Corporate Policy and Strategy Committee

10am, Tuesday 3 October 2017

Chief Social Work Officer Annual Report 2016/2017

Item number	8.2
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Executive Summary

This report presents to members the Chief Social Work Officer's Annual Report for 2016/2017. It also confirms to members how the statutory function will be discharged during the interim management arrangements for the Edinburgh Health and Social Care Partnership.

The annual report is attached as Appendix 1. It follows the template issued 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.

The 2015/2016 national summary is available as Appendix 2.

Some content is reproduced from relevant Council strategic documents.

Report

Chief Social Work Officer Annual Report 2016 /2017

1. Recommendations

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.

1.2 Members are also asked to note that during the interim management arrangements established for the Edinburgh Health and Social Care Partnership, the Executive Director of Communities and Families will hold the statutory role of the Council's Chief Social Work Officer.

2. Background

2.1 The Chief Social Work Officer is required to produce an annual report. This is the tenth such report to members. The format changed four 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

3.1 The Chief Social Work Officer Annual 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 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 2 to the Annual Report).

3.5 On 31 August 2017, the Chief Executive of the Council asked the Chief Social Work Officer to take on the role of Chief Officer to the Edinburgh Health and Social Care Partnership, on an interim basis to allow the Council, NHS Lothian and the Edinburgh Integration Joint Board to recruit a permanent Chief Officer.

3.6 The role of Chief Social Work Officer is a statutory Council position, and although the post holder should sit as an advisory member to the Integration Joint Board, they are not part of the health and social care partnership management structure and must report formally to their local authority.

3.7 For this reason, the interim arrangements for the management of health and social care require a temporary change to the Council's named Chief Social Work Officer. For the duration of these interim arrangements, the function will be discharged by the Executive Director of Communities who meets the statutory requirements in terms of professional social work qualification and registration, and the requirements of Scottish Government guidance in terms of experience and seniority.

4. Measures of success

4.1 Success is monitored regularly through performance reports to the Corporate Leadership Team, the Chief Officers' Group for Public Protection and the Integration Joint Board for Health and Social Care.

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

5.1 There are no financial impacts arising from this report, although the Annual Report does articulate the challenging financial climate in which public services are operating.

6. Risk, policy, compliance and governance impact

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

7. Equalities impact

7.1 There are no equalities impacts arising from this report.

8. Sustainability impact

8.1 There are no sustainability implications arising from this report.

9. Consultation and engagement

9.1 Social work services routinely involve service uses and carers in the design and implementation of social work and social care provision.

10. Background reading/external references

10.1 None

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11. Appendices

Appendix 1 – Chief Social Work Officer's Annual Report 2016 / 2017

Appendix 2 – Chief Social Work Officers in Local Authorities 2015/2016: Summary Report

Appendix 1 – Chief Social Work Officer Annual Report 2016/17

THE CITY OF EDINBURGH COUNCIL

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

1. Introduction – key challenges and strategic direction

The Council's ambition for the city is that "Edinburgh is a thriving, sustainable capital city, in which all forms of deprivation and inequality are reduced." High quality, effective and efficient social work and social care services are a key contributor to the achievement of this ambition, supporting delivery of three of the Council's main priorities.

- An economy for all – local jobs, growth and affordable housing
- Improving the lives and futures of our children and families
- Creating a healthier city – strong and vibrant communities

The financial environment for local authorities is challenging. Over the next five years, projections suggest an overall savings requirement for the Council of some £140m by 2022/13. In 2016 /17, the Health and Social Care Partnership was tasked with delivering savings of £20m, £15m of which related to the Partnership services delivered by the Council. Apart from £1m, these were delivered in 2016/17. Although £7m of this was on a one-off basis and this sum is therefore rolled into the 2017/18 savings requirement.

Some of the challenges faced by the Council are outlined below.

- Rising population, which is projected to increase faster than any other area in Scotland from 507,170 in 2016/17 to 537,000 in 2021/22
- Lack of affordable housing – there are over 20,000 people on the common housing register including 3500 people who have been assessed as homeless and are waiting for long-term accommodation
- Welfare Reform
- The impact of demographic changes, including an increase in:
    - life expectancy for younger people with complex conditions and disabilities
    - the number of frail older people
    - the prevalence of dementia and long-term conditions, such as diabetes which mean that people are leading longer, but not necessarily healthy lives
- Delays in accessing appropriate adult care services, including assessments, support packages, reviews and timely discharge from hospital
- Difficulties in recruiting staff to work in relatively low paid social care jobs in a city with close to full employment
- The impact of the living wage and other nationally agreed policies that are not always fully funded

- Pressures on high tariff, costly services, which do not always lead to the best outcomes for children and families, but which divert resources from responsive, preventative services

Given the scale of required savings, the increasing demand from people with high levels of need, and greater expectations on services in terms of quality and responsiveness, the historical approach to savings identification is no longer viable. The Council has recognised that across-the-board, percentage savings allocation is not sustainable, and is inconsistent with the Council and partners' ambition for the city. The focus has switched to transformation as a means of increasing efficiency and effectiveness, re-prioritising resource allocation and allowing improvement in key services.

The development of a four-locality model for the city supports more integrated working and gives services the flexibility to take account of the needs of local communities, building on strengths and opportunities.

Children's services and community justice are at the early stages of developing restorative approaches, based on more effective and positive engagement with individuals, families and communities, with a heavy emphasis on shifting the model of delivery from reaction to prevention. Similarly, the integration of health and social care is intended to see scarce NHS and local authority funds used more effectively to re-direct resources from acute services to community-based health and social care.

2. Governance and Accountability Arrangements

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

In Edinburgh, in addition to the statutory functions associated with the role, the CSWO is also responsible for the management and strategic development of the following services:

- Community Justice, including offender management, community safety and public space CCTV
- Homelessness and Housing Support, including advice services
- Family and Household Support, combining locality-based community safety, family solutions and housing support teams into a new, integrated, prevention-focused service
- Coordination of the Council's public protection activity: 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 for Public Protection, 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 is projected to increase faster than any other area of the country, with particular increases in some age groups. The high rate of growth provides social and economic advantages, but also presents several challenges, some of which are set out below.

- Areas of Edinburgh have significant pockets of deprivation and social and economic inequality.
- Research shows that people living in areas with higher levels of deprivation also have poorer physical and mental health throughout their lives. However, health inequalities are not restricted to areas of multiple deprivation – up to 50% of people experiencing poor health do not live in the most deprived communities.
- Skill shortages and hard to fill vacancies are persisting and growing, particularly in the adult social care sector.
- The roll out of Welfare Reform will continue to have a significant negative financial impact on many citizens and on the Council's ability to meet their needs.
- Edinburgh continues to be a pressured housing market, with high housing costs and rising need and demand for affordable housing. People on low to middle incomes are faced with higher housing costs, with no commensurate increase in their income.
- Drug and alcohol problems affect the city severely, with an estimated 22,400 adults dependent on alcohol and 6,600 people dependent on heroin and/or benzodiazepines.
- Indicative figures show that drug-related deaths will have increased by 20% in 2016 at just over 100 deaths (from 69 deaths in 2015).

There is a strong link between prevention and early intervention, and tackling equalities. The Christie Commission suggested that 40-45% of expenditure on public services in Scotland was spent on addressing issues that could have been prevented if action had been taken earlier. Therefore, shifting the balance from reactive services to services that prevent problems or stop them getting worse can

improve outcomes for citizens, reduce demand and make more effective use of limited resources. Concentrated effort on transforming services and diverting resources to preventative services are key to sustainability and improved outcomes for people.

Care for older people

If the existing service model were matched directly to population growth, by 2022, Edinburgh would need to provide:

- 428,000 additional hours of home care per year
- 748 additional care home beds
- 7,900 additional intermediate care hours per year
- 150 additional long stay hospital beds for older people (inpatient complex care beds).

At the end of March 2017, 385 people were waiting in the community for a total 2,720 hours of care per week. This excludes people waiting for an increase to their existing package of care. A further 77 people were waiting to move on from the re-ablement service requiring a total of 793 hours of care.

Performance in respect of the number of people whose discharge from hospital is delayed, and the length of those delays, represent an ongoing challenge. At 31 March 2017, 176 people were delayed in hospital, which represents the highest number of delayed discharges of any integration authority in Scotland.

The challenges in providing a consistent service to increasing numbers of frail older people, whilst managing significant budget pressures, and joining NHS and local authority services into a single, integrated organisational structure were reflected in the Care Inspectorate and Health Improvement Scotland's inspection of older people's service, which was carried out during 2016/2017 and which highlighted significant weaknesses for the Partnership to address.

The Chief Officer of the Edinburgh Health and Social Care Partnership is leading on a wide range of measures to improve performance in this area. This work is reported to the Council and NHS Lothian Chief Executives, the Edinburgh Integration Joint Board and the Care Inspectorate/Health Improvement Scotland. The inspection report can be found **here**

Disability services

Learning disabilities, autism, many physical disabilities and sensory impairments are lifelong conditions. Different responses are required, depending on life stage and individual circumstances. Areas for improvement include: the simplification of processes surrounding self-directed support to promote take-up and increase the positive impact on individuals and their carers; appropriate application of the principles of self-directed support to meet children's needs; and an improvement in joint working between adult and children's services to facilitate smoother transitions for children growing up, and their parents.

Some of the improvements to adult disability services in 2016 /17 include:

- the development of a crisis response service to prevent people with autism and learning disabilities being admitted to hospital from their family home or

supported accommodation when there is a risk of the caring arrangement breaking down
- the commissioning of two new disabilities services: Tweed Lodge and Wells Road, accommodating a total of 9 people from Murraypark hospital, which will cease its operation as a hospital for adults with a disability in November 2017.

Domestic Abuse

Five years ago, the Council, public sector partners and service providers embarked on a comprehensive programme of service redesign. This was in recognition of a fragmented landscape of domestic abuse responses, which included both gaps and duplication.

The vision to develop a coordinated community response in Edinburgh has been the driver for a city-wide review of all statutory agencies, commissioned services and grant provision, and an evaluation of service pathways for victims, children and perpetrators.

The service re-design has included widespread engagement with stakeholders, with an emphasis on seeking the views of people directly affected by domestic abuse. This feedback led to the development of an improvement plan, which can be found **here** and which focuses on key themes, including:

- Council-commissioned services – to ensure these are integrated and consistent with agreed priorities, principles and values
- housing and homelessness services – to develop a domestic abuse housing policy that is responsive to the specific challenges experienced by victims of domestic abuse and their children
- developing a locality-based, multi-agency response to domestic abuse, ensuring a single pathway based on risk and need
- publicity and awareness-raising of responses to domestic abuse and support available to victims
- working with perpetrators to challenge and address their behaviours
- improving the speed and effectiveness of responses to domestic abuse across all service areas

Community Justice

Edinburgh's Community Safety Partnership, on behalf of the Edinburgh Partnership (community planning) is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan. This plan was submitted to Community Justice Scotland in March 2017. A copy can be accessed **here**.

Significant developments in 2016-17 include:

- The Edinburgh Alcohol Problem Solving Court was informed by evidence from other examples of problem solving courts. The Court is overseen by a named Sheriff and uses community payback legislation, with frequent court reviews. The criminal justice social work service provides the court with speedy assessments with a focus on alcohol, and ensures streamlined access to substance misuse services through close partnership working. There is early indication that this process has retained in treatment people

who would otherwise have been lost to services. A full evaluation is underway.

- Community in Motion is a partnership initiative to develop a community-based problem-solving, restorative justice approach in North East Edinburgh. Motivated by the opportunities created by community empowerment and community justice legislation, and the move to locality working, Community in Motion has developed a framework for joint working, increasingly preventative in focus, with more community involvement and an emphasis on restorative and problem solving practices.
- Just Us is a group led by women who have experience of mental health problem and who have been involved in the criminal justice system. The group is supported by the Willow Service, which provides a range of support to women who are involved with the criminal justice system. Just Us was awarded funding from 'See Me Scotland' to raise awareness of the stigma experienced by women who have mental health issues and criminal justice involvement. They have made a film highlighting the collective experiences of women with similar experiences, they have run conversation cafés, and have presented at the Scottish Parliament.
- Additional Section 27 funding from the Scottish Government to support community sentences was received in August 2016, and has been used to strengthen Willow's service offer; to develop restorative practices; to identify strategies to address hate crime; and to develop peer support services to augment community payback.

Criminal justice social work is an important contributor to the city's community safety agenda, and the deployment of staff reflects the Council and partners' emphasis on locality working. The developments highlighted in the Community Justice Outcomes Improvement Plan reflect the work articulated in the 4 locality improvement plans, which are being developed during 2017/18. A multi-agency community improvement partnership is established in each locality. City-wide issues, such as motor cycle crime, begging, or hate crime have bespoke community improvement partnerships.

The service, the Council and all community planning partners are ready to take on the planning responsibilities for community justice, which transferred from Community Justice Authorities on 1 April 2017.

Mental Health and Substance Misuse

During 2016/17, Mental Health and Substance Misuse Teams were established as part of the integration of health and social care, and work has been undertaken with third sector organisations and people with lived experience to establish mental health and wellbeing public social partnerships in the four localities.

The Edinburgh Public Social Partnership (PSP) for Mental Health and Wellbeing is a major coproduction exercise involving service users, carers and all stakeholders in the planning and delivery of locality-based services.

Help in crisis, improving physical wellbeing, peer support and the range of psychological approaches have all been identified as priorities. From the 1 November 2017, the PSP will focus on a two-year test of change to improve Edinburgh's local support for people with mental health problems.

The Council's Mental Health Officer (MHO) service conducted a pilot to explore ways of reducing the waiting time for people in hospital who are assessed as needing a Welfare Guardianship Order to allow decisions to be made on their behalf.

Two dedicated MHOs provided consultancy, staff training and direct applications, which saw the number of people waiting reduce from a high of 28 to a low of 11, which achieved a reduction in hospital costs of up to £1m. The pilot has also seen some improvement in the court process, include solicitors who will provide legal advice to older people and their families in acute hospital settings and initiatives to increase the uptake of Power of Attorney.

The integration of health and social care has seen the single management of mental health and substance misuse teams based in each of the 4 localities. The funding for substance misuse services comes from the Edinburgh Alcohol and Drug Partnership (EADP). This is a multi-agency body responsible for planning services in the city and allocating funding to agencies accordingly.

In 2016/17, the EADP faced a financial reduction of over 22% in its Scottish Government grant, and worked hard to identify savings that would have the minimum impact on service delivery. This work included:

1. a review of residential rehabilitation, resulting in an expansion of placements in Edinburgh, with a corresponding reduction in out of area placements
2. the development of day beds in residential detoxification, which has enabled a reduction in the number of overnight beds
3. a review of prescribing approaches to consider the potential of pharmacy prescribing

Despite these efforts, pressures on drug and alcohol services remain high.

Inclusive Edinburgh

Inclusive Edinburgh is a programme to coordinate multi-agency and multi-sector improvement in services for people with complex needs, including mental health problems, substance misuse, homelessness, history of trauma, etc. Inclusive Edinburgh has led on the implementation of the Getting It Right for Everyone (GIRFE) agenda across adult services, which was developed as solution-focused approach to mirror the principles of Getting It Right for Every Child (GIRFEC). A protocol for sharing responsibility for challenging individual circumstances that do not respond well to traditional interventions has seen improvements in shared ownership of solutions, which are more beneficial for vulnerable people. An important development will see the single, integrated management of health, social care and homelessness services for this group of individuals with particularly high levels of need.

Looked After Children

Social work aims primarily 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.

It is an ambition of the Council and its partners to reduce the number of children who need to be looked after away from their birth family. Long-term, significant and sustainable reduction in this need requires meaningful investment in preventative services and early intervention. This cannot rely solely – or even primarily – on social work services, but depends on joint working and shared responsibility for outcomes between statutory, voluntary and independent providers, universal and targeted services and adult and children's provision. There is a strong commitment in Edinburgh to develop the equivalent of a 'child-friendly city', which is an approach that has seen significant success in other authorities across the UK. To be effective, this approach will require a long-term commitment, as the impact of positive preventative measures often takes years to become apparent. This is always in challenge when agencies face short-term financial and other performance pressures.

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 2016/17, 23 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, and may provide continuing care up to the age of 21. 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 additional needs, for example a physical or learning disability. 37 new foster carers were approved in 2016/17. This is the highest level of foster care recruitment ever recorded for Edinburgh.

Social Work Services

Social workers are trained to provide support to children and adults in need or at risk, working with them and their communities and partner agencies to keep people safe and well, and to help them achieve their potential. They assist people to have control and influence over their own lives, recognising when it may be necessary to use statutory powers of intervention. Social workers make assessments taking account of a range of factors, including balancing need, risk, and rights. They deal with behaviour that may be abusive or challenging, or reflective of extreme vulnerability; and they intervene to assist and to protect both individuals and communities.

The title 'social worker' is protected in law. To qualify as a registered social worker, an individual must hold an entitling qualification in social work, be registered with the Scottish Social Services Council (SSSC) and comply with the SSSC Code of Practice for Social Service Workers.

This provides both probity of actions and assurance to individuals and the wider public that judgments about intervening in families to provide protection, depriving individuals of their liberty or managing offenders are being made by people who are suitably trained, experienced and professionally qualified to take decisions that will have a major impact on people's lives.

Some of the work being implemented in social work services that is working well includes:

- the Development of the Safe and Together duty tool, which strengthens the assessment of need and risk in cases of domestic abuse
- staff mentoring of newly-qualified and less experienced staff, building leadership skills and promoting a positive team dynamics
- better joint working with other services and agencies, such as police, health, employment and housing, allowing for more comprehensive assessments and plans for children and young people.

