



CHIEF SOCIAL WORK OFFICER

ANNUAL REPORT

2014/15

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CHIEF SOCIAL WORK OFFICER

## **INTRODUCTION**

This report provides an overview of Social Work activity, performance and achievements during the period 2014/15. The report provides information on the statutory decisions made by the 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 are clearly laid out in the most recent guidance from the Scottish Government published in 2009. These are currently being reviewed by the Chief Social Work Advisor in the light of recent legislative changes. 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.

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<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 guardianship

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"

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 2014/15 has been a year embedding new structural arrangements for Scottish Borders Council in line with other areas of Scotland.

A new Corporate Management structure has been implemented with the creation of a new "People" Department to cover the service areas of Education and Social Work.

A Depute Chief Executive "People" has been appointed with three key Service Director posts - Chief Social Work Officer, Service Director Children & Young People, and a Chief Officer for Health and Social Care Integration which are now all in place. In this revised structure the CSWO has retained operational responsibilities for Criminal Justice Social Work and Mental Health Officer work. 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.

During this period of change it has been important to ensure that there has been consistency of decision making and clarity for staff over roles and responsibilities for Social Work and statutory decision making. This has been achieved by ongoing communication including briefing notes, newsletters, management meetings and staff briefings.

The revised 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.

#### Community Planning Partnership

During 2013 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 set 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 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 has been established and a 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.

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

### **3. Engagement**

Key to all of these developments is effective engagement with service users, carers and local communities. For example an effective development using Change Fund monies has been the establishment of a Community Capacity Team across the Borders, which has been successful in developing community responses to local need.

In addition Social Work 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. Scottish Care have continued to be supported to be a key part of the Reshaping Care agenda and a key partner in agreeing the use of the Change Fund and the new Legislation Care Fund.

### **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 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

Joint commissioning plans reflecting these priorities have been developed across Older People, Mental Health and Learning Disability Services which detail priorities for investment in line with Council and Partnership priorities and these will help form the basis of the Strategic Plan for the newly formed partnership. Work is being finalised on a revised Children and Young People's plan.

## **5. Finance**

Across Social Work services as a whole, £73.963m was spent during 2014/15 on the provision of care services across the Scottish Borders, broken down across client groups as follows:

|  | £m            |
|--|---------------|
| Integrated Children's Services           | 25.489        |
| Services in the Criminal Justice System* | 0             |
| Older People Services                    | 24.195        |
| Adults with Learning Disabilities        | 13.766        |
| People with Physical Disabilities        | 3.174         |
| People with Mental Health Needs          | 2.162         |
| Generic Services and Staff Teams         | 5.177         |
| <b>Total</b>                             | <b>73.963</b> |

*\*Fully funded by Scottish Government Grant to Lothian and Borders Criminal Justice Authority (£1.334m)*

In addition, the costs of Social Work Business and Performance which provides services such as Commissioning Contracts Management, Performance Monitoring and Administration amounted to a further £3.181m during the financial year.

At the 31<sup>st</sup> March the total spend on Social Work services above exceeded the year-end revised budget by £334k, primarily as a result of demand pressures for services within Older People and People with Physical Disabilities. With a base budget at the start of the financial year of only £72.042m, despite a range of in-year remedial savings measures being planned and delivered to mitigate financial pressure, actual spend exceeded the initial planned budget by £1.921m.

This is attributable to a number of factors.

Integrated Children's Services experienced unprecedented pressure in the cost of looking after and accommodating children. Whilst the overall number of children remained static, the number of more cost-intensive cases rose considerably and in particular, the overall cost of placing children in residential settings out-of-area was significantly more than originally budgeted for, met by the transfer of additional resources from across other Council services.

Similarly, Adult Services spent a net £755k more than the base budget planned, with additional costs in Older People (£1.162m) and People with Physical Disabilities (£357k) met by planned savings across other Adult Services and once again, the transfer of additional resources from across other Council services.

In recognising the current pressures faced, Scottish Borders Council has invested considerably in Social Work services within its 5-year Financial Plan going forward.

In 2015/16 £1m has been provided temporarily over a 5-year period to meet the increased costs of out-of-area placements. A further £1m has been set aside to meet the costs of implementing the Children and Young People's bill, with another £380k invested to create a new Children and Young People's Outreach team.

