



**CHIEF SOCIAL WORK OFFICER**

**ANNUAL REPORT**

**April 2015/March 2016**

**ELAINE TORRANCE**

**CHIEF SOCIAL WORK OFFICER**

## **INTRODUCTION**

This report provides an overview of Social Work activity, performance and achievements during the period April 2015 to March 2016. The report provides information on the statutory decisions made by the Chief Social Work Officer (CSWO) on behalf of the Council and highlights some key challenges in the forthcoming year. The report format follows the template produced by the Scottish Government's Chief Social Work Advisor to provide greater standardisation across CSWO's reports issued in April 2014.

### **1. Local Authority**

The Scottish Borders is located in the south east of Scotland and covers an area of 4,731 square kilometres, the sixth largest local authority in Scotland. It is a rural local authority with only two towns, Galashiels and Hawick, with more than 10,000 people.

The 2011 Census showed that there were 113,870 people in the Scottish Borders, making Scottish Borders one of the least populated regions in Scotland, with a population density the sixth lowest in Scotland.

The latest estimates from National Records of Scotland project a 10.6% increase in population for the Scottish Borders between 2010 and 2035, with significant increases in the population aged 65 or more and in particular the 75+ age group which is predicted to rise by almost 100%. These are age groups that make intensive use of Social Work services.

The Scottish Index of Multiple Deprivation (SIMD) in 2012 reported that Scottish Borders contained only 5 (or 0.5%) of the most deprived data zones in Scotland (those in the most deprived 15% of all data zones). This figure was the same in 2009 but shows an increase since the SIMD started in 2002. Furthermore, the SIMD shows that the more deprived areas in Scottish Borders are still as deprived as they were in 2009, while other regions in Scotland have succeeded in decreasing inequality in their more deprived localities. This relative deprivation adds impetus for Scottish Borders to tackle deprivation and reduce inequalities with at least the same level of commitment as is being deployed in other regions.

Further information can be found in the Scottish Borders Strategic Assessment<sup>1</sup>.

### **2. Partnership Structures / Governance Arrangements**

The requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 45 of the Local Government etc. (Scotland) Act 1994. This replaced the requirement in Section 3 of the Social Work (Scotland) Act 1968 for each Local Authority to appoint a Director of Social Work.

The responsibilities of the CSWO have recently been reviewed and updated guidance has been produced by the Scottish Government. The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work and the role also needs to promote values and standards of professional practice to all social services workers in relation to promoting equality, fairness and social justice.

The guidance is clear that "the CSWO's responsibilities in relation to Local Authority Social Work functions continue to apply to functions which are being delivered by other bodies under Integration arrangements".

---

<sup>1</sup> [http://www.scotborders.gov.uk/downloads/file/7249/2014\\_strategic\\_assessment](http://www.scotborders.gov.uk/downloads/file/7249/2014_strategic_assessment)

The role provides professional advice to Local Authorities including elected members and officers to carry out the Local Authority's legal duties in relation to social work. The CSWO assists the Council to understand their responsibilities and the complexities involved when delivering Social Work services. Key to these are the Council's role as corporate parent, ensuring effective child and adult protection arrangements are in place, the management of high risk offenders as well as carrying out statutory mental health functions and Adults with Incapacity legislation such as guardianships and intervention orders.

It is recognised that Social Work has a key contribution to the achievement of national and local outcomes. The CSWO also has a significant role to monitor and improve the quality of service provision and to advise on the identification and management of corporate risk insofar as they relate to social work services.

Nationally, there has been significant work to raise the profile of Social Work in the current changing landscape. In 2014 a new National Strategy set out a vision for Social Work Services across Scotland:

"Our Vision is of a socially just Scotland with excellent Social Services delivered by a skilled and valued workforce which works with users to empower, support and protect people with a focus on prevention, early intervention and enablement"

There has been good progress made nationally on the vision. The principles and values of maintaining human rights, social justice and equality of citizenship are key to Social Work.

The vision re-emphasises the role of Social Work which is to:

- Empower individuals and families to take control of their lives and develop hope and aspirations for the future
- To support the most vulnerable and excluded members of our society to live fulfilling lives and play an active part in society
- To protect individuals, families and communities at risk of harm from themselves or others
- To harness and build on strengths within our communities

The key themes of professional leadership, ethics and principles, workforce development and service quality and performance are discussed in this report. Locally there has been good progress in developing social work professional workforce opportunities including practice teaching and quality assurance processes across social work.

In Scottish Borders, Social Work is embedded in the People Department which is led by the Depute Chief Executive and three Service Directors, Chief Social Work Officer, Service Director Children & Young People, and a Chief Officer for Health and Social Care Integration. This structure was developed throughout 2014/15.

In this current structure the CSWO has retained operational responsibilities for Criminal Justice Social Work and Mental Health Officer work. While direct line management of the Children & Families Social Work Service is the responsibility of the Service Director for Children and Young People, professional Social Work accountability and practice standards are reported to the CSWO. The role also leads on behalf of the Council on public protection and ensuring professional leadership for Social Work across all service areas including commissioned services as well as a key role in quality assurance and professional social work standards.

During 2015/16 the new Corporate Management Structure has become well established and the People Department Team covering Education and Social Work has strengthened.

The current structure can be found in Appendix 2.

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.

#### Community Planning Partnership

During 2014 the Community Planning Partnership focused on key priorities identified including reducing inequalities, early intervention prevention and building the resilience of communities. It is recognised that Social Work Services play a key role in these areas.

The Scottish Borders Community Planning Partnership has three key priorities for delivering its vision.

1. Grow our economy
2. Reduce inequalities
3. Maximise the impact from the low carbon agenda

A number of lead officers from the members of the Community Planning Partnership have formed a Community Planning Partnership Equality Group. Under this structure, the group ensures that equalities work is mainstreamed, progress towards equalities outcomes is being made, and equalities best practice is shared.

A reducing inequalities plan has been agreed which contains agreed specific actions to reduce inequalities for vulnerable groups and areas of disadvantages including reducing homelessness, increasing employment opportunities and reducing re-offending.

