services and criminal justice, and which is now being rolled out across adult social care. It is a method of self assessment and reflection on the effectiveness of intervention and the quality of the relationship between the practitioner and service user. The feedback from the model provides services with qualitative evidence regarding the direct impact on service users and their families.

In 2016, a comprehensive evaluation of this approach was undertaken in children and families. This enabled the quality assurance service to adapt and change the programme as a direct result of feedback, and to consider its broader impact and contribution to improvements in practice.

**Complex case review discussion** – as a result of a significant incident review in November 2015, the quality assurance team facilitated a complex case review discussion, involving professionals from a number of disciplines and agencies, including Police Scotland and NHS Lothian. The aim of the exercise was to reflect on professional practice to improve our safeguarding of vulnerable individuals and groups. The findings and identified improvement actions from this review have been reported to Edinburgh's Child Protection Committee and the Care Inspectorate.

**Adult protection multi-agency mapping exercise** – this was completed in 2015. The aims included a greater understanding of the relationships between Council structures and those within partner agencies to improve information sharing and communication. The outcomes from this exercise resulted in an improvement plan, which will be monitored by the Adult Protection Committee.

The quality assurance service continues to plan and deliver a comprehensive programme of case file audits. Set out below is the audit activity carried out during 2015/16.

- A multi-agency adult protection case file audit between November and December 2015, with representation from health, police, social work and social care staff. The work combined multi-agency practice evaluation and case file reading to review 16 cases subject to multi-agency involvement, followed by a facilitated 3 way professional evaluation.
- Children and families case file audit of 100 cases, including child protection, domestic abuse, statutory and non-statutory cases measured against key areas of development, which were identified from previous audits.
- A multi-agency file reading exercise involving 10 cases, commissioned by the Child Protection Committee in May 2016.

An integrated Care Inspectorate and Health Improvement Scotland inspection of services for older people is due to take place during 2016/17. Preparation for this is underway:

- briefing sessions for staff, management teams and members of the Integration Joint Board
- development of an improvement plan, reporting structure and position statement for the Adult Protection Committee
- review of quality assurance activity across adult health and social care
- mapping of adult protection quality assurance structure and framework for the Council and Integration Joint Board
- development of position statements for each area of health and social care

Other quality assurance activity includes:

- co-ordinated a risk management event, looking at how well services manage and mitigate risk and how effectively we apply learning from significant case reviews
- support for the development of the Integration Joint Board's performance and quality work and of the professional clinical and care governance framework
- supporting the Council's anti-fraud and bribery working group to develop, monitor and support staff in identifying and responding to internal and external fraudulent activity
- development and design of the Council's customer relationship management system, which will create a single automated client contact and records management system and standardise the management and administration of complaints across the Council
- coordination of significant case reviews following critical incidents (harm to children or vulnerable adults; harm caused by supervised offenders; service user death or serious injury; historical abuse)

The quality of care home and care at home provision (both delivered by the Council and purchased from the independent sector) is monitored via bi-monthly, multi-agency quality assurance meetings. These meetings make recommendations for improvement, and where appropriate, for the suspension of admissions or service matching.

Reporting of concerns or positive comments regarding in-house and purchased care services is done through the Care Service Feedback process. Information is gathered to assist targeted improvement or learning from good practice across all social work and social care services. This process is for issues that may fall short of formal complaints, but where improvement action is still required. Appendix 2 gives an analysis of complaints received by service area.

The monitoring of quality improvements within contracted services is based on Care Inspectorate grades. The Care Inspectorate regulates and inspects children and adult social care, social work and protection services. The process involves applying grades to services. Where the Care Inspectorate receives a complaint and on investigation this complaint is upheld and is considered serious, the quality grades may be reduced. The Care Inspectorate publishes all inspection reports. The grades for Council services are detailed in Appendix 5.

Details of independent sector provider grades are set out below.

Year	% of providers achieving excellent, very good or good care inspectorate grades	% of providers achieving adequate, poor, unsatisfactory care inspection grades
2013/14	80%	20%
2014/15	81%	19%
2015/16	78%	22%

Performance on all the Council and Integration Joint Board activity is reported to elected members elsewhere and in a variety of formats. It is not repeated in this report. However, included below is a flavour of some of the service achievements during 2015/2016.

- The successful restructure of the Violence against Women Partnership, following a detailed strategic assessment
- Edinburgh chairs a national consortium of agencies aiming to develop the Safe and Together model across Scotland (domestic abuse)
- Delivery of ‘Rethinking Domestic Abuse’ training on a monthly basis, which has been well attended and evaluated
- Launch of the “Vintage Vibes” – a new service tackling isolation and loneliness among older people in Edinburgh

- 680 emergency carer cards issued
- The Be Able service is now available within each of the 4 localities and is a 14-16 week programme for older people, who want to regain or maintain skills to maximise independence to continue to live at home
- Child Poverty Initiative – outreach work engaging with parents focusing on welfare rights and debt advice at Gracemount Primary School
- Commissioning of care at home on a locality basis with the independent and third sector
- Development of a multi-agency support protocol for victims of human trafficking to raise awareness and facilitate a consistent response to victims
- Inter-agency workforce training on human trafficking, in partnership with the UK Border Force, Police Scotland, Equal Scotland, NHS Lothian and the trafficking awareness raising alliance
- Independent advocacy agencies contribute to the adult support and protection training, which raises the awareness of the duty to consider independent advocacy for adults at harm
- Practice evaluation and multi-agency case file audit found evidence that practitioners are skilled at engaging with service users often in very challenging circumstances
- Talking mats with its bank of “keeping safe” symbols is an established tool used to improve communication and facilitate conversation about sensitive topics; the use of talking mats is being promoted and training is being rolled out across the adult protection workforce
- Easy read versions of adult protection leaflets produced
- Development of locality leadership teams to support the move towards a more tangible neighbourhood focus
- Fit for Health delivered at 5 leisure centres in Edinburgh in partnership with Edinburgh Leisure to improve the health and wellbeing of people with long-term conditions
- Young people from Northfield and Greendykes Young People’s Centres, the 6VT project and Panmure St Anne’s school contributed to the development of the latest Speak Up – Speak Out public protection awareness campaign
- Over 200 school children took part in a competition for Safer Internet Day 2016, on the subject of making the internet a safer place
- Implementation of the Leith Alcohol Pilot – a community based response to alcohol related harm; this included a school based programme on social norms and the development of alcohol marketing material distributed in schools
- Training for community members on the licensing process alongside the development of national guidance on responding to license applications delivered as part of the Leith Alcohol pilot

- Adult community treatment and recovery services have been redesigned to increase capacity and improve pathways of care, co-produced with people with lived experience and providers
- The Violence against Women Partnership has overseen the Speak up Speak Out domestic abuse campaign, including the distribution of material translated into Polish, Urdu, Arabic and Chinese.
- Successful welcoming and resettlement of Syrian refugees in Edinburgh.

