

# The Highland Council

Agenda Item	<b>10</b>
Report No	<b>HC/29/23</b>

**Committee:** The Highland Council

**Date:** 14 September 2023

**Report Title:** Chief Social Work Officer Annual Report 2022/23

**Report By:** Chief Social Work Officer and Executive Chief Officer Health and Social Care

## 1. Purpose/Executive Summary

- 1.1 This report introduces the Annual Report by the Chief Social Work Officer, for 2022/23. The report is attached at **Appendix 1**.
- 1.2 The report provides Members with information as to the range of activities that have been carried out during the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

## 2. Recommendations

- 2.1 Members are asked to:
  - i. Note and comment on the issues raised in the annual report and the implications for social work and social care services within Highland Council and NHS Highland.

## 3. Implications

- 3.1 Resource, Legal, Community (Equality, Poverty, Rural and Island), Climate Change/Carbon Clever, Risk, Health and Safety, Gaelic

There are no particular implications to highlight. However, the report does refer to the numerous challenges that may emerge in future years that could have implications in many of these risk categories. Any risk will be highlighted in future reports to Health, Social Care and Wellbeing Committee and Full Council.

## 4. CSWO Annual Report 2022/23

- 4.1 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 (Scotland) Act, 1994. This report is prepared in line with the national guidance – The Role of the Chief Social Work Officer – published by the Scottish Government in 2016. Further, this report fulfils a statutory requirement for the CSWO to produce an annual

report on the activities and performance of the social work and social care services within The Highlands.

- 4.2 The template being used is one that has been updated by the Scottish Government Office of the Chief Social Work Advisor. The purpose of the summary report is to review local activity, then provide a concise overview of CSWO work nationally. This can be used and cross-referenced to share experiences, challenges, learning, and good practice.
- 4.3 The report highlights the delivery of services across all social work services (children and families, justice, mental health officers, child health and adult social work) as well as adult social care. It provides an overview of the professional activity within Highland via the delivery of statutory functions and responsibilities held by the CSWO.
- 4.4 2022/23 has produced some significant challenges for all services, with recruitment being a major issue. However, there have also been some noticeable achievements during this time. The report provides an informed view of these challenges and achievements and the impact these could, and will have, on future service delivery due to the financial challenges and budget restraints that we face.
- 4.5 The report, attached as **Appendix 1**, covers the period 2022/23. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

Designation: Chief Social Work Officer

Date: 29<sup>th</sup> August 2023

Author: Fiona Duncan

Appendices: Appendix 1 - Chief Social Work Officer Report



# CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23



Author: Fiona Duncan  
Chief Social Work Officer  
August 2023

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## 1. GOVERNANCE, ACCOUNTABILITY AND STATUTORY FUNCTIONS

### Role of Chief Social Work Officer

The role of the Chief Social Work Officer (CSWO) is to ensure professional oversight of social work practice and service delivery. This includes professional governance, leadership, and accountability for the delivery of social work and social care services, whether provided by the local authority, the health board, or purchased through the third sector or independent sector.

Within The Highland Council (THC), the CSWO position currently sits with the Executive Chief Officer of Health and Social Care. This directorate includes Children's Social Work Services; Child Health; Justice Service and the Mental Health Officer Service.

The CSWO retains overall professional accountabilities for all social work and social care provision. As a statutory officer of the Council, she reports directly to the Chief Executive of Highland Council on these matters.

In addition to that, the CSWO requires to work closely with key stakeholders and has the delegated authority to make direct reports to the Chief Executive, Elected Members, and the Joint Monitoring Committee (JMC), in her professional capacity to ensure that critical risks can be raised.

The CSWO is a member of the Extended Leadership Team within THC, as well as being a member of key strategic committees. These include:

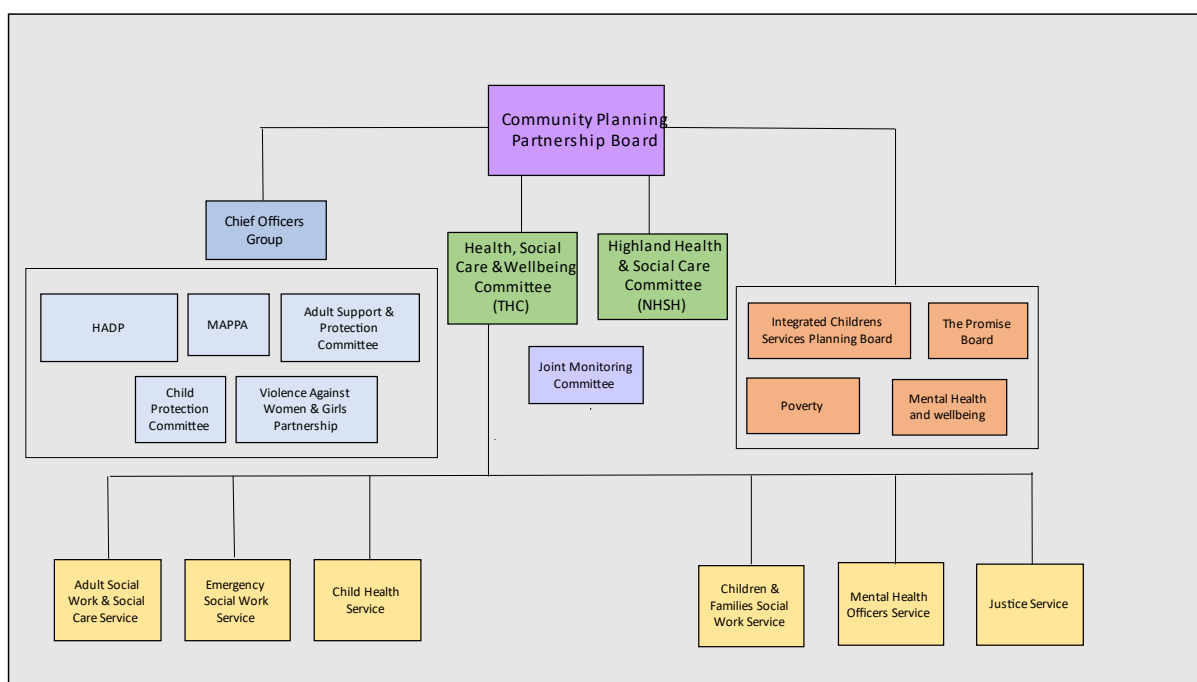
- Public Protection Chief Officers Group
- Integrated Children's Services Board
- Joint Monitoring Committee
- Community Planning Partnership Board
- The Promise Board (Corporate Parenting)
- The Joint Officer Group and the various groups reporting to that in terms of partnership business

The CSWO is also the chief advisor to the Health, Social Care and Wellbeing Committee Membership and representation on these groups is key to ensure strategic scrutiny and oversight of all relevant service delivery.

## Overview of Governance Arrangements

In 2012, The Highland Council (THC) and NHS Highland (NHS) used existing community care legislation to take forward the integration of health and social care through a Lead Agency model. As such, the Council acts as the lead agency for delegated functions relating to children and families, whilst NHS has delegated functions relating to adults with a view to delivering an integrated health and social care function.

This model continues to operate today having been formalised as a result of specific legislation since 2014. This law requires that there be an Integration Scheme in place - with the partnership agreement set up in 2012 being superseded by that Scheme which governs service delivery and partnership working.



***Governance and Assurance Structure for THC and NHS***

THC as lead agency for Children's Services has delegated functions for Child Health Services including Health Visitors, School Nurses, Specialist Nurses and Allied Health Professionals. It also retains the functions of Justice Services and the Mental Health Officer Service.

The partnership is managed by the Joint Monitoring Committee (JMC) - which in other integration authority areas would be the Integration Joint Board (IJB). This Committee is

chaired by the Council and NHS on an annual rotating basis and membership includes Third Sector partners and interested groups including users and carers. The JMC provides principal governance for the business of the partnership and additional governance is routed through the Community Planning Partnership Board as well as the strategic committees of the lead agencies.

THC, NHS and the Community Planning Partnership have formal arrangements for engaging with Third Sector and Independent partners, service users and carers and that engagement has been key this year in taking forward the partnership's strategic plan for health and social care services for adults.

The integrated Children's services plan is governed through the Community Planning Partnership which has delegated responsibility to the Integrated Children's Services Board to deliver on the [Integrated children's services plan 2023 – 2026](#).

With regard the Multi-Agency Public Protection Arrangements (MAPPA), the Responsible Authorities within the Highlands and Islands are:

- ❖ The Highland Council & NHS Highland
- ❖ Orkney Islands Council & NHS Orkney
- ❖ Western Isles Council & NHS Eilean Siar
- ❖ Shetland Islands Council & NHS Shetland
- ❖ Police Scotland
- ❖ Scottish Prison Service
- ❖ The State Hospital for Scotland

The operation of MAPPA is directed and overseen by the Highlands & Islands Strategic Oversight Group (HIMSOG). This Group consists of senior representatives from each of the Responsible Authorities, with representatives of the Duty to Co-operate agencies attending as appropriate or necessary. This group reports into the Highland Public Protection Chief Officers Group (PPCOG) and ultimately, the Community Planning Partnership Board. The CSWO is a member of both these groups to ensure assurance and governance.

In terms of the delivery of adult social care, the Chief Officer for NHS Highland supports the role of the CSWO in providing professional accountability for social work practice in the services delegated to the Lead Agency. A priority this year has been the further development of professional care governance in relation to the delivery of the integrated functions by the partnership such that the CSWO has a role to play in terms of care governance for both children's and adult's services

Senior social work managers in adult services consult with the CSWO about practice issues in terms of service delivery and work force planning and management. Further, regular meetings with front line staff and managers across all social work services take place as a forum to discuss practice issues and arising national issues.

The CSWO, working closely with the Chair and Vice Chair of the Health, Social Care & Wellbeing Committee has increased transparency, accountability and governance by scoping and planning an increased volume of reports being presented at the Committee. Further, Elected Members have been invited to several workshops to develop and enhance their role and understanding within the scrutiny and assurance arena.

Since 2021, there has been considerable change of senior executives across all organisations. These include:

- THC Chief Executive and the Interim Chief Executive
- Executive Chief Officer Health & Social Care Highland Council
- Chief Social Work Officer
- Head of Children's Services
- Senior Justice Services Manager
- Chief Officer NHS Highland
- Chief Superintendent Police Scotland

As a consequence, we have also seen a number of retirements of strategic chairs in key strategic committees. These have included MAPPA, Violence Against Women and Girls (VAWG), Corporate Parenting Board and PPCOG.

There is no doubt that the above has impacted on leadership continuity particularly after the impact of the pandemic and lockdown periods. Whilst organisations and partners have made conscious efforts to maintain scrutiny and governance whilst driving change, progress has been affected. This is something we are aware of and are implementing a number of development sessions/workshops to ensure these strategic forums are informed and comfortable with their role.

Whilst there have been a number of changes in key positions, we have continued to push forward. Examples of significant milestones which have and are continuing to take place include:

- The Partnership's Improvement plan following the Joint Inspection of Services for Children at Risk of Harm. Whilst the CSWO has oversight of this plan, it formally



reports into the Child Protection Committee and the Integrated Children's Services Planning Board.

- Developing the Integrated Children's Service Plan 2023-2026 and the Integrated Children's Services Board process of self-evaluation and review in 2022. This included the completion of the Joint Strategic Needs Assessment with all partners actively involved.
- Corporate Parenting Board – the journey of review and self-evaluation began in 2022, with developments identified to align to the aspirations of the Promise. Agreement that the newly named 'Promise Board' will be achieved in 2023.
- Partners have worked together to create the Highland Health and Social Care Partnership Joint Strategic Plan. This is out for public engagement with a formal launch expected towards the end of 2023. This has been a significant piece of work but a vital one for providing the vision and direction within Adult Social Care.

## The Promise

THC and all partners remain committed to The Promise. There has been significant work done in relation to improving our practice and ensuring the voice of the child, young people and families are not only heard, but informing what we do now as well as future plans and strategies. Our Promise Manager is playing a key role in working with all of us to ensure the ethics, values and understanding of The Promise are embedded in everything that we do.

**Appendix 5** provides a summary of the work that has been taken forward during the year, alongside work on Trauma informed practice.

## 2. Service Quality & Performance

### 2.1 Children & Families

#### Data and Information Gathering

The Child Protection Dataset is extensive. However, in order to gain an informed understanding of what the data means, narrative is required. Highland is in the process of

implementing the National Minimum Dataset Version 2 which will provide further sources of data to support analysis of practice and outcomes for children and young people. The Child Protection Minimum Dataset report is attached (*see Appendix 1*).

During 2022/23, child protection registrations have remained relatively stable (*Charts 1+2, appendix 1*). However, unless we have a better understanding about assessment, risk assessment and planning processes for children, young people and families, these charts do not give us an informed position. To assist us, a multi-agency audit of child protection cases is due to take place in July 2023.

Concerns recorded in child protection registrations continue to show domestic abuse, parental drug and alcohol use and parental mental health problems as key reasons for registration (*chart 10, appendix 1*). However, data also suggests an increase in neglect over the past four quarters, possibly as a result of increasing family pressures due to the cost-of-living crisis. There will be an increased focus on use of the Graded Care Profile tool to encourage strengths-based approaches with families.

The number of concerns/risk factors recorded in child protection registrations has also increased steadily over the past 12-18 months suggesting increasing complexity within child protection cases and families experiencing a number of difficulties at one time e.g. domestic abuse, parental mental health issues and drug/alcohol issues (*chart 9, appendix 1*).

The number of referrals to the Reporter have remained higher than the national average in 2022/2023 although this has decreased year-on-year since 2016/17 (*charts 13 and 14, appendix 1*).

SCRA have worked with services to assess the appropriateness of referrals and are confident that inappropriate referrals are not an issue. However, further work is underway to better understand the data and establish if further work is required in this area.

In 2022/23, there was further development of the Quality Assurance Framework agreed by the Child Protection Committee. This framework sets out an active annual planned process of self-evaluation, linked to single and multi-agency audits - focused on practice and decision-making regarding child protection processes.

### **Joint Children's Inspection**

Highland received an evaluation of Adequate, in The Care Inspectorate's Report published in December 2022. This applies where there are some strengths, but these just outweigh

weaknesses. Highland has taken the inspection findings seriously and is committed to making substantial changes to ensure that practice is appropriate and responsive to need.

The Partnership Improvement Plan was developed and shared with the Care Inspectorate, who noted the ambition and comprehensiveness of the Plan. The Plan was agreed by the Highland Child Protection Committee (CPC), with the added scrutiny of Public Protection Chief Officers Group (PPCOG). This Plan is now live, with robust monitoring and tracking in place to ensure delivery of active improvements.

### **The Development of Children's Services Families' 1<sup>st</sup> Strategy**

Linked to improvement of services, Highland Council agreed to invest an additional £1m to develop our Families 1<sup>st</sup> Strategy, designed to safely keep Highland children at home in the Highlands. The strategy has a strong focus on family and community networks. This strategy was developed in recognition of the high numbers of care experienced children in the Highlands, particularly noting high numbers of young people in residential care in comparison to other areas of Scotland. This work is underpinned by strategic alignment to the Promise, Whole Family Support and Children's Rights.

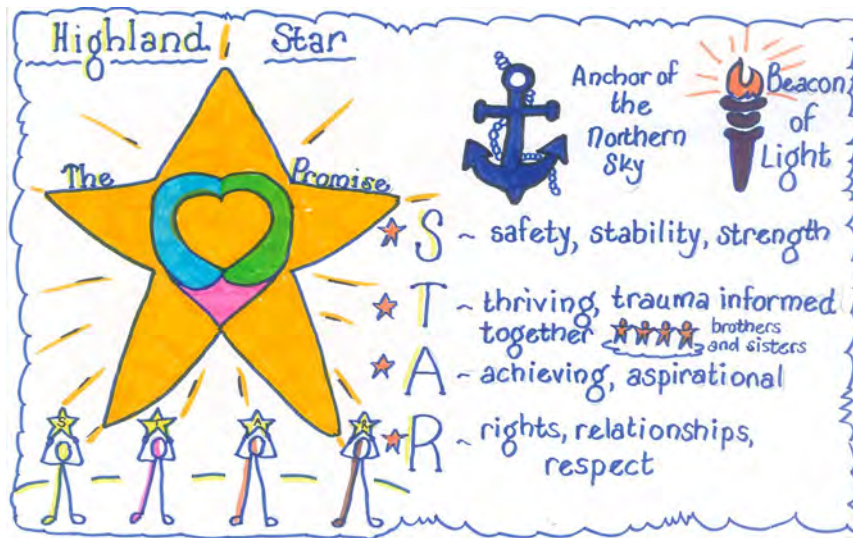
As part of our Families 1<sup>st</sup> strategy, we developed our **Highland Outcome STAR** setting out the underpinning principles and outcomes we aim to achieve. The Highland STAR has a focus of protecting and upholding the rights of children and their families across the Highlands:

**S – Safety, Stability & Strengths**

**T – Thriving, Trauma (informed) & Together (families, brothers and sisters)**

**A – Achieving & Aspirational**

**R – Rights & Relationships-Respecting**



**The Promise is at the heart of the Highland STAR.**

## Child Health

Working as part of the family teams, with a focus on early prevention and intervention, health visitors provide universal support to all Highland's infants, through the implementation of the national public health child health pathway and through providing leadership and co-ordination of care and support through the role of Named Person.

Highland's health visitors work closely with colleagues across the partnership, in particular those in Early Learning and Childcare Settings, delivering family support in the earliest stages of life in local communities.

During the past year, there has been an acceleration of this community-based approach through increased involvement with schools, nurseries and family centres with health education, promotion and prevention opportunities and a focus on enablement, empowerment and building resilience into families to self-manage their health and wellbeing.

## Home 2 Highland (H2H)

Home 2 Highland was previously known as the Placement Services Programme. This was changed to H2H to promote a shift away from 'systems' language to ensure we hold the young people in mind. We have continued to invest in our H2H programme to safely return

Highland children from external high-cost residential care, often out of area, back to the Highlands.

In 2021/22, we returned 17 young people back to the Highlands and had the lowest figures since initiation of the team, of 18 young people in external provision. This focus has continued during 2022/23, with work ongoing in relation to 9 children and young people with a view to their coming home to the Highlands.

The cost avoidance savings of H2H are in the millions. It is estimated from June 2018 to June 2022/23, £16.8m would have been spent on external residential provision if those young people had remained in their external provision for a year. An evaluation of the H2H work has been initiated and will include quantitative and qualitative data.