A range of partnership structures are in place that are key to the delivery of Social Work Services. A strong leadership group for Children and Young People's Services is now operating very effectively. The Borders Learning Disability Service, which has been integrated for 10 years, has a well established and comprehensive governance structure which has embedded in it service user, carer and Provider involvement. The Integration Joint Board is now in place to oversee Adult Services which the Chief Social Work Officer attends. This enables the IJB to receive advice on Social Work matters and ensures care governance matters and the quality of care issues are highlighted. Last year's CSWO report has been made available to the IJB as part of the Care Governance arrangements and this was considered helpful by all members

Other examples of strong partnerships are Public Protection, where multi agency Adult Protection, Child Protection and MAPPA arrangements are in place.

Corporate Parenting responsibilities are well understood and actively promoted across services. We have had a Corporate Parenting Strategy and Action plan since 2008 which has been revised 3 yearly with the current Strategy and Action Plan 2015/18.

Corporate Parenting is now firmly established across the Scottish Borders as the multi-agency approach to improving services and outcomes for Looked After Children and Young People and those in Aftercare. Developments have been enhanced over the past year with additional agencies being represented at the strategic and operational group level following the inclusions of Corporate Parenting in the Children & Young People (Scotland) Act 2014.

The Chief Strategic Oversight Group (CSOG) reviewed it's constitution/remit during this period to strengthen oversight of public protection and overview performance related to public protection matters.

The CSWO role includes establishing effective Care for People arrangements. The CSWO and social work services, including SB Cares, work closely with Emergency Planning and during the winter of 2015/16 and extensive flooding was fully involved in setting up rest centres and successfully evacuating a nursing home.

In addition, close working with Police and Emergency Planning Teams around the PREVENT agenda has been a priority during this year with awareness raising and training a key feature.

### **3. Engagement**

Key to all of these developments is effective engagement with service users, carers and local communities. The establishment of a Community Capacity Team across the Borders has been successful in developing community responses to local need and this has been enhanced by locality co-ordinators appointed through the Integrated Care Fund to engage with local communities as part of the locality planning arrangements. This service has built on the learning and experience of the Local Area Co-ordination model which has been developed very successfully by the Learning Disability Service. A pilot of Local Area Co-ordination for older people is now underway and early results are positive reducing social isolation of older people and improving health.

Social Work continues to commission Borders Voluntary Care Voice (BVCV) to provide support to user/carer groups to participate in planning structures and ensure the voice of people using services is central to decision making. Independent Advocacy is also used to very good effect and promotes user engagement particularly ensuring that those service users with communication difficulties are supported to be as engaged as possible in their care and support. Scottish Care have continued to be supported to be a key part of the partnership agenda and a key partner in agreeing the use of the Integrated Care Fund (ICF).

A toolkit on co-production has been developed by the Community Planning Partnership to assist with meaningful engagement with localities and an e-learning package has been devised for use by all Community Planning Partners (see link below). The governance structure that underpins the Learning Disability Service is an exemplar of a co-productive approach; core to its functioning are five Locality Citizens Panels that meet regularly throughout the year and feed directly via representatives into the Learning Disability Policy and Strategy Group and the Learning Disability Partnership Board. The Citizens Panel work closely with local communities and have been instrumental in wielding real influence and achieving real change for example influencing the design of the layout of local shops to make it easier for people with a disability to get about in them.

[www.scotborders.gov.uk/coproduction](http://www.scotborders.gov.uk/coproduction)

### **4. Social Services Delivery Landscape/Market**

In general, Scottish Borders has a healthy and industrious population. Scottish Borders has a lower than average population of working age; 58.49% compared to the Scottish average of 62.79%. However, there are lower levels of unemployment than the national average, although these reflect a larger proportion of part-time employment than the Scottish average.

Both men and women within Scottish Borders have a longer than average life expectancy at birth than the Scottish average, and 84.1% of people in the Scottish Borders assess their health as being good or very good compared to 82.2% for Scotland.

There are a number of pressures on the provision of Social Work services within Scottish Borders, including but not limited to:

- Demographic shifts, in particular increasing numbers of people in the older age groups, creating a need to increase capacity while maintaining quality and flexibility
- Increasing expectations and requirement to support people in their own homes and communities
- The financial pressure associated with complex or specialist service provision that cannot be provided locally within the Scottish Borders
- Ongoing developments for integrated services with partner services and organisations, across both Children’s Services and Social Care services
- Managing rising complex needs of both children and young people and adults

The Integration Strategic Plan has been agreed and supported by a commissioning plan which detail priorities for investment for Adults and Older People in line with Council and Partnership priorities and these will help form the basis of the Strategic Plan for the newly formed partnership. A revised Children and Young People’s plan has been agreed with agreed actions to meet improved outcomes including keeping children and young people safe, raising attainment of all children and increasing engagement and participation. Scoping of all partnership funding for Children & Young People has been completed and a new commissioning plan for these services, including service change, is being progressed.

## **5. Finance**

Across Social Work Services as a whole, £55.220m was spent during 2015/16 on the provision of care services across the Scottish Borders, broken down across client groups as follows:

	£m
Children & Families Social Work **	15.390
Services in the Criminal Justice System*	0
Older People’s Services	24.805
Adults with Learning Disabilities	14.637
People with Physical Disabilities	3.255
People with Mental Health Needs	2.187
Generic Services and Staff Teams	4.950
	55.220

\*Fully funded by Scottish Government Grant to Lothian and Borders Criminal Justice Authority (£1.217m)

\*\* Excludes Additional Special Needs service

The budget for Social Work increased by 2m with increases in Children & Young People’s Services and also Adults Services. There is a slight reduction in staffing reflecting the Council’s approach to transformation. During 2015/16, significant financial pressure was again experienced across adult social care services. The level of both residential care beds and care at home hours commissioned externally during 2015/16 significantly exceeded the level of budget. This was further exacerbated by other exceptional factors including the transfer of homecare contracts to SB Cares, the Council’s provider of last resort following the termination of two major care at home contracts by external providers, and new night support sleep-in wage costs as a result of employment legislation changes. A number of transformational projects were completed during 15/16 assisting with these pressures. In addition these pressures were mitigated temporarily in-year by a range of actions including targeted locality team savings and managing vacancies. In order to ensure the Older People’s budget is affordable going forward, investment in the 2016/17 financial plan has been aimed at

permanently addressing these and additional emerging pressures such as the increase in costs from the recent Older People care at home tender.