Similarly, the Adult Services budget has been increased by £1.37m in 2015/16 (£4.996m over 5 years) to reflect the costs of caring for increased numbers of Older People and more young adults with learning or physical disabilities in transition from Children's Services over this period.

During 2014/15 a number of transformational initiatives were undertaken aimed at improving outcomes for clients and in particular, improving efficiency in service delivery. The establishment of the Council's arms-length care company, SB Cares, plans to deliver £1.518m over the first five years of its operation. The Council also undertook a comprehensive review of its Social Work fees and charges policy aimed at ensuring the ongoing sustainability of services, fairness and equity of application across all client groups, consistency of application regardless of what support is provided or how this is funded and ensuring compliance with legislation on charging in terms of what is charged for and the basis of charging. As a result of the review, the Council plans to generate additional income of £650k during 2015/16.

Beyond the budget, there are a number of key areas service provision where further financial pressure is being experienced and continues to emerge. The cost of ensuring service continuity and the provision of homecare is under considerable strain due to pressure from external providers for cost increases or increased costs as a result of tendering in the market. Additionally, an Employment Appeal Tribunal recently ruled that where a care worker was required to work 'sleep in' night shifts at a designated site, and be available to carry out duties during these sleep-in sessions, such shifts constitute 'time work' for the purposes of National Minimum Wage legislation. The EAT found that the care worker was entitled to be paid at the rate of the National Minimum Wage for hours worked including those during these sleep-in shifts, which in turn has put a further considerable cost burden on providers and in-turn, the Council. Similarly, the rate paid by the Council in respect of Direct Payments has also become unsustainable as it is simply not meeting the level of costs to clients planning their own care and as a result, a review and increase of this rate is required and an increase of over 20% is projected. Each of these three areas outlined above, in aggregate could cost the Council in the region of a further £1.5m as they arise this financial year.

On the 9th of March 2015 The Carers (Scotland) Bill was introduced to Parliament, the principles of which are fully supported. The proposals set out a range of measures to improve the identification and provision of support to carers, including the introduction of a new duty on local authorities to support carers who are assessed as needing support, and who meet eligibility criteria. In 2014, regulations on carers and the waiving of charges were issued that proposes that the local authority must waive payment to adult carers which when implemented may result in lost income to the Council of £250k, the current level of income from respite / short breaks.

## **6. Performance**

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.

There have been a number of notable achievements over the past year and some examples are:

- Sustained improvement in the management and participation in the discharge process to enable people to move into appropriate care settings within suitable timescales
- Implementation of GIRFEC progresses well within the authority, with Scottish Borders partners contributing to the work of the Scottish Government's South East GIRFEC Steering Group. The implementation plan is well established and a multi-agency team in place to carry out the tasks within the plan. Work is now progressing to implement the new Children's Act requirements.
- SDS processes have been developed to ensure that the new legislation can be fully implemented. A total of 300+ people are now using SDS.
- Welfare reform – the Council continues to take a proactive approach to highlight and monitor the impact of Welfare Reform including a focus on communication of changes and provision of advice to the people in the Borders.
- The Early Years agenda is well advanced with the Scottish Borders. Two Early Years Centres are in place with a further two being progressed along with partners and Scottish Borders is well represented in the work of the national Early Years Collaborative. (update with numbers actually completed)

- We have provided an updated training package on Child Sexual Exploitation to interagency staff. We have provided an input on Child Protection and Child Sexual Exploitation to Taxi and Bus Drivers contracted by the Council.
- Implementation of the new duties and responsibilities of the Children & Young People Act 2014 which includes developments in service to Kinship carers, Continuing Care and After Care.
- Conclusion of the Whole Systems approach agenda which included a review of the Youth Justice model of delivery.

## **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.

Adult Protection referrals reduced by 11% from 2013/14. There has continued to be a rise in children requiring out of area placements and one young person required a secure placement reflecting the significant risks posed by this individual. The number of children on the Child Protection register increased slightly while the number of Looked After Children reduced, 0.8% of the population which is lower than the national average.

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, however the number of CSWO guardianship orders has reduced slightly, however, there has been a subsequent increase in Intervention Orders

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 throughcare.