## **Family Group Decision Making**

Children's Services have several active implementation groups focused on delivering the Families 1<sup>st</sup> strategy and the outcomes STAR. This has resulted in investment in developing a Family Group Decision Making Team in the Highlands, which is a strengths-based approach that brings families together to make decisions about the safety and welfare of the child, including what the family think needs to happen to support the child. This team is due to commence in mid-2023.

## **Highland Residential Care**

THC has 9 residential homes for children and young people – 6 are HC houses whilst 3 are commissioned through 3<sup>rd</sup> Sector partnerships with Barnardo's and Aberlour.

In 2021/22, inspections of residential childcare services resumed by the Care Inspectorate – including a new inspection methodology. Following very poor inspections of two children's homes in 2021, added to our commitment to keeping children at home, when possible, the decision was taken to close these houses. The small number of young people in these houses were carefully transitioned home, closer to home, and into supported adult accommodation.

With a more focused lens on continuous improvement, inspections carried out in 2022/23, have resulted in grades of good, very good and excellent. There are now individual house

improvement plans, in direct response to inspection findings, and houses are now self-evaluating - using Care Inspectorate methodology.

### **Fostering and Adoption Service Registered Inspection**

THC is registered as both a Fostering, Adoption and Adult Placement (Continuing Care) Agency with the Care Inspectorate. In 2022, the services were inspected under the new inspection methodology. The overall evaluations were noted to be Weak in 7 areas; Adequate in 1; and Good in 3 areas. The leadership team were clear that these inspection findings were not acceptable and that significant improvements were to be made. Subsequently, a comprehensive improvement plan was drawn up with scrutiny and assurance meetings in place. A comprehensive post inspection improvement plan was developed to target the improvements. This improvement plan is discussed and scrutinised directly with the Head of Service with additional scrutiny from the CSWO and Agency Decision Maker. An annual Family Based Care (Fostering & Adoption) report will go to the Health, Wellbeing & Social Care Committee. The first report, detailing the significant improvements made within timescales, was discussed in May 2023 at committee. Leadership support, scrutiny and accountability will ensure the service is aiming for excellence in the delivery of Family Based Care Services.

### **Fostering**

In 2022/23, there were 57 new children (admissions) accommodated in foster care with 46 children placed with Highland Council foster carers and 11 children placed with independent fostering providers. This is a reduction from 2021/22, when there were 74 new admissions to foster care, which is a notable 43% reduction in new fostering admissions.

The total cumulating number of children (new and existing) placed in all categories of Foster Care during 2022/23 increased from 148 children in foster placements to 153.

***(Chart 1 - Appendix 2 Number of children in Foster Care Provided and Purchased)***

There continues to be a shift in the age groups requiring foster care, with a marked increase in the number of very young children being accommodated, many of whom have serious health and developmental needs. This has an impact on the skills and experience required from foster carers.

The number of brothers and sisters who need foster care continues to present challenges to the service. As in line with The Promise, we are committed to keeping brothers and sisters

together where possible and where it is appropriate to do so. During 2022/23, we placed 15 sibling groups together in their foster placement, and where this is not practically possible, we support maintaining contact between the children as a priority. These sibling groups range from 2 to 5 children, and are often characterised by profound neglect, with the eldest often having been a carer for younger siblings.

### **Recruitment and Retention of Foster Carers**

Fostering is an integral part of the Family First strategy and in order for this to be successful the service needs to retain their current cohort of carers as well as recruit many more carers. As a consequence, the service embarked on a media campaign in 2023. The impact of this is currently being evaluated but if successful, will become a core part of our recruitment strategy.

In March 2023, Highland Council elected members agreed to increase allowances paid to Kinship, Foster Carers and to a small number of families who adopt from 1<sup>st</sup> April 2023. This was to bring these allowances in line with other Local Authorities across Scotland. By investing in Family Based Care, members were acknowledging the commitment and valuable contribution made by Kinship and Foster Carers.

Fostering Preparation courses are held throughout the year dependent on demand with four virtual courses being held in the 2022/23 period. The service provides a wide range of training to all current and prospective carers across the Local Authority area. There has been an increase in the number of carers accessing training since it has been delivered online, as this appears to make it more accessible to those who work full or part time and those who live in the more remote and rural areas.

### **Adoption**

There is recognition that children who are adopted are not a distinct population but are primarily children who have been on the child protection register and looked after in foster care who cannot return to or remain at home safely. Adoption gives these children the chance for some emotional recovery. Outcomes for younger children, who have been abused and neglected who are adopted, are generally better than for children who remain 'looked after' and in a permanent fostering placement.

During the year, there were 8 prospective adoptive families approved and 13 children matched with prospective adopters. Four of these children were placed out with Highland with prospective adopters approved by another local authority or independent adoption agency.

The service was also supporting 22 children in pre-adoptive placements where the legal process to secure them with their new and permanent families was underway. However, the legal and court process for these children was seriously affected by the pandemic resulting in considerable delay for some children.

***(Chart 2 - Appendix 2 - Number of children matched)***

There were a further 26 children in foster care, with an age range from 6 months to 9.5 years of age where permanence decisions had been made and who were waiting to be matched with their prospective adoptive family.

***(Chart 3 - Appendix 2 - Number of children waiting to be matched)***

During 2022/23, there were 40 orders in total granted, 10 Permanence Orders, 8 Permanence Orders with Authority to Adopt, 22 Adoption Orders, granted in Courts for Highland children, within and out with the Local Authority area.

***(Appendix 2, Chart 4 - Number of orders granted)***

There have been no relinquished babies placed for adoption in the past year.

## **Kinship**

Every child has the right to family life and for those children who are unable to remain in the care of their parents and require to be accommodated, being able to live with members of their extended family in Kinship Care should be the first choice. "The Promise" has emphasised the need for children to have the opportunity to be looked after by family or friends whenever this is possible and the need to ensure they are provided with the supports to enable this to happen.

During 2022/23 there has been a decrease in the number of children who are looked after and placed with Kinship carers. However, we saw a positive increase in the number of



children whose Kinship carers have obtained a Kinship Order so that the children are permanently and legally secured with their carers.

*(Appendix 2, Chart 5 - Kinship)*

This area remains a priority for 2023 onwards.

## 2.2 Adults

### Commissioned Care Home Services

At April 2023, there are 65 care homes across north Highland, 48 of which are operated by independent sector care home providers and 17 of which are in house care homes operated by NHS. Spend on commissioned care home provision is around £50.5m pa and £14.6m in house – a total of £65.1m pa care home spend.

During 2022/2023, there has been significant sustainability related turbulence within the independent sector care home market within north Highland. The following represents key concern areas:

- There is a higher proportion of smaller size of operator and scale of provision within north Highland (43% of providers and 31% of beds are operated by small scale providers, who collectively deliver 541 beds and whose average size of care home is 25 beds). Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50-bed care home, operating at 100% occupancy.
- Independent providers and NHS care homes continue to experience difficulties in recruiting and retaining staff and this represents a very high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. The difficulties are further exacerbated in homes in rural locations away from the larger population centres but are not limited to rural locations. The consequence of this is that because a nursing home must have nursing staff in the home, agency staff are being used more and more routinely with the subsequent impact on finances

and care (as agency staff are not familiar with the home, residents or paperwork). Some care providers are engaging in recruitment from abroad, but this is a slow process with its own risks including finding accommodation for new workers as well as supporting them to settle and integrate into a foreign country.

These concerns therefore relate to operating on a smaller scale, and also the challenges associated with more rural operation, particularly the difficulties of recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

NHSH / THC have been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is strategic work in progress which will be set out within the Partnership's Strategic Plan.

Strategically, we will always need a level of care home provision, but increasingly we are seeing the dependency levels in care homes increase. In the coming years, we have the opportunity to work within the partnership to develop housing with support models where, with the use of technology, we could support more people without nursing needs to live in accommodation with their own front door. Technology will not replace people caring but it can improve people's resilience and help us use the carers more efficiently.

We will need to encourage investment in technology and work with providers of care homes and community care and support who are willing to innovate. Our opportunity is to commission in a way that encourages innovation in the provision of this type of support.

However, at this point in time, there has been and continues to be, immediate and operational challenges from arising and anticipated care home closures which require to be addressed.

There is insufficient capacity within the health and social care system to cope with the potential scale of lost provision. Mitigating actions are therefore required to avoid whole system destabilisation, whilst ideally at the same time, moving toward the locality model which is in development.

Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered, out of necessity.

There have been 4 x concluded care home closures since March 2022, these being as noted below:

- Shoremill in Cromarty (13 beds), March 2022
- Grandview in Grantown (45 beds), May 2022
- Budhmor in Portree, (27 beds), August 2022
- Mo Dhachaidh in Ullapool, (19 beds), March 2023

In addition, there is also a care home closure currently in progress (April 2023), this being Castle Gardens in Invergordon, operated by HC-One, which is registered for 37 beds. It is also of note that the Mains House in Newtonmore which is registered for 29 beds has been operated by NHS Highland since April 2023 after it was acquired by the Highland Council as a result of the previous provider ceasing to trade.

These combined closures represent a total loss of 141 care home beds in Highland.

### **Commissioned Care at Home Services**

There are 21 independent sector care at home providers, who collectively deliver 8,900 hours of care at home provision per week, at an annual cost of £13.5m. 74% of provision is delivered in urban areas, 16% in rural and 10% in remote. The size and scale of provider varies considerably, with NHSH commissioning between 30 hours and 1,800 hours per week across these 21 providers.

NHSH also operates a care at home service, delivering a total of 3,900 hours per week via 7 separate registered services. Enablement services deliver around 900 hours per week in addition to mainstream delivery. The total spend area around this activity is £15.7m pa.

Collectively therefore, there is a minimum of 13,700 hours per week of care at home provision, at a total cost of £29.3m pa.

This figure does not include Options 1 and 2 where there is flexibility, choice and control although a large proportion of the support, around 80%, is to employ personal assistants. There are also 322 older people receiving a service via an Option 1 or 2 care delivery model, at a cost of £5m pa. Option 1's in particular, continue to increase due to the lack of alternative commissioning service delivery options.

The key objectives around this area of provision are to achieve stable, resilient and assured provision and capacity release / growth.

Since August 2021, NHSH and THC have been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as:

- High attrition and unsuccessful recruitment, impacted by role pressures (perception of); sector / role inequity; and fuel costs
- Staff wellbeing issues
- Specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

Over the course of 2022/23, there has however been a significant reduction of available commissioned services (1,430 hours pw), despite the measures put in place by the Partnership to seek to stabilise provision and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.

Current unmet need for care at home is circa 2,600 hours per week and there are currently 307 people assessed and awaiting a care at home service who are in hospital or in the community.

The reduced capacity is due to the challenges noted above and have therefore impacted on the inability of providers to deliver to agreed baseline activity levels and in some instances, resulted in service “hand back” to the Partnership.

Actions and interventions to date have not had the intended impact or desired outcome of increased capacity and stabilised provision and we are on a trajectory of increasing demand and unmet need, with reducing service availability.

### **Hospital Flow**

Delayed discharge patterns remain a concern both nationally and within NHSH. There is a close relationship between unmet need across the system in terms of the availability of care at home and care home placements and the level of delayed discharges alongside the

competing challenges within acute and community services. A key observation is that whilst practice and efficiency of process are improving, the sheer unavailability of placements and care hours is maintaining delay levels.

### **Promoting choice, control and flexibility across the Adult Social Care and Social Work system in Highland**

Self-directed support (SDS) is the central approach to delivering Adult Social Care in Highland – we see embracing an SDS ethos as the key to putting the principles of independent living into practice to enable people to be active citizens in their communities. As part of this, we are bringing people affected by services (service users, unpaid carers and professionals) 'around the table' to explore how we can do this best. Forming relationships, building trust, sharing intelligence and co-producing new ideas and solutions will be required if we are to deploy this approach successfully. In particular, the participation of people affected by our service design and delivery has been pivotal in shaping our SDS implementation plan.

As part of this approach, we have also outlined a programme of work which seeks to bring together five key areas where the need for significant system change and/or development requires organisational support. It covers work to:

- support improved multi-agency 'core processes' and worker autonomy;
- increase flexibility in care planning;
- increase the levels of independent support available across the Options;
- to use collaborative commissioning approaches to realise the aspirations of our unpaid carers and local communities.

Unpaid carers in Highland explain that they will often try to carry-on caring up to, and indeed past, the point where they are willing or able to cope with their role. Carers say that, for the longer term, it is important that someone is available to "join them on their journey" – someone who can get to know them and help them find the solutions that work for them.

Currently we are operating an Option 1 Short Breaks scheme in Highland which has given many unpaid carers the opportunity to create a personalised break. This complements the supports that are available to carers via a range of Carer services (introduced to mitigate the worst impacts of covid-19) and from our Carers Centre – Connecting Carers – who can engage unpaid carers across the steps of completing and implementing the Adult Carers Support Plan.

Currently we are bringing unpaid carers and providers together to explore how we will shape our carers services into the future. Health Improvement Scotland's iHub is supporting us to ensure this is a collective and collaborative response to meeting unpaid carers needs locally. We are also working to increase the availability of independent support for unpaid carers in respect of accessing SDS for themselves and those they care for.

### **Adults with Incapacity**

Currently in NHS, there are 911 statutory Welfare Guardianship orders that require to be reviewed and supervised by qualified social work staff. Of these, 11 are interim Orders, 277 are Local Authority Welfare Guardianship Orders and 623 are Private Welfare Guardianship Orders.

Six-monthly Performance information, in the table below, shows there has been a steady increase in demand for statutory orders since September 21. At March 2023, of the 949 Guardianships, around 41% (389) had fully up to date reviews.

Total Number of Guardianship Orders in Highland	Sep-21	Mar-22	Sep-22	Mar-23
	833	919	925	949

These statutory duties require a significant amount of time to discharge but are an important component of adult social work teams' workload, alongside the other statutory duties, such as Adult Protection.

### **Adult Protection**

We have seen continued high levels of demand (initial concerns and investigations) on the receiving social work teams. The total number of referrals received in 2022/23 was 740, up 65 on 2021/22 and up 396 in the past 4 years since 2018/19. 183 of the 740 referrals for 2022/23 resulted in investigations.

This places unprecedented pressures on already pressurised services where adult support and protection work requires prioritisation.

## 2.3 Justice

During lockdown, the majority of Justice Services ceased, aside from the ongoing supervision of offenders. As a result, workload increased significantly during 2022/23. Whilst most returned to similar levels of demand, areas such as Restriction of Liberty Order Assessments saw an astronomical rise due to new orders and restrictions being made available for Court disposals, including bail.

REPORT TYPE	21/22	22/23	% DIFFERENCE
CJSWRs	815	812	0
Caledonian Assessments	44	58	+ 32
DTTO Assessments	50	60	+20
DTTO Reviews	296	269	-9
Home Background	53	65	+23
MF:MC	33	47	+42
Parole	22	9	-59
RLO Assessments	9	211	+ 2244
Home Detention Curfews	25	22	-12
Diversion Assessments	158	161	+2

The use of electronic monitoring is being promoted by the Government with a new Electronic Monitoring (EM) Bail condition and a Restriction of Movement Requirement for Community Payback Orders available to the Court after assessment from Justice Social Work. Whilst Electronic Monitoring of Bail commenced in Scottish Courts in May 2022, Highland saw a delay in this due to recruitment issues.

Restriction of Movement Requirement was previously only available after review or breach of a Community Payback Order. However, it is now available at the sentence stage, often being used as an additional safety measure for individuals who have been victims of Domestic Abuse. This is illustrated in RLO Assessment figures listed above.

Justice continues to implement new policies and guidelines as directed by the Scottish Government. In 2022/23, we saw the introduction of the new Throughcare Assessment for Release on Licence (TARL) which substitutes in some instances Home Background Reports (HBR). TARL reports encourage collaborative working between Prison Based Social Workers and Community Based Social Workers to produce one single report to the Parole Board. This is a positive change in helping to streamline process.

Justice continues to use resources within the third sector in order to create a wider variety of unpaid work experiences for individuals sentenced to such an order. We currently offer work in traditional squads, but we are exploring and developing further individual placements and therapeutic work.

Traditionally, Justice Social Work has not experienced recruitment issues. However, we have found it difficult to recruit to short-term, temporary positions. As some funding streams are aligned to these positions, it has meant that new initiatives have not always been able to commence when expected.

## **Community Justice**

During 2022/23, Criminal Justice Social Work continued to contribute to the new arrangements for the delivery of Community Justice through the Community Planning Partnership. One initiative which highlights collaborative working across our organisations is:

### **a) Custody Link Worker Project**

The Custody Link Worker Project has continued to support those individuals coming into police custody in Inverness, assisting them to identify aspects of their life which are placing them at risk of offending and returning to custody. By helping people identify actions, access support and provide assistance to reduce those risks, the aim is to enhance their quality of life and improve their life chances.

Since its commencement in January 2020 (albeit with a pause in referrals due to Covid 19 restrictions), the Project has seen:

- 1086 offers of a referral made with 589 accepted and 497 declined
- 275 individuals have engaged with a Link Worker
- 134 individuals have completed a programme of support
- There are currently 61 active cases

The top 5 issues requiring addressing were: mental health, referral & signposting to other services, drug and alcohol issues, emotional support and housing.

An evaluation of the project by Stirling University was published in summer 2023.

[Custody Link Workers | HTSI main \(highlandtsi.org.uk\)](https://highlandtsi.org.uk)



## 2.4 Mental Health Officer Service

There is an established structure to manage and support the delivery of Mental Health Officer (MHO) Services in Highland with the MHO team located within the HSCW Directorate.

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

This part of the service is led by a Practice Lead who is supported by a number of MHOs. The bulk of statutory AWI work undertaken by MHOs is in the form of reports in respect of Local Authority and Private Welfare Guardianship applications. Welfare Guardianship Orders and/or Intervention Orders are used to provide a legal basis for the provision of care and support to individuals deemed to lack the mental capacity to make specific decisions themselves, where this is necessary. In many cases, a family member will apply.

During 2023/23, 358 AWI report requests were made, with 221 Orders being granted. *(charts 1 & 2, appendix 3)*

Aside from aforementioned pressures, there continues to be an increasing demand for MHO reports from solicitors instructed by private applicants. This year-on-year increase must be managed within current capacity, and it has intermittently been necessary to operate a waiting list. This reflects the pressures and demands on the service and is kept under continuous scrutiny to prioritise vulnerable adults in the community and those delayed in hospital. Further, Highland demographic projections indicate a sharp rise in our aging population, which will likely lead to a continual increase in AWI referrals.