In addition, the costs of Business Support which provides services such as Commissioning, Contracts Management, Performance Monitoring and Administration within the People department amounted to a further £3.442m during the financial year.

Moving forward Scottish Borders Council's 2016/17 Financial Plan provides for considerable investment into Social Work services, with a total of £0.784m increased investment in Social Work Children's Services and up to £6.709m in Adult Services, including up to £5.267m of social care funding allocation from the Scottish Government to the Scottish Borders Health and Social Care partnership, as part of the 2016/17 local government financial settlement. Accompanying the funding, the Deputy First Minister has set out a range of intended purposes to which the allocation will be directed. These are:

- Support additional spend on expanding social care to support the objectives of Integration
- Make progress on charging thresholds for all non-residential services
- Expand capacity to accommodate growth in demand for services as a consequence of demographic change
- Help meet a range of existing costs faced by local authorities
- Deliver the Living Wage for all social care workers with an implementation date of 1 October (£8.25)

This investment has been targeted at addressing a range of historic and emerging pressures on social care services, including increased demographic pressure, increased market provider costs, the impact of legislative changes such as charging thresholds and the implementation of both a minimum wage of £7.20 from April 2016 and a single living wage during 2016/17.

This investment however, is set against a backdrop of restricted government funding and in order to ensure that its service provision is affordable, Scottish Borders Council plans to deliver a considerable efficiency and savings programme during 2016/17. In terms of Children's Social Work Services, £0.350m of savings targets require delivery across a range of services areas including reducing commissioned services and redesign of the management structure. Within Adult Services, £2.663m of savings also require to be delivered through the successful implementation of a range of initiatives including service redesign, staffing reductions, reductions in the cost of commissioning and the implementation of a new approach to assessment and care management and re-ablement.

Pressures continue to be experienced across social care, despite the additional investment and in particular, client numbers and external provider costs continue to outstrip available resources and close, rigorous management of budgets is required, together with the direction of additional funding by the Health and Social Care Partnership, to ensure that the provision of all social care services remains affordable and financial sustainable.

The Scottish Borders Integration Joint Board (the Board) of Scottish Borders Health and Social Care Partnership (the Partnership) was established as a body corporate by Scottish Ministers on 6 February 2016. The Partnership has prepared a Strategic Plan for 2016 – 2019 which sets out what we want to achieve to improve health and well-being in the Borders through integrating health and social care services. Work is ongoing to develop and implement new models of health and social care through which the objectives of the plan will be delivered and in financial terms, to ensure resources are directed to support their achievement. These resources include the core budget delegated to the Partnership by the Local Authority and investment / disinvestment. In addition to this and the Scottish Government's social care funding allocation to partnerships, the integrated care fund is also a key enabler to transformation and funds a £6.39m programme of change over the next 3 years.

## **6. Performance & Achievements during 15/16**

Performance Management in Scottish Borders is firmly aligned to the themes and priorities identified in the Scottish Borders Single Outcome Agreement and the Scottish Borders Council Corporate Plan. Social Work services have a key role to play in the delivery of several national and local outcomes, and these are placed at the centre of strategic developments across the authority and in partnership planning. These reflect the national outcomes detailed below:

- Our children have the best start in life and are ready to succeed
- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have improved the life chances for children, young people and families at risk
- We live our lives safe from crime, disorder and danger.
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it
- Our public services are high quality, continually improving, efficient and responsive to local people's needs

Performance is measured and reported at a variety of levels to senior managers within Social Work, to the Scottish Borders Council Corporate Management team, and to the Scottish Borders Council Executive Committee and relevant partnerships including the Integration Joint Board and Children & Young People's Leadership group

In Children & Young People's Services an updated Children & Young Person's Plan has been developed, consulted on and published. A multi-agency inspection was undertaken by the Care Inspectorate during January – March 2016. The report of this inspection has recently been reported to Council and no children were considered to be at immediate risk in the Scottish Borders. There was positive commentary on engagement with Children & Young People for example the report stressed that over all, families were helped to overcome adversity through support they received from services. Social Workers worked hard to engage with families to develop positive relationships and provide valuable support. (P 15)

The Council has one residential child care unit for young people aged 12-18 years and in 2015 the staff in this unit were awarded the CELSIS Residential Team of the Year Award. In the Service Inspection in June 2015 the service was awarded Grade 6 – Excellent across all areas of the inspection process and this was noted in the inspection

As part of the multi-agency Children's Inspection a staff questionnaire highlighted positive comments. However, the report also commented on quality and improvements required in some of Social Work key processes including the quality of chronologies, risk assessment and care plans and this is now being progressed. A full action plan has been developed to progress improvements in these areas.



In terms of performance, there has continued to be a rise in the number of Looked After Children, however throughout 2015/16 there has been a small reduction in the number of Looked After Children being placed in externally purchased placements.

It has been recognised that throughout 2015 there were continuing improvements in educational attendance and achievement for all children including those who are looked after and those who experience deprivation. Fewer children are being excluded from school with more being skilfully supported to stay in school.

Children and Young People who are unable to live at home, experience warm and nurturing relationships and stable environments provided to them by well supported foster carers, kinship carers and residential placements. (Ref Care Inspectorate services for Children & Young People Inspection Report).

The number of children on the Child Protection Register at March 2015 remained lower than the national average but it should be noted that this rate has increased over the past few months.

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.

In Adult Services there has been a continued challenge on meeting Delayed Discharge targets and a new assessment tool was introduced designed to incorporate Self Directed Support and clearer outcomes for service users and carers.

Social Work staff in Mental Health Services have become full members of multi-disciplinary teams in line with Integration which has involved co-location of staff and improving IT systems.

A new tender for care and support services was undertaken resulting in a new framework agreement and an increase in local providers resulting in 13 care at home services now operating across the Scottish Borders. A further two care at home providers are currently in contract discussions to provide additional support. This should help to address the challenges we have been experiencing regarding increased demand for care at home and recruitment and recruitment challenges.

Progress is continuing with the implementation of Self Directed Support with a total of 533 people using this approach at the end of March 2016, a 78% increase from 300 in 2014/15. A breakdown of the options chosen is detailed below:

Option 1	Option 2	Option 3	Option 4
Direct payment	Individual Service Fund	Social Work Managed	A mix of the options
168	1	328	36

This information shows the option people have chosen. Where people have chosen a mix of options they are not included under options one, two or three but under option 4. For example there are four people with an

individual service fund but two of these people have combined this with at least one other option and are therefore counted under Option 4. A survey of people using this approach was very positive. The majority of people felt that the Council was fully adhering to the duties of the Act. The principle most fully met was for always treating people with dignity and respect.