## **8. Continuous Improvement**

2014/15 have seen a range of new service initiatives introduced. Two Early Years centres are now fully operational providing an early intervention and support for families with two in development. 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 supported living service.

Self-evaluation is embedded into all social work services through 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.

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



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.

The quality of Older People's Care Homes has fluctuated during this period as reflected in the Care Inspectorate grades detailed in appendix 2. A member / officer working group met during this year to look at ways to sustain improvements of the quality of care homes. An action plan has been developed and the actions will be implemented over this coming year.

Seventy eight complaints were received regarding Social Work Services during this period, a slight decrease of 1.03% from the previous year. A total of 70 complaints were investigated of which 18 were upheld, 9 partially upheld, 39 were not upheld, 3 complaints were I understand found to be invalid and I is still under investigation.

Some key themes arose from the complaints including:

- Difficulty in accessing service
- Provision of service
- Delay in service
- Actions of professionals
- Communication
- Decision making

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.

## **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.

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.

A multi-agency Community Justice group has been established reporting to the Community Planning Partnership to produce the transitions plan to manage the legislative changes in relation to Community Justice.

Legislation to integrate Health and Social Care Services is a further significant change. During 2014/15 a Shadow Integration Joint Board was established and a programme has progressed the design of new arrangements for Adults. Locally there has been a commitment to build on the already well established partnership arrangements including the Joint Learning Disability Service, Mental Health Service and Drugs & Alcohol Partnership. 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 new structures does not create potential barriers with other important services and there will need 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 are also being planned, including the introduction of the named person and the early years agenda.

## **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 specialist advocacy service
- Establishment of a Community Capacity Team across the Borders working together with local communities
- Commissioned Children 1<sup>st</sup> to gather the views of parents whose children were involved in CP processes.
- 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

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

A joint arrangement with Midlothian to provide Social Work and Social Care training came to an end in April 2014 and responsibility for social work learning and development was subsumed under the Corporate (HR) Workforce Planning & Development Team.

At this time SBC were developing their e-learning platforms with a move, in some areas, to a more blended approach to learning, in particular (through SBLearn) to meet the mandatory training requirements for staff across the Council. Social work staff have benefitted from this progression and there is an intention to further develop e-learning when it is applicable. Learnpro includes modules which are specific to Social Care staff and is constantly evolving to meet service needs.

The Integration with NHS Borders has required input from SBC colleagues and various information sessions have been held across the Borders to prepare staff for the new ways of collaborative working. Work is progressing on identifying clear training and development pathways for joint working.

The focus in this period has been ensuring that the mandatory training needs of social care staff were met in preparation for the establishment of the arms-length organisation called SBCares.

There has also been a continuing focus on ensuring that staff are supported to complete the necessary qualifications to meet the SSSC registration requirements. We are now working with the Borders College Assessment Centre on the delivery of Health & Social Care qualifications at levels 2, 3 & 4. We have also continued to fund applications (the funding panel is now an annual event to ensure equity and efficiency), for Postgraduate qualifications examples as follows:

- PDA in Commissioning, Procurement and Contracting for SC Services
- Open University modules K235 Dementia care and K319 Adult, ageing and the life course
- Postgraduate Dementia Studies Course
- Graduate Certificate in Child Welfare & Protection
- Mental Health Officer Award
- Graduate Certificate in Adult Services, Support and Protection

The People (Social Work) Department continue to support social care staff to undertake the HNC in Social Care as a career development opportunity, with staff accessing Student Awards Agency Scotland (SAAS) grants. Our Social Work Practice Teachers continue to provide placement opportunities for both first and final year students. Considerable attention and investment of training time was paid to promoting the Social Care (Self-directed Support)(Scotland) Act 2013, especially as this Act promotes a whole system change approach to how social care is provided. A range of workshops were offered to confirm the many aspects of the new approach and to provide reassurance that the aspirations of the new Act sit well with the value base for frontline staff in health and social care and for managers. We have continued to work with Midlothian and Edinburgh City Council to offer specialist training such Effective Practice in Children's Services, PDA Supervision in Health & Social Care and PDA in Practice Learning.