### **The Mental Health (Care & Treatment) (Scotland) Act 2003**

This part of the service is led by a Practice Lead who is supported by a number of MHOs. The 2003 Act involves MHO consideration of compulsory detention under the 2003 Act for the purpose of providing mental health care and treatment. Specific tasks include providing or withholding consent to detention and providing applications to the Mental Health Tribunal. A substantial part of work under the 2003 Act is unplanned, resulting from the need to conduct urgent assessments in respect of emergency detention. As part of this, the MHO may be required to apply to Sheriff Court for warrants to enact emergency protective measures and must often execute these warrants. Compulsory Treatment in hospital or in the community can be ordered under the 2003 Act. A daily MHO duty rota operates pan-Highland, and the duty MHO participates in the daily multi-agency 'huddle'. In addition,

MHOs in this team manage a caseload of both inpatients and outpatients subject to compulsory mental health care and treatment.

The demand for Mental Health Act work has increased year-on-year following the COVID-19 pandemic, which has had a lasting impact on general mental health. Of note is the increased number of individuals presenting to mental health services for the first time. It appears presentations have been influenced by a multitude of social stressors including, the impact of the COVID-19, the cost-of-living crisis, and pressure on primary services and hospital bed availability. This has resulted in a portion of those receiving mental health care and treatment to require detention under the 2003 Act.

Despite the increase in the combined use of Emergency Detention Certificates (EDC) and Short-Term Detention Certificates (STDC) this year, there is a healthy trend in the reduction of EDCs in favour of an increased number STDCs this year, which is in-keeping with best practice. Use of the STDC affords the right to appeal against compulsory measures where the EDC does not. **(Graph 3, appendix 3)**

There were eleven warrants applied for under Section 292 of the 2003 Act this year which is an increase from last year. Our Mental Health Act Practice Lead continues to support the development of the Highland-Wide Psychiatric Emergency Plan by providing legislative expertise to the multi-agency working group. Particular progress has been made with the draft document in the past twelve months.

### **Forensic MHO Service**

This part of the service is led by a part-time Practice Lead supported by 2.5 whole time equivalent MHOs. Aside from newer members of the team, all Forensic MHOs maintain a criminal justice social work practice commitment and have substantial criminal justice experience. Forensic MHO practice requires an understanding of the relationship between mental disorder and crime.

Forensic MHOs work with multi-agency partners such as Criminal Justice Social Work, Police Scotland, the Crown Office and Procurator Fiscal Service, the Court, Prisons services, MAPPA (Multi Agency Public Protection), the Scottish Government Health Directorate (SGHD), and the NHS. The over-arching consideration of Forensic Mental Health Practice is public protection. Forensic MHOs work with inpatients within low, medium, and high secure hospital settings, and with outpatients in the community, who are subject to statutory mental health legislation (sometimes concurrent with criminal justice measures).

This year has seen the development of the Forensic Clinical Governance Forum and the Highland Forensic Service Operational Policy, which is currently in draft. Both the clinical

governance process and the policy document are an achievement of collaboration between NHS Highland and Highland Council Forensic colleagues. The Forensic MHO service demand almost mirrors last year's statistics, with a slight increase in assessment requests. (*Graph 4, appendix 3*).

## 2.5 Emergency Social Work Service

The "Out of Hours" team staffed by THC, offers a service pan Highland in terms of all services (ie for both children and adults) and for both THC and Adult Social Care. Over this year, we have been seeking to re-establish it as an Emergency Social Work Team to better describe its function as it is considered that there ought to be a focus on the emergency nature of its work rather than business as usual which happens outwith "normal" office hours.

The team is made up of 5.5 FTE and .5 of a management post and operates such that one professional member of staff is on duty and one on call. There is also a bank of staff which can be called upon for particularly busy periods and this year we are looking to extending that bank to include other support staff who need not necessarily be professionally qualified as a social worker.

The team responds to between 5000 and 6000 calls per year and in general terms there are 30% more calls in relation to adults than there are for children although it should be noted that again in general terms the work in relation to children is likely to take longer. Work can extend to child and adult protection including county lines work and appropriate adult input and also includes dealing with care at home cover and mental health act work. All members of staff are qualified mental health officers.

Having a 'stand-alone' Emergency SW Team works well in Highland and is enabling us to carry out our social work duties and responsibilities to the most vulnerable in our communities, when required to do so.

## 3. Challenges and Improvements

### Joint Inspection of Children's Services

Between April and October 2022, Highland were involved in the Care Inspectorate's joint inspection process for children at risk of harm. The final report was published in December 2022 leading to a significant period of reflection and planning for all services and agencies. A

series of 'People Connected' sessions ensured findings and areas for improvement were shared widely, and a joint Inspection Improvement Plan developed. There is a key focus on improving outcomes for older young people, particularly those at risk from community harm.

Without doubt, the Joint Inspection was resource intensive over a sustained 6-month period. However, whilst it brought challenges, it also assisted us in clearly articulating, and adding to, our improvement plan which had been identified pre-inspection. This brought renewed focus and energy for all services and organisations with the focus firmly on improving outcomes for our children, young people and families.

### **Implementation of New National Guidance for Child Protection**

Whilst Highland is on track to have local procedures in place by September 2023, there are challenges around implementation of the new national guidance in relation to 16- and 17-year-olds in particular. We recognise these are challenges which have been highlighted at a national level but yet to be resolved.

### **Recruitment and Retention**

As in many other areas in Scotland, recruitment and retention of staff within all social work and social care services remains a challenge. For more detailed information, refer to next three sections of the report. However, at the heart of this is risk due to unmet need. This includes waiting lists (with tasks and people we are aware of) as well as tasks not being done. The latter is an area which managers have focussed on to ensure that we are making decisions to allocate or not allocate based on risk priorities.

To be expected, vacancies within social work – and particularly the children's services family teams – has created additional pressure elsewhere. The increase in Child Health Visitors being the Lead Professional has risen from around 200 in 2020 to 550 in 2023, including a number of highly complex, non-statutory, Child's Plans.

The development of new initiatives also impacts on existing resources. However, Highland is currently working to develop a recruitment campaign and it is anticipated that the development of new initiatives to support earlier intervention for families (children and adults) will attract staff to the area and the service.

### **Development of New Initiatives**

There have been a variety of planning and progress initiatives in all services during the past year. However, Children's Services are implementing a significant re-focus of practice with a

number of new initiatives being introduced as a result. Many of these are collaborate workings with partners. Examples include:

**a) Family Group Decision Making (FGDM)**

The aim is to safely keep Highland's children within their own families and communities. A Service Manager has been appointed to lead on the introduction of FGDM and a test for change pilot is due to start in May 2023 in the Inverness West area before a wider rollout across the authority later in the year.

**b) Scottish Child Interview Model (SCIM)**

Highland is in the process of identifying a cohort of Police and Social Work staff to undertake the national SCIM training programme with a 'go-live' date of August 2023. This aims to reduce the re-traumatisation of children and young people who are required to give evidence in legal proceedings.

**c) Safe and Together (domestic violence and coercive control)**

Highland received funding from Delivering Equally Safe to implement the Safe and Together model in 2021/22. This funding has been extended to March 2024 with an indication of further funding until 2025. Training is currently being rolled out across all services.

**d) PLACE (child exploitation)**

Highland has piloted the PLACE referral process, aimed at identifying key issues relating to child exploitation in local areas. The process aims to highlight groups of young people being targeted for exploitation, 'hot spot' areas and potential perpetrators in order to respond to local need and disrupt exploitation. Initially, the process was piloted in the Lochaber area but has now expanded across Highland with four PLACE groups meeting to identify and respond to exploitation in Highland communities. This works alongside the Barnardo's RISE project and Police Scotland to support our residential services and young people on the edge of care.

**e) Re-imagining Youth Justice**

Care and Risk Management processes were updated in 2022 with an increased focus on Care elements. In 2022, Highland was one of three areas that participated in the Scottish Government Harmful Sexual Behaviour audit pilot. Supported by the NSPCC, Highland reviewed multiagency practice in relation to harmful sexual behaviour and now have an action plan to be delivered over the next three years. Highland is also working with the

Children and Young People's Centre for Justice to look at wider youth justice issues and practice in re-imagining youth justice for Highland.

#### **f) Whole Family Wellbeing Programme**

During 2022, Highland have been establishing and developing a team to ensure families have access to early support at the point of need, and in their local area. This will be based on local need and brings services together to ensure joined up approaches and sharing of resources where appropriate. Particular focus will be on supporting adults. This is due to commence in July 2023.

#### **g) Child Health**

2022/23 has seen the removal of immunisations from the role of school nursing with subsequent clinical modelling, with a focus on whole family mental health support. This brings an opportunity for school nurses, in their role as advanced nurses, to provide targeted mental health assessment and support for highland's families. There will be a particular focus on families at risk; those affected by inequalities; and those suffering the impacts of adverse childhood experience.

#### **Learning from Case Reviews**

Highland have adapted the National Learning Review Guidance (Scotland) 2021 and are currently supporting a multi-agency team to undertake learning reviews. An addition 11 members of staff received training from Barbara Firth, author of the National guidance and will be involved in Review teams to build capacity to undertake learning reviews locally.

#### **Quality Assurance and Reviewing Team**

The review process for every child who is Looked After at home or in residential/foster care or who has a Child Protection Plan continues to be chaired by a Quality Assurance & Reviewing Officer (QARO) or a manager who is independent of the responsible operational team.

The team conducted an audit of 225 plans based on questions adapted from the Care Inspectorate Audit tool. The findings were that only 31% rated good in respect of children's involvement and views recorded, with a rating of 42% good in respect of parents and carers involvement and views being recorded.

The findings of the audit were shared to all teams, and improvement work commenced. This workshop was attended by over 70 Social Workers from across Highland, with presentations including the UNCRC, the Promise to underline the legal duty to ensure the child is heard in

the planning for their wellbeing, followed by presentations of innovative methods of capturing views. Follow up work included a practitioner questionnaire, and a self-evaluation piece of work to evidence improvement.

This work will be part of the overall service audit cycle, on an annual basis, with improvement work based on findings.

The Principal Officer and the QARO team joined forces with Moray Council, Children's Hearing Scotland and the Scottish Reporters Administration to create a practice framework, Better Meetings with the voice of children and young people shaping and designing what they want to happen before, during and after their meetings.

### **MHO Scheme**

A key success in relation to workforce planning has been the successful development of the Trainee Mental Health Officer Scheme, which was developed in partnership with Robert Gordon University, Aberdeen. The Trainee MHO Scheme attracted national recognition as the service won a 2023 SASW Award in recognition of the forward-thinking approach to recruitment and retention difficulties.

### **Adult Protection**

Highland Adult Protection Committee (HAPC) now has seven well-established, multi-agency sub-groups (Practice Improvement, Quality Assurance, Participation, Learning and Development, Learning Reviews, Community Awareness, and Young People at Risk of Harm) which are tasked with advancing action plans which support HAPC's identified improvement objectives.

Achievements over the period include the following:

- A case file audit process now in situ
- Closer links have been established between HAPC and Highland Public Protection Chief Officer Group
- An Adult Protection Training Officer is in post and development of a new, comprehensive, multi-agency training programme across Highland is now well progressed
- High levels of training of Council Officers have been maintained
- Learning Review activity has increased significantly with substantial progress on two external reviews, including a joint review with Health

HAPC has this year hosted a development day to refresh its improvement objectives, which, looking ahead, will include a focus on promoting the participation of adults at risk of harm in our protection processes, gathering information on their understanding of that involvement and the outcome of it; and, more broadly, ensuring that the voices of adults at greater risk of harm and their carers are heard, and shape the agenda for the committee going forward.

## 4. Resources

The Health, Wellbeing and Social Care Revenue budget for 2022/23 was £188m. Of this:

ACTIVITY	BUDGET £'000	ACTUAL £'000	YEAR END VARIANCE £'000
Service Management + Support	4,037	1,948	-2,090
Adult Services (Including commissioned Adult Services)	142,138	142,127	-11
Children's Services (Including 'commissioned Child Health Services)	41,878	39,944	-1,935
<b>NET TOTAL</b>	<b>188,054</b>	<b>184,019</b>	<b>-4,035</b>

Of this £4m underspend, £2.33m was accounted for from vacancies – the majority being social work posts within the Family Teams.

In 2022, the leadership team within HSCW Directorate commenced a comprehensive review of the services establishment, by way of an extensive analytical input by the business intelligence officer. This information was then interrogated alongside a broad range of data and research (eg. Social Work Scotland, Setting the Bar, etc) to give an informed assessment



of appropriate workforce numbers required to work safely whilst meeting statutory duties and requirements.

HSCW savings targets of £3.7m for 2022/23 were achieved through a carefully managed reduction of establishment, through long standing vacancies. The restructure of senior and middle management posts and broader efficiency savings across budget lines, resulted in the HSCW directorate achieving its highest ever annual saving target, at a time when demand was increasing across all services.

### **Children and Families Services**

The main resource challenges and pressures are within the context of increasing demand and complexity across all services. However, Children and Families Social Work are also on a significant improvement journey – which has required investment. THC has given financial backing to this with an additional investment of £1.3m for fostering and adoption payments, whilst also allocating £1m to the Family First Strategy. Further, £1.3m per year for two years has been forthcoming from the Scottish Government to invest in and develop our Whole Family Wellbeing Programme.

The balance of care - where children are placed to ensure their safety, care and protection - is of critical significance to 'following the money'. Keeping children in families, and local communities, is well evidenced in promoting positive outcomes associated with community connections, bonds and identity. It is also much more cost effective than 'placements' such as purchased fostering, commissioned through the independent sector, and external residential provision. Home 2 Highland is focused on these specific 'placements'.

Highland's Families 1st Strategy is designed to actively disrupt the increasing trajectory of children coming into the care system by ensuring we support, grow and invest in earlier interventions, through our commissioning arrangements, our universal partnerships, and realignment of workforce - particularly our family support workers. This is the direction the service has been pivoting towards from 2022.

We can evidence some early impact. In 2020 we had 495 'looked after children'; this reduced to 467 in 2021; and again reduced to 402 in 2022 (Social Work Statistics 2021/22 Children Looked After Returns, 2023). This is a 19% reduction of children looked after at home and away from home. Highlands decrease from 2021 to 2022 was 3.4%, whereas our

comparator local authorities decrease, was 0.4% and the Scottish average decrease was 1.7%.

Of note, emerging evidence is highlighting the impact on the social development of young children, possibly as a result of the pandemic. This is creating significant pressure to Allied Health professionals where the need in the population is not met by available resource with increased requests for assessment and intervention. This is particularly around speech and language therapy service and occupational therapy where waiting times have increased significant to around 18 months for general services and to 3 years for neurodevelopmental assessments.

### **SDS and Disability Teams**

This year again showed increased spending as families emerged from the pandemic. However, recruiting personal assistants is a challenge for families – both in adult and children’s services. However, whilst Scottish Government has provided additional funding for adult personal assistants, they have not for assistants in children’s services. This disparity is starting to impact on recruitment.

SDS statutory guidance on the National Standards came into force in November 2022, and there is a national agreement that we need to improve and promote SDS, adhering to the SDS Standards. Highland Children and Adult Services are currently carrying out a 100-day self-evaluation of the service. Colleagues from Social Work Scotland are working with us on this self-evaluation, with the intended outcome being that the findings will help inform future practices, improve social work core processes and align help Highland align with the SDS National Standards.

A significant pressure during 2022 and continuing into 2023, has been the restriction of overnight respite. Whilst the variations and choices of SDS has reduced the need for short breaks in traditional residential respite centres, there remains a vital need for some families to access short overnight breaks in respite houses. We are currently scoping the need across Highland to ensure we have enough short-break provisions. This includes the use of short break foster carers for children with a disability.

### **Adult Social Care**

In the year ended 31 March 2023, Adult Social Care achieved a breakeven position. However, this was only possible by drawing down £5.218m of funds held over from the previous financial year end. Slippage on the Cost Improvement Programme of £2.100m has been covered by this funding drawdown. If this non-recurrent funding had not been available ASC would have shown a £5.218m overspend.

**Appendix 4** details a breakdown of the financial position across Adult Social Care Service Categories. It shows significant financial pressures in the 'Independent Sector Care Homes' and 'Care at Home' and 'People with a Learning Disability' categories brought about by national recruitment and retention difficulties and inflation, exacerbated by the rural nature of the Highlands. 'People with a Learning Disability' has also been affected by the increasingly complex packages of care required.

As mentioned, in other sections of the report, work is on-going to support providers to remain in the sector and maintain/increase capacity. However, a number of providers have withdrawn from contracts resulting in significant additional costs.

Since 2021-22, discussions have continued between THC and NHSH to implement a three-year cost containment and transformational plan within a joint governance and programme management structure. This is necessary to address the known budget quantum gap with continued support from Scottish Government as required with precise detail of plan, scale of savings and joint ownership to deliver on this ambitious transformational change programme.

- Year One – cost containment, transformation planning and resourcing of programme management team.
- Years Two and Three – continued cost containment and transformation opportunities.

Going forward and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership's Strategic Plan.

It is therefore intended that a specific programme area of work is established to co-create and co-develop a short- and medium-term care at home delivery vision and supporting commissioning approach.