In contrast to some examples of very good practice, there are also concerns that arise from pressures of workload and rising demand, and for staff in adult services, from the inevitable disruption from the formal integration of health and social care – a process that has been underway since 2015/2016 and is yet to conclude. It is important that pressures in the system (at present particularly in relation to discharging people from hospital) do not undermine the capacity of the workforce to provide a professional social work service. There is a range of activity underway to mitigate this risk:

- a review of pathways for people who lack capacity and for whom decisions need to be made by others
- additional adult protection capacity and training
- a review of supervision ratios
- a review of the quality of assessments
- the development of a professional governance framework for social work, which can be found at Appendix 5

4. Resources

While delivering the Council's vision, the Business Plan recognises that the Council continues to operate in a challenging environment, with increasing demand for services at a time of on-going financial constraint.

A budget framework update to be reported to the Finance and Resources Committee on 5 September 2017 will set out the Council's estimated savings requirement over the period to 2022/23, pointing to a need for significant savings in each of the next five years.

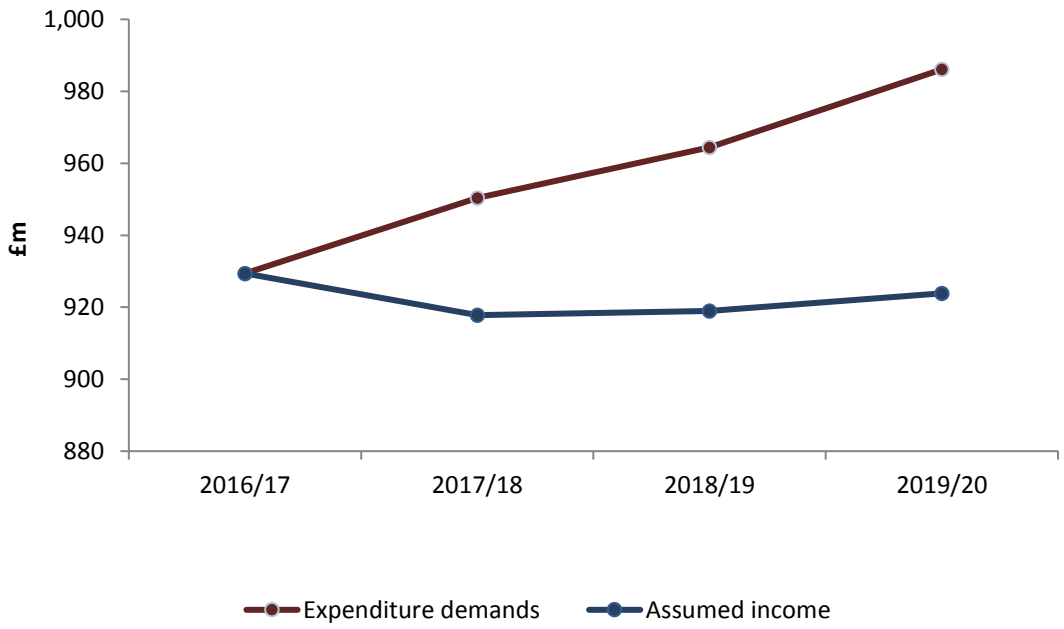
This savings requirement reflects continuing expenditure pressures resulting from three main factors:

- **demographic and wider socio-economic change**, in particular, growing numbers of school pupils, children at risk, older people and people with physical and/or learning disabilities. From 2018/19 to 2022/23, the Council's budget framework assumes an increased annual spending requirement of over £30m in respect of these demographic-related factors
- **the effects of inflation** (including pay awards) on the Council's direct and indirect expenditure, amounting to almost £55m between 2018/19 and 2020/21 alone; and
- **additional costs arising from major infrastructure-related projects in the city,** including the Local Development Plan, Edinburgh and South East Scotland City Region Deal, supplemented with further required investment in the Council's existing property estate.

Funding levels

In contrast to rising service demand, the Council anticipates that overall funding levels available for delivery will continue to reduce over the period of the budget framework. Based on independent analysis of available forecasts of wider public expenditure and Scottish Government priorities, the updated budget framework assumes the continuation of significant, year-on-year cash-terms grant funding decreases over the medium term. While these will be offset to an extent by increased Council Tax income, when combined with the expenditure pressures noted above, the need for further service transformation, prioritisation and a continuing shift towards preventative expenditure is ever more pressing.

Table 1 – Estimated Expenditure requirements and like for like available funding 2016/17 – 19/20



Progress in identifying necessary savings

On 9 February 2017, the Council set a balanced budget for 2017/18, and an indicative balanced budget for 2018/19, subject to confirmation of grant funding levels, delivery of approved savings and management of risks and pressures.

As of July 2017, at least £15m of savings in 2019/20 still need to be identified. However, it is anticipated that this figure may increase significantly once updated assessments of available funding, infrastructure and other commitments are incorporated. The level of savings still required emphasises the potential need for further service transformation, prioritisation and a continuing shift towards preventative expenditure to secure financial sustainability.

Demography

The Council's long-term financial plan continues to provide, either directly or in conjunction with the Social Care Fund, additional resources to meet the growing need for social care from increasing numbers of older people, particularly those over 85, and increasing numbers of younger adults with complex disabilities.

Funding has also been provided for the growing number of children and young people, offset by preventative investment in early years and by actions intended to reduce the numbers of children who need to be looked after.

2016/17 outturn

One-off funding contributions from the Social Care Fund and other areas of the Council, ensure that the Council's Health and Social Care outturn for 2016/17 was contained in budgeted levels. It is clear, however, that more fundamental service re-design and transformation are required going forward. In particular,

key to the attainment of longer-term sustainability are the:

- implementation of the revised staffing structure underpinning the organisational review
- improved management of agency staffing expenditure and recruitment controls; and
- delivery of approved savings to allow additional service investment to support further transformation and demand management.

Significant savings have been delivered in children's services in recent years through service re-design and preventative investment as part of the Looked-After Children Transformation Plan. This shift to longer term, preventative interventions needs to continue, both in terms of more positive outcomes for children, their families and communities, and in terms of sustainable funding for public services.

Comparative expenditure analysis

In 2016/17, Edinburgh's overall social work spend per head of population was close to the Scottish average. While Scotland-wide data on respective children and adult social care spend was not available at the time of writing, as in previous years, this overall position reflects higher relative spend on children's social care, a phenomenon common to all of Scotland's city authorities.

	2016-17 Projected Outturn	**2017-18 Estimated Budget**	**2016-17 Per Head of Population**	**2017-18 Per Head of Population**	**2016-17 Ranking out of 32 LAs**	**2017-18 Ranking out of 32 LAs**
	£'000	**£'000**	**Rate**	**Rate**	**Rank**	**Rank**
Education	318,758	326,820	£6,569*	£6,735*	29	29
Social Work	290,099	299,782	£576	£589	22	18
Roads and Transport	9,425	5,778	£19	£11	32	32
Environmental Services	67,378	61,190	£134	£120	10	16
Planning and Development Services	14,668	19,951	£29	£39	27	16
Cultural and Related Services	32,889	33,576	£65	£66	32	31

* figures shown represent expenditure per pupil for primary, secondary, and special schools only

Note: The POBE financial returns to the Scottish Government include some corporate overheads in each service area, so the net outturn figures in the table will be larger than those used internally by the Council.

For 2017/18, budgeted per capita expenditure figures show broadly-similar trends, although these levels represent a reduction in real-terms relative to service demand. These reductions reinforce the importance of exploring a range of innovative new approaches to service delivery and maximising the benefit of preventative investment.

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 2016/17, the Council closed a 6-bed secure unit and usage since then has been in budgeted levels, averaging 8 placements. The percentage of foster placements with local authority carers increased from 60% in March 2016 to 64% in March 2017. The use of kinship carers is at the targeted level of 24% of looked after children. Overall use of residential care is lower than the national position at 6.3% of the looked after children population, compared to 9.9% nationally.

Through the 2017/18 budget process, the Council recognised the significant improvements over the previous 4 years of the Looked After Children Transformation Plan and provided further one-off investment to enhance early intervention initiatives. This will include increasing family group conferencing capacity by 50% and extending it to include adult services, such as domestic abuse and homelessness; developing volunteer based community family support; increasing capacity in foster care recruitment and kinship support; increasing support to foster carers of disabled children; improving mental health support; and developing a Council-wide restorative practice training programme. In addition, the service will continue to embed the requirements of the Children and Young People (Scotland) Act 2014 in relation to Getting It Right for Every Child, early years and the kinship care order.

The child population in Edinburgh is forecast to increase by 4.8% by 2020, and the initiatives above are designed to mitigate the potential financial implications through early intervention.

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

2016/17 was the Edinburgh Integration Joint Board's first year of operation. The total budget for the Board in 2016/17 was £596m, although this increased to £676m due to funding adjustments during the year. The element of the overall budget linked to social care services was £189.6m. The unaudited annual accounts were presented to the Integration Joint Board in June 2017.

5. Service Quality and Performance – Delivery of Statutory Functions

The Edinburgh Integration Joint Board's Annual Performance Report can be found **here**. The Council's Children's Services Performance Report and the Community Justice Performance Report will be available in October. Set out below are some key issues relating to both performance and quality, focused on the main social work-related functions, together with associated management information.

Adult Protection

Quality assurance audits have demonstrated variable thresholds in decision-making across the city and inconsistent application of the adult protection procedures. The inspection of older people's services by the Care Inspectorate and Health Improvement Scotland, which began in October 2016, confirmed these findings.

The prolonged organisational review to integrate Health and Social Care has also had a negative impact on adult protection practice. Some new senior post-holders in the Health and Social Care Partnership have limited knowledge of adult protection work and need training and guidance to develop their skills and knowledge. Other managers have considerable expertise in this area, but their increased workload and expanded remit needs to be monitored closely to ensure adult protection responsibilities are not de-prioritised. In addition, during the reporting year, and as part of the Health and Social Care organisational review, there has been a significant reduction in senior social workers, leaving gaps in professional supervision and in the overview of social work practice in relation to adult protection.

Some of these concerns are being addressed to ensure a prompt and robust response to referrals of individuals believed to be at risk of harm.

- The Adult Protection Lead Officer, along with members of the Chief Social Work Officer's quality assurance team will deliver adult protection briefings to the newly formed locality management teams.
- The Health and Social Care Partnership has created two adult protection senior practitioner posts to support compliance with procedures and practice standards; develop local adult protection partnerships; promote collaborative working in localities; and encourage an earlier response to indicators of harm and concern. In addition, the new responsibilities will allow for improved performance against targets for adult protection case conferences and for improved decision-making, based on additional experience and expertise.
- The Chief Social Work Officer issued a standards paper to all operational staff, which includes timescales for responses to adult protection concerns; a focus on quality of assessments; and management scrutiny. The Partnership's local managers will ensure standards and procedures promoted to their teams, and are responsible for ensuring compliance.
- Adult protection practice workshops are being arranged in localities, facilitated by staff from the Chief Social Work Officer's service.

Adult Protection Activity			
	2014/15	2015/16	2016/17
Adult protection referrals	1478	1134	1726
Large scale adult protection contacts	46	158	255
Inter-agency Referral Discussions (IRD)	274	329	425
IRD as a % of referrals	18.5%	29%	21.5%
Adult protection initial case conferences	77	79	99
Initial case conference as a % of IRD	28%	24%	23.3%
Adult protection case conference reviews	121	110	93
Incidents between service users		379	878

Quality Assurance of Residential, Day and Domiciliary Care for Adults

In addition to the residential, day care and home care services managed directly by the Partnership, staff are responsible for the contract management of 280 contracts with 177 suppliers of regulated care services.

A further 89 contracts are managed in this way for the delivery of unregulated services, which include advice, advocacy and information, lunch clubs and practical help for people who choose self-directed support.

The Partnership and Council's expectation is that all regulated providers – including 'in-house' services achieve a minimum Care Inspectorate Grade 4 (Good) for the quality of care and support, and that any complaints are addressed quickly and effectively. Providers who fall short of these expectations, or about whom any relevant media, market, regulatory or other intelligence comes to the Partnership or Council's attention, are referred to the Quality Assurance Group for Care Homes/Care at Home services.

The remit of both groups is to monitor the quality of service provision, to acknowledge good practice and to challenge providers when services to not meet consistently high standards. Action is taken in respect of services assessed as 'weak' or 'unsatisfactory', and complaints to the Care Inspectorate and/or Council that have been upheld are the subject of discussion with providers, to ensure they have been addressed and measures are in place to prevent recurrence.

Based on the intelligence provided by these mechanisms, the Chief Social Work Officer will suspend admissions or referrals to services that do not meet minimum standards.

Breakdown of Care Inspectorate grades for contracted providers (information on Council services is set out at Appendix 4)		
Year	% of contracted providers in Edinburgh achieving excellent, very good or good Care Inspectorate grades	% of contracted providers in Edinburgh achieving adequate, weak, unsatisfactory Care Inspectorate grades
2014/15	81%	19%
2015/16	78%	22%
2016/17	78%	22%

Mental Health

Many factors impact on people's mental health and well-being, and a wide range of services, both targeted and universal, contribute to the effective support of people who need help. Some chronic and severe mental ill-health or acute crises require the involvement of registered social workers. Mental Health Officers are social workers with an additional accredited qualification and must by statute be involved in certain decisions relating to deprivation of liberty or where a person is assessed as lacking capacity. These decisions require to be governed by the Council's Chief Social Work Officer.

Tables 1 to 3 below set out the use of compulsory measures of care and treatment and the use of welfare guardianship.

Table 1	2014/15		2015/16		2016/17	
	Number	Individuals	Number	Individuals	Number	Individuals
Contacts	826	666	590	506	471	424
Assessments completed	1566	865	1380	845	1380	835

Table 2	Commenced Apr 14 – Mar 15	Commenced Apr 15 – Mar 16	Commenced Apr 16 – Mar 17
Emergency detention in hospital (72 Hrs)	124	208	195
Short-term detention in hospital (28 days)	437	411	484

Compulsory Treatment Orders (indefinite with 6 monthly review in first year and then annual review)	153	125	107
Interim Compulsory Treatment Orders (28 days)	78	61	47

Table 3	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017
Emergency detention in hospital	4	41	0
Short-term detention in hospital	99	167	49
Compulsory Treatment Orders	326	306	343

Table 4 shows the orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service:

Table 4	2014/15	2015/16	2016/17
Total legal orders started	19	25	20
Total legal orders open at period end	62	71	80
Compulsion Orders with Restriction Order open at end of period	24	24	27

	2015	2016	2017
Welfare guardianship			
CSWO welfare guardianship	97	116	146
Private welfare guardianship	145	167	203
Financial guardianship (private only)	93	92	100
Welfare and financial guardianship			
CSWO welfare and financial guardianship (guardian for financial element must be non-Council)	22	32	39
Private welfare and financial guardianship	299	319	366
Total	656	726	854

Children in need, child protection and looked after children

Table 6 Volume			
	At 31 March		
	2015	2016	2017
Approximate number children allocated in Children and Families teams	3900	3900	3400
	2014/15	2015/16	2016/17
Number of monthly reports submitted to the Authority Reporter	278	261	200

Table 7 Child Protection			
	Figures for period April to March		
	2014/15	2015/16	2016/17
Child protection Inter-agency Referral Discussions (IRDs)	1,265	1,277	1343
Child protection case conferences	1,360	1,268	1174
Children on Child Protection Register	264	286	226

Table 8 Child Protection Case Conferences			
	Figures for period April to March		
	2014/15	2015/16	2016/17
Initial	383	382	312
Pre-birth	90	88	73
Review	873	791	768
Transfer	14	7	21
Total	1,360	1,268	1174

Table 9 Domestic Abuse – Child Welfare Concerns and Child Protection Registrations			
	2014/15	2015/16	2016/17
Total number of child welfare concern forms sent to Social Care Direct	9756	8395	8357
Number of child welfare concern forms with domestic abuse as a concern	3314	2910	2171
% of children on the Child Protection Register with a domestic abuse concern identified	48%	46%	53%

The small gradual decrease (18) in the overall number of Looked After Children continued this year. This is an encouraging trend after a decade of increases. The breakdown below shows a slight increase (24) in children looked after at home. The number of children in foster care and kinship care has also decreased, and there has been a 12% increase in residential care, which is in part related to an increase in the need to accommodate unaccompanied asylum seekers in the Young People's Centres.

Table 10 Looked After Children	At 31 March		
	2015	2016	2017
Total number of children and young people looked after	1425	1390	1372
At home with parents	358	323	347
In foster care	622	590	584
In residential	75	74	83
With kinship carers, friends / relatives	322	347	320
With prospective adopters	27	34	24
In secure accommodation	17	16	9
Other	4	6	5

Table 11 Secure Accommodation			
	Figures for period April to March		
	2014/15	2015/16	2016/17
Total number of admissions	39	38	30
Admissions to out of Edinburgh provision	15	11	12
Average length of time in secure for young people discharged (in days)	170	135	135

Table 12 Adoption and Permanence			
	Figures for period April to March		
	2014/15	2015/16	2016/17
Adopters approved	21	20	14
Children registered for adoption (Permanence Order with Authority to Adopt)	27	28	26
Children registered for permanence (Permanence Order)	48	46	51
Children placed for adoption	43	37	23
Children adopted	44	35	35
% of Permanence panels in timescale	89%	85%	25%

Community Justice

Table 13 Offenders in the community subject to statutory supervision			
	31 March 15	31 March 16	31 March 17
Assessed as very high risk or high risk (sexual violence)	19	22	17
Assessed as very high or high risk (violence)	88	69	46

Probation orders	27	13	9
Community service orders	15	8	7
Community payback orders	1061	1053	1121
Drug treatment and testing orders	134	121	121
Drug treatment and testing orders (II)	46	48	33
Bail supervision	22	18	16
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	155	140	128

Table 14 Offenders in prison who will be subject to statutory supervision on release			
	31 March 2015	**31 March 2016**	**31 March 2017**
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	56	57	66
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	152	117	113

6. Workforce

Although constrained by ongoing savings targets, the Council recognises the importance of learning and development for staff and continues to provide opportunities, albeit at a reduced level. Increasingly, non-accredited training and training that does not lead to a formal qualification are delivered on a multi-agency basis. Learning together supports a better understanding of roles and responsibilities, improves relationships, and leads to better outcomes.

Set out below are two examples of positive learning from across the Council and the Partnership.