The integration of health and social care requires a more effectively coordinated and integrated quality assurance framework for delegated functions. This is being developed and will be reported to both Council and the Integration Joint Board when complete.



## 6. Delivery of Statutory Functions

The CSWO has a number of statutory responsibilities specific to the role. These are set out in legislation and Scottish Government guidance and relate primarily to issues of public protection and the promotion of professional standards for the workforce.

Registered social workers make a significant contribution to social justice and inclusion, often working at the critical interface between the state and individual liberty.

Decisions relating to the following may be expected of social workers:

- Consideration of compulsory detention against their will of individuals with mental health issues
- Restriction of liberty of offenders who may pose a risk
- Removal of children from their parents' care

These decisions require a careful balance between individual rights, needs and risks, both to the individual and the 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 partner agencies have established strong multi-agency governance arrangements for public protection, from the Chief Officers' Group, chaired by the Council's Chief Executive, to protection committees and a number of sub-groups focusing on performance, quality and review. Within these governance arrangements, there are a number of sub-groups, which focus on child and adult protection, violence against women, drugs and alcohol and offender management.

The CSWO is the lead officer for public protection in the city and this allows 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 activity related to statutory duties and decision making are attached at Appendix 3.



## 7. Service User and Carer Empowerment

Capturing feedback and engaging with service users play an increasingly important role in shaping and evaluating services provided by the Council and partners. With the move towards more devolved locality working, service users will have a more significant say on the shape and development of services going forward.

The introduction of the Community Empowerment Act, which aims to “help empower community bodies through the ownership of control of land and buildings and by strengthening their voices about public services” takes service user engagement a step further.

The Personalisation Core Group has representation from citizens who use health and social care services and carers who work collaboratively with Council officers to influence the implementation of self directed support in Edinburgh. This group continued to meet until October 2015. During 2015/16, the focus of the group has shifted to the integration of health and social care and contributing to the Integration Joint Board’s strategic plan.

A Monitoring and Evaluation group involves service users, frontline staff and third sector organisations to assess the impact of the implementation of self directed support in Edinburgh.

The feedback indicates that although some progress has been made in taking forward asset based and person centred approaches, these are not yet embedded across the health and social care system and are at risk when organisations are faced with extreme financial challenges.

Meaningful engagement of citizens using collaborative and co-productive approaches continues to grow.

- The Older People’s Reference Group and A City for All Ages provide an opportunity for older people to influence the planning and delivery of services.
- The Edinburgh Plan Advisory Group meets regularly to engage people with learning disabilities in shaping the way services develop in the city.
- The Mental Health and Wellbeing Partnership membership includes both unpaid carers and organisations representing them
- The membership of the Edinburgh Integration Joint Board includes four seats for citizens with experience of using health and social care services or of providing unpaid care. These four individuals also sit on the Strategic Planning Group and are involved in other sub groups of the Board.

The need to change the relationship between statutory agencies, their partner organisations in the third and independent sector and citizens and communities is at the heart of transformation in Edinburgh. The promotion of good conversations, which empower citizens

to take more control over their health and wellbeing and make increased use of community assets, is a strategic priority for both the Council and the Integration Joint Board.

There are also a number of specific examples of changes to offer more personalised, asset based and outcome focused services.

- ‘Inclusive Edinburgh’ continues to focus on improving services for people with complex needs who often struggle to engage in traditional ways.
- Edinburgh is the first Council in Scotland to appoint peer support workers in substance misuse and mental health. Service users are also involved in the recruitment of Mental Health Officers (MHO) and in some children’s services.
- People with physical disabilities are involved in developing a joint strategy, informed by the review of Hospital Based Clinical Complex Care, with a focus on supporting people to help them manage their condition, build confidence and increase their independence.
- A co-production partnership was set up to develop the day services for older people from minority ethnic communities commissioning plan 2016-19, service users have been heavily involved through a variety of means to help shape the services going forward.

The addiction recovery community is thriving in Edinburgh, with over 160 events every week. These encompass social and leisure activities (e.g. the community linked to the Serenity Café and smaller local groups), meetings where people come together to share their experience, hope and strength (e.g. Alcoholics Anonymous or SMART meetings) and events where people come together to influence services (e.g. conversation cafés).

The Edinburgh Alcohol and Drug Partnership has led on the development of a mobile phone app (Addiction Recovery Companion-Edinburgh), which shows all of these activities and signposts people to the right ones for them.

There has been extensive engagement with all community partners on all aspects of locality working, including the Edinburgh Partnership Board. There have also been a number of engagement events on locality working at Neighbourhood Partnerships, the Edinburgh Association of Community Councils and various local voluntary sector forums. Further citizen engagement is planned as a result of the development of locality improvement plans.

All of the above complements the routine seeking of individual service user feedback, for example, monthly questionnaires for recipients of home care and exit interviews for offenders whose statutory supervision is coming to an end.

## 8. Workforce Planning and Development

The development of the workforce continues to be a key priority for the Council. Over recent months, continuous learning, development and support have underpinned the modernisation of services and the development of the Council's social care workforce across both adult and children's services. Examples of the key learning and development achievements in 2015/16 are set out below.

- Social work practice learning – a number of employees completed the professional award to provide placements and assess social work students in practice. The award supports experienced staff to work with social work students on their qualifying programme.
- 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.
- Single agency events on intervention and assessment of babies (Keeping Baby in Mind), neglect, child sexual abuse and exploitation, as well as larger events such as Toxic Trio, Harmful Traditional Practices were all evaluated positively.
- Social workers have had the opportunity to study child protection at graduate or postgraduate level with Stirling University.
- Team Leaders have had the opportunity to undertake either level 10 or 11 supervision and leadership and management qualification.
- Single agency event on neglect in partnership with Scottish Children's Reporter Association for school based staff.
- Edinburgh's training in relation to the complex field of neglect was showcased at the National Trainers' Conference.
- Workshops in the Total Craigroyston area were co-facilitated by Learning and Development and Psychological Services around trauma and the impact on children.
- Talking mats training has been provided to specialist foster and day carers.
- The Practice Panel aims to run three events yearly. One of these focused on the reviewing team's research around seeking the views of Looked After and Accommodated children and young people.

Some of the areas focused on within multi-agency training have included:

- The vulnerable babies' course has been adapted to apply beyond early years and now focuses on the impact throughout childhood, with a focus on the impact of Foetal Alcohol Spectrum Disorder.
- Child protection and children with additional support needs.