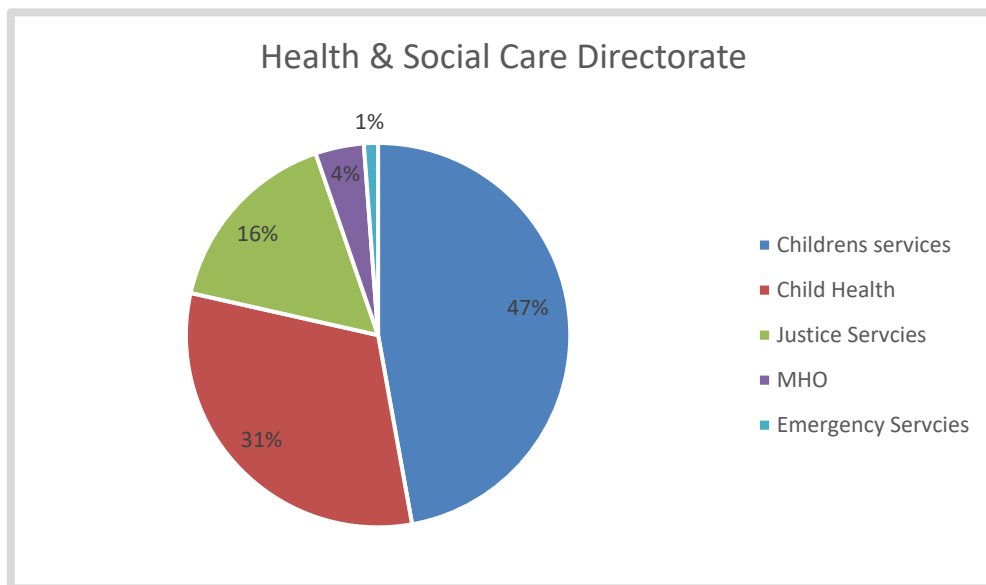
This programme will seek to deliver the following five key objectives for the future delivery of care at home services, focussing on both in year priorities and a medium-term plan:

1. Maximise provision through processes, training and technology
2. Enable market and delivery stability

3. Create, sustain and grow capacity
4. Recognise, value and promote the paid carer workforce
5. Improve affordability

## 5. Workforce

Within the HSCW directorate, the workforce equates to 814 FTE, with approx. 1000 posts. The following graph demonstrates the different services and subsequent staffing ratios.



In May & June 2022, the extended senior management team attended 2 workforce planning workshops facilitated by Human Resources (HR). The purpose of the workshops was to develop a plan of action to ensure that the appropriate workforce will be available to provide quality services now and in the future. A six-step workforce planning model was used:

### The Six Steps

1. Context and environmental analysis
2. Current workforce profile
3. Future workforce profile
4. Workforce Implications/Gap Analysis
5. Action Plan
6. Review & Evaluate

This resulted in the Workforce Planning report which was presented at the HSCW Committee. A detailed action plan was developed and shared for the services to take forward, with support from HR, the Talent Management Team, ICT & Finance.

Within the HSCW Directorate, the key staffing and workforce issues were identified as:

- The staff demographics across the Highland Health & Social Care workforce
- Recruitment & Retention
- Turnover
- Staff Development
- Staff Wellbeing & Performance
- New Ways of Working
- Restructure of the Senior Management team

The turnover rate for Health & Social Care staff in 2021/22, was 14.7%, with figures for 22/23 at a similar level. Major contributors to this related to an aging workforce, as well as “The Big Resignation” which appears to have been an international issue across all workforces.

Services have identified many difficult to recruit vacancies. Whilst there is a recognised national shortage of qualified social workers, as well as social care staff within Adult Social Care, there is also enhanced difficulties in rural areas of the Highland Region – particularly in the far North and Western areas. Housing is a particular issue in the West due to pressures from the cost of available housing. Further, seasonal work (due to the tourist industry), has constricted the potential employment pool available to ASC, with preferential pay levels in sectors outwith the care profession.

The deteriorating staffing position and subsequent increasing risks can clearly be articulated during the past year. The HC Staff Survey, which was conducted in June 2022, had some notable positive comments. These included:

- I am interested in my work 98%
- I am trusted to carry out my job effectively 91%
- I am sufficiently challenged by my work 90%

With regard resources:

- 28% of staff responded negatively to the statement I have a reasonable workload

However, in March 2023, the social worker establishment within children’s social work had a 41% vacancy rate, with Justice and MHO Service just slightly less. This resulted in the CSWO submitting a paper to the Senior Leadership Group (elected members) stating the risks to

service delivery and subsequent pressures on the workforce themselves, advising that this needed to be placed on the Corporate Risk Register – which the Audit and Scrutiny Committee has subsequently done. The position is being closely monitored both in Highland itself as well as Social Work Scotland who are liaising directly with the Scottish Government on the national picture.

In order to try and address our recruitment and retention issues – specifically within THC - we have focussed on developing our recruitment strategy and putting in mitigating factors to address the vacancy pressures. This includes:

- Grow our own
- Rolling trainee programme
- Review of the current recruitment process
- Refreshed Job Descriptions
- Development of career paths
- Exploring options with the local University to develop a high-quality Social Work qualification course to prevent future workforce moving away from the Highlands to study
- Reviewing long standing vacancies and determine if work can be divided differently
- Working with Housing & Property to explore potential housing options for staff
- Using the revised exit interview process to analyse reasons for leaving and resolve where possible
- Reviewing the Induction programme to improve support for new staff to increase the chances of long-term employment

One major positive has been the grow your own social work trainee programme which has been in place since 2021. In 2023, 5 trainees are due to qualify and take up permanent social work positions, with a new recruitment campaign in progress for an intake of 6 new trainees. This is a key strategy for THC and one we will continue to build and develop.

### **Advanced Nurse Training Programme**

The service has driven forward a highly successful post graduate masters advanced nurse training programme This programme supports recruitment, development and career progression for nursing staff and is underpinned by the national transforming roles programme. Through the recruitment and development of experienced staff nurses, the directorate has addressed the recruitment crisis in nursing (vacancy rate of around 30%

versus vacancy of 8% in 2023), provided development opportunity for staff and future proofed service delivery.

The service has extended the opportunity for advanced training to wider eligible staff groups, in order to support the directorates vision to have a workforce which is qualified, skilled, capable and confident to meet the needs of families who are suffering the impact of inequalities, at risk or in need of care and protection. Additional resource has been applied into the youth justice service through this training programme with the appointment of an advanced nurse with the remit of drugs, alcohol and justice support.

Succession planning remains a priority within Child Health. A key challenge is that the majority of child have staff are specialist paediatric trained and there are very few opportunities for career advancement within their discipline. This is an unintended consequence of the Lead Agency Model. Additional opportunities have been injected into Child Health, reconsidering how/when/where/why things are done – being outcomes and early intervention focussed, enabling a challenge to professional boundaries notwithstanding the need for the core functions of each role. A “ready now – ready later” approach is in place through nursing, where all staff in a leadership role at any level, work with their teams and have an understanding of who is “ready now” for a promoted post – and who will be “ready later”, and how the staff member requires to be supported to get there, as evidenced in their PDP.

### **MHO Postgraduate Certificate Award**

The MHO Service has seen a number of different workforce challenges. Several members of the team are retiring whilst recruitment from outwith Highland has been difficult. In the coming year, the service is expected to see a significant reduction in staff resource as approximately 20% of the workforce is eligible to retire.

The service made a conscious effort to grow and develop its trainee scheme. This year, there are two members of staff due to complete the Postgraduate Certificate MHO Award, having initially gained employment as Trainee MHOs. Another 2 Trainee MHOs are due to commence their training in September 2023.

A financial reward which acknowledges MHO status was implemented in 2022. This has been welcomed by the team and gives recognition to the skills and experience required to carry out these duties and the autonomy that the MHO role brings.

## Social Work Service in NHS

Social Work leadership have developed a workforce plan for Social Work teams within NHS. The purpose of this is to ensure service development is in line with demographic changes across our communities, and that teams are strengthened to support demand and deliver best practice. The workforce plan has focused on the following:

- The changing demographic of Highland
- Greater percentage and number of older adults (>65yo)
- Increased population in urban areas; with rapid growth in some specific small populations.

Due to above, the social work role is being re-imagined:

- Stronger, relationship based and person-centred approaches are recommended.
- Greater time and creativity are seen to be necessary for social work staff to effect community-based solutions thus matching individuals' needs and aspirations to a flexible range of community resources.

Workforce planning has supported the decision underpinning the use of additional recurring funding from the Scottish Government during the past few years to support social work in undertaking complex assessments, reviews and rehabilitation as well as AWI work to avoid inappropriate hospital admissions and support timely discharge of people out of hospital. This has equated to an increase in staffing establishment of 18.3 wte Social Workers and 9.7 wte Social Work assistants.

As per our workforce plan, this year we have worked to ensure a Social Work team structure of Social Work team managers supported by a Senior Social Worker is implemented across all adult teams. This structure will be fully in place across Highland by July 2023, following some challenges in recruitment in some of our more remote and rural districts. The structure allows for both clear career pathways to be supported, as well as strengthening practice support to social workers and social work assistants.

## NHS Reserves

NHS reserves is a new initiative aimed at recruiting people who are not able to work in part time or full-time permanent roles but who do have some capacity to support on a more



flexible basis. Recruitment commenced in December 2022 with initial focus on NHS colleagues, later broadening to include the general public.

To date, the reserves have 66 people in the team with 33 ready for deployment having followed NHS recruitment and induction process. The initiative focus on values-based recruitment and employment, seeks to ensure that colleagues' experience of working in a care setting is positive and is supported by the wider management team.

Team members come from a range of backgrounds some with significant experience in care and others with a keen interest but little experience of formal care roles. The reserves support care home, day care and care at home services and can also support in health care settings if the need is directly related to social care.

The reserves began supporting services in March 2023 following due recruitment and training processes and have to date provided:

- 62.5 Hours in Hospital settings
- 167.5 Hours to Independent sector providers
- 753 Hours to In-house services.

### **Summary/Conclusion**

The pressures being faced by Highland is clearly articulated – as are our mitigating actions. However, staff shortages across all service areas in both social work and social care is placing severe pressure on our ability to deliver safe services. Further, the impact this is having on the wellbeing of the workforce cannot be underestimated. All these factors, as well as the need to make significant savings within our organisations, makes the current situation very precarious and one that is being monitored closely.

## **6. Training, Learning & Development**

### **Social Work Trainee Programme**

As part of workforce planning, and the focus of recruitment and retention, a scheme was developed based on a previously successful initiative which recruits suitable candidates from within internal staffing across the Council including Hi-Life Highland and Health colleagues employed in Children's Services. The Further Education Provider is the Open

University, chosen for their high standard undergraduate and post – graduate courses. Vitally, they have significant experience and success regarding remote learning, which, given Highland’s geography, is a significant and necessary consideration.

Highland subsequently appointed 4 trainees who were placed in teams across Highland, employed whilst studying for their Social Work qualification. This scheme will run approximately every two years with plans for an increase in provision. We are conscious however, that there will also need to be development around the provision of high-quality support to assist the trainees to become a confident and competent workforce.

### **New Qualified Supported Year initiative**

NQSW Supported Year is a national approach based on a best practice model to support newly qualified social workers transition into the workforce ensuring an increasingly confident and competent workforce. Highland, along with Moray, Eilean Siar, Argyll and Bute, Orkney, and Shetland LAs, were successful in securing funding to be one of the pilot sites taking forward this initiative. Further, we have recruited part time posts to provide enhanced support and development for NQSW. An evaluation will inform the roll out across Scotland which is intended to take place in September 2024.

### **Practice Support Officer role**

The Practice Support Officer is an integral role in workforce planning, including supporting and developing the Trainees, the Newly Qualified Social Workers, and experienced Social Worker who are undertaking their Practice Learning Qualification. A key responsibility is the placement of students as requested from Higher Education Institutes (HEI), and Social Work Trainees. The Officer negotiates with Statutory and Third Sector organisations across Highland, balancing the need of incoming students alongside Trainee needs. This brings significant challenges as demand exceeds the supply of placements. The role involves negotiating with HEI to ensure best value and best quality of course provision.

### **Modern Apprenticeships in Adult Social Care**

With workforce development colleagues in NHS, a project manager from adult social care developed a small test of change to assist with recruitment in remote and rural areas. The modern apprentice scheme offers paid employment for a fixed term period of one year and includes formal teaching and qualifications support by UHI. We currently have four young

people on the MA scheme. This will be monitored and reviewed with a view to expansion later in the year with a particular focus on school leavers.

## **Training**

Alongside a number of thematic training courses based on Social Work specific needs which is devised and delivered locally, THC annually purchase places on the PG Certificate Course Child Welfare and Protection, and the Practice Learning Qualifications (Social Services) award (SSSC).

The Child Protection Training Team have developed online training via MS Teams and continued to deliver core child protection training for Social Work practitioners within NHS and THC, as well as all statutory and third sector agencies.

In 2022/23, emphasis was placed on re-introducing a range of face-to-face training courses (these had stopped during the pandemic), to encourage and promote collaborative working. Particular focus was on child protection and trauma. For example:

- Recognition & Response in Child Protection
- Vulnerable Pregnancy Pathway
- Graded Care Profile
- Harmful Parent-Child Interactions
- The Promise Sessions
- Childhood Trauma & Adversity
- Contextual Safeguarding
- Child Exploitation

In addition, staff across all services had access to e-modules such as:

- Children Affected by Drugs and Alcohol
- The Child's Plan / Chronologies / Neglect
- Understanding the new National Child Protection Guidance
- Adult Support and Protection
- Violence Against Women
- Risk Management

There are significant pressures on learning and development provision with limited resources to fund Learning and Development Officers. However, we remain committed to

developing our workforce through appropriate training and learning opportunities. Consequently, a new Learning and Development Plan is one of the services highest priorities for the coming year as we need to align our vision for our workforce alongside appropriate learning, development and support offers.

### **Learning and Development in Adult Social Care**

The learning and development pathway for adult social care staff has been reviewed and updated and now includes further mandatory training for senior staff in relation to medication compliance. A lead dietitian has now been appointed to support food fluid and nutrition practices within all registered services, the post holder will work closely with adult social care colleagues.

Two practice educators have recently been recruited to the learning and development team - one of these roles will focus on the increased complex needs of the people we support to ensure learning modules accurately reflect this. The other practice educator will concentrate on supporting people to achieve SVQ requirements in a timely manner especially for those staff who find a return to formal education a challenge.

SVQ compliance is highlighted as an area of risk in NESH – something which is also reflected nationally. Local and national conversations are being held to identify solutions and SSSC colleagues are fully sighted on the issues that have arisen since the pandemic. This area is being carefully monitored and we will continue to engage with SSSC.

### **Summary/Conclusion**

The pandemic and lockdown had a significant negative impact in this area. However, we acknowledge that training, learning and development are key to a competent and skilled workforce, which is essential if we are to improve outcomes for those we work with. As such, we are committed to investing in this area to enable us to attract and to retain our workforce.

## **7. Looking Ahead**

The CSWO and leadership teams in both THC and NESH will continue to focus on local need and priorities, interlinked with national policy and strategic developments.

- Focusing on the recruitment and retention challenges in social work and social care by listening to our workforce, creating a learning culture with pathways to progress career aspirations, and continuing to recognise the broad talent in the teams, noting the everyday relationships staff build and the differences they make in the lives of those we work with.
- Maintaining a stable workforce will without doubt remain a significant challenge, particularly noting our unique Highland geography, with a large land and island mass and complex mix of urban, rural, remote and sparse communities. We will continue to engage with both Social Work Scotland and the Scottish Government in relation to this.
- The disparity in professional social work pay is a significant concern in Scotland and requires not just local solutions, but more structural Scottish Government intervention. However, Highland is experiencing disparity between LA remuneration and that of NHS as these organisations have different terms and conditions – and pay salaries – for social work staff. Whilst the potential creation of a National Social Work Agency could address this long-standing ‘equal pay’ issue, Highland is faced with a very real and current challenge which could have a significant and detrimental impact on the retention of staff within THC. This appears to be a direct consequence of the Lead Agency Model.
- Finding suitable housing is a major challenge for staff joining the Highlands. Pressures to ensure housing needs for local communities are balanced with the needs of the workforce, remain a difficult structural corporate issue.
- Children’s Services are committed to focussing on restorative, relational approaches for improving the lives of children and families. We will continue to monitor the impact and outcomes being achieved through the introduction of Family Group Decision Making, Rights & Participation, Safe & Together, and SCIM Teams.
- Delivering inspection improvements across Children’s Services to strengthen early help and support, mental health services, and protective processes particularly in respect of older young people at risk of harm is a major priority.
- Highland’s commitment to Keep the Promise will accelerate based on Families 1<sup>st</sup> and a broad range of improvement activity that recognises the importance of keeping children and families together and providing support earlier, as and when requested.

- Continue to strengthen leadership improvements, accountability, transparency, and governance through our strategic boards and committees.
- To implement and deliver the Highland Health and Social Care Partnership Strategic Plan.
- The Financial challenge is, and will continue to be, significant as services are faced with increasing demand – often with more complex needs- whilst having a reduced budget. Through our various strategic plans, we are changing our practice to ensure we are needs led and outcome focussed. However, budget challenges added to our significant staffing issues, will impact on our ability to deliver services in future years.

Fiona Duncan, Chief Social Work Officer  
August 2023

## Appendix 1

### Child Protection Minimum Dataset Report

May 2023



### Key Insights:

- Number of children registered on the Child Protection (CP) Register is currently 84. This demonstrates a continued decrease since Q1 21/22. The strengthening of whole family approaches and effective early support should lead to a further reduction in the number of children being placed on the child protection register in coming years.
- The rate per 1,000 children registered on the Child Protection Register places Highland Council 17<sup>th</sup> out of 32 LAs.
- 0–4-year-olds make up majority of those registered at 50%.
- The average age of children on the CP Register is 5.1.
- The number of re-registrations is 7 for the latest quarter, with just one re-registration within 12 months.

- The number of concerns recorded is the lowest since Q3 21/22 at 64. Neglect is the most common concern in the quarter.
- Overall number of children referred to Children’s Reporter has been stable in the quarter, although the most recent annual number is decreasing following a sharp increase in 2016/17.
- At a national level, for 2021/22 Highland Council ranked 24<sup>th</sup> out of 32 LAs for Rate per 1,000 Children Referred.