Good Practice - Dementia Training Partnership

The Dementia Training Partnership is an excellent example of effective joint working between the City of Edinburgh Council, NHS Lothian and Scottish Care. During 2016/17, the partnership continued to deliver the accredited programme: Informed about Dementia (Foundation Practice Level) and Improving Practice (Skilled Practice Level).

The new training model is locality based, training employees from settings such as care homes, home care, supported housing, older people's day care, telecare, community alarm staff, volunteers, disability services, etc.

The Partnership has also worked with registered day services in the third sector to provide Cognitive Stimulation Therapy training to help develop services in keeping with the Living Well with Dementia agenda.

The training has been well attended and evaluated and continues to be a key priority for the Partnership.

Good Practice – Transferring Learning into practice

Communities and Families practice team staff are facing increased pressures to manage complex cases. They need to provide robust and concrete evidence on risk of significant harm to children. Organisational Development staff have provided training to support staff to explore the challenges they face whilst encouraging them to reflect on their own practice and the role they play in advocating for children.

Two training courses have been introduced, which promote the importance of a reflective space, as well as practical tools are 'Keeping the Baby in Mind' and 'Words and Pictures'.

During a recent 'Keeping Baby in Mind' course, a practitioner shared that in two very difficult and complex cases she could argue confidently in the Children's Hearing about the best plan of action for these very vulnerable babies. She reflected that the learning from the course allowed her to present her evidence in a clear and structured way, which enabled both professionals and Hearing members to understand her level of concern. This resulted in a positive outcome for both children.

Another practitioner has been able to use the tool 'Words and Pictures' to help a young child understand difficult life events. Through the direct work sessions, the child disclosed previous abuse. The Words and Pictures story and the child's account of what happened are being used as key evidence in the ongoing court case.

Another success has been in working in partnership with frontline staff to identify key areas of learning and to support them to develop 'What makes a good Hearing?' training. This has involved practitioners, panel members and children's reporters coming together to share their knowledge and develop an understanding of each other's roles. One panel member highlighted the benefits of this training opportunity, sharing with his colleagues that:

'Although the training was initially intended to provide social work with thoughts on what makes a good hearing from the point of view of panels and reporters, it is fair to say that it has produced learning opportunities for all parties, which, if put into action, will generate the outcome we all want – hearings which are in the best interest of the children involved.'

Practice Learning

The Council continues to support the development of the social work profession through the provision of assessed undergraduate social work student placements. Each placement requires a practice teacher. Unfortunately, the number of accredited practice teachers is reducing, particularly in Health and Social Care. Given the importance of this activity in the professional development of both practitioners and managers, services are being encouraged to promote the accreditation of practice teachers among the experienced workforce.

During 2016-17, the Council provided placements as follows:

- Edinburgh University – 20
- Stirling University - 5
- Open University - 2
- Robert Gordon University – 10

Social care and social work essential learning, continuing professional development and post qualifying programmes

During 2016/17 the Council continued to invest in providing employees with the opportunity to gain qualifications they need for their current job roles and for career progression. Front line care workers in adult services, early years and residential child care have been supported to work towards vocational and academic qualifications. There was also ongoing investment in post graduate awards in Mental Health, Child Protection and the Practice Educator Professional Development Award. The Chief Social Work Officer was among the first national cohort to obtain the new post-graduate qualification designed by the Scottish Social Services Council, Glasgow Caledonian University and Dundee University, sponsored by the Scottish Government.

As well as accessing relevant qualifications, social care and social work staff engage in the essential learning they need to carry out their jobs safely and confidently, as well as accessing continuing professional development opportunities to keep their knowledge and skills up to date.

Local Practitioner Forum

The Chief Social Work Officer-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

services in Edinburgh and beyond. The ELPF maintains an online presence and encourages participation from voluntary sector workers, first line and senior managers, and social work students.

Numbers of subscribers to the ELPF's website (www.elpfonline.org.uk) and Twitter (@ELPFonline) continue to grow. Topics covered in 2016 include Resilience and Good Practice in Supervision, Locality Working, Trauma-focused Practice, and Child Trafficking. The Forum has also maintained an interest in the Health and Social Care integration agenda.

So far this year, input has been received from people with lived experience of social services through the Turn Your Life Around service, and peer mentoring through Mentors in Violence Prevention (both Community in Motion projects).

Following the decision to raise the registration fees of social workers by over 100%, the Scottish Social Services Council was invited to the ELPF to explain how the fee increase will benefit social workers, and to discuss workforce development opportunities. Mark MacDonald MSP, the Minister for Early Years and Child Care, whose portfolio includes social work and social care, will be attending the next meeting in August 2017.

Registration

Since 2002, an ambitious programme of registration of the social work and social care workforce has been underway. The Scottish Social Services Council is the national professional registration body for social workers and social services staff. Appendix 3 sets out the progress of the Council in meeting the requirements of the workforce registration and the timescales for the remainder of the programme.

Appendix 1 - Public Protection Strategic Partnerships and Monitoring Arrangements

Diagram 1 – Strategy and planning groups

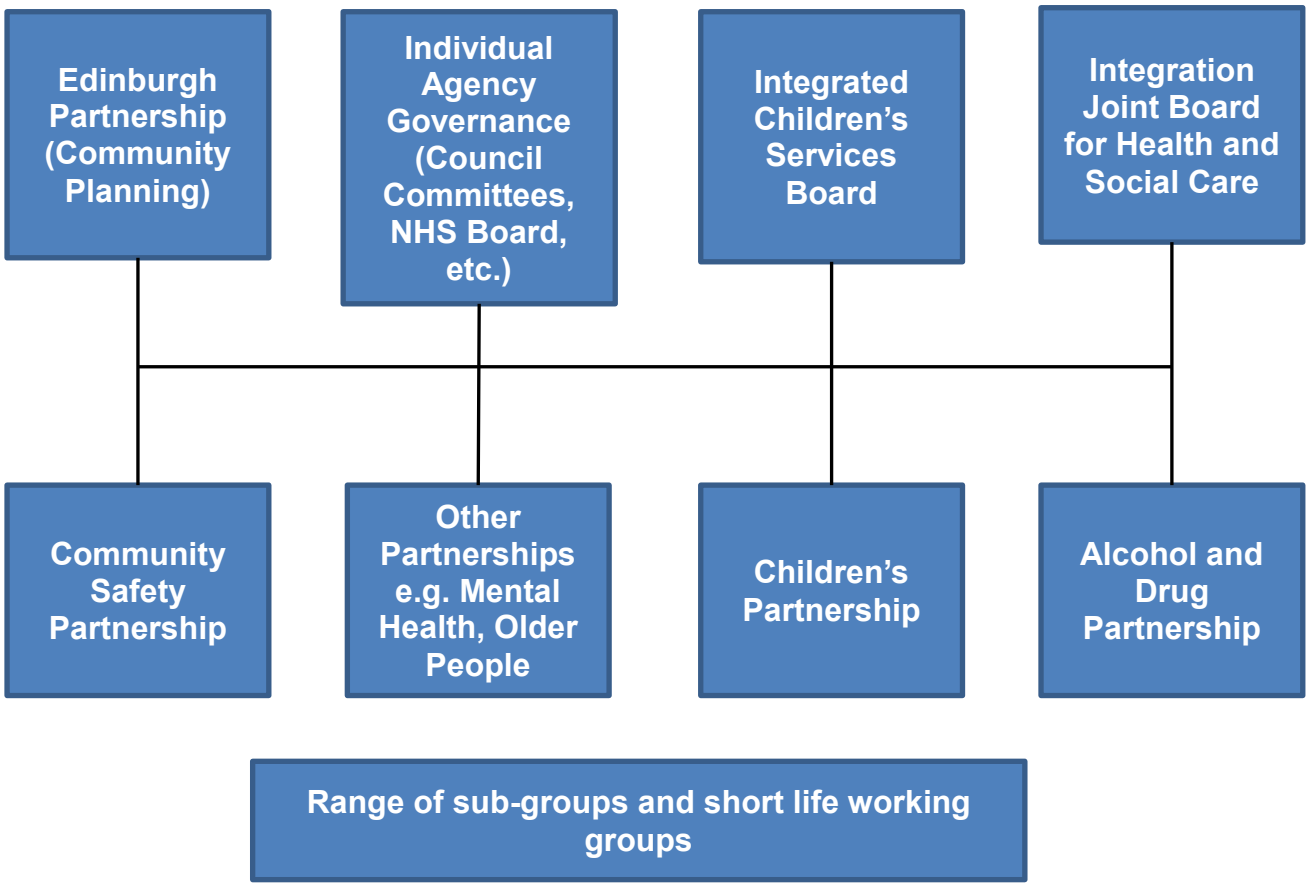
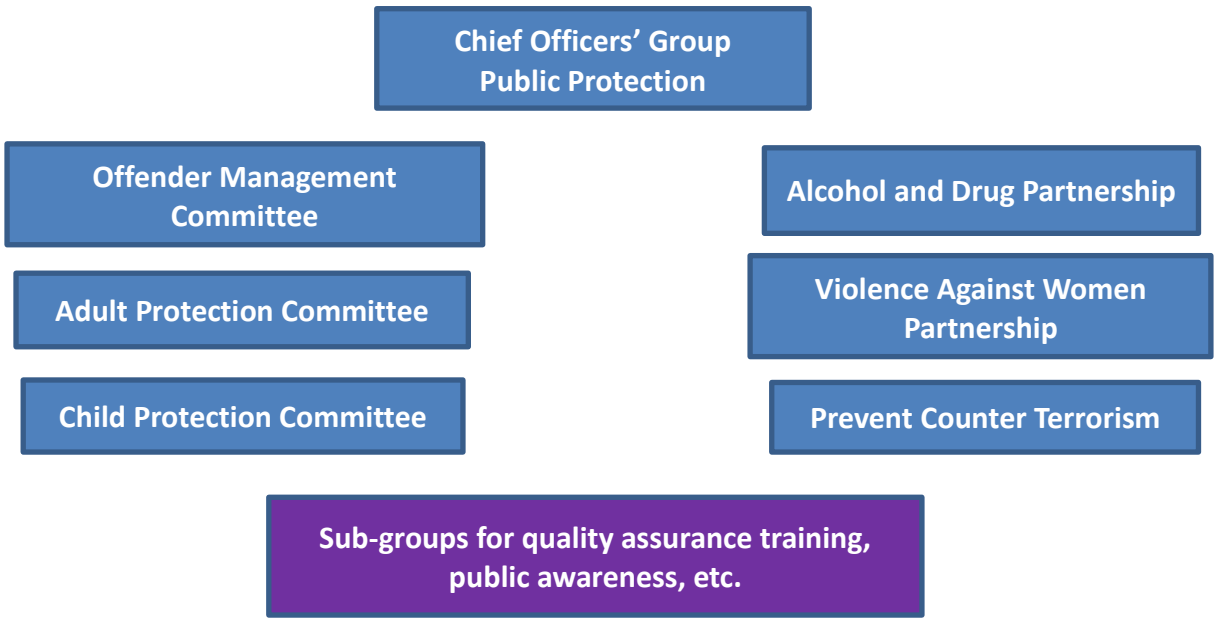


Diagram 2 – Public protection groups



Appendix 2 – Statutory Complaints Analysis

SUMMARY:

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 respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

Many of the contacts received from Councillors, MPs and MSPs are recorded as an enquiry.

	2014/15	**2015/16**	**2016/17**
Stage One Frontline Resolutions	243	173	67
• Health and Social Care	96	66	26
• Communities and Families			
Stage Two Investigations	125	114	87
• Health and Social Care	84	60	49
• Communities and Families			
Complaints Review Committees	5	5	14
• Health and Social Care	4	8	11
• Communities and Families			
Scottish Public Services Ombudsman		1	2
• Health and Social Care	1	3	1
• Communities and Families	1		
Enquiries			
• Health and Social Care	79	219	155
• Communities and Families	23	76	62

In addition to the 136 stage two complaints formally responded to during 2016/17, a further 93 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 service quality improvements.

The service responded to 217 enquiries made by the public, and by elected members (MPs, MSPs and councillors) on behalf of their constituents. The service recorded 8 positive comments made by the public.

	2014/15	2015/16	2016/17
Positive Comments	18	20	8
• Health and Social Care • Communities and Families	1	1	0

During 2016/17, 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 in 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 because of Complaints Review Committee recommendations
- learning from outcomes of Scottish Public Service Ombudsman investigations
- providing training in complaint investigation for social work managers in the model complaints handling procedure and the Council's policy on Managing Customer Contact in a Fair and Positive Way
- participating in the work of the Corporate Management Complaints Group
- updating and improving the Council's social work complaints webpage to reflect the Scottish Public Services Ombudsman model complaints handling procedure

During 2017/2018, the coordination of complaints for all social work services will revert to the operational service areas (Health and Social Care Partnership, Communities and Families and Safer and Stronger Communities). This brings complaints handling in these services into line with other Council provision, and will allow for a greater focus on quality assurance by the Chief Social Work Officer, who will no longer oversee the coordination of and responses to complaints.

HEALTH AND SOCIAL CARE

Summary Information:

During 2016/17, Health and Social Care completed:

- 87 formal stage two complaint investigations; this represents a decrease of 24% on the previous year
- 67 complaints were completed as frontline resolutions
- 155 enquiries were resolved
- 8 positive comments

The level of complaints received is set against a background of service provision volume in the following key areas:

Social Care Direct:

- Approximately 62,800 contacts were received by Social Care Direct. This reflects a 7% decrease on last year when 67,800 contacts were received.

Practice Team, Sector Based Social Work Services:

- 5,321 assessments were carried out by practice teams (Sector Teams, Residential Review Team), which is a 10% decrease from last year when 5,894 assessments were carried out.
- 3,880 reviews were carried out, representing a 4% decrease on last year when 3,534 reviews were carried out, giving a total figure of 8,701.

Home Care Service:

- 4,575 people received 48,537 hours' home care service each week, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. This represents a decrease on last year in the number of people receiving support at home and in the hours of support delivered.

Residential Care Homes:

- 357 adults aged under 65 years were supported in permanent care home places (all service user groups) representing a 15% increase from last year.
- 3,679 adults aged 65 and over were supported in long term care home placements, which is a 2% increase on last year. Of these, 704 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:

- 2,755 people were supported through open community orders by criminal justice social work; this represents a 14% increase from support given last year.
- Criminal justice staff completed 2,547 social work reports to support decision making by the courts, representing a 4% 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 700 carers who received a carer's assessment and support plan in 2016/17. This is a 40% increase on the number of carers assessed last year. Additional carers will have also been assessed as part of a joint assessment with the person they care for. Support to carers will continue to be a development priority over the next few years with the introduction of the Carers (Scotland) Bill.

Occupational Therapy:

- Community and specialist teams carried out Occupational therapy assessments for 2,130 individuals to identify support needs, including adaptions, equipment and services required.

Timescales:

The Social Work Advice and Complaints Service continue to work with senior managers to improve complaint response times. In 2016/17, Health and Social Care responded to 31.03% of complaints in 20 working days; 41.38% with an extension agreed by the complainant. 18.39% of complaints were not completed in the targeted timescale. 9.2% of complaints were withdrawn by the complainant.

Outcomes:

Of the complaints formally investigated 20 (23%) were upheld, 44 (51%) were partially upheld and 15 (17%) were not upheld. 8 (9%) of complaints were withdrawn.

Complaint Trends:

- **Practice Teams:**

  There were 30 complaints completed regarding practice teams. This represented a 39% decrease from last year.

Complaint related to:	Number of Complaints
Adult Protection	1
Report Content	1
Review of Service	1
Multiple Issues	1
Professional Practice	3
Lack of Response	3
Service Provision	1
Staff / Professional Practice Issues	1

Assessment: Decision	5
Consultation / Communication	1
Decision of Practice Team	7
Funding Issues	2
Assessment: Delay	2
Finance: Charging	1
Total	**30**

- **Home Care:**

  During 2016/17, there were 5 complaints completed regarding the Council's Home Care Services. This is a 55% decrease from last year. There were 11 complaints regarding Care at Home services purchased from external providers. This is a 57% increase from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

- **Respite Care:**

  During 2016/17, one complaint was completed regarding residential respite care services: this was about older people's residential services.

- **Occupational Therapy Services:**

  During 2016/17, there were 2 complaints regarding occupational therapy, which represents a 100% increase on last year's 1 complaint.

- **Residential Care:**

  During 2016/17, there were 8 complaints completed for older persons' residential care services. A 100% increase on last year's 4 complaints. There were no complaints undertaken regarding residential care services for people with a disability.

Complaints are an important part of quality assurance. They provide an opportunity for services to improve, based on feedback of personal experiences of service users, carers and families. The Council's social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement. Appendix 2 sets out performance data and commentary.

The following are some examples of improvements that Health and Social Care has undertaken to make as a result of complaints relating to adult services.

- To address the lack of clarity regarding financial information provided to family in advance of selecting a care home, the financial process will be highlighted to the allocated worker and to other workers in the team involved in arranging care home placements.

- The implementation of a robust audit procedure for residents' items placed in care home safes.
- The Self-Directed Support leaflet is to be redrafted to include more information for service users, their families and staff. Additional training is to be provided to practitioners in relation to direct payments.
- The development of a robust procedure for the “Moving On” policy so that it is applied in a uniform way for people who are ready to leave hospital.
- A review of the process for replacing/repairing essential equipment to ensure a speedier response.
- The new direct payment letter will be amended for respite cases to ensure the person’s contribution is clear. Assessors will be reminded that where a contribution is unknown when completing a support plan, they must inform the person that the final payment could be slightly less. Where a payment is known to be late/behind schedule, the person will be notified.
- All staff involved with call handling will be provided with a copy of the ‘Calling an Ambulance Procedure’ as a reminder of the correct action to take, including an emphasis on contacting the next of kin.

COMMUNITIES AND FAMILIES

Summary Information:

During 2016/17, Communities and Families completed:

- 49 formal stage two complaint investigations. This represents a decrease of 18% on the previous year.
- 26 complaints were completed as frontline resolutions,
- 62 enquiries were resolved.