The Joint Learning Disability Service was established in 2006 and the service has further progressed and notable achievements have included:-

1. Project Search – In collaboration with Scottish Borders Council, NHS Borders and Borders College, the service is ready to support its' first set of 8 Interns through this programme. Project Search is an employment programme emanating from Cincinnati in the USA and aims at training and supporting adults with a learning disability into permanent employment. For the first years of this programme the employment rotations will be provided at Borders General Hospital.
2. Healthier Me - 'A Healthier Me' project was set up to tackle lifestyle issues leading to poor health to improve the health and well-being of people with learning disabilities and their carers through 5 key aims. The project started small in the first year with 20 people with learning disabilities supported by one organisation to 30 more in 3 organisations in the second year. In the third year, this had grown to 14 organisations and at least 86 people with learning disabilities and importantly a Key Lead network established, representing 27 organisations that support people with learning disabilities in the Scottish Borders.

The project found that people with learning disabilities and their carers when using this approach felt on the whole more empowered, demonstrated through increased confidence, feeling more in control and being involved.

3. There is ongoing progress with the e move from Residential to Supported Living – In line with the Learning Disability National Strategy. Over the last 12 months three projects to move people out of residential care into supported housing have been completed. Two of these projects included either substantially refurbishing or building new accommodation including accommodation suiting adults who have significant physical disabilities. All projects have demonstrated increased satisfaction, independence and improved quality of life for the individuals concerned. The projects have been a successful collaboration between Health, Social Care, Housing Providers, independent sector care providers and the existing residents, their families and advocates.

In Borders there has been support for two Syrian refugee families who have been successfully resettled locally and Social Work have been involved in the planning and support arrangements for the families including children with quite complex needs.

## **7. Statutory Functions**

The Chief Social Work Officer has statutory functions that are specific to the role and are referred to in legislation as well as Scottish Government guidance<sup>2</sup>.

Appendix 1 of this report gives detailed statistics on these functions and associated performance.

The effective management of sex offenders under the MAPPA arrangements is a multi-agency responsibility and an Offender Management Committee is in place which oversees this process, chaired by the Chief Social

---

<sup>2</sup> <http://www.scotland.gov.uk/Publications/2010/01/27154047/>

Work Officer. In March 2016 a total of 36 offenders were being managed but this is likely due to increase as there has been an extension of the multi-agency arrangements to serious violent offenders.

In Mental Health the Borders continues to perform well in terms of MHO attendance at emergency assessment stage when compared with other areas. However, completion of social circumstances reports is lower and actions are in place to improve this performance.

In line with Scottish trends the numbers of private guardianship applications continue to rise reflecting demographic changes, and the number of CSWO guardianship orders has also increased along with an increase in Intervention Orders. Many of the CSWO guardianship cases are highly complex where workers are managing complex decisions balancing rights and risks and difficult decisions to restrict liberty.

In Criminal Justice Social Work there is an upward trend in relation to Diversion from Prosecution, Criminal Justice Social Work Reports, Community Payback Orders and Voluntary Prison through care.

There has been a small reduction in the percentage of Looked After Children and Young People requiring externally purchased placements. Two young people were placed in Secure Care during 2015/16 for varying periods of time. This is unusual within SBC and the placements reflected the significant risks they posed to themselves or others at that time.

In March 2015 the number of children on the Child Protection register remained lower than the national average but has seen a rise in subsequent months.

The CSWO is the Agency Decision Maker approving Fostering, Permanence and Adoption arrangements. There has been a rise in approvals of foster placements but a number of foster carers have been deregistered for a number of reasons including retirement. A recruitment drive was undertaken during this year and increasing the numbers of foster carers remains a priority particularly given the increase in Looked After Children.

## **8. Continuous Improvement**

2014/15 has seen a range of new service initiatives introduced. Four Early Years centres are now fully operational providing an early intervention and support for families. These are being fully evaluated in terms of improved outcomes for young people and their families.

In Learning Disabilities, a Care Home has been closed as residents moved to a more inclusive supported living service in line with national policy.

Self-evaluation is embedded into all social work services though the inspection process, performance monitoring, and a self-evaluation framework to which all services contribute. Multi-agency self-evaluation of services for children and young people has been an area of development prioritised by the leadership group.

The second combined Standards & Quality Report for Children and Families services (children and families social work and additional support for learning) has been produced this year. Focused self-evaluation in both Child and Adult Protection has been very helpful in informing the business planning processes this year and in planning for the Children & Young People's Inspection.

Closer integration of service evaluation and financial monitoring has led to more robust oversight of improvement activity across the senior management team. In particular the work to integrate financial

records into the main Frameworki management information system will allow improved scrutiny, authorisation and monitoring of the financial impact of care provision.

The Council continues to have strong public protection multi disciplinary arrangements from the Chief Senior Officers Overview Group, chaired by the Council's Chief Executive through the public protection committees and sub groups. Key to this work is self evaluation, performance monitoring and audit.

Case reviews are regularly undertaken and improvement actions identified and monitored. There have been 6 Initial Case Reviews in the period April 2015 to March 2016 which highlighted some areas for improvement which are included in the Child protection business plan. Issues identified for improvement include:

- Improving quality of Chronologies and Risk Assessments
- Development of new protocols (eg a new Protocol in identifying bruising in Non Mobile Children was introduced)
- Changes to Child Protection procedures including process for reports and de-registration processes.
- Establishing an Audit and Improvement officer post
- Encouraging additional feedback from families involved in the Child protection process
- New Guidance on long term neglect and emotional abuse cases

The overall quality of Older People's Care Homes has improved during this period as reflected in the Care Inspectorate grades detailed in appendix 2.

A new charging policy was introduced in April 2015 which introduced charges for Self Directed Support. This proved to be difficult for some service users and carers to understand and resulted in a significant number of appeals and complaints. The policy was updated and simplified in April 2016 to address some of these issues following consultation with service user and carer representatives. This included the production of easy to read letters.