There has been a range of new short programmes that have had a focus on wellbeing and enhancing resilience, including the application of mindfulness. The long running Professional Development Group has been well attended as a reflective space to build confidence and strengthen professional identity and related practice competence. Facilitation of team development days has remained an option for team leaders and supportive coaching is available when required.

During the next 12 months there are plans for the creation of a Professional Development Team to be part of the Chief Social Work Officer's Service. This will ensure alignment to the new 'Vision and Strategy 2015 - 2020' and have a particular focus on professional leadership, learning and development. A comprehensive (learning & development) scoping exercise has been completed for Children & Families Services which will contribute to the work plan for the new Professional Development Team.

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

Social Work Services continue to face significant challenges in the year ahead including increasing demand for services due to demographic change, managing financial constraints, maintaining service quality and supporting people with whom we work to keep safe and improve the quality of life and outcomes. An additional challenge is monitoring the embedding of the new organisation arrangements both in the Council and with the Integration of Health & Social Care.

The Council's transformation programme has proved successful in managing Service redesign and change and in 2014/15 efficiencies were made. For example, a charging review has been undertaken with new charges implemented in April '14 which will need to be monitored. In the area of substance misuse new services have been jointly commissioned focused on improving outcomes and reducing duplication.

Despite these initiatives there remain particular challenges in the delivery of Social Work and Social Care Services a number of care commissioned service providers have signalled challenges over the past year with both financial stability and quality. There continues to be a need for ongoing investment in recruitment and training for the workforce, in particular in domiciliary care services. Quality of care home provision requires to be more consistent and work is currently underway to identify additional support for this sector and the council has agreed an action plan to encourage sustainable improvements.

The number of young people in out of area placements remains quite high but work is continuing to refocus fostering services and develop a new complex needs service.

The further development of the Children & Young People's Service will be placing a key focus on Inclusion which will, along with the GIRFEC implementation, bring greater focus on to the needs of vulnerable and /or excluded children and young people. A key priority is to keep children and young people in the local area.

The recruitment of substitute carers for Looked After Children remains a key priority, there is a recruitment and communications strategy in place and officers are leading this to ensure that we continue to increase the number of carers recruited and supported within the service. From January to March 15 a further 4 carers were approved.

The impact of welfare reform on the broader population is being monitored locally. However, research shows that the long term effects on mental and physical ill health, homelessness and inequality are likely to place additional demands on public services.

In Mental Health increased demands on Mental Health Officers is a challenge and there is significant work required to ensure the Council puts in place robust arrangements to manage the new arrangements for Community Justice.

Partnership working remains a key priority. Work will progress at pace over the coming year to progress the transitional plan for community justice and engage with local key stakeholders.

In addition, a key focus will be on providing and implementing the strategic plan for health and social care integration and ensuring the Care Governance Arrangements for Social Work and Social Care Services

In my role as Chief Social Work Officer I will endeavour to continue to monitor, review, update and advise the Council during the coming year on key matters highlighted in this report whilst ensuring effective leadership for all staff in Social Work and Social Care during this ongoing period of change.

## APPENDIX 1

### PERFORMANCE REPORT

#### STATUTORY FUNCTIONS

##### 1. Fostering and Adoption

Adoption is a positive route for a child where it is apparent that he or she 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 2015 there were 5 children adopted, which shows a small decline to previous years. However, there has been a considerable increase 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 11 granted in 2014.

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.

|  | 2012-13 | 2013-14 | 2014-15 |
|--|---------|---------|---------|
| Children adopted during the reporting year               | 9       | 7       | 5       |
| Children placed with prospective adopters at end of year | 7       | 7       | 6       |

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 Panel, or Adoption and Permanence Panels. In Scottish Borders Council these panels are held on a monthly basis and consider the following:

- Fostering Assessments
- Kinship Care Assessments
- 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 with the chair of the meeting, if required, and makes decisions based on the recommendations. The ADM meets the Independent chair on a 6 monthly basis to discuss the process and quality of the work presented at the Adoption and Permanence Panel, and Fostering Panels and to review the future work plan.

|  | 2012-13 | 2013-14 | 2014-15 |
|--|---------|---------|---------|
| Foster Carers approved                       | 13      | 12      | 6       |
| Foster Carers de-registered                  | 4       | 4       | 2       |
| Foster/Short Breaks Carers reviewed          | 26      | 35      | 36      |
| Long term (permanent) foster carers approved | 0       | 4       | 4       |
| Children registered for permanence           | 7       | 14      | 13      |
| Prospective adopters approved                | 6       | 8       | 3       |
| Prospective adopters not approved            | 0       | 0       | 0       |

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.

|                                   | 2013 | 2014 | 2015 |
|-----------------------------------|------|------|------|
| Kinship placements as at 31 March | 30   | 40   | 55   |

The number of children placed outside of the Scottish Borders has decreased over the reporting year and is currently at its lowest level in three years.