The level of complaints received is set against a background of service provision volume in the following key areas:

Practice Teams:

- around 3,400 children and family cases managed by practice teams as at 31 March 2017
- approximately 1,343 child protection referrals
- approximately 200 reports per month submitted to the Authority Reporter.

Accommodated Children and Young People:

- 1,372 children and young people ‘looked after’ by the Council (347 at home, 1025 away from home)
- 584 children in foster care
- 83 children in residential care
- 9 children in secure accommodation
- 320 children placed with kinship carers
- 24 children with prospective adopters
- 6 children in ‘other’ settings (e.g. in community)

Young People’s Service:

- 791 young people discussed at multi-agency pre-referral screening (early intervention)
- 404 referrals received
- 417 risk assessments undertaken
- 60 risk management case conferences held for young people under the age of 18

Timescales:

Communities and Families completed 73% of formal complaints in 20 working days or an agreed extension, in accordance with the statutory regulations – 10 (20%) were completed in 20 working days; 26 (53%) were completed with an extension agreed by the complainant; 8 (16%) of complaints were not completed in the targeted timescale; 5 (10%) complaints were withdrawn.

Outcomes:

Of the complaints completed, 20 were not upheld (41%), 18 were partially upheld (37%) and 6 were upheld (12%).

Complaint Trends:

There were 24 complaints completed regarding social work practice teams. This represents 48% of the total. These related to staff practice; communication; service provision; decision making; foster carers' concerns; breach of confidentiality; and funding issues.

Three complaint investigations were completed regarding Family Based Care services. This represents 6% of the total complaints formally investigated. These related to staff practice; decision making; and foster carers' concerns.

Three complaints were completed from accommodated young people who were either in residential or secure services. This represents 6% of the total complaints formally investigated. These related to decision making; staff practice; and restraint.

Four complaints were completed regarding disability services; this represents 8% of the total. The matters related to decision making; funding issues; and service provision.

The following are examples of improvements underway in children's services, based on complaints received.

- Practice team managers will review the Section 23 statutory report list and communicate regularly with parents when there is going to be a delay. The Section 23 scoring model will be improved.
- Breach of confidentiality – staff have been reminded of the information that can be shared when preparing permanence reports and other relevant documentation.
- Plans have been put in place to ensure improved communication between staff and families for when an agreed service is to be delayed or changed. Arrangements have been made for work to be covered when a member of staff is off sick.
- Practice team leaders to ensure that where siblings are involved, each child is recorded and dealt with separately and any decisions communicated timeously to the family. The process for recording self-directed support reviews is being reconsidered to ensure that children do not fall through any

gaps. When a child moves up an age banding, a 'milestone assessment', this is accurately recorded and reviewed at the correct time – this is a new process that is being developed and will be embedded in practice.
- Senior managers and team leaders in Family Based Care will remind workers that carer concerns must be relayed to practice team staff to ensure effective communication and resolution. A practice note and guidance are being developed regarding the process for requesting a Specialist Carers Fee.
- Complainants will be provided with a written copy of their support plan. Complainants' case files to be updated to show when they do not wish to receive unannounced visits.
- Review team staff will be reminded to keep their voicemail messages up to date.
- Newly approved carers will be supported in attending carer/development groups. Carers should be made aware that participation in these groups is an agency expectation

Complaints Review Committees:

If a complainant is not satisfied with the Council's response, s/he may request that the case be heard by a Complaints Review Committee. The Complaints Review Committee is made up of three independent lay members, drawn from a wider panel. The law has now been amended and Complaints Review Committees no longer feature in the complaints process. They will continue to operate for those complaints referred before 1 April 2017, but there will be a steady decline in numbers over 2017/18.

Twenty-Five Complaints Review Committees were completed during 2016/17. The recommendations of the Complaints Review Committee were then presented for ratification at the Council's Health, Social Care and Housing Committee for 14 Health and Social Care cases; and at the Education, Children and Families Committee for 11 Communities and Families cases. The Complaints Review Committee upheld the Council's position in six of the cases heard; in ten cases the complainant's position was partially upheld; and in two, the complainant's position was fully upheld.

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

- Practice team staff have been instructed to carry out annual reviews of service user direct payments, in line with department policy; and that any changes to direct payment amounts are to be communicated in writing.
- The accredited Telecare Service was utilised to ensure that procedures and audit are industry relevant and up to date. A continual programme of training and monitoring of call handlers has been embedded as part of the audit process.
- A service user's respite award was increased to better reflect the person's level of need. Furthermore, the mechanism of communicating any change to respite care guidance, for those persons accessing the service, is now more personalised, to take account of people's individual circumstances.
- The Council will now ensure that all meetings, relating to Looked After and Accommodated children are arranged in consultation with families.
- Recording of assessment outcomes or no assessment will be improved so that Social Care Direct is aware of situation with all service users.

- The Community Alarm Telecare Service committed to implementing a process of recording notes at informal meetings with relatives and carers following an initial complaint. Call handling procedures were re-issued to ensure staff ask appropriate questions after an activation, which will include questions such as 'are you in pain'. The service agreed to review the information left with service users in the 'Welcome Pack' and issue this to all people, as well as review the annual update form to include a specific question regarding the use of oxygen in the home, and prompt follow up questions to identify people's need / use of oxygen.
- The importance of clarity on financial processes was highlighted to all social workers completing assessments for those requiring residential or nursing home placements. The 'Paying for a Care Home' leaflet is provided to all service users considering a move to a care home.

Scottish Public Services Ombudsman

In 2016/17, there were two complaints were investigated by the Scottish Public Services Ombudsman relating to Health and Social Care and one in relation to Communities and Families. In all three cases, the Council's position was upheld.

Appendix 3 – 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	824	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		30 September 2009	5 years
Residential child care workers with supervisory responsibility	34	31	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	5 years
Residential child care workers	197	323	Registered numbers include Locum Bureau workers.	30 September 2009	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Managers of care homes for adults	13	12	1 manager is registered with the Nursing and Midwifery Council (NMC)	30 November 2009	5 years
Managers of adult day care services	6	6		30 November 2009	5 years
Managers of day care of children services	104	22	Remaining managers are Head Teachers who are registered with the General Teaching Council Scotland	30 November 2010	5 years
Practitioners in day care of children	673	860	Registered numbers include supply workers	30 September 2011	5 years
Supervisors in a care home service for adults	57	66	Registered numbers include supply workers	30 March 2012	5 years
Support workers in day care of children services	125	150	Registered numbers include supply workers	30 June 2014	5 years
Practitioners in care homes for adults	213	184	Discrepancy in registered numbers is due to 29 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	289	Registered numbers include supply workers	30 September	5 years
Managers of housing support services	7	6	One manager in the process of registering	31 January 2014	5 years
Managers of a care at home service	3	2	One manager in the process of registering	31 January 2014	5 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	31 January 2014	5 years
Supervisors in housing support and/or care at home services	120	120		30 June 2017	5 years
Workers in housing support and/or care at home services	1329	0	Register opens in October 2017	2020	To be confirmed

Appendix 4 – 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)	13	8		1	7	
Day care of children (early years) 3 of these were joint inspections with Education Scotland	102	45	1	2	33	9
Fostering	1	1			1	
Secure Accommodation	1	1		1		

Care at Home	4	2	1		1	
Adult Placements	2	2	1		1	
Care Homes (adults)	15	10	1	1	8	
Housing Support	7	2			2	
Offender Accommodation	1	1			1	
Support Services (Day Care)	8	2		1	1	
Combined (dual registration-housing support)	10	6			6	
Total	**165**	**81**	**4**	**6**	**62**	**9**

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 to services until satisfactory improvements are made, and/or to terminate Council contracts. The decision on suspension and re-instatement is made by the Chief Social Work Officer.

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.

Appendix 5 – Practice Governance Framework for Social Work

The Role and Expectations of Social Work in the City of Edinburgh Council and the Edinburgh Integration Joint Board

The effectiveness of services in improving people's life experiences is significantly enhanced when those services work together in a coordinated and integrated way. Meaningful joint working does not depend on formal system integration, although this can help to overcome some historical and organisational barriers.

Whether agencies integrate their processes, budgets and management, e.g. the Integration Joint Board for Health and Social Care, or whether they simply expect services to collaborate positively, e.g. children, community justice, health, employment, housing, etc., the most important requirement is a culture of cooperation, shared priorities and joint accountability.

More effective joint working does not mean the loss of specialist knowledge, expertise or professional responsibility, which remain essential to meet the complex needs of people who depend on public services. It is helpful, however, to remind ourselves of those actions and behaviours for which *all* staff are responsible, and to create clarity regarding when *specialist* input is required. For example, it is everyone's responsibility to understand the shared priorities to which they should be working; to follow agreed procedures; to comply with their codes of conduct; to pursue the highest possible standards of practice; to focus on the needs of people who depend on services; to operate in a culturally-sensitive way; to emphasise preventative approaches; and to be aware of the financial limitations and take responsibility for making decisions on eligibility and resource allocation.

It is also everyone's responsibility to understand and articulate clearly the contribution their profession makes and how their specific skills, experience and role fit in the wider context. This paper sets this out for social work and provides clarity regarding the statutory functions that are social work's responsibility, within integrated and collaborative working environments.

Why a Registered Social Worker?

Social workers are trained to provide support to children and adults in need or at risk, working with them and their communities and partner agencies to keep people safe and well, and to help them achieve their potential. They assist people to have control and influence over their own lives, recognising when it may be necessary to use statutory powers of intervention.

Social workers make assessments taking account of a range of factors, including balancing need, risk, and rights. They deal with behaviour that may be abusive or challenging, or reflective of extreme vulnerability; and they intervene to assist and to protect both individuals and communities.

The title 'social worker' is protected in law. To qualify as a registered social worker, an individual must hold an entitling qualification in social work, be registered with the Scottish

Social Services Council (SSSC) and comply with the SSSC Code of Practice for Social Service Workers.

This provides both probity of actions and assurance to individuals and the wider public that judgments about intervening in families to provide protection, depriving individuals of their liberty or managing offenders are being made by people who are suitably trained, experienced and professionally qualified to take decisions that will have a major impact on people's lives.

This does not in any way diminish the contribution of anyone else involved in an individual's support and protection, nor does it mean that it is only in this way that registered social workers contribute. It clarifies the lines of accountability for specific statutory social work functions. It is for Chief Executives, elected members, Chief Social Work Officers and line managers to ensure that whatever the configuration of services or functions, only registered social workers are delegated accountability for the exercise of these functions. These requirements apply equally to staff providing health and social care services delegated to the Integration Joint Board as it does to the Council's children and community justice services.

Set out below are illustrations of the areas of work that require the intervention of a registered social worker, followed by a framework of accountability and governance for the work. The last section is an explanation of how the role of the local authority Chief Social Work Officer fits in the framework and is expected to function across the complex landscape of delegated and non-delegated services.

The Role of the Registered Social Worker in Statutory Interventions

Care and Protection

Careful and complex decisions as to when and how to intervene in the lives of individuals and families may have far-reaching consequences and fundamentally affect the future course of their lives. Several agencies and professionals will contribute to the process. However, it is important for the assurance of all involved, that *accountability* for these important decisions and the subsequent exercise of statutory functions lies with a suitably qualified and trained professional – a registered social worker.

So, where either children or adults are:

- in need of protection; and/or
- in danger of serious exploitation or significant harm; and/or
- at risk of causing significant harm to themselves or others; and/or
- unable to give informed consent

a registered social worker must retain accountability for:

- carrying out enquiries and making recommendations where necessary as to whether a person requires to be the subject of compulsory measures
- implementing the social work component of a risk management plan and taking appropriate action where there is concern that a multi-agency plan is not being actioned
- making recommendations to a children's hearing or court about whether a child should be accommodated away from home
- making recommendations on behalf of the local authority to a children's hearing or court about permanence, the termination/variation of supervision orders

- carrying out the measures identified in the Adoption and Children (Scotland) Act 2007 and The Looked After Children (Scotland) Regulations 2009.
- Make recommendations to court under the Adults with Incapacity Act (Scotland) 2000 as to whether formal proxy decision-makers are required to protect the welfare and/or financial affairs of adults who lack capacity to make these decisions for themselves.

Community Justice

Criminal justice social work relies on partnership working, with a range of professionals working with offenders. The functions set out below reflect the criticality of decision-making regarding effective assessment and management of risk, and are carried out by registered social workers who are best placed to ensure safe and accountable practice.

Within community justice, a registered social worker must retain accountability for:

- provision of all reports to courts that could have an impact on an individual's liberty
- provision of all reports to the victims, witnesses, parole and life sentence division of Scottish Government, as they could impact on public safety and/or on an individual's liberty
- investigation, assessment, review and implementation of risk management plans and supervision of those who will be subject to statutory supervision on release from prison
- case management in respect of people subject to statutory orders or licences and who are considered to pose a risk of serious harm.

Mental Health, Adults with Incapacity and Adult Protection

Mental health is an area of practice with functions reserved in law to suitably qualified social workers. Only registered social workers with an *additional* qualification may:

- carry out the duties of a Mental Health Officer as set out in the Adults with Incapacity Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and the Criminal Procedures (Scotland) Act 1995
- carry out the duty to enquire into individual cases where adults with mental disorder may be at risk from others or whose property is at risk or who are putting themselves at risk.

'Council Officers' with specific duties under the Adult Support and Protection (Scotland) Act 2007

- carry out inquiries into the circumstances of adults at risk of harm to establish actions required to stop or prevent harm
- coordinate multi-agency responses by developing and reviewing multi-agency support and protection plans.

Practice Governance Framework: Responsibility and Accountability in Social Work Practice

1. Risk, Discretion and Decision-making

Risk is an essential and unavoidable part of everyday life. Social workers are accountable for maintaining professional standards and the quality of their work. A focus on assessment and prevention helps to identify and manage risk. Social workers need to be

empowered and supported to make well informed decisions, using their professional judgement and discretion within a framework of accountability. A fundamental core value of social work is the principle of self-determination. Human growth and development are dependent on the opportunities available for individuals to take risks. For adults, effective risk management should allow people to live their life to the full, as long as this does not prevent others from doing the same. Social workers use assessment tools and professional judgement to achieve desired outcomes and minimise potentially harmful ones. Risk management does not necessarily seek to eliminate all risks or to safeguard *at all costs*, but takes a balanced approach to identify and differentiate between manageable and unmanageable risk to the individual and to others.

For children, or where an adult lacks capacity to understand, social workers must apply their professional judgement in a way that takes account of this additional dependency and vulnerability.

Where serious or complex risk is identified, for example when managing the risk posed by serious offenders, there is a shared responsibility to assess and manage this on an inter-agency basis.

Social workers should:

- Uphold professional social work values and ethics in their practice
- Exercise, justify and record professional judgements and decision making
- Use as a basis for approach to risk, discretion and decision making:
    - legislation, protocols, codes, guidance
    - social work theory, models, practice
    - best knowledge-based practice
    - evidence
    - informed opinion
- Develop and maintain knowledge, skills and competence, recognising and working within the limits of their competence.

What does this look like?

- It is understood, including by elected members, that risk is inevitable and that there is a structure that promotes appropriate risk-taking, supported by evidence-based risk assessment
- Considered risk-taking weighs up the potential benefits or disadvantages of each course of action
- Individuals' understanding and capacity to share risk are routinely explored and considered in decisions made about social work intervention with them
- Practice is reviewed openly when things go well or go wrong, and learning is identified and shared
- Social workers demonstrate enhanced critical decision making skills, backed up by sound evidence and best practice
- There is clear guidance and understanding of working with risk, including child and adult risk assessment and management
- Social workers have the appropriate skills and training to:
    - carry out risk assessment tasks

    - use their discretion effectively to develop innovative, personalised solutions in conjunction with partners and people who need support
    - make and justify their decisions
- There is an up to date and accurate record and analysis to support decisions made.

2. Self-regulation

Social workers must manage and prioritise work; justify and be accountable for practice; and

evaluate their effectiveness in meeting organisational requirements and the needs of individuals, families and communities, through safe, effective and personalised practice.

Social workers should:

- Comply with all relevant Codes of Practice, legislation, standards, training, organisational and inter-organisational guidance
- Maintain professional registration and comply with post registration training and learning requirements
- Take responsibility for their own practice, learning and development
- Reflect and critically evaluate their practice, and be aware of their impact on others
- Acknowledge and address risk to themselves and others
- Maintain appropriate relationships and personal boundaries with people who use services
- Demonstrate emotional resilience in working with challenging situations and behaviours
- Use supervision and peer support to reflect on and improve practice
- Seek assistance if not able to carry out an aspect of work, or not sure how to proceed
- Use the authority of their role in a responsible and respectful manner.

What does this look like?

Social workers:

- Carry out duties using accountable, professional judgement, based on social work knowledge, skills, practice and values, complying with relevant Codes of Conduct, legislation, guidance, etc., working in a safe and effective manner
- Are aware and consider the impact of their own values, prejudices, ethical dilemmas and conflicts of interest on their practice and on other people
- Challenge discrimination, disadvantage and other forms of inequality and injustice
- Maintain clear and accurate records and provision of evidence for professional judgements, in an accessible and appropriate manner
- Use risk assessment policies and procedures to address whether behaviours of people who use services present a risk of harm to themselves or others
- Manage proactively their own training and development needs as an integral part of their job.

3. Developing Knowledge and Skills

Continuous learning and development are essential to improving outcomes for individuals, families and communities. Engaging in learning and development, linked to organisational and individual priorities and objectives, supports service improvement.

Social workers should:

- Routinely review and update knowledge of legal, practice, policy and procedural frameworks
- Use supervision to reflect on practice and use critical analysis to support social work interventions
- Keep up to date with relevant research through reading journals, learning from other professionals, and listening to service users
- Continually evaluate and learn from practice
- Engage in critical analysis and research.

What does this look like?