In adult social care, 279 front line care staff engaged in the 9 day essential learning for care programme. 13 were NHS Lothian staff employed at Gylemuir Care Home.

526 supervisors and managers have completed a management qualification, which is a relevant qualification for the purposes of Scottish Social Services Council (SSSC) registration. Another 14 supervisors are in the process of completing a management qualification for SSSC registration. 6 senior managers are working towards a post graduate qualification in leadership and management.

Opportunities to undertake other relevant qualifications are available for employees, such as the Mental Health Officer and Adult Protection postgraduate certificates.

The Council's accredited SVQ Assessment Centre continues to operate for both children and adult services staff. In 2015/16, there was a 3% increase in the number of social care staff employed in care homes who are appropriately qualified for employment and registration purposes (68%) and an 8% increase in the numbers of social care staff employed in a home care service who are appropriately qualified for employment and registration purposes (68%).

Staff turnover continues to be an issue within these services, impacting on qualification levels. In total, 124 Health and Social Care employees completed an SVQ and 24 completed a HNC in Health and Social Care over the last 12 months.

From April 2015 to March 2016, 26 Modern Apprentices in Care were recruited. 19 in care homes and 7 in disability day and short break services. 15 apprentices completed their qualification and now hold the SVQ Level 3 Modern Apprenticeship in Health and Social Care.

The Health and Social Care Academy is an example of the Council's strategy to help grow the workforce for the future. It continues to attract interest from pupils in Edinburgh's secondary schools, with a healthy intake of students at Edinburgh College and Queen Margaret University, studying National Higher 5, Higher Health and Social Care and an introductory pathways programme. All National 5 pupils were provided with a work experience placement in a Council or NHS Lothian setting.

Training on human trafficking has been developed in partnership with the UK Border Force, Police Scotland, Equal Scotland, NHS Lothian and the Trafficking Awareness Raising Alliance (TARA).

An event on human trafficking was held with 100 staff from a number of agencies involved in tackling human trafficking. Further inter-agency training for practitioners will be piloted in June and September 2016. Single agency training has been provided to over 300 Council staff.

The CSWO-sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet a minimum of four times per year. The ELPF offers opportunities for front line staff to explore their practice and contribute to improved service provision in Edinburgh and beyond. Topics covered in 2015 include an introduction to the re-launched advice shop services, an input on



## 9. Improvement Approaches and Activity

During 2015/16, the focus was on the integration of services at a locality level through both the Council's Transformation Programme and the integration of health and social care to deliver better outcomes for individuals and communities.

Whilst both initiatives have been moving forward in parallel, the importance of making strong links between the two has been recognised, so that health and social care services are also joined up with services for children and families, community justice and housing.

The Strategic Plan for Health and Social Care emphasises the need to forge a new relationship between the Council, NHS Lothian, third and independent sector providers, housing providers, citizens and communities.

Personalisation is at the centre of the plan, enabling people to look after themselves at home with access to the right care and support when they need it. This approach will build on the work undertaken to implement self-directed support and ensure that it does not get lost as the focus shifts to integration.

The six interlinked priorities within the strategic plan reflect the key challenges faced by adult health and social care in Edinburgh and the need to:

- work differently with people and communities using **person centred approaches** that enhance individual and community capacity
- manage future demand by **tackling inequalities** and investing in **preventative** approaches
- meet current demand by providing the **right care in the right place at the right time**
- make the most of the **resources** available by **managing them effectively** and working with our partners to **make best use of capacity across the whole system**.

A new integrated management structure is being developed. This will dovetail with the locality structure being implemented by the Council. An interim senior leadership team has been established with four locality managers.

The key areas of work being taken forward are:

- the establishment of multi-professional and agency locality hubs with a focus on preventing unnecessary hospital admission, facilitating timely discharge and supporting people to maintain their independence; longer term services will be organised around GP clusters, recognising the vital role that GPs have to play in locality working and also seeking to increase the use of initiatives such as social prescribing to increase the capacity of the community
- promoting easy access to information to enable people to take more control over their own health and wellbeing

- exploring new ways of working within primary care to reduce pressure on GPs and make better use of the skills of other primary care professionals
- redesigning the service across community and hospital services for mental health, including an improved rehabilitation pathway
- improving the pathway for people with dementia by developing more personalised care in community and hospital settings
- maximising the use of technology to support people to live as independently as possible and make best use of resources
- improving longer term life chances of our most disadvantaged and disenfranchised citizens through more effectively integrated, multi-disciplinary and multi-agency family and household support, focused on building and maintaining positive transformational relationships.

Alongside the development of locality teams, the establishment of Safer and Stronger Communities within the Council brings together many related areas of activity focused on protecting people, promoting wellbeing, welfare and social justice, and tackling inequality, crime and anti-social behaviour.

The Council's CSWO is also the Head of Safer and Stronger Communities, which brings together the following service areas:

**Regulation and Professional Governance** – CSWO functions, including quality assurance and professional standards across Council and Integration Joint Board. The regulation function will also cover the statutory requirements in relation to housing services, as well as social work, and all multi-agency public protection leads, and the asylum seekers and refugee service.

**Community Justice** – brings together criminal justice social work and city-wide community safety to allow for more effective co-ordination of activity relating to the management of offenders and their rehabilitation, the protection of the public and the promotion of community cohesion and wellbeing, as well as all Council activity related to domestic abuse and the lead for multi-agency service redesign.

**Homelessness and Housing Support** – the emphasis is on the 'people' aspects of the service, tackling homelessness and contributing to addressing its causes, supporting recovery for people with complex needs and assisting people to remain in their accommodation.