Adult Protection remains a priority and initial referrals have remained fairly static with 171 concerns reported during this period. Older Adults continue to be the group at most risk of harm with 61 concerns. Financial and physical harm continue to be the highest reported types of harm, there has been 60 concerns each in both of the categories. To address this there has been significant work undertaken with local banks to identify and report potential concerns relating to financial abuse.

A total of Ninety eight complaints were received regarding Social Work Services during this period, an increase of 25.64% from the previous year. A total of 86 complaints were investigated of which 22 were upheld, 26 partially upheld, 32 were not upheld. 4 complaints were I understand were withdrawn and 2 are currently under investigation.

Some key themes arose from the complaints including:

- Difficulty in accessing service and quality of service
- Delay in service and response times
- Actions of professionals
- Disagreements with financial assessment

When complaints have been upheld clear actions are identified to improve the quality of service provided and these are regularly reviewed to ensure continuous improvement. (see charging comments above)

## **9. Planning for Change**

In Scottish Borders there has been significant progress in the implementation of personalisation and Self Directed Support building on the successful use of Direct Payments.

The ongoing Implementation of continuing care, aftercare and kinship care elements of the Children & Young Persons Act including the named person arrangements will be an ongoing focus.

Self Directed Support requires a fundamental shift in the way public services are delivered to ensure that people can control how the resources available to meet their needs are utilised. However, it is recognised that there are ongoing challenges in relation to culture change, developing an outcome based assessment process and changing commissioning arrangements. A clear action plan is in place to address this and numbers are increasing.

A multi-agency Community Justice group is consulting on key issues to inform reporting to the Community Planning Partnership/the transitions plan to manage the legislative changes in relation to Community Justice. Feedback from all key stakeholders is important as part of this work.

In relation to Adults Services the Integration Joint Board is now in place and the Strategic Plan has been approved by Scottish Ministers. Further progress has been made in developing Integrated Mental Health Teams. The need to ensure improved outcomes for service users and carers is a key priority along with the development of locally accessible services which are important in a rural area.

Of central importance for Social Work is to ensure that the creation of revised partnership structures does not create potential barriers with other important services and there continues to be clear linkages between Children, Adult, Substance misuse, Housing Services and Community Safety. The further development of the local Community Planning structures will be important to assist with these links.

Implementation of the changes required in the Children and Young People's Bill have been a priority. For example many young people over the age of 18 are continuing to receive support and guidance including planning for the introduction of the named person, Continuing Care, Aftercare and Kinship Care arrangements.

## **10. User and Carer Empowerment**

The principles of collaboration and participation are key to Social Work's approach to the development of services in line with Self Directed Support.

There are many examples of engagement in Scottish Borders including:

- Commissioning of Borders Voluntary Care Voice (BVCV) to provide user/carers reference groups
- Commissioning of a specialist advocacy service for all adults
- Establishment of a Community Capacity Team across the Borders working together with local communities
- Review of the joint Learning Disability governance structures establishing local Citizens Panels
- Support for the development of Mental Health Consultation Cafes
- Children and Young People participation groups
- User/carers representation on the local SDS Project Board and other planning groups has ensured co-production approach

- Children and Families managers meeting with the Borders Parent Carers group on a regular basis

Encouraging feedback and engagement from service users, carers and families is important and arrangements are well established in directly provided services as reflected in Care Commission reports. It continues to be important to engage with people who do not currently access services and the Council have a panel in place which provides some feedback. Services regularly seek feedback from service users and carers but in some areas (eg adult protection) it has proven difficult to gain views and new approaches are being adopted to try to improve this.

## **11. Workforce Planning/Development**

### **a) Professional Development**

During this period responsibility for social work learning and development was transferred from the Corporate (HR) Workforce Planning & Development Team to the new Professional Development Team; the Team Leader taking up post in September 2015 and two part-time Advisors being appointed in March 2016. The primary task of the team is to ensure that the mandatory training needs of social care staff are met and there is appropriate support and funding for additional CPD and career progression opportunities. The two Practice Learning Advisors link with Group Managers and other staff from Adult Services and Children & Young People Services, each being the first point of contact for enquiries and new requests for training in each service area. The annual funding panel met early during the financial year to agree funding applications for a wide range of courses and qualifications, specific to Social Work practice and many events including; Practice Learning, Open University Modules, Mental Health Officer Award, Certificate in Management in Social Services Level 10 and 11, Graduate Certificate in Child Welfare & Protection, Graduate Certificate in Leadership and Management 11, Post Graduate Certificate in Dementia Studies and Post Graduate – Chief Social Work Officer.

Social work staff continue to benefit from the Council wide use and development of e-learning platforms; Learnpro includes modules which are specific to Social Care staff (such as Adult Support and Protection, Welfare Reform & the Impact on Health, and Dementia Informed Practice) and is constantly evolving to meet service needs.

Four priority areas of work (including numerous ongoing work strands) have been identified for the new Professional Development Team and some progress made on each as follows:

1. Alignment with the National (2020) Vision & Strategy for Scotland
2. Engagement with SSSC initiatives
3. An incremental pendulum swing towards a development culture
4. Strengthening SW identity (both as practitioner and professional & social scientist)

**The National Vision & Strategy for Scotland** – Alan Baird, Chief Social Work Adviser, was guest speaker at the key 'Re-visioning Social Work' event in the Scottish Borders, early July 15. Since then there has been a number of 'roadshow' events with Adult Services and Children & Young Peoples teams throughout the Borders area to both inform and update on the National Vision and Local implementation Plan, and to also engage staff in further discussion about professional learning and development. During these 'roadshow' events attention was paid to what is already working well for each staff team; a clear and consistent message from virtually every team was the quality of support/supervision, good communication amongst colleagues and positive working (multi-agency) relationships.

**b) SSSC Resources** – The intention over a sustained period is to highlight to staff the benefits of utilising existing SSSC resource material, such as Stepping into Leadership and the Continuous learning framework. The first focus during this period has been on mentoring, promoted by SSSC, and designing a mentoring scheme to support and promote the professional development and learning of social workers in their probationary year. The preparatory work has been completed; the training course (for mentors) will start later in 2016 and the scheme is expected to be available early in 2017. Continued individual coaching, and/or mentoring has been provided as required to staff during challenging transitions or if experiencing personal/professional challenges

In order to support individual team leadership/culture a new on-going group has been set up for team leaders, called 'Self-leadership & Resilience' which is designed and facilitated around learning from each other offering an opportunity to reflect on issues including team culture and operational dilemmas. The dynamics of getting and giving support; a reflective space has proved helpful, especially during periods of transition and uncertainty. Facilitation of team development days offering additional support and input to teams integrating with NHS colleagues is being actively progressed to further enhance collaborative working practice.