- There is a learning culture in the workplace, which promotes and supports continuous improvement in practice and performance, including opportunities for critical feedback on that culture
- Social workers make effective use of the SSSC Continuous Learning Framework and are involved in professional networks
- There is a strategy for learning and development, based on the learning needs of social workers, the workforce planning needs of the organisation, and local and national priorities developed by Chief Social Work Officers, social workers and people who use services and their carers
- The impact of learning on practice is evaluated systematically, and is used to inform planning
- Social workers at all levels contribute to the continuous improvement of practice
- There is a clear link between organisational and operational priorities and objectives, personal learning and development plans, and activities
- The working environment promotes engagement in research and evidence-based practice.

4. Guidance, Consultation and Supervision

Reflective practice, an environment that promotes wellbeing, a healthy work/life balance and appropriate accountability, support improving practice and ongoing professional development. ‘Effective supervision is the cornerstone of safe social work practice. There is no substitute for it’. Lord Laming in his inquiry report into the death of Victoria Climbié (2003).

Social workers should:

- Actively seek, and engage fully with, supervision on a regular basis to reflect on their practice and identify areas for development
- Undertake regular analysis and assessment of the quality of their practice, including reflection on engagement and interventions with people: what is going well; what requires to change; and identifying and addressing barriers to safe and effective practice
- Manage and prioritise their workload in ways that are consistent with organisational policies and priorities.

What does this look like?

- Organisational policies, priorities and standards are formally recorded, communicated, evaluated and audited on a regular basis, and the results are made known to managers and social workers
- Casework is formally recorded and audited periodically by senior managers
- The role of the Chief Social Work Officer in providing professional advice and guidance, and how these can be accessed, is clearly communicated and understood
- Social workers routinely consult with their peers and others to inform practice, share lessons learned and meet continuing professional development needs
- There is a formal supervision policy, communicated, and understood, which:
    - reviews workload and associated stress levels, balances best practice requirements with organisational policies, procedures and priorities; and supports professional judgement and continuous development
    - specifies the minimum time and frequency of supervision for all social workers/other staff/staff with particular needs
    - requires managers to record when and why sessions are cancelled/cut short
    - makes clear that this is a reflective process, and both managers and social workers should undertake appropriate preparation by analysing their practice, identifying challenges and potential solutions, and considering development needs
    - requires the main points raised to be recorded and signed by both manager and social worker
- There is a clear process for handling professional disagreement, including the role of the line manager and Chief Social Work Officer in providing advice and support with respect to professional standards and decision-making
- There is clear guidance on how this is recorded
- Social workers are encouraged to raise issues and seek guidance from their supervisor outwith formal supervision, and the organisation has systems in place to allow the reporting of anything that might impede safe and effective practice.

5. Information-sharing and Joint Working

Effective information sharing and joint working across different agency boundaries are essential to the provision of high quality integrated care and support. They are also an important aspect of local multi-agency systems of child, adult and public protection.

Social workers should:

- Take the necessary action to understand the roles and responsibilities of key colleagues in other agencies and services
- Recognise significant information relating to child, adult and/or public protection and communicate it timeously to other key agencies and services
- Respect the contribution of colleagues from different disciplines
- Actively promote and co-operate fully in joint working to ensure people receive personalised and collaborative services
- Understand and apply agency policy for handling and sharing sensitive or highly confidential data
- Identify dilemmas of respecting confidentiality and the importance of information sharing, and seek support to address these issues.

What does this look like?

- High quality integrated services are delivered through effective partnerships
- Good, regular multi-agency training is in place
- There are effective links within and across agencies and services to monitor and manage risk
- There is good use of technology to support information sharing and joint working promoting integrated and single assessment processes, such as MAPPA, or Single Shared Assessment
- All agencies promote the uptake of “universal” supports and services where appropriate
- Partners have good systems to resolve operational disagreements with appropriate recourse to senior managers when needed
- Accessibility to services is straightforward and personalised
- Confidentiality and privacy are respected, with due regard to legislation on Data Protection, Human Rights and Equalities.

The Role of the Chief Social Work Officer

The overall objective of the Chief Social Work Officer post is to ensure the provision of effective, professional advice to local authorities and Integration Joint Boards – elected members and officers – in the authorities’ provision of social work services. The post should assist authorities in understanding the complexities of social work service delivery – including issues, such as corporate parenting, child protection, adult protection and the management of high risk offenders – and the key role social work plays in the achievement of national and local outcomes.

The Chief Social Work Officer also has a role to play in overall performance improvement and the identification and management of corporate risk, as far as this relates to social work services. Clarity and consistency of the purpose and contribution of the Chief Social Work Officer are particularly important, given the diversity of the service landscape.

The Chief Social Work Officer is a ‘proper officer’ in relation to the social work function: an officer given responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.

The Chief Social Work Officer is responsible for providing professional leadership and should:

- support and contribute to evidence-informed decision making and practice – at professional or corporate level – by providing appropriate professional advice
- seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery
- support the delivery of social work’s contribution to achieving local outcomes
- promote partnership working across professions and agencies to support the delivery of suitably integrated social work services; and promote social work values across corporate agenda.

Chief Social Work Officers in Local Authorities: Annual Reports 2015-16

A Summary

Produced by the Children and Families Analysis Team in the

Scottish Government with the Office of the Chief Social Work Adviser

May 2017

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Foreword by Alan Baird, Chief Social Work Adviser, Scottish Government – (March 2013 - April 2017)

The reports by CSWOs indicated that 2015-16 was a year of significant change and challenge as local authorities continued redesigning structures and prioritising, streamlining and re-aligning services. In line with Public Service Reform and their commitment to service improvement, local authorities are clearly focussed on developing new care models and new ways of joint working, informed by adults and children using services and by the workforce. A need to further shift the culture towards self-directed support and empowerment was acknowledged, with some reports already evidencing the benefits of SDS for people using services.

Most CSWOs reported significant pressures in balancing improvement and early intervention whilst facing increases in service demand at a time of continued fiscal constraint.

CSWOs report a more settled role within newly integrated health and social care structures, with significant involvement in budgetary decisions. Integration has increased their responsibilities particularly through an increased requirement for representation on strategic groups. Reports highlighted that CSWOs remain instrumental in providing professional advice and support for social workers as well as maintaining and supporting effective approaches to professional development and governance.

I hope this summary report is helpful in collating and promoting the important information that CSWOs share through their Annual Reports and that it helps readers reflect on what is working well across Scotland. It lets us identify common and individual challenges and it facilitates learning around delivery.

The challenges for the sector are significant, as are the opportunities to work differently and more sustainably through earlier intervention and a holistic approach to providing care and support. These reports highlight the benefits which can be achieved whilst recognising the effort required to ensure resilient and high quality services and a skilled and valued workforce.

The role of the sector has never been so vital and it requires to demonstrate, and be supported by, strong and effective leadership both locally and nationally. As I leave my role as the Scottish Government's Chief Social Work Adviser, I remain optimistic and inspired by the high-quality care and support delivered across Scotland and by the high degree of motivation and co-operation found in those working in local authorities and across the independent and third sectors to sustain and build on this most vital of Scotland's public services.

1. Summary of main messages and reflections from the reports

This section provides a summary of the key challenges and developments that the CSWOs chose to focus on in their 2015-16 reports. Examples of challenges and developments from specific local authorities are provided throughout the report.

Resource Pressures/Challenges

- Increasing financial pressures and meeting increased demand/public expectation was challenging for most CSWOs
- Integration requires a meaningful transfer of resources from acute health services to community-based health and social care
- Balancing early intervention/prevention whilst meeting current need
- MHO recruitment issues and workload pressures due to implementation of new legislation
- Implementation of living wage
- Community/Criminal Justice reform
- Rising complexity of need in children, young people and older people
- Some pressure on care at home services – demand outweighing supply – but also some reports of financial and staff investment in these services
- SDS challenging to deliver in time of financial pressure
- Brexit uncertainty – potential impact on finances
- High pressure areas are older people, adults with learning difficulties, care at home and care home services
- Extending support to care experienced young people causing some resource concerns - being closely monitored by LAs

Managing Change

- Service redesign is underway in many LAs – driven both by efficiencies and resource constraints
- Implementing legislative changes and integration is generally challenging
- Good evidence of new delivery models to support early interventions and to deliver SDS (planning/commissioning improvement activity evident)
- CSWOs report having a key role in integrated partnerships and on budget setting/decisions
- CSWOs playing a key role in providing support and clear direction to social work professionals
- Work reported on criminal/community justice reform – to embed change
- Challenges around implementing named person, child's plan
- LAs thinking about new Carer Act and its implementation/impact

Workforce

- Recruitment and retention remains a significant issue for many CSWOs – particular rural issues – activity to address this reported
- Some challenges around recruiting foster carers/adopters
- CSWO workloads increasing and role more challenging under integration
- Many reports highlight challenges for staff in relation to structure/line management changes as a result of integration
- Some investment in staff training around SDS and outcomes approaches

- Workforce planning remains challenging – some CSWOs playing a leading role in planning
- CSWOs report some collaborative workforce development which is benefitting health and social care staff and supporting joint working
- Some evidence of improving leadership (through investment) and succession planning at all levels
- Several reports highlight use of workforce surveys

Improvement

- Most reports have early intervention/prevention central to the year's activity - early intervention being seen in both children and adult services
- Some report that Integration allowing more effective use of resources
- Engagement with users/carers/key partners in service planning/delivery seen as more critical given financial constraints and consultation evident in the reports – also driven by Community Empowerment Act
- Increased focus on empowering individuals but recognition more needs done
- Most reports reflect positive relationships with the Third Sector
- Evidence of staff being more involved in service redesign
- SDS reported as impacting positively on users and delivery partners – evidence LAs appreciate culture change required for SDS
- Some reports mention that early intervention reduces pressure on services
- Many examples of consultation with children to improve services
- Improving dementia services important for many partnerships
- Improving an outcomes-based approach is a key/current issue for many LAs
- Evidence of learning across LAs/Partnerships and from outside Scotland –also evidence of Scottish activity being promoted outwith Scotland

Service Performance

- All reports indicate a wide range of quality assurance activity
- Many highlight that a culture of self-evaluation & continuous improvement is embedded across all services

Examples of common challenges

North Ayrshire

> *"Balancing prevention and early intervention with the needs of those already vulnerable and at risk is increasingly difficult as budgets constrict further."*

City of Edinburgh

> *"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."*

East Renfrewshire

> " The commitment of the Scottish Government to implement the Living Wage, a level of pay for social care staff above the statutory minimum wage will present a significant challenge at a time of reductions overall in funding to local government. "

Moray

> *"During 2015/16, the key challenges for Community Care were: taking forward integration with Health, providing complex care for people with Learning Disabilities, Mental Health and Autism, providing care at home for increasing numbers of older and frail people and continuing to roll out changes associated with Self Directed Support."*

Glasgow

> *"The challenge and opportunity presented by the establishment of the Integration Joint Board and Health and Social Care Partnership. Traditionally health colleagues have been much clearer about clinical and professional governance and the need to take cognisance of professional views in making decisions about service delivery, and in providing professional leadership for staff separate from general management than local authority social work services. Consequently, in the context of the integration of health and social work services, now required by legislation, there has been some anxiety across social work services in Scotland that the less well developed professional identity in social work services may lead to social work not being afforded the same status as professionals within partnerships."*

Examples of key developments

Whilst reports indicate that financial pressures have posed challenges for the sector, some CSWOs also reported that the pressures have provided opportunities for innovation in service delivery and that steps are in place to ensure that the quality of service is not compromised.

Aberdeenshire

> *"In spite of a challenging financial climate Aberdeenshire's social work service has been supported to deliver a diverse range of services of commendable quality. Alongside this investment, officers have continued to modernise approaches to service provision, and have created a range of innovative projects that meet the changing needs of the public of Aberdeenshire and which articulate with the Scottish Government's legislative and Policy requirements. In addition, external scrutiny and internal self- evaluation continues to evidence a service that is performing to a high standard."*

2. Partnership Structures and Governance Arrangements

This section covers partnership structures and governance arrangements. The reports mentioned a range of partnerships, with most also highlighting arrangements and/or actions that have been taken to engage with and involve users, carers, communities and the Third Sector, who are seen as critical partners in service development and delivery.

The range of strategic partnerships mentioned in relation to service planning included:

- Health and Social Care Integration Authorities
- Public Protection Committees (including the respective Adult and Child Protection Committees)
- Multi Agency Public Protection Arrangements (MAPPA)
- Alcohol and Drug Partnerships
- Community Safety Forums
- Integrated Children's Services Group
- Community Planning Partnerships

Partnership Structures

Many CSWOs reports highlighted the importance of partnership working to the delivery of effective social work services. There is evidence of wide stakeholder engagement and local participation in the reports with some Authorities having an established engagement strategy. Meaningful engagement of people who use services in service planning, design and delivery was a recurring theme in the reports. Some reports acknowledge that this is even more critical with the shift in the balance of care from residential to community-based care and self-directed support. There is also good evidence of engaging early with carers to ensure effective implementation of the Carers (Scotland) Act 2016 which comes into effect on 1 April 2018.

Health and Social Care Partnerships

Following the approval of proposals for integration schemes most CSWOs report on major developments and restructuring happening within their local authorities to accommodate the changes required by new policies and legislation. Most reports mention both opportunities and challenges created by integration. Activity to aid transition included:

- working with the social care workforce to develop a clear care governance framework
- promotion of professional development opportunities
- developing a strong sense of professional identity for staff and reinforcing their contribution in the integrated service context
- establishing groups to improve integrated planning processes
- strengthening the visibility of senior managers
- developing strong partnerships with the Third Sector around delivery

East Ayrshire

> "The membership [of Strategic Planning Group] includes a heath professional, user of health care, unpaid carer, commercial and non-commercial provider of healthcare, social care professional, commercial and non-commercial provider of social care and housing services and a third sector representative. In addition, to the membership prescribed by the legislation, representatives from the employee side, finance and acute sector were also agreed."

Partnerships in Criminal/ Community Justice

Most CSWOs reports in 2015-16 mention delivery of community justice services under the old framework. There are however clear plans to transition to the new model in 2017 and CSWOs appear to be playing a critical role in some local authorities to ensure a smooth transition.

CSWOs report that work is being undertaken in LAs to ensure that criminal justice will smoothly transition and embed into the new community justice arrangements. Some IJBs have incorporated all adult social work services, including community justice, within Integration Partnerships.

Scottish Borders

> "In Criminal Justice services, a full service review has been undertaken and staffing adjustments made to reflect the workload demands and to ensure a clearer focus on quality assurance processes, including file audit. Improved performance data for reporting has been developed. Good progress has also been made in preparation for the new Community Justice arrangements to be established in 2017 including consultation on the new proposals and service developments."

Falkirk

> "During 2015-16, Community Justice and the new delivery model has been driven forward within the council. A reducing re-offending group – chaired by the CSWO – has focussed on the key tasks....In relation to my responsibilities as Head of Criminal Justice, I attend Community Justice Authority meetings and also chair MAPPA Level 3 meetings as well as attending the MAPPA Strategic Oversight Group. Criminal Justice issues are reported (within the Council) by Chief Social Work Officer membership of the Chief Officers Public Protection Group.The Community Justice Strategy Group is a newly formed group to assist us to move from reporting arrangements with the Community Justice Authority to transferring reporting arrangements to the Community Planning Partnership. Work will be ongoing throughout 2016 to both extend and embed the remit and reporting processes."

Third Sector and User Groups

The CSWO reports demonstrate a high level of consultation work with service users, carers and other stakeholders. This is covered in more detail in the Section on User and Carer Empowerment. The means of engagement vary from membership on advisory groups to surveys and face to face engagement:

East Dunbartonshire

> "Recent Stakeholder Engagement (Your Services, Your Choices) activity has focused on working with local community groups and the wider East Dunbartonshire public through a large-scale survey and focus groups to identify local budgetary priorities and options for future public service delivery."

Falkirk

> *QUOTE FROM BARNARDO's "We have an established history of positive partnership and collaborative working across Falkirk. Our progress has been recognised both internally and externally and we have welcomed opportunities this year to reflect and share our experience and learning. Opportunities such as the GIRFEC learning events, Family Support Public Social Partnership and representation and participation in the full range of Children's Commission strategic forums has enabled us to co-design Services, influence processes and decisions and further develop Services and practice together."*

Role of The Chief Social Work Officer in the Context of Partnerships

The requirement for every local authority to appoint a professionally qualified CSWO is contained in section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to local authorities in relation to the delivery of social work services. Updated guidance on CSWOs responsibilities was produced by the Scottish Government in 2016 to reflect the role of CSWOs in the new integrated arrangements introduced by the Public Bodies (Joint Working) (Scotland Act) 2014.

The reports describe how the CSWO role is changing and widening in the context of integration. Most CSWOs report their responsibility to monitor social work service activity across the Council and, within the Health and Social Care Partnership, to ensure that agreed targets are being met and that professional standards are maintained. In this period of change, some reports demonstrate how CSWOs continue to take a leadership role in providing support and clear direction to social work professionals. This has, however, not been without challenges.

Scottish Borders

> "Over the past 12 months I have, in my role as Chief Social Work Officer, ensured that Social Workers and Social Care staff across all service areas have had opportunities to meet together and ensure that professional leadership and support is available to all staff across the Council and commissioned services. Key cross cutting themes such as public protection and transitions are therefore able to be progressed. In addition all Managers responsible for Social Work tasks come together monthly in a CSWO meeting to consider practice governance including standards, quality and professional leadership and training across Social Work."

CSWOs continue to play a key role in:

- designing supervision and care governance arrangements
- supporting and promoting continuous improvement, quality assurance and management of social care services
- financial planning
- identifying service pressures
- developing delivery plans and risk registers
- Criminal Justice Social Work and Mental Health Officer work

CSWOs sit on Integrated Joint Boards (IJBs) as non-voting members and are either Chairs or members of various other partnerships/ committees. The revised guidance is clear that the CSWO responsibilities in relation to Local Authority Social Work functions continue to apply to functions which are being delivered by other bodies under Integration arrangements.