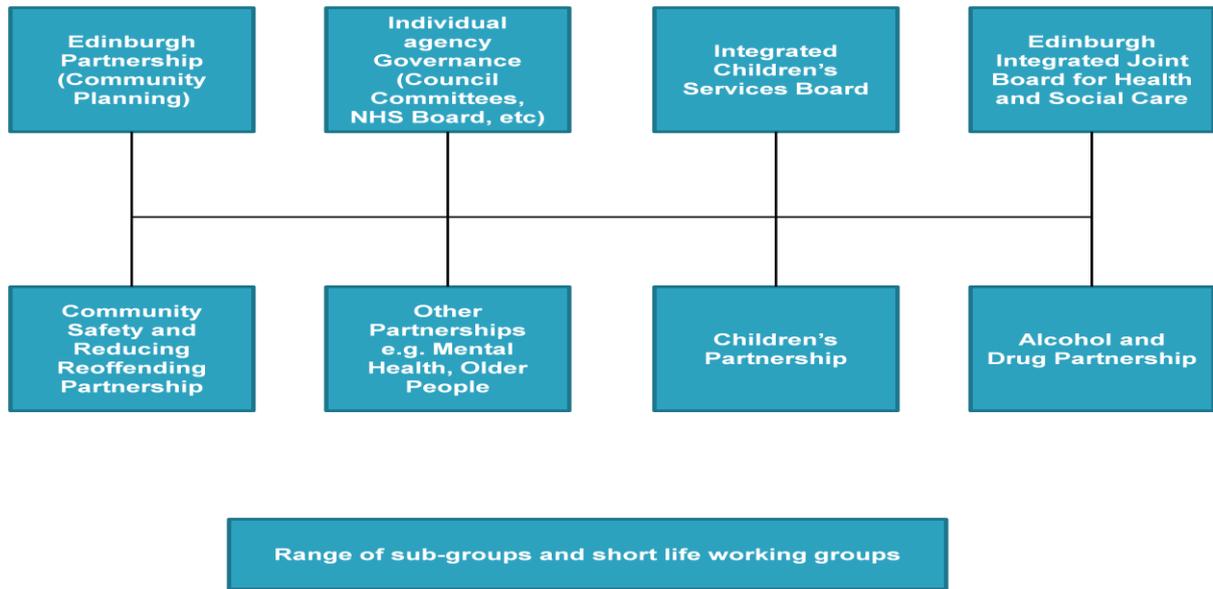
**Integrated Family and Household Support Teams** – this new development will bring together locality based staff from community safety, sheltered housing, neighbourhood support and family solutions into multi-disciplinary teams. The aim of the service is to develop an outcome focused, integrated and collaborative model that is community driven and designed around service user needs; focused on well-being, safety and building long-term community resilience.

Both the Council and Integration Joint Board are aware of the challenge of providing high quality services to the people of Edinburgh in a climate of financial constraint when demand for care, support and protection is rising and projected to continue to do so. The transformation programme underway across adult and children's services reflects the need for fundamental reform, rather than gradual erosion of traditional models. This is a basic principle on which capacity to continue to provide services depends, and requires not only structural change, but cultural change and a recalibration of the relationship between public services, citizens and communities.

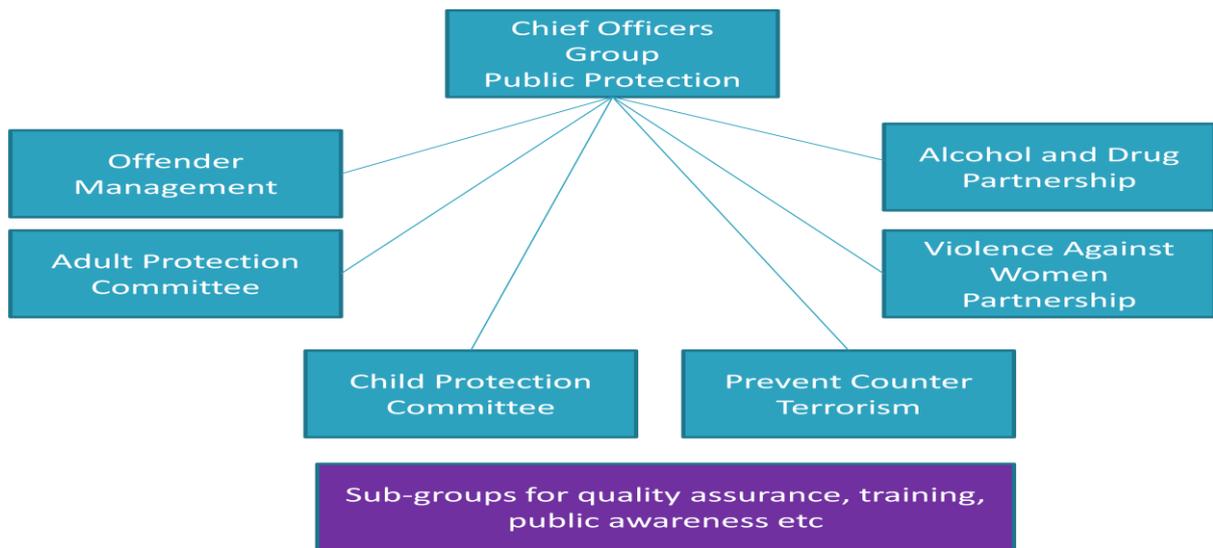


**Appendix 1 - Public Protection Strategic Partnerships and Public Protection Arrangements**

**Diagram 1 – Strategy and planning groups**



**Diagram 2 – Public Protection groups**



## Appendix 2 – Statutory Complaints Analysis

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 that required 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 from the public and from elected members (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 in this way when enquiries are being made on behalf of constituents for advice and/or case information, as opposed to making a formal complaint.

	2013/14	2014/15	2015/16
<b><u>Stage One Frontline Resolutions</u></b>	<b><u>334</u></b>	<b><u>334</u></b>	<b><u>239</u></b>
• Health and Social Care	224	243	173
• Children and Families	110	91	66
<b><u>Stage Two Investigations</u></b>	<b><u>276</u></b>	<b><u>201</u></b>	<b><u>173</u></b>
• Health and Social Care	19	125	114
• Children and Families	85	76	59
<b><u>Complaints Review Committees</u></b>	<b><u>12</u></b>	<b><u>9</u></b>	<b><u>8</u></b>
• Health and Social Care	6	5	5
• Children and Families	6	4	3
<b><u>Scottish Public Services Ombudsman</u></b>	<b><u>7</u></b>	<b><u>2</u></b>	<b><u>1</u></b>
• Health and Social Care	5	1	1
• Children and Families	2	1	0
<b><u>Enquiries</u></b>		<b><u>100</u></b>	<b><u>293</u></b>
• Health and Social Care		79	219
• Children and Families		21	74

In addition to the 173 stage two complaints formally responded to during 2015/16, a further 239 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 293 enquiries made by the public and by elected members on behalf of their constituents.

The service recorded 21 positive comments made by the public.

	2013/14	2014/15	2015/16
<b>Positive Comments</b>	<b><u>22</u></b>	<b><u>25</u></b>	<b><u>21</u></b>
• Health and Social Care	22	18	20
• Children and Families	0	7	1

During 2015/16, 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 policy on Managing Customer Contact in a Fair and Positive Way
- 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
- 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
- contributing to 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**

During 2015/16, Health and Social Care completed 114 formal stage two complaint investigations. This represents a decrease of 8.8% on the previous year.

In addition, 173 complaints were completed as frontline resolutions; 219 enquiries were resolved; and 20 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 67,800 contacts were received by Social Care Direct. This reflects a 1% increase on last year.