The total number of children & young people who are Looked After has decreased slightly, and mirrors the lower levels that were experienced in the period up to 2013. This follows the national trend, although figures for Scotland are not yet available for 2015.

|  | 2013        | 2014        | 2015        |
|--|-------------|-------------|-------------|
| Looked After Children as at 31 March (SBC)     | 186         | 199         | 188         |
| LAC placed outside areas as at 31 March        | 32<br>(22%) | 41<br>(25%) | 31<br>(16%) |
| Looked After Children as at 31 July (Scotland) | 16,041      | 15,580      | tba         |

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                            | 2013 | 2014 | 2015       |
|--|------|------|------------|
| Looked After Children as at 31 March (SBC)     | 0.8  | 0.9  | <b>0.8</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 remains low at 33, which is well below the national average rate per head of population.

The proportion of children who have been re-registered within 2 years continues to be at a very low level with none of the children on the register at the end of the reporting year having been previously registered within the last 2 years. This indicates that the decisions to de-register children are appropriate and not leading to further risk for children.

We have carried out an audit of decisions to review the relatively low figures and we are assured that appropriate decisions and supports are in place for all referrals.

The average age of children on the register has continued to show a rising trend, with 48% 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. Overall in the past four years we have seen a stable decline from 32 weeks in 2011-12 to a steady state of 28 weeks from 2012 to 2014 and a final drop to 22 weeks.

|   | 2012-13 | 2013-14 | 2014-15    |
|---|---------|---------|------------|
| Children on the Child Protection Register ( <i>31 March</i> ) | 28      | 31      | <b>33</b>  |
| Children re-registered within 2 years ( <i>31 March</i> )     | 4%      | 0%      | <b>0%</b>  |
| Children registered during the year                           | 58      | 55      | <b>55</b>  |
| Children de-registered during the year                        | 64      | 52      | <b>53</b>  |
| Children on register aged 4 or under ( <i>31 March</i> )      | 64%     | 58%     | <b>48%</b> |
| Average number of weeks registered                            | 28      | 28      | <b>22</b>  |

## 3. Secure Orders

One child was the subject of a Secure Order by the Children's Hearing process during 2014/15.

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 such orders reflects the significant risk these young people place either to themselves or others.

## 4. Adult Protection

A total of 169 Adult Protection Concerns were received in 2014 – 2015, this is an 11% decrease on AP Concerns over the last two years. This decrease in adult protection numbers can be explained through two key points. Point one is that we have seen a small reduction in figures across service user groups.

The second key point is through the introduction of the Vulnerable Young Person’s Protocol (VYP). This process has become embedded across children & adult services; it has diverted some work from adult protection, to a new GIRFEC friendly format for young people at significant risk of harm. There have been 12 cases progressed through this route which brings the data collected over the last three years closer to our expectation.

An Adult Protection Concern is where there is a referral reported that an “adult is at risk of harm” as defined under the Adult Support and Protection Act.

|                           | 2012-13 | 2013-14 | <b>2014-15</b> |
|---------------------------|---------|---------|----------------|
| Adult Protection concerns | 189     | 190     | <b>169</b>     |

Clients with a Learning Disability and Older People (excluding people with dementia) are the largest client groups being referred, accounting for 23% and 21% of the referrals received respectively. These figures are almost identical to last year’s statistics for these two groups. Mental health is the third highest group of adults, most at risk of harm, with the figure a steady 12 % percent, which is similar to last year’s figure.

Older adults with dementia account for 10% of adult protection concerns. Adults with a physical disability account for 7% of concerns, this figure is a reduction from 10% last year.