Perth and Kinross

> "The Chief Social Work Officer (CSWO) is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory duties. Overall, the role is to provide professional governance, leadership and accountability for the delivery of Social Work Services, whether these are provided by the local authority or purchased from the voluntary or private sector. In addition, there are a small number of specific duties and final decisions in relation to a range of social work matters, which must be made by the Chief Social Work Officer."

East Ayrshire

> "The CSWO is a member of the Integrated Joint Board (IJB) and during the first year of implementation in 2015/16, opportunities have been taken to present reports and to highlight the work taking place across social work and social care. Given that many IJB members and participants stem from health backgrounds, the social work function relating to community care and health has been central to consideration of shifting the balance of care. The statutory work relating to children and families and justice social work services is less familiar, and more time is needed to ensure that the holistic nature of social work provision is fully understood and recognised."

Many CSWOs mention reporting directly to the Chief Executive of the Council, the Chief Officer/ Director of the Health and Social Care Partnership and/or local authority Corporate/ Strategic Management Team. Whilst most CSWOs report that clear governance structures are in place, a few are still in the process of detailed governance arrangements being finalised by the IJBs, with either existing governance structures being reviewed and refreshed or new governance structures being designed.

East Dunbartonshire

"Since April 2016, significant progress has been made in relation to management structures with the second stage now achieved. One consequence of this has been the siting of the CSWO position alongside the Group Service Manager post for Adult Statutory Services, reporting directly to the Director of Health and Social Care. Work is currently being carried out on governance and clear reporting mechanisms, with CSWO attending key strategic, management and practitioner meetings e.g. Council Management Team, Committees, Operational Management Teams, etc."

Moray

"The CSWO is responsible for monitoring Social Work service activity across the Council to ensure agreed standards are met and that professional standards are maintained. The post assists Moray Council in understanding the complexities of Social Work Service commissioning and provision; including particular issues such as child protection, adult protection and the management of high risk offenders, as well as the key role Social Work plays in contributing to the achievement of local and national outcomes."

3. Social Services Delivery Landscape

In writing this section of their reports CSWOs were invited to provide an overview of how social services provision is supplied within their local areas. They were asked to comment on the nature and make-up of local provision, how well the provision is working and whether there are any significant service or provider gaps and what is being done to address those. The key themes highlighted by the CSWOs are summarised in this section.

Challenges to Service Delivery

Many CSWO reports mention the challenging environment in which they are operating , particularly in relation to:

- demographic shifts
- increasing expectations and requirements to support people in their own homes and communities, financial pressures
- workforce challenges
- developments in integrated services
- managing rising and complex needs of both children and young people

Most CSWOs reported particular challenges around the ageing population in relation to service demand, increasing demands on the workforce and issues around housing and community facilities. For some Councils, rurality brings further challenges.

South Ayrshire

> "Due to changing demographics, notably increasing numbers of older people, the demand for social services to support the most vulnerable individuals living in South Ayrshire continues to increase significantly.
>
> Social Work services in South Ayrshire have developed robust partnership arrangements with a range of third sector organisations in order to meet the needs of local people. Over the past three years this approach has supported development of a range of new and innovative services in order to ensure adequate support is available for individuals across all categories of need."

Dumfries and Galloway

> "With an ageing population region wide and with children and adults living longer with more complex needs there is increasing demand on services; this at a time when across the UK there are significant problems recruiting and retaining staff in social care provision. Over the past year we have seen unprecedented capacity problems in care at home services in the towns in addition to the rural areas. Even specialist service providers with better terms & conditions for staff have been experiencing difficulties in securing the workforce they need. We are continuing to explore ways of managing demand on our demand-led services and to work with partners in health, housing and social care provision to find sustainable ways forward."

Alongside concerns relating to increasing demand of services for older people, there are also other vulnerable groups like those with learning disability, substance misuse and mental health difficulties who need social work support.

Similarly, in children services, some reports indicate a growing number of children that need to be looked after and/or are in need of social work intervention because of increased deprivation and substance misuse. In criminal justice, the introduction of Community Payback Orders means that there is an increase in the numbers of disposals from the Court. This offers benefits around reduced re-offending but coupled with the recruitment and retention challenges in the sector, is reported as putting an enormous pressure on the social services sector.

Strategic Commissioning

CSWO reports highlight that in light of Integration and recent changes required to be made in organisational structures, reviews are being undertaken at various levels to find efficiencies and also to plan the design and delivery of future services. Some reports highlight that Integration has allowed for more targeted/effective use of resources, bringing increased creativity to delivery. Some CSWOs reported on how commissioning strategies are being reviewed to identify where further efficiencies and savings can be made.

East Ayrshire

> "In recent years, there has been a shift in the way in which partnerships evolve, with less dependency on traditional forms of commissioning activity and more creative, joint approaches to identifying and responding to need and risk. This also reflects shifting expenditure patterns and the increasing contribution of the third, business, entrepreneurial and independent sectors."

Some reports detail how strategic needs assessment and strategic commissioning of services is being planned. For instance, in children's services, some CPPs (e.g. Clackmannanshire) are participating in Scottish Government's Realigning Children's Services Programme (RCS) which is aimed at delivering a joined up and strategic approach to commissioning and delivery of children's services through the provision of good quality information and service mapping. Data is to be used to develop a joint strategic commissioning plan and inform future design and delivery of children's services. Similarly, some others (e.g. Dundee City) have used the Dartington Survey of representative households and over 90% of the school population (9-16 years old) to help integrated Children's Services partners identify key risk factors and priorities to focus on.

The Integrated Children's Service Plans were mentioned by CSWOs as critical in defining the priority areas of focus and where collaborative working will benefit children and young people. Work has also been reported as undertaken to engage with staff locally in both drafting of this plan and/ or in raising awareness and expectations of the staff. Similarly, some reports also mention a wider engagement in the drafting or refresh of these plans.

Orkney

> "The Integrated Children's Services Plan is currently being updated with front line staff being an instrumental part of this work, as well as using questionnaires to engage the views of children, young people and parents."

Care At Home

CSWOs report investment of finances and staff to provide support and care to people in their own homes in order to lower the use of residential care or unnecessary hospital stays. Demand, in some places, however outweighs supply and puts pressure on existing services. Lack of care at home capacity has been quoted by some CSWOs as the main reason for delayed discharge from hospitals. Additional private sector capacity was being secured by some authorities to support effective discharge. Some CSWOs reports highlighted more in-house home care than care purchased from external providers and efforts to shift the balance. Developments in assisted technology are also reported as key in providing support to people to stay at home for longer.

East Lothian

> "During 2015-16, the commencement of re-commissioning of care at home began with the intent of making a significant shift away from paying providers by the hour to provide care at home, with a move towards establishing a personal budget for the client. This would be costed around the individual assessment which helps inform the support plan, where personal outcomes are the focus of what needs to be achieved. This very much embraces personalisation and SDS.
>
> The project will pilot new models of service delivery, including Neighbourhood Networks, which enables a person to become part of a group of service users in their immediate community and relies on peer support with minimal staff input. This helps develop independence as well as combating social isolation. The work will also plan how to support people differently at night through the greater use of Technology Enabled Care."

Implementation of Self-Directed Support (SDS)

Most CSWOs reported progress on implementation of SDS. Some also reported on how the legislation has positively impacted on people and the key role played by partners in implementing the policy.

Whilst there is much evidence in the reports in support of self-directed support and the better outcomes it promotes, concerns were also raised in terms of implementing SDS in the current financial climate. This has required creative new approaches to service design and delivery. Reports mention how SDS implementation poses new challenges as increasing numbers of people are becoming commissioners of care, changing the delivery landscape and meaning that traditional approaches to planning services are no longer adequate and that new frameworks for commissioning services are therefore being designed.

There is evidence in the reports that LAs have been appreciative of the need for a cultural shift if self-directed support is to be properly implemented. There are some positive examples shared by CSWOs.

MidLothian

> "The focus of the work related to Self Directed Support in Midlothian since then has been embedding the requirements of this legislation into business as usual activities. Individuals are increasingly choosing different ways of receiving their support and using direct payments and option 2 to increase the control they have over their support
>
> A focus continues to be around embedding the personal outcomes approach to assessment in all social work practice. In adult social work and social care this approach is resulting in a increased amount of creativity and innovation around how support is provided and more 'non traditional' support packages being put in place. Work is being undertaken on back office and finance processes to ensure these processes support this flexibility in the provision of support"

City of Edinburgh

> "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."

There is however, a mention of the challenges that this new legislation is posing, especially in the context of financial constraints under which the local authorities are operating and around new commissioning frameworks.

Orkney

> "The significant changes to assessment and service provision structures have bedded in however the legislation continues to bring significant ongoing financial challenges. There continue to be no economies of scale to make use of to deliver fundamental service change to support implementation and it is increasingly the case that it is clear that the legislation is not a cost neutral activity, as the Scottish Government envisaged. Concern in this area is such that the Chief Officer of the Integration Joint Board has commissioned an independent review of the local implementation of this Act, with a view to ensuring every possible step is being taken to understand and manage the financial risks associated with it, while still delivering the purpose of the Act."

4. Finance

This section summarises the main points that were raised in the CSWO reports on financial challenges. The reports cover in some depth the main financial pressure areas and what is being done to address these. Some reports also detail how investments are being diverted to early intervention and prevention, in line with the public service reform agenda and the Government focus on improving outcomes for people using social services and their carers.

Whilst it appears that service redesign is primarily driven by the need to find financial efficiencies, a number of CSWOs also mentioned how it has also opened up opportunities to find new and creative ways to improve service delivery.

Financial Pressures/Challenges

Most CSWO reports highlighted the challenging financial environment and the challenges faced by vulnerable individuals and families due to shrinking public sector budgets. Generic, key challenges identified in the reports include:

- meeting the complex needs of a vulnerable population (e.g. those affected by mental health problems, those with a history of self-harm and with offenders who pose risk to the public) can be expensive
- uncertainty over level of funding from the Scottish Government beyond 2016/17 means that long-term planning is difficult
- many CSWOs mentioned further anticipated pressures in 2016/2017 due to the Living Wage requirement - to pay social care workers £8.25 an hour from 1 October 2016
- the wider financial environment –inflationary impact on care fees, recycling costs, utility costs etc
- increasing demand for equipment and adaptations
- risk that the Change Programme is not progressed within the desired timescales or achieves the desired outcomes
- future impact of impending legislation to improve support for carers

Adult and older people services were recognised as an area where financial pressures were high due to the complex needs of adults with learning difficulties and older people requiring care home provision or intensive support at home. This is unlikely to change given the demographic trends and hence, has been identified by CSWOs as one area of high financial pressure. Some areas reported specific additional pressures on adult services due to increases in:

- hospital admissions/bed days
- delayed discharges
- costs of medications and purchased care services
- rates of dementia
- numbers of people assessed as needing adult care services
- activity to further embed self-directed support

In children's social work services the pressures highlighted in the reports relate to:

- residential school placements
- external residential care placements
- crisis care placements

- fostering/external fostering
- financial pressures experienced by some LAs due to unaccompanied asylum seekers

Aberdeenshire

> "Nevertheless from a social work perspective it is reasonable to assert that austerity is having a significant effect on many of our citizens. Vulnerability, perhaps particularly for children, is a complex issue and is not solely a matter of finance. Nevertheless austerity is making some of our already vulnerable individuals and families even more so."

Meeting Challenges/Pressures

Reports highlight a range of activity to deal with these pressures and examples are set out below. Efficiency savings through service redesign are a key approach featured in reports. As reflected earlier in this report, CSWOs also confirm playing a critical role in budget setting and financial decisions around the social work element of the Health and Social Care Partnership budget. They therefore report being able to influence and advise on budgetary issues affecting the operational delivery of statutory social work services and any challenges faced by the social work profession. Scottish Government's social care funding allocation to partnerships has also been reported as a critical enabler to allow transformation.

A mix of approaches to finding efficiencies in both the children's social work and the adult social work sector are also being reported such as:

- reducing commissioned services
- redesign of the management structure
- service redesign
- staffing reductions
- reductions in the cost of commissioning
- new approaches to assessment and care management.

However, there are also instances where CSWOs have reported that further efficiencies are difficult to find without compromising on staffing numbers or service provision. Examples of engagement with the community in prioritising spend is also evident from some reports.

East Dunbartonshire

> "The Council carried out a Budget Stakeholder Consultation to understand community priorities to be considered during the process of updating its long term financial strategy. Feedback clearly demonstrates the priority associated with Social Work Services. Accordingly, officers are developing options for securing appropriate service provision to vulnerable clients, mindful of the challenges of on-going financial constraint. Options will be developed and taken forward in partnership with other statutory agencies."

For services to support children there are also examples of finding efficiencies/savings through returning children and young people previously placed out of region to in-region support settings, which can result in significant reduction in agency placement costs at the same time offering the potential to deliver improved outcomes for children. Similarly, reduction in the use of secure and

residential care and an increased drive to recruit foster carers and kinship carers in line with the early intervention agenda has also been mentioned as offering the potential for efficiencies.

Other children's service initiatives include:

- review of contract costs with external foster care providers
- renewed efforts to develop more imaginative foster carer recruitment campaigns
- development of a co-ordinated family support service
- secondment of a Social Work manager to enhanced education provision and exploration of opportunities in integration between Education and Social Work Children & Families

In adult social care, investments are being made in re-ablement and telecare/telehealth to generate financial efficiencies while continuing to provide quality care. Other improvement and efficiency initiatives highlighted in reports include:

- re-profiling eligibility criteria to target resources at those with the highest level of need
- intense scrutiny of individual placements
- review of contract costs with external providers
- recalibration of resources towards early intervention and prevention

Other specific examples include:

- opening of reablement and assessment beds in one care home
- development of an initiative in provision of enhanced care at home
- introduction of real time monitoring for care at home staff
- a Community Meal service was highlighted for achieving both financial efficiency but also supporting independent living.

Some reports demonstrated financial savings being found through modernisation of work environment e.g. through hot desking. This, however, is not without its own set of concerns.

Aberdeenshire

> "Social Work has welcomed the above initiatives and has benefitted from the modernisation and financial efficiencies arising from them. The opportunities of hot desking for example have enabled social work staff to work more efficiently in the large geographical area of Aberdeenshire through, for example, saving time in travel to and from the location in which they are based.
>
> In seizing these developments however we are also mindful of the need to balance these opportunities with the need to provide colleagues with safe/confidential space in which they can discuss dilemmas and reflections with team members/colleagues when they return (often charged) visits."

In anticipation of future challenges in relation to the Living Wage, some LAs are already planning action as is evident in the case of Dumfries and Galloway:

Dumfries and Galloway

> "In preparation for this [implementation of living wage] we will be issuing an invitation to tender for all Adult Care at Home services. Although this will inevitably increase the cost of service provision, it should at the same time allow us to manage and plan service provision more effectively. We will also be continuing with the roll-out of the Real Time Monitoring Management information system across all Care at Home services. This includes an electronic brokerage facility which will make sourcing of care more streamlined, transparent and efficient."

Shift to Early Intervention

Most CSWOs reported that early intervention and prevention was central to their work in 2015/16. The focus on early intervention is being seen in both children's and adult's services. Risk assessments have also been emphasised as critical in early identification and intervention. CSWOs report challenges around diverting funds to early intervention when there are imminent needs of a vulnerable population that need to be urgently met.

City of Edinburgh

> "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."

Clackmannanshire and Stirling

> "There are pressures on the Social Services budget in both local authority areas. In reaching decisions about where to prioritise the use of our resources, there is a tension between continuing to invest in preventative approaches and the need to protect service provision for those with the highest levels of need. We have sought to strike a balance, with an emphasis on strengthening review arrangements across all service areas, more joined up approaches with universal services and further developing intensive support services, designed to promote independence and reduce the need for formal service provision."

Partnership working has also been regarded as critical in delivering services under financial pressure and relationships with key partners has been reported as critical in agreeing to commit resources to early intervention.

East Ayrshire

> "During such periods of challenge and uncertainty, partnership working becomes core to being able to deliver effective services within the budget envelope available. Within East Ayrshire, community planning partners including the third sector, independent and business sectors recognized the difficulties being encountered across sectors. Transparent conversations have increased understanding and this has harnessed collective thinking in

respect of early intervention, prevention and creative modeling of service provision. There has been a joint effort to addressing the challenges arising from deprivation and disadvantage, recognizing the longer term impact of child poverty and welfare reform. This has included preventative use of funding e.g. Integrated Care Fund and innovative solutions funded through the independent and business sector e.g. the development of community capacity in reducing dependency on foodbanks through Centrestage's creative use of a bus to access remote communities with a focus on learning to cook on the basis of an approach through reciprocity principles."

East Lothian

"The older people's day centres programme is aiming to encourage early intervention and prevention in all centres by developing them as health and social care centres and community hubs, providing more integrated service links to both social work and health services and community based partner 3rd sector and voluntary organisation. This challenges and creates opportunities for us to enable a shift in the balance of care with greater focus on supporting people in their communities close to their home."

Similarly, while it is acknowledged in the reports that the current financial environment makes it challenging to divert investment towards early intervention, some reports are evidencing benefits including emerging examples of where early intervention approaches are working efficiently and helping reduce pressure on the sector.

East Dunbartonshire

"A range of early intervention approaches have led to significant reductions in the number of children referred to the Children's Hearing System, a speedier response to families affected by domestic abuse and a more coordinated response to vulnerable pregnant women. Work with community groups and families are planned and on-going. "

Moray

"We have begun to see some of the benefits of more integrated system working, for example, in supporting older people to remain at home or to return home from hospital as soon as possible. Our delayed discharge rates have been markedly improved and IJB investment in Care at Home services has contributed greatly to making this improvement. Many of our prevention and early intervention strands of work have begun to demonstrate significant improvements with Stop Now and Plan, Multi-Agency Domestic Abuse Response Team and our Early Years developments all evidencing positive impact. Protecting the investment in all of this work will be difficult at a time of significant funding pressures but crucial given these are the very initiatives which are helping us off-set future demand for high-cost services."

The life stage approach has also been reported as helpful in moving resources from reactive to more proactive, preventative spend.