### **Practice Team/Sector Based Social Work Services**

5,894 assessments were carried out by practice teams (Sector Teams, Residential Review Team), which is a 3% decrease from last year, however, the waiting list for assessments in these teams was 1,057 at the end of the year, 3.5% higher than 12 months earlier.

3,534 reviews were carried out, representing a 4% increase on last year. By May 2016, the number of overdue reviews was 5,581, an increase of 10% on 12 months earlier.

### **Home Care Service**

4,880 people received 88,282 hours home care each week, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. This represents a 1% decrease on last year in the number of people receiving support at home and a 2% increase in the hours of support delivered; however, the number of hours waiting to be matched increased from 3,874 hours per week at the end of March 2015 to 5,221 hours per week at the end of March 2016, an increase of 35%.

### **Residential Care Homes**

309 adults aged under 65 years were supported in permanent care home places (all service user groups) representing a 2.5% decrease from last year.

3,590 adults aged 65 and over were supported in long-term care home placements, remaining the same as last year. Of these, 671 had a placement in a Council run care home at some point in the year, which is an increase on last year.

### **Criminal Justice Services**

2,415 people on community orders were supported by criminal justice social work. This represents a 14% decrease from last year.

Criminal Justice staff completed 2,656 social work reports to support decision making by the courts, representing a 5% decrease from last year.

### **Direct Payments**

Approximately 1,268 adults and 91 children received a direct payment, which is a 27% increase on last year.

### **Support to Carers**

There were 497 carers who received a carer's assessment and support plan in 2015/16. This has dropped since last year due to a reduction in funding of some carer initiatives (i.e. carer support payment), which promoted the carers assessment. There are a number of other Council and integrated health and social care services, aimed at providing support to carers in Edinburgh, including: the carers emergency card, the carer support team, the carer supported hospital discharge service, as well as support provided to voluntary carer organisations. Support to carers will continue to be a development priority over the next few years with the introduction specific legislation.

## Occupational Therapy

1,383 assessments were carried out to identify support needs, including adaptations, equipment and services required. This represents a 26.6% decrease on last year.

## Timescales

The Social Work Advice and Complaints Service continues to work with senior managers to improve complaint response times. In 2015/16, Health and Social Care responded to 82% of formal complaints within 20 working days or an agreed extension, in accordance with the statutory regulations. 47% were reported within 20 working days; 34% were reported with an extension agreed by the complainant. 18% of complaints were not completed within the targeted timescale.

## Outcomes

Of the complaints received 29 (25%) were upheld, 54 (47%) were partially upheld and 31 (27%) were not upheld.

## Complaint Trends

### Practice Teams

There were 46 complaints completed regarding practice teams. This represents an 18% increase from last year.

Complaint related to:	Number of Complaints
Service Provision	10
Staff / Professional Practice Issues	10
Assessment: Decision	6
Consultation / Communication	5
Decision of Practice Team	4
Funding Issues	4
Assessment: Delay	2
Finance: Charging	2
Provision: Assessment	2
Decision of Adaptations Panel	1
<b>Total</b>	<b>46</b>

### **Home Care**

During 2015/16, there were 11 complaints completed regarding the Council's Home Care service. This is a 21% decrease from last year. There were 7 complaints regarding Care at Home, the home care service purchased from external providers. This is a 46% decrease from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

### **Respite Care**

During 2015/16, one complaint was completed regarding residential respite care services: this related to older people's residential services.

### **Occupational Therapy Services**

During 2015/16, there was one complaint completed regarding occupational therapy, which represents a 75% decrease on last year. The number of people waiting for an assessment from the Community Equipment Service increased over threefold during the year from 30 to 100 between April 2015 and April 2016.

### **Residential Care**

During 2015/16, there were four complaints completed for older people's residential care. This is similar to last year. There were no complaints undertaken regarding residential care services for people with a disability.

### **Service Improvements**

During 2015/16, Health and Social Care identified various service improvements for managers to implement as a result of complaints made. Examples are set out below.

- The development of policy and guidelines for the scheme of assistance element of the Home Improvement Grant.
- The Council now issues notification letters to service users advising that inactive direct payment accounts will be closed.
- The Funding Independence Team's Advice Line voicemail has been updated to include e-mail address contact details.
- The Quality Assurance Team Leader now monitors delays in complaint investigations being completed. Investigation reports not returned within 40 working days are now reported to the relevant managers fortnightly.
- The Community Alarm Telecare Service call handling staff have been reminded that they must ask service users (who activate their alarms following a fall) whether they are injured. This is part of standard procedure and determines what further action is necessary, and whether an ambulance is required.
- The Council has reviewed admission procedures within Council care homes to ensure improved communication.
- Sector based staff were reminded to inform service users/representatives of the charge for a service in advance of the service commencing.

### **CHILDREN AND FAMILIES**

During 2015/16, Children and Families completed 59 formal stage two complaint investigations. This represents a decrease of 22% on the previous year. In addition, 66

complaints were completed as frontline resolutions; 74 enquiries were resolved; and one positive comment was received by the service. The level of complaints received is set against a background of service provision volume in the following key areas:

### **Practice Teams**

- around 3,900 children and family cases managed by practice teams as at 31 March 2016 – this is a similar figure to the previous year
- approximately 1,277 child protection referrals, representing a 1% increase from 2014/15
- approximately 261 reports per month submitted to the Authority Reporter – a 6% decrease from 2014/15

### **Accommodated Children and Young People**

- 1,390 children and young people ‘looked after’ by the Council (323 at home, 1067 away from home) – a 2% decrease on the previous year
- 590 children in foster care – a 5% decrease
- 74 children in residential care – a 1% decrease
- 16 children in secure accommodation – a decrease of 1
- 347 children placed with kinship carers – an 8% increase
- 34 children with prospective adopters – an increase of 7
- 6 children in ‘other’ settings (e.g. in community) – an increase of 2

### **Young People’s Service**

- 931 young people discussed at multi-agency pre-referral screening (early intervention) – a 37% increase
- 404 referrals received
- 340 risk assessments undertaken – a 55% increase
- 90 risk management case conferences held for young people under the age of 18 – a 9% decrease

### **Timescales**

Children and Families completed 73% of formal complaints within 20 working days or an agreed extension, in accordance with the statutory regulations. 22 (37%) were completed within 20 working days; 21 (36%) were completed with an extension agreed by the complainant; 16 (27%) of complaints were not completed within the targeted timescale.

### **Outcomes**

Of the complaints completed, 24 were not upheld (41%), 27 were partially upheld (46%) and 8 were upheld (14%).

### **Complaint Trends**

There were 36 complaints completed regarding social work practice teams. This represents 61% of the total. These related to staff practice; communication; service provision; decision making; foster carers’ concerns; and child protection (rights of parent/s).