#### Child Protection Register – Numbers & Rates

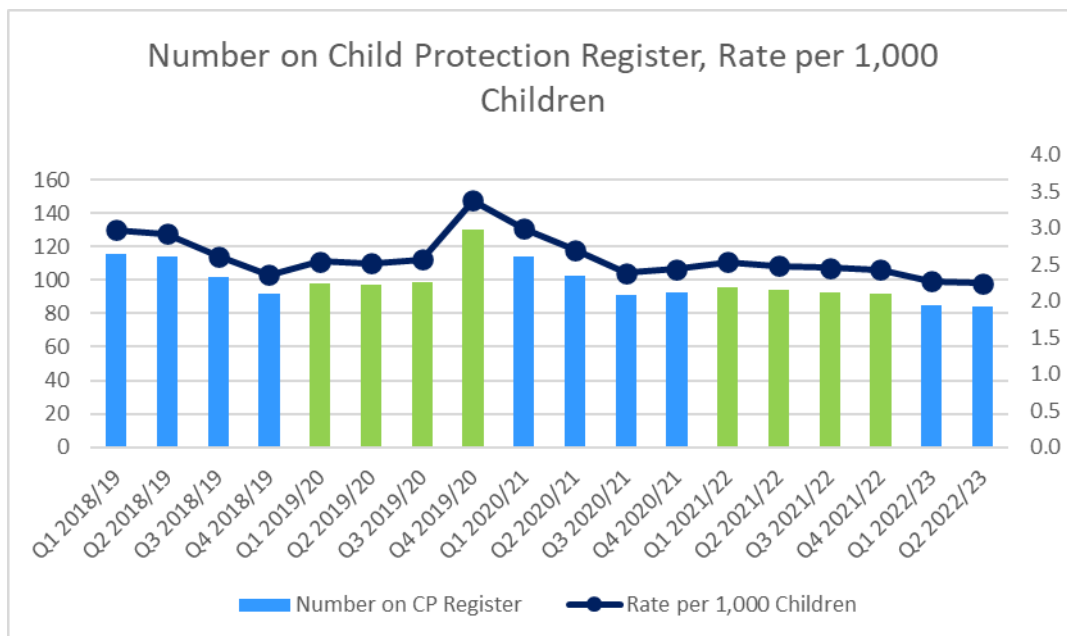


Chart 1: Number of Children on the Child Protection Register and Rate per 1,000 Children Registered.

By Q2 2022/23, Chart 1 above shows there were 84 children on the child protection register. This represents a decline from a high of 130 in Q4 2019/20 – and represents an ongoing decline since Q1 2021/22. Members should note that the 130 occurred during the initial phases of the pandemic, where practitioners were likely to have been more reluctant to deregister children with increased isolation and less support available to them. Large sibling groups being registered or de-registered can also impact on overall figures. As overall numbers of children registered has decreased, so too has the Rate per 1,000 Children (0-15) registered.

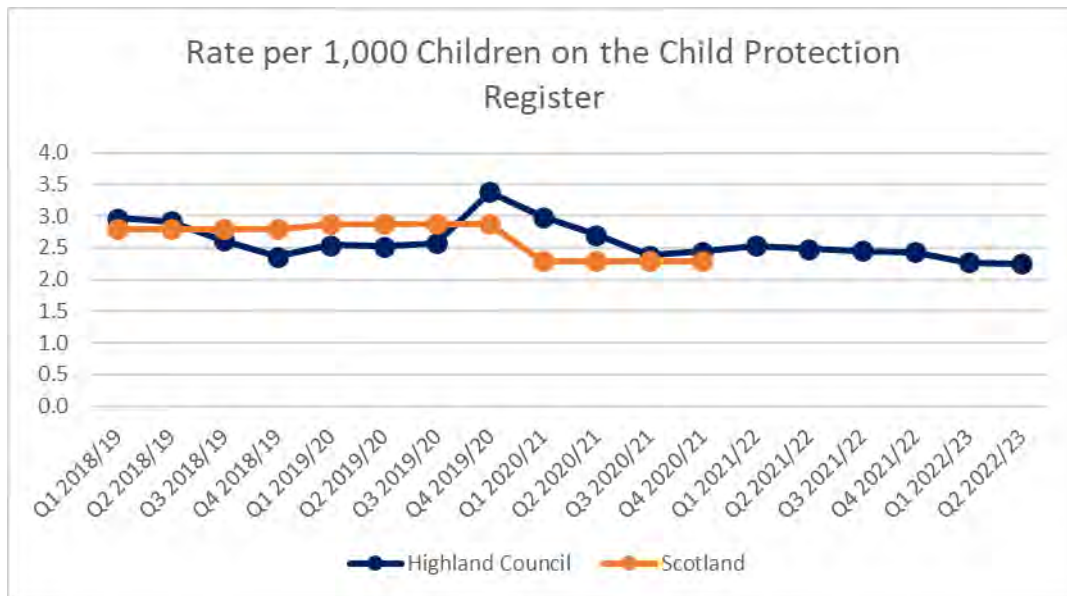


Chart 2: Rate per 1,000 Children on the Child Protection Register – Highland Council v Scotland

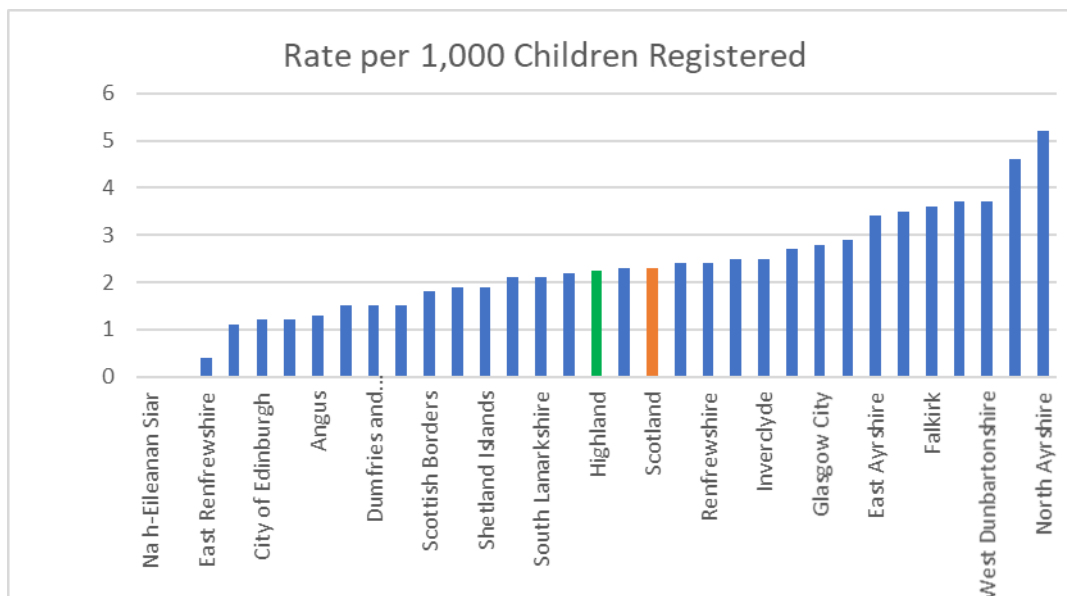


Chart 3: Rate per 1,000 Children on the Child Protection Register – Highland Council in comparison with other Local Authorities



Chart 2 above shows the Rate per 1,000 Children Registered on the Child Protection Register and benchmarks it against the national statistics. The national statistics are updated annually while the Highland Council collate quarterly data and so the most recent update to the Scottish figures relates up to Q4 2020/21. An update for Q4 2021/22 is expected Early-to-Mid 2023.

Chart 3 shows the Rate per 1,000 Children Registered on the Child Protection Register across all Local Authorities with the last updated data. For Highland Council, that will be Q2 2022/23, for all other Councils this will be Q4 2020/21. Rate per 1,000 in Highland is in line with the national average.

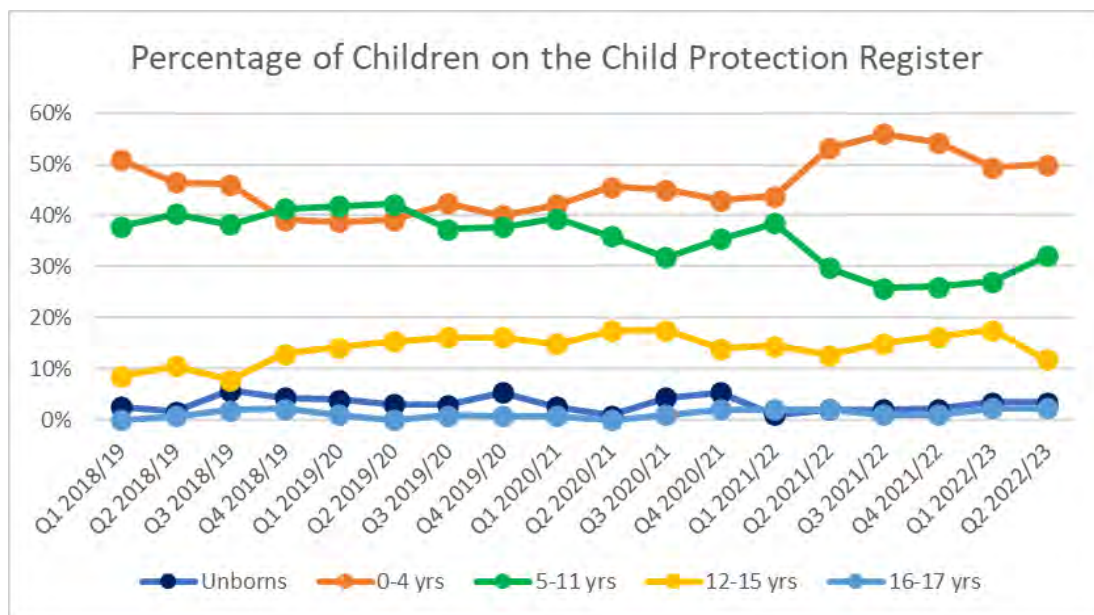


Chart 4: Percentage of Children in Age Bracket on the Child Protection Register

Chart 4 above shows the proportion of children registered on the Child Protection Register at the end of each quarter by age. As can be seen, 0–4-year-olds make up the highest proportion of those registered since Q3 2019/20. From Q1 2018/19 there has been little overall change (making up 50% of children registered) but there has been large variation quarter-to-quarter. 12-15-year-olds, 16-17-year-olds and unborn proportions tend to be showing little variation. The CPC will be monitoring this data carefully as the new National Child Protection Guidance is implemented.

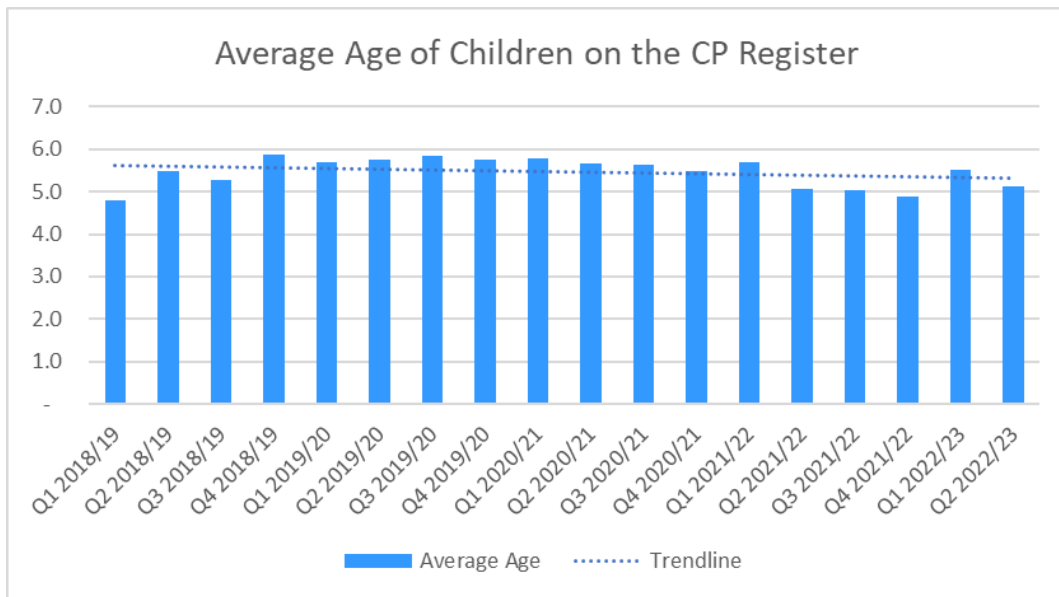


Chart 5: Average Age of Children Registered on the Child Protection Register

Chart 5 above shows the average age of all children registered on the Child Protection Register – including those unborn. There has been a gradual decline in the age of children that are registered since Q4 2018/19 to Q2 2022/23, with the average age reducing from 5.9 to 5.1 in this period.

**Child Protection Register – Registrations & De-Registrations**

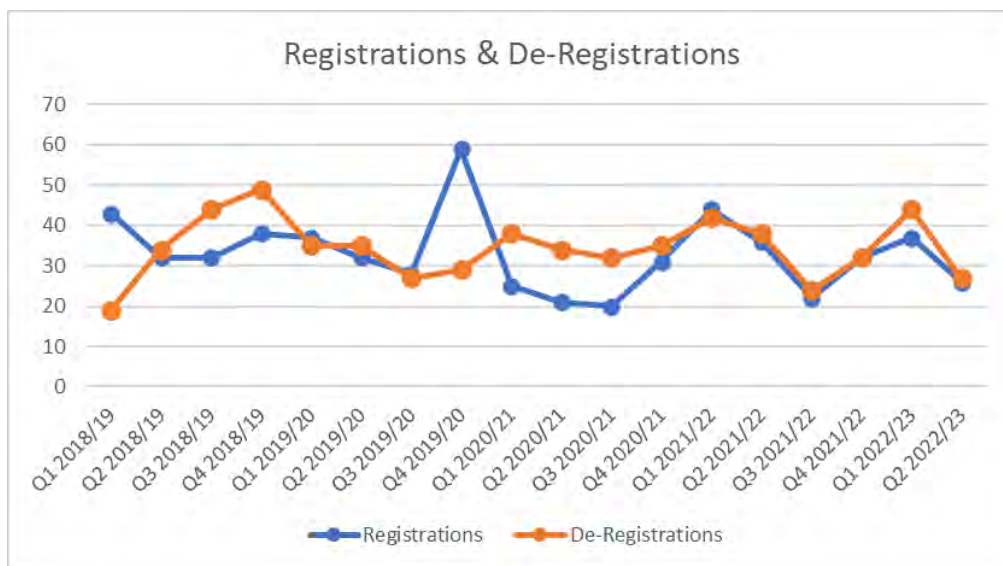


Chart 6: Registrations & De-Registrations of Children on the Child Protection Register

Chart 6 above shows the number of quarterly registrations and de-registrations from the Child Protection Register in the period. Overall numbers tend to follow each other closely, with a slight increase in the number of de-registrations in recent quarters. Not a great deal of variation in the

absolute numbers, with an average of 33 registrations and 34 de-registrations in the period. This accounts for the relatively low variation in total numbers of children on the register at any one time. Again, it should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly.

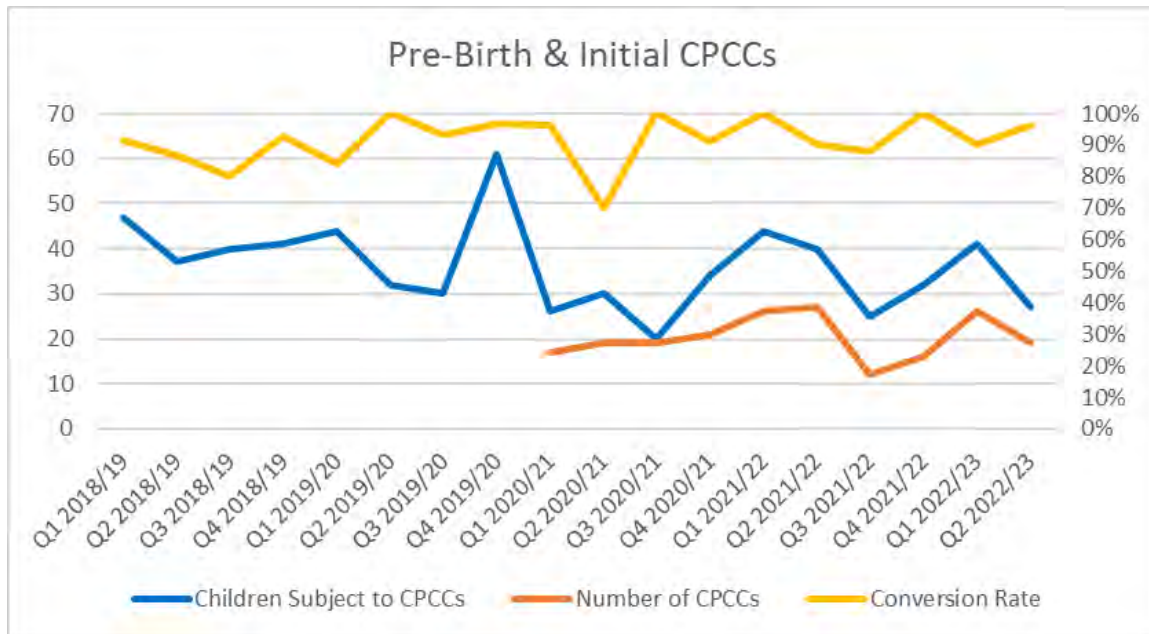


Chart 7: Pre-Birth & Initial ICPPM Conversion Rates

Chart 7 shows the number of children subject to an Initial Child Protection Planning Meeting (ICPPM), the total number of ICPPMs, and the conversion rate of ICPPM for each quarter. Please note, these meetings were previously referred to as Child Protection Case Conferences (CPCCs). This data provides an indicator of the type or level of cases being taken forward to ICPPM. A low percentage (conversion rate) potentially indicates that greater focus ought to be placed on the Investigation, Assessment and Interagency Referral Discussion stages. The conversion rate in Highland averages 92% over the period, which is being negatively affected by Q2 2020/21, where there was only a 70% conversion (during the pandemic period). The conversion rate has not fallen below 90% since Q3 2021/22. This suggests that thresholds for proceeding to ICPPM in Highland are good.

There is some variation in the number of children subject to ICPPMs, as well as the total number of ICPPMs— however this relationship tends to follow closely due to family connections. There is an overall downward trend in the total number of children subject to ICPPMs, reducing from 47 in Q1 2018/19 to 27 in Q2 2022/23.