### **c) Strengthening SW identity**

A Professional Development Group continues to be well attended and is available to all frontline staff working with SBC. To strengthen the role and importance of practice learning we ran a conference in February of this year with Mark Doel, Emeritus Professor in Social Work at Sheffield Hallam University, as our main guest. His Keynote Address, '*Practice Teaching at the Heart of Social Work*', was a reflection on what we know about the impact of practice teaching and learning not just on students and practitioners but also on host agencies and the profession in general.

## **12. Key Challenges for the year ahead**

Social Work Services continue to face significant challenges in the year ahead including managing demand due to demographic change, maintaining service quality and supporting people with whom we work to keep safe and improve quality of life and outcomes. Managing financial challenges and the efficiency agenda remain a high priority area across all service areas. Focused Self Evaluation and Quality Assurance arrangements across services are important.

Specific key challenges are outlined below:

### **Children & Young People**

Arrangements to ensure full implementation of continuing care and aftercare aspects of Children and Young Person's Act are continuing to be progressed along with implication for resources including foster placements and support with housing and employment. This includes the Extension of support (including financial support) for carers of children and young people with kinship care orders.

A detailed action Plan has been developed following the Inspection and there will be close monitoring of the plan including specific social work tasks to ensure all actions are completed.

Work to increase fostering placements particularly for young people/teenagers and adoption/permanence to ensure children have secure placements remain important priorities.

Child Sexual Exploitation is a national issue and work will continue to develop a strategy with ongoing training being provided and closer links with community safety and domestic violence services will assist with this.

The outcome of the Children and Young People's Inspection has highlighted a need to focus on key social work processes and recording including chronologies and risk assessments and there will be focused work across Social Work in these areas including adult and older people's services.

### **Adult Services**

In adult services the Integration Joint Board will be continuing to further develop closer joint working both at strategic and operational level and key to this will be overseeing care governance and quality.

Implementation of Carers legislation will need to be a key focus for the coming year and work with the Carers Centre will be an important element of this.

There continue to be challenges in recruitment and retention of care at home staff. However, a successful tender to increase the number of home care providers in the Borders combined with the introduction of a minimum hourly rate of £8.25 from October should assist in improving this.

The challenge of promoting and increasing personalised supports and increasing the take up of Self Directed Support remains a high priority particularly in Children and Young People's services.

Commissioning step-up/step-down beds for adults with learning disabilities with very complex and challenging needs. There is collaborative working with neighbouring Health Boards and Local Authorities as the solution is probably collaboration to optimise use of resources, resilience and risk.

A priority will also be the introduction of the new Community Justice arrangements and strengthening links with Community Safety and Domestic Violence. The new service structure for Criminal Justice which has been implemented will also be reviewed.

In my role as Chief Social Work Officer I will endeavour to monitor, review, update and advise the Council on key matters highlighted in this report, whilst ensuring effective leadership for all staff in Social Work and Social Care to provide high quality, safe services for people in the Borders.



## APPENDIX 1

### PERFORMANCE REPORT

#### STATUTORY FUNCTIONS

##### 1. Fostering and Adoption

Adoption is a positive route for a child where it is apparent that the child is unlikely to be able to safely return to the immediate or extended family. There is a strong body of evidence to indicate that permanent and/or stable long term placements, including adoption, lead to better outcomes for the child where these placements can be put in place early enough to enable the child to form solid attachments with the carers. This is especially crucial in the early years of 0-3.

In the year to March 2016 there was 1 child adopted, which shows a decline to previous years. However, there has been a general positive trend in the number of Permanence Orders (legal orders which secure the long term care of children and young people) for older children and young people. Permanence Orders have risen from 2 in 2012 to 8 granted in 2016.

Between April 2015 and March 2016 there was a reduction of approved prospective adopters from 3 to 1. The reduction in approved prospective adopters had no effect on the permanent placement of children in the Scottish Borders. The primary focus of assessment of alternative carers between April 2015 and March 2016 was on foster carers and kinship carers.

Senior managers have identified a need to focus on robust decision-making for permanence cases to avoid drift and delay. A multi-agency Permanence Planning Group has been established to lead good practice in permanence planning and there is currently a multi-agency Development Plan addressing policy, procedure and practice in this area.

Timescales in permanence planning are improving (the process to legally secure permanent placements and / or adoption for children) Timescales are monitored every 6 months and the period between July 2015 and January 2016 showed an average time of 8.33 months from the S.31 Review (LAC Review) to a Permanence Order application being made to court. The previous 6 monthly figure was 20.5 months.

	2013-14	2014-15	2015-16
Children adopted during the reporting year	7	5	1
Children placed with prospective adopters at end of year	7	6	2

The Chief Social Work Officer is also the Agency Decision Maker (ADM) in terms of Fostering and Permanence decisions – Regulation 12 Children (Scotland) Act 1995.

It is the ADM's responsibility to make decisions based on recommendations by the Fostering and Permanence Panels. In Scottish Borders Council these panels are held on a monthly basis including a Kinship Care panel and consider the following:

- Fostering assessments
- Kinship Care Assessments (Not a statutory requirement for ADM/CSWO)
- Foster carers reviews
- Assessment of Prospective Adoptive Parents
- Children being considered for Permanence ( Long term fostering and Adoption)

- Matching of children with prospective adopters or long term foster carers
- Advice & guidance on complex situations that may be considered for permanence

The ADM receives minutes of the meetings, meets regularly with the chair of the meeting and makes decisions based on the recommendations.