Four complaints investigations were completed regarding Family Based Care services. This represents 7% of the total complaints formally investigated. These related to staff practice; funding, foster carers' concerns; and communication.

Six complaints were completed from accommodated young people who were either in residential or secure services, or foster care. This represents 10% of the total complaints formally investigated. The most common complaint theme from young people was staff practice.

Six complaints were completed regarding disability services; this represents 10% of the total. The matters related to decision making; disability respite; funding issues; service provision; and staff practice.

### **Service Improvements**

During 2015/16, 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 provision.

Examples of service improvements are set out below.

- A reminder was issued to practice team staff regarding their responsibilities in relation to the arrangement of care planning meetings and the recording of information following the meeting (Swift database, Children's plan).
- The Council's adoption process has been amended to ensure that adopters are aware of the service they can expect from the Council at different stages of the adoption process.
- The Family Based Care Service has developed procedural information to inform staff and carers of the Council's position regarding continuing care placements in accordance with the Children and Young People (Scotland) Act 2014, including early notification timescales for carers in relation to changes to fees and allowances. The Foster Carers' Handbook has been updated to include details of the decision making process when stopping fees and allowances.
- The Transition Team Manager has provided workers with clear information to provide parents/carers regarding the pressures facing the Council in terms of available adult day and respite services.

### **Complaints Review Committees**

If a complainant is not satisfied with the Council's response to their complaint, they may request 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. Eight Complaints Review Committees were completed during 2015/16. The recommendations of the Complaints Review Committee were then presented for ratification at the Council's Health, Social Care and Housing Committee for five Health and

Social Care cases; and at the Education, Children and Families Committee for three Children and Families cases. The Complaints Review Committee upheld the Council's position in five of the cases heard; in two cases the complainant's position was partially upheld; and in one the complainant's position was fully upheld.

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

- Sector based staff have been reminded that Care Inspectorate grades should be checked in advance of arranging respite. Staff have been advised that this is of particular importance where respite is being arranged out with Edinburgh.
- Care home admission procedures have been reviewed and rewritten.
- Where the service user is an inpatient, care home managers have been instructed to alert the allocated social worker and ward staff as a matter of routine of the care home assessment date. This will enable the social worker to invite family/appointed representative to attend the pre admission assessment, where appropriate.
- Care home managers have been instructed to complete a written pre-admission assessment report, which will include the manager's decision. When a placement is considered to be unsuitable, the reasons for refusing admission will be articulated clearly. The completed report will be given to the allocated social worker to share with family members, where appropriate.
- The care home admission criteria will include a caveat confirming that there may be circumstances when a person may not be offered the vacancy due to assessed levels of risk.

**Scottish Public Services Ombudsman:**

If a complainant is not satisfied with the Complaints Review Committee's response, they may request the case be heard by the Scottish Public Services Ombudsman. In 2015/16, one complaint was investigated by the Scottish Public Services Ombudsman relating to Health and Social Care. The Council's position was upheld.

## Appendix 3 – Statutory Duties and Decisions

### Mental Health Officer Service (MHO)

When an individual needs to receive care and/or treatment for a mental illness and is not able to make decisions regarding treatment, the local authority must make sure that a Mental Health Officer is appointed to work with that person.

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 and the consent of a Mental Health Officer employed by the local authority.

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

- provision of independent assessments regarding detention against a person'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

The table below demonstrates the continued demands on the MHO service. The drop in the number of assessments completed requires closer scrutiny. The tables below demonstrate an increase in the use of compulsory measures of care and treatment and in the continuing increase in the use of welfare guardianship.

	2013/14		2014/15		2015/16	
	Number	Individuals	Number	Individuals	Number	Individuals
Contacts	784	624	826	666	590	506
Assessments completed	1443	819	1566	865	1380	845

During the reporting period, the Mental Health Officer service completed 1380 assessments. This represents a slight decrease in numbers compared with those recorded in the last reporting period.

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

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 three reporting years. The permissible duration of each order is given in brackets.

This demonstrates that, as in previous years, the number of civil orders used has been fairly consistent, with the exception of the use of Emergency Detention Orders, which has dramatically increased by 59%. This is of 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 for the detained person. The increased use of Emergency Detention Orders may be a consequence of Approved Medical Practitioners making decisions 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 is some evidence that MHO consent is not always sought prior to the detention of individuals on an Emergency Detention Certificate. More scrutiny of this practice is necessary to understand the reasons. The use of Short Term Detention and Compulsory Treatment Orders has decreased, although not significantly.

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 demand on this service as Mental Health Officers remain involved for the duration of an order, and there are a number of statutory duties to be undertaken regularly with the Responsible Medical Officer.

	Commenced Apr 13 – Mar 14	Commenced Apr 14 – Mar 15	Commenced Apr 15 – Mar 16
Emergency detention in hospital (72 Hrs)	95	124	208
Short term detention in hospital (28 days)	411	437	411
Compulsory Treatment orders (indefinite with 6 monthly review in first year and then annual review)	130	153	125
Interim compulsory treatment orders (28 days)	47	78	61

The table below shows the number of orders in place on 31 March in the last four reporting years. Compulsory Treatment Orders are reviewed and may be extended annually.

This work represents a significant proportion of an MHO caseload. On 31 March 2016, there were 306 Compulsory Treatment Orders in place in Edinburgh. The table shows a 10% decrease in the number when compared with the previous year.

Pressures on the service are more marked with the sharp increase in Short Term Detention Certificates in place, which necessitates intensive involvement from Mental Health Officers during the assessment, planning and review of an individual's care and treatment.

Compared to the last reporting year, there is a 59% increase in the number of Emergency Detention Orders in place at 31 March.

	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016
Emergency detention in hospital	5	4	41
Short term detention in hospital	43	99	167
Compulsory treatment orders	284	326	306

### **Criminal Procedures (Scotland) Act 1995**

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. A Mental Health Officer will contribute to the assessment of the person and provide reports to court.

If an individual is convicted of an offence, for which the punishment may be imprisonment, the court may impose a Compulsion Order. This may authorise the person to be detained in hospital or impose strict conditions, which allow the person to receive treatment while living in the community.

If the court makes an individual subject to a Compulsion Order, it can also add a Restriction Order if the nature of the offences, or risk to the public is sufficient. 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. The table below shows the total number of orders under the Criminal Procedures (Scotland) Act open to the MHO service:

	2011/12	2012/13	2013/14	2014/15	2015/16
Total legal orders started	22	17	14	19	25
Total legal orders open at period end	65	64	56	62	71
Compulsion orders with Restriction order open at end of period	28	26	23	24	24

The above table indicates a slight increase in the use of mental health disposals by courts in Edinburgh, and as a result 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 required transfer to hospital for treatment of mental disorder.