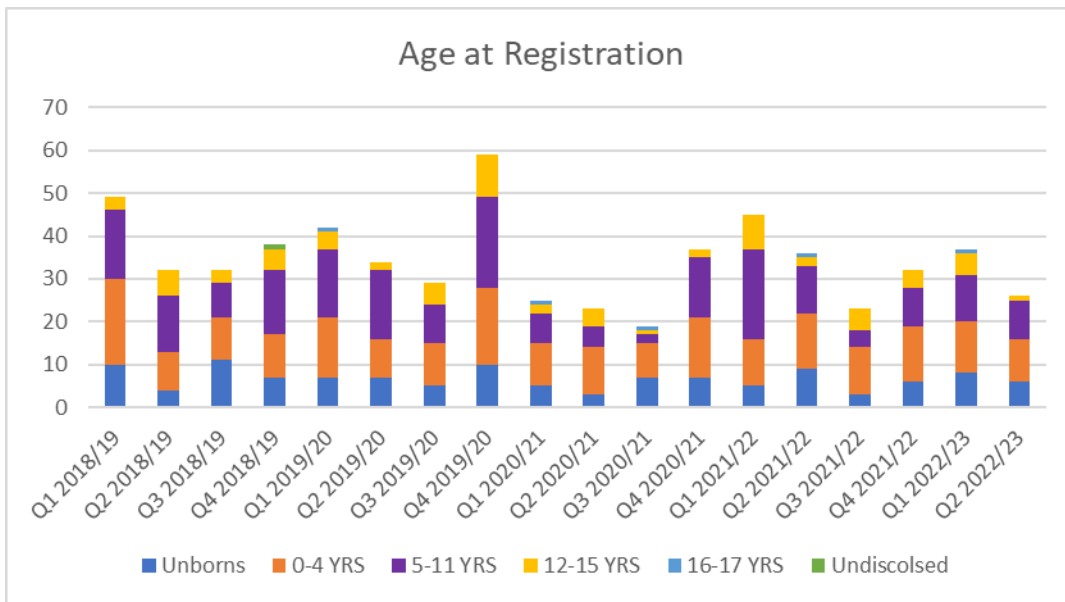


Chart 8: Age of Child at Registration

The above shows the trend in the age of children registered on the Child Protection Register in that quarter. While there is variation in the overall figure, it would appear to indicate a decrease in the number of 5–11-year-olds; this ties in with Chart 4 showing the percentage of children in each age bracket on the Child Protection Register.

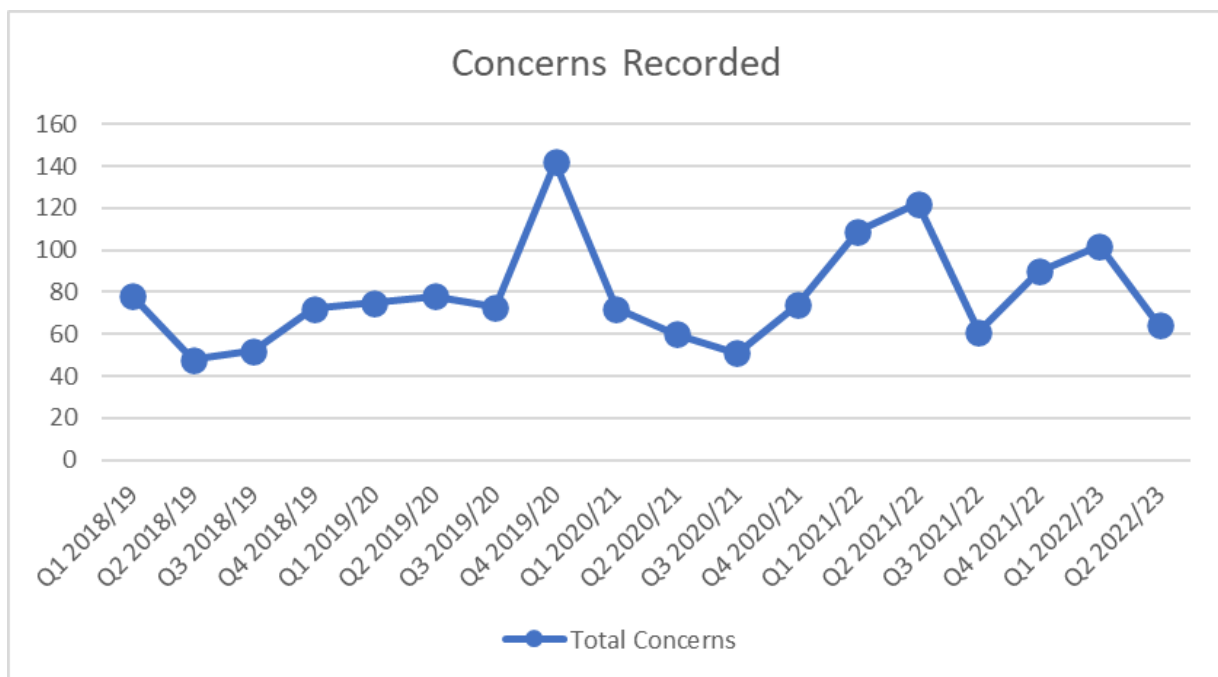


Chart 9: Concerns Recorded Children Registered on the Child Protection Register

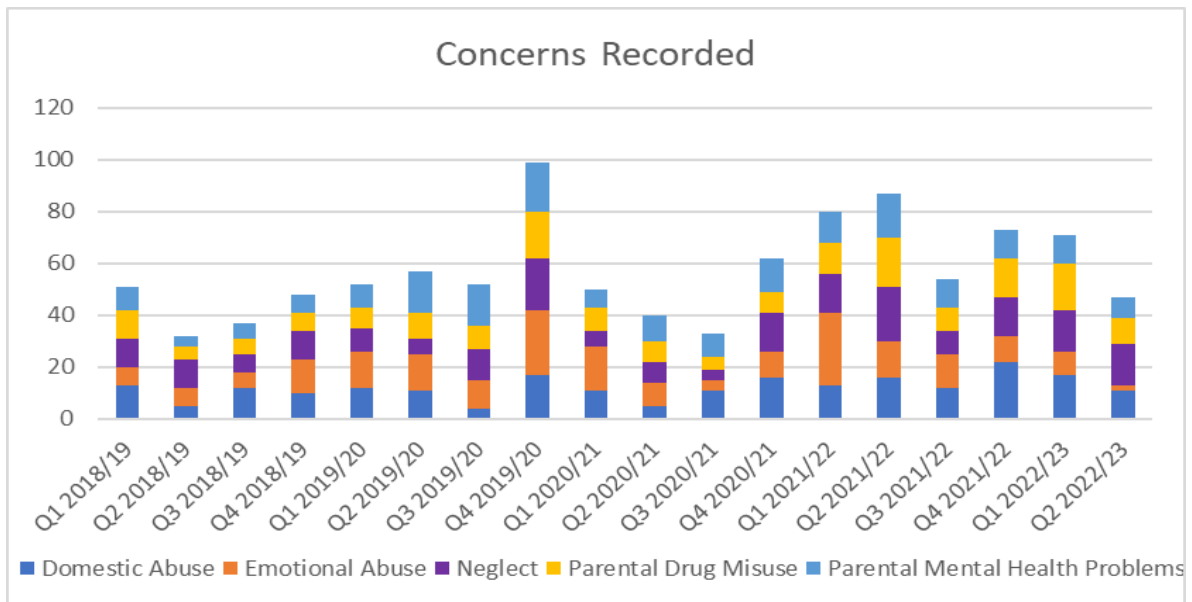


Chart 10: Top 5 Concerns Recorded at ICPPM

Chart 9 highlights concerns that have been recorded for children registered on the Child Protection Register. In Q2 2022/23, there were 64 concerns recorded, the lowest level since Q3 2021/22. Neglect was the most common concern recorded across Highland in the quarter. Chart 10 shows the movement in these five concerns. While the overall number of children registered has decreased in the time period, the number of concerns has risen. This would suggest the complexity of cases has increased with families experiencing a number of risks and vulnerabilities. The five largest concerns registered in descending order since Q1 2018/19 are: Domestic Abuse, Emotional Abuse, Neglect, Parental Mental Health Problems, and Parental Drug Misuse (as seen in Chart 10). This is useful data in terms of service planning and development and working with partners within the Alcohol and Drugs/Violence Against Women Partnerships. However, it is important to note that other types of abuse can have significantly higher risks for a smaller number of children (e.g. criminal exploitation).

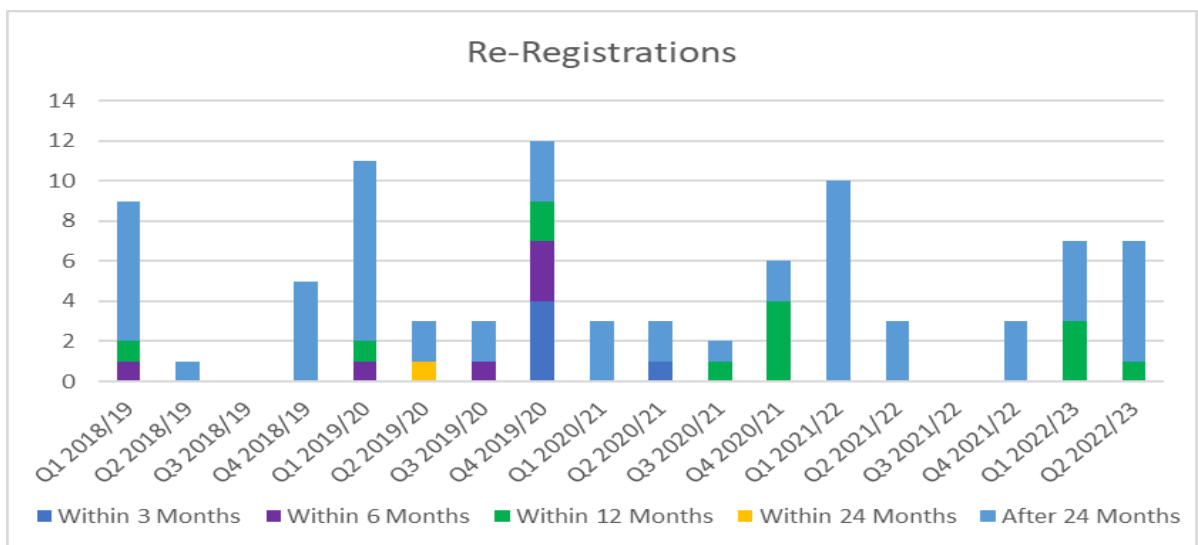


Chart 11: Re-Registrations

Chart 11 above shows the number of re-registrations of children on the Child Protection Register in each quarter. Re-registrations can provide an indicator of the quality of assessment, decision making and planning for children. For example, if there were a high number of children re-registered within 3-6 months, planning and decision making in relation to de-registration may be questioned. Where risk may have been reduced significantly and families are receiving support, children may be de-registered from the child protection register. However, at a later stage the family may experience further crises which puts a child/children at risk of harm. This is particularly the case where substance use, domestic abuse and/or parental mental health is a vulnerability.

The absolute numbers tend to remain under 10 for each quarter since Q1 2018/19. There has been only one re-registration of a child within 6 months of de-registration since Q4 2019/20. The majority tend to be after 24 months of de-registration, with a small number in recent quarters being within 12 months. Re-registrations provide an indication The Quality Assurance Sub-Committee will consider re-registrations within the Audit Cycle and findings reported to the Child Protection Committee.

### Child Protection – SCRA

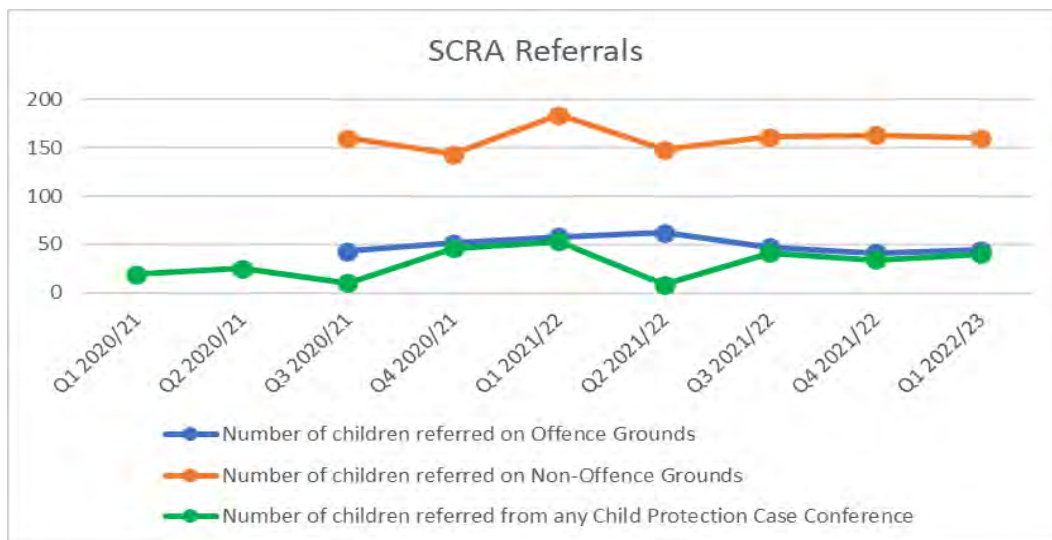


Chart 12: SCRA Quarterly Referrals

Chart 12 shows the number of children referred to the Children’s Reporter on Offence Grounds, Non-Offence Grounds and from any CPPM. The quarterly figures are primarily available from Q3 2020/21. As can be seen, there tends to be little variation in the figures since reporting started.

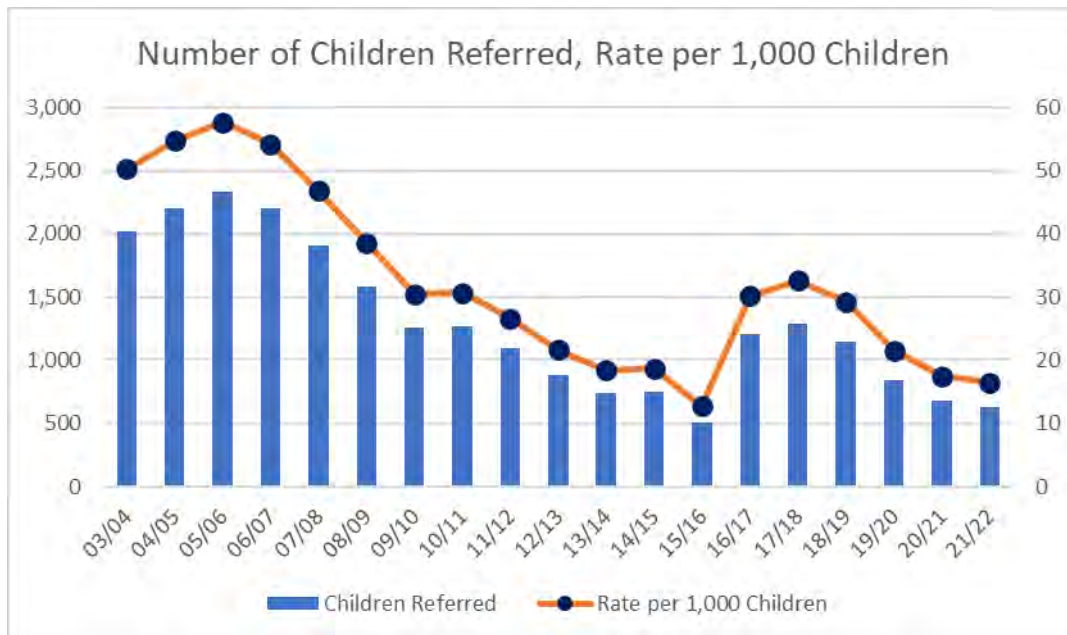


Chart 13: SCRA Annual Referrals

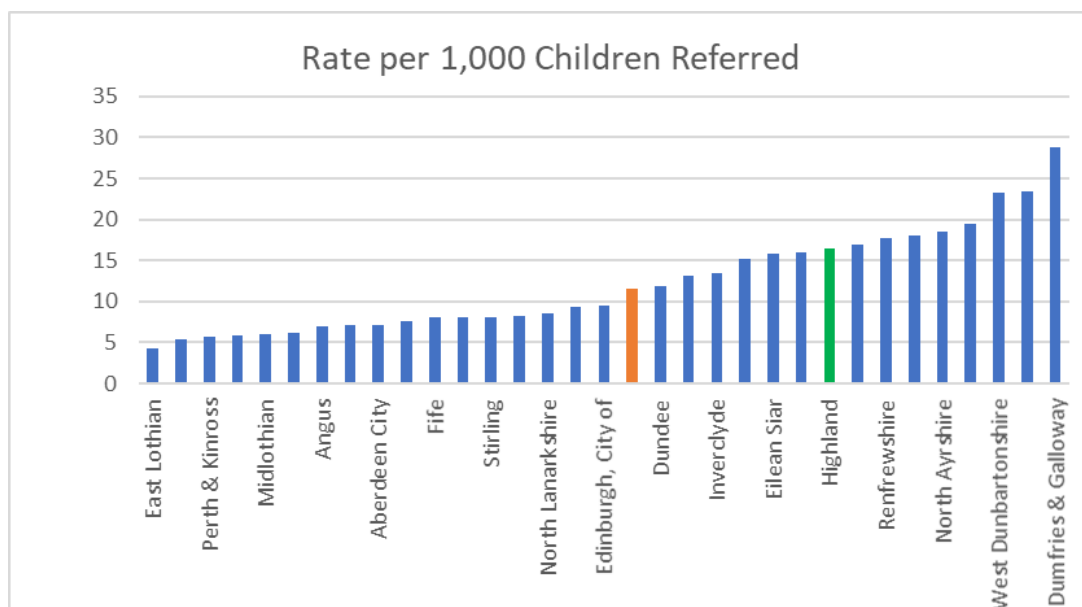


Chart 14: SCRA Annual Referrals – Rate per 1,000 Children – Highland v National

Chart 13 shows the total number of children referred and the Rate per 1,000 Children Referred over an almost two-decade period. There has been a significant drop in the number being referred, although the current 21/22 figure of 630 children, or 16.5 children per 1,000 children, is above the 15/16 figure of 506 children, or 12.7 children per 1,000 children. Progress however is being made and the most recent figure shows the fourth consecutive year of decreasing numbers.

Chart 14 above shows the Rate per 1,000 Children Referred at a national level for the most recent update in 21/22. Highland Council's position of 24<sup>th</sup> out of 32 can be seen in green, with a rate of 16.5 Children Referred per 1,000 Children, while the national average is highlighted in orange, a rate of 11.5 Children Referred per 1,000 Children.