Adults with sensory loss account for 4% of concerns this year, a small decrease on the 5% from last year.

Older adults are generally, more at risk of financial or physical harm, both these sets of figures, are very similar and haven’t dramatically fluctuate over a three year period. Financial harm continues to be a repeating theme from last year. This year has seen both a national and local campaign highlighting financial and broader harm themes. When we analyse harm by gender, particularly in older adults, females become at greater risk of harm than males, beyond the age of 74. This is a trend which is mirrored nationally across Scotland. One common rationale is that females living longer, and more likely to be living on their own than males, and therefore more susceptible to harm.

## 5. Adults with Incapacity

There has been an continuing increase in the number of Private Welfare Guardianships, although the number of Welfare Guardianships for which the Chief Social Work Officer has responsibility has decreased slightly.

| As at 31 March                         | 2012-13 | 2013-14 | <b>2014-15</b> |
|--|---------|---------|----------------|
| Private Welfare Guardianships          | 41      | 64      | <b>71</b>      |
| Chief SW Officer Welfare Guardianships | 20      | 22      | <b>18</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 has increased in 2014-2015 which is mirrored in the short-term detentions also. Compulsory treatment orders are also on an upward trend however the increase is gradual and lower than the other types of detentions.

|                             | 2012-13 | 2013-14 | <b>2014-15</b> |
|-----------------------------|---------|---------|----------------|
| Emergency detentions        | 21      | 18      | <b>28</b>      |
| Short-term detentions       | 74      | 62      | <b>81</b>      |
| Compulsory treatment orders | 37      | 43      | <b>49</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>2014-15</b> |
|---|----------------|
| Number of Risk Management Case Conferences (RMCC) | <b>34</b>      |
| Number of individuals considered at RMCC          | <b>34</b>      |
| Total Number of Level 2 cases discussed           | <b>28</b>      |
| Number of Level 3 meeting held                    | <b>1</b>       |

On 31 March 2015 the overall number of sex offenders subject to MAPPA within the Scottish Borders was 82, 21 of whom were subject to statutory supervision by criminal justice social work. 78 of these cases were managed at level 1, 4 at level 2, and no cases were being managed at level 3.

## **8. 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 2014 to March 2015 the Care Inspectorate carried out inspections on 24 services provided by Scottish Borders Council, as well as 27 private care services and 41 in the voluntary/not-for-profit sector. These consisted of both announced and unannounced inspections.

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

| <b>Service Description</b> | <b>Local Authority</b> | <b>Private</b> | <b>Voluntary / Non-profit</b> | <b>Total</b> |
|----------------------------|------------------------|----------------|-------------------------------|--------------|
| Adoption                   | 1                      |                |                               | 1            |
| Adult placement            | 1                      |                |                               | 1            |
| Care Home                  | 6                      | 15             | 9                             | 30           |
| Fostering                  | 1                      |                | 1                             | 2            |
| Housing Support            | 2                      | 5              | 16                            | 23           |
| Support Service            | 13                     | 7              | 15                            | 35           |
| <b>Total</b>               | <b>24</b>              | <b>27</b>      | <b>41</b>                     | <b>92</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, 79% 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         | 14         | 42         | 26         | 3         |
| Environment               | 0               | 1         | 11         | 20         | 7          | 3         |
| Staffing                  | 2               | 1         | 13         | 35         | 31         | 5         |
| Management and Leadership | 2               | 2         | 15         | 40         | 22         | 6         |
| Total                     | 6               | 4         | 53         | 137        | 86         | 17        |
|                           | <b>2%</b>       | <b>1%</b> | <b>18%</b> | <b>45%</b> | <b>28%</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 and 79% in 2014/15).

In 2013/14 there had been some notable fluctuating concerns identified over the quality grades in Older People's Care Homes and Care at Home, with the lower grades occurring in these services. A range of actions have been undertaken to support this sector, including additional training in dementia and the introduction of a risk management process, and regular reviewing during 2014/15.

There has been a marked improvement in Older People's Care Homes inspections with no care homes being rated as unsatisfactory or weak in 2014/15. Previously 55% of Older People's Care Homes rated as 'Good', 'Very Good' or 'Excellent' (2013/14), however this figure has now increased to 78% in 2014/15.

APPENDIX 2