West Lothian

> "Through the Life stages approach the council has been in the vanguard of changing the focus from crisis management to prevention. Through implementation of the Health and Social Care Change fund and the Early Years/ Early Intervention change fund the council in partnership with Community Planning partners is now well advanced in applying this approach to service design across the whole of Social Policy with a much greater focus on prevention, including building capacity within communities to help people maintain their independence wherever possible."

There are numerous good practice examples in the reports of service redesign and delivery to help shift the balance of care towards earlier action, building capacity and taking cognisance of the changing service delivery environment. Reports describe how Technology-Enabled Care (Telecare and Telehealth) is critical in meeting the needs of people, presenting them with choice and empowering them more and at the same time making best use of limited staff resources. Examples highlighted include significant improvements in Telehealth care capacity and service users being supported through the introduction of pre-payment cards.

East Renfrewshire

> "Tele Enabled Care (TEC) has enabled the partnership to shift the focus and balance of resource intensive packages for people with a learning disability to provide them with more choice and control over their lives. It is also fundamental to providing a responder service locally to meet the needs of people with unscheduled care events."

5. Service Quality and Performance

This section summarises some of the key approaches that CSWOs were taking to ensure that the services being delivered were of high quality.

In the template for the reports, CSWOs were encouraged to provide an overview of performance, highlighting achievements and weaker areas of delivery and what they were doing to understand and resolve these. It was for CSWOs to decide which areas of performance they covered but they were encouraged to consider their contribution to the achievement of national outcomes and public service reform.

Quality Assurance

In the current environment with a drive towards integration, separately reporting on the quality and performance of the social services sector was reported as a challenge. All CSWOs report that a wide range of quality assurance activities were taking place locally. These ranged from day to day operational management at a local level, to broader self-evaluation and external audit, involving quality assurance staff, practitioners and operational managers.

Many reports highlight that a culture of self-evaluation and continuous improvement has been embedded across all services.

City of Edinburgh

> "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"

Acting on the outcomes of Care Inspectorate inspections were also mentioned by many. The reports included reflection on the strengths that were identified by the inspections and also on areas of improvement, what actions were being taken and the critical role played by CSWOs in taking some of the recommendations forward.

Dundee City

> "Given the focus of Social Work in supporting the most vulnerable towards positive outcomes, it was particularly noteworthy that assessing and responding to risks and needs; the participation of children, young people and families; and the impact of services were all rated [by the Care Inspectorate] as Good. The Dundee Champions Board for Looked After Children and Care Leavers was highlighted as an example of best practice and is being used as a national exemplar."

Whilst recognising the value and helpfulness of the CI inspections, some CSWO reports also highlighted that they could be resource intense and have implications for staff especially in the current climate of tight resources.

East Lothian

> "Overall, the inspection was a positive experience which also highlighted the progress we are making with regards the partnership. However, the inspection was hugely time consuming and, for some staff, brought a significant amount of additional work. Whilst we welcome inspections, the number of, and intensity of, have major consequences for the workforce."

There is evidence in the reports to suggest that feedback from people using services is also regarded as critical and acted upon.

Falkirk

> "Key areas for improvement [in the area of domestic abuse] were identified in relation to quality assurance, workforce development and the revision of procedures and guidance. Information obtained from the focus groups and interviews with parents and young people is being used to inform workforce development and the revision of guidance."

Outcomes Focussed Care and Support

LAs clearly take national outcomes into consideration and align their strategic priorities to these outcomes, which are delivered collaboratively with health services. CSWO reports mention that performance against national and local outcomes is being constantly measured and monitored. There is also evidence of an person-centred outcomes approach being adopted at an individual level - incorporated into service design and delivery, and staff being trained to ensure that it is implemented. Bespoke tools are also being designed and introduced to improve outcomes for service users.

East Dunbartonshire

> "Social work services continue to make a substantial contribution towards achieving local and national outcomes. East Dunbartonshire social work services collaborate with partners in planning, delivering and evaluating these outcomes. It should be noted that a number of these services are delivered in joint teams, i.e. with staff from health and social work services. "

6. Delivery of Statutory Functions

In the template CSWOs were asked to provide an overview of the Council's capacity/ability to deliver its statutory functions related to social work, identify any delivery risk and plans to address those, and comment on the capacity of CSWOs and others to discharge their statutory functions.

In the reports CSWOs provided details on performance over a range of statutory functions – highlighting activity/functions which are challenging to deliver and what plans are being made at LA level to address these.

Looked After Children

Social work services have a range of statutory duties in relation to vulnerable children, including the duty to act as a corporate parent to children placed under a supervision requirement, to operate a Fostering and Adoption Panel in its role as a fostering and adoption agency and to provide support to care leavers up until the age of 26.

Efforts in relation to the implementation of parts of the Children and Young People (Scotland) Act 2014 were highlighted in a few reports. Specifically, Part 4 (Named Person), Part 5 (the Child's Plan) and the extension of entitlement to continuing care and aftercare for care experienced young people were highlighted as potentially posing particular capacity challenges within children's social work. As some of these changes are being implemented incrementally, LAs report they are closely monitoring the ability to deliver and the impact on costs and resources.

Aberdeen City

> "For example, registering our Children's Homes to care for both adults and children; providing care for 12 - 13 year olds within the same setting as 20 - 21 year olds supporting foster carers to not only provide support for adolescents and teenagers, but also for young adults; recruiting foster carers to compensate for those caring for young people for longer periods; and taking account of the fact that young adults may be in employment or have an entitlement to their own benefits when determining the allowance paid to carers.
>
> We are preparing for these challenges and as part of the implementation of Reclaiming Social Work we have already established a Youth Team whose core responsibilities will include providing aftercare support for care leavers."

Mental Health Officers

Mental Health Officers are required to provide a service to individuals who are at risk of harm and who may need protection using statutory measures. The following have direct implications on Mental Health Officers (MHOs) work as they are required to undertake assessments in relation to the following three pieces of legislation:

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007

Reports indicated that the limited number of MHOs coupled with increasing demands being made on their time especially with the introduction of the Adults with Incapacity Act had been posing particular challenges to effective service delivery. The bulk of the Adults with Incapacity Act work is in the form of MHO reports for local authority and private welfare guardianships. The capacity issue is becoming evident from the lower completion rates of social circumstances reports and CSWOs mentioned that action is being taken to rectify that.

South Ayrshire

> "The increase in adult support and protection referrals and the requirement to respond to all referrals is having a significant impact on workloads for all Community Care Teams. In particular an area where real pressure is being experienced is in relation to the statutory duties associated with Mental Health Officers (MHO's). The workload in this area is significantly greater with a noticeable increase in private guardianships and is placing significant pressure on our ability to meet our statutory duties. It is recognised however, that this is not just an issue for South Ayrshire but is being experienced nationally as well."

Angus

> "Given the difficulties appointing and training sufficient mental health officers an enhance rate of pay (an additional 1 increment) was agreed for Mental Health Officers with a view to improving recruitment and retention. However there continues to be a capacity issue in responding to increased demand with an emerging a waiting list for Guardianship assessments."

CSWOs Capacity To Discharge Statutory Functions

CSWOs have direct decision making functions covering a wide range of responsibilities mainly related to curtailment of individual freedom and the protection of both individuals and the public. Although decisions/functions might be delegated to professionally qualified social workers, CSWOs may retain accountability. CSWOs also have a key role to play in ensuring that significant case reviews are considered with respect to all critical incidents either resulting in or which may result in death or serious harm.

As has been highlighted earlier in the report CSWOs have reported increasing workloads due to the impact of health and social care integration and linked to that their increased representation on various strategic groups.

Moray

> "The role of the CSWO is increasingly challenging in the current context of integration and partnership working, especially for those CSWO's who are at Head of Service level and have accountability for services they are not involved in the direct day to day management of."

Renfrewshire

"During 2015/15, the CSWO continued to engage with senior managers and staff in relation to service developments, particularly in relation to professional leadership within the new governance structures. The CSWO continues to be the professional lead for social work staff within the Renfrewshire Health and Social Care Partnership and sits on the Integration Joint Board. He continues to have direct responsibility for Mental Health Officers and Guardianships. In addition, he continues to take a prominent role in a number of national groups."

7. User and Carer Empowerment

CSWOs reported on the progress being made in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

There are many examples in the reports on how user groups are being involved. This ranges from feedback being sought throughout the period of service delivery and through 'satisfaction' surveys, consultations and more active participation through membership in strategic forums.

CSWOs noted that Health and Social Care Partnerships are committed to engaging with a wide range of stakeholders. Some LAs have also devised a separate Participation and Engagement Strategy as part of Integration planning.

Clackmannanshire and Stirling

> "Service users and carers are engaged in strategic planning, service redesign, staff interviews and the design and delivery of training across Social Services. Through Health and Social Care Integration, service users and carers are represented at all levels of planning. We also contract with third sector organisations and community groups to support service user representation, involvement and engagement. The direct experience of service users and informal carers is used to inform priorities for the service. For example, decisions about the delivery of the Integrated Care Fund have been developed in partnership with unpaid carers and service users from a range of services, health, social care, housing, the third and independent sectors. Service users and carers are consulted in all tenders and decisions regarding tender awards."

There is an increased focus on participation, engagement and empowerment given the introduction of the Community Empowerment Act. There is a mention in at least one report of the need to do more to move towards genuine empowerment in service planning and design.

Perth and Kinross

> "Throughout this report, there is evidence of service users being involved in influencing the services they receive but for Social Services and indeed all Public Services to be engaging and empowering users then we need to move from engagement in care plans to genuine empowerment in Service planning....
>
> Through extensive community engagement programmes, it has been possible to work with communities to improve choice through alternative services and community resources. Service User participation in developing improvements is essential and as a result we actively encourage and support service users to be part of the redesign of services."

The recent reforms - Social Care (Self- directed Support) (Scotland) Act 2013 and the Public Bodies (Joint Working) (Scotland) Act 2014 are both viewed as key underpinning legislation which encourages empowerment.

West Lothian

> "The Social Care (Self-directed Support) (Scotland) Act 2013; which came into effect on 1st April 2014, is a key building block of public service reform. It is an approach that has its origins in the Independent Living Movement - sharing the core values of inclusion, contribution and empowerment through real choice and respect.
>
> The 2013 Act creates a statutory framework around the activities already underway across Scotland to change the way services are organised and delivered - so that they are shaped more around the individual, better meeting the outcomes they identify as important. So individuals are seen as "people first" - not just service users."

Engagement in Children's Services

There are many examples of engagement and consultation with children to help design or improve services. Creative approaches to seeking children's views are being encouraged and the Third Sector is reported as playing a key part in this. There is also evidence of 'golden rules of participation' (developed by the Scotland Commissioner for Children and Young People through consultation with children and young people across Scotland) being adopted to ensure effective engagement and participation of children. Viewpoint (an online computer assisted interviewing tool) was mentioned by a number of CSWOs as an effective tool in obtaining the views of young people with care experience.

Argyll and Bute

> "Children 1st and Who Cares Scotland are advocacy services commissioned by Argyll and Bute Council to support children and young people within the child protection or looked after processes. All children and young people within this process are offered support and advocacy. In addition our Care Assessment and Reviewing Officers, who chair these meetings, ensure children and young people's views are fed into assessments and care planning using different tools. Often Viewpoint, an electronic questionnaire, is used or for older young people the Care Assessment and Reviewing Officer will meet prior to the meeting. In 2015/16, 168 Viewpoint questionnaires were used to support young people to voice their views within both care planning and formal processes."

Midlothian

> "The Children and Families service is committed to improving how we involve service users in the development of the service. A multi-agency participation advisory group has been established to improve the standard and co-ordination of participation Activity which targets children and young people internal and external to the service. The group will agree a shared approach through the development of a participation strategy and an annual participation programme."

Engagement in Adult and Older People's Services

CSWOs also reported on engagement with a wide range of stakeholders to inform the IJB strategic plan and to inform the design and delivery of services. Some reported that online, and in particular, social media based consultation opportunities have proved to be very effective in engaging.

Dundee City

> "The Council commissioned Service User Research for Dundee Adult Services. This involved a total of 325 interviews with older people, people with a learning disability, mental health, physical health and addiction problems. The purpose was to establish the extent to which service users felt they get a say when it comes to planning their care, whether they could access services and whether they were happy with those who delivered their care."

South Ayrshire

> "In addition, the Partnership has established a number of Providers Forums with representatives of Independent Sector and Voluntary Sector organisations. These groups will participate in the development of new strategies and commissioning arrangements for a range of activity areas and will be instrumental in the modernisation of services and in the development of new and innovative approaches. These forums will also provide effective mechanisms for the discussion of issues – both opportunities and difficulties – between providers and Partnership management and staff. To date such groups have been established in the following areas: Learning Disability, Mental Health and Older People."

Engagement in Criminal and Youth Justice Services

There is evidence of feedback being sought from a wide range of stakeholders (e.g. Sheriffs, service users etc.) to ensure that services are delivering at the right level.

Clackmannanshire and Stirling

> "Our **criminal and youth justice services** encourage service user feedback on their experience of our service. In 2015-16, a new experential survey has been introduced in youth justice services. The survey is evidence and research based. The Experiential Survey asks questions which are framed to provide information that will help the service understand whether our approach to engaging with the young person is moving in the right direction and as such supporting more positive communication and involvement by the individual in their programme intervention."

Dundee

> "In Criminal Justice, Social Workers continued to use an accredited risk assessment tool to inform reports to the Court and Parole Board... The service welcomes feedback from Sheriffs' regarding the quality of reports and has used this to directly inform practice. The service also obtained feedback from both service users subject to Unpaid Work and the recipients of Unpaid Work and comments were almost invariably positive. "

Engagement with Carers

CSWOs report that LAs are already considering the practicalities of implementing the Carers (Scotland) Act that comes into force on 1 April 2018. The reports evidence that many local authorities have Carers Strategies in place and there is mention of existing strategies either being refreshed to reflect the Act's requirements or new strategies being developed.

There is evidence of an active commitment to engage with, and empower carers in strategy development, implementing the Act, as well as on-going improvements around service design and delivery with carers' views being sought in key and strategic decisions – including decisions made at IJB level where in some partnerships carers are directly represented on the Board.

Some reports detail what is currently being done to support carers, separately and alongside the needs of the people they care for, through outcomes-focussed assessment and planning processes and using Self-Directed Support. Some reports highlight activity to improve carer support generally through effective partnerships across health and social care and with the Third Sector, particularly through local carer centres. Identifying 'hidden' carers, engaging with them and obtaining feedback has been reported as particularly challenging.

Inverclyde

> "At an individual level, as part of assessment and support planning, individual reviews are conducted on a regular basis. This provides the opportunity for individual service users and their carers to engage in determining outcomes and how these can be achieved, particularly given the new opportunities since the implementation of Self Directed Support (SDS)."

Midlothian

> "We continue to develop a new Midlothian Carers Strategy, which will persist in pursuing both nationally and locally identified aims and pursue the vision of ensuring that carers are valued as equal partners..... This year local carers became established in significant Carer Member roles within the Integration Joint Board and Midlothian Strategic Planning Group; contributing to the shaping of strategic planning and delivery of services..... "

Perth and Kinross

> "We introduced Participatory Budgeting (PB) for carers in Perth and Kinross, bringing their expertise into the development of services for carers. Called 'Carers Voice, Carers Choice', it gave carers the decision making in how £20K would be allocated to support carers across Perth and Kinross..... Participatory Budgeting received a Silver Securing the Future Award... "

8. Workforce Planning and Development

This section provides an overview of workforce planning and development activity within authorities - including joint activity with key partners. Several of the reports indicate that CSWOs are playing a leadership role in workforce development and planning.

Angus

> "At a time of considerable change to professional roles and organisational structures, the leadership role of the CSWO is critical to the development of the current and future social work and social care workforce."

Workforce Planning

All CSWOs mention challenges that are being faced in relation to workforce planning and that planning is critical in light of the integration agenda and its associated restructuring. Recruitment and retention issues and their impact on planning was a recurring theme in the reports.

Clackmannanshire and Stirling

> "We are taking forward workforce planning as a core activity to support the delivery of integrated health and social care services. We have identified the total number of staff employed by Social Services in Clackmannanshire and Stirling Councils (and those in NHS Forth Valley), to deliver the functions delegated to the Integration Joint Board. We have commenced workforce planning activities. We have established a Joint Staff Forum with Trade Union and Staff Side Representatives. We have started to explore how we will measure the benefits of staff engagement and staff satisfaction in partnership with the staff representatives."

Glasgow

> "The financial situation of the Council and the corresponding effect on capacity to recruit to vacant posts is well known and widely reported. To ensure appropriate staffing levels remain in place, the service has undertaken a programme of workforce planning, including the training and redeployment of staff where appropriate. In this way, the service can make best use of existing resources."

Some of the other key workforce planning challenges reported by CSWOs relate to:

- Supporting the workforce to meet the increasing demand on social work services within budget constraints
- Recruitment and retention of staff with the right skills, values and behaviours
- Impact of the proposed degree level qualification for residential child care staff
- Recruitment of Mental Health Officers (a recurring theme covered elsewhere in this report)
- Recruitment of social care staff (e.g. Care at Home) in rural areas
- Attraction and promotion of a diverse workforce- specifically in relation to age and gender.
- Reducing staff absence rates (although this was reported as improving)

Some reports mention how Modern Apprentices are being supported in the Health and Social Care sector. Young people are also being provided opportunities to enter the workforce and gain qualifications.

Succession planning was also mentioned in many reports and this was mentioned for both the CSWO role but also in relation to the wider social services workforce.

East Ayrshire

> "The CSWO has recognised the need to succession plan in East Ayrshire. For this reason, she meets regularly with the most senior qualified social workers across the Health and Social Care Partnership to ensure that they are jointly sighted on national work; are aware of the issues impacting on social work service delivery and are jointly agreeing how to respond to these matters. The senior Managers also deputise on a rota basis for the CSWO during periods of annual leave or when otherwise unavailable."