### **Adults with Incapacity (Scotland) Act 2000**

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.

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.

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, which could not 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.

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 CSWO to be appointed as welfare guardian.

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.

The CSWO 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.

	2014	2015	2016
<b>Welfare guardianships</b>			
CSWO welfare guardianships	92	97	116
Private welfare guardianships	122	145	167
<b>Private financial guardianships</b>	87	93	92
<b>Welfare and financial guardianships</b>			
CSWO welfare and financial guardianships (guardian for financial element must be non-Council)	17	22	32
Private welfare and financial guardianships	242	299	319
<b>Subtotal</b>	259	321	351
<b>Grand total</b>	560	656	726

As in the previous four 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 MHO service, which has to provide reports to accompany applications to court and on the community practice teams and residential review team, which have the responsibility for supervising private welfare guardians. Despite Scottish Government intervention to try to reduce the burden on local authorities as a result of the Adults with Incapacity (Scotland) Act 2000, recent legal judgements in relation to deprivation of liberty are likely to result in a greater volume of applications for welfare guardianship by the local authority. This is likely to be required in order to ensure that the local authority remains compliant with the European Convention of Human Rights when providing services to adults who have lost the capacity to give informed consent to receive that service.

The continued increasing pressure and demand on MHO services has been mitigated by an increase in the number of Senior Practitioner/MHO posts within Health and Social Care during 2015. There remains considerable pressure on the service to intervene at an early point in the assessment of an individual's capacity to make welfare decisions, as there are significant delays in hospitals as a consequence of lengthy processes to put in place powers that will enable an individual to move to an appropriate care setting. The MHO service is

working with NHS Lothian colleagues and the Scottish Government to consider improving patient pathways and service response where delays exist.

### Looked after Children

There has been a small decrease (35) in the overall number of Looked After Children. This is encouraging after many years of increases as noted in the table below. The breakdown shows a decrease of 35 in children looked after at home. The number of children in foster care and in residential care has also decreased and the number of children in kinship care has increased. This is in line with the Council's ambition to see more children in kinship placements.

Looked After Children	Figures at March		
	2014	2015	2016
Total number of children and young people looked after	1404	1425	1390
At home with parents	345	358	323
In foster care	594	622	590
In residential	79	75	74
With kinship carers, friends / relatives	328	322	347
With prospective adopters	41	27	34
In secure accommodation	13	17	16
Other	4	4	6

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

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

The 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 2015/16, 37 children were placed for adoption. During the same period, 35 children ceased being looked after as a result of being adopted successfully.

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. They 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.

29 new foster carers were approved in 2015/16. There are a further 37 foster carer assessments underway. The table below provides further detail on the number of adoption and permanence orders.

Item	Figures for period April to March		
	2013/14	2014/15	2015/16
Adopters approved	21	21	20
Children registered for adoption (Permanence Order with Authority to Adopt)	41	27	28
Children registered for permanence (Permanence Order)	60	48	46
Children placed for adoption	44	43	37
Children adopted	54	44	35
% of Permanence panels within timescale	83%	89%	85%

The number of children allocated to a practice team social worker (noted in the table below) is 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.

Item	At 31 March		
	2014	2015	2016
Approximate number children allocated within Children and Families teams	3,900	3,900	3,900

Item	At 31 March		
	2013/14	2014/15	2015/16
Monthly reports submitted to the Authority Reporter	300	278	261

### Secure accommodation of children

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

Item	Figures for period April to March		
	2013/14	2014/15	2015/16
Total number of admissions	21	39	38
Admissions to out of Edinburgh provision	3	15	11
Average length of time in secure for young people discharged (in days)	183	170	135

Children's Hearings may impose conditions of residence on children subject to supervision orders. Only a Children's Hearing may vary such conditions. The local authority must ensure these conditions are implemented. If a child who is required to reside at a specified place must be moved in an emergency, the CSWO may authorise the move, following which the case must be referred to a Children's Hearing.

During the period under review, 33 children and young people subject to a supervision order were moved to an alternative placement under S143 of the Children's Hearing (Scotland) Act 2011. 1 of these children had two emergency moves.

The reasons for these emergency transfers include:

- Breakdown of placement with foster carers approved and supported by the Council – 8 moves
- Breakdown of placement with foster carers approved and supported by other fostering agencies – 13 moves
- Breakdown of kinship care placements – 10 moves
- Breakdown of a Council residential unit placement – 2 moves

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.

Other placements broke down due to a variety of reasons, including:

- Allegations against carers – 3 children
- Bitten by carer's dog – 2 children
- Acute ill-health of carer – 2 children
- Ill-health of carer's child – 1 child
- Emergency carer going on holiday – 1 child

### **Protection and Risk Management**

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

#### **Children at risk**

Child protection referrals increased from 1265 in 2014-2015 to 1277 in 2015-2016. The number of children with their name listed on the Child Protection Register has increased from 264 at year end in 2014-2015 to 286 in 2015-2016. There has been a decrease in the number of child protection case conferences in the period under review, with a total of 1360 held in 2014-2015 and 1268 held in 2015-2016. These figures do not show enough

variation to suggest a significant shift in trend. Noted below is a table on the child protection and looked after children numbers.

Item	Figures for period April to March		
	2013/14	2014/15	2015/16
Child protection Inter-agency Referral Discussions (IRDs)	1,317	1,265	1,277
Child protection case conferences	1,364	1,360	1,268
Children on Child Protection Register	297	264	286
Children looked after at home	345	358	323
Children looked after away from home	1,059	1,067	1,067

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			
Item	Figures for period April to March		
	2013/14	2014/15	2015/16
Initial	406	383	382
Pre-birth	112	90	88
Review	833	873	791
Transfer	13	14	7
Total	1,364	1,360	1,268

### Adults at Risk

The table below reflects the continuing discussion regarding the identification of cases with adult protection concerns, as distinct from concerns about individuals who need community care services.

	2013/14	2014/15	2015/16
Adult protection referrals	435	1478	1134
Large scale adult protection contacts	139	46	158
Inter-agency Referral Discussions (IRD)	193	274	329
IRD as a % of referrals	44%	18.5%	29%
Adult protection initial case conference	54	77	79
Initial case conference as a % of IRD	28%	28%	24%
Adult protection case conference reviews	99	121	110
Incidents between service users	342		379

A focus on the consistent recording of IRDs this year has led to a more accurate count, rather than an increase in activity. This also results in a higher ratio of IRD to referral.

The proportion of initial case conferences resulting from IRD is relatively consistent across the past 4 years (24-28%).

Work is ongoing to improve the consistent recording of adult protection referrals and investigations.

Building on the existing data and key performance indicators, the Council is developing a suite of performance data to focus on agreed priority areas and to measure output against identified themes.