	2013-14	2014-15	<b>2015-16</b>
Foster Carers approved	12	6	<b>12</b>
Foster Carers de-registered	4	2	<b>7</b>
Foster/Short Breaks Carers reviewed	35	48	<b>31</b>
Long term (permanent) foster carers approved	4	4	<b>2</b>
Children registered for permanence	14	13	<b>8</b>
Prospective adopters approved	8	3	<b>1</b>
Prospective adopters not approved	0	0	<b>0</b>

Recruitment and retention of foster carers continues to be a focus of the Resources Team (Family Placement) to ensure that children and young people who require alternative care are placed within their local community in family based placements. As well as striving to increase foster carer numbers through a coordinated recruitment campaign, advertisement and awareness raising, there is a clear focus on retention with the on-going support of foster carers prioritised to ensure quality placements for looked after children.

Kinship care is a desirable outcome for children who are unable to be looked after by their birth parents, and enables children to remain and be cared for within their extended family and community, with clear benefits for their identity and sense of belonging as they develop. This reduces the need for local authority foster carers and promotes better outcomes for the children themselves. The percentage of kinship care placements in the Scottish Borders continues to grow year on year.

While workers will always consider all options for a child's care and will seek to make use of a child's family strengths and supports, at times it is not possible to place children in their own community. In particular some complex cases require us to place children in specialist placements outside the area. Each of these young people has a comprehensive care plan and a team of professionals dedicated to helping to resolve their issues and, in a controlled way, bringing them back into less specialised and resource intensive placements.

The number of children placed in externally purchased placements, most of which are outside of the Scottish Borders has remained at the same level however the overall percentage has decreased over the reporting year due to the increasing number of looked after children.

	2014	2015	<b>2016</b>
LAC placed outside areas as at 31 March	41 (25%)	31 (16%)	<b>31</b> <b>(14%)</b>
Kinship placements as at 31 March	40	55	<b>47</b>

The total number of children & young people who are Looked After has increased during 2016 and currently sits at the highest value for the past 3 years.

	2014	2015	2016
Looked After Children as at 31 March (SBC)	199	188	<b>221</b>
Looked After Children as at 31 July (Scotland)	15,580	15,404	<b>tba</b>

To allow for comparison, these figures can be expressed as a percentage of the population aged 0-17, which shows that Scottish Borders has many fewer Looked After Children than the general population for Scotland.

% of pop. Aged 0-17	2014	2015	2016
Looked After Children as at 31 March (SBC)	0.9	0.8	<b>1.0</b>
Looked After Children as at 31 July (Scotland)	1.5	1.5	<b>tba</b>

## 2. Child Protection

The number of children on the child protection register remained low and at 23.3.16 there were 28, which is well below the national average rate per head of population. However, it should be noted that this has increased since that date.

The proportion of children who have been re-registered within 2 years has shown an increase during 2015/16. Part of this increase can be attributed to larger family groups rather than singular children being placed at risk which impacts the figures more dramatically.

The average age of children on the register has continues to show a rising trend, with 61% of registered children now being aged 4 or under.

The length of time that children spend on the register has also shown a decline this year. Over the past 3 years there has been a small fluctuation of 2 weeks however in general the average number of weeks registered averages 23.

	2013-14	2014-15	2015-16
Children on the Child Protection Register (31 March)	31	33	<b>28</b>
Children re-registered within 2 years (31 March)	0%	0%	<b>14%</b>
Children registered during the year	55	55	<b>45</b>
Children de-registered during the year	53	55	<b>50</b>
Children on register aged 4 or under (31 March)	58%	48%	<b>61%</b>
Average number of weeks registered (based on children de-registered during the year)	22	24	<b>22</b>

## 3. Secure Orders

There were two children subject to a Secure Order by the Children's Hearing process during 2015/16.

Secure Orders are used very infrequently in Scottish Borders, and more early-intervention and community-based support packages are considered to be a better approach to these complex cases. The use of these orders reflected the significant risk these young people placed either to themselves or others.

#### 4. Adult Protection

One trend which continues to increase every year is the number of police and fire service Adult at Risk forms which are shared with Scottish Borders. In 2015 to 2016 we received 1556 of these forms with 514 indicated as possible adults at risk of harm. These forms have continued to rise 10% every year over the last few years. However although information sharing forms around risk increase every year, this has not resulted in an increase in work that becomes Adult Protection work. Many of the concern forms are dealt with through a social work response or shared with partner agencies.

An Adult Protection Referral occurs when a young person or adult over the age of sixteen is known or believed to be an “adult is at risk of harm” as defined under the Adult Support and Protection (Scotland) 2007 Act.

A total of 171 Adult Protection Referrals were received in 2015 – 2016, this number is almost identical to last year figure. However if we review referrals over the last four years the figures have remained consistent and have only fluctuated within a 10 % range.

	2012-13	2013-14	2014-15	<b>2015-16</b>
Adult Protection Referrals	189	190	169	<b>171</b>

#### Types of harm

Financial and Physical harm continue to be the largest types of principle harm reported in Scottish Borders, both of these categories have had 60 referrals recorded as the principal type of harm. These figures combined, account for two thirds of Adult Protection referrals. Psychological and Emotional harm often go alongside Physical harm, however Scottish Government have requested that we only count the principal type of harm to inform the national Adult Protection landscape.

Scottish Borders is a large rural authority which has some affluent over 65 residents, and these adults have an increased risk of financial harm. Some of these perpetrators use computer and internet technology to fraudulently target adults. As technology becomes more sophisticated older adults will continue to be more vulnerable than other groups to financial harm through technology.

In 2015 Scottish Borders undertook further work with Trading Standards, local Banks and Building societies to highlight financial harm, scams and bogus callers. There has been individual success in several cases, some of our joint intervention alongside key partners has saved some customers thousands of pounds.

#### Client groups

Adults over the age range of 65 years (Older adults) including clients with a dementia related illness continue to be the group, at greatest risk of harm in Scottish Borders, there have been 63 individual

concerns for all adults over the age of 65. When we review these 65 cases in terms of trends, Adults at risk who have dementia have seen figures rise from 16 last year to 21 this year. However when we review this increase over a longer timeframe, we can clarify that these figures, do fluctuate between 16 -25 depending on year. A similar pattern can be demonstrated in the wider older adult group although figures have increased this year from 35 to 42 this is again within an expected range and each year has a degree of variation. Financial harm and reports of physical harm being the greatest type of harm to older adults.

Clients with a learning disability have an assessed level of cognitive deficit, which makes some adults in the learning disability range, more vulnerable than others to harm. In many of these cases it is an adult known to the client who becomes the harmer. Sometimes this is a so called friend or acquaintance targets the client for financial or material gain. There have been 32 cases in this area.