### Child Protection Planning Meetings – Initial Timescales & Attendance

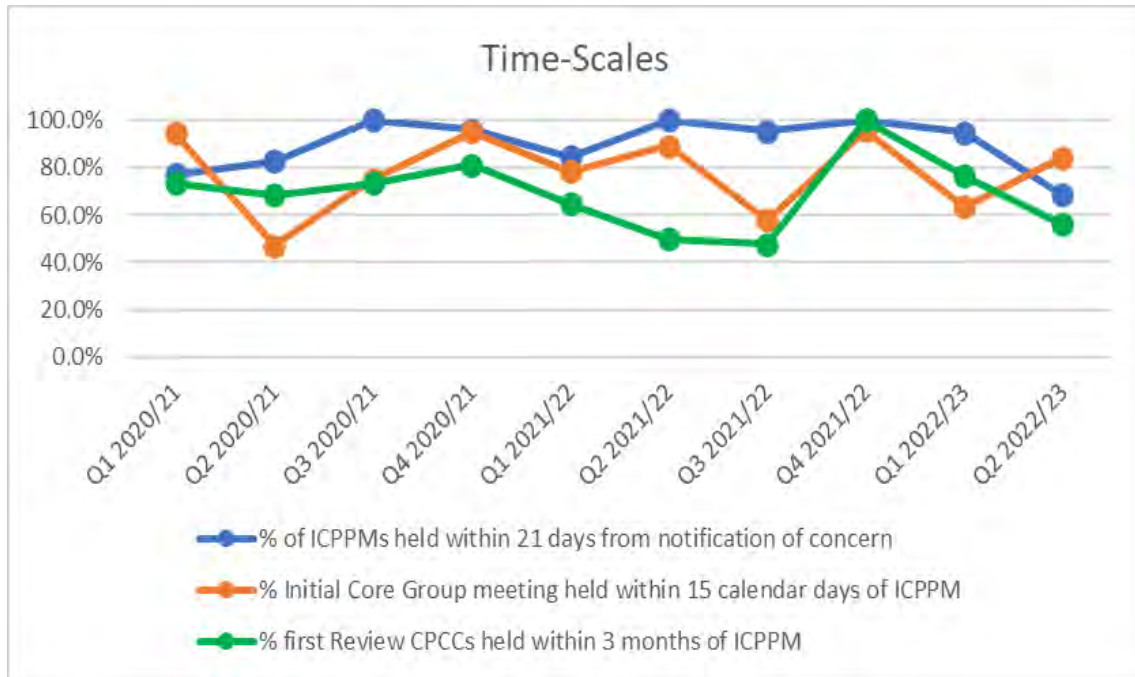


Chart 15: Percentage of Meetings held within timescales

Chart 15 above shows the timescales for Initial Child Protection Planning Meetings being held from notification of concern, followed by the Initial Core Group and Review dates. This figure tends to remain relatively high and consistent, although there has been a slight drop-off in the last quarter. The CPC will monitor timescales closely and raise any concerns regarding trends in this area with appropriate agencies. Please note, timescales in Highland are currently tighter than those outlined nationally. In line with the National Child Protection Guidance, from September 2023 Highland will be moving to national timescales.



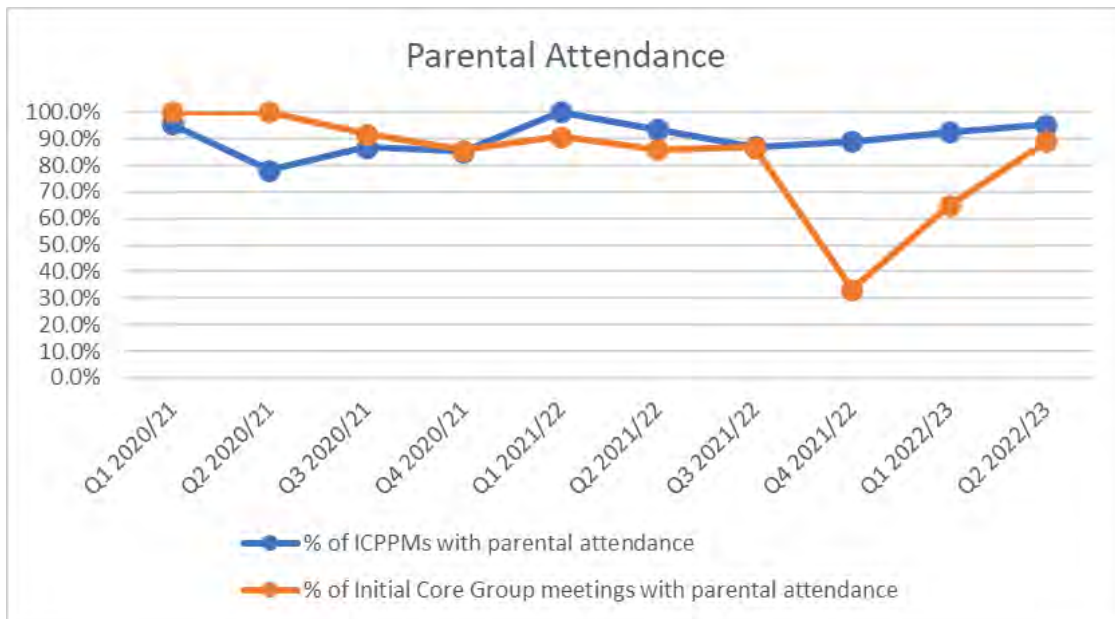


Chart 16: Percentage of Initial Child Protection Planning Meetings where at least one person who usually has care of the child attends

Chart 16 above shows the percentage of attendance from parents at an Initial Child Protection Planning Meetings and the percentage of attendance from parents at an Initial Core Group Meeting. The figures for both tend to be consistently high across the periods – apart from a large drop in Q4 2021/22 in the percentage of parental attendance at Initial Core Group Meetings. This appears to be an anomaly and the figures have since returned to expected levels.

### Further Quality Assurance Activity

This data report aims to provide an overview of current data available to the Child Protection Committee. The development of Minimum Dataset V2 will enable further scrutiny in relation to wider child protection processes and issues. This will include data on Interagency Referral Discussions, Child Concerns, Joint Investigative Interviews, Medical Examinations and Missing Children.

The Quality Assurance Sub-Committee will continue to use the dataset to identify key patterns and trends, and areas of consideration for audit purposes. Data raises questions but does not provide all the answers in terms of quality assurance. Effective audit work and self-evaluation is crucial to ensure the data is interrogated, tested and analysed within services. Feedback from children, young people, families and practitioners also contributes to the overall Quality Assurance Strategy.

Work is currently ongoing to enable the Health and Social Care Service to view and consider this report and dashboard at a Family Team level. The current report extract that drives the interactive dashboard drops the Family Team associated with the Child upon de-registration and so historical comparisons at Family Team level cannot be accurately made. It is expected this should soon be resolved and more detailed comparisons and analysis can be carried out. This will help inform service planning and development.

The Child Protection Committee Quality Assurance Sub-Committee meets regularly (monthly at present) and reports regularly to the Child Protection Committee. Data is collated quarterly and reported to CPC every six months. Update reports for the Public Protection Chief Officer Group are requested quarterly.