### **Domestic Abuse**

Statistics are only available from Police Scotland up until 31 January 2016. Recorded incidents of domestic abuse in Edinburgh have fallen 4.1% year to date compared with last year (195 incidents). This is consistent with the national picture, with an overall reduction in recorded incidents of 3.8%.

The number of domestic abuse concerns reported to Social Care Direct has decreased by 12% to 2910. This reflects a similar decrease in overall numbers of all child concern forms sent to Social Care Direct. The number of children on the Child Protection Register where domestic abuse is identified as a concern has reduced by 2% in the last year.

<b>Item</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
Total number of child welfare concern forms sent to Social Care Direct	9630	9756	8395
Number of child welfare concern forms with domestic abuse as a concern	3186	3314	2910
Children on the Child Protection Register	297	264	286
% of children on the Register with a domestic abuse concern identified	55%	48%	46%

### **Offenders in the community subject to statutory supervision**

The number of offenders in the community subject to statutory supervision on 31 March 2016 and assessed as very high or high risk of sexual violence was 22, a slight increase over the previous two years.

The number of offenders assessed as very high or high risk of violence was 69, continuing a downward trend from 2014, which was an abnormally high figure compared to previous years.

The assessment of risk is a dynamic process, subject to continual review, and fluctuations in the numbers at each risk level are to be expected. Those who pose the highest risk of harm to others are managed through the Multi Agency Public Protection Arrangements (MAPPA).

On 3 March 2016, the Scottish Government published new MAPPA guidance. From 31 March 2016, MAPPA requirements are now extended beyond sex offenders and mentally disordered restricted patients to include those offenders who by reason of their conviction, are assessed as posing a risk of serious harm to the public.

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 to impose a range of requirements, including unpaid work. Community payback orders can only be imposed for offences committed after February 2011, and in each year since then, 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 number of open community payback orders at 31 March 2016 is broadly similar to last year (8 fewer orders).

The number of drug treatment and testing orders (DTTO) open at year end has reduced for the second year, but 2014 was an anomaly in that there was a 46% increase that year compared to 2013. The lower tariff DTTO II has been a pilot since it was introduced, however, the Scottish Government has announced that from April 2017, the model will be rolled out across Scotland and will be funded along with other criminal justice social work services. This secures the funding for the Edinburgh project. The number of bail supervision orders has reduced compared to the last two years. This scheme provides a community based alternative to remand in custody. There are ongoing discussions with the Crown Office and Procurator Fiscal Service, the courts and Police Scotland to increase the credibility of the scheme and encourage greater use. The table below provides detailed figures.

	31 March 14	31 March 15	31 March 16
Assessed as very high risk or high risk (sexual violence)	17	19	22
Assessed as very high or high risk (violence)	113	88	69
Probation orders	53	27	13
Community service orders	38	15	8
Community payback orders	1019	1061	1053
Drug treatment and testing orders	187	134	121
Drug treatment and testing orders (II)	60	46	48
Bail supervision	29	22	18
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	146	155	140

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

There were 15 fewer released prisoners subject to statutory supervision on 31 March 2016 than the previous year. This number includes those who pose the highest risk of harm to others. When licence conditions are breached, the person can be recalled to custody and this has an impact on the total number managed in the community. The number of offenders currently in custody who will be subject to supervision on release and who pose a high or very high risk of sexual violence is only one more than at 31 March 2015, while the number who will be subject to supervision on release and who pose a high or very high risk of violence has fallen to 117 from 152 last year.

	<b>31 March 2014</b>	<b>31 March 2015</b>	<b>31 March 2016</b>
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	<b>74</b>	<b>56</b>	<b>57</b>
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	160	152	117

#### Appendix 4 – 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.

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	813	931	Relevant social work qualification is main criterion for registration. Registered numbers include employees who have chosen to register, but are not practicing social workers.	1 September 2005	3 years
Managers of residential child care	9	9	Registered numbers include managers located at Edinburgh Secure Services.	30 September 2009	3 years
Residential child care workers with supervisory responsibility	34	32	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	197	321	Registered numbers include Locum Bureau 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	13	10	1 manager is registered with the Nursing and Midwifery Council (NMC). Two managers recently appointed are in the process of applying to register.	30 November 2009	3 years
Managers of adult day care services	6	3	Three managers recently appointed are in the process of applying to register.	30 November 2009	3 years
Managers of day care of children services	104	23	Remaining managers are Head Teachers who are registered with the General Teaching Council Scotland.	30 November 2010	3 years
Practitioners in day care of children	673	841	Registered numbers include supply workers.	30 September 2011	5 years
Supervisors in a care home service for adults	57	67	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	125	139	Registered numbers include supply workers	30 June 2014	5 years
Practitioners in care homes for adults	213	201	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	286		30 September 2015	5 years
Managers of housing support services	9	9		31 January 2014	3 years
Managers of a care at home service	4	4			3 years
Managers of a Combined Service	11	5	Discrepancy in registered numbers is due to 4 managers registered with NMC, two managers registered with Health Care Professions Council.		3 years
Supervisors in housing support and/or care at home services	120	88	The Council is a rolling out registration of this group 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 co confirmed

## Appendix 5 – Levels of Inspection by the Care Inspectorate for Council Registered Care Services

The table below sets out the levels of inspection by the Care Inspectorate of the Council’s registered care services during 2015/16.  
Key to grades: 1 – Unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; 6 – excellent

Services can be inspected on up to 4 quality themes. Frequency of inspection varies to take account of type of service and performance of a service. Grades indicated represent grades achieved during inspection of each type of registered service.

	Number of Services	Number of Inspections	1 or more Grades 1 and 2	1 or more Grade 3	Grades 4 and 5	1 or more Grade 6
Adoption	1	1			1	
Care Homes (children and young people)	8	11			11	
Day care of children (early years) 3 of these were joint inspections with Education Scotland	105	35	2	1	26	6
Fostering	1	1			1	
Secure Accommodation	1	2			2	
Care at Home	2	2			2	
Adult Placements	2	2			2	
Care Homes (adults)	13	20	2	8	10	
Housing Support	7	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)	11	11		2	9	
<b>Total</b>	<b>161</b>	<b>93</b>	<b>4</b>	<b>12</b>	<b>71</b>	<b>6</b>

For adult services, grades of 2 and 3 will trigger a referral to the relevant multi-agency quality assurance meeting (care homes, home care or housing support) for scrutiny.

Other triggers for referral are:

- a pattern of upheld complaints
- a single serious upheld complaint, e.g. adult protection
- a large scale inquiry.

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 similarly discussed at management meetings for Looked After and Accommodated Children, to consider required action on addressing issues.