In mental health harm figures continue to be stable over the last few years, there have been 18 cases this year. Similar to Learning disability and older adults' financial or material harm are challenges to this group.

Adults with a sensory loss have had 6 cases this year, these figures are similar over the last few years. Bogus callers or workman have been a particular challenge to these adults, with some good examples of Trading Standards and Police Scotland reacting to this type of harm.

Adults with a physical disability have increased from 11 last year to 15 this year, but this increase is small and still less than the 18 received in 2013 / 2014.

### **Trends**

Financial harm continues to be a challenge in Scottish Borders and nationally. Scottish Borders are being very proactive in working with partners in the prevention of harm and to intervene more quickly when signs of harm come to our attention.

Allegations of harm in care home settings has featured heavily over the last few years, in 2015/ 2016 Scottish Borders embarked on bespoke adult protection training into all out care homes. This training has seen a marked decrease in large scale inquiries, but a longer timeframe is required to effectively evaluate the impact of this training, but early indications are positive.

Disability Hate crime is recognised nationally, as an area which is under reported. Some of the rationale for this is that this harm is reported as physical or financial and not a hate crime. The important factor is that harm is harm and is reported and investigated.

Disability hate crime and the term hate crime have been uncovered in Scottish Borders, these cases happen where a perpetrator targets an adult specifically because of their mental disorder or disability. Both mental health and Learning disability services are aware of these risks and working with Police Scotland and NHS Borders to address all harm.

## **5. Adults with Incapacity**

There has been a substantial increase in the number of Private Welfare Guardianships, and Welfare Guardianships for which the Chief Social Work Officer has responsibility for.

As at 31 March	2013-14	2014-15	<b>2015-16</b>
Private Welfare Guardianships	64	71	<b>97</b>
Chief SW Officer Welfare Guardianships	22	18	<b>29</b>

## 6. Mental Health services

The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect in October 2005. The Act enables medical professionals to detain and treat people against their will on grounds of mental disorder. This term is used to cover mental health problems, personality disorders and learning disabilities.

The Act allows for people to be placed on different kinds of compulsory order according to their particular circumstances. There are three main kinds of compulsory powers:

- Emergency detention
- Short-term detention
- Compulsory Treatment Order (CTO)

The use of emergency detention order had been on an increasing trend during 2014-2015 which was mirrored in the short-term detentions. 2015-16 has seen a decline in the use of both these orders back to the levels experienced in 2013-14.

Compulsory treatment orders have also declined however the levels have dropped below 2013-14 more significantly than the decline in other types of orders.

	2013-14	2014-15	<b>2015-16</b>
Emergency detentions	18	27	<b>17</b>
Short-term detentions	62	77	<b>61</b>
Compulsory treatment orders	43	41	<b>28</b>

## 7. MAPPA

Multi Agency Public Protection Arrangements (MAPPA) is the framework which brings together agencies who manage sex offenders. The fundamental purpose of MAPPA is public safety and the reduction of serious harm. The introduction of MAPPA across Scotland in April 2007 gave a consistent approach to the management of offenders, providing a framework for assessing and managing the risk posed by some of those offenders.

There are three levels at which risk is assessed and managed under MAPPA.

- Level 1: ordinary risk management

- Level 2: local inter-agency risk management
- Level 3: Multi-agency Public Protection Panels (MAPPA)

Previous MAPPA reporting considered various levels of discussion however recent modification to measurements have provided a different range of statistic which are not fully comparable to previous years. Below are the new measurements:

	<b>2015-16</b>
Number of Risk Management Case Conferences (RMCC)	<b>37</b>
Number of individuals considered at RMCC	<b>36</b>
Total Number of Level 2 cases discussed	<b>25</b>
Number of Level 3 meeting held	<b>0</b>

On 31 March 2016 the overall number of sex offenders subject to MAPPA within the Scottish Borders was 96. All of whom were managed at level 1 with 31 individuals subject to statutory supervision by criminal justice social work.

## CARE INSPECTORATE GRADES

Quality improvement is at the core of much of the improvement work across Social Work services. We are aided in this process by the work of the Care Inspectorate who have responsibility for inspecting all Social Work services in Scotland and ensuring that care providers meet the Scottish Government's National Care Standards.

In the period April 2015 to March 2016 the Care Inspectorate carried out inspections on 3 services provided by Scottish Borders Council, as well as 46 private care services and 41 in the voluntary/not-for-profit sector. These consisted of both announced and unannounced inspections. (Please note of the 46 private care services inspected 3 were owned by Scottish Borders Cares LLP, t/a SB Cares)

The inspections covered a range of services, summarised as follows.

Service Description	Local Authority	Private	Voluntary / Non-profit	Total
Adoption Service	1			1
Fostering Service	1			1
Adult placement	1			1
Care Home Service	1	19	5	25
Nursing Agency		1	1	2
Housing Support Service	1	4	16	21
Support Service	1	9	15	25
<b>Total</b>	<b>3</b>	<b>46</b>	<b>41</b>	<b>77</b>

The inspections are based on quality themes and grade each service on a scale from 1 (Unsatisfactory) to 6 (Excellent).

**Quality Themes:**

- Care and Support
- Environment
- Staffing
- Management

**Quality Grades:**

1. Unsatisfactory
2. Weak
3. Adequate
4. Good
5. Very Good
6. Excellent

Not all services are graded for every theme. For instance, the Adoption service does not provide services in any particular premises and therefore is not graded for Environment.

Overall, 81% of services were rated as 'Good', 'Very Good' or 'Excellent'.

Quality Theme	Quality Grading					
	1	2	3	4	5	6
Care and Support	2	0	11	19	37	5
Environment	0	1	8	10	8	2
Staffing	2	0	10	24	34	4
Management and Leadership	2	0	11	30	26	5
<b>Total</b>	<b>6</b>	<b>1</b>	<b>40</b>	<b>83</b>	<b>105</b>	<b>16</b>
	<b>2%</b>	<b>0%</b>	<b>16%</b>	<b>33%</b>	<b>42%</b>	<b>6%</b>

This years inspections has seen an increase in the overall percentage of services rated as 'Good', 'Very Good' or 'Excellent' (72% in 2013/14, 79% in 2014/15 and 81%).



APPENDIX 2