Midlothian

> "Midlothian Council Adult Social Care Workforce plan 2016 – 17 has highlighted a number of key challenges for the future, linked to demographics, qualification and career opportunities in Social Care. The age profile of the current workforce – the majority are over the age of 45 years - reflects a significant loss of skill and expertise in the next 10 years: succession planning for key management posts demands investment in potential managers, through leadership development opportunities: recruitment to Mental Health Officer posts needs to be creative and responsive to increasing demand on what are currently limited services."

Recruitment and Retention

Recruitment and Retention issues were reported as particularly challenging by many CSWOs. Some mention the approaches/strategies being adopted to overcome this, which include:

- looking at career pathways
- promoting on the job training
- secondment opportunities
- using redeployment lists
- creative advertising solutions
- reviewing recruitment and selection tools to ensure the right people are recruited

Shetland

> "Recruitment and retention of qualified staff still poses difficulties in some areas. Some social worker posts have been successfully recruited to over the past year, mainly through a well-established process of 'growing our own'. However, where experienced social workers are required either to deliver specialist services or to undertake higher duties, recruitment is problematic with services having to use agency staff to fill gaps."

Aberdeen City

> "The public sector generally in Aberdeen faces challenges in recruitment of staff. In all social work services there are few experienced applicants for professional posts and, especially in children's social work, recruits are often recently qualified. There continues to be a significant shortage of residential child care staff. Promoted posts at any level attract few applicants and particular posts with 'acting up' arrangements remain unfilled on a permanent basis, despite middle management salary levels that are higher than the norm."

Workforce Development

CSWOs report that collaborative approaches are being used for workforce development and that both health and social care staff appear to be benefitting from it and that it is helping to develop the ethos of joined up/ partnership working.

Fife

> "Fife Council now has an established programme with NHS Fife whereby SVQ Level II in Health and Social Care is jointly delivered to groups of staff from both organisations. This initiative recognises the need for joined up working and multi-skilling within health and social care contexts and also helps ensure the best use of available resources."

There is also evidence of staff being involved in identifying their training needs and in developing a multi-agency training framework that not only meets the needs of social workers but also widens understanding of staff working in health, housing and other sectors. This was seen as being especially necessary in the context of self-directed support.

Clackmannanshire and Stirling

> "The programme includes a range of **multi-agency learning and development** opportunities. In 2015/16 the service has worked closely with colleagues across Health and Social Care Integration to map learning and development in all areas and to create a Joint Workforce Development and Training Framework. This is being mirrored in training that is currently being delivered internally within adults' services, as approaches focus on roles, shared values and outcomes. Colleagues within Social Services Learning and Development have been part of programmes to deepen understanding in this area through delivery of shared training in areas such as outcomes focused approaches and practices in dementia. Other examples include NHS and Housing services staff accessing Health and Social Care SVQ alongside with social services staff."

Fife

> "A range of training to meet the different levels required by staff was externally commissioned to develop skills in Self Directed Support. In addition 'Good Conversations' training was jointly commissioned with NHS partners. The scope of Self Directed Support transcends service boundaries and is one of a number of areas where training is available to

social work and social care professionals employed with Education and Children's Services and the Health and Social Care Partnership."

A small number of CSWOs also mention how multi-skilling the workforce is helping multi-disciplinary working and approaches to realignment of roles and responsibilities across sectors.

North Ayrshire

> "It is recognised that the shape of our Care at Home service has changed significantly over the past year. As we move towards establishing an ethos of services delivered to the right people, in the right place at the right time, we have worked with our health colleagues to identify tasks that can be safely transferred from a traditional nursing role to the support worker e.g. medication management, diabetes control."

CSWOs reports mention how staff are being assisted to develop through undertaking SVQs and other forms of qualification. Although registration of the social care workforce is considered an important factor in skill development and professionalisation of the service, and a key contributor to overall quality assurance, some reports also raised challenges in this regard, for example in the potential for impact in relation to retention of staff.

Orkney

> "In line with this agenda we continue to assist staff through SVQs and other forms of qualification. While this is a positive approach, there are some future challenges associated with it. When the registration agenda reaches home care staff we anticipate that there may be a drop off in workforce numbers as some staff opt out of the role rather than embark on an SVQ. In discussing this issue with the Scottish Social Services Council who acknowledged our challenges, they are not able to offer any alternative approach for remote and rural areas."

There is also evidence of the use of technology and other innovative approaches across the sector to support learning, which includes working with partners.

Dundee City

> "Dundee City Council's Learning and Organisational Development team, working with the Protecting People Lead Officers leading on Learning & Workforce Development, have developed Scotland's first Learning and Development Framework and Web-based Tool. This framework provides staff across the Dundee Partnership (including all Council services, NHS and voluntary sector agencies) improved access to a wide range of training resources covering all Protecting People areas. This framework has been designed to ensure staff have the skills and knowledge to keep people who are (or at risk of being) harmed safe. This initiative shares learning and development resources related to child protection, adult support and protection, violence against women and management of offenders, in a streamlined way which ensures a more connected and strategic approach to equipping the multi-agency workforce with the competencies required to protect people.
>
> Since the launch of this framework in December 2015, this ground-breaking tool is already having an impact on the take-up of learning opportunities of many staff working in Dundee.

Indeed, other local authorities are looking to adopt a similar approach to protecting children and adults at risk of harm."

Leadership

It is evident from the CSWOs reports that investments are being made in development and strengthening leadership across the sector and at all levels in the workforce.

Inverclyde

"Leadership Development is important in our HSCP; there is a set of established programmes to enable HSCP supervisors and managers to build on their leadership capabilities. These programmes include qualifications such as the Chartered Management Institute (CMI) Certificate in Leadership and the Professional Development Award (PDA) in Health and Social Care Supervision along with programmes such as NHSGGC's "Ready to Lead"."

South Ayrshire

"Leadership development continued to be progressed in 2015/16, with sessions delivered by IRISS. These sessions formed part of the Imagining the Future Leadership for Change programme and included sessions designed around the principles of systems leadership, understanding responses to change, political intelligence, conflict styles and peer consulting. These sessions were offered to managers throughout the partnership. Sessions around 'Imagining the Future' were offered to the wider workforce. Further work in this area is planned for 2016/17 through a series of employee engagement events that will focus on the identity and embedding values within the Partnership."

Workforce Engagement

There is also evidence in several CSWO reports of staff feedback/opinion surveys being undertaken, sometimes through independent externally commissioned agencies. The results/ feedback from these are being used to ensure there is constant engagement with the staff and that their requirements are being met.

Aberdeen City

"As part of the implementation of Reclaiming Social Work, the service has commissioned an external organisation to engage with staff to evaluate the impact of the implementation of the approach. This is used as a 'temperature check' of the morale and motivation of staff at key points during the change process. Evaluation activity is reported and monitored through the RSW Programme Board."

ANNEX 1

Relevant References and Links

Overview of Legal Framework for Looked After Children and Corporate Parenting:
http://www.gov.scot/Publications/2015/08/5260/20

Legislation and statutory functions:
Public Bodies (Joint Working) (Scotland) Act 2014:
http://www.legislation.gov.uk/asp/2014/9/contents/enacted
http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration

Children's and Young People (Scotland) Act 2014:
http://www.legislation.gov.uk/asp/2014/8/contents/enacted
http://www.gov.scot/Topics/People/Young-People/legislation

Social Care (Self-directed Support) (Scotland) Act 2013:
http://www.legislation.gov.uk/asp/2013/1/contents/enacted
http://www.selfdirectedsupportscotland.org.uk/

Scottish Government Strategy and Policies:
20:20 Vision for Health and Social Care: http://www.gov.scot/Topics/Health/Policy/2020-Vision
Re-shaping Care for Older People: http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare
2013 Shared Vision for Independent Living: http://www.gov.scot/Publications/2013/04/8699/1
Joint Strategic Commissioning: *http://www.gov.scot/Publications/2015/12/7436*
Public Service Reform (The Scottish Approach to transformation of public services)
http://www.gov.scot/Topics/Government/PublicServiceReform

Community Empowerment (Scotland) Act 2015
http://www.legislation.gov.uk/asp/2015/6/contents/enacted
http://www.gov.scot/Topics/People/engage
Carers (Scotland) Act 2016
http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/CarersBill
Carers and Young Carers Strategy 2010-2015:
http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/NationalStrategy
Mental Health (Scotland) Act 2015
http://origin-www.legislation.gov.uk/asp/2015/9/introduction
http://www.gov.scot/Topics/Health/Services/Mental-Health
Community Justice (Scotland) Act 2016
http://www.legislation.gov.uk/asp/2016/10/contents/enacted
http://www.gov.scot/Topics/Justice/policies/reducing-reoffending/community-justice
Criminal Justice (Scotland) Act 2016
http://www.legislation.gov.uk/asp/2016/1
http://www.gov.scot/Topics/Justice

ANNEX 2

Annual Report by Local Authority Chief Social Work Officers

Suggested Template and related guidance for production of 2015-16 report

May 2016

PURPOSE

1. The template and related guidance are intended to assist Chief Social Work Officers (CSWOs) in production of their Annual Reports.

BACKGROUND

2. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all Local Authorities have a CSWO. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant Committees and/or full Council. CSWO reports in the past tended to differ in structure and approach, making it hard for CSWOs themselves to use them for peer learning, sharing of good practice or comparison.

3. In 2014 it was agreed that use of a Template would enable a more consistent approach to the Reports which would be useful for CSWOs. The approach would also enable the Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) to develop an overview Summary Report based on the key content of the Reports. This summary would:

- be of value to CSWOs and would also support the Chief Social Work Adviser (CSWA) in their role of raising the profile and highlighting the value and contribution of social work services.
- be a useful addition to the set of information available to aid understanding of quality and performance in social work services across Scotland – in line with the actions under the *Vision and Strategy for Social Services in Scotland 2015-2020.*

4. The template approach was introduced in 2014 and summary reports have been produced for 2013/14 and 2014/15 CSWO reports. Links to individual CSWO reports for these years have also been provided on the OCSWA-managed pages of the SG website.

ASSUMPTIONS

5. In the collaborative discussions which led to the development and uptake of the approach, agreement was made on the following assumptions:

- The Scottish Government has no role in "*performance management*" of LA social work services and use of the template and production of the overview Summary Report is not an attempt to change that position. Use of the template is a decision for each local authority.
- The approach should be of use to the Care Inspectorate and not duplicate its work.
- CSWOs would be invited to comment on any summary overview report which is produced.

THE TEMPLATE

6. Some key points on use of the template:

- The Template provides a suggested structure for the annual CSWO Reports. The preference is that CSWO Reports will cover a financial year rather than a calendar year or other time period.
- Use of the template should enable CSWOs to demonstrate the contribution of social work services, in the context of integration of adult health and social care services and other key reforms and policy drivers, to national outcomes and the national health and well-being outcomes.
- The Template is not intended to be restrictive. However, guidance within each template section describes what information is required as a **minimum** under each section.
- The purpose of the Template is to enable presentation of information which succinctly and clearly sets out how social work services are being delivered, what is working well, what is not and why and how LAs, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for LAs.
- The Template is designed to enable CSWOs to produce reports which draw together already existing information in a more consistent way and does not require new information to be produced. Links to more detailed reports on activity and outcomes can, and should, be referred to and embedded in the report but the data itself need not be repeated.
- The main change since the 2014/15 report template has been to ask for a reflection summary at the start and the provision of specific case studies that highlight examples to share learning in the section under Improvement Approaches.

ACTION FOR CSWOs

7. CSWOs are requested to use the attached Template to structure their Annual Reports for 2015/16 and **email their completed reports to the Chief Social Work Adviser, Scottish Government by 30 September 2016 or earlier if possible.** Where possible, urls for the published reports should be included in the email. Reports should be emailed to: **Francois.Roos@gov.scot**

8. If at 30 September the report has yet to be cleared by the relevant Council Committee, CSWOs are asked to send in a draft report stating that its content is awaiting formal Committee approval and indicating when that is expected to happen.

Office of the Chief Social Work adviser, Scottish Government

May 2016

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICERS

TEMPLATE FOR PRODUCTION OF 2015-2016 REPORT

1 Summary Reflections - Key challenges and developments during the past year

2. Partnership Structures/Governance Arrangements

3. Social Services Delivery Landscape

4. Finance

5. Service Quality and Performance

6. Delivery of Statutory Functions

7. User and Carer Empowerment

8. Workforce

a) Planning

b) Development

9. Improvement Approaches and examples/case studies of improvement activities

GUIDANCE ON CONTENT FOR THE TEMPLATE SECTIONS OF THE 2015-2016 REPORT

The guidance provides a note of ' ***Indicative Content'*** for each section of the Template. It is not the intention to prescribe the exact nature of all the information provided in the Template, that is a matter for individual CSWOs. However CSWOs are recommended to provide, **as a minimum**, the Indicative Content set out in this guidance. CSWOs are encouraged to provide additional information within the Template, where they feel that would be helpful.

To underpin the report through use of evidence and to further explain the information provided in the report, CSWOs are encouraged to insert direct links to more detailed reports information sources, performance indicators etc. as judged relevant.

1 Summary Reflections - Key challenges and developments during the past year

This section should provide a brief narrative on the key challenges and priorities which arose in 2015/16 and any key developments, achievements and learning which took place.

Indicative Content:

- evidence of actions and developments in addressing key priorities in your area
- evidence of actions and developments in addressing key challenges in your area
- highlighting areas where more progress needs to be made
- highlighting particular challenges going forward

2. Partnership Structures/Governance Arrangements

This section should outline Governance and strategic partnership arrangements, including integration partnerships, and comment on how they are functioning in regard to social work services. This should include a focus on the partnership arrangements with Third and Independent Sectors and with service users and carers.

Indicative Content:

- an overview of strategic partnership structures and governance arrangements - including health and social care partnerships, community planning partnerships and partnerships with the Third and Independent Sectors. It would be helpful to highlight any developments around these partnerships and also to indicate any challenges and how they are being addressed
- the CSWO position in the governance and accountability structures and the arrangements by which the CSWO discharges their functions in these structures
- care governance structures and how the CSWO is placed to assure the quality of social workers and of social work practice
- how users, carers and communities are engaged as individuals and collectively as partners in service planning, commissioning and development

3. Social Services Delivery Landscape

This section should provide an overview on how social services provision is supplied within the area (what is the "market" of provision?). This should include comment on the nature and make-up of local provision, how well the provision is working and whether there are any significant service or provider gaps and what is being done to address those.

Indicative Content:

- what is the nature and size of local social service provision, explain how 'market' data is collected and shared with delivery partners - and provide a sense of how well that is working to, improve individual and local area outcomes
- how are the independent and voluntary sectors involved in planning and designing the delivery of services
- how are users, carers and communities engaged as individuals and collectively as partners in service development, delivery and evaluation
- how local commissioning is working and being taken forward – what works well, what doesn't, what are the challenges and how are these being tackled

4. Finance

This section should provide an overview of the resources available to provide social services including: a view on how financial constraints have impacted on services, identifying the pressure areas and how are they being mitigated; highlighting areas where improvements are delivering efficiencies and more cost effective services.

Indicative Content:

- the financial trends for social work expenditure
- what are the main financial pressure areas, has there been a risk analysis of these areas and are there plans in place to address the financial pressures
- how the LA is shifting resources to early intervention and prevention

5. Service Quality and Performance

This section should present an overview of social services quality and performance. It should cover achievements; weaker areas and what is being done to resolve these; challenges and pressures around delivery and sustainability (generic and service specific); key risks to delivery and the activity being taken to mitigate those risks; and it should also describe progress with delivering key national policies and key developments around the continuous improvement agenda. It is for CSWOs to decide which areas of performance they cover in more detail but the overview needs to encompass a view across all areas of service provision.

Indicative Content:

- how social work delivery is contributing to local and national outcomes, national change programmes and to the public sector reform agenda
- overall progress with the shift to – outcomes focus , early intervention, integration of health and social care, personalisation of services, co-production and self-directed support, risk enablement, and community capacity building.
- an overview on how services are performing, what is working well, what have been the key achievements in the past year, what needs to be improved,
- areas of good practice, new and innovative services developed, service redesign

6. Delivery of Statutory Functions

This section should provide an overview of the LA's capacity/ability to deliver its statutory functions related to social work, identify any delivery risks and plans to address those, and comment on the capacity of CSWOs and others to discharge their statutory functions.

Indicative Content :

- an overview on performance over the range of statutory functions
- has planning and risk assessment identified any areas of significant concern – if so what are they and what plans are in place to address the issues

7. User and Carer Empowerment

This section should provide detail on what progress is being realised in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

Indicative Content:

- how far is an asset-based and outcomes based approach embedded in practice and in service delivery – what is being done, what challenges are there and what future work is needed
- how the LA is ensuring delivery of personalised services to individuals in line with an outcomes focussed approach to care planning, co -production and self- directed support
- how people across a range of groups are being supported to live independently

8. Workforce

The purpose of this section is to provide an overview of relevant a) workforce planning and b) workforce development activity within the LA - including joint activity with key partners.

Indicative Content:

a) Workforce Planning

- key workforce planning activity – what works well and why, what could work better, what are the challenges, what improvements are planned and what are the priorities for the year ahead
- evidence of predictive future workforce planning activity, including work with independent and third sector to workforce plan
- succession planning for the CSWO role
- recruitment issues – overview of position, existing challenges and solutions to tackle these,

b) Workforce Development

- collaborative approaches to workforce development, cross-sectoral workforce development strategies/activity
- how the CSWO is strengthening leadership at all levels, collaborative leadership activity any linkages with wider public sector leadership development agenda
- overview of workforce development actions – key challenges and achievements including progress with registration of the workforce and support for CPD.
- the use of technology and other innovative approaches to support learning
- workforce engagement/surveys - describe how feedback from the workforce is used to improve retention of the workforce

9. Improvement Approaches and examples/case studies of improvement activities

This section should highlight key areas of progress and provide examples of learning and improvement. You may also wish to highlight work that is being developed to address key challenges or problems. The examples can then be used for shared learning opportunities.