## Appendix 2 Fostering & Adoption Data

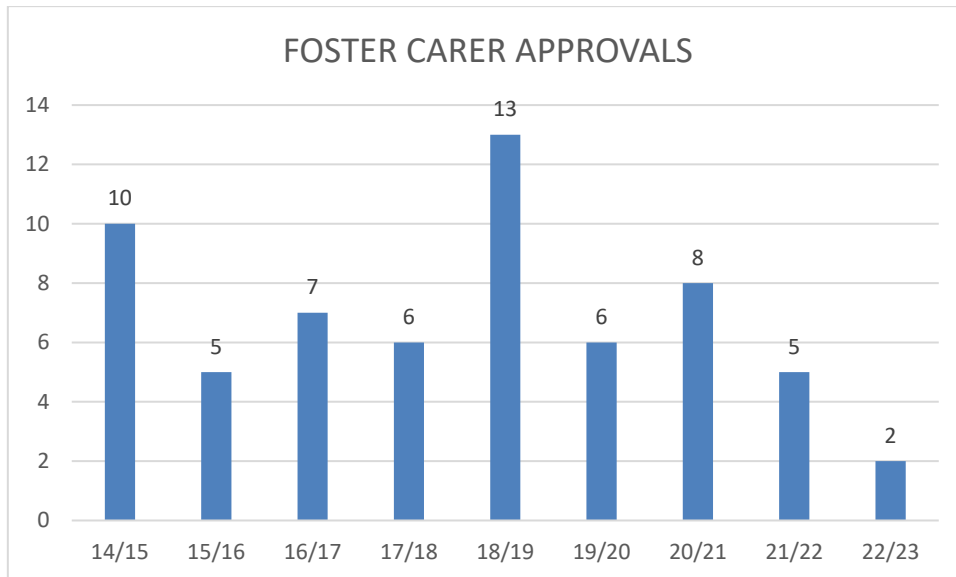


Chart 1 Foster Carer Approvals

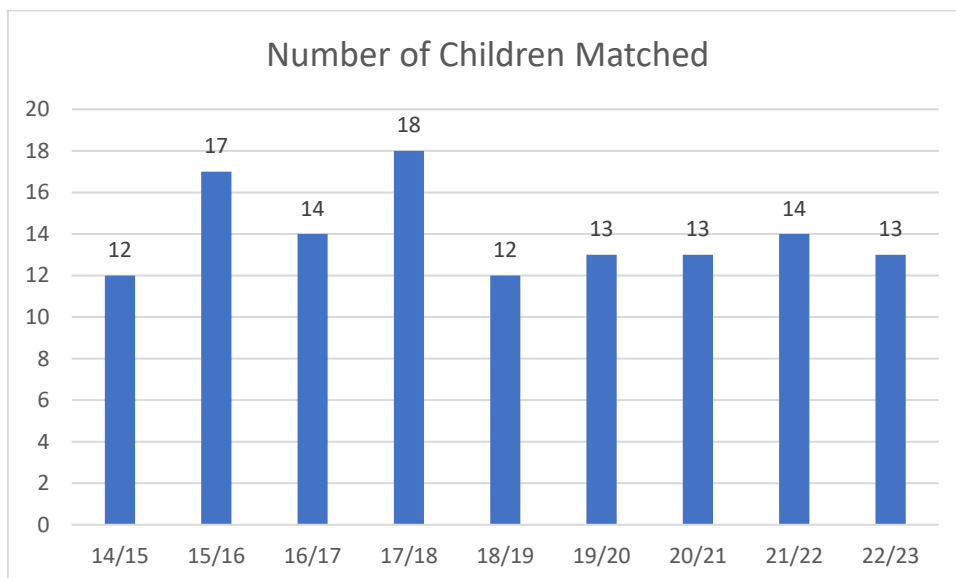


Chart 2 Number of Children Matched

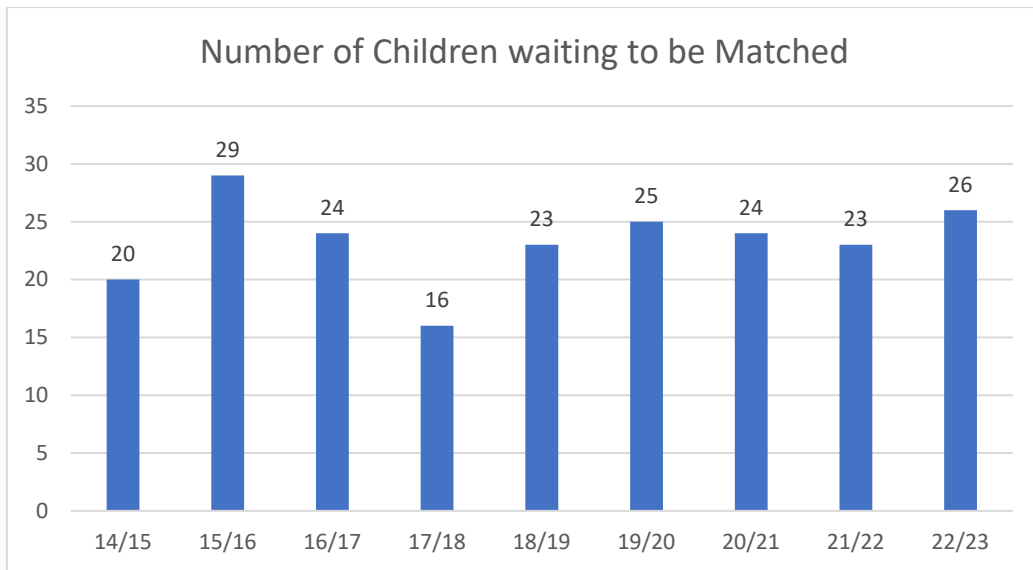


Chart 3 Number of Children waiting to be matched

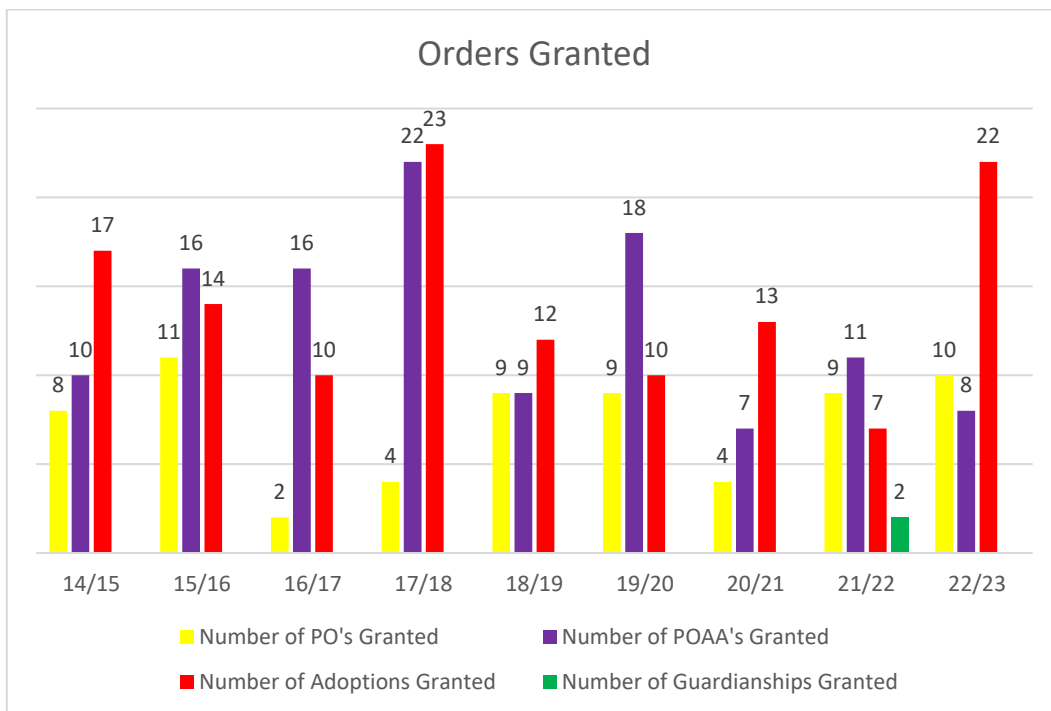


Chart 4 Number of Orders Granted 2022/23

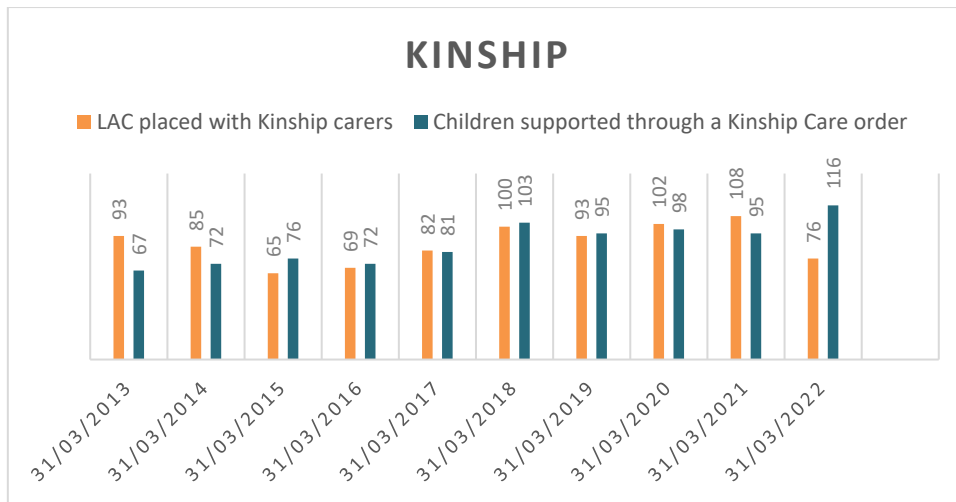


Chart 5 Kinship

### Appendix 3 Mental Health Officer

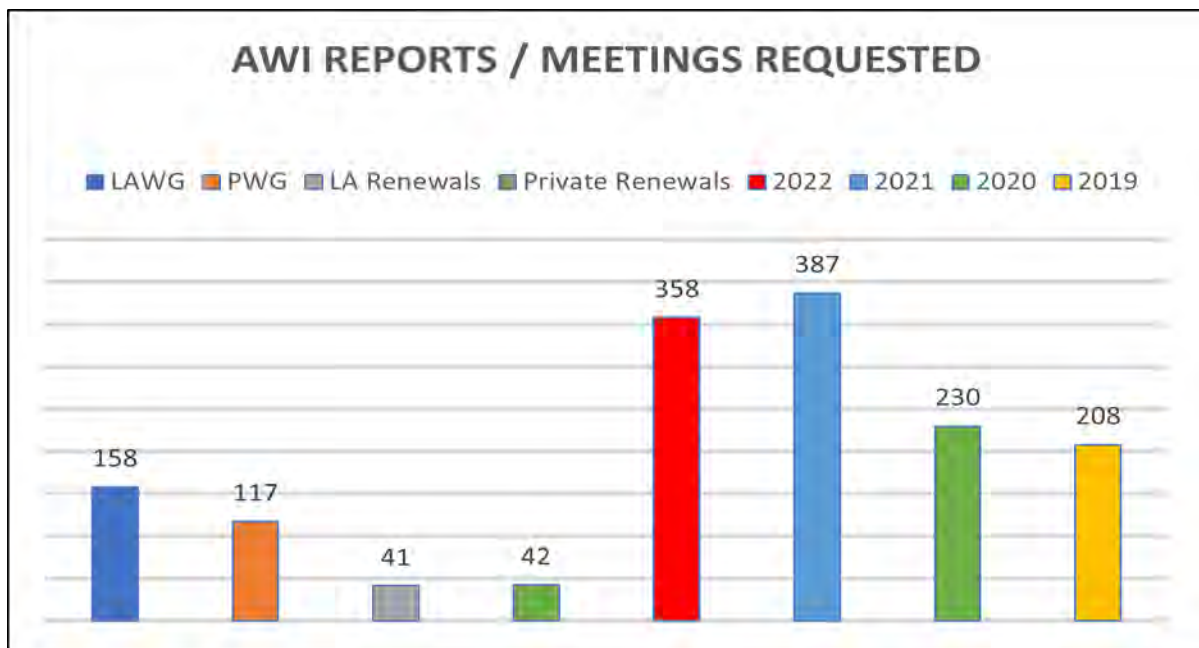


Chart 1 AWI Reports/Meeting Requests

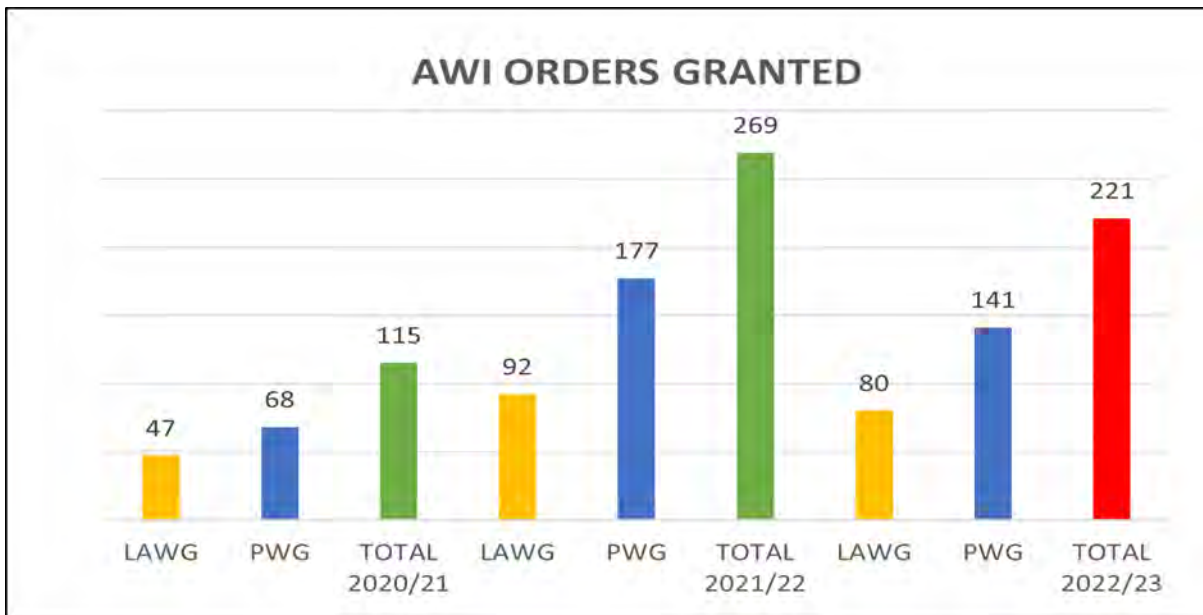


Chart 2 AWI Orders Granted

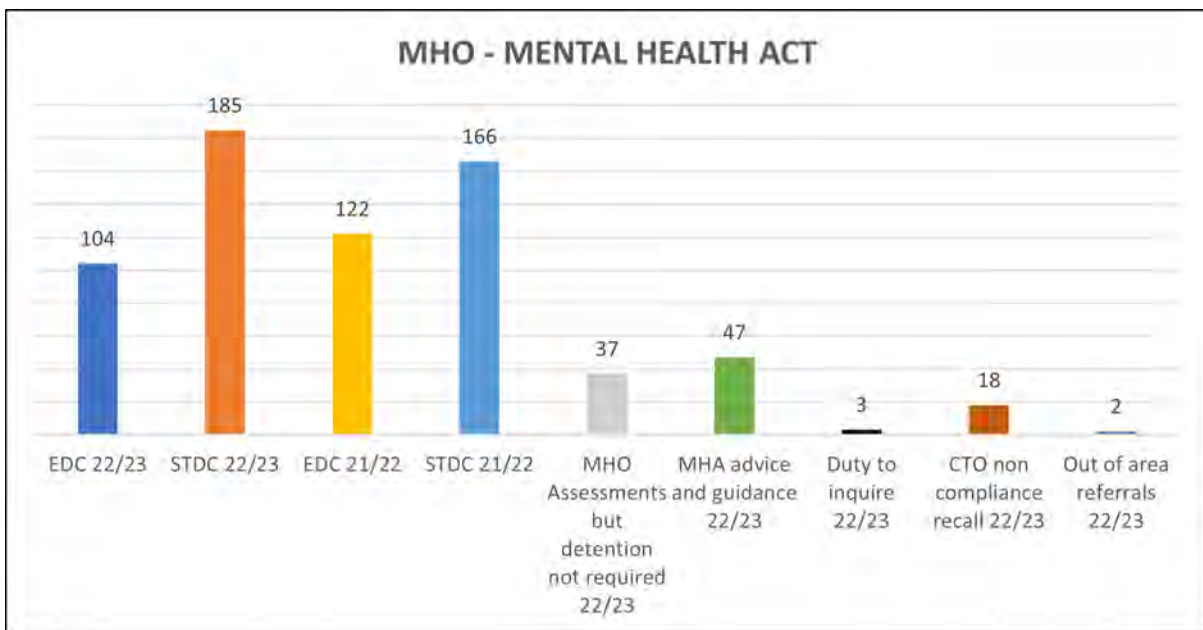


Chart 3 Mental Health Act

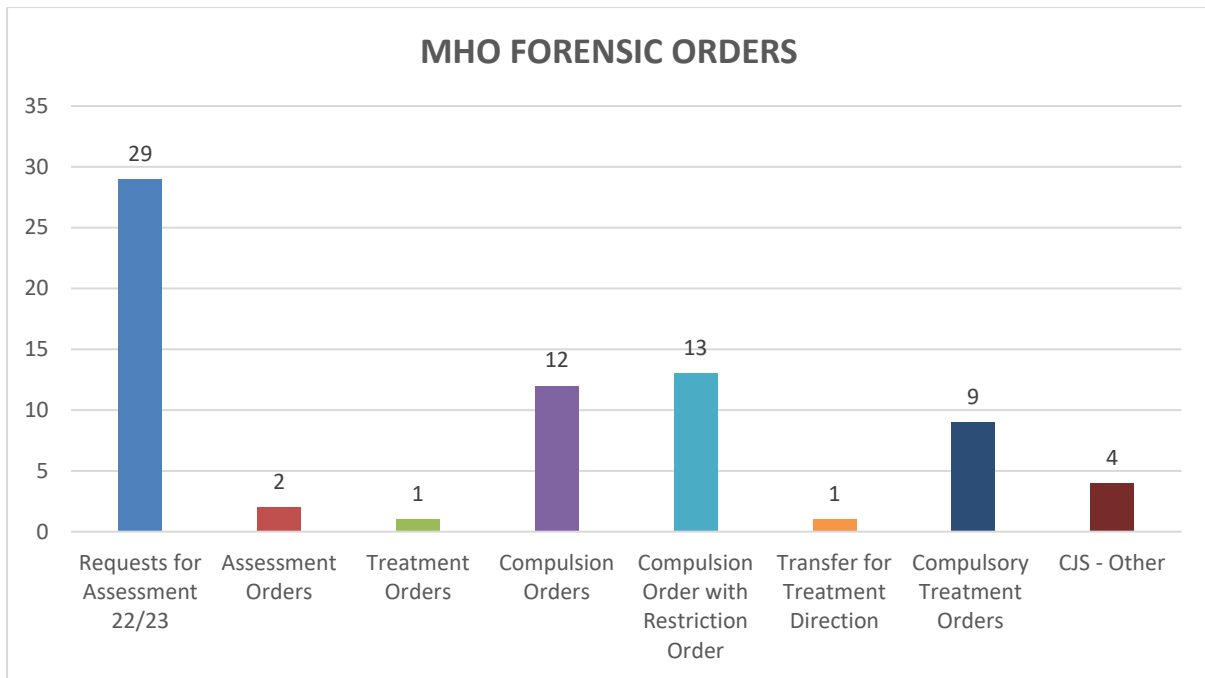


Chart 4 MHO Forensic Orders

## Appendix 4 NHS Highland

### NHS Highland

#### Adult Social Care Financial Statement at Month 12 2022-23

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
<b>Older People - Residential/Non Residential Care</b>				
Older People - Care Homes (In House)	16,670	16,670	15,965	705
Older People - Care Homes - (ISC/SDS)	32,270	32,270	33,995	(1,725)
Older People - Other non-residential Care (in House)	1,288	1,288	1,227	61
Older People - Other non-residential Care (ISC)	1,590	1,590	1,640	(50)
<b>Total Older People - Residential/Non Residential Care</b>	<b>51,818</b>	<b>51,818</b>	<b>52,827</b>	<b>(1,009)</b>
<b>Older People - Care at Home</b>				
Older People - Care at Home (in House)	16,672	16,672	15,860	812
Older People - Care at home (ISC/SDS)	16,586	16,586	18,183	(1,596)
<b>Total Older People - Care at Home</b>	<b>33,258</b>	<b>33,258</b>	<b>34,043</b>	<b>(784)</b>
<b>People with a Learning Disability</b>				
People with a Learning Disability (In House)	4,643	4,643	3,483	1,160
People with a Learning Disability (ISC/SDS)	34,737	34,737	35,656	(919)
<b>Total People with a Learning Disability</b>	<b>39,380</b>	<b>39,380</b>	<b>39,139</b>	<b>242</b>
<b>People with a Mental Illness</b>				
People with a Mental Illness (In House)	561	561	332	228
People with a Mental Illness (ISC/SDS)	7,914	7,914	7,738	176
<b>Total People with a Mental Illness</b>	<b>8,475</b>	<b>8,475</b>	<b>8,071</b>	<b>404</b>
<b>People with a Physical Disability</b>				
People with a Physical Disability (In House)	932	932	646	286
People with a Physical Disability (ISC/SDS)	6,951	6,951	7,185	(234)
<b>Total People with a Physical Disability</b>	<b>7,883</b>	<b>7,883</b>	<b>7,831</b>	<b>52</b>
<b>Other Community Care</b>				
Community Care Teams	8,546	8,546	7,420	1,126
People Misusing Drugs and Alcohol (ISC)	16	16	10	6
Housing Support	6,091	6,091	5,908	183
Telecare	985	985	929	56
Carers Support	1,485	1,485	1,485	(0)
<b>Total Other Community Care</b>	<b>17,122</b>	<b>17,122</b>	<b>15,752</b>	<b>1,371</b>
<b>Support Services</b>				
Business Support	1,860	1,860	1,658	201
Management and Planning	7,686	7,686	8,161	(475)
<b>Total Support Services</b>	<b>9,546</b>	<b>9,546</b>	<b>9,820</b>	<b>(274)</b>
<b>Care Home Support</b>	<b>836</b>	<b>836</b>	<b>836</b>	<b>(0)</b>
<b>Total Adult Social Care Services</b>	<b>168,318</b>	<b>168,318</b>	<b>168,318</b>	<b>0</b>
ASC services now integrated within health codes	4,193	4,193	4,193	0
<b>Total Integrated Adult Social Care Services</b>	<b>4,192</b>	<b>4,192</b>	<b>4,192</b>	<b>0</b>

Three Care categories account for 75% of total spend on ASC

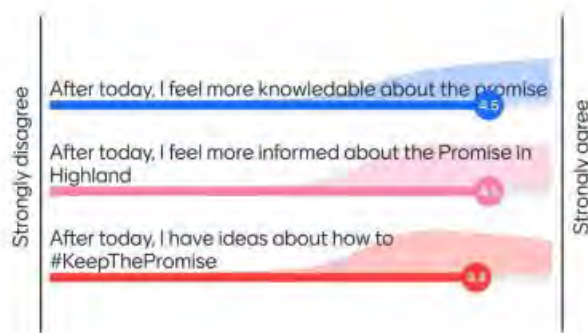
Social Care Service

## Appendix 5 The Promise

### Activity on the Promise in Highland

#### *Promotion & Engagement*

Staff surveys of Health & Social care staff highlighted the need to promote, share and improve communication on Highland’s vision to Keep The Promise. Promise Engagement sessions were therefore offered to Health and Social Care workers as part of a programme of work. 9 online sessions were delivered between June and November 2022, with over 150 staff members signing up. Feedback suggested these sessions were successful:

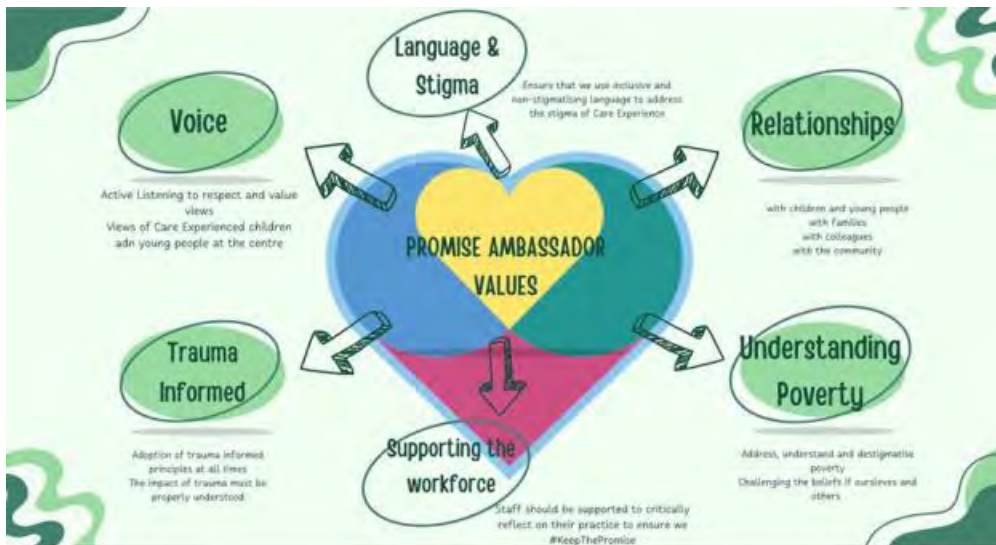


*Graphic 1: Feedback from Engagement sessions June – Nov 2022*

The next phase of ‘Engagement’ is underway through The Promise Café: online, partnership engagement open to all who are interested in sharing how Highland is #KeepingthePromise. The ambition of the Café is to create a safe, trauma informed, collaborative space for all partners and ensures voice is given to the workforce across all sectors, through an accessible setting.

Engagement and promotion has progressed to include the development of **Promise Ambassadors** and marks another initiative to drive the ambitions of the independent care review forward in Highland.





Graphic 2: Highland Promise Ambassador values

Promise Ambassadors will be key to supporting delivery of the Promise, ensuring there is connection to the communities of Highland whilst recognising the vast and varied geography. Promise Ambassadors will play a crucial role in developing a feedback loop to and from our children, families and communities. Impact of this initiative will be measured.

### Language

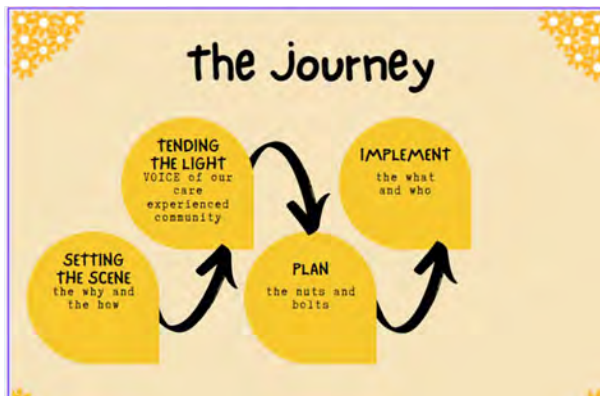
Highland's Child Protection Committee and the Corporate Parenting Board (now renamed The Promise Board – see below) attended a session with Each & Every Child on FRAMING. Recognising how we talk about care matters, collaboration with Each & Every Child continues as they support a small test of change working with residential care homes. The aim is to reflect a trauma informed approach to daily records, ensuring the voice of children and young people are central to any improvement activity.

The development of a 'Language Bin' where input from the workforce, families and young people reflected the words they would like to 'bin' supports the improvement work in this area. Impact is still to be measured but initial qualitative feedback is positive, with the workforce reporting: e.g. *'permission to reflect love in Childs plans'* & *'our practice feels more child centred'*; *'the young people prefer how we write, they like it'*

### Refresh and Refocus of Highland's Corporate Parenting Board

The need to refresh and refocus the Corporate Parenting Board following the COVID pandemic, and the Promise were evident, from both our care experienced community and partners. The group underwent a reflective development journey supported by Who Cares? Scotland and our Promise

Scotland delivery partner to reach a collaborative and shared sense of Highland’s priorities. The new board, developed through a relational, trauma informed and co-deigned lens is reflected by the new name – The Promise Board.



Graphic 3: Development Journey stages for the new Promise Board

### **Voice – Better Meetings Practitioner Guides**

A joint initiative by the Better Meetings Implementation Group (a partnership comprising of a group of care experienced young people in Moray alongside Who Cares? Scotland, Children’s Hearings Scotland, Moray Council, Highland Council and the Scottish Children’s Reporters Administration) demonstrated the impact of co-design and collaborative working.

Highland & Moray developed and launched four new Practitioner Guides for Panel Members, Social Workers, Reviewing Officers and Children’s Reporters in Highland and Moray. The guides emphasise good practice before, during and after meetings and hearings to ensure a greater emphasis on Voice, Choice and Participation. These guides are currently being evaluated.

### **Voice – Your Voice Matters**



In June 22, to compliment the independent review of Highland's Residential homes and to ensure VOICE of young people was a key part of the review, the Your Voice Matters project gathered the views of young people who experienced residential care from Jan 20 – July 22.

Using the Lundy Model as a methodology, 15 young people

The project found disparate views, noting that the quality and type of care was not consistent across Highland. It noted the significance of relationships within its findings. Improvement activity will be progressed and measured through the Promise Board and Residential Improvement group.

### Service Planning

Led by Inspiring Young Voices, a partnership steering group which reports to the Integrated Children's Service Planning Board has been established to develop and implement a Participation Strategy. The approach taken has been recognised nationally and colleagues from Highland were invited to present at the national conference on 'Coalition of Care and Support Providers in Scotland, Supporting the Third Sector Project (Children in Scotland), The Promise Scotland, COSLA' in May 23.

Highland colleagues (Carrie Mclaughlan, Promise Programme Manager, Highland Council and Sandra Brown, Chief Officer, Inspiring Young Voices) presented on '*Engaging with children and families in local planning and design of family support services*' promoting co-design approaches at service planning level.



Graphic 4: Graphic design capturing Carrie and Sandra delivering workshop